

Maternity Services Performance
Indicators
Business Rules for 2003 and
2004

**Metropolitan Health & Aged Care
Services/Rural & Regional Health & Aged
Care Services Divisions' Integrated
Performance Report.**

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Melbourne, Victoria

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Melbourne.

While these Business Rules relate to the reporting period from 1 July 2003 to 30 June 2004 they foreshadow a due date of 17 September 2004 for submission of MAT 3, 7.8.9 & 10

Maternity Services

The primary objective of the Maternity Services performance indicator suite is to improve the monitoring and evaluation of the process and outcomes of public maternity care. These indicators have been designed to reflect the quality of care within public maternity hospitals and to be useful determinants of hospital performance. Where possible the indicators draw on and complement existing data collection, performance monitoring and quality improvement measures currently in place for public maternity services.

While no single measure can adequately measure the overall quality of maternity services, the value of this set will be evident in its capacity to contribute to improvements in care. The indicator suite is based on sound research evidence into effective maternity care, as outlined in the publications *Measuring Maternity Care: A Set of Performance Indicators*. The more recent volume *Measuring Maternity Care: The Final Set of Performance Indicators-2002* includes information on the trial of MAT-7 to MAT-10. These reports provide detailed information about the performance indicators and their requirements, and should be consulted for further information. These reports are available on the web at <http://www.health.vic.gov.au/maternitycare/>. These Business Rules while consistent with the two volumes of Measuring Maternity Care also includes further minor refinements of the definitions and clarification of issues which have arisen in the first period of implementation.

It should be noted that hospitals not providing any antenatal care are not required to report against MAT 9 or MAT 10.

Changes to Maternity Services Performance Indicator Reporting for 2003/2004.

From 2003/4 **some of** the Maternity Services Performance Indicators **will be included in** the Department of Human Services Integrated Performance Report. Reports for the five indicators that rely on reports directly from health services (MAT 3,6,7,8,9,10) are due by 17 September 2004. It should be noted that data for MAT 1, 4 & 5 is sourced directly from the PDCU and MAT 2 & 6 is derived directly from the VAED.

Program Contact

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Data Definitions for Maternity Services Performance Indicators

Performance Indicator MAT-1 Selected Outcomes for Standard Primiparae:

1. Induction of Labour
2. Caesarean Section
3. Perineal Tear

Background and Purpose of Indicator

A “cascade” effect of intervention has been described, which starts with induction of labour and progresses through augmentation, epidural anaesthesia to increased risk of operative vaginal delivery or Caesarean section. This effect is greater for nulliparous women. By reducing the number of nulliparous women who have induced labour, the number of women undergoing unnecessary operative birth and other interventions will be reduced.

Use of the standard primiparae (rather than all women giving birth) as the basis for internal hospital comparison of maternity care controls for substantial difference in casemix (pre-risk adjustment), and increases the validity of these comparisons.

This indicator aims to determine how a particular hospital's outcomes for standard primiparae compare to the overall rates for standard primiparae in Victorian hospitals.

The standard primipara is, by definition, a low risk parturient, and intervention rates should be low in this population. While there is no ‘gold standard’, if an institution were shown to have unusually high rates of interventions for this population, this would require exploration and justification. By reducing unnecessary obstetrical intervention in this population, the overall rates of obstetrical intervention will fall.

Definition of key data elements

Standard primiparae	20–34 years of age, not small for gestational age (SGA) (greater than 10th percentile), singleton pregnancy, at term (37–41 weeks gestation), with a cephalic presentation and free of medical complications of pregnancy.
Third-degree tear	Tear of the perineum into the anal sphincter, which does not extend to the rectal mucosa.
Fourth-degree tear	Tear of the perineum into the anal sphincter, which extends to the rectal mucosa.
Exclusions	All women who do not fit definition of standard primiparae.
Limitations	There may be subgroups within this population who, despite this risk adjustment, still may be at increased risk of intervention. This

may need to be taken into account in comparisons.

