Maternity Services Forum 2016

The Maternity Services Forum 2016 was convened at the request of the Minister for Health and Ambulance services in response to concerns that had been raised about a range of issues related to public maternity service delivery. While some of the issues identified were local and are currently being addressed at a local level, there were some common systemic themes. The forum was an opportunity to discuss each of the issues and reach agreement on how best to address them.

When: Tuesday, 15 November 2016, 10am–4.30pm
Where: Victoria Park Function Centre, Herston Road, Herston
Facilitated by: Dr Norman Swan

Attended by: 119 key stakeholders - a team of a lead obstetrician, midwife and consumer from each Hospital and Health Service (HHS), representatives from professional, consumer and industrial bodies, obstetric and midwifery academics, primary care, and a broad selection of experts in safety, quality and governance.

The forum

The Maternity Services Forum was opened by the Director General, Department of Health, Michael Walsh. He acknowledged the disparity in outcomes for Indigenous women and babies, and renewed the Department of Health's commitment to closing the gap. He noted that Queenslanders have maternity outcomes that are amongst the best in the world, but the forum was an opportunity to review the current performance of our maternity services, and identify areas for improvement.

What does the data tell us about the quality of maternity services delivered?

Deputy Director-General, Clinical Excellence Division, Department of Health, Dr John Wakefield reviewed a selection of maternal and neonatal outcome data from the World Health Organisation, Australian Institute of Health and Welfare (AIHW) and the Organisation for Economic Co-operation and Development (OECD).

Observations

- Australia performs well globally and well within countries of comparable economies.
- Queensland also performs well when compared to other Australian states and territories.
- Within Queensland however, it was noted that there are differences when comparing outcomes and intervention rates in private and public maternity services. However, these different outcomes cannot simply be attributed to the dominant models of care within each sector as there are variations in the health and socio economic status of mothers accessing the different services as demonstrated through the AIHW data presented.
- While the 2015 Queensland Maternity Public Inpatient Experience Survey revealed that over 90% of women were happy with their experience of public maternity services, there were some opportunities for improvement.
- Review of adverse outcomes by the Coroner, Office of the Health Ombudsman and Health Service event analysis has also identified common areas for improvement efforts.
- To explore these issues further, a survey was conducted prior to the forum. The survey asked Hospital and Health Service (HHS) staff, key stakeholders and consumers working in maternity services:
  - what is working well?
  - what is not working well?
  - why these issues have arisen?
  - what are the impacts of these issues?
- The results of the survey recognised HHS staff commitment to achieving safe, high quality care and the importance and the importance of consumer choice. The survey identified three main areas of focus for consideration by the Forum:
  - improving leadership and management of public maternity services with a focus on joint
  - professional collaboration to deliver consumer centric care;
  - improving the reliability and timely response to changing risk to mother and baby, especially during labour;
  - improving the reliability and sustainability of staffing, skill mix and care models

Group discussion

- The forum attendees were subsequently asked if the themes were reflective of their experience within their local maternity services. In a discussion facilitated by Dr. Norman Swan, the following issues were also highlighted:
  - the separation of midwives and obstetricians during their education
  - a need to focus on rural, remote and Indigenous health access issues
  - using the National Safety and Quality Health Service Standards as the framework for safe care
  - recognition that within the existing maternity indicators there is a lack of patient-reported outcome measures (particularly mental health and longer-term outcomes)
  - consistent use of clinical guidelines versus the flexibility to respond to clinical judgement and the patient's choice
  - a need to focus on women's mental health across the healthcare continuum
  - informed and shared decision-making between consumers and healthcare providers
  - finding the exemplar models of healthcare and sharing their experiences with their peers
  - inclusion of the primary healthcare professionals as essential partner in shaping maternal and neonatal services in addition to the consumer, obstetrician and midwife
  - broadening performance measures from a focus on mortality to include a range of outcomes across the whole maternity journey.

