

# National CCDM Maternity Advisory Group Newsletter

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### NATIONAL VRM VARIANCE INDICATOR SCORE (VIS) BIRTHING SUITE PILOT PROJECT

**Purpose:** To better reflect the capacity vs demand profile of the labour and birthing suite (LBS) environment in VRM tool

#### PROJECT COMPLETE AND RECOMMENDATIONS ENDORSED BY MAG AT MARCH 2024 MEETING

##### Findings:

- Increased staff engagement, use and trust in the VRM tool
- Better reflection of *In the moment* escalation, increase Amber & Red
- Assurance of data outputs and insights
- A nationally agreed updated VIS tool for LBS environments
- Ability to report effectively varied across participating Districts due to IT setup and capability

#### SUMMARY OF RECOMMENDATIONS

- Implement piloted VIS descriptors to all Health NZ secondary and tertiary District LBS.
- CCDM MAG with SSHW unit to review VIS descriptors for primary maternity birthing units.
- Partner with Health NZ Data + Digital (D&D) to increase capacity to:
  - Implement changes to all Districts
  - Increase VRM reporting capability
  - Increase access to timely implementation of critical tools for safe staffing visibility
- VRM Capacity at a glance (CAAG) set up for LBS benefits from all VIS indicators requiring manual completion by the midwife.
- Standardise required reporting requirements to enable effective auditing of VRM escalation and responses.
- Offer regional/national education/training workshops to support adoption of the new VIS descriptors for LBS.

##### Next steps:

- Comms to sector with recommendations from the project
- Share report with participating Districts
- Report D&D output requirements to National D&D team

### CAPTURING MATERNITY ACUTE ASSESSMENTS <3HRS PRESENTATIONS THROUGH DISTRICT MATERNITY FRONT DOORS (LABOUR & BIRTHING SUITES (LBS) AND ASSESSMENT UNITS)

**Purpose:** To identify a nationally consistent process to record all maternity acute assessment presentations <3hrs, using TrendCare, to capture acuity demand comprehensively through Maternity Front doors

##### Findings:

- Nine Districts admit all maternity acute assessments regardless of length of stay - the outpatient code is being overridden to keep the information in TrendCare.
- There are opportunities for Districts, not currently admitting these presentations, with the similar patient management system (PMS) to do the same.
- To admit all these maternity acute assessments <3hrs would provide comprehensive demand and acuity data through District maternity front doors and allow more accurate FTE calculations.

#### RECOMMENDATIONS ENDORSED BY MAG (MARCH 2024):

- National Maternity Advisory group recommend all maternity acute presentations, <3hrs, be admitted to maternity LBS or women's assessment units using TrendCare patient type Maternity-Acute Assessment (MTA).
- Liaise with Data & Digital National Collections and Reporting Group to discuss the feasibility of changing the current inpatient coding of Health NZ Labour and Birthing suites and Women's Assessment units to a similar coding to Emergency Departments.
- SSHW unit work with identified Districts who currently admit all acute maternity presentations, to develop PMS scripts to enable Districts with similar PMS's to be able to admit these presentations.


## MAG MEETINGS

### 2024

- 5th March - face-to-face (HELD)
- Quarterly virtual meetings planned for the rest of this year

### PROGRESS ON WORKPLAN & PROJECTS

#### Safe Staffing in Maternity-based health settings

SCALE OUT	WHAT	MEASURE	
	<ol style="list-style-type: none"> <li>1. Timing studies for Induction of Labour planned for May 24</li> <li>2. National Birthing suite VIS project complete, Comms to sector in development.</li> <li>3. Project: Current maternity inpatient workforce models staff and skill mixes Jun 24 -Jun 25.</li> <li>4. Focused support &amp; troubleshooting with Districts.</li> <li>5. Regional ways of working including training &amp; education forums and CDS data insights to be refreshed.</li> </ol>	<p>All Maternity services are better informed and CCDM programme is further tailored to maternity specific application and insights.</p> <p>Workforce data informs national guidance and strategies to support safety.</p>	



