TO Quality & Excellence Advisory Committee

FROM General Manager
Clinical Services and Transformation

DATE 23 August 2016

SUBJECT Maternity Review Update

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

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

Progress continues to implement the work programme of agreed improvements to the MidCentral DHB Maternity Service and the Memorandum of Understanding with Whanganui DHB. Where progress has been delayed, actions are underway to ensure that any revised timeframes are met. Across the whole programme of work of the 103 total initiatives, 57 have been completed, 32 are on track and 14 are behind.

Engagement with consumers and particularly Maori women continues to be a focus for the working group, with the additional of second Maori representative to join the working group. programme of work. This work is supported from Te Pae Ora (Maori Health Directorate).

Consumer feedback from the national maternity survey, monthly maternity survey, consumer focus groups and Maori consumers has been collated, which brings together a significant amount work undertaken over the last few months. Positive feedback has been received from Lead Maternity Carers around improved collegiality and communication within the working environment, which enhances the experience for women.

Clinical pathways are being developed for each of six common presentations identified as needing more robust arrangements regarding transfer of care. Each pathway will incorporate clinical management and a guideline for referrals. A timeframe for development and implementation is being developed, recognising this is our top priority for improving the safety of women and babies. Updates on progress will be featured in future newsletters for all stakeholders.

Within maternity services, a busy July has continued through into the first two weeks of August. Maternity Service leadership have acknowledged the leadership shown by the Associate Charge Midwives on shift, staff who have done additional shifts, sometimes with delayed or no meal breaks and how well all staff dealt with the challenges this has brought. Thank you all for your efforts. There are times where levels of acuity and the numbers of women make it a real stretch to manage – we are working to strengthen links with the Hospital Coordination Unit and Duty Nurse Managers, especially after hours to ensure that support is available when it is needed.

Good progress continues to be made in all seven work streams overall, with staff participation key to meeting timeframes.

3. RECOMMENDATION

It is recommended:

that the report be received

4. PROGRESS UPDATE

4.1 Work Programme Progress

Progress with the establishment of the memorandum of understanding to support the centralAlliance is the subject of further consideration at the next centralAlliance Subcommittee Meeting, 22 August 2016.

Recruitment to the Clinical Director position continues, progressing to interviews in late September. As previously reported the selection process will include both a formal interview, with candidates giving three presentations, to Women's Health Staff, Lead Maternity Carers and consumers.

The Maternity Clinical Information System improvement work continues to gain momentum. The project structure has been developed with priority given to developing a training programme from October 2016, to improve user's effective use of the system, along with improving data quality. This investment is required to deliver robust project management along with resourcing training for all staff who use MCIS, including the release of rostered clinical staff to attend training. It also allows for external users of MCIS to participate in training in their own time.

Work Stream 1 - Safe Staffing
The Safe Staffing workstream has 29 initiatives, 13 have been completed, 10 are on track and 6 are behind. The three initiatives that are behind and the actions taken are as follows:

- Undertake a stock take of current RMO orientation
    - This has been reviewed by Women's Health Senior Medical staff, and the process for junior medical staff orientation to the service has been improved with each SMO responsible for the junior medical staff assigned to them.
    - A review and update of the Handbook for junior medical staff has been undertaken.
    - Actions will be complete by end of August 2016

- Implement a Mandatory Training requirement reporting system
    - Mandatory Training programme has been developed
    - System for reporting will be in place in October 2016

- Transfer of care Audit –Develop audit tool/undertake audit
    - The transfer of care audit was scheduled to be commenced in June 2016, however this has been moved to October 2016 due to priority being given to the stakeholder engagement over the maternity standards, guidelines and transfer of care approach.

- The Audit tool will be developed in September
- Revised timeframe to undertake audit will have the audit undertaken and reported in November 2016.

The Women's Health Resident Medical Officer (RMO) Handbook has been reviewed and final additions have been included. To ensure RMOs have ready access to information about common medications used in Women's Health, the handbook has an appendix of common medications. This will be completed by the end of August 2016. An electronic version will be readily available for all junior medical staff and updated by the service as required. New staff will be given a copy on orientation to the department.

Evaluation of the effectiveness of the Associate Charge Midwife roles has been undertaken in July via an electronic survey. Results will be collated by late August and will be factored into the further development of these roles.

