NEW ZEALAND COLLEGE OF MIDWIVES (INC)

MATERNITY SECTOR NEWSLETTER August 2015

Welcome to the Maternity Sector Newsletter. This edition provides an update on the MFYP programme, a profile of some DHB activities that come under the umbrella of the Maternity Quality and Safety Programme (MQSP) and an opportunity to feedback on the FYM website. We highlight activities that are taking place in Wairarapa DHB and also the launch of the Maternity Clinical Information System in Counties Manukau Health.

MFYP UPDATE

Some changes have recently been made to the Midwifery First Year of Practice programme (MFYP) to further strengthen it and ensure that it is fit for purpose for the needs of today's graduate midwives. Overall the programme provides an excellent framework of support for graduate midwives, further strengthening our already well-prepared graduate workforce.

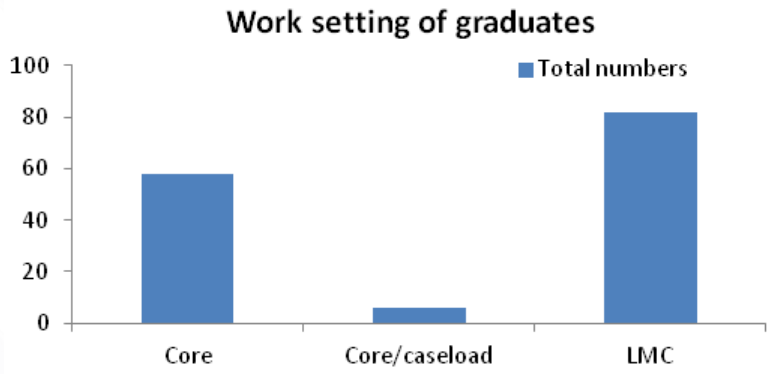

Figure One: Work setting of graduate midwives 2015

The majority of graduate midwives choose to practise as LMCs upon graduation. Many of these midwives choose a core midwife as their mentor.

Midwifery First Year of Practice

Overview of changed elements

Programme now compulsory for all graduates

All graduate midwives are now required to participate in MFYP in order to practise on registration. In practical terms this means that all graduates need to enrol in the programme and enter the earliest (next) available programme cohort (February, May or August) after obtaining their APC.

Under the Trans Tasman Mutual Recognition Agreement, graduate midwives who have completed their education in Australia are entitled to receive New Zealand Midwifery registration and must be part of the programme. However, under current government policy, these graduates are not eligible for a funded place on the programme so must fund their participation themselves.

Regulatory Oversight

The Midwifery Council now has regulatory oversight of the programme. In practical terms this means that the College of Midwives (as the programme provider) is required to report on graduates' enrolment and participation in the programme. For example, the College is required to report to the Council any programme extensions granted to graduates. The nature of the responsibilities between the Council and the College in relation to the MFYP is set out in a Memorandum of Understanding between the two parties.

Other changes

All mentors are now required to be members of the New Zealand College of Midwives.

A Midwifery Practice Support (MPS) fee has been introduced. This is a fee that a nominated MPS mentor can claim if she attends to support a graduate midwife in a clinical situation where the graduate has requested additional hands-on support. This fee was introduced in an attempt to ensure that graduate midwives have access to the necessary clinical support in all situations they may encounter. There have been very few claims made for MPS support to date, which indicates

that graduate midwives are able to access the necessary clinical support from other sources. This is consistent with the findings of the recently completed MFYP research, which found that core midwives were one of the main sources of clinical support for graduate midwives.

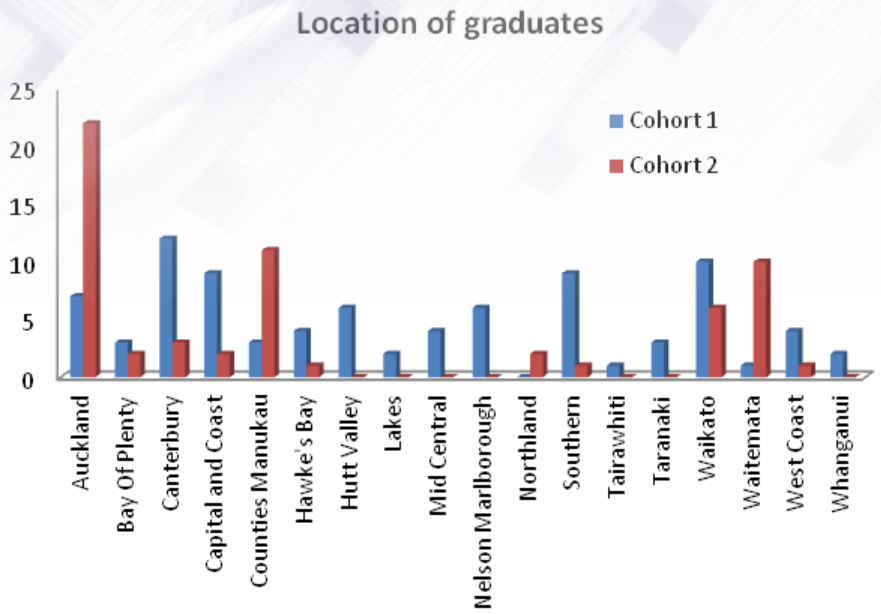

Figure Two: Geographic location of graduate midwives Cohorts One and Two 2015

The majority of graduates enter the programme in Cohort One, however as the Auckland University of Technology Programme graduates don't complete their undergraduate requirements until March, they enter the programme in Cohort Two. This is reflected in the figure above.

