

"Applying the best available evidence and expertise to maternity care in Victoria, Australia."



The Royal Women's Hospital
Monash Medical Centre
Mercy Hospital for Women

Report to Department of Human Services

July 2008 – June 2009

Contents:

Objectives	p 1
Membership	p 1
Coordination	p 2
Networking (MPCoP)	p 2
PERS advisory role	p 3
Consumer information	p 3
Cochrane Review Update	p 3
MNCN collaboration	p 3
Caesarean Section Audit	p 3
Guideline Development	p 4
Principles	p 4
Budget	p 5

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Objectives of the 3centres Collaboration

The 3centres Collaboration (3centres) refers to the collective decisions undertaken by a joint Steering Committee comprised of senior obstetric and midwifery directors from the Mercy Hospital for Women (MHW), the Royal Women's Hospital (RWH), Southern Health (SH), the Perinatal Emergency Referral Service (PERS), Maternal Newborn Clinical Network (MNCN) and two senior Department of Human Services' (DHS) representatives. It also refers to the strategic plan, joint work program undertaken and the underpinning principles for this work.

2009-11 objectives:

1. To provide regular bimonthly forums for multidisciplinary leaders which model collaborative behaviour within the group and with other stakeholders, including MNCN, PERS and the Department
2. To support informal networking which facilitates synergy between other maternity service projects, through the Maternity Project Community of Practice
3. To provide an advisory role for PERS
4. To maintain, update and disseminate high quality consumer information
5. To establish and maintain formal collaborative relationships with the MNCN and other stakeholders to represent tertiary maternity service issues, clarify the roles for tertiary maternity services and investigate areas of mutual concern
6. To improve the consistency of evidence based practice and uniformity of guidelines within tertiary maternity services, with initiatives which have benefits across the system

A detailed strategic plan and work program (2009-11) are available on the website:
www.3centres.com.au

3centres is supported by the Department of Human Services (DHS) and the funds are currently held and administered by Southern Health. This report to DHS is provided as a requirement of the funding agreement.

This report is structured under each of the project objectives and main activities for 2009-11 and reports against the indicators agreed by the steering committee.

3centres Steering Committee membership 2008-9

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

Treasurer: Helen Gillies, DON Women's and Children's Program, SH

Voting members:

Bernadette White, Clinical Director, Mercy Hospital for Women

Karen Clark, Director of Midwifery and Patient Services, MHW

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

Louise Kornman, Director, Obstetric Services, RWH

Jeremy Oats, Director, Maternal Newborn Clinical Network

Jacqui Smith, Director, Perinatal Emergency Referral Service

Non-voting members (DHS):

Samantha Ludolf, Manager Ambulance and Acute Programs

Julie Jenkin, Manager, Maternity Services, Programs Branch

Ex-officio: Catherine Chamberlain, 3centres Project Coordinator

1. Providing regular bimonthly forums for multidisciplinary leaders

1.1 3centres meetings

The 3centres Steering Committee met bimonthly in September, October, December (2008) and February, April and June (2009). Membership was stable, with Louise Kornman (RWH) and Samantha Ludolf (DHS) replacing Chris Bessel RWH) and Trevor Sutherland (DHS). Average attendance was 10 members (77%), ranging from 7-12 members at each meeting.

Agenda items discussed outside the project objectives included: Tobacco control policies, MNCN capability framework, Better Health Channel fact sheets, unified General Practitioner affiliates, Key Performance Indicators, SyRus report, Caesarean section coding, and planning for peaks in maternity service demand.

The project coordinator met with the at least one of the chairs prior to the meetings and on an as needs basis.

1.2 Consensus and planning

The steering committee is responsible for developing the work program, and the project coordinator is responsible for managing the work program.

A self-appraisal survey conducted by steering committee members assessed that:

1. The **strengths** of the committee include:

- confidence in the effective relationships between committee members, co-chairs and the project coordinator
- members feeling involved, interested and able to contribute to effective, collaborative decisions
- effective meeting facilitation to involve the whole team in decisions
- the strategic plan and objectives were relevant to committee member's role and the meetings were productive

2. Some areas **need more work** including:

- limiting the volume of written information provided for meetings, as members have substantial work pressure
- the project coordinator taking a stronger role in ensuring the work of 3centres is progressed

The committee felt that the renewed focus on guideline development will improve the clarity of the role of the 3centres collaboration.

1.4 3centres 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 have been over 300 page downloads per month to the website during 2008-9.

2. Supporting informal networking to promote synergy (Maternity Project Community of Practice) (MPCoP)

2.1 MPCoP Meetings

The quarterly MPCoP meetings have continued to provide a valuable forum for sharing ideas and experiences between maternity service projects.

There are now 20 MPCoP members, and approximately 4-5 members attend each quarterly meeting. The meetings focus on sharing information about projects and discussing any issues or challenges which may be experienced.

In August 2008, Jo Campbell (Organisational Development consultant and previous 3centre Project Coordinator) facilitated an interactive workshop on organisational development, which included analysis of the roles of group members. Change management was identified as a common skill to most project workers roles. The group reviewed a comprehensive set of change management competencies, and used it as the basis for developing a self-directed learning plan throughout subsequent meetings. These sessions included: self-management and resilience; and conducting change readiness assessments.

2.2 MPCoP Newsletters

Two biannual MPCoP newsletters were produced and disseminated throughout an extensive maternity service (September 2008 and February 2009). These newsletters provided a succinct update of a range of maternity service projects, an update from the Department, contact details for further information, and any information about upcoming activities, new projects, policy initiatives, conferences/workshops, or relevant maternity service consultations.