The first phase of activity improving communication between Lead Maternity Carers and Maternity Service Staff has been completed, with the identification of next steps for implementing new arrangement to support safe "transfer of care" from LMCs to our secondary team. The initial two workshops promoted the Maternity Referral Guidelines and Section 88, both of which have generated conversations between LMCs, Core staff and Medical staff. It is fair to say that there has been evidence of greater understanding, collaboration and improved communication over all. The third workshop took of this further, ending with identification of the need for clinical pathways for common presentations that generated a lot of discussion.

Six common presentations requiring robust transfer of care arrangements have been identified:

- Twins
- Diabetes
- Obesity
- Small babies
- Large Babies
- Hypertensive disorders (high blood pressure)

Clinical pathways are being developed for each of these presentations. A session will be set up to work through each pathway, and include a LMC, Consultant O&G, Consumer, Maori , Service Manager, Acting Clinical Director and Charge or Associate Charge Midwife. Each pathway will incorporate clinical management and a guideline for referrals. A timeframe for development and implementation is being developed, recognising this is our top priority for improving the safety of women and babies. Updates on progress for all stakeholders will be featured in future newsletters.

To support and monitor the effectiveness of this work the Transfer of care audit identified as a key recommendation from the review will be undertaken in accordance with the timeframes in the work programme. This will be led by the Project Clinical Lead through the antenatal clinic

Work Stream 2 - Facilities
Confirmation in July of the availability of the former Women's Surgical Unit as clinic space has allowed this planning work to refocus on separating antenatal and gynaecology clinics to provide a better experience for women and relieve the pressure on space in the current ground floor clinics. The facilities workstream has four initiatives, one has been completed and three are behind. The three initiatives that are behind and the actions taken are as follows:

- Maternity work environment – confirm scope of work
    - The overall scope of work has been confirmed for the reuse of the Women's Surgical Unit space. Planning for the use of this space for antenatal clinics has begun

- Develop detailed plan inclusive antenatal clinic redesign/model of care
    - Confirmation of the model of care for separation of gynaecology and antenatal clinic functions will be undertaken in September 2016.
    - This process will include engagement with consumers and key stakeholders.

- Undertake work
    - Will be undertaken in October 2016

Work Stream 3 - Governance
The Governance Workstream has six initiatives, three have been completed, two are on track and one is behind. The one initiative that is behind and the action taken is as follows:

- Review TOR, including membership of Service Improvement Committee
    - The review of the TOR for the Service Improvement Committee, Maternity Services has not been commenced due to priority being given to other initiatives. This will be completed by October 2016.

Work stream 4 – Quality & Outcomes
The Quality and Outcomes workstream has 17 initiatives, 10 have been completed, six are on track and one is behind. The one initiative that is behind and the action taken is as follows:

- Staff who are likely to be involved in open disclosure processes or complaint resolution will undertake Open Disclosure Training.
    - Initially this was programme to be completed in July 2016, however due to priority being given to staff to attend quality training this has been rescheduled.
    - Planning for sessions in late October 2016 is underway, dates will be confirmed by end of August 2016.

The completion of the remaining actions to implement the recommendations from the six Root Cause Analysis Reviews has been incorporated into the work programme. These actions are included in the Status Report (Appendix 1, aligned with the relevant work stream. All remaining actions are planned for implementation by December 2016.

By the end of September, 25 Women's Health staff will have attended quality training. Each attendee is developing a poster highlighting the quality initiative they are taking forward using the "Plan Do Study Act" cycle. The posters will be displayed for consumers and staff to see in Women's Health.

Two large notice boards are being placed in the Delivery Suite area for staff and consumers. These boards will present quality information of interest to both groups and will provide a space to present the posters developed from the quality training sessions.

Work Stream 5 – Key Stakeholder Engagement

The Key Stakeholder workstream has 22 initiatives, 17 have been completed, three are on track and two are behind. The two initiatives that are behind and the actions taken are as follows:

- Interface with Orthopaedic Service – Recommendations to the steering group, recommendations implemented.
    - Initial discussion has taken place to discuss the model of care for hip checks. A further meeting is scheduled in late August to confirm this arrangement. Recommendations will go to the steering group with a plan for implementation by October 2016.

Meetings continue between services that have an interface with the Maternity Services. These meetings provide an opportunity to raise any issues and support open communication. A collaborative approach is evident as a result of these meetings with opportunities to share training occurring, and team members working together on a Maternal Mental Health Awareness week, planned for November.

