Canterbury District Health Board

Strategies to Reduce C/S Rate

Misoprostol for IOL Implementation
6 Month Overview
MAU & WCDHB Strategy

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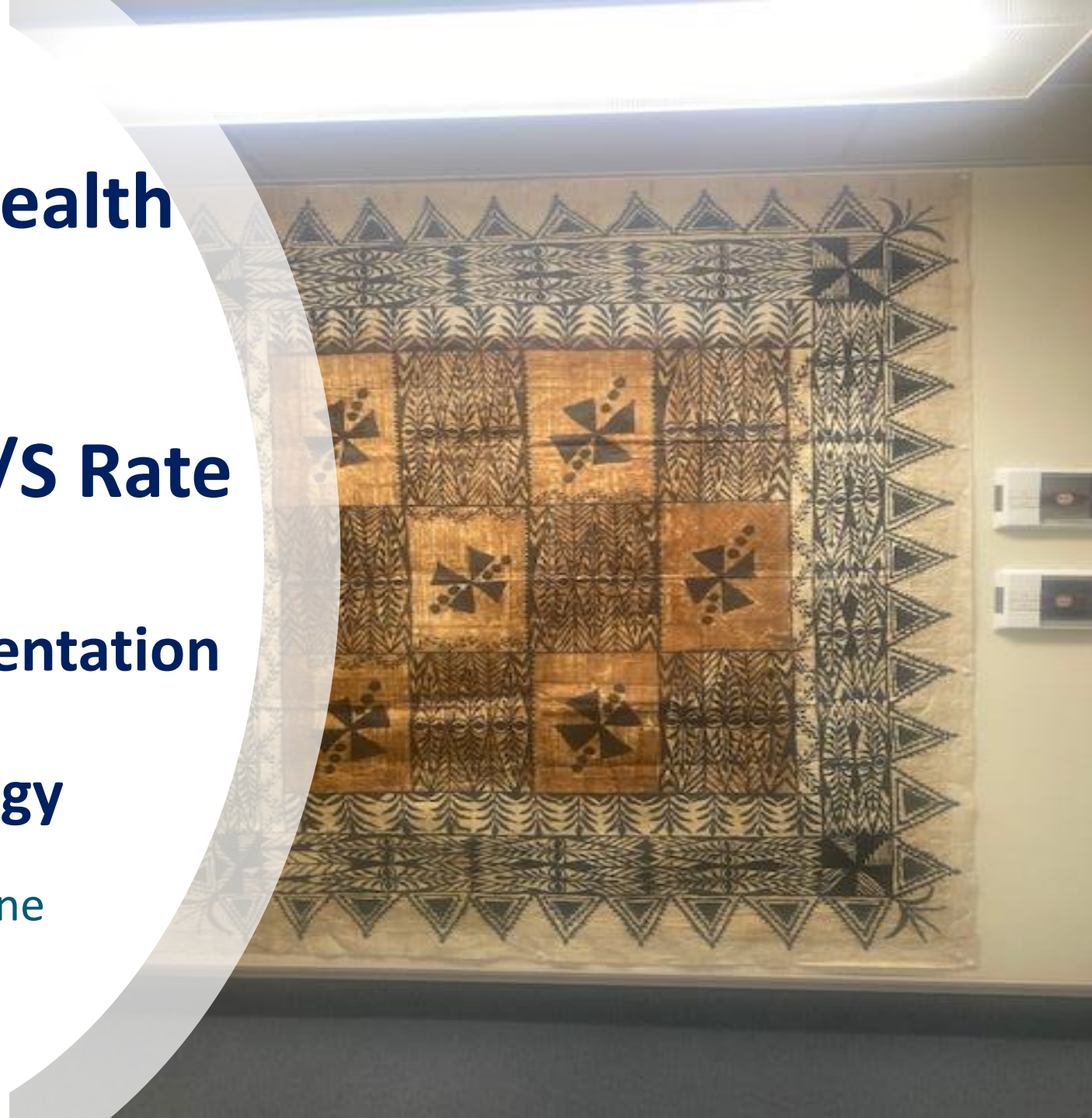


MAU OUTCOMES

2,556 women off BS per year

1,788 women seen in MAU and sent directly home per year (70% of all attendances)

Ability to provide service 7 days week 7am-10pm

47% reduction in LOS
Improved flow (3hrs30 to1hr57)

