

Redesign of Maternity Services at Macksville Hospital

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Macksville Hospital, Boundary Street, Macksville NSW 2447



Case For Change

Our maternity service does not provide Home Maternity Support even though NSW Health has recommendations as outlined in the 2010 Policy Directive; Towards Normal Birth and World Health Organisation recommendations.

Pregnancy Care Service (antenatal clinic) is provided one day a week and is over extended.

Our unit is closed 40% of the time but staffed 100% of the time, resulting in inefficient utilisation of midwifery staff and expressed staff dissatisfaction.

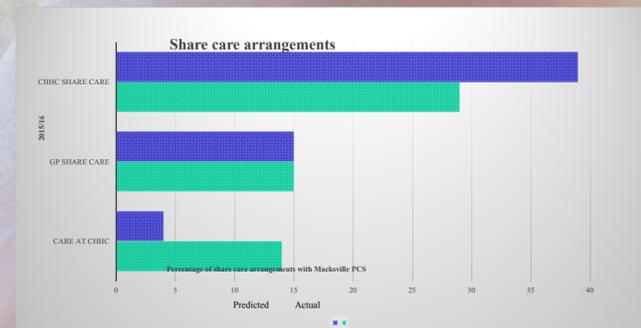
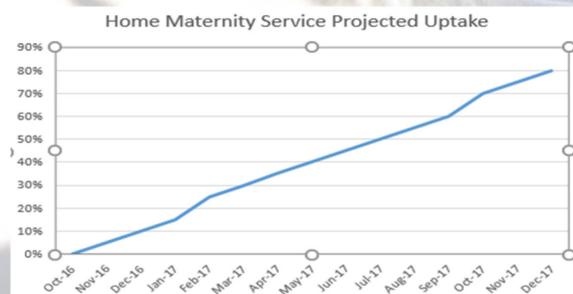
Solutions and Expected Outcomes

This Project will be implemented in 2017

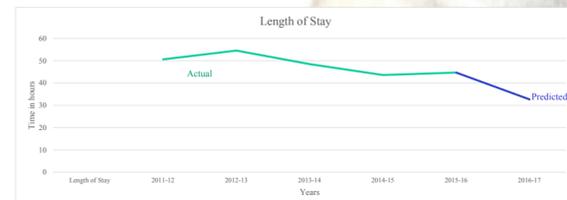
We have designed a new model of care based on a Midwifery Group Practice. This will allow flexible rostering of our Midwives, reducing current staffing inefficiencies. This will enable the introduction of a Home Maternity Service utilising existing staffing levels.

Increased flexibility of staffing will allow the Pregnancy Care Service to be expanded. This will increase service capacity for antenatal share care with our immediate referral centre. This will improve patient experience by reducing travel times and improving care continuity. It will have the added benefit of improving communication and collaboration between the services.

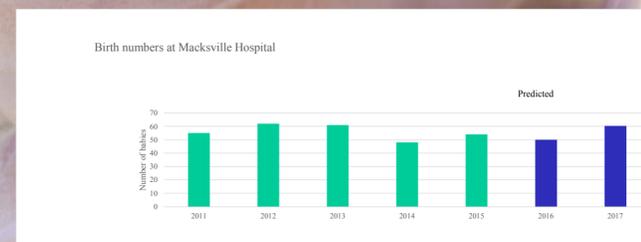
We expect 80% of women in the Nambucca Valley who birth will uptake the Home Maternity Service



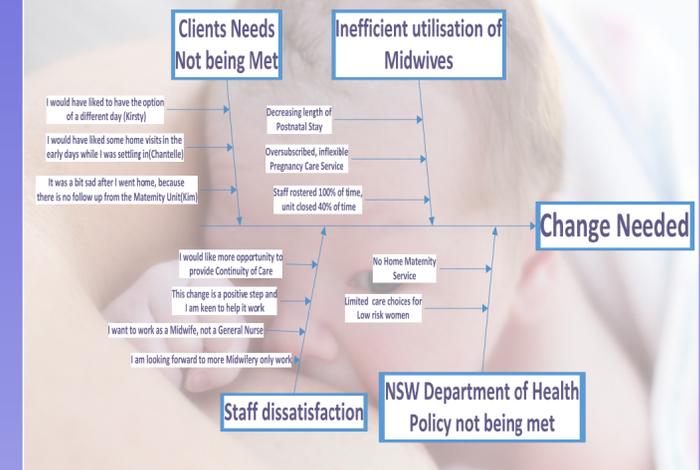
We anticipate a flow-on benefit of a decreased average length of post natal stay, resulting in cost savings.



Expansion of the Pregnancy Care Service will improve Patient access, and increase utilisation of the service. There will be a flow-on benefit of increased community awareness of our birthing service. This will assist in maintaining our birthing numbers, and potentially increasing them, despite service delineation restrictions.



Diagnostics



Goal

To better utilise the Macksville Health Campus Midwives to expand current Maternity Services provided in the Nambucca Valley. This will meet the changing needs of the community and workforce.

Objective

- By December 2017:
- 80% of women in the Nambucca Valley who give birth will uptake Home Maternity Services.

Method

We used a variety of tools including: Data Analysis Process Mapping, Patient Stories/Survey, Staff Focus Groups/Survey, Patient File Audits, GP Survey, Literature Search and review, Peer Review – Belmont Hospital, Community Consultation – Survey/interviews, Brainstorming – Macksville Midwives, Consultation via Steering Committee to define the issues and design a solution.

We could not identify an equivalent-sized peer service that provided all services we aim to provide.

These include: Antenatal, intrapartum, in-hospital postnatal stay, home maternity service, early postnatal discharge and midwifery review of patients presenting to Emergency Department.

Acknowledgements

F. Guy (CMC), N. Aldred, Macksville Midwives; M. Collins, V. Fraser, W. Ingles, A. Kemp, B. McDonald, D. Northcott, K. Purkiss, J. Ussher

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Sustaining change

This will be a total restructure of our service. It is meeting identified community needs. It is meeting expressed staff concerns. It requires minimal extra funding or resources. The changes enable our service to meet NSW Health Policy recommendations.

The changes are supported by local Hospital Executive. The changes meet Local Health District strategic direction. Innovative model of care for our clients is attractive to midwifery staff and expands recruitment potential. This strengthens the long-term maintenance of our service. Effective risk assessment and engagement of all stakeholders will enable effective implementation. Weekly staff meetings to monitor activity, issues and progress. Ongoing support by the Steering Committee.

Conclusion

Successful implementation of this model of care in a small rural maternity unit will provide a benchmark for other small rural maternity units. It will model strategies to maximise service provision. This will enable rural women with low pregnancy risks access to alternative care options