Calculation Formula

1. Induction of labour: Numerator

No. of standard primiparae undergoing induction of labour

Denominator

No. of standard primiparae who give birth

2. Caesarian Section: Numerator

No. of standard primiparae who give birth vaginally

Denominator

No. of standard primiparae undergoing caesarean section

3. Perineal tear: Numerator

No. of standard primiparae who sustain a third-degree or fourth-degree tear

Denominator

No. of standard primiparae who give birth vaginally

Data Collection and Collation

Data Source/ General information

Access data from Hospital Profile Report. Hospitals are requested to review the data and comment on the reasons behind any higher than average rates for this indicator, using the Standardised Report. While the Department will access data directly from the Perinatal Data Collection Unit, health services are encouraged to use the proforma for analysis and recommendations and this can then be submitted to the Department.

Submission date

No submission of data required but analysis and recommendations encouraged once hospital profile received. This would be most appropriately done in the time between receipt of the hospital profile in July or August 2004 and publication in the Integrated Performance Report in October 2004.

Proforma

The report proforma is also available at <http://www.health.vic.gov.au/maternitycare/> as an attachment to this document.

Method of submission

Submit any comments on analysis and recommendations reports by email, post or fax to:

Mailing address

Senior Project Officer
Maternity Services Program
Metropolitan Health and Aged Care Services
Department of Human Services
10th Floor, 589 Collins St
Melbourne 3000
(03) 9616 2151

Fax

Fax: (03) 96162880

Performance Indicator MAT-2 Transfers/Admissions to Special Care Nurseries (SCN) or Intensive Care Units (NICU) for Reasons Other than Birth Defect

Background and Purpose of Indicator

Inborn term infants without birth defects are not normally expected to be admitted to a SCN or NICU. This indicator will highlight inappropriate use of resources, and assess whether the admission of term infants for reasons other than birth defects is principally due to unavoidable factors. In addition, because the admission of a term infant to SCN or NICU is an indicator of concern for both the process and the outcome of care, each case deserves review, and this indicator will serve as a reminder of the importance of review.

The indicator focuses on unplanned admission of term infants (without a birth defect), resulting from adverse events occurring in labour, or in the immediate neonatal period, who require the facilities of a SCN or NICU. These would include term infants with:

- low five-minute Apgar scores.
- Infants with birth trauma.
- Infants with early seizures/neonatal encephalopathy
- Intra-uterine growth retardation (IUGR).
- Sepsis.

For those institutions identified as having high rates of such admissions or transfers, practice improvements are required.

As this indicator will capture data for quality of care and appropriateness of SCN admission, significant variations will require further analysis. Comparison of rates for this indicator when the number of births is small (as in most Level 1 units) will need to be made with caution.

Definition of key data elements

Major birth defects	Includes birth defects as listed in table 26, page 12–17 of Riley, M. & Halliday, J (2000), <i>Birth Defects in Victoria 1983–1998</i> , Perinatal Data Collection Unit, Victorian Department of Human Services, Melbourne (excluding items 7525, 75260/3–5, 75261, 75262, 75430, 7545–7).
Inborn term infants	Includes infants born at the reporting hospital, at gestational age of 37 weeks or greater.
Exclusions	Infant born at another hospital.
Target	Although no target is applicable for this indicator, the anticipated admission rate is approximately 3%.

Calculation Formula

Level 3 Hospitals

Numerator	The number of inborn term infants admitted to its SCN or NICU, for reasons other than management of birth defects.
Denominator	No. of inborn term infants without major birth defects.

Level 2 Hospitals

Numerator	The number of inborn term infants admitted to its SCN, or transferred to a NICU for reasons other than management of birth defects
Denominator	No. of inborn term infants without major birth defects.

Level 1 Hospitals

Numerator	The number of inborn term infants transferred to a SCN or NICU for reasons other than management of birth defects.
Denominator	No. of inborn term infants without major birth defects.

