

TO Quality & Excellence Advisory Committee
FROM General Manager
 Clinical Services and Transformation



DATE 3 October 2016

SUBJECT Maternity Review Update

MEMORANDUM

1. PURPOSE

This report highlights progress with the implementation of the work programme to address the findings of the independent review of the Regional Women’s Health Services. No decision is required.

2. SUMMARY

Good progress continues to be made in the implementation of the work programme of agreed improvements to the MidCentral DHB Maternity Service. Across the whole programme of work of the 112 total initiatives, 84 have been completed overall, 26 are on track, with now only two initiatives behind target.

The work programme was originally structured to align our improvement work to the MDHB Strategic Imperatives. For this update the alignment of the seven workstreams with the strategic imperatives has been reconfirmed in the chart below. This demonstrates the breadth of the ongoing work and will be used to ensure this continues as we support the transfer of ongoing improvement work into business as usual in coming months

Maternity Improvement Workstreams	STRATEGIC IMPERATIVES			
	Quality By Design	Equity of Outcomes	Connect & Transform	Partner with people and whanau
Safe Staffing		✓	✓	✓
Facilities	✓			✓
Governance	✓		✓	✓
Quality & Outcomes	✓	✓	✓	✓
Key Stakeholder Engagement			✓	✓
Consumer Engagement		✓		✓
Guideline review	✓	✓	✓	✓

The recruitment to the Consumer Liaison role is a key achievement for this reporting period. Establishment of this role will make secure our ongoing engagement with women and families and ensure we continue to take a partnership approach to our improvement work.

The team working on the quality and outcomes workstream have developed a programme of work around regular case reviews and the communication to the service and stakeholders over the learning outcomes that flow from this work. It recognises that challenging situations, consumer feedback and adverse events provide us with an opportunity to reflect, to learn and further develop practice.

Good progress is being made with the development of clinical pathways to support safe “transfer of care” from LMCs to our secondary team. Pathways for twins, diabetes and small babies are in draft and will be circulated for wider consultation. Work continues on the remaining three common presentations. Once all pathways have been developed a communication work shop will be held in November with key stakeholders to ensure the pathways are well socialised. An implementation plan will ensure that the new pathways are in place and operating from February 2017.

3. RECOMMENDATION

It is recommended:

that the report be received

4. PROGRESS UPDATE

Work Programme Progress

Recruitment to the Clinical Director position continues. Formal interviews, with candidates giving three presentations, to Women's Health Staff, Lead Maternity Carers and consumers took place on 30 September 2016.

The Maternity Clinical Information System improvement work continues with a focus on improving data quality, supporting staff in consistent use of the system and utilising the improvements to the system through the periodic release of improvements to the system nationally.

Our engagement with the Ministry of Health over our continued use of MCIS was formalised with a letter following the site visit from Ministry Staff last month. We have detailed the challenges MDHB is facing with its ongoing use of the system, and the resources required to address the system shortcomings. We have sought Ministry recognition and reimbursement of these resources, along with the detail regarding their roadmap to full implementation of this national system. At the time of writing we are awaiting a formal response from the Ministry of Health.

The Work Programme Status Report (Appendix 1) provides an update for each initiative.

4.1 Work Stream 1 - Safe Staffing

The Safe Staffing workstream now has 36 initiatives, 22 have been completed, with the remaining 14 on track.

Maternity Service - Gestational Diabetes Model of Care

The maternity service proposes a model of care for Gestational Diabetes (diabetes that develops during pregnancy) that keeps the woman at the centre of care and supports involvement of the Lead Maternity Carer (LMC). This proposed model of care would see strengthening of Gestational Diabetes Mellitus (GDM) management within the service providing education and support for the woman, her partner/support person, whanau, LMC and clinicians; building on the collaborative work undertaken over the last few months. Benefits for the woman will include:

- Improved coordination of the woman's Antenatal Clinic (ANC)
- A reduction in follow up hospital visits.

The role of a midwife with specialist skills is central to this model. This midwife will liaise with the woman and her LMC. With coordinated care and appropriate oversight from the midwife there are opportunities to reduce the number of hospital attendances for women. This will also be of benefit to the wider service reducing the volume of follow up medical appointments in the High Risk Clinic.

