

ANTENATAL CLINICS MOVE INTO THE COMMUNITY



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Why move the antenatal clinics?



Tasmania's Health Plan integrating

- Clinical Services Plan
- Primary Health Services Plan

Overcrowded antenatal clinic

Women want continuity of care from midwives



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Interfacing Issues



- Integrated Care Centres (ICC's) – state government
- GP Super Clinics – federal government

Who is the target group?



The satellite antenatal clinics are for women with normal pregnancies who see a midwife for their care

They are a direct transfer of services from the hospital (no budget)

Understanding the Demand



The Royal Hobart Hospital had 2050 births in 2008

Midwifery care is provided by

- Two Know Your Midwife schemes
- The Birth Centre

Approximately 550 women

Understanding the Demand



- Midwife clinic in the Women's Health Clinics
Approximately 80 women
- There were three half day clinics



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The first satellite clinic



- Clarence Community Health Clinic (DHHS) offered two rooms on Wednesdays
- Clarence is a clinical centre
- Developing as an ICC and a GP super clinic

The doctors were very keen



- A doctors' clinic commenced running concurrently with the midwives' clinic
- A senior obstetrician – to see at Booking- In and 36 weeks
- This was unsustainable

“Waiting room”



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Child Health room



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Reception



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Evaluating for Quality



A client satisfaction survey was developed for the women

The midwives were not formally surveyed

Growth



Two other DHHS centres were chosen
Kingston and Glenorchy -

- Had the largest numbers of women with normal pregnancies
- Closer proximity to Hobart to ensure viability and sustainability

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Still growing



- Closer proximity to the RHH for travelling time for the midwives from the WHC's
- Medical imaging and pathology services close by

Still growing



- Both Glenorchy and Kingston had two rooms available – Kingston on Thursday and Glenorchy on Friday
- A doctor's clinic was held in the other room



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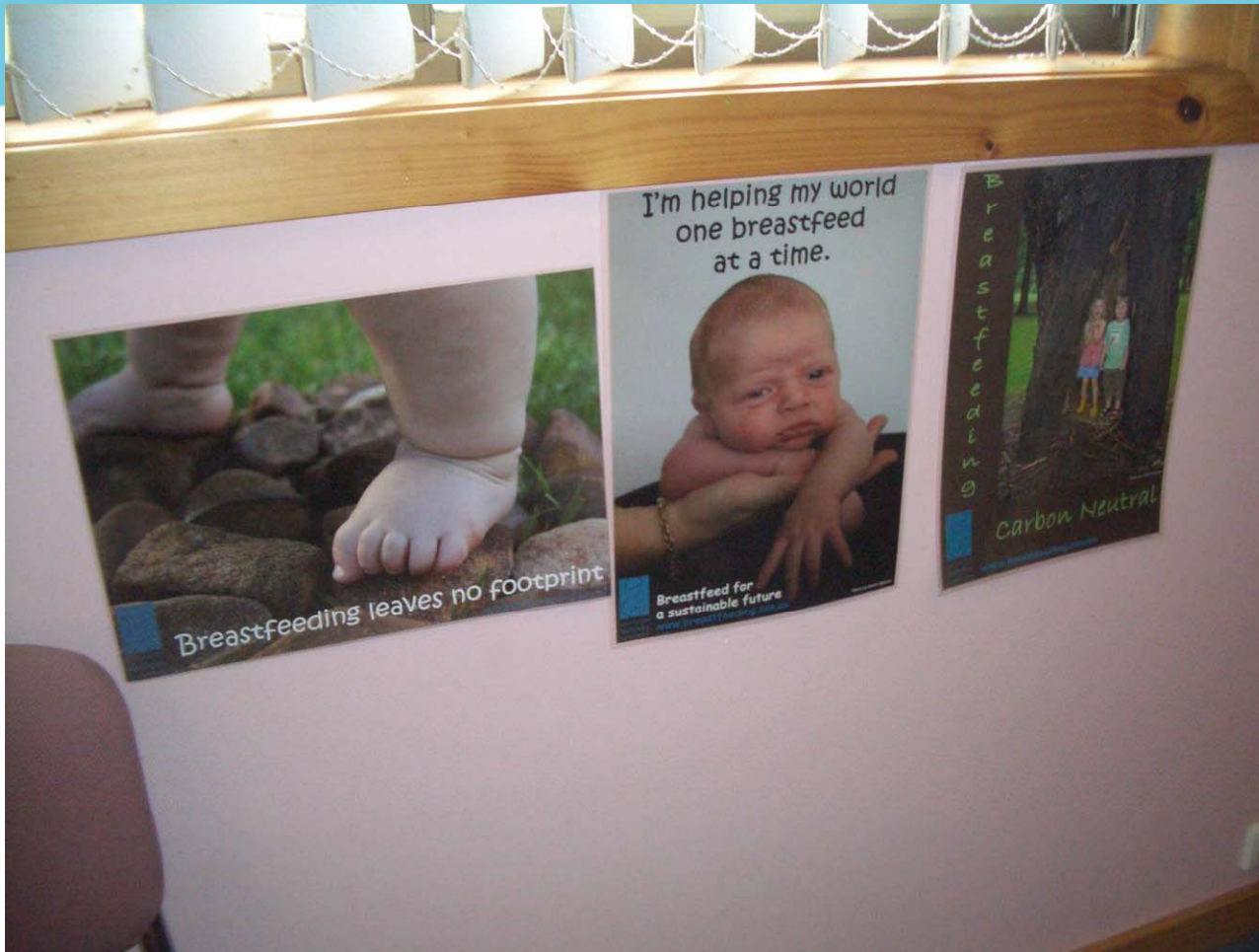


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Expansion



- Clarence and Glenorchy have extended the hours to all day
- Kingston has reduced the hours to one day fortnightly

How they work



- Appointments for the women to be made from the RHH – Homer has been added to the computers at the centres
- Patient histories are allowed to be taken from the hospital – Hand Held Record

How they work



- Information folder for midwives in each clinic for handy reference such as to the Guidelines for Low Risk Women managed by Midwives at the Royal Hobart Hospital
- All equipment is to be transported from the RHH, including linen. Sharps to be returned
- TIS – telephone interpreter service
- Engineering services – hospital or community

Disadvantages



- There is no central community clinic
- Not all services are available at the centres
- Unfamiliarity with the place of birth
- Transport for midwives from RHH (plus time)
- Transport of equipment – OHS issue
- Parking for midwives limited at Glenorchy
- KYM and BC numbers are dropping

Advantages



- Convenient
- Child care
- Continuity of carer for the women – midwives rotate approximately nine monthly
- All WHC midwives to orientate through
- Job satisfaction for the midwives – more autonomy
- Fewer women going through the hospital clinic

Advantages



- Allied health have direct access to DMR
- Familiarity with the centre to encourage use of allied health in the postnatal period

Lessons Learned



- Employ Project Officer for longer period
- Keep it simple and add medical model later if required
- Refine exclusion criteria for the women
- Prior to commencement have guidelines in place for-

clerical staff

allied health

cont...

Lessons Learned



- Purchase equipment and fit out clinics before starting
- Cars (taxis?)
- OHS at satellite clinics - workers' comp
- Staff support – identify gaps/ education
- Have a Level 2 midwife assigned to take responsibility for each clinic

Vision for the Future



- Midwives employed directly from health centres (Midwifery Practice Review and Midplus)
- Midwives self employed with Medicare and PBS access
- Caseloading

Thank you



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