Data Collection and Collation

Data Source/ General information	The Department of Human Services, through the Victorian Admitted Episode Dataset (VAED) will access the data. No additional data is required. Hospitals are requested to review high rates as they occur and comment on the reasons behind any higher than average rates for this indicator, using the Standardised Report.
Submission date & method	No submission required
Proforma	The report proforma is also available at http://www.health.vic.gov.au/maternitycare/ as an attachment to this document.
Mailing address - for comments only	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589Collins St Melbourne 3000 (03) 9616 2151
Fax	(03) 9616 2880
Email submission	pimats@dhs.vic.gov.au

Performance Indicator MAT-3

The Rate of Administration of Antenatal Corticosteroids to Women Delivered or Transferred Prior to 34 Weeks Gestation

Background and Purpose of Indicator

The purpose of this indicator is to identify the proportion of women who give birth prior to 34 weeks gestation who receive a completed course of corticosteroids. In Victoria, a Level 1 or 2 maternity service should give the first dose of corticosteroids to women at risk of pre-term birth, prior to transfer to a Level 3 hospital. A Level 3 hospital would ensure women at risk of pre-term birth receive a completed course of corticosteroids. However, it is recognized that some women will give birth prior to completion of the course of steroids, and the numerator for level 3 hospitals has been altered to take account of such cases.

The administration of a single course of corticosteroids (two doses, 24 hours apart) to women at risk of birth prior to 34 weeks has been shown to improve neonatal outcome significantly. There is Level 1 evidence that such treatment helps to mature the baby's lung and prevent death. There are also demonstrated protective effects on other systems, such as reducing necrotising enterocolitis and intraventricular haemorrhage.

Key Question

Are women who give birth prior to 34 weeks gestation receiving an antenatal course of corticosteroids?

Anticipated benefit

There will be an increase in the proportion of women who give birth prior to 34 weeks gestation who have received a completed course of corticosteroids, thus improving neonatal outcome.

Definition of key data elements

Cortico-steroids:	betamethasone.
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Exclusions	<ul style="list-style-type: none">• Women with contraindications to corticosteroid therapy.• Stillbirth• Gestation at birth less than 25 weeks• Gestation at birth 34 weeks or more.
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Limitations	This indicator increases hospitals' data collection burden, because medication charts will need to be reviewed. However, the monitoring is justified because this is a robust proxy for evidence based perinatal care.
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Calculation Formula

Level 3 Hospitals

Numerator The number of women who give birth between 25 and 34 weeks' gestation who have received an initial dose of corticosteroid (excluding transfers).

Denominator The total number of women who give birth between 25 and 34 weeks' gestation (excluding transfers).

Level 2 Hospitals

Numerator No. of women who give birth between 25 and 34 weeks' gestation or are transferred to a Level 3 hospital prior to 34 weeks' gestation and have received an initial dose of corticosteroid

Denominator The total number of women who give birth between 25 and 34 weeks' gestation or are transferred to a Level 3 hospital prior to 34 weeks' gestation.

Level 1 Hospitals

Numerator Number of women who are transferred to a level 2 or 3 hospital prior to 34 weeks' gestation who have received an initial dose of corticosteroid.

Denominator The total number of women who are transferred to a Level 2 or 3 hospital prior to 34 weeks' gestation.

Data Collection and Collation

Data Collection and Collation General information Hospitals are to identify infants born between 25 and 34 weeks gestation and audit relevant medication charts for corticosteroids administration. Data is to be reported using the templates provided in the attached proforma document.

Submission date Annual reports are to be sent by 17 September 2004 for the reporting period July 2003- June 2004

Proforma The report proforma is also available at <http://www.health.vic.gov.au/maternitycare/> as an attachment to this document.

Method of submission Submit reports by email, post or fax.

Mailing address Senior Project Officer
Maternity Services Program
Metropolitan Health and Aged Care Services
Department of Human Services
10th Floor, 589Collins St
Melbourne 3000
(03) 9616 2151

Fax (03) 9616 2880

Email submission pimats@dhs.vic.gov.au

Performance Indicator MAT-4

The Rate of Vaginal Birth Amongst Women in the Birth Immediately Following a Primary Caesarean Section (VBAC)

Background and Purpose of Indicator

This performance indicator measures the extent to which:

- VBAC is offered to eligible women.
- Such women are managed appropriately.
- There are facilities for urgent Caesarean section or laparotomy.
- Women and staff are educated about VBAC.

The purpose of this indicator is to identify the proportion of women with a history of a primary Caesarean section who are offered VBAC and who achieve a term vaginal birth. This reflects appropriate management of these women.

