

3Centres Collaboration Strategic Plan

January 2009 to December 2011

From the co-chairs

The 3centres Collaboration is a successful initiative of the Department of Human Services (Department) to improve collaboration between tertiary maternity care services, producing high quality resources which are of value to maternity services throughout Victoria.

There are currently three maternity services within Victoria which provide the highest level of specialist obstetric and neonatal care for women and babies experiencing complications in pregnancy. These services include the Mercy Hospital for Women, Southern Health and the Women's, and represent a significant concentration of Victoria's maternity and neonatal service resources and expertise. Tertiary service providers have both statewide and local service responsibilities.

The 3centres Collaboration has had a number of important achievements since its inception in 2001 to date. This includes development and implementation of 17 high quality guidelines and consumer information for antenatal care, and establishment of positive and effective working relationships between leaders of the tertiary maternity services. There have been some challenges identified, including engagement of primary and secondary service providers, time pressures and competing demands, governance for the Perinatal Emergency Referral Service (PERS) and communication with the wider maternity service sector. The statewide Maternity and Newborn Clinical Network (MNCN) has been recently established, which represents an important collaborative partnership with future initiatives which fulfil the 3centres vision to "apply the best available evidence and expertise to maternity care in Victoria".

The 3centres steering committee has reflected on past achievements and current challenges to develop the following strategic plan, which provides the foundation for continued achievement.

1. Principles which guide the work of the Collaboration

The following set of underlying principles have been developed and endorsed by the steering committee and guide the work of the collaboration:

- **Safe and scientific.** The safety and wellbeing of mothers and babies is fundamental to all 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 antenatal decision-making.
- **Equitable and accessible.** Maternity care is available to women regardless of socioeconomic or cultural background, disability or place of residence.
- **Cost effective.** Maternity care is delivered in an efficient and cost effective manner
- **Collaborative.** Obstetricians, midwives, general practitioners 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.
- **A positive learning experience.** Women are prepared for pregnancy, birth and parenting. Doctors, midwives and allied health staff learn, practice and improve their skills. Women are consulted regularly regarding experiences of care.

2. Recent Achievements

There have been two work programs undertaken by the 3centres collaboration, 2003-2005, and 2006-2009. Achievements under these work programs have included:

Providing multidisciplinary expertise and leadership

- Meetings have been held every 2 months, and a range of topical issues requiring discussion by tertiary centre leaders have been discussed. This has included maternity demand, private cord banking issues, and a range of other issues, many of which have been referred to other committees.
- The steering committee has provided governance functions for the Perinatal Emergency Referral Service (PERS), since its inception in 2005, with the PERS Director joining as a member of the steering committee.
- A subcommittee has been established for investigating the steady increase in caesarean section rates, and whether there are any feasible options for improving evidence based decision making in this area. Data analysis is currently underway at each of the sites, and a paper has been drafted.

Access and use of evidence based guidelines

- 17 antenatal guidelines were developed from 2001-2003.
- A comprehensive statewide implementation strategy included numerous workshops and education sessions, a general practise liaison strategy, prompt cards, development of a website. There continues to be over 100 page downloads of guidelines per week from the 3centres website.
- The guidelines are introduced by all the midwifery and obstetric colleges within Victoria, with the exception of Melbourne University.
- An audit was conducted in 2005, which suggests that despite these implementation efforts, uptake of guideline recommendations within the three tertiary maternity centres has been less than optimal.
- As a result of identified barriers, from 2006 there has been enhanced implementation of two guidelines, increasing counselling for Human Immunodeficiency Virus (HIV) testing and smoking cessation. The collaboration has advocated for development of tailored HIV counselling education program for midwives, currently being piloted. Smoking cessation education and resources have been provided in 1/3 tertiary centres and a Cochrane Review is being updated. The collaboration has provided input to the national smoking cessation in pregnancy strategy, and the Victorian Tobacco Control Strategy based in Victoria.
- The guidelines have been provided an evidence base the Victorian Maternity Record (VMR), which has been implemented across many health services in Victoria, and an eVMR is currently under development.
- A booklet for consumers explaining the guideline recommendations in user friendly language about “tests and investigations in uncomplicated pregnancies”, has been developed. Development of this booklet involved considerable consumer consultation, and has been extremely popular. Currently over 20 000 copies are distributed throughout Victoria each year, which does not include copies included in the VMR package given to women. Over 10 000 copies per year are distributed to other states. The booklet has recently been promoted in a “best selling” pregnancy advice book, so it is anticipated that high demand for this booklet will continue. A proposal has been submitted to DHS for funding to translate the booklet into Languages other English (LOTE).

Coordination

- The 3centres Collaboration provides secretariat support for the informal “Maternity Community of Practise” (MPCoP) network, with provision of a webpage on the website, development of a newsletter, support for an annual “twilight forum”, and secretariat support for three monthly meetings.
- Learnings and expertise from the project has been shared at several conferences and workshops

3. Reflections and Challenges for the future

The Steering Committee met in May 2008, and identified some strengths, limitations and challenges of the 3centres collaboration.