Work Stream 6 – Consumer Engagement

The Consumer Engagement workstream has seven initiatives, three have been completed, three are on track and one is behind. The one initiative that is behind and the action taken is as follows:

- Review current maternity consumer survey to ensure it meets consumers requirements
    - This review will take place in September 2016

Feedback from the National Maternity Survey, monthly maternity survey and the consumer focus groups has been collated. The feedback was collated across the women's journey, using a matrix 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.

Much of the feedback received was positive, with women's experiences being strongly influenced by how they were communicated with. Overall involvement of partners, whanau and family was central to the positive feedback. The feedback received highlights what is being done well.

The feedback has also assisted in identifying further opportunities for improvement. Some women expressed frustration at being kept waiting, and not being kept informed of why they were waiting. In a number of cases the feedback occurred following an emergency delivery or a traumatic birth. Women were given differing information, and many expressed the desire to have partners stay overnight. There were comments relating to the discharge process. The next step is to develop a plan that prioritises the "Opportunities for Improvement," for action. This will be undertaken in partnership with MCH staff, LMCs, consumer and Maori representatives.

A job description has been developed for the proposed Consumer Liaison Role. This has had endorsement from the Maternity Steering group, and is being finalised for approval to proceed to recruit. This position is seen as been critical to the establishment of ongoing consumer engagement. The proposed position has the following objectives:

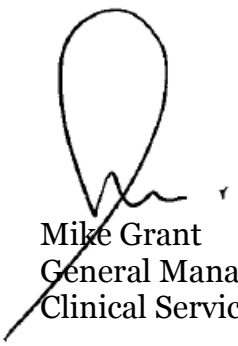
- To foster and support the development and delivery of consumer focused Maternity Services.
- To facilitate consumer feedback and to bring that perspective to the service for robust and sustainable improvements to the service.
- To initiate consumer focussed service improvement.
- To provide a consumer perspective in policy, planning, service development and implementation and to facilitate and support consumer participation in these processes.

Work Stream 7 – Guideline Review
The Guideline review workstream has 10 total initiatives, two have been completed, eight are on track and none are behind.

Amanda Rouse, MQSP Co-coordinator, continues to lead the review of women's health guidelines and policies, with good progress being made with the review and development of guidelines.

5. Next Steps

- Complete the comprehensive risk plan for the project.
- Develop and implement the action plan in response to the collated maternity consumer feedback
- Develop the action plan to deliver clinical pathways for the six common presentations requiring antenatal transfer of care
- Finalise model of care for antenatal clinics



Mike Grant
General Manager
Clinical Services & Transformation

APPENDIX 1

Maternity Service Review – Work Programme Status Report – 16.08.16

	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				✓
1. 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	X	
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	X	
Support for Charge Midwife	April 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Associate Charge Midwives appointed for after hours	Feb 16				✓
Evaluate the effectiveness of ACM roles six months from establishment	Aug 16	✓			
○ Develop survey monkey and circulate to staff	July 16				✓
○ Collate survey monkey results	Aug 16	✓			
Develop ACM handbook ○ Include "How to broach difficult conversations" and provide examples	Dec 16	✓			
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	X	
○ Develop audit tool	June 16		Sept 16	X	
○ Undertake audit	July 16		Oct 16	X	
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	✓			
Review "Model of Maternity Care" Report	May 16				✓
○ Feedback to steering group	June 16		Aug 16	X	
2. Work stream 2-Facilities					
Maternity work environment-confirm scope of work	April 16		Aug 16	X	

	Planned date	On Track	Revised date	Behind	Completed
Walk through WSU/antenatal clinic space with maternity staff	April 16				✓
Develop detailed plan inclusive of antenatal clinic redesign/model of care	May 16		Sept 16	X	
Undertake work	July 16		Oct 16	X	
3. 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	X	
List of all Maternity service meetings collated and review purpose	June 16				✓
4. 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	X	

	Planned date	On Track	Revised date	Behind	Completed
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				✓
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 o Take to next Interface meeting in September	Sept 16	✓			
5. 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	May 16				✓
o 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	
o Interface with Maternal Mental Health Service	May 16				✓
o Interface with Child Health Service	June 16				✓
o Interface with Anaesthetics/Operating Theatre	June 16				✓

		Planned date	On Track	Revised date	Behind	Completed
	○ 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	✓			
	Update list of key stakeholders	May 16				✓
	○ 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	✓			
6	**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; ○ 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	X	
	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	✓			
7.	**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	Sept 16	✓			

		Planned date	On Track	Revised date	Behind	Completed
longer required reduce the number of documents						
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	✓			
	○ Develop an “Partogram” audit tool	Nov 16	✓			
	○ 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	✓			