



Midwifery Staff Advisory Group National Forum: Proceedings and Outcomes

The forum was held on June 13th in Wellington

Background

New Zealand has a unique maternity model that is based on a primary partnership between women and lead maternity carers (most commonly midwives) which is augmented and supported by other members of the health care team. Where inpatient care is required at any stage of the pregnancy or post partum period, DHBs as well as professional and industrial groups associated with maternity services have a shared interest in ensuring that mothers and babies are provided safe, quality care, that staff are working in supportive environments; and that we make best possible use of health resources.

Lead groups involved with midwives, who are the largest workforce within maternity, agreed in 2011 to form an advisory group to develop an agreed evidence based methodology for staffing and resourcing maternity units. This work aims to fulfil the requirements of the NZ Maternity Standards, the Referral Guidelines and maternity services specifications.

The membership of the MSAG has representatives from:

- District Health Boards (DHBs) Midwifery Leaders
- Maternity Employee Representation & Advisory Services (MERAS)
- New Zealand College of Midwives (NZCOM)
- New Zealand Nurses Organisation (NZNO)
- Safe Staffing Healthy Workplaces Unit (SSHW Unit)

The Advisory Group undertook to initiate and/or undertake a programme of activity aimed at achieving the following objectives:

1. Establish an acuity¹ based mechanism for staffing DHB maternity units that reflects the NZ Maternity Standards and the NZ maternity model of care
2. Agree on mechanisms for monitoring and assessing the match between demand and care capacity² in maternity units
3. Make recommendations to the stakeholders on the optimal design and configuration of staffing for maternity units

¹ 'Acuity' in this context refers to an assessment of the total direct care need of the woman and/or baby

² 'Care Capacity' refers to the total resource requirement of the woman and/or baby & includes hours of care (direct and indirect), physical resources, the physical environment etc

4. Make a recommendation to the stakeholders on the³appropriate IT requirements for matching demand and care capacity using an acuity based approach

Initial work undertaken by the Advisory Group in 2011 included an initial stakeholder forum where a mandate was obtained to undertake a sector gap analysis and to supervise a pilot involving NMDHB that tested a staffing methodology developed by the SSHW Unit. The MSAG committed to reporting back to stakeholders after this work was completed and to seek consensus and a new mandate for further work. The June 2012 forum was the agreed checkpoint.

The forum

The 60 participants were broadly representative of the main groups representing midwifery; DHB midwifery leaders, DHB staff involved in maternity services, NZ College of Midwives, MERAS, NZNO, MoH, Midwifery Council.

Proceedings

- Introduction to the work of the MSAG
The purpose and activity of the MSAG was presented. The key link of the work to the NZ Maternity Standards was emphasised
- The context and method behind CCDM
The SSHW Unit presented the work that has been undertaken over the last two and a half years and the methodology behind the staffing tool that has been used in the maternity pilots. The case for using patient acuity data was presented. The three CCDM interventions were presented; base staffing redesign, variance response management for on the day, and the development of a critical data set to monitor impact
- Presentation of the BOP and Nelson pilots
Marg Norris and Debbie Fisher presented on the two DHB site pilots. The presentation included the process, data and outcomes. Key points noted included the following:
 - It was reinforced that maternity services need to be run similarly to emergency care services due to the lack of predictability and the inability to control or manipulate demand
 - work analysis demonstrated that the workload at night stays higher than is observed in general inpatient settings and this may mean that adjustment is required to the weighting of HPPD on night shift.
 - TrendCare is probably a suitable vehicle to carry the required data but some modification to the specification would be required
 - Handover (as it occurs in the NZ context) is not currently well captured in TrendCare
 - Many of the current criticisms around TrendCare's ability to capture the work can be addressed by better staff education and support in using the tool (with exceptions noted)
 - Because of the high level of variability, maternity services will often have more hours available than required but this is an unavoidable cost of having a service and does not represent inefficiency. The smaller the unit the larger this factor is likely to be.

³ 'Appropriateness' will include (but is not limited to) an assessment of cost effectiveness, availability and consistency between DHBs as well as clinical appropriateness

- The Mix & Match process and acuity data greatly aids the ability of midwifery leaders to manage their service
- There is more work to be done
- Discussion around options and challenges

The forum discussed and debated the merits and potential disadvantages of the methodology that has been piloted and its ability to form the basis of a national approach to staffing in maternity units. The following points of discussion were noted:

- The Maternity standards make reference to staffing models and staffing standards however apart from the 1:1 ratio in labour, none currently exist. The MSAG have committed to working together to fill this gap
- TrendCare is not a perfect solution but it has demonstrated enough promise to continue on this track (see recommendations)
- This is a priority area for midwifery as there are many instances of unsafe staffing now
- There is a risk with a ratio based approach of this becoming not only the minimum but the maximum
- Enforceability of any model will need to be considered
- The goal of any work will be to achieve change
- Good quality data is required but what data?
- An agreed specification for TrendCare to work in the NZ context will be required
- The methodology will need to include
- The NZ midwifery workforce and stakeholders are sufficiently small and unified to make national work around this feasible.
- TrendCare may not be the only or perfect software but as 12 DHBs have already invested it is the pragmatic option to proceed with this product

Recommendations from forum participants

1. That this work be a sector priority
2. That the MSAG continue their work with a focus on a two year programme of activity that would culminate in a recommended single, integrated, evidence based staffing model for NZ maternity units
3. The work of the MSAG would take the following broad approach;
 - Continue to apply the Mix & Match methodology in maternity units with a planned approach that includes a range of primary, tertiary and secondary settings
 - each Mix & Match application will be seen as building on the one before and learning's will be sought.
 - the MSAG will oversee the process
 - that the MSAG will work with TrendCare to identify the specification needed for the NZ maternity system and will seek appropriate system upgrades
 - that the specification will be completed within 12 months with upgrades to follow
 - that the MSAG seeks a broader sector mandate for this work which will include inviting a representative from HWNZ and a maternity services manager to join the advisory group
 - that MSAG give consideration to how the consumer voice will be included
 - that the SSHW Unit will write up a progress report for the sector

- that the work will be undertaken with the goal of having a recommended staffing methodology agreed for the maternity sector in 2 years.
- that the MSAG continue to keep stakeholders involved and informed
- that the methodology needs to establish safe staffing minimums
- that work is undertaken to identify the generic core data set by which impact and outcome will be measured and monitored. This data will include impact and outcome on patients/clients, staff, and service effectiveness

Commitments

The parties committed to collaborating around the purpose of developing a single integrated, evidence based staffing model for NZ maternity units.

Actions:

1. SSHW to write up the proceedings
2. Distribute to MSAG for comment/correction
3. Distribute to forum participants for feedback on the mandate given at the forum and proposed actions
4. SSHW Unit to write up an updated work programme containing the recommendations from the forum,
5. Seek the endorsement of the SSHW Unit Governance Group for MSAG to continue the agreed work programme
6. Provide a sector update on work to date and the plan
7. Implement the plan
8. Provide a stakeholder update before the end of 2012
9. Participate in the TrendCare maternity services timing studies