



The Continuity of Care Feasibility Pilot Program

Presented by Maternal and
Child Health Nurses Briody
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CITY OF MELBOURNE



AIM

To evaluate the feasibility and acceptability of implementing a Continuity of Care Model in Universal Maternal and Child Health services that is flexible and responsive to each family's needs.

The Continuity of Care Pilot Program was conducted over a 12-month period commencing January 9th, 2023.



DEFINITIONS

- Continuity of Care (COC) refers to a coherent and consistent approach to care during the transition to parenthood.
- Relational Continuity of Care is a continuing therapeutic relationship between care provider and client over time, and it bridges past to current care, and links to future care. (Haggerty et al., 2003).

BENEFITS OF CONTINUITY OF CARE

- Improved communication, trust between client and care giver
- Most valued model in primary and mental health care (Haggerty et al.,2003)
- Care providers have sufficient knowledge about a family to best apply their professional competence.
- All types of Continuity of Care and Carer, contribute to better quality of care.



DEMOGRAPHICS



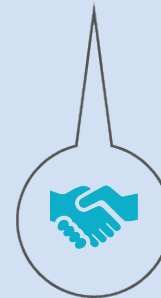
Southbank is an inner CBD suburb in a major capital city, Melbourne.



It is the most densely populated area in Melbourne, with large clusters of residential apartment towers forming vertical communities.



On average, 230 Births per year are received for this catchment; with 70% being first time parents.



Great cultural diversity – only 45% of resident's primary language at home is English.

MCH SERVICE IMPROVEMENT PLAN

- Relational Continuity of Care has been identified as an area for Service Improvement (Clarke et al., 2016)
- When Continuity of Care does not occur; parents report a lack of consistent advice, non-individualised and fragmented care (D'Haenens et al., 2020)
- The City of Melbourne Annual Survey received feedback from families that they had often seen 4-6 different nurses for their MCH care.
- Disengagement increased during the pandemic due to fragmented service delivery and fractured relational connection to their MCHN and community.



RESEARCH

- Associated research for Continuity of Care in MCH Nursing is limited; and related fields have focused on pregnancy, childbirth and the early post-partum period.
- Women have significantly better general health at 4-6 weeks post-partum when they experience Continuity of Care (Forster et al., 2016)



