

Report to Department of Human Services

July 2007 to June 2008

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Objectives of the 3 Centres Collaboration

The **3 Centres Collaboration** refers to the **collective decisions** undertaken by a joint Steering Group comprised of senior obstetric and midwifery managers from the Mercy Hospital for Women (MHW), the Royal Women's Hospital (The Women's), Melbourne and Southern Health, and two senior Department of Human Services' [Department] representatives. It also refers to the **joint work program** undertaken by various project teams, and the underpinning **principles** for this work.

The objectives for 2007-08 include:

- To provide a forum for multidisciplinary expertise and leadership in maternity care
- To increase the use of evidence in maternity care
- To increase access to evidence based guidelines
- To improve collaboration between tertiary maternity service providers
- To improve access to evidence based information for consumers
- To share learnings and expertise

A detailed work program (2006-09), program logic framework and activity schedule are available on the website: www.3centres.com.au

This report is structured under each of the project objectives for 2006-2009 and reports against the indicators identified by the steering committee.

Principles

To the greatest extent possible care is:

Safe & Scientific

The safety and wellbeing of mothers and babies is fundamental to maternity care

Care is based on relevant, evidence-based research and reviewed regularly

Woman-centred

Women are acknowledged as individuals who differ in their needs, values and preferences

Informed choice is an integral part of decision-making throughout the continuum of care

Equitable & Accessible

Care is available to women regardless of socioeconomic or cultural background, ability to pay, disability or place of residence

Cost Effective

Care is delivered in an efficient and cost effective manner to maximise health outcomes

Consultant and medical expertise is used where there is the greatest need or risk

Collaborative

Doctors, midwives and allied health staff adopt a multidisciplinary team approach to care, consultation and referral

Every woman is a partner in the decision-making process. Her support network is acknowledged and valued

Care providers and consumers are expected to treat each other with honesty and respect

A positive learning experience

Women are supported and prepared for pregnancy, birth and recovery

Doctors, midwives and allied health staff learn, practice and improve their skills. There is a positive environment for training undergraduates and postgraduates

Women are consulted regularly regarding their experiences of care and their insights considered in the planning, delivery and quality of maternity care

1. Providing a forum for multidisciplinary leadership

1.1 3 Centres Meetings

The Steering Group met in August, October, December (2007), February, April and June (2008). Membership was relatively stable and attendance at meetings good, generally 9/11 (82%), ranging from 64-91%.

Dr Bernadette White, Clinical Director, MHW and Ms Helen Gillies, Director of Nursing, Women and Children's Program, SH chaired the steering committee until January 2008. The steering committee thanked them both for their commitment and efforts over the preceding two years. Ms Tanya Farrell and Professor Euan Wallace were nominated as co-chairs.

The project coordinator met with the at least one of the chairs prior to the steering committee meetings and on an as needs basis to provide updates, develop project documentation and confirm the agenda.

Agenda items outside the project objectives discussed included: Perinatal Emergency Referral Service (PERS), Maternity and Newborn Clinical Network (MNCN), maternity demand, and private cord blood banking

A range of issues have been discussed related to PERS, and a consultant was engaged to facilitate discussion and development of an algorithm for coordinating the transfer of women.

Coordination and Management

The steering committee is responsible for developing the work program, and the project coordinator is responsible for managing the work program. Most communications are effected via email. The system of communication and feedback between the project coordinator and steering committee members has been generally timely, effective and efficient, although large volumes of written information can create challenges. Steering committee members have high level jobs with substantial work pressure and many responsibilities of which the 3centres is just one. The 3centres steering committee is an effective team with trust and good will between members. Vigorous debate has taken place without jeopardising relationships. Departmental representatives also have strong, positive relationships with the steering committee and project coordinator.

A planning meeting was held in April 2008 to revise the objectives of the program and develop a work program for 2009-2011, in line with the evolving MNCN objectives and work program

The key **achievements of the 3centres collaboration** since its inception in 2001 to date were summarised as:

- Development of an effective multidisciplinary forum modelling maternity service leadership and collaborative networking
- Development of 17 high quality antenatal guidelines
- Development of high quality resources and consumer information for supporting implementation
- Providing an evidence base for the development of the Victorian Maternity Record (VMR)

Following discussion of achievements, strengths and limitations, the following **objectives for 2009-2011** were identified:

- Provide regular bimonthly forums for multidisciplinary leaders in maternity care
- Support informal networking
- Provide an advisory role for PERS
- Maintain high quality consumer information
- Establish and maintain formal collaborative relationships with MNCN and other stakeholders to represent tertiary issues, clarify roles of tertiary maternity services, and investigate issues of mutual concern.
- Improve consistency of evidence based practice within tertiary maternity services

A Work Program 2009-11 and project briefs to support this work will be completed by December 2008 and future reports will report against these. All materials related to 3centres have been maintained on the website.

