



Women's Health

IMPLEMENTATION OF SERVICE REVIEW RECOMMENDATIONS

Welcome to the thirteenth Women's Health Newsletter. This update provides information about progress as we continue to implement our improvement programme. The service review reports, updated, work programme, working group minutes and this newsletter can be found if you click here: [Maternity Services Review](#)

Well Done!

MDHB Board Chairman, Phil Sunderland has asked that a message be passed onto all of you; regarding the positive feedback he has received regarding the improvements to our maternity services over the last few months, the feedback has been wonderful. Thank you to you all and well done.



Jayne Waite has kindly provided the following update about LMC use of Citrix.

Heretaunga Midwifery initially downloaded Citrix with the thought of becoming fully electronic with our notes through using Badgernet in the community. It has proven to be a valuable tool within our practice allowing us to access Éclair, the DHB version of Badgernet and the hospital policies in the community. In the future Badgernet will be available through MMPO.

Citrix also allows easier access to NHI numbers of women when booking, checking Badgernet notes for women who have been to clinic or are inpatients and updating electronic notes at the rooms or home if required.

It has also been useful for checking on policies before ringing the medical team for consultations on women we have concerns about and of course laboratory results.

Installation of Citrix on our computers was done through the I.T. team at the hospital and seemed relatively quick and easy.

Although we would hope in the future to have electronic maternity notes that work seamlessly through antenatal, labour and birth and the postnatal period, Citrix seems to be a good start. It is another tool that keeps the women's care cohesive.

If you have any questions regarding use of Citrix, Jayne is happy to answer any of your questions.

If you do not have access to Citrix please contact Robyn.Williamson@midcentralthb.govt.nz to arrange this. If you feel you would like some additional training on how to use citrix Robyn can arrange that as well.

Maternity Service Display – Clinical Library

There is a fabulous display at the Clinical Library that has been put together by your colleagues. Well done. Call in and have a look.



Facility Improvements

Post-natal ward

The office space in the maternity post natal ward is to undergo some alterations as requested by the staff working in the area. The doorway into the back office is being altered and the room is being refurbished, and desk space is being improved. The alterations will assist the workflow in this space giving both the clinical staff and clerical staff appropriate working areas while ensuring privacy and confidentiality is maintained.

These have been approved and the contractors will confirm a start date shortly. There will be some disruption but the result will be worth the wait. Thanks to all involved.

Antenatal Services Feedback

Thank you to those who have taken time to complete the survey monkey. This will close on 9 September, so if you haven't yet completed the survey there is still time.

Staff Forums are being held to give you an opportunity to share your thoughts, and suggestion on proposed changes to the location of the antenatal services. The staff forum is scheduled for Monday 12 September, 10 am STAR Conference room.

You can also email your suggestions to Robyn.Williamson@midcentraldhb.govt.nz

Feedback on ACMs – from the survey

There was an approximate 50% completion rate. 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) and needs to be replaced!

Stakeholder engagement

Transfer of Care Pathway development

As mentioned last newsletter, sessions are being set up to work collaboratively on pathways for the following common presentations;

- Twins
- SGA babies
- LGA babies
- GDM
- Obesity
- High blood pressure

These sessions will include an Obstetrician, LMC, consumer, (Acting) Clinical Director, ACM, Maori, Service Manager. Please get in touch to be involved. Please contact:

Catherine.Marshall@midcentraldhb.govt.nz

As part of this piece of work a "Transfer of Care" audit tool is being developed this month and the audit is to take place in October

Quality training

Two more quality sessions are scheduled 21 & 29 Sept (3-4.30pm). These are being run by Barbs Ruby. Attending these session requires you to produce a poster and the best poster wins attendance at a fully funded conference. It is really exciting to hear about the initiatives that are being identified. If you would like to participate please contact: Barbara.Ruby@midcentraldhb.govt.nz

Consumer engagement

We are collating consumer feedback and making action plans from the common themes. More information on this will be provided in future newsletters

MCIS

Attached to this newsletter is a copy of the latest update regarding improvements to MCIS with Release 11. The Ministry of health have sent this – as they endeavour to improve communication around the MCIS improvement programme nationally. Initial feedback from clinicians is that there are some regally useful improvements. If you have clinician feedback regarding the use of Badgernet, please contact:

Fiona.McConnon@midcentral.dhb.govt.nz
Steven.Grant@midcentraldhb.govt.nz

Changed your email????

We want to make sure you have every opportunity to stay updated with what's happening in Women's Health. If you change your email please contact:
Katherine.ElBayouk@midcentraldhb.govt.nz

We want you to be involved

There are many opportunities to be involved in the improvement work that is underway. If you would like to be part of our improvements, please contact:
Diane.Hirst@midcentraldhb.govt.nz

Handover from the General Manager

This newsletter is now well established as a key way of keeping you all up to date with our improvement work. It's time to pass this to the Women's Health Leadership on an ongoing basis. I'm still in close touch with the service and happy to have your feedback any time.

mike.grant@midcentraldhb.govt.nz

From the Women's Health Leadership

We welcome you to be involved and also your feedback. We value your assistance and the team work involved in bringing this together. Thank you for your continued effort.

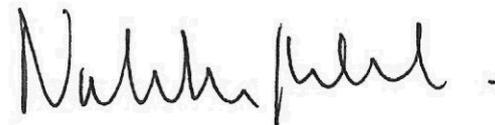
Any feedback? Please let us know!

Robyn.williamson@midcentraldhb.govt.nz

Steven.grant@midcentraldhb.govt.nz

Diane.hirst@midcentraldhb.govt.nz

Nicholas.glubb@midcentraldhb.govt.nz



Nicholas Glubb
Operations Director

NZ Maternity Clinical Information System



Newsletter – Release 11

WELCOME!

