

Rural Maternity Recommendations Implementation

Project Close Report
December 2021

Rural Maternity Recommendations Implementation. Project close report

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An electronic version of this document is available at <https://clinicaexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity>

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1. Overview

1.1 Project summary

The [Rural Maternity Recommendations Implementation Plan](#) was developed by the Rural Maternity Implementation Oversight Committee (RMIOC) to address and action the six [Rural Maternity Taskforce](#) recommendations and associated Ministerial commitments that resulted from the [Rural Maternity Taskforce report](#) in 2019.

The implementation plan was developed based on the premise of leveraging off and utilising existing activities and programs within Queensland Health to avoid duplication and ensure efficient use of resources and funding. The intent was that RMIOC would define the actions required to implement the recommendations and associated ministerial commitments, support their initiation, and identify the appropriate mechanisms for any ongoing activities required.

1.2 Reason for closing the project

The project is to be closed as RMIOC has completed its role in implementing the recommendations and activities that are continuing are transitioning to business as usual.

1.3 Summary of recommendations

It is recommended that the project is closed and the transition to business as usual for ongoing activities occurs as noted in section 3.

2. Closure activities

2.1 Resource management

There were no specific project staff or funding for this project. Staffing and funding was from existing resources within Patient Safety and Quality Improvement Service (PSQIS), Clinical Excellence Queensland (CEQ). Funds allocated for specific activities were managed by the area responsible for the activity.

2.2 Issues and risk management

There are no outstanding issues, risks, or activities for the overarching project. Any issues or risks associated with specific ongoing activities (as noted in section 3) will be identified and managed by the area responsible for the activity.

2.3 Records management

PSQIS will be responsible for the storage of the overarching project documents. These will be stored in the electronic document and records management system (eDRMS), with key documents published online at <https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity>.

3. Project performance and transition to business as usual

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
1.	Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.		
1.1.	Establish a rural and remote health governance framework with shared governance between Department and Hospital and Health Services (HHSs)	<p>RMIOC Lead: Office of Rural and Remote Health (ORRH)</p> <p>Consultation and collaboration with stakeholders to develop and implement recommendations.</p> <p>November 2019: Establishment of the Office of Rural and Remote Health (ORRH) within Healthcare Purchasing and System Performance Division (HPSP).</p> <ul style="list-style-type: none"> March 2021: ORRH formally established its office in Townville April 2021: Rural and Remote Clinical Support Unit, based in Cairns, joined ORRH September 2020: Establishment of Rural and Remote Health Advisory Committee (RRHAC), (Tier 2 committee). RRHAC is made up of key stakeholders from across the healthcare spectrum to advise the government and Queensland Health via ORRH <p>ORRH provides a stronger voice and more visibility to the health of Queenslanders in rural and remote parts of the State, and to opportunities and issues facing health staff working in these areas.</p> <p>ORRH works with hospitals and health services to establish rural health priorities to ensure that there is equity of healthcare to all Queenslanders, whether living in rural or metropolitan areas, and to develop a sustainable health workforce for our rural and remote communities.</p>	RRHAC to continue to meet quarterly
1.2.	Develop a rural and remote health strategy	<p>RMIOC Lead: ORRH</p> <p>RRHAC endorsed Rural and Remote Health and Wellbeing Strategy 2021-2026 provided to ELT for out of session approval.</p>	ORRH to continue with implementation of the strategy

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
2.	Queensland Health undertake comprehensive system-wide planning of rural maternity service provision.		
2.1.	Establish the Rural Maternity Planning Advisory Group (RMPAG) to review, on a rolling basis when available, HHS assessments and provide advice and recommendations to the RRHAC on:	RMIOC Lead: System Planning Branch (SPB) Through the piloting of the Queensland Rural and Remote Maternity Services Planning Framework (Planning Framework) it was found that planning of maternity services cannot occur in isolation of other services, including governance, timely access to other medical specialists, and infrastructure considerations.	RRHAC to oversee rural and remote maternity service review and planning process in the short-term.
2.1.1	A consolidated system view of maternity services across the State.	A brief was progressed to RRHAC to request establishment of Tier 3 committee to advise on and oversee rural and remote health service planning.	Longer term oversight to be determined by RRHAC.
2.1.2	Any proposed changes to maternity services.	It is agreed that in first instance, RRHAC will oversee the review of maternity services (see recommendation 5 achievements for details). Consideration is being given to including maternity in the Local Area Needs Assessment process (implemented by SPB).	
2.1.3	Develop a clinician-led statewide rural and remote maternity strategy document based on information considered above	Note: Rec. 2 and 5 are closely aligned. Rec. 5, which included piloting and finalisation of the Planning Framework, needed to be significantly completed before Rec 2 could be commenced.	

