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Learning Objectives

- To appreciate the complexities of working across disciplines and working across acute and community services in perinatal care
- To articulate the roles of each of the players in perinatal health services in order to collaborate more effectively
- To create seamless transitions for mothers throughout their perinatal journey

Background

Since perinatal services are provided by a series of different healthcare providers in different settings, there is a need to pay particular attention to the transitions between these providers to ensure a woman’s perinatal journey is seamless. The Seamless Perinatal Healthcare Initiative at Fraser Health was created to address priority gaps in perinatal care across acute and community services, with particular focus on vulnerable women and their families from pregnancy to 8 weeks postpartum. Improvements in the “3 Cs” of communication, coordination, and collaboration are intended to result in improved outcomes for the mother and infant as well as an experience of “seamless care” across various care providers.

Based on findings from a review of FH’s former hospital liaison role, a literature review, gap analysis, and surveys of health care providers and clients, a new model of a Seamless Perinatal Transition Teams, comprising antepartum nurses, public health nurses, hospital social workers, and primary care was

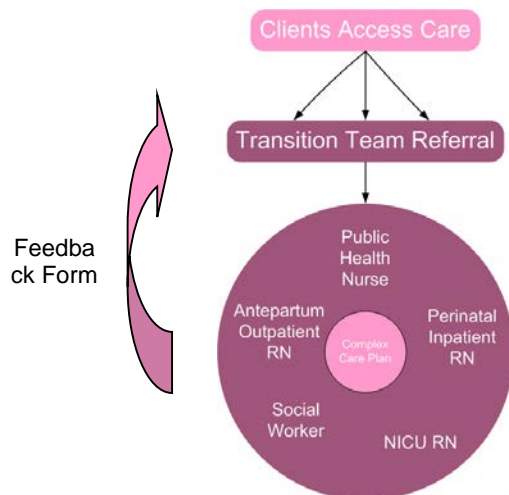


Figure: The Seamless Perinatal Transition Team Model

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developed. The model was prototyped in a large tertiary hospital (Royal Columbia Hospital) and a smaller community hospital (Langley Memorial Hospital).

The prototyping process allowed teams to operationalize the model, exploring what worked well in each site and test ways of dealing with various challenges. A developmental evaluation process was undertaken during the prototype project to surface learnings to inform the roll out of Seamless Perinatal Healthcare at all eight maternity hospitals in Fraser Health, which is currently underway.

Evaluation Findings

As expected, there were considerable differences between the two prototype sites (e.g., patient volumes, acuity, socioeconomic vulnerabilities, prenatal Best Beginnings registration rates) that affect the way in which Seamless Perinatal Healthcare was operationalized at each site. Formal structures for the project (e.g., Steering Committee, Implementation Planning Team, project manager), inclusivity of a broad cross section of stakeholders on the committees, and leadership support helped facilitate the work. In addition, ongoing monitoring and evaluation throughout the prototype led to refinements in processes and forms. As well, the work helped to crystallize the role of the Seamless Perinatal Transition Team (i.e., to triage referrals to the most appropriate providers, coordinate care among the providers who are already responsible for providing care, and communicate this information to ensure all involved providers have a full picture of the care plan) and the roles of the different care providers. The Seamless Perinatal Healthcare Initiative is not about providing new services, it is about coordinating such that patients are connected to appropriate services and that information is communicated to all relevant care providers in order to ensure they are all kept in the loop.

Some key outcomes from the project included:

- development of relationships between care providers who did not previously have those relationships, which resulted in care providers gaining an understanding of, and appreciation for, the work done by the other disciplines and a more holistic view of the client
- staff reported better communication between acute and community providers and a better understanding of one another's roles, leading them to be able to work together as one team to complement one another's work rather than duplicating services
- having information in advance allows for more efficient service provision (e.g., booking a Public Health breastfeeding clinic appointment before the client even leaves the hospital; hospital nurses knowing in advance that a client is seeing Reproductive Mental Health or is willing to talk to a social worker when they deliver)
- prenatal identification of vulnerabilities can reduce variability of workload, as work can be done in advance, rather than scrambling to put resources in place when a vulnerability is discovered after a client has been delivered

Ultimately, these outcomes lead to the provision of more seamless care for vulnerable clients.