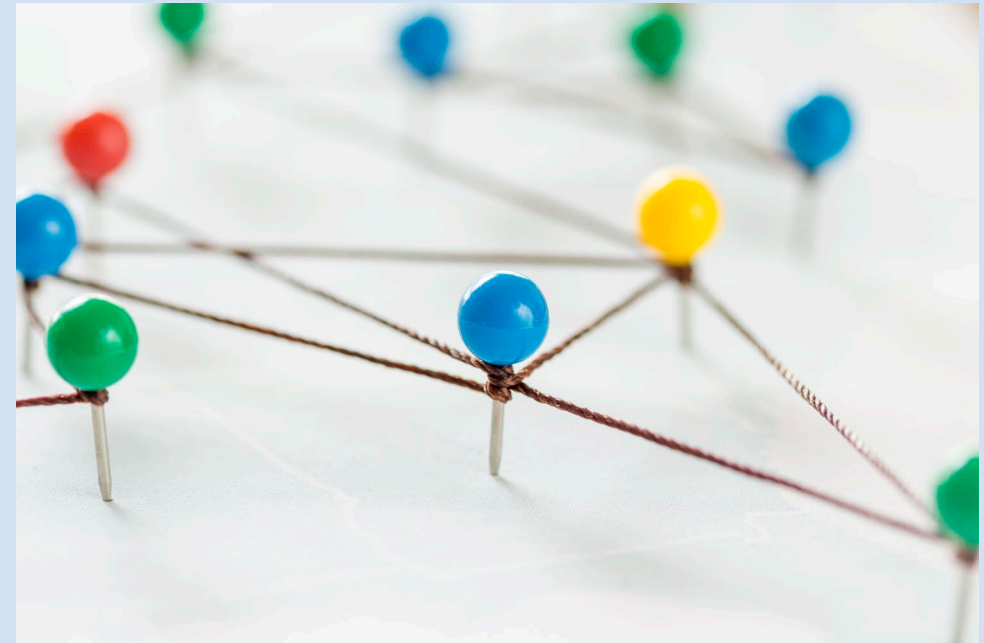
RESEARCH



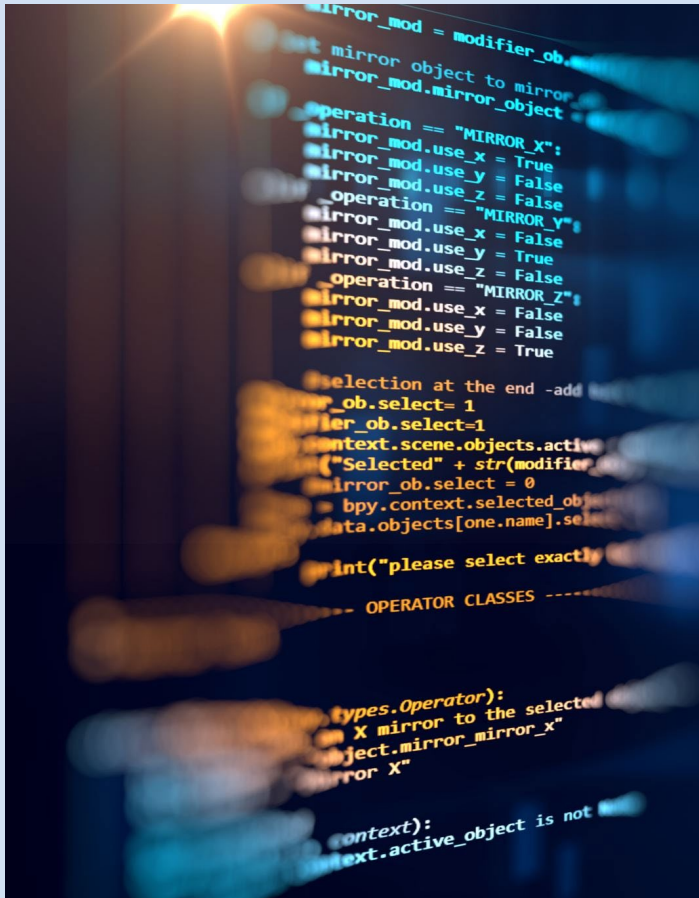
- Many hospitals have introduced *Case Load Midwifery* where women were three times more satisfied with their care (Forster et al., 2016)
- In Case Load, women are cared for by a Primary Midwife throughout pregnancy, birth and the early post-partum period.
- Primary Nurse Continuity of Care provides clients with a sense of predictability, connection and coherence (Haggerty et al., 2003).
- Improved outcomes for breast feeding, maternal and child health, and family well-being.

- This Pilot Program was designed on a Case Load Model, with a primary Maternal and Child Health Nurse allocated to each newborn.
- Continuity of Care existed for the first 7 key ages and stages consultations between birth and 12 months of age.
- 238 new births were allocated to the Pilot.
- The Model was explained to the family at the first home visit by their primary nurse. Each family clearly understood from the beginning who their nurse was and how to contact them.
- Work mobile phone numbers or email contact were given as per the nurses' preference.

METHODOLOGY



METHODOLOGY



- Flexible ongoing visits were arranged by the primary MCHN to ensure all appointments were allocated to their case load and diary.
- On occasions where the primary nurse was on annual leave etc, visits were structured just prior to or after leave if appropriate.
- Diary and case load management was managed solely by the MCH nurses. Admin support allocated the first HV into the diary template and contacted the family to confirm the first HV. The 2, 4, 8-week KAS appointment was made by the primary MCHN in their diary. All ongoing follow up appointments were made thereafter at subsequent visits by the primary MCHN; with the program operating most effectively when there was minimal external interference, allowing for clearer communication and more streamlined decision-making.
- The New Parents group was facilitated by the centre's nurses on a rotational basis, resulting in increased engagement, as families were already familiar with the MCH centre staff.

