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## Education and training

The education and training function of the 3 Centres has largely been absorbed by the State Wide Antenatal Education Project. The antenatal education program was based on the 3 Centres guidelines which has raised awareness and the profile of 3 Centres. This project has also increased awareness of and demand for the "Guide to tests and investigations for uncomplicated pregnancies" booklet. The 3 Centres is likely to seek partnerships and liaise with projects such as this in the future rather than conduct workshops itself. However, there have been a series of educational sessions planned at each site for feeding back results from the audit.

## Conferences, presentations and professional development

The project coordinator has presented to several audiences regarding guideline development and implementation during 2006. This has included: Box Hill Hospital antenatal study day; Centre for Study of Mother's and Children's Health Perinatal Epidemiology Course; Southern Health Care Network study day; Angliss Study Day; and a PSANZ workshop.

There have also been presentations at three conferences, including the Guideline International Network (GIN) conference in Adelaide, and the National Institute of Clinical Studies (NICS) conference in Melbourne, and the ACMI conference in Sydney.

## Website

The 3 Centres website was updated in September 2006. Sufficient information was added to the website to enable guidelines to be appraised using the AGREE tool.

The number of requests has averaged 5,101 per month during 2006, with a sharp increase up to 19,692 in April (following the caesarean section forum and release of the new guidelines). There was also an increase up to 9,651 in September and 9,412 in October, following the dissemination of reviewed guidelines.

3 Centres has also signed a content partner agreement with the Better Health Channel website in Dec 2006. This is a frequently used popular website with consumers and clinicians. As well as enabling the group to provide leadership in providing up to date information through assistance with publication of fact sheets, it will allow further dissemination of the 3 centres guidelines.

## Consumer Information

The "orange book", "A guide to tests and investigations for uncomplicated pregnancies" has been distributed widely throughout the state with approximately 5400 copies in 2006, going to 18 health services in Victoria, 1 in Tasmania and 1 in Adelaide. A further 20 000 copies were purchased by the 3 tertiary centres.

## Maternity Demand Project

In response to increasing demand in maternity services, the CEOs of the three tertiary centres and senior DHS representatives initiated a project to address the demand. The 3 Centres steering group members are a ready made team, which has formed the working group for the demand project.

## Community of Practice Meetings

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

- To exchange information for the benefit of individual projects and promote synergy
- To share knowledge and experience
- To create a learning environment with a focus on projects
- To keep a loose informal network
- Provide opportunities for projects to build on one another
- Facilitate discussion on overcoming barriers
- Celebrate and recognise achievements

There have been three meetings held in February, August and November 2006. Membership has changed as staff move in and out of various projects over 2006.

## 3 Centres Meetings

- The Steering Group met in February, May, August, October and December 2006. Membership was stable and attendance at meetings was consistent.
- The chair was 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 Coordinator 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. 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 developed for 2006-2009, and a detailed budgeted work program developed for 2007. A report will be generated in July 2007.

3 Centres personnel has changed in 2006 with a new leader of obstetrics at Southern Health, a new Director of Women's Services at RWH, and a new project coordinator.

## 3 Centres Steering group 2006

**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

**Denise Patterson**, Clinical Director, Obstetric and Maternity Services, MHW

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

**Euan Wallace**, Director, Maternal-Fetal Medicine, SH

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

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

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# Report to Department of Human services

## January 2006 to December 2006

## Aims 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, the Royal Women's Hospital, Melbourne and Monash Medical Centre (Southern Health), and two senior Department of Human Services' [DHS] representatives. It also refers to the **joint work program** undertaken by various project teams and to the **core value** underpinning all working relationships.

The steering group is the primary decision-making body for guideline development, implementation and review but convened in 1999 with a single project focus - the development of evidence-based consensus guidelines for antenatal care. The group hoped the development and implementation of clinical practice guidelines would assist their respective centres to improve their quality of care and health outcomes, and reduce unnecessary interventions during pregnancy and childbirth.

The following aims were affirmed in December 2005 and underpin the work program for 2006-2009

According to the terms of reference the Collaboration exists to:

- Provide a multidisciplinary, collaborative forum** for medical and midwifery leaders/managers in the tertiary hospitals to discuss matters of mutual interest/concern
- Participate in and sponsor **the development, review and implementation of clinical practice guidelines** (CPG's) for maternity care.
- Enable the three centres to co-ordinate services and provide leadership** as tertiary referral centres for Victoria in collaboration with key professional groups.

