
We're all MATES here: how technology is supporting rural antenatal at-risk women

Initiative Type

Model of Care

Status

Close

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Summary

The Maternity and Antenatal Telehealth Service of Central Queensland (CQ) are unique in their adoption of digital pathways connecting antenatal high-risk women in rural and remote areas of the

district to the hub site Rockhampton. The three phases of this project included the development and implementation of antenatal telehealth services, high risk antenatal telehealth clinics and CTG co-signing by telehealth.

Key dates

Feb 2018

Dec 2019

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Aim

The aim of the Central Queensland Obstetrics, Gynaecology and Maternal Network MATES project remained to provide equitable and accessible care for antenatal women throughout Central Queensland.

Benefits

The MATES project has ensured midwives of Rockhampton have delivered telehealth service events throughout the health service providing 63 in 2017/18 and 114 in 2018/19. Obstetricians have delivered complex management of pregnancy by telehealth service events with 39 in 2017/18 and 57 in 2018/19. Non-complex events provided through telehealth were 52 in 2017/18 and 80 in 2018/19. TEMSU CTG virtual co-signing by videoconference occurred five times in 2018/19.

Background

The reason for starting this initiative was to address the large 'Fail To Attend (FTA)' rates to antenatal clinic. The highest FTA was within the high risk antenatal clinics, which is the cohort of patients needing to deliver at the hub site of Central Queensland due to the complexity of their birth, medical requirements or their babies requirements at birth. This project enabled reduction in FTA's, clear communication to recipient site clinicians and women, and an agreed safe delivery plan that suits everyone. The Cardiotocography (CTG) co-sign by telehealth was commenced to reduce fatigue levels of Midwives in spoke sites, by utilising staff in hub site who are already on shift through live viewing of CTG by V/C.

Solutions Implemented

The outcomes of the project include:

- The project has provided the CQ Obstetric, Gynaecology and Maternal network a clear pathway for complex antenatal women.
- Antenatal women of Emerald, Theodore and Biloela are involved in antenatal telehealth clinics.
- Policy driven model providing care closer to home.
- Two signatures on CTG from trained staff at any location.
- Aimed to and achieved increase patient engagement.
- Reduced complex births at spoke sites.
- Reduced fail to attend clinic rates from 10% to 2.82%.

Evaluation and Results

- The project was evaluated through patient and staff surveys, telehealth seed funding evaluation report, presented at state-wide TEMSU meeting and presented to CQHHS executive for feedback.
- Through evaluation of the project we found there was; Improved management of women with

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- complex pregnancies throughout CQ;
 - Open lines of communication between sites;
 - Multi-disciplinary and team approach reduced fatigue levels of rural midwives;
 - Empowers staff through linkage of services;
 - Innovative thinking;
 - Financial and Environmental impacts reduced, 6000 kilometres of travel saved; and Utilised existing resources/staffing.

Lessons Learnt

- Women of Central Queensland want to be involved in the discussion around their birthing date, the lead up to care provision at another site and the rationale behind why they need to deliver at another site and not locally. Reduce the doctor to doctor conversations and include the women in all of the steps.
- We have also learnt that checking a CTG by videoconference, utilising a conduit like TEMSU is actually really easy and supports midwives locally to seek assistance or support immediately.
- We also learnt that providing care closer to home supports women in their choices. It supports best practice. Also follows statewide and HHS wide foetal monitoring policy.
- Midwives were reluctant at first to review CTG's by videoconference, however once a very strict and robust process and documentation was implemented staff were very happy to participate.
- Women and their families were able to express their wishes, challenges and misconceptions of care provision very clearly when given the platform.

References

- CQHHS Antenatal CTG monitoring policy.
- CQHHS Interpreting, reporting and documenting policy.
- Maternity and Neonatal Clinical Guideline - Intrapartum fetal surveillance (IFS), 2019.