THE MATERNITY QUALITY AND SAFETY PROGRAMME (MQSP) IN WAIRARAPA DHB

The MQSP has been instrumental in helping to drive and support quality initiatives that enhance the maternity service and improve care for the women of the Wairarapa region.

3 DHB Campaigns

Some of the projects initiated include regional campaigns with Capital Coast and Hutt Valley DHBs to promote '5 things to do in the first 10 weeks of pregnancy' in 2014 and a campaign about the importance of fetal movements in 2015. The work around these campaigns has involved advertising via radio and newspapers, plus posters displayed in GP surgeries, pharmacies, childcare facilities, libraries, toy libraries and well child services.

Pregnancy Information Packs

We also developed Pregnancy Information Packs (PIPS) as a DHB resource for women. These contain information regarding finding an LMC, LMC flyers, DHB maternity website details, healthy eating, exercise, being smoke free, folic acid, iodine, initial bloods and screening options early in pregnancy. The aim of the pregnancy information pack is to ensure a consistent approach to the information that women receive when first pregnant and also current information especially with regard to LMCs in our local area.

The packs are distributed to GP surgeries and have been well received; the measure that they continue to do well is that at least four monthly the surgeries are phoning requiring restocking of the packs. LMC feedback is that many women are finding the information for their midwife or the maternity website through the packs.

Maternal Mental Health Pathway

The National Maternity Monitoring Group requested DHBs to provide them with information regarding local maternal mental health services. This is an area with minimal resources and the Wairarapa region was accessing support for pregnant or postnatal women through the Adult Mental Health Services. This triggered a response from the Maternity Clinical Governance Group (MCGG) to develop a steering group that would work together on implementing a service that would have some specialty towards maternal mental health.

Consumer engagement has been a real focus for the Maternity Clinical Governance Group, ensuring the voices of those that access the service are heard.

The steering group included a Consultant Psychiatrist with a special interest in maternal mental health, the Adult Mental Health Project Coordinator, Maternity Quality & Safety Coordinator, Charge Midwife

Manager, Clinical Psychologist Child Adolescent Mental Health and a Primary Mental Health Nurse. The focus of the steering group was to design a flow chart for use by LMCs, GPs, Well Child Services and Obstetricians. The simple layout would be a tool that offers the appropriate management/referral for the individual woman's situation. Following months of designing, a draft was released to the MCGG, consumer representatives, LMCs and core midwives for feedback. During this process Adult Mental Health under the direction of CCDHB was able to confirm that there would be a 0.4 FTE for a Maternal Mental Health Clinician for Primary Care, a truly wonderful result for the Wairarapa region.

The Maternal Mental Health Pathway has been finalised and will be launched once the Maternal Mental Health Clinician for Primary Care has been appointed. There will be a road show to promote the pathway and introduce the new clinician to the primary and maternity sectors.

Consumer Engagement

Consumer engagement has been a real focus for the Maternity Clinical Governance Group, ensuring the voices of those that access the service are heard. Advertising for the consumers took place, resulting in an excellent response and a great variety of applicants to choose from. We have been extremely blessed, as we have two of the most wonderful consumers we could have hoped for. Kiri Playle and Anita Roberts are consumers foremost but with professional backgrounds and a history of participation on other community groups outside of the maternity sector. They are great personalities and are not afraid to engage with the group and speak up.

When discussing with them why they feel they have been so successful in their roles, their replies were amazing:

"We are listened to and our voice is valued; the Terms of Reference for the group is a familiar document and we are aware of our role and the expectations that comes with it; there is plenty of warning with the agenda and we have the opportunity to add items with a specific place for us; we enjoy providing feedback on leaflets and guidelines where appropriate and the communication between the coordinator and ourselves is open and via any form. We feel that as it is a small rural community there is a real sense of closeness and the overwhelming response for family/whanau and friends to give feedback through us is very positive. We both feel strongly that we are focused on our position and commitment to maternity and are not involved in other groups within the maternity sector, so therefore do not come with a conflict of interest."

We look forward to even more amazing projects and quality initiatives for the 2015/16 year.

