



## 1. Leadership

### 1.1 3 Centres Meetings

The Steering Group met in February, April and June 2007. Membership was stable and attendance at meetings was consistent.

The chair was reconfirmed and held jointly by Dr Bernadette White, Clinical Director, MHW and Ms Helen Gillies, Director of Nursing, Women and Children's Program, SH.

The project coordinator met with the Director of Nursing, Women's and Children's Program, Southern Health who has functioned as the line manager, on a monthly and as needs basis.

### Coordination and Management

The Project Coordinator is responsible for actively managing the work program, and ensuring coordination and continuity for the Steering Group. Most communications are effected via email. The system of communication and feedback between the Project Coordinators and Steering Group members is generally timely, effective and efficient. Steering Group members have high level jobs with substantial work pressure and many responsibilities of which the 3centres is just one. The role of the coordinator is to keep enough focus on 3 Centres to keep the work program to schedule without making unreasonable demands. There has been some movement of the project coordinator position over the past twelve months, with Glenda McDonald seconded to WHA to assist with development of the National Pregnancy Guidelines submission, and then to DHS to work on development of Maternity Clinical Networks.

The 3 Centres Steering group has evolved into an effective team with high levels of trust and good will between members. Vigorous debate has taken place without jeopardising relationships. DHS representatives also have strong, positive relationships with the steering group and project coordinator.

A work program has been confirmed for 2006-2009, and a detailed program logic framework with evaluation indicators for annual reporting has been developed.

The collaboration is supported by DHS. The funds are currently held and administered by Southern Health.

## 3 Centres Steering group 2007

**Co-chairs: Bernadette White**, Clinical Director, Mercy Hospital for Women, **Helen Gillies**, DON Women's and Children's Program, SH

**Tanya Farrell**, Director, Women's Services, RWH

**Karen Clark**, Director of Nursing, MHW

**Therese Bowditch**, Deputy Director of Nursing, Maternity and Neonatal Services, MHW

**Jeremy Oats**, Medical Director, Women's Services, RWH

**Euan Wallace**, Director of Obstetrics, SH

**Julie Collette**, Director, PERS

**Trevor Sutherland**, Manager Ambulance and Acute Programs, DHS

**Wendy Dawson**, Senior Project Officer, Programs Branch, Metropolitan Health and Aged Care Services, DHS

### Ex-officio:

**Catherine Chamberlain and Glenda McDonald**, Project coordinators

### 1.2 Caesarean Section Project

There has been ongoing discussion about how best to address rising caesarean section rates. A detailed literature review has been conducted and consultation is currently underway to analyse caesarean section data using the Robson's framework.

A proposal has been drafted to develop or adapt evidence based consumer information for caesarean section.

## 2. Increasing use of evidence in maternity care

### 2.1 Implementation Enhancement

#### Strategy

An implementation enhancement strategy has been developed in 2007, and has focussed on implementation of smoking cessation and HIV counselling recommendations. An evidence based approach using NICS methodology has been adopted, which includes an 8 step process:

- Appoint team leaders
- Decide which recommendations to tackle first
- Establish if current practice is in line with guideline recommendations
- Understanding why you're not achieving best practice
- Prepare for change

- Choose right approach
- Put theories to the test
- Keep things on track

**Smoking cessation** implementation has been conducted at Southern Health, with a survey of maternity staff knowledge of QUIT strategies, approximately 15 midwives attending QUIT training, and display of posters and video's for women.

An evaluation plan has been drafted to enable reflection and learning of implementation processes.

At the Mercy Hospital for Women, a barrier analysis has been conducted and a paper drafted for the GP newsletter.

The RWH are conducting a baseline survey beginning to plane interventions.

A project proposal has been drafted to assess the accuracy of the current smoking cessation Maternity Services Performance Indicators, and a meeting will be held with DHS to discuss this further.

**HIV counselling** interventions have focussed around improving the accreditation of midwives for HIV counselling. A letter was sent to the Nurses' Board of Victoria and the matter has been referred to the Maternity Services Advisory Committee for consideration. A NICS fellowship application was submitted to access funding for developing more accessible HIV counselling raining for midwives.

### 2.3 Community of Practice Meetings

The quarterly CoP meetings continue to provide a valuable forum for sharing ideas and experiences between maternity service projects.

In 2007, the focus of the meetings has been on developing implementation knowledge and skills. A twilight seminar was held with Sue Phillips from NICS presenting strategies to improve implementation. Approximately 50 maternity service professionals attended this seminar.

### 2.4 Dissemination

3 monthly guideline updates have been emailed to database contacts, as well as included in the GPDV Friday fax out.

### 2.5 Website

The 3 Centres website was updated in April 2007. Due to the need to regularly update the website, a request has been made to install web master software on the 3centres computer, and the project coordinators will undergo basic training to enable regular updates for minimal expense.

## 3. Guidelines

### 3.1 3Centres Guidelines

In response to queries about the footers on guidelines, the SG has authorised a change on the footer of original guidelines to state solely the year of publication, without a recommended "expiry time".

### 3.3 National Pregnancy Guidelines

The 3 Centres Collaboration Project Coordinator (GM) and Steering Group member (JO) have submitted a tender to develop the National Pregnancy Guidelines.

## 5. Improving Consumer Information

**5.1 Consumer information on diabetes and prenatal screening for genetic disorders** is currently being reviewed by the steering group.

A request was made for the booklet to be translated into languages other than English (LOTE). A needs analysis has been conducted and project proposal developed for consideration by the 3centres steering group.

### 5.2 Caesarean section consumer information

A scope of consumer information on caesarean section has been conducted, and a project proposal to develop caesarean section information has been drafted for consideration by the steering group.

### 5.3 Distribution of booklet

The booklet, "A guide to tests and investigations for uncomplicated pregnancies" has been distributed widely throughout the state with 3710 copies sold in the first six months of 2007. Further copies were ordered independently from the printers by Southern Health.

## 6. Sharing learning

### 6.1 Education and training

Audit feedback workshops have been conducted at Southern Health (Clayton and Dandenong) and the Mercy Hospital for Women. These workshops included discussion of areas where guideline recommendations had not been well implemented, analysis of barriers to guideline implementation, and development of strategies to improve implementation.

### 6.2 Conferences, presentations and professional development

The project coordinator (GM) and one steering group member (JO) have attended training in using the Guideline Implementability Appraisal (GLIA) tool. This learning will be shared with the steering group.

The project coordinator (CC) has attended MIHSR workshops on action research and focus groups.

Both project coordinators attended a DHS workshop on involving consumers, as well as a NICS lecture on implementation of evidence by Richard Grol.