#### SCALE UP

WHAT	MEASURE
<ol style="list-style-type: none"> <li>1. Attendance at national midwifery leader hui.</li> <li>2. Whakawhanangatanga and regular catch-ups with Health NZ Interim Chief Midwife.</li> <li>3. Quarterly Maternity CCDM reporting implementation, business as usual models.</li> <li>4. Providing summary data informing workforce planning, policy and strategy.</li> </ol>	<p>New national midwifery roles are aware of CCDM MAG and new partnership goals are established.</p> <p>Maternity CCDM annual report developed.</p> <p>National sector is influenced &amp; informed by CCDM MAG of Maternity progress and success.</p>



#### SCALE DEEP

WHAT	MEASURE
<ol style="list-style-type: none"> <li>1. Seek advice &amp; guidance from SSHW Māori Advisory group on a Te Tiriti committed and equity focused Maternity CCDM programme.</li> <li>2. Develop evidence-based decision making framework/tools to support workforce model decisions. e.g. clinical coordination guide, staff and skill mix requirements for maternity</li> <li>3. Develop National Maternity TC guideline for v3.6.3</li> </ol>	<p>Maternity CCDM ways of working reflect Pae Ora and Equity.</p> <p>Staffing models for maternity services are evidence based and forward planned.</p>

#### NATIONAL INDUCTION OF LABOUR TIMING STUDIES PROJECT MARCH-JULY 24

**Purpose:** To review existing maternal patient types used for IOL to ensure time required for care is accurately capture.

#### Objectives:

- Review current TC patient types used for IOLs and time captured.
- Seek District participation in IOL timing study to capture current care activities and time required.
- Analyse the data and implement the findings in the current TC version; to existing TC maternal patient types and a new IOL specific maternity patient type.

#### Next steps:

- Six Districts have expressed interest and attending TC overview sessions
- Districts to ensure criteria for performing Timing studies is met
- Train and Educate staff on timing study resources
- Plan to commence timings in May 2024

#### DEVELOPMENT AND PILOT OF TREND CARE ACTIVITY BANKS FOR DISTRICT COMMUNITY MIDWIFERY OCT 23-DEC 24

#### Purpose:

To establish a validated method of capacity and demand data capture using TrendCare to support district community midwifery workforce modelling and FTE resourcing.

To Improve midwifery care capacity and early engagement for pregnant women with a midwife

#### Objectives:

- To identify community maternity activities to capture workload and demand
- To pilot community maternity activity banks using TrendCare
- To identify measures and reports to monitor data capture of pilot activities banks
- To report on finding, outcomes and recommendations to national CCDM MAG

#### Expected Outcomes:

- Establish a method to accurately capture community midwifery workload and demand data with assurance & integrity
- Provide visibility and monitoring of the community midwifery workload and capacity
- Data evidence informs workforce requirements and FTE
- Strengthens workforce safety culture
- Access to a midwife early in pregnancy for women/people is improved

## WHAT'S IN STORE FOR 2024!!!

### SCALE OUT

- Connect with Regions to identify CCDM support with SSHW Midwifery Advisor for 2024.
- Commence National Timing study to develop Induction of Labour patient type - April 2024.
- Develop maternity TrendCare guidance for expected upgrade to V3.6.3
- Complete national pilot of VRM VIS indicators for Birthing suites and implications for VRM standard.
- Schedule ongoing regional collaboration opportunities with key stakeholders e.g. midwife managers, union partners, midwifery leaders.
- Plan and commence maternity workforce modelling, staff and skill mix for safety project to provide evidence-based recommendations for workforce modelling in maternity services.
- Quarterly CCDM Maternity newsletters



### SCALE UP

- Strengthen national networking opportunities across the system with system leads in: workforce, women and child health, data and digital, Trend Care.
- Developing national CCDM reporting template and frequency of reporting on Maternity CCDM and TC status. This will inform stakeholders.
- Publish Annual Maternity CCDM report.
- Seek advice and direction with newly established CCDM Māori Advisory group.

### SCALE DEEP

- Continue to progress nationally consistent application and implementation of CCDM and TC.
- Update CCDM web-based resources.
- Report on CCDM data insights and influence workforce policy and strategy .

## CONTACT

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