Michelle Thomas
Maternity Quality & Safety Programme, Wairarapa DHB

MATERNITY CLINICAL INFORMATION SYSTEM IMPLEMENTATION AT COUNTIES MANUKAU HEALTH

The Maternity Information Systems Programme is an MOH initiative enabling sharing of clinical information by maternity carers, to improve quality of care. The national Maternity Clinical Information System (MCIS) is part of this programme of work. The current platform being implemented is the Maternity Facility component (BadgerNet is the name of the application). Sharing information between clinicians is one of the key components of the Maternity Quality and Safety Initiative, and for DHBs the MCIS will be the conduit to enable this to occur. Counties Manukau Health (CMH) realised the limitations of its historical database, and chose to be one of the early adopters of this national programme.

CMH launched the roll-out of the MCIS in November 2014. A 'soft' launch was chosen to ensure that we could implement the transition from paper clinical records to electronic records in a controlled manner, giving maximum support to users, and address any software and business process changes when required. Our soft launch was staged, starting with a small group of women booking with the DHB community midwifery services, increasing to full capacity with all bookings by July 2015.

To date over 600 users have been trained, 3,000+ women have been booked (to grow to 8,000 per annum), and 250+ babies have birthed. We are expecting the number of births of women in the system to increase dramatically from this time onwards, and the transition to all women with an electronic record by November 2015.

The Value and Challenges of a Soft Launch

CMH maternity services is provided across multiple sites, including three primary maternity facilities, a large DHB community midwifery service/ clinics, secondary obstetric clinics, and Middlemore Hospital (which includes a fetal ultrasound, multidisciplinary and acute secondary/tertiary mother and baby services). The project team has been constantly challenged with the range and diversity in which the MCIS needs to adapt to. The value of a soft launch enabled the transition to be more gradual and easier for the users. It gave the project team time to define,

For change management to be effective, it was recognised early on that the implementation needed to:

- Be a clinical project, not an IT project, but implemented with project management strategies;
- Be lead and implemented by clinicians that can parallel the implementation with best practice guidelines and work closely with the users on the floor to adapt to using IT during clinical practice;
- Be supported by clear business process identification and re-engineering which needs to be clearly communicated to all users. With the diversity of breadth of this project, communication can be quite challenging;
- Be considerate of the needs of women, enabling a service to delivery quality care throughout the transition;
- Identify hardware requirements early in the project and during roll-out, adapting to user requests;
- Have a governance structure that can impact change requirements promptly and appropriately, escalating the awareness of the value of the project within the organisation, mobilising resources to meet the demand of the roll out requirements; and
- Have user groups to advise changes required in the system or processes to support practice.

and re-define business processes and spread project resources across the multiple sites that CMH maternity services occupy.

Some of the steps CMH MCIS project team has put in place so far are:

- Various strategies to support optimal training. Starting with a small pilot group of women from booking and using the experience to support safe transition from paper to electronic records.

- Scoping of hardware prior to the project roll-out, including WiFi needs

- Using core staff (who became more familiar with using the system before LMCs) as a resource to support LMCs to become familiar with the system

- Floor-walking by more proficient staff to enable 1:1 support to new users. Recognising that the support and learning needs will vary between individual clinicians, with younger staff usually having the IT skills and ability to modify their practice more quickly than older staff.

- Regular communication to/from users and women.

- IT support services that react promptly to user concerns.

The greatest advantage of the soft launch approach is that the clinician has time to adapt, with contact with the system increasing gradually over the course of a few months. The impact on clinical practice appears to be more measured while clinicians learn a new way of working. However, we still advocate during times of "crisis" paper documentation is used.

One of the greatest challenges has been the protracted length of the project, and the cost associated with this approach. From the launch date to the time when all women's records will be electronic will be nearly one year. For any IT project, this is significant. However, considering this is a clinical project (with IT support) that affects all users across the care continuum, the benefits of a slow roll-out rather than a big bang approach in our eyes, outweigh the needs of IT project/cost resourcing.

We have not yet reached the crest of change, with a lot more work to go supporting users who are yet to have their first MCIS "birth", and many more women need to birth in order to make the change "business as usual". But we are buoyed by the positivity across the service during this challenging time. CMH is known for its innovative and adaptive culture, and the attitude and determination shown by those involved is testament to this.

Debra Fenton
MCIS Project Lead
Counties Manukau Health
For further details on CMH's MCIS project strategies please contact dfenton@middlemore.co.nz

www.findyourmidwife.co.nz

www.FindYourMidwife.co.nz is now 2 years old! The site is currently being optimised to improve its usability on mobile devices such as phones and tablets/ ipads. We are always looking for ways to enhance and promote the site, so it is timely for the College to seek feedback about how the site is working. Please click this link https://www.surveymonkey.com/r/FK99Z2Y to participate in a very short survey about Find Your Midwife. The results will be used to inform further development and promotion of the site.