Maternity consumers, clinical and administrative managers are the users of this indicator.

Key Question

Do maternity hospitals provide appropriate care for women with a previous primary Caesarean section?

Anticipated benefit

To increase the proportion of women offered a vaginal birth after Caesarean section (VBAC) at term, and to increase the proportion who achieve a safe vaginal birth. An added benefit will be lower levels of maternal morbidity and a fall in Caesarean sections for this indication.

This will encourage hospitals to establish protocols for facilitating an informed decision regarding a plan for VBAC, formally record that decision, and set up data recording mechanisms for VBAC.

Definition of key data elements

Planned vaginal birth after a previous Caesarean section	Includes women who have a recorded intention for vaginal birth after a previous primary Caesarean section, with single cephalic presentation at term.
Vaginal birth	Includes women who have a spontaneous cephalic birth or forceps birth or ventouse extraction at gestational age of 37 weeks or greater.
Vaginal birth after a previous Caesarean section	Women who have a spontaneous cephalic birth or forceps birth or ventouse extraction following a previous primary Caesarean section, and having no intervening pregnancies of 20 weeks gestation or greater.

Limitations	Plan for VBAC is not always recorded.
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Calculation Formula

Numerator	The number of women (para 1) whose previous birth was a Caesarean section who enter labour at term with a plan to deliver vaginally, and who achieve this
Denominator	The total number of women (para 1) at term whose previous birth was a Caesarean section and who enter labour with a plan for vaginal birth

Data Collection and Collation

Data Collection/General Information	Access data from Hospital Profile Report. Hospitals are requested to review the data and comment on the reasons behind any higher than average rates for this indicator, using the Standardised Report. While the Department will access data directly from the Perinatal Data Collection Unit, health services are encouraged to use the proforma for analysis and recommendations and this can then be submitted to the Department.
Submission Date	No submission of data required but analysis and recommendations encouraged once hospital profile received. This would be most appropriately done in the time between receipt of the hospital profile in July or August 2004 and publication in the Integrated Performance Report in October 2004.
Proforma	The report proforma is also available at http://www.health.vic.gov.au/maternitycare/ as an attachment to this document.
Submit any comments on analysis and recommendations reports by email, post or fax.	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589Collins St Melbourne 3000 (03) 9616 2151
Fax	Fax: (03) 96162880

Performance Indicator MAT-5 Birthweight Standardised Perinatal Mortality

Background and Purpose of Indicator

Care promoting the healthy survival of newborn babies is one of the primary objectives of a maternity service. The standardisation is a risk-adjusted calculation, enabling hospitals with higher proportions of low birth-weight infants (and therefore higher likelihood of perinatal mortality) to be validly compared with hospitals with a different casemix.

The purpose of collecting this indicator is to provide assurance that mortality rates are within a safe range, and to identify high-performing and poorly performing services. Pooling the data over five years adds stability to the data and reduces the risk of over-interpretation of chance fluctuations.

The indicator also takes into account the integrated system of care across Victoria. Crude (unadjusted) perinatal mortality rates do not take into account the regionalisation of perinatal care, in which hospitals provide care for women and babies where appropriate services are available, and transfer of those who require a more intensive service.

This indicator will enable identification of those hospitals where:

- Care meets the statewide reference standard

or

- More detailed evaluation is indicated because of a consistently raised SPMR.

(Birthweight standardised perinatal mortality ratio = BWSMPR.)

Key Questions

Does the perinatal care provided in this hospital result in optimal survival of infants?

How does this hospital compare with the State public hospital average, with respect to perinatal mortality, adjusted for birth weight?

Definition of key data elements

Live birth	The complete expulsion or extraction from its mother of a baby of at least 20 weeks gestation or, if gestation is unknown, weighing at least 400 g who, after being born, breathes or shows any evidence of life, such as a heartbeat.
Stillbirth	The complete expulsion or extraction from its mother of a baby of at least 20 weeks' gestation or, if gestation is unknown, weighing at least 400 g, who did not, at any time after birth, breathe or show any evidence of life, such as a heartbeat.
Neonatal death	A death occurring within 28 days of birth in a baby of at least 20 weeks gestation or, if gestation is unknown, weighing at least 400

	g. (Definitions from the National Perinatal Statistics Unit.)
Exclusions	Births and perinatal deaths to women transferred to another hospital for care.
Target	Although no target or 'gold standard' is applicable for this indicator, the BWSPMR is valid for comparing the hospital's performance with similar institutions, and with the State at large.