Key components of the specialist midwife role are; education, coordination, liaison with the woman, LMC, Diabetes & Endocrinology Service and other secondary care providers. In addition the midwife can provide antenatal care for those women who do not have a LMC. This role would also be a resource for other maternity staff.

There is an opportunity to align the work underway on the transfer of care for gestational diabetes with the development of this model for antenatal care. Importantly the proposed model of care is in keeping with the national clinical practice guideline “Screening, Diagnosis and Management of Gestational Diabetes in New Zealand, 2014”. This work is on track for completion in November 2016.

Transfer of Care

Work continues to make progress with the next steps for implementing clinical pathways to support safe “transfer of care” from LMCs to our secondary team. Pathways are being developed for each of six common presentations that were identified. A plan for development and implementation has been developed, which recognises that this is a top priority for improving the safety of women and babies. Pathways for twins, diabetes and small babies are in draft and will be circulated for wider consultation. Work continues on the remaining three common presentations.

Once all pathways have been developed a communication work shop will be held in November with key stakeholders to ensure the pathways are well socialised. An implementation plan will ensure that the new pathways are in place and operating from February 2017.

Associate Charge Midwives (ACM) Evaluation

An electronic survey of hospital and community staff was undertaken in July to evaluate the effectiveness of the Associate Charge Midwife roles. There was an approximate 50% completion rate overall. LMCs and core midwives (equal split) provided the majority of the feedback on the ACM roles

The majority of the respondents were very satisfied or satisfied with the ACM role. No one was dissatisfied with the extended availability of the ACM position. Staff were asked to comment on what worked well. The key themes identified are:

- There was an increased sense of being safe
- There was an increased sense of improved quality of care
- Morale lifted

Staff were also asked to consider what they most valued. The themes identified are:

- The single point of contact for Unit overview, coordination and providing assistance
- Clinical leadership (senior midwife on every shift)
- Faster and improved responses to critical situations
- Increased support to LMCs

Staff have also identified areas where there are opportunities to improve. These themes are:

- Understaffing is still occurring on some shifts especially mornings (recruitment to a daytime swing shift position in delivery suite is underway)
- The perception that there is a loss of senior midwives as colleagues
- Consistency, as this is a new group and the need for some skill or education gaps was acknowledged
- The ACM is missed when not on shift (as sometimes happens in times of sickness)

4.2 Work Stream 2 - Facilities

The facilities workstream now has six initiatives, four have been completed, with the remaining two on track.

Detailed planning has been undertaken to support the relocation of antenatal clinic functions to the second floor of maternity, adjacent to the maternity ward. Two options for the use of space have been developed and staff and stakeholder feedback has been sought.

Planning for the changed clinic arrangements will take place in October with the first antenatal clinics planned to take place on the second floor before the end of October 2016.

4.3 Work Stream 3 - Governance

The Governance Workstream has six initiatives, five have been completed, with the remaining one initiative on track.

There has been agreement to transfer the oversight and leadership of the district wide Maternity Quality and Safety Programme (MQSP) from Strategy, Planning and Performance to the MDHB Maternity Service. The resources and staffing for the programme will be retained in full. This programme of work will be overseen within our overall maternity clinical governance arrangements. A transition plan is being developed to support the current maternity review steering group and working group moving to business as usual clinical governance arrangements for the future.

4.4 Work stream 4 – Quality & Outcomes

The Quality and Outcomes workstream has 17 initiatives, 12 have been completed, with the remaining five on track.

Four Sessions - “Mastering Open Disclosure” have been organised for Maternity Services Staff and LMCs over 19 & 20 October 2016. These sessions are provided by the Cognitive Institute. These workshops take a comprehensive approach to the difficult area of discussing adverse outcomes with patients. The workshops highlight the importance of recognising patient expectations when an adverse outcome occurs. They provide an overview of Open Disclosure and then progresses to providing a thorough grounding on the issues and the legal obligations and implications of these discussions. The workshop then focuses on the communication skills required to conduct these conversations.

Twenty five Women’s Health staff have attended quality training. Attendees are each developing a poster which highlights the quality initiative that they have identified, using the “Plan Do Study Act” cycle. The posters will be displayed on the Quality Boards that have been placed in the Delivery Suite area for staff and consumers.