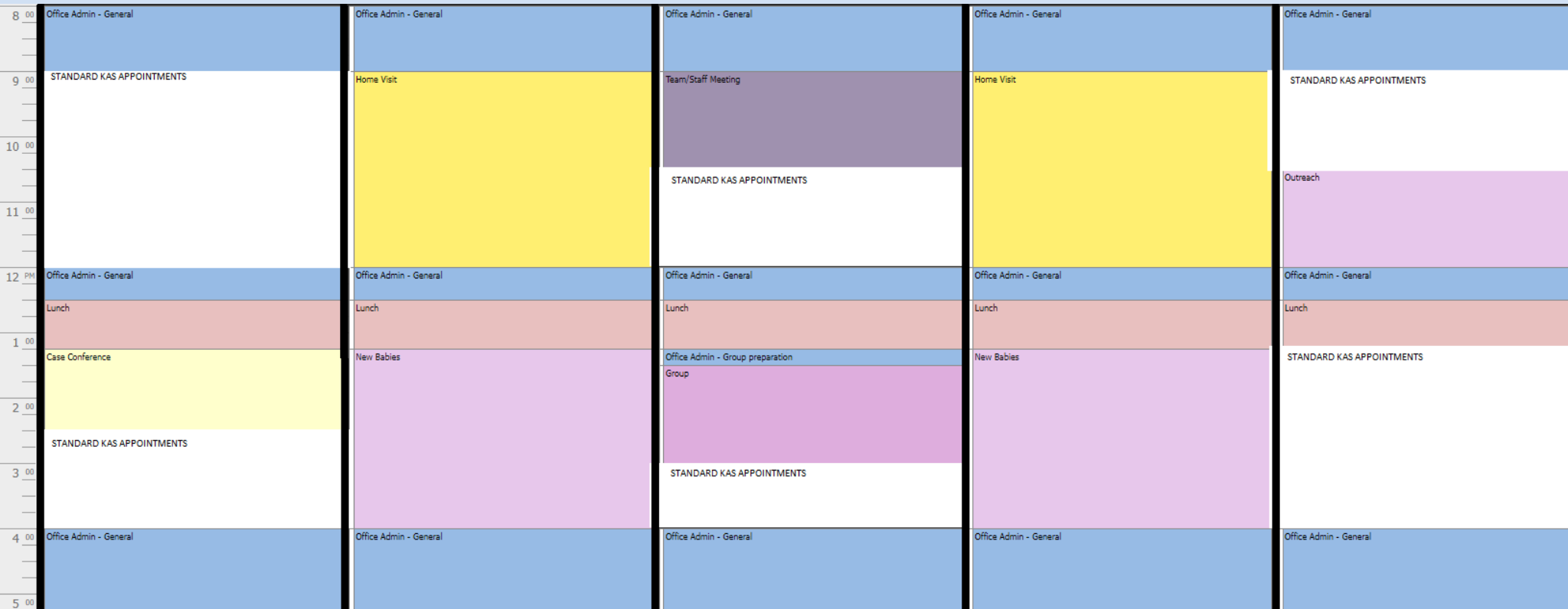
KAS ALLOCATED TIME BREAKDOWN

The City of Melbourne offers 45-minute appointments in the universal MCH service for all centre KAS visits following the first home visit.

APPOINTMENT TYPE	DURATION
<i>HOME VISIT</i>	1 HOUR + 30 MIN TRAVEL TIME
<i>2 WEEK</i>	45 MIN (IF IN-CENTRE) OR, 1 HOUR + 30 MIN TRAVEL TIME (IF CULTURAL CONFINEMENT HOME VISIT)
<i>4 WEEK</i>	45 MIN
<i>8 WEEK</i>	45 MIN
<i>4 MONTH</i>	45 MIN
<i>8 MONTH</i>	45 MIN
<i>12 MONTH</i>	45 MIN
<i>18 MONTH</i>	45 MIN
<i>2 YEAR</i>	45 MIN
<i>3.5 YEAR</i>	45 MIN
<i>INTERPRETER REQUIRED</i>	ADD AN EXTRA 15MIN TO THE APPOINTMENT
<i>NEW ENROLMENT</i>	1 HOUR

WHAT DO THE CDIS DIARY TEMPLATES LOOK LIKE?

FULL TIME DIARY BASED ON A 9 DAY FORTNIGHT



✓ 4 X HV BLOCKS
(90 MIN EACH)

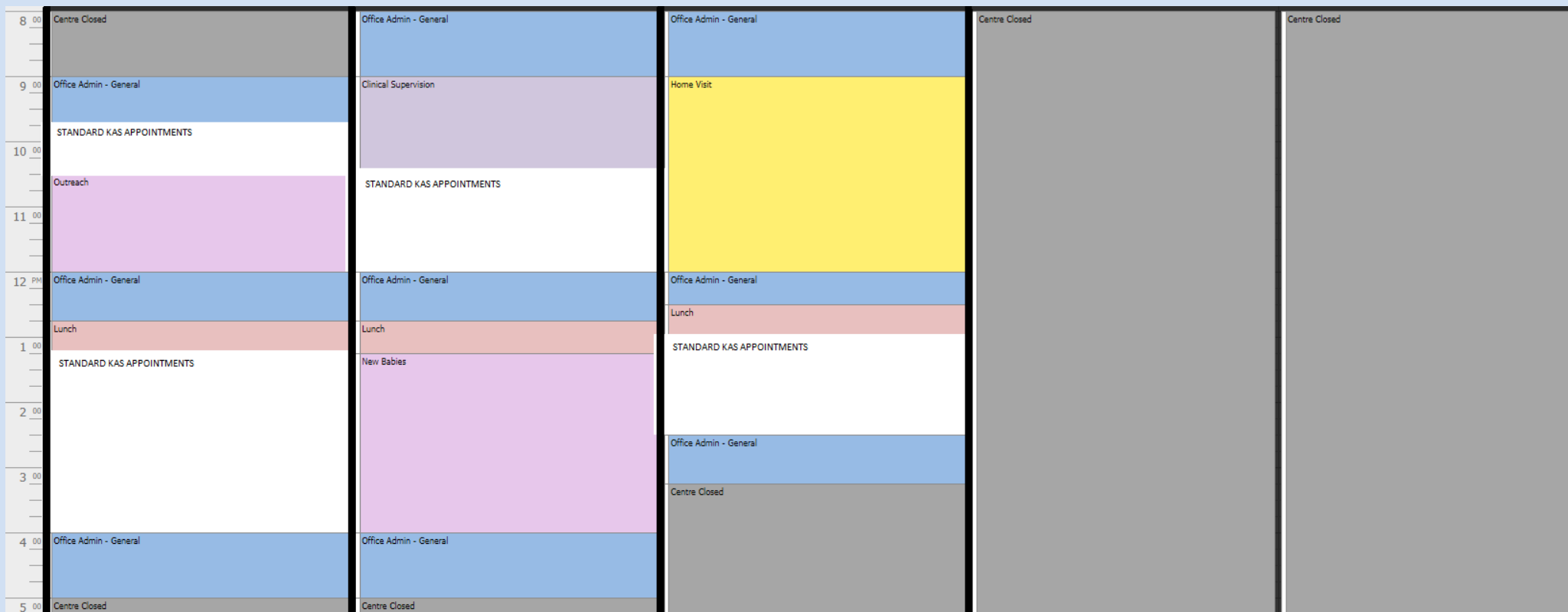
✓ 8 X NEW BABY
SPOTS
(45 MIN EACH)