Calculation Formula

Numerator	The number of perinatal deaths in the hospital
Denominator	Denominator calculated by PDCU, and includes risk adjustment.

Data Collection and Collation

Data Collection /General Information	The Perinatal Data Collection Unit (PDCU) currently calculates and provides birth weight adjusted SPMR to all hospitals having five or more perinatal deaths in the year of analysis. Access data from Hospital Profile Report. Hospitals are requested to review the data and comment on the reasons behind any higher than average rates for this indicator, using the Standardised Report. While the Department will access data directly from the Perinatal Data Collection Unit, health services are encouraged to use the proforma for analysis and recommendations and this can then be submitted to the Department.
Submission Date	No submission of data required but analysis and recommendations encouraged once hospital profile received. This would be most appropriately done in the time between receipt of the hospital profile in July or August 2004 and publication in the Integrated Performance Report in October 2004
Proforma	The report proforma is also available at http://www.health.vic.gov.au/maternitycare/ as an attachment to this document.
Method of Submission	Reports are to be sent by fax or post to:
Mailing Address	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589Collins St Melbourne 3000 (03) 9616 2151
Fax	Fax: (03) 96162880

Performance Indicator MAT-6 Referral to Postnatal Domiciliary Care

Background and Purpose of Indicator

The purpose of this indicator is to assess the proportion of women referred to postnatal domiciliary care.

It is expected that all hospitals offer all women postnatal domiciliary visits. The offer of one or more postnatal domiciliary visits by a midwife, depending on need, has been a clearly established requirement of all Victorian maternity services over the past four years.

Definition of Key Terms

Exclusions	The denominator excludes women who are transferred to another hospital, rather than discharged to their home.
Targets	Targets have been set in recognition that not all women will accept the offer of a visit. <ul style="list-style-type: none">• Metro hospitals: 90%• Rural/regional Health Services: 80%

Calculation Formula

Numerator	No. of women giving birth referred to postnatal domiciliary care or Hospital-In-The- Home
Denominator	No. of women giving birth excluding women transferred to another hospital

Data Collection and Collation

Data Collection/General Information	Data is provided to the Department of Human Services via the Victorian Admitted Episodes Dataset (VAED). To be counted as a delivery, each record must meet each of the following criteria: <ol style="list-style-type: none">1. A diagnosis code commencing with 'O' (for Obstetric) must appear within the string of ICD-10-AM diagnosis codes.2. Birth indicator derived from Z37.* (outcome of delivery on
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mother's record) must be present.

3. Where w8vicdrg (WIES8 2000-2001 Victorian Cost Weights)
NOT in

O03Z Ectopic Pregnancy

O04Z Postpartum post-abortion with operating room procedure

O40Z Abortion with D&C, aspiration curette/hysterectomy

O62Z Threatened abortion

O63Z Abortion; no D&C, aspiration curette/hysterectomy

O64Z False labour

O65Z Other antenatal admission with severe complicating
diagnosis

O65B Other Antenatal with moderate/no complicating diagnosis.

Submission Date	Data will be accessed by the Department through the Victorian Admitted Episode Dataset (VAED). No additional data is required to be submitted.
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Performance Indicator MAT-7

Proportion of women offered appropriate interventions in relation to smoking

Background and Purpose of Indicator

Smoking during pregnancy is probably the most preventable cause of unfavourable reproductive outcomes amongst women in the Western world. Level 1 evidence indicates that smoking cessation programs during pregnancy have a beneficial impact on birthweight.

The antenatal phase is an ideal opportunity for smoking cessation or reduction education programs, which might involve both hospital and community-based providers.

