

Assuring Seamless Care in Maternity to Health Visiting Cross Service Transfer Process

A Collaboration between Maternity Services, Health Visiting & Clevermed

Overview

The focus of the improvement project fits within the current national, strategic and local priorities in the context of Best Start Policy and the National Universal Health Visiting (HV) Pathway encompassing continuity of care, seamless transition and the healthcare quality pillars of safe, effective and person centred care. Central to informing the maternal, child and family wellbeing assessment is key information on the mother and infant maternity care journey and outcome. Communication and sharing of key Information between maternity services and health visiting commences early in the antenatal period and beyond the first statutory HV visit to a new baby at 10 -14 days post birth.

Project Aim: 90% reliability in the midwifery to health visiting transfer process by September 2019 within one NHS Local Team. (reliability is measured by the transfer document having all the predefined key information elements-no omissions and timing of transfer by 10 days)

Methodology

Local intelligence suggested multiple variances in the timing, content and omission in key child/family information and mode of communication in midwife to Health Visitor (HV) cross service 'transfer' information presenting some uncoordinated and **duplicative service processes**. This was further compounded by protracted cross NHS Board boundary communication challenges in locality areas with our most deprived and vulnerable populations.

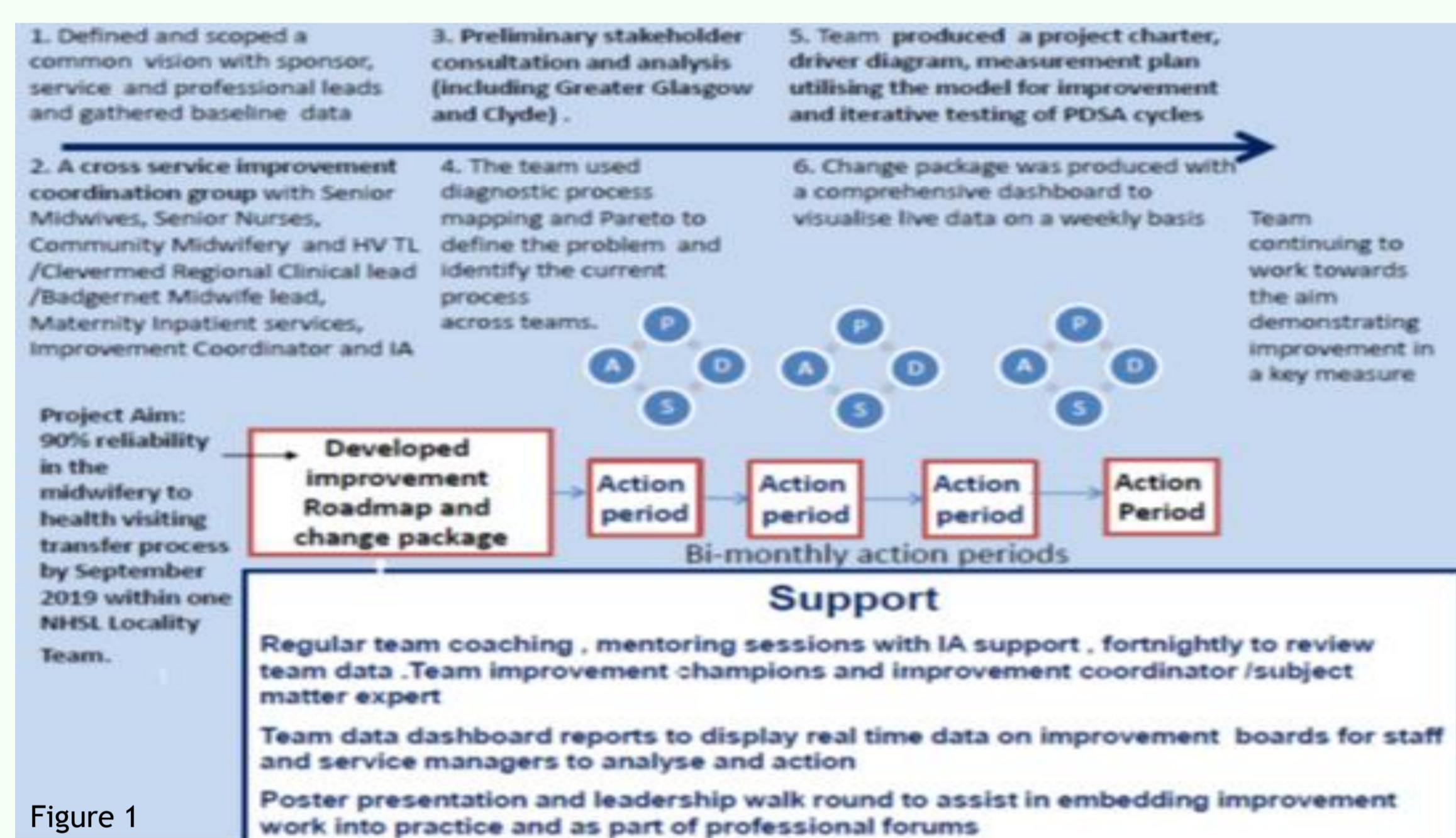


Figure 1