2.3 Annual twilight forum

A twilight forum was facilitated by Professor Sue McDonald on *Improving Recruitment and Retention in Maternity Care* in June 2009. Over 25 professionals from across Victoria attended the forum at the RWH, and more than 50 professionals participated remotely from six sites via the new video-conference facilities. Evaluation feedback was positive and suggestions were made for next year.

3. Providing an advisory role for the Perinatal Emergency Referral Services (PERS)

3.1 PERS Reports

A report on PERS transfers has been circulated to 3centres members prior to each meeting, and issues discussed at each bimonthly meeting.

A range of issues have been discussed related to PERS, and an extraordinary meeting with neonatal consultants was held to address issues arising with transfers of women classified as semi-urgent.

A review of the governance of PERS has been conducted and the draft report has been circulated to 3Centres chairs.

4. Providing high quality consumer information

4.1 A guide to tests and investigations in uncomplicated pregnancies

13,740 copies of *A guide to tests and investigations in uncomplicated pregnancy* were distributed from July 2008-May 2009. The process of distributing the booklets was outsourced directly to the printing company in November 2009. Health services can download an order form from the 3centres website and submit it directly to the printing company, which eliminates the requirement for the project coordinator to maintain a supply and process all orders through Southern Health. 3centres has maintained the copyright for the booklet and 10% of the sales are returned to 3centres at quarterly intervals. This income allows for funds to update the booklet as required and improves the sustainability of this element of the project. Evaluation of a three month trial period demonstrated that there is increased customer satisfaction and increased efficiency with the new distribution system

4.2 Translation of consumer information

A working group was established in 2007 to investigate the feasibility of translating the *Guide to tests and investigations* into languages other than English (LOTE). A proposal to translate the booklet in its current form was unsuccessful. However, the Multicultural Centre for Women's Health (MCWH) received a small amount of funding to develop some pregnancy information in 2008. The group reconsidered the options and multilingual needs of pregnant women and agreed that the tertiary maternity services have developed high quality information for pregnant women in English and there is a mutual need to extend the access to this information for women who don't read English. The group have collaborated to prioritise the content of a generic booklet of pregnancy information, which can be adapted as funding becomes available. A short booklet (for which there is sufficient funding) is currently being drafted. The 3centres Project Coordinator has made a request on behalf of the group to DHS to translate information about pregnancy care options on the DHS website into LOTE

4.3 Better Health Channel Information

A Better Health Channel fact sheet on *Caesarean Section* was reviewed and updated by 3centres. DHS have provided a list of maternity related fact sheets on the Better Health Channel.

4.4 Update of systematic Cochrane Review on *Interventions to Promote Smoking Cessation in Pregnancy*

The 3centres project coordinator, in collaboration with an academic team, updated a systematic Cochrane Review on *Interventions to Promote Smoking Cessation in Pregnancy*, with joint funding support from 3centres and the National Smoking in Pregnancy Project. The review was published on the 8th July 2009 and a national subscription to the Cochrane Library sponsored by the Commonwealth Government enables free access to the review from within Australia at <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/C0001055/frame.html>

The main findings were presented at the Mother Child Health Research Centre, the Royal Women's Hospital and a poster was displayed for Southern Health Research week. An abstract has been accepted to

5. Developing collaborative Relationships with the Maternal Newborn Clinical Network (MNCN)

5.1 Establishing formal relationships with MNCN

The 3centres co-chairs are also members of the MNCN Leadership Group. This has enabled development of collaboration between 3centres and the MNCN, with the 3centres chairs able to represent the steering committee on MNCN discussions and feedback to the rest of the committee at the regular bimonthly meetings. Issues have been referred from MNCN to 3centres include developing a unified coding system for emergency caesarean sections across the three tertiary maternity services, and finalising the Capability Framework.

5.2 Emergency Caesarean section audit

An audit of indications for caesarean sections was conducted from August-November 2007. The purpose is to identify potentially modifiable factors to improve decisions around caesarean sections. An audit report has been drafted and the aim is to share this information with the steering committee and consider implications for practice.

6. Improving the consistency of evidence based practice and uniformity of guidelines within tertiary maternity services

6.1 Development of tertiary maternity service guidelines

The steering committee identified nine priority guidelines for potential development across tertiary maternity services from 2009-11:

1. Pre-eclampsia
2. Antepartum Haemorrhage
3. Placenta Praevia
4. Preterm Labour
5. Preterm Rupture of Membranes
6. Macrosomia
7. Cervical shortening
8. Normal Labour
9. Breastfeeding

These guidelines were prioritised as it was felt that lack of uniformity across the tertiary services:

- Is potentially confusing and detrimental for primary and secondary services who often transfer patients with these conditions to tertiary services
- Has an impact on maternity demand

In 2009 the guideline development project has been scoped, a preliminary plan and budget has been developed to include development of the first seven guidelines most relevant to tertiary services. A Project Manager (Ms Wendy Cutchie) and Consultant Obstetrician (Dr Robyn Aldridge) have been recruited.

The preliminary plan includes establishing a multidisciplinary Guideline Development Group and initially developing one guideline as a pilot.

The guidelines will be developed in accordance with the *Principles which guide the work of the 3centres collaboration*.

Principles which guide the work of the 3centres Collaboration

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
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