Some of the identified **strengths** included:

- Modelling of good behaviour with the process of reaching consensus
- A high level of achievement
- A high degree of expertise, experience, academic and clinical leadership within the well established group
- Informal networks and advocacy role

Department representatives identified the major strengths as:

- informal networking, which has enabled effective management of urgent issues, such as demand
- and achieving an excellent product.

Some of the identified **limitations** included:

- Exclusive nature of group leading to alienation of other services
- Time pressures on members and duplication of efforts with other committees
- Limited implementation of guidelines
- Governance arrangements for the Perinatal Emergency Referral Service (PERS)
- Lack of statewide awareness of 3centres achievements

Current challenges for the collaboration

A number of challenges for the collaboration were identified to guide the focus of the objectives for the future

- Guideline development has become increasingly rigorous, requiring considerable financial and expert resources. Future guideline development suitable for widespread use is largely beyond the capacity of tertiary service providers. Guideline adaptation and implementation may be more achievable.
- Establishing an effective collaborative relationship with the MNCN to support statewide initiatives and services within the capacity and scope of tertiary services
- Maternity services, particularly tertiary maternity services are experiencing high levels of demand and significant human resource constraints to address these challenges. Therefore any initiatives need to be sensitive to competing demands, and aim to reduce, rather than add to the pressure on human resources.

4. Objectives for 2009-2011

The 3centres collaboration steering committee has developed the following objectives to guide the work of the collaboration for 2009-2011.

1. Provide regular bimonthly forums for multidisciplinary leaders in tertiary maternity care services, which model collaborative behaviour within the group and with other key stakeholders in maternity services, including Maternal Newborn Clinical Network (MNCN), Perinatal Emergency Referral Service (PERS), Department of Human Services (DHS) Programs branch
2. Support informal networking which facilitates synergy between other maternity service projects, through the Maternity Project Community of Practise
3. Provide advisory role for PERS (as per review outcomes), in collaboration with PERS director
4. Maintain high quality consumer information on antenatal tests and investigations for uncomplicated pregnancies
5. Establish and maintain formal collaborative relationships with the MNCN and other stakeholders to represent tertiary issues, clarify the roles for tertiary maternity services, and investigate issues of mutual concern (eg. Caesarean section audit, smoking cessation initiatives).
6. Improve consistency and uniformity of evidence based guidelines within tertiary services, with initiatives which have benefits across the system.

In addition to this Strategic Plan, the following supporting plans detail the work under these objectives:

- 3centres work plan 2009-2011
- Department project proposal for objectives 1-5
- Department project proposal for objective 6 (Improving consistency and uniformity of evidence based guidelines)

5. Governance and administration

The 3centres collaboration is made up of a steering committee of midwifery and obstetric directors from each of the three tertiary Victorian maternity services, as well as directors of other relevant organisations. The steering committee makes decisions on the objectives and activities of the project, and the resources required to undertake these activities.

Chair appointments

Two co-chairs for the steering committee will be appointed for a period of two years. Re-appointments will be agreed by members of the steering committee.

Treasurer appointment

An employee of the fundholder organisation will be appointed as treasurer to oversee 3centres funds, and provide a biannual report to the committee.

Membership

Steering committee membership will consist of:

- Obstetric and midwifery directors from each of the three tertiary maternity services
- Director of PERS
- Director of MNCN
- Senior Department representatives (Program Branch manager, and Maternity Services manager)

A project coordinator will participate in the meetings ex-officio, to assist with administering the project and actioning the decisions of the steering committee, with assistance of relevant expertise where required.

Meeting administration

The steering committee will meet six times per year. The project coordinator will meet with the co-chairs one week prior to each meeting to discuss issues and confirm the draft agenda. The draft agenda, and attachments including previous minutes and an action list will be circulated the week prior to the meeting to all steering committee members. The project coordinator will record minutes, and circulate to the steering committee, with an updated action list, within a week of each meeting.

Project management

The co-chairs will provide performance management of the coordinator position in collaboration with Departmental representatives.

A 3Centres Work Program and project proposals will be prepared for objectives requiring allocation of additional resources. An annual report against the program objectives will be prepared by the project coordinator and chairs at the end of each financial year, and circulated to steering committee members and the Department. The report will form part of ongoing evaluation of the project, with review of objectives at the end of each financial year.

Project information will be regularly updated on the 3centres website (see www.3centres.com.au).

Budget

Southern Health will be the fundholder for the 3centres budget, provided by the Department, Maternity Services, Programs Branch. Southern Health will administer the budget, and provide an annual report of expenditure against projected budget, at the end of each financial year. A project budget for the following annual year will be submitted at that time.

Authorised by: Professor Euan Wallace and Ms Tanya Farrell
(3Centres Collaboration co-chairs 2008-9)

Date: September 2008

Next Review Date: July 2009