Starting in one locality midwifery/ HV team we identified **local improvement champions**. **Figure 1** illustrates how we used QI during the improvement journey using an adapted IHI breakthrough series. To understand our current system, as part of the diagnostic phase we collected baseline data with the champions utilising **process mapping** during the hosted cross service stakeholder event including FNP/specialist maternity services. The QI tools including a **Pareto chart** helped identify the main problems in the current maternal and infant handover document giving the team a starting point for improvement, following analysis of both process mapping and Pareto the output informed the driver diagram and change package (Figure 2)

Change Package

Following the process mapping the team developed/tested staff guidance/flowcharts to support electronic transfer of maternity mother/infant discharge documents from 'Badgernet' (maternity clinical system) and established a dedicated HV Team mailbox and administrative process to receive midwifery transfers on a daily basis. Champions also developed/tested guidance for health visitors to upload midwifery transfer documents to their own clinical record system optimising paperless approach and reducing unnecessary additional scanning processes.

Figure 2

Secondary Drivers	Test of change	Change concept
Communication process/Mode of transfer	Electronic	Consistent tools
Reliability of content of document	Transfer document	Manage variation
Timely receiving process	HV mailbox, uploading admin guidance	Reduce transfer time
Good quality recording, monitoring omissions	Badgernet read only	Eliminate mistakes
	Reliability grid key information elements	
Staff training	Birth notification	Synchronise Process
	Flow charts and guidance support	
Communication Process	Communication huddle	Consider people as in the same system

