

### Aim statement

All babies born in the MDHB region have their WCTO care transferred from Midwife to WCTO nurse. Measured by an increase in the percentage of clinical referrals received by providers before they undertake their first whanau visit (core check), from the current level of 49% to 90% by February 2020.

**Problem Statement: In MidCentral DHB Between 50%-60% of Well Child / Tamariki Ora clients are seen by a nurse without the nurse receiving important information about the whanau birth history and social situation.**

Tools used to diagnose the problem: 5 Whys, & Process Mapping

Timeframe	LMC / Midwife	Whanau	Maternity Ward Clerk	New Born Enrollment Coordinator	WCTO Provider
LMC provides care and support for family	Discuss WCTO service with whanau <i>Improvement opportunity</i>	Choose Preferred provider			<b>Process Map</b>
Birth of Baby		Complete NBE form after baby born, and hand in to birth center administration team	Send form to NBE coordinator	Receive NBE form and Process information	
0-7days after birth				Alert WCTO provider about New Client	Receive NBE alert, begin client enrolment, await clinical referral
0-4 weeks after birth	Construct and send WCTO Clinical referral				Receive Clinical referral and contact whanau to arrange first visit.
By 6 weeks after birth	Receive receipt of referral from WCTO Provider. Communicate any changes to WCTO and Document successful Transfer of Care				Send acknowledgement of referral to Midwife
From 6 weeks after birth		Visited by Well Child Provider			Conduct first visit with whanau.

### The 5 Whys

WCTO does not receive the relevant clinical referral from the Midwife / Lead Maternity Care

Why? Midwives do not send the referral due to time challenges or misinformation regarding what should be sent

Why? The information is sent by fax and is not received by the intended recipient

Why? The Newborn enrollment form alerts the provider of a new clients so the midwife assumes they do not need to send clinical information

Why? Not sent, not received, lost, no record of the communication pathway.

Why? Midwife does not receive any feedback from WCTO providers about the need for clinical referral

Why? Midwives use faxes because they believe they are more secure than email

Why? WCTO providers and Midwives do not work collaboratively

Why? Midwives want to protect clients privacy as per the NZ privacy laws

Why There is minimal interaction between Midwife and WCTO nurse, and few opportunities to develop relationship and trust.

What **process mapping** (above) revealed? We could see that whanau were left out of the communication process and were not well informed of what is happening or when they would be seen by a well child provider. We identified points where the process was faulty, or poorly understood. Asking **5 Whys** (right) highlighted that the use of faxes was problematic yet professionals were not confident to change to email. **5 Whys** also identified that there was a lack of trusting relationship between midwives and well child providers and this impeded the interaction needed to problem solve. **Consumer input** (below) revealed that whanau were being ask to make a decision about choosing a well child provider without being given enough information during their pregnancy to be able to make an informed choice. They reported being discharged by the midwife but unsure of next step in the process

**Consumer Voice** "Good to me would be that my notes would be passed over [from] my midwife to my well child provider so that I know I am being looked after and cared for." "Before you get to the point of making the decision you don't even get the information to make a decision [about choosing a Well Child Tamariki Ora Provider]"

Project Team: Sponsor, Improvement Advisor, Independent LMCs x 2, WCTO Provider Managers x 2 WCTO Nurse, New-born enrolment coordinator, Consumer Liaison Kaimahi.

### Theory for improvement:

After diagnosing and analysing the problem our project team were able to identify four primary drivers to shape our theory for improvement. We then developed change ideas related to these drivers

### Primary Drivers

Effective New-Born Enrollment System

Responsive Bi-directional Communication

Well Informed Whānau

Trust Between Health Professionals

### Current change ideas we are testing

Midwives sending clinical referrals via email rather than using faxes. **Driver: Responsive Bi-directional Communication**  
WCTO providers emailing a reply receipt to confirm they have received the referral. **Driver: Responsive Bi-directional Communication**  
If no clinical referral is received WCTO Nurses text LMC / midwife to request clinical referral  
**Driver: Trust Between Health Professionals**



### Next change ideas to be tested

Midwives sharing information about WCTO providers with whanau at 28 weeks gestation. **Driver: Better Informed Whānau.**  
Verbal phone handovers for complex cases. **Driver: Responsive Bi-directional Communication and Trust between Health Professionals**  
Sharing Contact Phone Numbers between Midwives and WCTO Nurses **Responsive Bi-directional Communication**

MidCentral DHB has a population of approximately 178 Thousand people, 50 community midwives (LMCs) and 5 different WCTO providers. On average 2000 babies are born every year.