

3 Centres Collaboration Work Plan January 2006 to December 2009

We exist to:

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

Principles

In the first months of 2000 the steering group developed six principles to provide a framework for developing the guidelines, particularly for situations where there were ambiguities in the research evidence and difficulties reaching consensus. The principles state that to the greatest extent possible antenatal care should be:

- **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.

The collaboration will meet at least quarterly to discuss issues, policies and interests of mutual concern. The forum offers an opportunity to clarify and align practice in order to seek the best possible outcomes in maternity care for all women.

Coordination and Leadership

Coordination and leadership in collaboration with key professional groups is a key function of the collaboration in Victoria. The 3 Centres Collaboration has much to offer in clinical expertise and leadership. It is also an excellent model of inter-institutional and inter-professional cooperation.

Provide clinical leadership in:

- Evidence informed primary, secondary and tertiary maternity care
- Examining clinical matters eg caesarean section rate; and implications
- Identifying opportunities to improve care by examining the evidence which underpins clinical action eg psychosocial support
- Improving interaction between maternity care providers by providing a role model for multidisciplinary team work.

Implementation, Dissemination, Education and Website

Effective knowledge transfer and training remain important components of sustainable change for the centres but training a transient and shrinking workforce poses considerable difficulties. The Collaboration needs strategies to ensure new and trainee staff understand practice requirements. Specific activities could include:

1. Follow up and act upon the findings of the 2005 audit of compliance with the 3 Centres guidelines. Seek to align the identified documentation issues with the VMR pilot outcomes. Consider developing the tool so that it can be used by other agencies depending on respective priorities and resource required.
2. Identify implementation tools (based on the work of the National Institute of Clinical Studies) to support ongoing implementation of the guidelines in the 3 centres and for use in other health services where appropriate.
3. Write a journal article to share the learning from the guideline development, review, dissemination and implementation process.
4. Contribute to and coordinate the Victorian Maternity Community of Practice (bringing maternity projects and project officers together).
5. Publicise the 3 Centres Guideline review via a launch and mail out. Liaise with MSAC and pregnancy education team
6. Maintain and develop the 3 Centres website as a key means of communication to other health services throughout Victoria
7. Facilitate/ support/encourage education in maternity care. Liaising with the state wide maternity education project to support the implementation of the reviewed guidelines.
8. Enhance communication between other groups of professionals from the 3 Centres such as midwifery educators, residents and registrars, outpatients managers and NUMS, GPs, universities, primary care model managers. The strategy may include facilitating forums to discuss issues of mutual concern, share resources and identify common workforce education needs.

Clinical Practice Guidelines

The 3 Centres Guidelines have proven to be an excellent resource for practice change. However, guideline development is expensive and requires a large investment of time and expertise. Ongoing review is also required to maintain the value of the investment. A national body with appropriate resources would ideally carry out future guideline development. Even the process of adapting guidelines from other groups such as NICE

requires considerable time and expertise to re-examine the evidence and look at its applicability to the local context.

9. Over the three year work plan, the 3 Centres will:
 - a. identify good quality guidelines via the AGREE process and seek to adapt/adopt or endorse them as appropriate. (Sources may include the UK, Canada, New Zealand and the USA)
 - b. Participate in national guideline development as a matter of priority.

Examples of guidelines the group may consider include:

- Systematic risk assessment; define risk categories
- Psychosocial support including family violence/child protection
- Obesity in pregnancy
- Intrapartum guidelines for “normal” pregnancy

(National Institute for Clinical Excellence, UK [NICE] is due to publish:
Postnatal care guidelines in July 2006
Diabetes in pregnancy Feb 2008
Antenatal and postnatal mental health Feb 2007
Intrapartum care guidelines Feb 2007
Obesity guidance Feb 2007)

Collaboration, Benchmarking, Resource Sharing

10. Share internal guidelines such as those for intrapartum care (Care for normal labour and birth; psychosocial support) to avoid duplication of effort.
11. Exchange information on current plans for IT development eg Southern Health with BOS and RWH review of their systems.
12. Consider merit of a combined approach to benchmarking.
13. Review together the Victorian Performance Indicators and consider implications for 3centres and this work plan. Examine the process of capturing the information for the maternity performance Indicators.

Consumer Information

14. Review the consumer information, “A guide to test and investigations for uncomplicated pregnancies”, with respect to the consumer feedback provided by the VMR evaluation.
15. Investigate/develop consumer information for caesarean section. The first 6 months of 2006 would require
 - a. scoping the development of this consumer information including finding out what is already available. Sources include 3centres, interstate, consumer groups, Canada and other international resources.
 - b. ensure good fit with information section of *Having a baby in Victoria* website
 - c. conducting a literature search.
 - d. consultation with range of professional and consumer groups including Colleges of GPs, Obstetricians & Gynaecologists and Anaesthetists.Producing a booklet would be part of the three year plan.
16. Investigate ways to publicise the booklet interstate on a full cost recovery basis (including development and review costs).

17. Continue to distribute consumer information booklets to health services throughout Victoria

Professional Development

The project coordinator and Steering Group members aim to attend conferences/professional development activities which will enhance or publicise the work of the Collaboration

Accountability Requirements

Steering Group

The steering group formally represents the collaboration and is the primary decision making body. It is comprised of a senior (Clinical or program Director) medical and midwifery representative from each of the 3 centres and DHS representatives. The project coordinator attends as a non-voting member. There is provision for a GPDV representative although this position has not been filled from 2004-2006. A nine member composition was affirmed in the terms of reference (May 2003) although the group may co-opt further members for specific projects. The Chair of the MSAC Education Sub Committee was co-opted to the Steering Group in 2006.

The position of chair will be decided at the first meeting of the year.

Sub-committees will be established as necessary and provide progress reports to the steering group.

Meetings

- The steering group will meet a minimum of quarterly and will hold meetings every 2 months.
- A quorum consists of 2 medical and 2 midwifery representatives.
- Members will nominate a suitably skilled and informed senior delegate to attend in their place when they cannot
- Members will ensure continuity of delegates.

Administration and Reporting

The Collaboration will provide progress report to DHS twice a year and an update to MSAC in October. (This is a better time of year for budget and forward planning purposes). This may need to be moved to April if the planning cycle moves to financial years.

Steering Group members will ensure their CEOs and other relevant senior management are informed about progress on the Collaboration's work program.

Budgets

<i>Items</i>	<i>Explanations</i>	<i>Jun-Dec 07</i> <i>6 months</i>	<i>2007-08*</i> <i>Fin year 12</i> <i>m'ths</i>
<i>Project co-ordinator</i>	<i>0.7 EFT of 63,842pa, 3.5% increase *48/52</i>		43,935
<i>plus on costs 14.6%</i>			6,414
<i>Administration expenses</i>	<i>Includes all project consumables</i>		5,000
<i>Attend international guideline conf or other prof devt</i>			2,000
<i>Travelling expenses</i>			500
<i>Publication on web costs</i>	<i>Computer consult</i>		3,000
<i>Postal services</i>			500
<i>Printing and stationary</i>			5,000
<i>Implementation Enhancement Strategy</i>			
<i>Education, tools and supports</i>			5,000
<i>Guideline adaptation/ consumer information</i>			5,000
<i>Consumer consultation</i>			10,000
<i>Carry forward from 2006/07</i>			
<i>Plus 10% to fundholder</i>	<i>Admin & supervision costs</i>		10,500
TOTAL			96,349