✓ 1 X OUTREACH
SPOT
(90 MIN)

WHITE SPOTS REPRESENT STANDARD 45 MIN KAS APPOINTMENTS AND/OR 30 MIN
ADDITIONAL / PARTICULAR NEEDS APPOINTMENTS.

WHAT DO THE CDIS DIARY TEMPLATES LOOK LIKE?

PART TIME DIARY



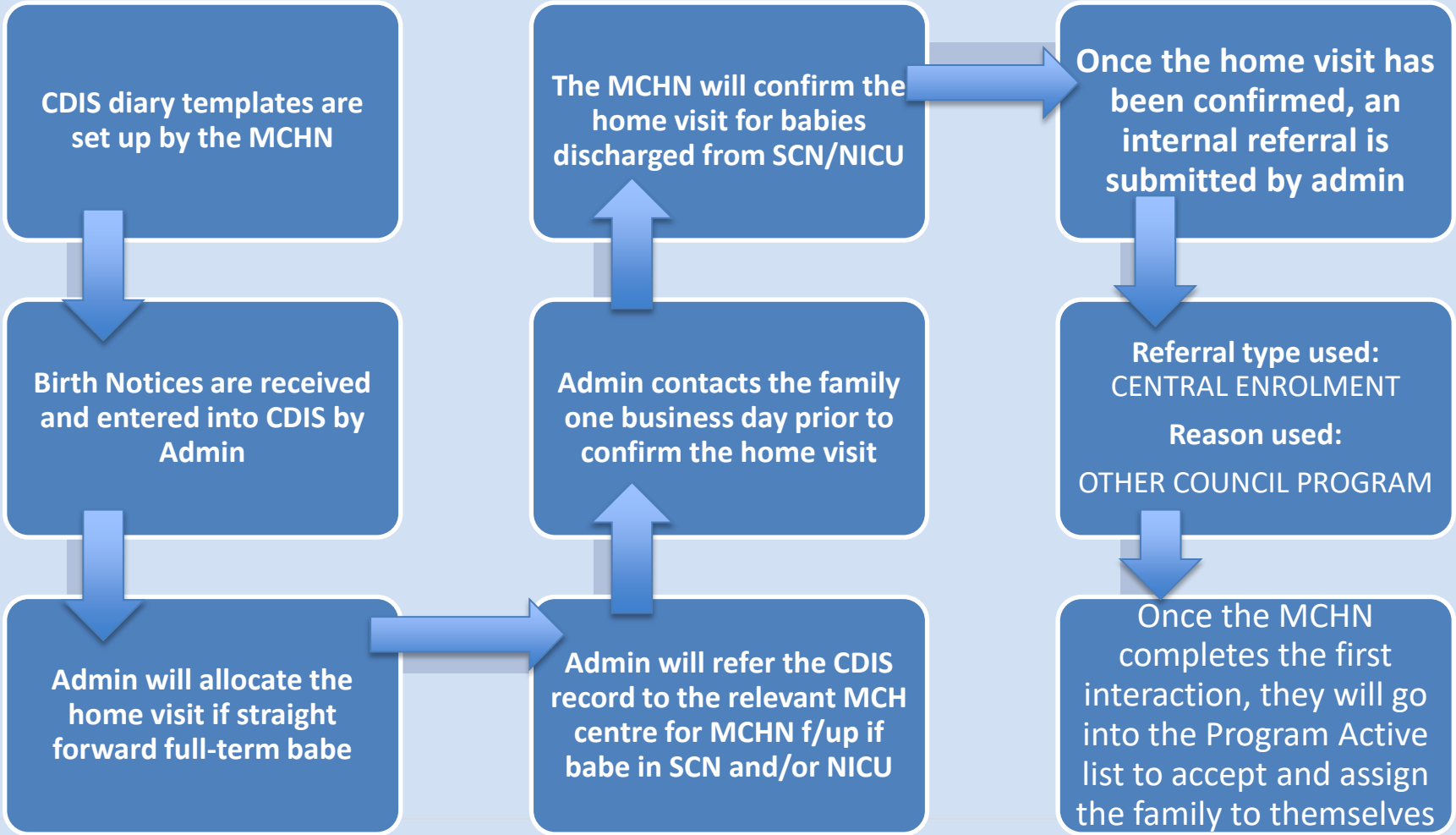
✓ 2 X HV BLOCKS
(90 MIN EACH)

✓ 4 X NEW BABY
SPOTS
(45 MIN EACH)

✓ 1 X OUTREACH
SPOT
(90 MIN)

WHITE SPOTS REPRESENT STANDARD 45 MIN KAS APPOINTMENTS AND/OR 30 MIN
ADDITIONAL / PARTICULAR NEEDS APPOINTMENTS.