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
3.	HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies.		
3.1.	HHSs undertake review and training across rural and remote services, using collaborative culture and teamwork resource ALICE and report completion rates and outcome.	<p>RMIOC Lead: Centre for Leadership Excellence (CLE)</p> <p>CLE worked with HHSs to undertake training across rural and remote services, using collaborative culture and teamwork resource ALICE (Authenticity-Leadership-Integrity-Collaboration-Empowerment):</p> <ul style="list-style-type: none"> • Aim: to foster an empowering, accountable, collaborative multi-disciplinary leadership culture to ensure a focus on excellence through delivery of sustainable, safe, evidence based, woman centred maternity care in Queensland public hospitals • The program is a two-day workshop designed to equip all members of the maternity services care team with the skills, tools and support to build a positive, collaborative, respectful and resilient working environment in order to increase their effectiveness to provide authentically woman-centred care. • Jan-June 2021: 10 workshops across 9 HHSs with rural and remote focus <ul style="list-style-type: none"> ○ Approximately 150 participants • Evaluations by participants: <ul style="list-style-type: none"> ○ 94% rated program as excellent or good ○ 95% agreed learnings are transferable to the workplace ○ 92% agreed that the strategies and techniques can be applied in the workplace • Post program, the following HHSs expressed interest for additional programs; North West, South West, Cairns, Townsville HHS, noting if it were offered to other HHSs, it is predicted most would express interest in additional programs. • Chairs of Maternity Neonatal and Networks indicated interest in implementing ALICE on an ongoing basis. 	<p>Facilitator resources available on the QH intranet: https://qheps.health.qld.gov.au/leadership/leadership-development-resources/workshops</p> <p>ALICE Program to be included in the suite of programs offered by CLE Consultancy Services to HHS's as part of the annual HHS Capability Development Strategy planning process.</p>

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
4.	Each HHS (localised for each maternity service) develop an easy-to-understand guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers		
4.1.	Collate existing statewide and local information on maternity models of care.	RMIOC Lead: Patient Safety and Quality Improvement Service (PSQIS) Inform My Care public reporting website launched on 18 June 2021.	PSQIS to continue oversight and implementation of <i>Inform My Care</i> public reporting website.
4.2.	In collaboration with key stakeholders review existing resources, identify gaps and issues, and determine the appropriate communication mechanisms to provide women with easy-to-understand local and statewide information on maternity models of care.	Consumers can access and compare, for up to three facilities at a time, public and private hospital maternity service information on: <ul style="list-style-type: none"> • Models of care offered • Facilities and service offerings (e.g. birth suite, lactation advice and support, physiotherapy) • Maternity measures (that is, key performance indicators such as risk adjusted rates for Induction of Labour, Caesarean Section, 3rd and 4th degree perineal tears, Vaginal Birth After Caesarean) 	
4.3.	Develop the proposed statewide and local information and communication mechanisms in consultation with the key stakeholders.		
4.4.	Work with HHSs to develop and publish local information		
4.5.	To complement activity 4.1-4.4 and 6.3 below, publish models of care available at each public and private facility via the Inform My Care website		

