



northeast health
wangaratta



*Looking Forward, Looking Back”
Sustainable models of maternity care at Northeast Health Wangaratta.*



*Providing Excellence In Quality Maternity
Health Care*

*Lauren Newman RN, RM (Maternity Project Manager)
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Background



- 575 births per year
- 3 consultant Obstetricians
- 2 consultant Paediatricians
- Level 2 neonatal nursery
- Antenatal shared care (GP's in rooms) public clinic at NHW
- Community midwife program – 140 women per year.
- Primary referral service small rural maternity hospitals.



How we started 'looking back'



- Public Antenatal Clinic opened 1993
- Unit downsizing in 2002 (from 21 antenatal / postnatal beds to 6; + 4 Labour ward beds)
- Pioneering rural model (Midwife care pilot) in rural Victoria 1996
- CMP implemented in 1998
 - All risk women
 - Pre EBA agreement
 - 5 midwives (0.5 EFT per midwife) = 2.5 EFT



Community Midwife Model



- Original 'team model'
- Self managed team, reported to unit manager midwifery unit
- Waiting list
- Attracting local & regional women
- 2008 evolved to caseload model
- Assigned team leader
- Increased EFT (0.7 EFT per midwife)



Community Midwife program





2007 maternity project



- Funding DHS (Vic)
- Regional & Sub regional level (Yarrawonga, Benalla, Alpine Health, Mansfield, Corowa, Cobram)
- Extensive mapping, identification of key issues & themes
 - Workforce
 - Training & education
 - Customer service
 - Information Communication & Technology
 - Service capacity.
- Strengthened partnerships, enhanced communication (networking)



Project 2007 Challenges



- Consumers (steering committee)
 - Understanding of goals, scope and purpose
 - Selecting the 'right' people
- Engaging GP / Medical workforce
 - Time
 - Commitment to general practice
- Workforce limitations
 - Regional & sub regional level.
 - Ability to attend forums (backfill / distance to travel)



2008 “change in action” Getting started



- Forming! Working groups (midwives)
- Storming!

Where are we now, what do we want to change?

What's working well, what's not working well?

- Clear and shared vision
- Actionable first steps
- Capacity to change
- Executive support key drivers
 - Regular inclusive meetings



Lessons Learnt!



- Grand plans for model changes
- Communication
- Strategies to deal with criticism
- Staying positive
- Being flexible
- Getting the Doctors 'on board'
- When things don't go to plan!



‘Looking forward’



- Maternity model re engineering
- Growing the CMP model, new team will dovetail into CMP. (3) Team midwives + 5 caseload midwives accommodating 220 women per year.
- Rotational position on CMP for student & newly graduated midwives
- Streamlined postnatal care with implementation of individualized care plans for CMP and core team clients



Change " a story of inspiration"



- TEAM
- Team of equals
- Trust & respect
- Consultation
- Listening to view points
- Equal responsibility for success
- Flexibility
- Coming up with plans and actions
- Refocusing on goals
- Remaining positive
- Having fun / celebrating





Thank you!



- Community Midwife Group Practice
Northeast Health Wangaratta
Ph (03) 57 22 0256
Janet (team leader)
Janet.baker@nhw.hume.org.au
- Lauren.newman@nhw.hume.org.au