The purpose of this newsletter is to highlight Maternity system changes and configuration updates.

The most recent NZ MCIS configuration update , 11.0.1, went live September 6th 2016. Full release notes are available on the LIVE system homepage in the System Updates tab



Key changes in the September configuration update

There are many changes in this release, the highlighted items below are those we think may be of special interest. Please view the complete list via the System Updates tab.

Risk management plan

Some improvements have been made to the management plan.

- Users were unable to see changes without opening the audit trail.
When a plan section is clicked now, it opens with date/time and data from the previous note imported. If the user changes anything in the plan and saves the note then a new note is created with current date and time. The previous note is saved on the timeline and in All Notes. If the user saves and closes but has made no edits and there are no changes to the plan then no new note created (equivalent to cancelling). Anywhere plan sections are displayed they will always display the most recent plan for each section.
- Any free text entered in a risk option “Other” now displays in the Risk management plan

Current Obstetric Risk Factors

Risk Management Plan

Other: Pruritic Urticated Papules (PUP)

- To avoid two plans being completed for the same risk, if a risk is selected that already has a plan, a message appears stating “Plan contents imported from last management plan note for selected risk” and the already written plan automatically populates the form.



Management Plan

Date and Time Completed: 02 Sep 16 at 13:49 Gestation 40 weeks, 2 days

Location: [Dropdown]

Risk Associated with this Plan: History of serious mental illness

Associated Medical Condition(s): [Text Area]

Plan contents imported from last management plan note for selected risk

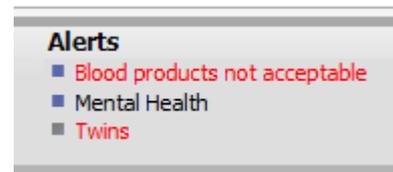
Operations: Caesarean section not recorded

Mental Health Risks: Yes

Tasks

Risk assessment form

- “Blood products not acceptable” has been added to the Medical risk factors list, and autopopulates from the Medical history form. The associated Extended banner alert now displays in red.



- “Haemolytic disease of the fetus and new born” has been added to the Current fetal risk factors list.

Maximum weight range for women

The weight range for maternal weight has been increased to 400kgs. If a weight outside the range of 40-180kgs is entered in the Medical history form or Observation note, a field Weight Verified will display.

Weight at Booking: 349.00 Kg

Weight Verified: Yes

Blood tests and results (woman)

Blood glucose has been added to the Blood test type picklist.

Alternative therapies

The options for Alternative therapies has been extended, and “Non pharmacological” options added to the Analgesia list:

Acupressure, Heat packs, Herbal medicine, Homoeopathy, Massage, Naturopathy, Osteopathy, Positional techniques, Rongoa, Tens, Sterile water injections

Scanned documents

A button has been added to the Scanned document form make a scanned document confidential so access is not available in Partner Present mode.

Front page: Care plan block

If the record is antenatal, the available link is to the Birth Care Plan displaying the last date/time saved.

Once a birth has been recorded, the available link is to Postnatal discussion points displaying the last date/time saved.



Multiple births and placenta fields

If a multiple birth has been recorded, a new field displays in the Post birth section. “Is there more than one placenta present?” If Yes, the relevant number of placenta sections will display to enter information about each placenta: Placenta - Twin 1 etc. A free text box has been added for recording of placenta details for which there are no fields. For example, placenta 1 = placenta for Triplet 1 and Triplet 2.

Post Birth

Placenta - Twin 1

Is there more than one placenta present Yes No

Number of placentas present

Placenta

Placenta Appearance

Membranes

Placenta, Cord or Membranes Sent For Pathology No Yes Unknown

Plans for the placenta (whenua)

Family would like Placenta, Cord or Membranes returned No Yes

Placenta Kept by Family No Yes

Details

Placenta - Twin 2

Placenta

Total Cumulative Blood loss

On the Front page, Labour and Birth block, Total Cumulative Blood loss within first 24 hours now displays on level 1 of LORD.

Labour & Birth

Number of Babies Born
1

Onset of Labour
Spontaneous

Final Location of Birth
Hospital

Baby 1

- DOB: 29 Aug 16 at 09:00
- Livebirth
- Type of Birth: Spontaneous Cephalic
- Birthweight: 3424
- Sex: Female

Cumulative blood loss within 24hrs of birth: 250mls

Issues, Feedback, and Requests

Based on feedback and service desk, the following changes have been made:

VE and induction

Cervical dilatation from the most recent VE now permanently displays in the Induction note.

Front page: Labour and birth block

If information is changed in the Labour and birth form, this now automatically updates on the Front page and in the specialist tabs.



 **Front page tabs**

Specialist review and Discharge summary report tabs now appear on the Front page without refreshing the record.

 **Obstetric/Anaesthetic pages**

If not recorded, Cumulative blood loss display was displaying as -1mls. This has been amended so it displays "Not recorded".

 **Baby feeding update**

The baby feeding update type can now be edited if the form has been completed via the Admission form.

 **Anaesthetic page**

On the Anaesthesia Specialist and Obstetric home page, "Required for Episiotomy" no longer displays if Perineum = Intact in the Labour and Birth form.

[For a full list of release items and bug fixes please see the full release notes](#)

Support

The Clevermed Support service runs 24/7/365. During out-of-hours periods only Severity Level 1 incidents (i.e. full national system down) that have been reported via telephone will be dealt with immediately, all other issues will be recorded and picked up next working day.

To report a Support issue, please either

-  Log via Service Desk
-  Email supportNZ@clevermed.com
-  Call 0800 446 663



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