This indicator assesses the performance of maternity care in providing smoking cessation advice, assistance and follow-up during routine antenatal care. In fact, it aims to reduce the rate of smoking amongst pregnant women, and improve outcomes for their babies. There is evidence that advice to quit smoking by a clinician increases abstinence rates, on average by three per cent (US Department of Health and Human Services, 2000). However 25% of pregnant women have already quit before the first antenatal visit.

Systematic reviews and studies on interventions have concluded that the use of multiple strategies, alongside a cognitive-behavioural approach, enhances the impact of a smoking cessation and reduction intervention. A cognitive-behavioural approach focuses on restructuring the person's beliefs about their smoking and about their ability to quit, while emphasising the development and implementation of appropriate coping strategies. Coping strategies may be cognitive (telling yourself that you can quit smoking if you want to) or behavioural (replacing smoking with other activities).

About one-quarter of women who smoked prior to pregnancy say that they have quit by their first antenatal visit. One-fifth of 'spontaneous quitters' are still actively smoking, but about one-third of these will quit by late pregnancy. Amongst the spontaneous quitters, one-fifth will start smoking again by late pregnancy. Spontaneous quitters are therefore likely to benefit from advice and support to stay quit.

Definition of key data elements

Smokers	Self-declared smokers, who have smoked at least part of one cigarette in the week prior to the first antenatal visit.
Spontaneous quitters	Women who indicate that they have been smokers but say at the time of their first antenatal appointment that they have given up smoking because of their pregnancy.
First Hospital antenatal appointment	First antenatal visit or booking visit at the hospital
Exclusions	Women presenting for their first visit after 20 weeks gestation. Women who give birth at another hospital.

Target	No target
Limitations	Identification of all spontaneous quitters may be inconsistent. Clinicians need to be able to ascertain that all continuing smokers are identified.
The Five Step Intervention	The five step Ask/ Assess/ Advise/ Assist/ Ask again is detailed in the template for analysis and reporting in the appendix.

Calculation Formula

Numerator	Ask/Assess/Advise/Assist Stage 1 For the population sample, the number of women who were asked about smoking status, assessed as to motivation to quit and offered advice and assistance at the first hospital antenatal appointment. Ask again. Stage 2 For the population sample, the number of women identified as smokers (including spontaneous quitters) at their first antenatal appointment who were asked again about smoking status by 20 weeks gestation.
Denominator	Ask/Assess/Advise/Assist Stage 1 The population sample(every fourth woman who had their first antenatal visit at the hospital and gave birth at the hospital within the last nine months Ask again. Stage 2 For the population sample, the number of women who attended an antenatal visit by 20 weeks gestation (either hospital or community) and who had been identified as smokers (including spontaneous quitters) at their first hospital antenatal appointment..

Data Collection and Collation

Data Collection/General information	<p>Hospitals will need to have a system capable of recording smoking assessments and advice at the first antenatal visit or booking visit at the hospital and at any subsequent antenatal appointment prior to 20 weeks gestation. This may require collaboration with community based providers, including shared documentation.</p> <p>The following steps are required to retrieve data:</p> <ol style="list-style-type: none">1. Identify the total population who had their first antenatal visit or booking visit at the hospital prior to 20 weeks gestation and have given birth at the hospital within the last six months.2. Identify the population sample: every fourth woman listed in the total population (that is 25 per cent)3. Audit hospital antenatal medical record of those women in the population sample:<ul style="list-style-type: none">· For evidence that clinicians have completed Steps 1,2,3 and 4 according to the Three Centres Consensus Guidelines on Antenatal Care· Of the women who have had Steps 1,2 3 and 4 completed at the first visit, note those women identified as smokers (see definition), including spontaneous quitters (see definition above).· For evidence that women identified as smokers (including spontaneous quitters) at the first antenatal or booking visit who were reassessed regarding smoking status at least once prior to 20 weeks.
Submission date	Annual reports are to be sent by 17 September 2004 for the reporting period October 2003- June 2004
Proforma	The report proforma is available at http://www.health.vic.gov.au/maternitycare/ and examples are in the Appendix.
Method of submission	Submit reports by email, post or fax.
Mailing Address	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589Collins St Melbourne 3000 (03) 9616 2151
Fax	Fax: (03) 96162880

Performance Indicator MAT-8

Provision of appropriate breastfeeding support & advice

Background and Purpose of Indicator

This indicator supports care practices for women who wish to breastfeed their baby, to ensure:

- Breastfeeding initiation is enhanced.
- Breastfeeding advice and support is in line with the WHO Ten steps. (The WHO Ten Steps are detailed in the template for reporting in the Appendix.)
- Babies separated from their mother (due to illness or prematurity) receive breast milk.