Participants were asked to workshop across 12 tables and report back to the Forum what they could deliver in their Hospital and Health Service over an 18-month timeframe, in each of the three areas. A summary of the suggested actions for consideration are outlined below:

Workshop 1: Woman-centred care across the maternity journey through collaborative leadership

- Leadership training that is collaborative noting that leadership is different to management.
- Collaboratively led process with inclusion of obstetrician, midwife, consumer and general practitioner (GP)
- Shift to a more flexible system of 'all risk' caseload midwifery i.e. not obstetric or midwifery "led"; this model can deliver continuity of care, and improve satisfaction for both mothers and midwives.
- Joint training opportunities for midwives and obstetricians, starting at universities and continuing throughout their careers.
- New hospital based measurements needed e.g. Patient Reported Outcome Measures; early discharges and measures for specific groups i.e. bereaved mothers.
- Offer consumers a six week post-delivery debrief with their healthcare providers.
- Open the HHS governance structures to consumers and build capacity for sustainable consumer representation.
- Improve informed consent by providing accessible and standardised consumer information and education e.g. GLOW.
- Implement the documentation of a birth plan at 36 weeks, with both midwife and obstetrician.
- Explore ways to support birthing on country i.e. maternity services designed and delivered for
- Indigenous women (metro and rural).

Workshop 2: Reliable identification and/or management of risk changes, especially during labour

- Communication training (e.g. Identification, Situation, Background, Assessment and Recommendation [ISBAR], graded assertiveness).
- Credentialing with clear expectations of scope of practice, clear indications of when to escalate to a consultant.
- Education and information for women who decline standard midwifery care.
- Shared handover and multi-disciplinary 'huddles' in the birth suite, every three hours.
- Standardised early warning tools and escalation of abnormal Cardiotocography (CTG) patterns.
- Review of the funding of midwife-to-mother ratios and unqualified neonates in line with best practice and Clinical Services Capability Framework (CSCF).
- Review of the practice of removing women from remote locations at 36 weeks.

Workshop 3: Resourcing and merits of different models of care, including achieving sustainable and reliable staffing and skill mix

- Review the costs associated with different healthcare models
- Improve documentation from both midwives and doctors, in order to improve the quality of the coded data.
- Gradually increase the proportion of caseload midwifery care with additional midwifery costs offset by reduction in intervention assisted by health economist.
- Consider more flexible and different healthcare team composition involved in rural and remote areas. This includes Registered Nurses and Enrolled Nurses and dual clinical-managerial roles.

  Ruralists need to be generalists and innovative; train and recruit local staff so they will stay.
- Link human resource data, including sick and stress leave with clinical outcome data.
- Review and learn from Logan Hospital's community-based maternity centres project with community governance
- Consider establishing a dedicated maternity services unit within the Department of Health.

Indigenous mothers and babies

As both the Director General and Deputy Director General had highlighted the disparity in outcomes for Indigenous mothers and babies, Director of Health Services, Aboriginal and Torres Strait Islander Community Health Service Brisbane, Renee Blackman was asked to address the forum regarding the current challenges for maternity services for Indigenous women.

She also spoke about the importance of providing culturally appropriate care for Indigenous women. For example, care should be provided by Indigenous midwives and appropriately trained health care workers.

The challenges of birthing on country exist for both rural and urban Indigenous mothers and families. While there has been progress over the last 40 years, there is a need for a ‘next level conversation’. It was agreed that this Forum could not adequately address the specific issues for indigenous maternity services and that consultation would need to occur on how best to take this issue forward.

Moving forward

At the conclusion of the forum, Dr Wakefield challenged the attendees to transform the day's discussions into action.

As each HHS was represented at the forum by an obstetrician, midwife and consumer, he asked that these three individuals commit to meeting within the next three to four days to reflect on the forum and to consider an action that they could commit to change within their local service.

From a system or departmental perspective, Dr Wakefield reminded the group that a set of issues was the trigger for the day’s forum. He asked the attendees to harness the momentum and work together to deliver the world’s best maternity services in Queensland.

He also gauged interest in the formation of three working groups, working alongside the Statewide Maternity and Neonatal Clinical Network. The nature of these groups would align with the key themes of the forum.

Group 1: Improving local leadership confidence and impact

Group 2: Improving the reliability of identification and management of risk especially during labour

Group 3: Improving sustainability, support and skills of clinical workforce to support reliable care.

Attendees were invited to express interest in joining these groups by visiting the registration table at the conclusion of the forum. Interest in participating in these groups was strong.