Outcomes and Results

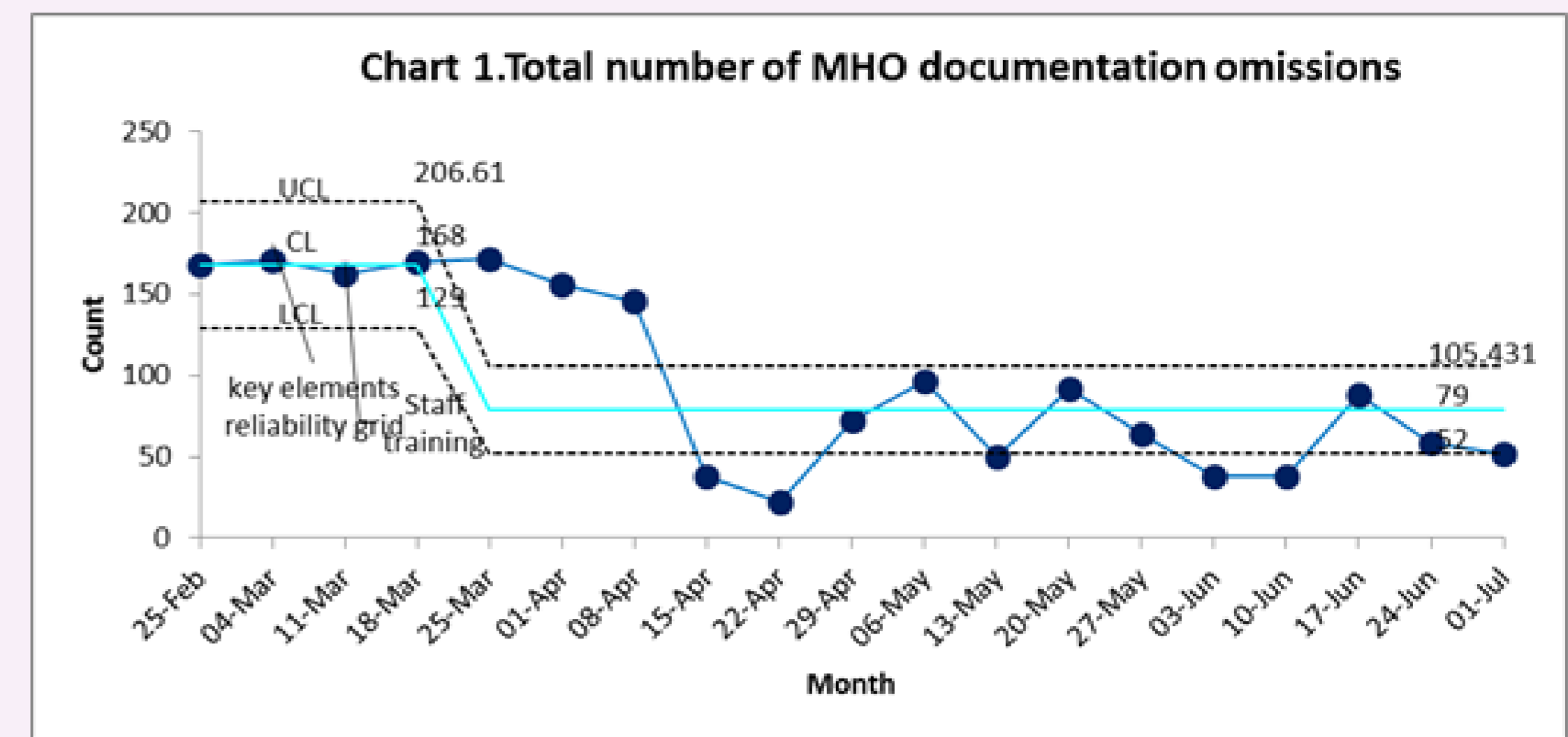


Chart 1 Source: Case Management tool

Chart 1 Outcome Measure, evidences a 61% reduction in both maternal and infant documentation omissions/errors.

