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# Optimising Adolescent and Young Adult Care

Initiative Type

Clinical Guideline

Framework

Model of Care

Service Improvement

Standard

Status

Deliver

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/optimising-adolescent-and-young-adult-care>

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## Summary

The health burden for Adolescents and Young Adults (AYAs; 12-25 years) is increasing and there are challenges in care transition for young people, families and health professionals alike, with significant health and systemic consequences [1]. Despite this, there is currently no overarching evidence-based approach to support consistent, best practice AYA care in Queensland. The need to enhance system effectiveness for AYA care has been recognised as a priority by the Queensland Child and Youth Clinical Network. This is supported by the recent Clinical Senate Meeting - AYA Care: Doing Better (2020). This project has achieved several deliverables during 2021-22 and will continue to pursue several avenues to elevate the AYA health agenda during 2022-23. [1] See References.

### Key dates

Jul 2021

Jun 2023

### Partnerships

General Medicine Clinical Network, Digital Healthcare Improvement Clinical Network, Rural and Remote Clinical Network, Persistent Pain Management Clinical Network, Respiratory Clinical Network, Cancer Clinical Network, Health Consumers Queensland, MYAHC

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## Aim

This project is focused on *systemic* components required to *optimise* and *implement* optimal AYA care across the state. This is complementary to any disease specific AYA work. This project aims to improve the high-level, system-wide responses needed to embed evidence based AYA care as gold standard across Queensland, regardless of diagnosis or location of care. The project and its objectives therefore align with the vision of QCYCN to:

- elevate the AYA health agenda
- collaborate and link to influence service systems
- identify and harness statewide clinical expertise
- provide support and leadership to empower clinicians in providing quality AYA care

## Benefits

The projects aims will lead to a health system that is more connected and understanding of the unique developmental needs of adolescents and young adults 12-25 years intersecting with health. This will enable healthcare providers and the system to provide developmentally appropriate healthcare that is needed for this population. The benefits of the project also aims to:

- *Advocate* for quality AYA care
- *Connect* hospital and health services, health systems, policy makers and external health providers
- *Empower* clinicians through leadership, mentoring and support. Empower young people and families in their health and care
- *Influence* systems and policy to encompass the AYA health agenda
- *Translate* evidence into clinical practice.

## Background

In 2016 there were 613,147 young people (aged 14-25 years old) living in Queensland, totalling 13% of the population [2]. This includes 43,521 15–25-year-old Aboriginal and Torres Strait Islander

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people, equating to 19.6% of the Aboriginal and Torres Strait Islander population in Queensland. AYAs aged 12-25 years live across all regions of Queensland, with approximately 60% residing in metropolitan or the southeast corner and 40% across the rest of the state. The data that is available demonstrates that this AYA cohort are significant users of tertiary health services. In 2017-2018, 15-18-year-olds accounted for 90,960 emergency presentations [3], 44,650 hospital admissions and 133,900 outpatient occasions of care [4]. AYAs are also the primary users of paediatric mental health services, accounting for 68% of all activity statewide (308,110 provisions of services for patients aged 13-17 years) [5]. In March 2022, the National Disability Insurance Scheme (NDIS) financially supported 14,509 young Queenslanders aged 15-24 years, with 82% of access decisions eligible during the 2021-22 quarter. Despite the statistics indicating that young people are significant users of health care services, there is a lack of recognition of this use and their unique healthcare needs, as well as inadequate funding in sectors and specific services to meet these needs. To truly improve outcomes and optimise care, initiatives within health need to be across sectors to better facilitate integrated care, with all sectors working together more consistently to provide valuable care wherever the young person accesses health, particularly within primary health care and the community [6]. [2], [3], [4], [5], [6] - See *References*.

## Solutions Implemented

2021-2022

- co-design a statewide strategy: Optimising Adolescent and Young Adult (AYA) Care in Queensland Strategy - OPAYAC
- health professional education opportunities in foundational AYA healthcare
- AYA empowerment resources
- health professional AYA resources - AYA Innovation Hub
- supporting initiatives across Queensland to improve healthcare services

2022-23

- AYA Clinical Services Capability Framework and AYA Preamble
- health professional education opportunities in foundational AYA healthcare
- Queensland AYA Practice Manual
- AYA empowerment resources
- AYA Data collection and service planning
- AYA Community of Practice

## Evaluation and Results

Each initiative within this project will be subject to its own evaluation process and criteria, but will be evaluated using the following means:

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- patient and consumer feedback with the use of surveys, interviews
  - clinician feedback with the use of surveys
  - evaluation of the strength and impact of improved collaboration
  - evidence of efficacy in terms of service development and improvement within health services across the state.

## Lessons Learnt

Establishing strong, broad, meaningful stakeholder engagement and buy-in from the beginning with all parties (both clinical and consumer) is crucial to ensure meaningful priorities are identified. This also offers a solid foundation for the work moving forward, cross-site relevance and meaningful translation into practice and care. The OPAYAC project has also unified a large group of professionals from all sectors in health, passionate about improving healthcare for AYAs. This has enabled and supported the success of OPAYAC to date. The other learning during the 2021-2022 phase of OPAYAC was that even when systems and services are under pressure due to the first Queensland wave of the COVID-19 pandemic, health professionals, administrators and consumers still contributed to the co-design of the *Optimising Adolescent and Young Adult Care in Queensland Strategy*, proving it is a priority for our health system.

## References

- [1] Blum RW, Hirsch D, Kastner TA, Quint RD, Sandler AD. A Consensus Statement on health care transitions for young people with special health care needs. *Pediatrics* 2002;110: (6)1304-1306.
- [2] Bowers, A., Bradford, N., Chan, R., Herbert, A., Yates, P. (2020) *Analysis of health administration data to inform health service planning for paediatric palliative care*. *BMJ Supportive & Palliative Care*.
- [3] Queensland Children's Hospital, *Emergency Department Information Systems (EDIS) Data*. . 2018, Department of Health,,: Brisbane. [4] Queensland Health, *Queensland Hospital Admitted Patient Data Collection (QHAPDC)*, . 2018, Department of Health,,: Brisbane. [5] Queensland Health, *Consumer Integrated Mental Health Application (CIMHA) Data: Mental Health Alcohol and Other Drugs Branch*. 2018, Department of Health,,: Brisbane. [6] Colizzi, M., Lasalvia, A. & Ruggeri, M. *Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?*. 2020. *Int J Ment Health Syst* **14**, 23.

## Further Reading

[Position Statement: AYA Care](#)