CDIS ADMIN



Internal Referral

Referring into Program
 Program* Central Enrolment

Referral Reason(s)
 Reason* Other council program

Referral information
 ADDED TO NPG WAITLIST AND REFERRAL SUBMITTED FOR CENTRAL ENROLMENT (CONTINUITY OF CARE); the follow ups are to be scheduled by Boyd MCH.

Additional comments

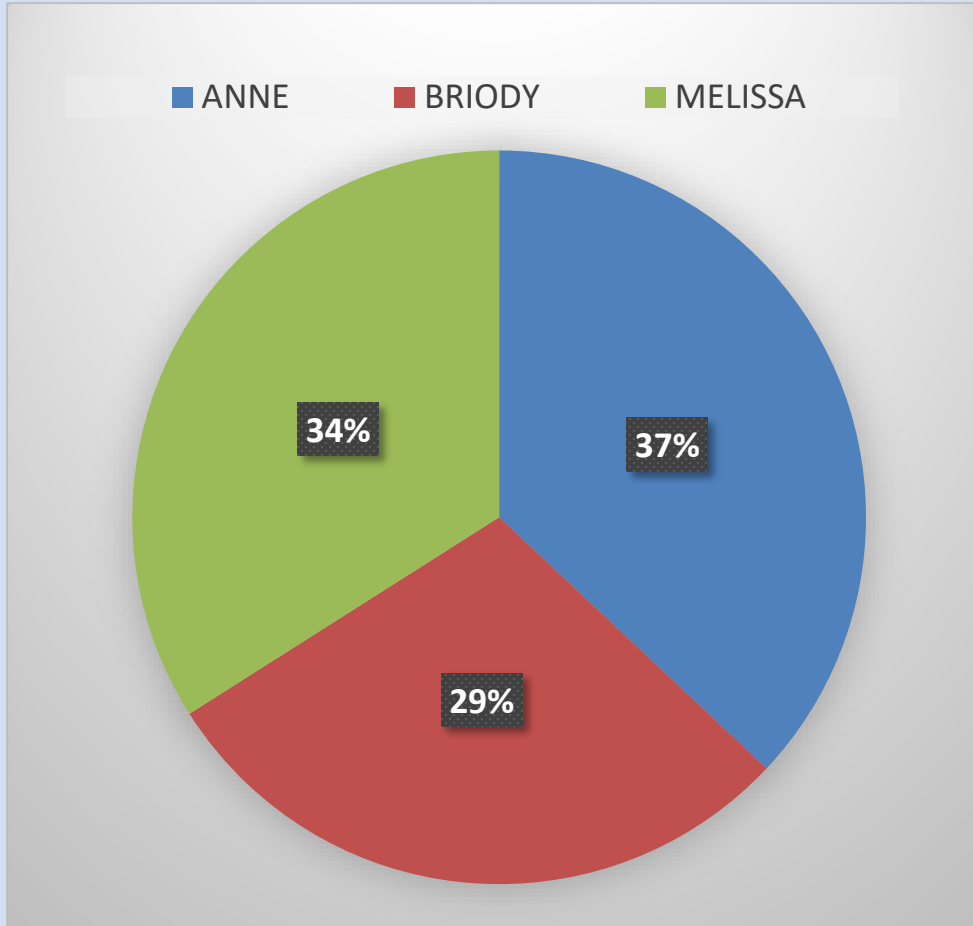
Other agencies/professionals involved

MCH Service
 Based on the clients address this referral will be sent to
 Melbourne City Council
 Carlton Baths
 248 Rathdowne Street
 CARLTON 3053

Consent to referral
 Does the child's legal guardian or the client consent to this referral?* Yes No

Save and continue later Save Cancel referral

WORKLOAD EQUITY WITH CONTINUITY OF CARE



**NURSE ONE:
ANNE**

- * Full time
- * Allocated 120 birth notices per annum.
- * Equates to 10 new families per month
- * Or 5 home visits a fortnight.

**NURSE TWO:
MELISSA**

- * Part time 0.8 = 4 days/wk
- * Allocated 96 birth families per annum.
- * Equates to 4 home visits a fortnight.

