

Maternal/Fetal and Neonatal: Tiers of Services

Questions and Answers

1. What is the purpose of the Tiers of Services modules?

Tiers of Services frameworks provide a common language and methodology for defining and planning all clinical services, including maternal/fetal and neonatal services, in B.C. Tiers of Services content focuses on defining what **planned services** are required across the network to provide a safe, reasonable and sustainable system. Each tier has its own minimum set of responsibilities and requirements.

The new draft Maternal/Fetal and Neonatal Tiers of Services frameworks were informed by work done in other jurisdictions, mostly notably Queensland, New South Wales and the United Kingdom. B.C. data were used where it was available, as were relevant B.C. and Canadian and international standards and guidelines (e.g., Ontario Provincial Council for Maternal Child Health – Levels of Care; Accreditation Canada standards, Society of Obstetricians and Gynecologists of Canada, Canadian Pediatric Society, Royal College of Physicians and Surgeons [UK], American Academy of Pediatrics, American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, and National Health Service [UK]).

2. How do the Tiers of Services modules fit into the Maternity Services Strategy?

Perinatal Services BC developed the Tiers of Services module in 2016 with input from professionals and other partners across the province. We have revised this module and drafted two distinct modules for input and review: one for Maternal/Fetal services and one for Neonatal services. In parallel, there is work to identify the vulnerabilities that each of the health authorities are facing related to service delivery.

To meet the Maternity Services Strategy deadline to assess the current state, the revised Tiers of Services module development, self-assessment, and reporting will be completed by March 31, 2020.

3. What is the Maternity Services Strategy?

The Ministry of Health and PHSA are developing a Maternity Services Strategy to support high-quality accessible maternity services across the province. PHSA's current service plan includes leading an immediate review and action planning project. Low-risk maternity care is one of the comprehensive primary care services to be provided in the primary care networks, within the context of a provincial strategy and planning framework.

The strategy will enable province-wide maternity services where

- every woman and family has access to predictable, high-quality, person-centred and culturally-safe maternity care as close to home as possible
- providers are supported to work to their full scope of practice and in interprofessional, collaborative teams
- the system is considered holistically and planned to match services to the needs of the population

The Maternity Services Strategy will be developed by March 31, 2020. It includes a current state assessment, action plan, service delivery model and a three-year roadmap with an evaluation plan.

4. How are Tiers of Services different from Patient Classification tools?

Patient Classification Levels/Acuity Tools (e.g., Emergency CTAS guidelines, Maternal/Neonatal Daily Classification Tools, etc.) help to classify patients according to the **individual patient needs** and facilitate communication and planning of care. Patient Classification Levels/Acuity Tools highlight what the clinical needs of the patient are at a particular point in time.

The Maternal/Fetal and Neonatal Tiers of Services provide a guide to the responsibilities and requirements to provide a safe, sustainable and appropriate **level of service from a systems perspective**. Facilities must be capable of meeting, **at a minimum**, all criteria described for their relevant tier on a **planned** basis.

5. What changed from the previous PSBC Perinatal Tiers of Services module to the new draft versions?

The previous version of the [PSBC Perinatal Tiers of Services module \(2016\)](#) encompassed both system and operational planning criteria. The revised versions focus solely on the system planning criteria. Operational planning criteria will be explored at a later date. For now, the work of identifying what tiers are within the system will help in the assessment of current maternal/fetal and neonatal services, two of the key priorities in the Maternity Services Strategy.

In the revised versions, we have introduced a tier which encompasses a wide range of antenatal and postnatal services in the community which were not acknowledged in the previous module. In addition, the previous module had seven tiers. Our current PHSA Tiers of Services approach has six tiers and the new drafts have been revised to align with other service modules. We did this by focusing on the system requirements (e.g., separately staffed nursing, OR requirements, onsite MFM, etc.) and by accommodating diversity within each tier through volume requirements.

6. What is the scope of the Maternal/Fetal and Neonatal Tiers of Services modules?

These modules focus on services provided to pregnant women or individuals, their fetus(es), and neonates in:

- Health Authority funded acute care hospitals; and
- Midwifery and physician supported home births; and
- Community-based antenatal and postnatal services.

While some primary care and community care services are identified in the module to acknowledge the continuum of services, it is recognized that the scope of activities required to support pregnant women or individuals, their fetus(es), and neonates goes far beyond what is in these modules. Further discussion of the needs, subsequent planning and action is strongly supported.

7. What happens if my facility can provide more than what is written in the Tiers of Services modules?

The Maternal/Fetal and Neonatal Tiers of Services provide a guide to the responsibilities and requirements to provide a safe, sustainable and appropriate level of service. Facilities must be capable of meeting, **at a minimum**, all criteria described for their relevant tier on a planned basis. Facilities may have the clinical expertise, support services and equipment to provide some (but not all) planned activity(ies) described as being within the service scope of a higher tier. Undertaking such activities which are normally performed at higher tier sites should only be considered where the facility is able to undertake the activity(ies) consistently (not occasionally) and the enhanced role is consistent with the maternal/fetal and/or newborn service plan within the health authority.

8. I work in a rural and remote facility. I don't want to transfer my patient unnecessarily if my facility can support me. What do I do?

Clinicians in rural and remote facilities need to balance local service capability against the impact on the pregnant woman or individual, newborn, and family when transferring to a higher tier of service. A pregnant woman or individual may be unable or unwilling to access care in the recommended location for a variety of reasons including the impact of travel (e.g., logistics and cost) and isolation from family and support structures. Clinicians are encouraged to acknowledge and respect a pregnant woman or individual's autonomy and right to be informed of the risks and benefits according to their personal needs and values. A pregnant woman or individual should be supported to make informed decisions and be provided with balanced information on services available.

On an **as needed basis**, facilities may occasionally provide care outside the service scope for their planned tier of service. To ensure clinical safety and quality of care in such instances:

- Advice and support should be sought from higher tier of service within the PSBC and Health Authority network for the pregnant woman or individual and/or newborn’s clinical management team-based plan.
- Local consultation should occur with other clinicians regarding proposed procedure and impact on related services within the facility.
- Detailed discussions should occur with the pregnant woman or individual regarding potential risks with the aim of assisting the patient to make an informed choice regarding decisions for care. This discussion should be documented in the pregnant woman or individual’s medical record.
- Higher tiered Maternal/Fetal and/or Neonatal service facilities are expected to support rural and remote facilities by providing clinical advice, assisting with the development of clinical guidelines, making training and educational opportunities available, participating in collaborative care arrangements, providing clinical services such as outreach clinics (face-to-face or virtual) and/or participating in clinical review meetings.