Rec Activity	Achievements / Outcomes	Transition to Business As Usual
5. Queensland Health mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services		
5a. Pilot and finalise Queensland Rural and Remote Maternity Services Planning Framework		
5a.1 Pilot Queensland Rural and Remote Maternity Services Planning Framework (Planning Framework).	<p>RMIOC Lead: PSQIS</p> <p>Draft <i>Rural and Remote Maternity Services Planning Framework</i> (Planning Framework) piloted in Bowen, Theodore, and Weipa. (Progress of piloting impacted by COVID-19 response requirements.) Stakeholder consultation occurred in pilot HHSs. Consumer representation on local Steering Committees.</p>	<p>Planning Framework and associated resources, available on Rural Maternity website</p>
5a.2 Workshop with HHS representatives to share learnings from pilots, update the planning framework where required.	<ul style="list-style-type: none"> • Torres and Cape HHS completed review of maternity services at Weipa. A business case was progressed to establish birthing services. <ul style="list-style-type: none"> ○ June/July 2021 until March 2022: Weipa transitioning from no birthing service to Midwifery Group Practice. ○ April 2022: Birthing service to commence in line with infrastructure completion (wet season may impact this) • Mackay HHS completed review of maternity services at Bowen using Planning Framework. <ul style="list-style-type: none"> ○ Enhancement of antenatal and postnatal services was identified as priority, including improved access to mental health services, lactation support, and continuity of midwifery care. ○ HHS working with community to implement recommendations from review. • Central Queensland HHS completed review of maternity services at Theodore using Planning Framework and are considering the report on the findings. <ul style="list-style-type: none"> ○ HHS implemented range of initiatives aimed at increasing antenatal and postnatal care options for women of Theodore area and offering a continuity of carer model with a known midwife. <p>Workshop held on 27 July 2020 was attended by representatives from all HHSs. Planning Framework introduced, and pilot sites shared their experiences.</p> <p>Planning Framework amended based on feedback from workshop, pilot sites, and key stakeholders e.g. HHSs lead clinicians, planning officers, SPB, Aboriginal and Torres Strait Islander Health Division (A&TSIHD), Workforce Strategy Branch.</p> <ul style="list-style-type: none"> • Suite of resources and tools developed, included in Planning Framework appendix • Planning Framework endorsed by RMIOC on 5 Feb 2021. • Planning Framework and resources provided to Health Service Chief Executives, HHS Directors' of Planning, Obstetrics, and Midwifery on 17 June 2021 and published on Rural Maternity CEQ 	<p>https://clinicaexcelle.nce.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity</p>
5a.3 Develop a mechanism to mandate use of the Planning Framework (To commence after Planning Framework is finalised)	<p>RMIOC Lead: PSQIS</p> <p>Health Service Directive (HSD) was considered to be most appropriate mechanism.</p> <p>Process has commenced to incorporate reference to Planning Framework in the Patient Safety HSD</p>	<p>PSQIS to progress with inclusion of reference to Planning Framework in Patient Safety HSD</p>

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
5b. Review of rural and remote maternity services			RRHAC to oversee rural and remote maternity service review and planning process in the short-term.
5b.1	Develop criteria to identify priority sites for review by 31 December 2021 (as per Ministerial commitment ¹)	<p>RMIOC Lead: SPB</p> <p>In January 2020 HHSs were advised 101 services in scope to be reviewed by target date based on minimum inclusion criteria of services in rural and remote areas with Clinical Services Capability Framework (CSCF) level 1 to 4 maternity service.</p> <p>Due to impact of COVID-19 on health services, Ministerial commitment's initial target date of 30 June 2021 was extended in June 2020, with Director-General approval, to 31 December 2021. Noting that the impact of COVID-19 response is ongoing.</p> <p>A Process to prioritise sites for review based on key criteria was developed to assist HHSs in prioritising the maternity sites for review using the Planning Framework.</p> <ul style="list-style-type: none"> Representatives of key stakeholders were on the working group that developed process and criteria. June 2021: Process for prioritisation provided to Health Service Chief Executives (HSCEs) and published on Rural Maternity CEQ 	Longer term oversight to be determined by RRHAC.
5b.2	Undertaking desktop review to identify sites for assessment based on agreed criteria	Desktop review to identify sites for assessment undertaken by SPB and data packs provided to HHSs. HHSs determined prioritisation of services for review by June 30, 2023.	Consideration is being given to maternity becoming part of Local Area Needs Assessment process in the future.
5b.3	HHSs review prioritised rural maternity services using the final Planning Framework ² . NB Timescales subject to COVID-19 response requirements.	Sites identified for review by June 2023 to be confirmed with HHSs by ORRH and reviews to commence. RRHAC proposed to provide oversight and governance of service reviews.	
5b.4	HHSs provide report on outcome of review and assessment to Department of Health to inform development of statewide maternity services plan and local implementation activities (*Recommendation 2)	Activity to be re-considered in light of proposed changes to deliverables against the Ministerial commitment	

¹ In June 2019 the Minister for Health and Ambulance Services made a commitment that “Health services to review each of their rural maternity services using the new evidence-based Rural and Remote Maternity Services Planning Framework within two years in consultation with local clinicians and consumers.