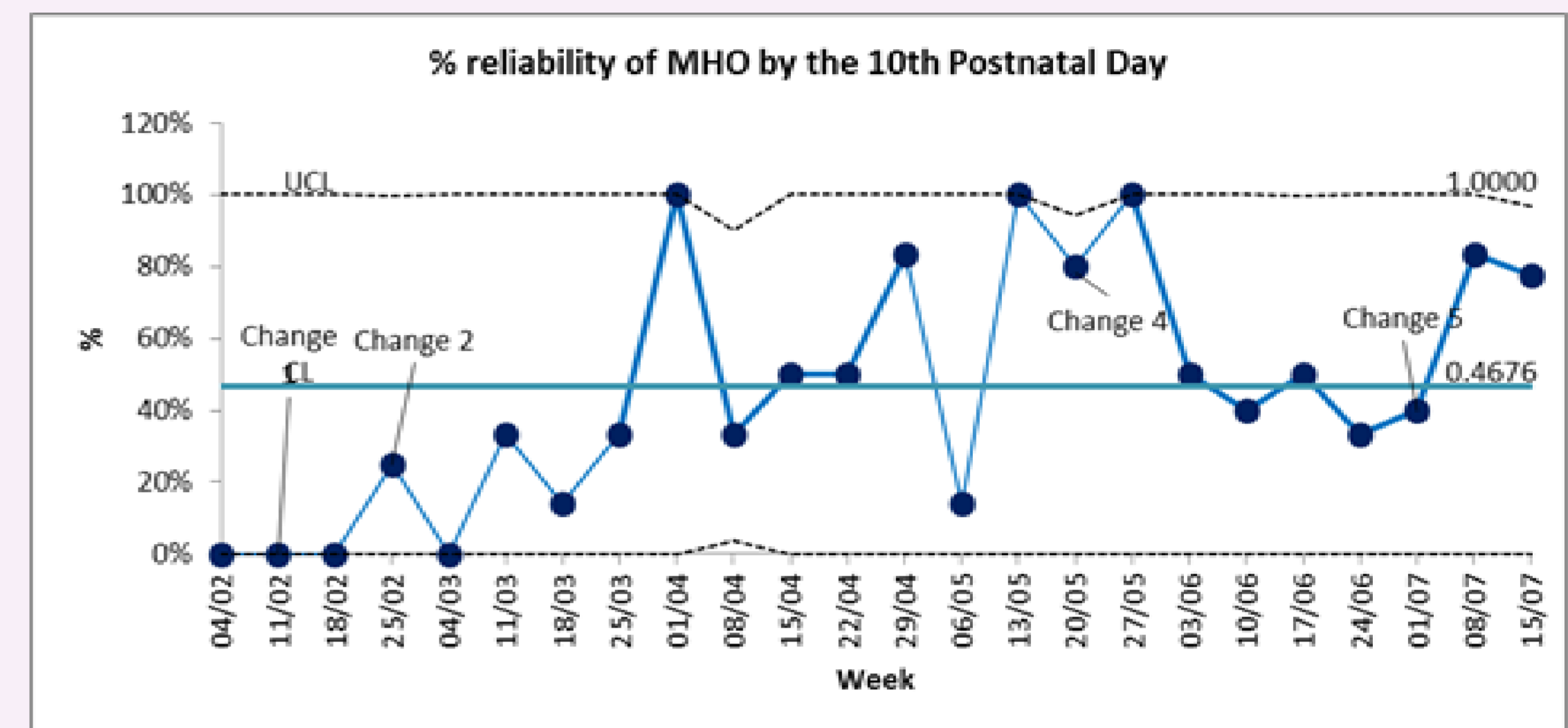


Chart 2 Source: Case Management tool

Chart 2 shows the percentage reliability of transfer by the 10th day improving, with a special cause on the 6th May during a public holiday weekend.

Key Learning and Conclusions

There has been mutual appreciation and respect demonstrated by midwifery and HV staff in cross service policy change impacts, needs and solutions to ensure practice is truly patient centred. We identified service colocation benefits particularly in sustaining quality 'face to face' liaison and information standards which enhance the communication process.

- We have achieved a consistent, standardised and enhanced process of electronic transfer of maternity discharge information which has removed variation and risk in the system. The work has optimised use of paperless transfer communication and improved the use of electronic processes for staff to improve practice.
- Data identified persistent omission/themes in both maternal and infant transfer document indicating a need to review and synchronise badger net system fields and the completion of information at maternity contacts. (This has resulted in a proposal for a national user review and redesign of the HV transfer documents hosted in Badger net to meet contemporary practice needs)
- Investment in 'read only' Badger net training for HV staff will have lasting impact to ensure contemporary practice requirements are met. An interim leadership action to implement read only access to Badger net for HV staff across NHS in response to project learning, has assisted in reducing NHS Board cross boundary communication challenges
- We need to close the gap of key information from maternity specialist providers to the named HV and ensure relevant electronic Badger net information is available and shared to support continuity of care.
- Transfer timing has been a persistent and challenging feature of our improvement work with clear policy alignment planning gaps emerging.

Scale and Spread

The improvement work has been implemented in one team and spread to three teams across North and South Lanarkshire ;

Authors : Janis Campbell HV TL, Suzanne Kennedy Midwifery TL (South Lan), Helen Najib HV TL, Alison Hay Midwifery TL (North Lan), Heather Weir Badger net Lead Midwife, Jackie Russell Clevermed, Sandra MacInnes IC, Vivian Boxall IA
Further information contact: Sandra.MacInnes@lanarkshire.scot.nhs.uk or vivian.boxall@southlanarkshire.gov.uk