**NURSE THREE:
BRIODY**

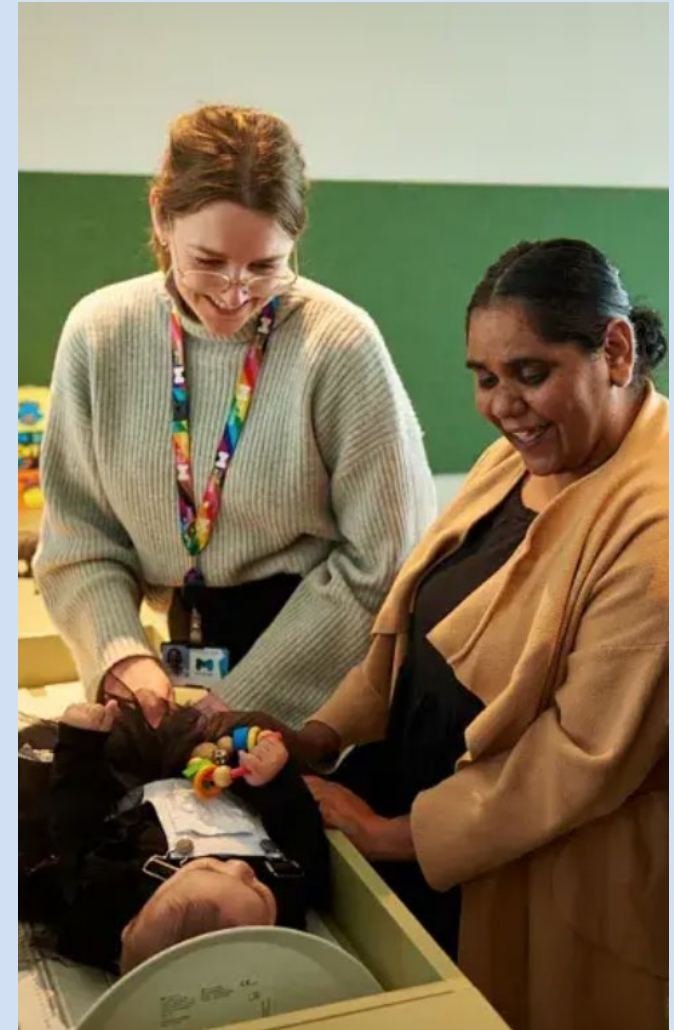
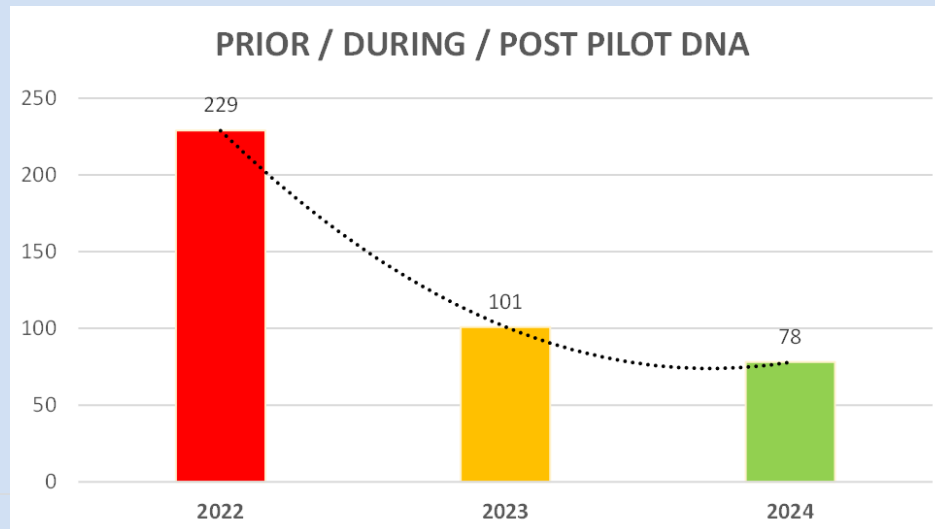
- * Part time 0.6 = 3 days/wk
- * Allocated 72 birth notices per annum.
- * Equates to 3 home visits a fortnight.

DATA COLLECTION

- Maternal and Child Health Nurses completed survey questions pre and post pilot, on their perspectives of the Continuity of Care Model.
- Questions included challenges and enablers, impacts and benefits to clients, MCH Nurses and the client-nurse relationship.
- Reflective practise journalling to identify continuous improvements.
- Post pilot survey to families to receive feedback on their service experience.
- Quantitative analysis of routine collected data with specific focus on primary nurse care for attended Key Ages and Stages consultations.