The team working on the quality and outcomes workstream have developed a programme of work around regular case reviews and the communication to the service and stakeholders over the learning outcomes. This work will be made available on a monthly basis and draw attention to

- Maternity service monthly statistics and key performance indicators

- Learning from case reviews
- Learning from incidents
- Learning from consumer feedback
- Guidelines published (both reviewed and new)
- Nationally published audits or reports

This work recognises that challenging situations, consumer feedback and clinical incidents provide us with an opportunity to reflect, to learn and further develop practice.

4.5 Work Stream 5 – Key Stakeholder Engagement

The Key Stakeholder workstream has 22 initiatives, 20 have been completed, with two behind. The two initiatives that are behind and the actions taken are as follows:

Interface with Orthopaedic Service – review approach to hip checks

- Recommendations to the steering group
- Recommendations implements

A further meeting with the Orthopaedic Service is scheduled for October to finalise the arrangements for hip checks. Recommendations will go to the steering group with a plan for implementation by the end of October 2016.

Regular meetings continue between services that have an interface with the Maternity Services. Associate Charge Midwives have been allocated a service interface to support as part of their portfolios, as a means of strengthening relationships and collaboration as these meetings now become business as usual.

The maternity public internet pages have been reviewed and updated with a focus on the women’s journey, information that may be needed by women, families and LMCs. In addition a section is being developed that looks at what fathers may need to know.

4.6 Work Stream 6 – Consumer Engagement

The Consumer Engagement workstream has seven initiatives; six have been completed, with one remaining on track.

As previously reported, consumer feedback from the National Maternity Survey, monthly maternity survey and the consumer focus groups has been collated. Using a matrix the feedback has been collated across the women’s journey, which looked at the following categories, Family/Whanau involvement, Communication, Information, Environment/facilities, Involvement in decisions, Transfer of care/coordination of care, Physical, Emotional and cultural support, LMCs, Visiting arrangements, and Breastfeeding. This approach highlighted “opportunities for improvement”.

A detailed plan for action to respond to these opportunities has been developed which aligns with initiatives within our current improvement work plan. Identification of specific projects will be incorporated into business as usual quality and service improvement work.

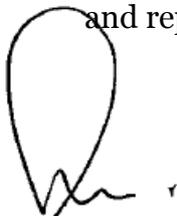
The Consumer Liaison role has been advertised, with an appointment expected to be made in November 2016. The position will be 16 hours weekly, working from our maternity service. This is a key role to maintain the connection with women and families and ensure that our service continues to be responsive and to their needs and that we take a partnership approach with women to our improvement work.

4.7 Work Stream 7 – Guideline Review

The Guideline review workstream has 10 initiatives, seven have been completed, with three on track, and none are behind. Excellent progress continues to be made with the review and development of guidelines.

5. Next Steps

- Finalise the comprehensive risk plan for the project.
- Implement the changes to our antenatal clinic arrangements
- Recruit to the Consumer Liaison position
- Finalise the clinical pathways to support safe “Transfer of Care” and undertake and report the audit



Mike Grant
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Clinical Services & Transformation

Maternity Service Review – Work Programme Status Report – 27.09.16

	Planned date	On Track	Revised date	Behind	Completed
Establish Working Group					
Identify working group members	April 16				✓
Develop working group Terms of Reference	April 16				✓
Obtain sign off TOR by the Maternity Service Review steering group	May 16				✓
Develop working group communication plan	June 16				✓
Obtain sign off on Communication plan by Maternity Service Review steering group	June 16				✓
Determine and establish work streams	June 16				✓
Schedule weekly meetings	June 16				✓
Place meeting minutes on MDHB internet	June 16				✓
Work stream 1- Safe Staffing					
Awareness and clarification of Registrar and SHO roles provided for each new junior medical staff run	June 16				✓
Undertake a stock take of current RMO Orientation	June 16		Aug 16		✓
RMO handbook to be reviewed and updated	Oct 16				✓
Identify gaps in the RMO handbook information and update.	Oct 16				✓
Implement new orientation programme and make available to all members	Dec 16	✓			
Do a stock take of all training requirements	July 16				✓
Confirm what training should be mandatory	July 16				✓
Develop a schedule of training and monitor	July 16				✓
Implement mandatory training requirement reporting system	Aug 16	✓	Oct 16		
Support for Charge Midwife	April 16				✓
Associate Charge Midwives appointed for after hours	Feb 16				✓
Evaluate the effectiveness of ACM roles six months from establishment	Aug 16				✓
o Develop survey monkey and circulate to staff	July 16				✓
o Collate survey monkey results	Aug 16				✓
Develop ACM handbook	Dec 16	✓			
o Include “How to broach difficult conversations” and provide examples					

