



Women's Health

IMPLEMENTATION OF SERVICE REVIEW RECOMMENDATIONS

This seventh update provides information about recent and upcoming activity as we implement our improvement programme. The service review reports, updates, work programme, working group minutes and this newsletter can be found if you click here:

[Maternity Services Review](#)

We welcome your feedback and ideas!

Forums with staff and LMCs

This week Diane Hirst has been providing update sessions regarding the Maternity Quality and Safety Programme (MQSP) and how this is being integrated into service improvement work. This has included early morning sessions for night staff and times during the day when small groups of staff are available.

MDHB Recruitment

Applications closed on 15 June 2016 for the Executive Director, Nursing and Midwifery, and will close on 20 June for the Clinical Director position.

Maternity Clinical Information System

Roeland de Vries is working hard to develop the project plan to improve MCIS – the overall plan will be completed for review by the end of June but here are some highlights.

The Training Plan is in development with Jane Stojanovic, Fiona McConnon and Sandra Turner forming the small working group looking after this important work. Work is being undertaken to assess the level of training required over the next months that take into account core skills required with MCIS, the different staff groups' needs related to their use of the system and the ongoing releases of revisions to the system that will require training. We will have staff released so they can dedicate time to both train and be trained.

Steven Grant, Amanda Rouse, Diane Hirst, with Quentin Bourke (business support), are taking responsibility for improving data quality. Gaps in data related to staff entry of information will be addressed by the training programme to support staff to understand what essential information needs to be entered into the system.

Release 10 of MCIS has arrived. The new release makes searching for information easier, and has other "usability improvements" according to those that have used it so far. An online training video on the changes and how to make the most of them will be available from next week. There will be a separate communication to confirm how to access that video.

Root Cause Analysis Reviews (RCAs) Update

Catherine Marshall has undertaken a stocktake of our progress to date implementing the recommendations from the six RCAs. While there has been progress in implementing the recommendations, we need to ensure all the actions are completed and their effectiveness evaluated over the next month.

MQSP and Governance

The next step for MQSP development for us is to show how the implementation of this programme will fit with our clinical governance arrangements for Maternity services. This is key to making our quality and safety work part of everything we do.

Interface Meetings

Our interface meetings with key services have continued.

We met with the Newborn Hearing Service on 14 June. There are no significant issues between the two services. Communication occurs on a daily basis, with the hearing screeners liaising with the woman's midwife. The midwife will find the screeners if there are any concerns relating to a woman or screening the baby. This has been working well. The screeners have expressed a willingness to strengthen engagement with LMCs if required such as notifying them if a woman does not attend an appointment for screening or a "targeted" follow up appointment. There will be follow up meetings.

We met with Anaesthetics/Operating Theatre on 9 June. The focus of discussion was around the need for good communication. Communication to the Duty Anaesthetist regarding a patient's clinical status and treatment requirements is crucial, particularly in emergency situations. Training will be built into PROMPT sessions. Allocation of theatres in emergencies was discussed. It was agreed there

needs to be a contingency plan for when a theatre is not immediately available. More work to be done over these matters in future meetings.

Associate Charge Midwives (ACMs)

With the expanded number of these positions having been in place for nearly six months there will be an opportunity to give feedback on the success of these roles. Investment in these roles was a key action following the review. An online survey is being developed for early July, for maternity staff and LMCs. There will be more about this once we have the survey results back.

ACM Handbook

The ACMs are developing a handbook that highlights the key activities and decisions that ACMs need to undertake. This will also be a useful resource for those midwives who cover the ACM role occasionally.

Jane Stojanovic Retiring

Jane has confirmed that she is retiring from the Charge Midwife position at Horowhenua Maternity at the end of July 2016. She has strengthened midwifery leadership and supported midwives in Horowhenua/Otaki since her appointment as Charge Midwife in January 2009. Look out for the advertisement for her replacement, coming soon. Also, watch out for the opportunity to say farewell to Jane.

SAVE THE DATE

4 -6 pm 12 July 2016 – Referral Guidelines Workshop

The next workshop (following on from the two already held) is planned for 12 July 2016. While the agenda will be finalised closer to the time, it will likely focus on ante natal transfer of care for women with complex needs.

Keep That Time Free

National Audit of Maternal Morbidity

The Health Quality & Safety Commission is taking over the responsibility for the national Severe Acute Maternal Morbidity Audit. A Maternal Morbidity Working Group has been established under the auspices of the Perinatal and Maternal Mortality Review Committee (PMMRC) to oversee this work.

Leona Dann is leading this work for the Commission – we will keep you posted.

Consumer Engagement Forums

There has been great feedback from the consumer forums that have been held to date. They have been mainly small groups in rural settings, with larger meetings also planned. Themes so far have included:

- Transfer of care
- Levels of intervention
- Discharge planning
- LMCs
- Family involvement
- Hospital environment
- information provided

Feedback has been collated so it can inform our improvement work, along with the feedback we receive from the satisfaction surveys.

Better Communication with Women

We are looking at how we can improve communication with women about arrangements for their care and upcoming appointments. We think being able to securely text women would provide real benefits in keeping in touch. Examples could include confirming appointments, sending reminders, and following up on women who haven't attended when expected. We could also look to include LMCs in those messages so they are in the loop.

We'll update more regarding this soon.

The "GROW" Programme

GROW - tracking fetal growth during pregnancy - is being incorporated into MCIS and we have asked for people to help with this development. Thanks for the great response to the expressions of interest emailed of the 9th June 2016. We will be in contact next week to those who have responded.

Email Mailing List

It's so important that the distribution list for this newsletter and other communications is up to date. Please help by providing your email to Katherine El Bayouk at katherine.elbayouk@midcentraldhb.govt.nz

Thank You

Thanks again to everyone who is taking the opportunity to be involved in our improvement work.



Mike Grant

General Manager, Clinical Services & Transformation