Next steps

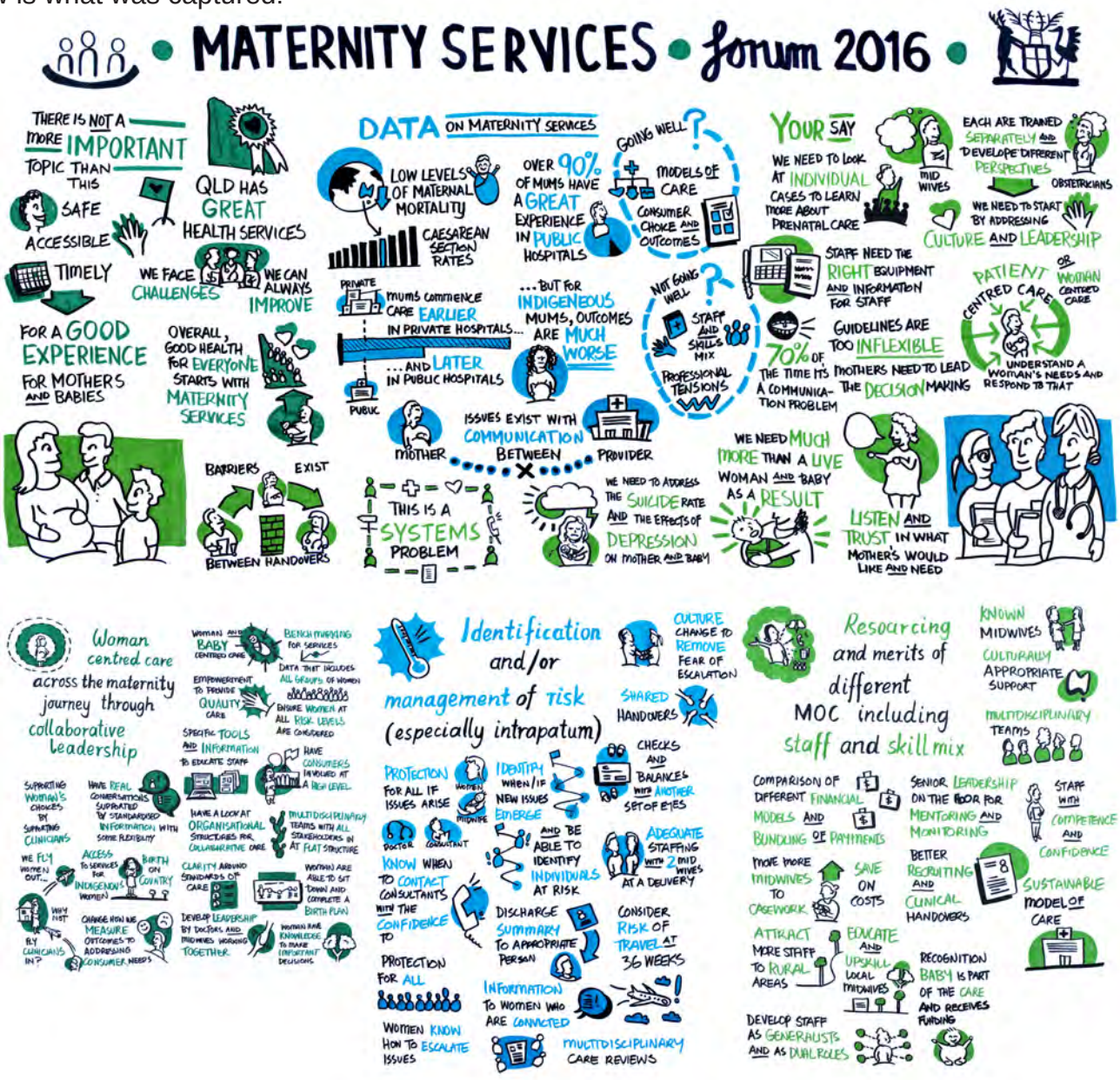
All participants who have nominated to participate in the three working groups will be contacted in December to commence formation of the working groups to commence progressing actions around each theme. Further communications will be provided as work progresses around each theme.

For more information

For assistance or further information please contact the Patient Safety and Quality Improvement Service on **psqis_corro@health.qld.gov.au** or **3328 9430**.

A picture paints a thousand words

Graphic recorder, Dharawan Noller skillfully captured the day's conversation visually.
Below is what was captured:



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