	Planned date	On Track	Revised date	Behind	Completed
Develop a handbook for LMCs	Dec 16	✓			
Flex up and down staffing arrangements	May 16				✓
Develop robust process in partnership with the staff bureau to address staffing requirements in response to clinical acuity +/- staffing shortages	Sept 16	✓			
ACM joining organisation wide bed meetings	May 16				✓
Transfer of care audit	June 16	✓	Nov 16		
o Develop audit tool	June 16	✓	Sept 16		
o Undertake audit	July 16	✓	Oct 16		
o Identify 6 common presentation for Transfer of Care Pathways	Aug 16				✓
o Identify clinicians, Maori and consumers representatives to participate in the development of each pathway	Sept 16	✓			
o Pathways are developed for each presentation which clearly defines transfer of clinical responsibility	Oct 16	✓			
o Develop action plan in response to audit findings	Nov 16	✓			
Socialise draft Transfer of Care Pathways for consultations, feedback and finalisation	Nov 16	✓			
Develop a Model of Care for women with Gestational Diabetes	Nov 16	✓			
Fortnightly meetings held with ACM and Charge Midwife	May 16				✓
Team Development day/s	June 16				✓
Nursing and Midwifery orientation manual to be reviewed and circulated for consultation	June 16				✓
Collate feedback from consultation and finalise revised manual-modular	Aug 16				✓
New LMCs will be partnered up with a “Buddy”	Sept 16				✓
Undertake an evaluation of the Orientation manual and process	March 17	✓			
Review “Model of Maternity Care” Report	May 16				✓
o Feedback to steering group	June 16		Aug 16		✓
Work stream 2-Facilities					
Maternity work environment-confirm scope of work	April 16		Aug 16		✓
Walk through WSU/antenatal clinic space with maternity staff	April 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Develop detailed plan inclusive of antenatal clinic redesign/model of care	May 16	✓	Sept 16		
Undertake an antenatal consumer survey	Sept 16				✓
Undertake a staff antenatal clinic survey using “survey monkey”	Sept 16				✓
Undertake work	July 16	✓	Oct 16		
Work stream 3-Governance					
Develop MQSP framework for Maternity Services	May 16				✓
Present MQSP framework to steering group	June 16				✓
Undertake MQSP roadshow for staff	Aug 16				✓
Develop model for MDHB district wide MQSP framework and present to steering group	Aug 16				✓
Review TOR, including membership of Women’s Health Service Improvement Committee	May 16	✓	Oct 16		
List of all Maternity service meetings collated and review purpose	June 16				✓
Work stream 4 – Quality & Outcomes					
Collate themes from 6 RCA and communicate to clinicians and leadership in Maternity service	April 16				✓
Ensure action plans are updated to address any outstanding matters relating to the themes	May 16				✓
All action plans from 6 RCAs and any subsequent adverse events are fully implemented and a follow-up of effectiveness of recommendations is undertaken	June 16				✓
○ Develop a corrective action plan to address RCA recommendations that have not been achieved	July 16				✓
A small number of senior clinical and management staff undertake 4 hour Quality Improvement training	Sept 16				✓
All clinical staff are to be provided with an opportunity to attend a short session on the PDSA process and principles of quality improvement	Sept 16				✓
Staff who are likely to be involved in open disclosure processes or complaint resolution will undertake Open Disclosure Training	July 16	✓	Dec 16		
A minimum of one staff member to undertake improvement Advisor training with Ko Awatea	Nov 16	✓			
MQSP Co-ordinator on working group	March 16		April 16		✓
Ensure all ACMs are familiar with MDHB 5375	July 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Case reviews Review Perinatal Mortality Review co-coordinator	Sept 16				✓
Instigate monthly Maternal Case Review meetings	Sept 16				✓
Develop a plan for socialisation and use of ISBAR	March 17	✓			