² Noting that any HHS can use the Planning Framework at any time to review their maternity services

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
6.	Queensland Health identify and coordinate local and statewide actions to improve maternal health in rural and remote communities. Remote Indigenous communities should be a priority.		Remote Indigenous
6.1.	<p>Progress statewide and local initiatives to address the following known risk factors that are amenable to change by HHS staff for pregnant women:</p> <ul style="list-style-type: none"> • Safer Baby Bundle (SBB) - Reducing smoking • improving access to, and attendance at antenatal visits <ul style="list-style-type: none"> ○ Quality Improvement payments (QIP) 2019-2020 Antenatal Care for Indigenous Women³ 	<p>RMIOC Lead: PSQIS</p> <p>The Safer Baby Bundle Improvement Project (SBBIP) was launched via a virtual event 28-29 March 2020.</p> <p>For Bundle Element 1: Smoking Cessation. SBBIP works collaboratively with Health Protection Branch and Quit to provide support and guidance on smoking cessation options throughout the State. There has also been a roll out of carbon monoxide (CO) monitors to enrolled sites with high rates of women who smoke.</p> <ul style="list-style-type: none"> • Over 40 sites, enrolled • May 2021 workshop: over 120 attendees from most sites • Improvement observed across most process measures with a slight decrease in inductions and pre-term birth • National Stillbirth and Implementation Plan endorsed by all Australian Health Ministers • Full implementation committed by QLD Health Minister <p>RMIOC Lead: A&TSIHD</p> <p>QIP data shows that for antenatal visits for Aboriginal and Torres Strait Islander women during 2020-21:</p> <ul style="list-style-type: none"> • 16% improvement from the baseline for Queensland and 11 HHSs showed improvement from the baseline. • 66.2% had a first antenatal visit in their first trimester. <p>For smoking cessation</p> <ul style="list-style-type: none"> • 52% improvement from baseline for Queensland and 11 HHSs showed improvement from baseline. • State-wide, 14.4% stopped smoking by the end of 20 weeks' gestation. <p>Engagement continues and quarterly reports provided to relevant HHSs.</p>	<p>Implementation of SBB will continue until December 2022.</p> <p>QIP currently operational for the 2021-22 financial year. QIP to continue to be implemented by A&TSIHD and HPSP</p>

³ Administered through the Healthcare Purchasing and System Performance Division <https://gheps.health.qld.gov.au/purchasing-performance/healthcare-purchasing/purchasing-funding-specs>

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
6.2.	<p>Support the implementation of the Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025 (GDF)* through collaboration with A&TSIHD and key stakeholders.</p> <p>*Implemented by the Aboriginal and Torres Strait Islander Health Division</p>	<p>RMIOC Lead: CEQ The Aboriginal and Torres Strait Islander Health Division (A&TSIHD) has transitioned implementation of the GDF Strategy to the Office of Chief Nursing and Midwifery Officer (OCNMO) and are working to finalise the GDF Implementation Plan. Once finalised, endorsement will then be sought from the GDF Implementation Oversight Committee members. The GDF Implementation Plan will then progress to the System Management Committee for endorsement, out of session.</p> <p>To lead implementation and build First Nations system leadership capability, OCNMO has recruited the following positions to assist with the GDF Strategy implementation:</p> <ul style="list-style-type: none"> • Two Clinical Midwifery Consultants (CMC) to lead First Nations maternity service co-design, provide cultural and clinical leadership, and to conduct co-design workshops with local area stakeholders to integrate service delivery for increased culturally capable maternity care • Manager to collaborate with internal and external partners and progress the GDF Strategy implementation plan deliverables. • Project Officer position to provide administrative support. <p>Included in GDF Implementation Plan is GDF Engagement Plan which will support vision and aim of GDF Strategy 2019-2025. The engagement component outlines the approach and activities to be undertaken with a range of key stakeholders. Initial stakeholder engagement, by the Clinical Midwifery Coordinators, has occurred with some HHSs.</p> <ul style="list-style-type: none"> • Additionally, as part of the Making Tracks initiative a First Nations Director of Nursing, will be appointed to OCNMO Workforce Team to support progression of the First Nations Health Equity agenda, development of First Nations Workforce Strategy, and First Nations COVID-19 response. 	<p>GDF to continue to be implemented by OCNMO and A&TSIHD</p>
6.3.	<p>Optimise the use of KPI measures to enable strategies to improve maternal health</p>	<p>RMIOC Lead: PSQIS June 2021: Inform my care launched</p>	<p>Completed. No ongoing work required</p>
6.4.	<p>Develop online antenatal information and education resources with a focus on improving access for women in rural and remote locations, and for Aboriginal and Torres Strait Islander women</p>	<p>RMIOC Lead: PSQIS GLOW¹, antenatal education resource, converted to web-based antenatal information available on Queensland Health website.</p> <p>Review of current online antenatal information and draft My Maternity Decisions (MMD) website to determine best way forward to develop a cohesive and comprehensive online maternity resource.</p> <p>Expansion and modifications planned as part of wider online maternity information project, with focus on improving access to information and support decision making, for women in rural and remote locations. These improvements will incrementally occur over the next 12–18 months</p> <p>Initiation of collaboration with Strategic Communications Branch to develop a combined Maternity Journey Decision and Information website.</p>	<p>CEQ to continue with development of online resources for consumers in collaboration with Strategic Communications Branch</p>