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

## Principles

To the greatest extent possible our antenatal 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.

## Audit

An Audit of the implementation of the 3 Centres guidelines was completed in 2006. **The main findings of the audit were:**

- **Incomplete documentation of discussion of tests taking place. This was improved when specific tools (eg stickers) were used. This documentation is of particular importance in HIV testing, where counselling is mandatory.**
- **There was no significant change in the number of visits for low risk women pre and post 3 Centres guidelines**
- **18 women with risk factors for chronic renal disease or Urinary Tract Infections (UTIs) did not have a Mid Stream Urine (MSU) test.**
- **Two hypertensive women were not screened for proteinuria, which may be significant now universal dipstick screening no longer recommended in the 3 Centres guidelines.**

**Limitations:**

**Many aspects of the audit reflect inadequacies in recording of actions. Actual performance is unknown.**

A publication on the audit methodology is in press.

A summary and audit report was sent to each of the Directors in 2006, and meetings were held with each of the directors to discuss the findings and develop an ongoing implementation strategy for the guidelines. Learning gained from the NICS Using Evidence, Using Guidelines conference was valuable for developing ideas about sustaining implementation momentum and accessing useful tools (eg barrier analysis).

## VMR Evaluation

The feedback from the VMR Consumer survey re the tests and investigations booklet indicates that women are happy with the booklet. "The great majority said packaging consumer information with the VMR was helpful (96.6%) and of the 90.8% of women who were aware they had the information booklet; almost every single one (97.4%) said they found it informative and easy to understand. Primipara were slightly more likely to read their information booklet than multipara but other demographic factors had no significant impact on whether it was read."

## Guideline Review and Dissemination

The 3 centres guidelines were reviewed in 2005 and during 2006 the new and reviewed guidelines have been published on the 3 Centres website. A flyer with links to the website have been disseminated to over 60 health services, as well as included in the GPDV Friday fax out to GPs. Links to the guidelines and consumer information have been added to the websites of ACMI, Maternity Coalition and the Better Health Channel. Midwifery and Medical colleges have been surveyed to ask about use of CPGs and in particular the use of 3 Centres Guidelines in their undergraduate training.

Ongoing dissemination of the guidelines is provided through the Statewide Antenatal Education Project, as well as presentation by the project coordinator at various workshops and conferences. An ongoing implementation strategy will be developed in the three tertiary centres for 2007, using the NICS methodology. This methodology includes:

- 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 (NICS Barrier tool)
- Prepare for change (Environmental readiness tool)
- Choose right approach (table of interventions to address barriers)
- Put theories to the test (eg Quality Improvement approaches)
- Keep things on track (NZGG and NICE guidelines on effective implementation)

## Caesarean Section Project

In 2006 it was decided to undertake a project to address the rising caesarean section rate, as well as develop caesarean section consumer information. A project brief has been developed for submission for funding to the Victorian Managed Insurance Authority (VMIA), and it is anticipated that the project will commence in March 2007. The aim of this project is to undertake an evidence based clinical practice guideline adaptation process to:

- Build on existing work examining rising caesarean section rates in Victoria, including Key Performance Indicators (KPIs) and a local forum where it was agreed to implement the Robson's approach to collecting caesarean section data.
- examine the factors associated with increasing caesarean section rate, using the Robson's approach
- adapt and implement evidence based clinical practice guidelines for clinicians to improve consistency of care for caesarean section
- produce evidence based consumer to inform consumers about caesarean section procedure and risks

## Sharing internal guidelines

In September 2006 the steering group decided to identify and share local guidelines, to reduce duplication of effort at a local level. Guidelines which have been developed and are in development are being identified by directors and shared at the steering group meeting. DHS are now gathering data, and will consider which guidelines are a priority, in accordance with the maternity demand project.

## National Pregnancy Guidelines

The development of quality guidelines takes considerable resources, so the 3 Centres Collaboration has decided not to develop further guidelines, but to participate in the development of national guidelines as a matter of priority. The National Evidence Based Guideline for Antenatal Care commenced in February 2006. Prof Jeremy Oats is the clinical leader, and Glenda McDonald is the project officer for this project. Professor Euan Wallace is the 3 Centres representative and Dr Bernadette White is the RANZCOG representative.