OUTCOMES

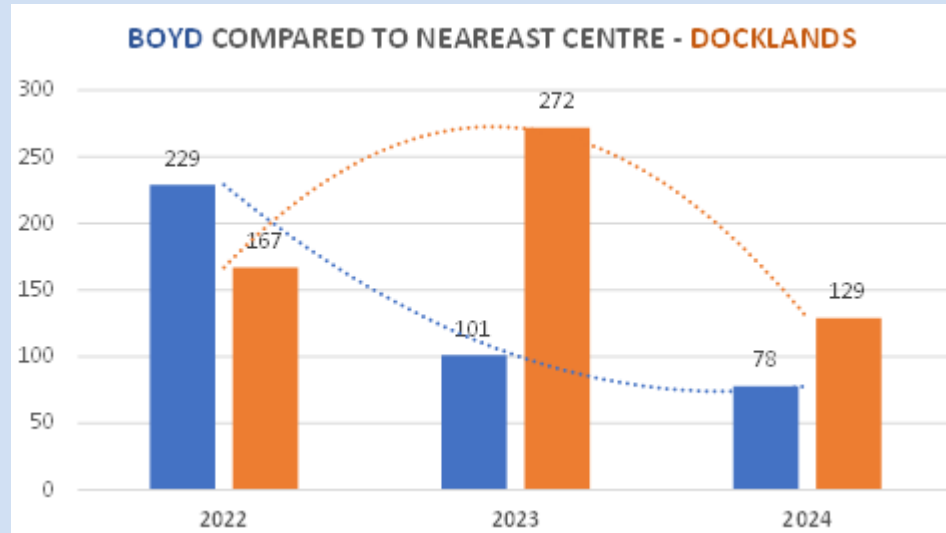
- 95.2 % of Families received all or almost all (bar one) Key Ages and Stages consultations from their primary MCH Nurse.
- A total of 1448, 0 -12 months key ages and stages consultations was completed during this pilot.
- There was a notable decrease in appointment cancellations and missed visits.



OUTCOMES



- DNA comparison between neighbouring MCH centre:



- An increased presence of father's attendance at Key Ages and Stages consultations.
- Increased attendance at New Parents Group.
- Flexible breast-feeding outreach as a primary nurse Lactation Consultant supported the team.

Survey Results: Parents Perception of COC Experience

100 % Positive feedback from parents, feedback included:

“I think it's a great support service and allows you to track your baby's development in a safe nurturing environment”

“ My primary Nurse always remembered everything about our boy and my husband which was comforting. We didn't feel like a number as such.”

“ This continuity of care model was a totally different/positive experience this time for my second child.”