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

3 Centres Steering group 2007-8

Co-chairs: (2007): Bernadette White , Clinical Director, Mercy Hospital for Women, **Helen Gillies** , DON Women's and Children's Program, SH

Co-chairs (2008): Tanya Farrell, Director, Women's Services, RWH, **Euan Wallace**, Director of Obstetrics, SH

Karen Clark, Director of Midwifery and Patient Services, MHW

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

Christine Bessell, Acting Director, Obstetric Services, RWH

Jeremy Oats, Director, Maternal Newborn Clinical Network, DHS

Jacqui Smith, Director, PERS

Non voting members:

Trevor Sutherland, Manager Ambulance and Acute Programs, DHS

Julie Jenkin, Manager, Maternity Services, Programs Branch, Metropolitan Health and Aged Care Services, DHS

Ex-officio:

Catherine Chamberlain, Project coordinator, 3centres Collaboration

1.2 Audit of emergency Caesarean Section data in tertiary maternity services

There has been ongoing discussion about how best to address rising caesarean section rates in Victoria. Analysis at the Women's demonstrated that the rise in caesarean sections has been the most significant in emergency caesarean sections in primiparous women.

A pilot audit of one month of data and medical records of women within this category was completed in February 2008. The process highlighted a number of differences between sites in audit and data collection, resulting in some alignment and sharing of learning and resources. The analysis revealed a number of potential drivers to the rising caesarean section, which enabled refinement of a data extraction tool for a larger sample.

Further data was collected and analysed over a three month period (Sep-Nov 2007), and a discussion paper has been drafted. The aim of the paper is to highlight potential drivers of the rising caesarean section rate, identify factors which may be potentially modifiable, and provide a basis for developing interventions to support safe effective clinical decision-making around mode of birth.

2. Increasing use of evidence in maternity care

2.1 Implementation Enhancement

Strategy

Workshops were held at Southern Health and Mercy Hospital for Women to identify barriers to HIV counselling and smoking cessation counselling:

Lack of midwife accreditation to offer HIV counselling was identified as a major barrier. Following a series of consultation, the issue was forwarded to the Maternity Services Advisory Committee (MSAC). A more targeted program to accredit midwives to offer HIV counselling is currently under development by LaTrobe University.

A range of interventions to address identified barriers for smoking cessation interventions have been completed:

- Smoking cessation counselling education has been facilitated for obstetric registrars Southern Health.
- Reminder stickers for shared care GPs at Mercy Hospital for Women
- Feedback of barrier analysis into National SmokeFree Pregnancy Project steering committee
- Commencement of update of Cochrane Review of smoking cessation interventions and funding agreement for completion
- Communication regarding systematic audit of KPI reporting for smoking cessation
- Feedback to tertiary maternity services documentation committees regarding need for at least VMR equivalent smoking cessation information to be included in documentation

2.3 Maternity Project Community of

Practice (MPCoP) Meetings

The quarterly MPCoP meetings continue to provide a valuable forum for sharing ideas and experiences between maternity service projects. Approximately 4-5 persons attend each meeting.

A twilight seminar was held with Dr Delwyn Goodrich on Program Evaluation in Maternity Care. Over 20 maternity service professionals from across Victoria attended. Evaluation feedback was

overwhelmingly positive and suggestions were made for next year.

A MPCoP newsletter has been developed, which very succinctly provides an update of each project, an update from the Department, contact details for further information, and any information about upcoming activities. No formal evaluation has been conducted, though there were a number of email replies with positive comments and thanks for providing the information.

2.4 Dissemination

Guideline updates are now included in the Maternity Project Community of Practise newsletter.

2.5 Website

The 3centres website has been regularly updated by the project coordinator with steering committee membership, revised consumer information and order forms, and newsletters. There continues to be over 5000 "hits" per month to the website.

3. Increase access to Guidelines

3.1 3Centres Guidelines

There have been over 100 page downloads of the 3centres guidelines per week. From the website There have been no updates of the guidelines over 2007-08.

3.3 National Pregnancy Guidelines

A member of the 3centres steering committee (JO) is on the advisory committee for the development of national pregnancy guidelines, and provides regular feedback on progress.

4. Improving collaboration between tertiary maternity services

4.2 Sharing internal guidelines

The merit of sharing internal guidelines has been considered and a project proposal has been drafted to improve consistency and uniformity of guidelines in tertiary maternity services.

4.4 Benchmarking

The merit of a combined approach to benchmarking was considered, with the tabling of the NHS "Safer Childbirth" report. This was referred to MSAC. The MNCN are developing a state-wide "Capability Framework", which includes many of the factors included in the "Safer Childbirth" report.

5. Improving Consumer Information

5.1 Consumer information on diabetes and prenatal screening for genetic disorders

A project proposal has been submitted to the Department to translate "A guide to tests and investigations in uncomplicated pregnancy" into languages other than English (LOTE).

5.2 Caesarean section consumer information

The Better Health Channel information on caesarean section was updated in 2007-08, and has been referred to the caesarean section working group for future review.

5.3 Distribution of booklet

The booklet, "A guide to tests and investigations for uncomplicated pregnancies" has been distributed widely throughout the state with 18697 copies sold in 2007-08 through the project office. This does not include copies distributed with the Victorian Maternity Record, or large orders purchased directly from printers for Southern Health and two hospitals in Tasmania..

Investigations have been made to assess feasibility of outsourcing the supply system to the printing service, which will streamline the ordering process and allow for 3centres to receive a commission to support future updates of the booklet.

6. Sharing learning

6.1 Education and training

Smoking cessation workshops have been facilitated for Southern Health midwifery and medical staff.

The 3centres project coordinator provided an overview of the 3centres Collaboration to LaTrobe University PhD midwives.