Develop an education package for colleagues, LMCs which look are a recommended time to do dating scans; 8-9 weeks.	Dec 16	✓			
Ensure that all ACMs are familiar with MDHB 5375	July 16				✓
Advise the ACMs at next meeting	July 16				✓
Further discussion regarding the use of Badgernet and the diabetes module is required to reach agreement on who is responsible for adding blood results into Badgernet <ul style="list-style-type: none"> ○ Take to next Interface meeting in September 	Sept 16	✓			
Work stream 5 – Key Stakeholder Engagement					
Establish staff forums as part of socialisation phase	April 16				✓
Internal staff forums held	April 16				✓
Develop Women’s Health Newsletter	April 16				✓
Establish meetings with services that have an interface with the Maternity Services/include LMC representative <ul style="list-style-type: none"> ○ Interface with Orthopaedic Service 	June 16				✓
- Review approach to hip checks for congenital abnormality	July 16				✓
- Recommendations to the steering group			Oct 16	X	
- Recommendations implemented			Oct 16	X	
○ Interface with Maternal Mental Health Service	May 16				✓
○ Interface with Child Health Service	June 16				✓
○ Interface with Anaesthetics/Operating Theatre	June 16				✓
○ Interface with Diabetes Service	June 16				✓
○ Interface with New Born Hearing Screening Service	June 16				✓
○ Interface with Radiology Service	July 16				✓
○ Interface with Emergency Department	May 16				✓
Review location and purpose of notice board in maternity	May 16				✓
Establish a “Suggestion” whiteboard and process to collate comments and feedback to staff	May 16				✓
Explore Maternity service content on MDHB internet and update as required	Sept 16				✓
Facilitate use of shared net site and citrix	Sept 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Update list of key stakeholders	May 16				✓
<ul style="list-style-type: none"> ○ Identify levels of access to MDHB documents/sites by function ○ 	July 16				✓
Ensure that Maternity staff who identified work stream activity as an outcome from the Team Building days are supported to participate	Aug 16				✓
Work stream 6 – Consumer Engagement					
Have initial meeting to determine work stream priorities	May 16				✓
Establish consumer focus groups to support socialisation of review and findings; <ul style="list-style-type: none"> ○ Pahiatua; PN (Milson), Horowhenua, Dannevirke 	June 16				✓
Hold consumer focus group with Maori women	June 16				✓
Review current maternity consumer survey to ensure it meets consumers requirements	June 16	✓	Sept 16		
Collate themes from consumer feedback inclusive of the monthly maternity survey results	June 16		July 16		✓
Complete a proposal for a Consumer Liaison role for Maternity services	Aug 16				✓
Review feedback mechanisms as part of consumer feedback	Aug 16				✓
Work stream 7 – Guideline Review					
Undertake a stock take of all Maternity service guidelines and policies, Including RWHS documents	May 16				✓
Second Amanda Rouse MQSP Coordinator for additional hours to undertake this work	June 16				✓
Review guidelines and where documents can be combined or it is agreed they are no longer required reduce the number of documents	Sept 16				✓
Amalgamate “Traffic”, (admission and discharge guidelines as a priority)	Aug 16				✓
Ensure that the request for a “Partogram” is included in the reviewed “Traffic” guideline.	Aug 16				✓
<ul style="list-style-type: none"> ○ Develop an “Partogram” audit tool ○ Undertake and complete “Partogram” audit by end of Dec 16 	Nov 16				✓
<ul style="list-style-type: none"> ○ Undertake and complete “Partogram” audit by end of Dec 16 	Dec 16	✓			
Review; “Observation of Mother and Baby in the Immediate Post-Natal Period” Clinical guideline, link with National Guideline	Aug 16				✓
Socialise national guidelines “Observations-mother-baby-immediate-postnatal-period”	Dec 16	✓			
Socialise fetal loss guidelines	Dec 16	✓			