In terms of patient outcomes, very soon into the prototype, the Seamless team started picking up patients who would have fallen through the cracks without the Seamless team being in place. For example, mothers who had a normal birth and were discharged with no issues, but then were readmitted to hospital. Prior to the Seamless prototype, Public Health would not have been notified that mothers such as these were readmitted and thus would not know when they returned home or know about what issues they faced that resulted in readmission.

Some stories from the Seamless team:

A patient who had received no prenatal care was identified by the Seamless team. When speaking with the Seamless PHN at the hospital, she revealed her inability to keep her baby, as the PHN had discussed with her what resources she had ready for her return home. She had not previously revealed this to any other care providers, but was now able to discuss options and resources with her care team.

A patient who delivered her baby at Peace Arch Hospital was transferred to RCH due to cardiac issues and experienced cardiac arrest during the transfer. The mother was taken to the ICU and the baby went to the Pediatric unit. Despite neither mother nor baby setting foot in the maternity unit, Seamless team was alerted and all of the information about the mother and baby's stay at RCH was provided to PH in White Rock upon their return home to their community. Prior to Seamless, White Rock PH would have received only a liaison form that said "mom and baby transferred to RCH".

A couple whose unborn baby was identified as having a anencephaly (lacking significant portions of the brain) , and thus would not be able to survive after birth, was referred to the Seamless Team. The couple had thought that they would not be eligible to receive any postpartum support because they would not be going home with a baby. Together with all the care providers who would be involved in their care, the couple was able to make a care plan, including being on the Pediatrics ward (instead of on the maternity ward surrounding by well babies) and including postpartum support for the mother. All care providers has a copy of the plan and were able to make this situation less traumatic than it might otherwise have been.

A patient reported intimate partner violence to their obstetrician, who called the Seamless team at the hospital and was able to speak with the Seamless PHN who was there that day to explore ways to support the patient. Prior to Seamless, the obstetrician would not have known how to get this type of support.

As with any complex initiative, there were a number of challenges faced during the prototype, including challenges with engagement, logistics, communications, timelines, and balance.

- Having broad inclusion of stakeholders on the various committees and groups, while important to the success of the project, resulted in logistical challenges (e.g., to coordinate meetings, orient new members). This was complicated by high turnover in leadership during the prototype. Moreover, engaging physicians in the planning was complex. Strong project management helped to deal with these challenges.
- The cross-disciplinary nature of the project presented challenges related to different disciplines having different foci (e.g., acute care staff and primary care providers tend to focus on a medical model, Public Health staff focus on a population health lens), cultures, language, and systems. As well, each group uses different records and where IT systems exist, they are not compatible with each other. Working together face-to-face allowed teams to learn about each other's ways of working and to develop a shared culture and language.
- The nature of the prototype project, where a high-level model was created and then testing and refinement occurred on the front-line, was challenging for a number of reasons. Prototyping is a very different way of working than most people are used to, involving change, uncertainty, and complexity, which can be uncomfortable, especially when one is not used to it. It was difficult, especially in the beginning, to understand exactly what Seamless Perinatal was going to look like on the ground, which made it difficult for those involved to explain it to others. Some of the key messages about Seamless Perinatal did not crystallize until the model became more concrete through the prototyping process. As well, there is a need to balance the quick changes inherent to a prototype, as elements are tested and tweaked, with (a) not overwhelming and confusing participants with too many changes and (b) clear communication of the changes. As well, systems within the health authority are much slower than a prototype (e.g., the turnaround time for a privacy impact assessment is so long that by the time it is reviewed and approved, the prototype has changed so much as to need an amendment).

Recommendations

- Be inclusive of all the relevant disciplines in working groups, advisory committees, and prototyping teams and ensure you have strong project management to handle the associated challenges. Working together is beneficial because it:
 - requires each discipline to be able to articulate its role to the other disciplines and role clarity is key to the process running smoothly
 - allows disciplines to see where their roles overlap, compliment, or conflict with one another, which can help reduce both duplication of efforts and reduce gaps in care
 - allows staff from the different disciplines to build relationships, which improves communication and ability to coordinate care
 - discover their common purpose of improving the experience and outcomes for the mother and her baby
- Collectively, this helps break down the silos, as staff start to see that they are working together for a common purpose and start to think about the patient and their journey more holistically.
- Work upstream wherever possible. Earlier identification of vulnerabilities can help reduce variability in workload and make the experience less stressful for staff and clients alike.