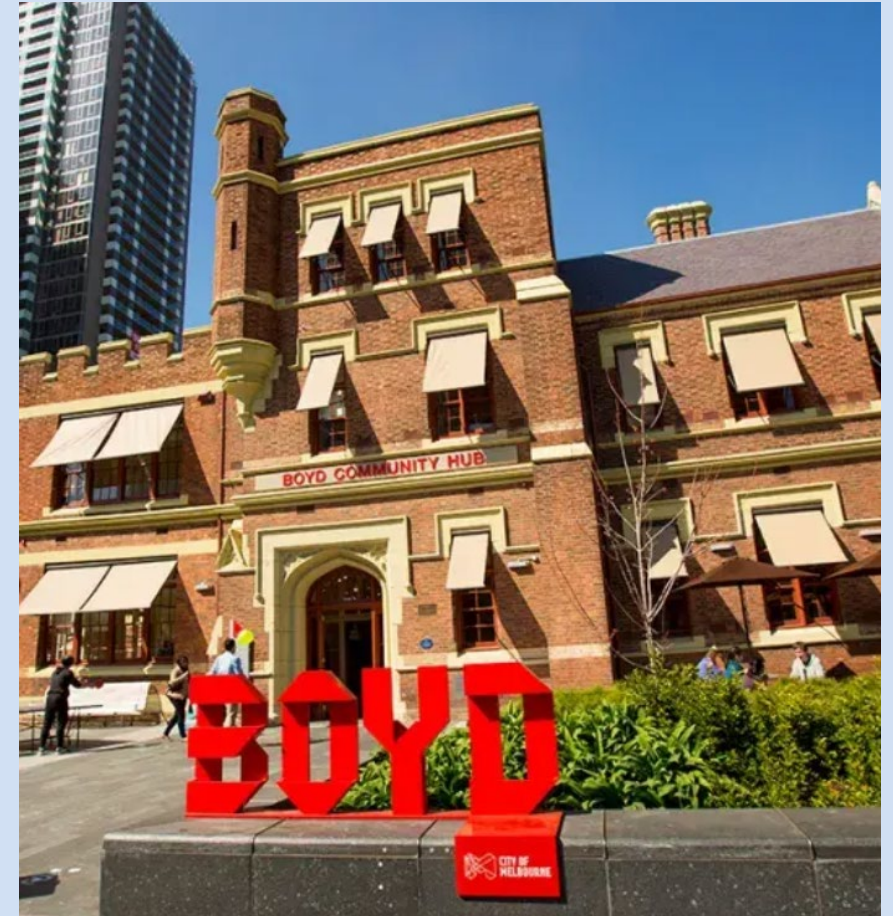
SURVEY COMMENTS FROM CENTRE NOT INVOLVED IN THE CONTINUITY OF CARE PILOT



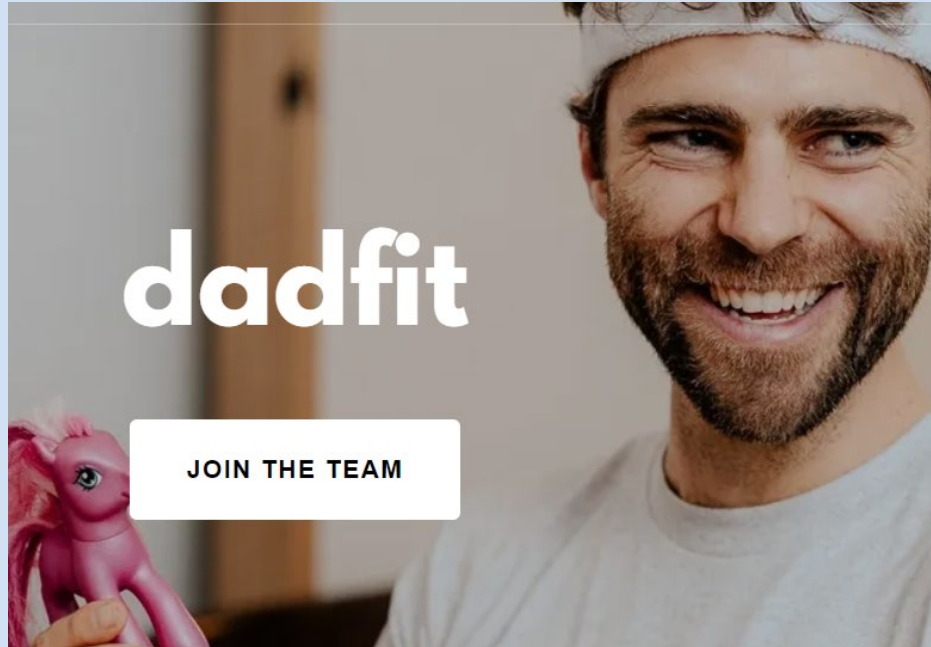
“Continuity of care - I cannot stress this enough. It was very sad to hear that my nurse was moved after we established a relationship with her after the first few visits of our baby’s life and she understood our unique journey. We built trust and understanding only to have to do it again with a new nurse. It is hard enough giving birth through the public system with no continuity, it would be such a help for new parents to have continuity throughout their baby’s early years. Continuity of care should be prioritised in MCH services”

SERVICE IMPROVEMENTS

- Gaps were identified in referral options required for Southbank families.
- A supported/facilitated playgroup by referral was established for families experiencing vulnerability, social isolation, developmental concerns and needing additional parenting support.
- Following 35 initial referrals, demand required establishment of 2 weekly supported playgroups.



SERVICE IMPROVEMENTS



- Dad Fit program commenced weekly to support Fathers in parenting and to engage with other Fathers.
- Continued our partnership with library services, with increasing high numbers attending weekly Songbirds.
- Worked in partnership with community development officer to raise the profile of community engagement, events, grants and with them also attending each new parent group.

	Date Commenced	Participants
Dadfit groups in City of Melbourne	Jan-22	15
	Mar-18	12
	May-06	19
	Jul-22	10

BENEFITS FOR MATERNAL AND CHILD HEALTH NURSES

- *“The COC model is terrific and the best part of my role. It really is much more satisfying seeing the same families we know on so many levels and with so many benefits to families and our MCH practise”.*
- *“I get lots of lovely feedback from families thanking me for the support and information provided and families really value knowing their nurse and seeing the same nurse each visit”.*
- *“Increased clinical satisfaction with multiple benefits such as knowing a family’s progress and being able to identify and act on issues early if needed. It also brought clarity about workload across the three staff participating as we each knew and cared for our own families including diary management accordingly”.*
- *“Families also really valued the continuity of care as they could build trusting relationships with their nurse at a vulnerable time of having a new baby”.*



Increased job
satisfaction on
all levels!

SUMMARY

Relationships and trust are the foundations of effective Maternal and Child Nurse practice, and Continuity of Care as a service priority is recommended for best health outcomes for women, children and families.



Thank you! Any Questions?

REFERENCES

- Clark, K., Beatty, S., & Fletcher, T. (2016). Maternal and child health nursing services: Perspectives of parents. *Australian Journal of Child and Family Health Nursing, 13*(1), 8-12.
- D'Haenens, F., Van Rompaey, B., Swinnen, E., Dilles, T., & Beeckman, K. (2020). The effects of continuity of care on the health of mother and child in the postnatal period: A systematic review. *Eur J Public Health, 30*(4), 749-760.
- Department of Health and Human Services. (2019). *Maternal and child health service program standards*.
- Forster, D. A., McLachlan, H. L., Davey, M. A., Biro, M. A., Farrell, T., Gold, L., Flood, M., Shafiei, T., & Waldenstrom, U. (2016). Continuity of care by a primary midwife (caseload midwifery) increases women's satisfaction with antenatal, intrapartum and postpartum care: Results from the cosmos randomized controlled trial. *BMC Pregnancy Childbirth, 16*, 28
- Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: A multidisciplinary review. *BMJ, 327*(7425), 1219-1221.
- Newton, M. S., McLachlan, H. L., Willis, K. F., & Forster, D. A. (2014). Comparing satisfaction and burnout between caseload and standard care midwives: Findings from two cross-sectional surveys conducted in Victoria, Australia. *BMC Pregnancy Childbirth, 14*, 426



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