The internationally accepted *World Health Organisation (WHO) Ten steps to Successful Breastfeeding* provides the framework for this indicator, which requires an organisational assessment. The implementation of this indicator does not require hospitals to become accredited as Baby Friendly Hospitals; , nor does it equate with accreditation.

This indicator provides a means of monitoring ongoing compliance with WHO Ten Steps for Baby Friendly accredited hospitals. Alternatively it can be used as an opportunity to assess readiness for accreditation.

Definition of key data elements

Assessment and documentation	In line with WHO accreditation governed and coordinated by the Australian College of Midwives Incorporated (ACMI). Hospitals conduct annual self-assessment using BFHI Self-Assessment Tool.
The WHO Ten steps	are detailed in the template for analysis and reporting in the appendix.
Target	Although there is no target for this indicator in 2003/4, 10/10 is considered best practice.
Exclusions	Nil

Calculation Formula

Numerator	The number of WHO Ten Steps approved at time of assessment.
Denominator	WHO 10 Steps

Data Collection and Collation

Data Collection General Information	As part of the analysis of indicator results, the organisation must try to determine factors preventing the implementation of the WHO Ten Steps to Successful Breastfeeding. Each hospital is required to report annually on this indicator using
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the BFHI self assessment tool.

Hospitals with more than 100 births per annum conduct an annual self assessment including:

Patient Record audit = 1 month (preferably selected retrospectively and randomly)

Interview for all postnatal women = 2 week period

Interview of staff rostered = 2 week period

Hospitals with less than 100 births per annum conduct an annual self assessment including:

Patient Record audit = minimum of 4 non-consecutive months (to obtain a minimum of 10 patient records)

Interview of postnatal women = minimum 10

Interview of staff = 30% of total employed

Proforma	Annual self- assessment using BFHI Self-Assessment Tool.
Method of Submission	Completion of the annual self assessment will require monthly data review.
Submission Date	Reports are to be sent by 17 September 2004 by fax or post to:
Mailing Address	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589Collins St Melbourne 3000 (03) 9616 2151
Fax	Fax: (03) 96162880
Email submission	pimats@dhs.vic.gov.au

Performance Indicator MAT-9

The Proportion of Women who receive timely Hospital Antenatal Clinical Services

Background and Purpose of Indicator

Several studies have examined antenatal care and client satisfaction, and have identified waiting times as a critical component.

The purpose of this indicator is to measure the proportion of women who wait more than 30 minutes at a hospital antenatal clinic from the time of their appointment to the time attended by the clinician. It is a measure of organisational efficiency, and a key component of patient satisfaction. Administrative and clinical managers and consumers are the users of the indicator results. This is a process indicator as a proxy for customer service.

Key Question

Does the hospital provide antenatal care in a timely and efficient way?

Definition of key data elements

Exclusions	<ul style="list-style-type: none"> • Non-hospital attendances (for example women attending shared care practitioners). • Women who arrive later than their appointment time. This figure should be reported and monitored.
Limitations	Not all facilities have computerised booking systems. Some hospitals may have needed to institute manual audits.

Data Collection and Collation

Data Collection/ General information	The source of the data for this indicator is the outpatient booking system. Data to be collected for all clinics providing antenatal care. While data is only required to be reported annually, it should be reviewed on a six monthly basis soon after the specified one month sample period of August 2003 and February 2004.
Submission Date	While data is only required to be reported annually, it should be reviewed on a six monthly basis soon after the specified one month sample period of August 2003 and February 2004. Reports are to be submitted by 17 September 2004.
Proforma	Reports are to be sent by 17 September 2004 by fax or post to:
Mailing Address	Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589 Collins St Melbourne 3000 (03) 9616 2151
Fax	Fax: (03) 96162880
Email submission	pimats@dhs.vic.gov.au

Performance Indicator MAT-10

The Proportion of Women from a non-English speaking background (NESB) without proficiency in English, who receive appropriate interpreter services.