Rec	Activity	Achievements / Outcomes	Transition to Business As Usual
7.	Ministerial Commitment: \$500,000 for rural and remote maternity clinician upskilling and training		
7.1	Consultation and collaboration between SMNCN and SRRCN, including survey of network members and other stakeholders to identify issues and possible strategies to address them.	RMIOC Lead: SMNCN / SRRCN Statewide Maternity and Neonatal Clinical Network (SMNCN) and Statewide Rural and Remote Clinical Network (SRRCN) collaborated to undertake a survey of stakeholders and developed a report, which was provided to RMIOC.	Completed. No ongoing work required
7.2	Develop pilot for process for use of \$500,000 to support rural and remote clinician upskilling and training	Based on report and feedback, ORRH developed a set of discrete projects, approved by the two networks and endorsed by RMIOC, which named the projects, the division or organisation responsible for their implementation and allocated resources.	Completed. No ongoing work required
7.3	Implement process	RMIOC Lead: ORRH Approx \$100,000 expended in 2020/2021 e.g.: <ul style="list-style-type: none"> \$17,245 allocate, to Darling Downs HHS, for up to 5 placements at Rural General Advance Skills Training Introductory Workshop. Program is intensive five-day program to prepare, support and build skills and confidence to undertake obstetrics and gynaecology advance skills training in Queensland. \$60,995 allocated to MSHHS to expand training programs for multidisciplinary teams including obstetricians and midwife educators. <p>\$420,000 rolled over into 2021/2022 financial year as unable to be expended in 2020/2021 due to challenges associated with COVID-19 response.</p> <p>Stakeholders who were unable to expend the funds by 30/6/21 have been contacted to advise roll-over approval. ORRH to collect acquittal for 100K funds allocated to identify impacts of clinician upskilling and training.</p> <p>ORRH to consolidate the remaining initiatives and identify remaining funds available for re-allocation to further support rural and remote clinician upskilling and training.</p>	Roll-over of funding approved and projects able to roll-over have been advised. Other initiatives identified after extensive consultation and an out of session paper for endorsement progressed to SRRCN. ORRH to continue with progression of this initiative.
7.4	Review process	RMIOC Lead: ORRH Delayed due to challenges associated with COVID-19 response	
8.	Ministerial Commitment: HHSs required to have Ministerial approval for any future planned service changes to rural maternity services		
8.1	Develop a process for HHSs to obtain Ministerial approval for changes to rural maternity services	RMIOC Lead: PSQIS Process drafted based on and compatible with CSCF change notification process. June 2021: Process provided to HSCEs and published on Rural Maternity webpage	Completed. No ongoing work required.

4. Approval and Endorsement

<input type="checkbox"/> Close the Project
<input type="checkbox"/> Revise and resubmit
Comments:

Project Manager

Name	Kirstine Sketcher-Baker		
Position	Executive Director, Patient Safety and Quality Improvement Service		
Signature		Date	

Project Sponsors

Name	Shelley Nowlan		
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Appendix

Abbreviations:

A&TSIHD	Aboriginal and Torres Strait Islander Health Division
CO	Carbon Monoxide
CEQ	Clinical Excellence Queensland
CSCF	Clinical Services Capability Framework
CLE	Centre for Leadership Excellence
GDF	Growing Deadly Families
HHS	Hospital and Health Service
HSCE	Health Service Chief Executive
HSD	Health Service Directive
KPI	Key Performance Indicator
MMD	My Maternity Decisions
ORRH	Office of Rural and Remote Health
Planning Framework	Queensland Rural and Remote Maternity Services Planning Framework
PSQIS	Patient Safety and Quality Improvement Service
RMIOC	Rural Maternity Implementation Oversight Committee
RMPAG	Rural Maternity Planning Advisory Group
RRHAC	Rural and Remote Health Advisory Committee
SBB	Safer Baby Bundle
SPB	System Planning Branch
SMNCN	Statewide Maternal and Neonatal Clinical Network
SRRCN	Statewide Rural and Remote Clinical Network