Background and Purpose of Indicator

The purpose of this indicator is to identify the percentage of women using maternity services who require interpreter services, and who are able to access them.

The indicator supports an assessment of informed decision making and equity in access to services. Women from a non-English speaking background require adequate information to ensure informed decision making from a medical, legal and ethical perspective. The literature recommends that women be offered the use of accredited interpreters, rather than relying on family or other staff.

The number of women who fail to receive accredited interpreting services when they are needed can be reduced. Women who are not proficient in English must receive accurate and appropriate information.

Definition of key data elements

Accredited interpreter Services	This includes interpreters employed by the hospital, or accessed by the hospital through telephone services or interpreting service agency
Hospital antenatal appointment	Includes both the antenatal booking appointment/visit and any antenatal appointment where there is a consultation with doctor/midwife.
Exclusions	Nil
Limitations	Hospitals do not currently have ready access to data through linking proficiency in English and the receipt of accredited interpreter services

Calculation Formula

Numerator	To Assess interpreter requirements: Numerator: For the period of one month, the number of women presenting for hospital antenatal appointment, who have had interpreter requirements assessed
	Provision of accredited interpreter services: Numerator: For the period of one month, the number of women presenting for hospital antenatal appointment identified as requiring an interpreter who receive accredited interpreter services
Denominator	To Assess interpreter requirements Denominator: For the period of one month, the number of women presenting for hospital antenatal appointment.
	Provision of accredited interpreter services: Denominator: For the period of one month, the number of women presenting for hospital antenatal appointment, identified as

Data Collection and Collation

Data Collection/ General Information

Assessing interpreter requirements:
It is essential that information regarding interpreter requirements is accurate. The most effective way of assessing interpreter requirements is through self-determination. Different approaches are recommended to work out interpreter requirements, depending on whether the first hospital contact is made with the hospital by the woman registering, or by a friend or relative registering on her behalf.

A three step process is required:

- **Step One - Advise** that although a friend or relative may accompany the woman to hospital, including appointments, it is essential that non-English speaking women are provided with accredited/professional interpreter services.
- **Step Two - Ask** all women prior to the first appointment at the hospital, including telephone registration about their interpreter needs.
- **Step Three - Ask again** at the completion of the antenatal booking visit, and at each subsequent appointment.

For data to be accurate they must include:

- Accurate identification that interpreter services are required.
- The incidence or proportion of women using interpreter services.
- When an interpreter was booked or requested.
- When an interpreter was booked, but the service was not provided.

It might be difficult to capture use of telephone services or the Interpreting Service Agency.

The collection and recording of information relevant to this indicator varies from hospital to hospital.

Data may be accessed through linking data from sources including the patient registration database, outpatient booking systems, individual hospital interpreter services databases and interpreting service or agency records.

Incorporating the Process for Assessing Interpreter Requirements as a mandatory field on the patient registration database will enable accurate retrieval of data for this indicator.

The first Calculation Formula will require linkages between the

	<p>hospital antenatal appointment data, patient unit record number and assessment of interpreter requirements. The second Calculation Formula will require linkages between the hospital antenatal appointment data, patient unit record number, assessment of interpreter requirements and the use of accredited interpreter services.</p> <p>Data is to be collected and reviewed for a one month period in every six months, being August 2003 and February 2004.</p>
Proforma	Data is to be reported using the templates included in the appendix of this document.
Submission Date	<p>While data is only required to be reported annually, it should be reviewed on a six monthly basis soon after the specified one month sample period of August 2003 and February 2004.</p> <p>Reports are to be submitted by 17 September 2004.</p>
Mailing Address	<p>These reports are to be faxed or sent to:</p> <p>Senior Project Officer Maternity Services Program Metropolitan Health and Aged Care Services Department of Human Services 10th Floor, 589 Collins St Melbourne 3000 (03) 9616 2151</p>
Fax	Fax: (03) 96162880
Email submission	pimats@dhs.vic.gov.au