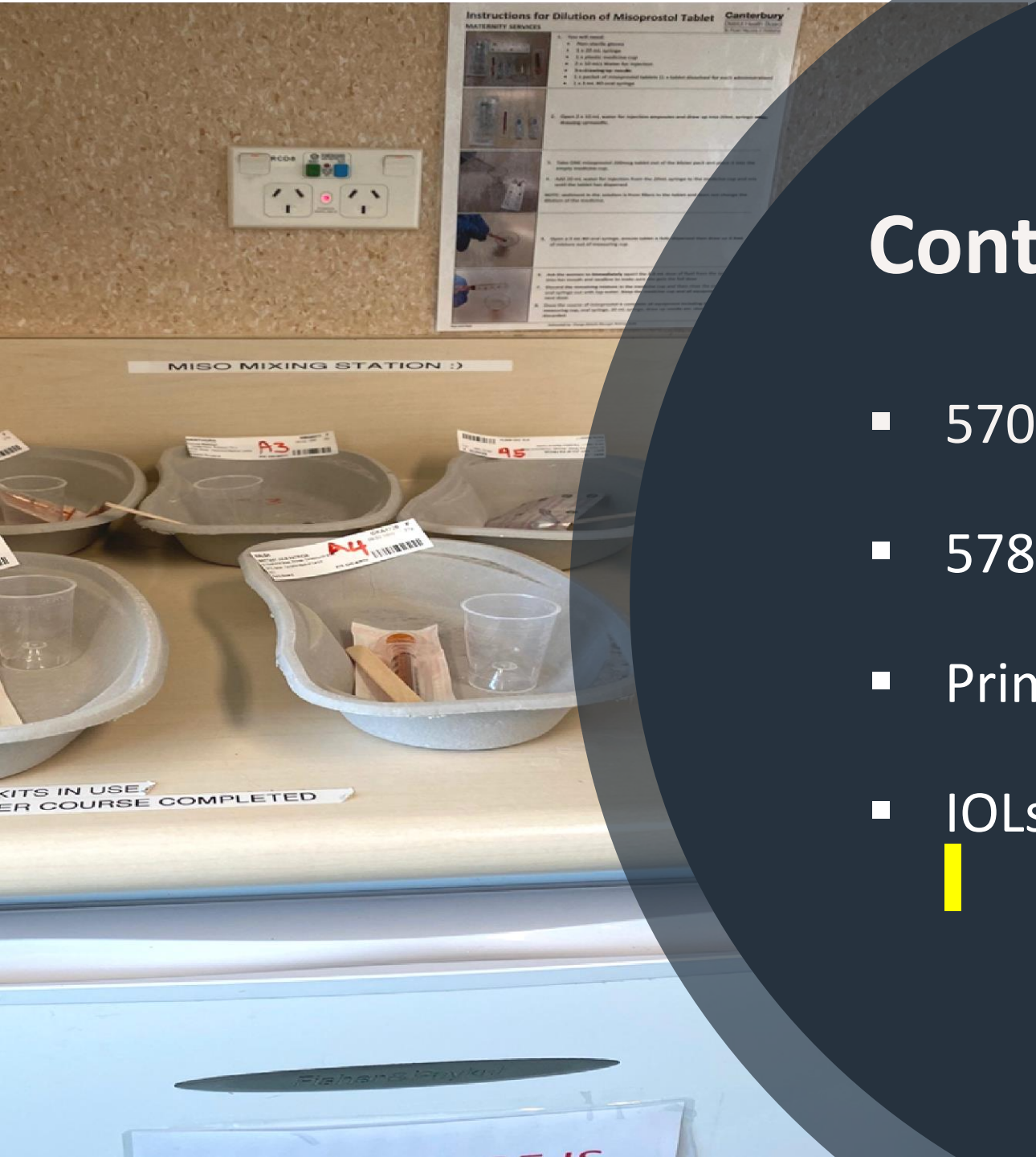
Operating expenses less than budgeted

Midwifery led Unit

Positive feedback from medical staff, midwifery staff, LMCs and consumers

Vision for Misoprostol Implementation

- Improve clinical outcomes and experience for women having an IOL at CWH
- Improve flow for women and the maternity workforce
- Less invasive medication administration method for women
- Ongoing review and discussion of clinical outcomes from IOL's



Context

- 5700 births per annum
- 578 IOLs in 6 months
- Primary, secondary, tertiary
- IOLs – miso 79% versus other 21%

Pre Miso Implementation

Average 48 IOLs per month

Average first dose until established labour – 55% women within 24hrs (Cervidil)

Average first dose until birth – 42% women within 24hrs

Impact of this ‘churn’ on BS overall workload – medical and midwifery workforce

Women on BS when not in established labour

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Post Miso Implementation

Average 96 IOLs per month

Average first dose until established labour – 65% women within 24hrs (10% increase)

Average first dose until birth – 52% women within 24hrs (10% increase)

Fit for purpose IOL environment, assessment area set up for commencing IOL process, midwifery led

Women on BS when in established labour only

Clinical Outcomes

Outcomes from Women Having an IOL NB: 6 month period of data collection not annual	Dinoprostone (Cervidil)	Misoprostol
Total Births at CWH (6 mth period prior to change)	2392	2610 ↑(9% increase)
Total IOLs (6 mth period following change)	286 (12%) (N=711)	578 (22%) (N=795) 10% ↑
Caesarean Section	27%	20% ↓
Vaginal Birth	52%	59% ↑
Instrumental	21%	21%
Medium Labour duration	5.55 hrs	4.13 hrs ↓
Oxytocin usage	44%	37% ↓
Epidural usage	38%	32% ↓

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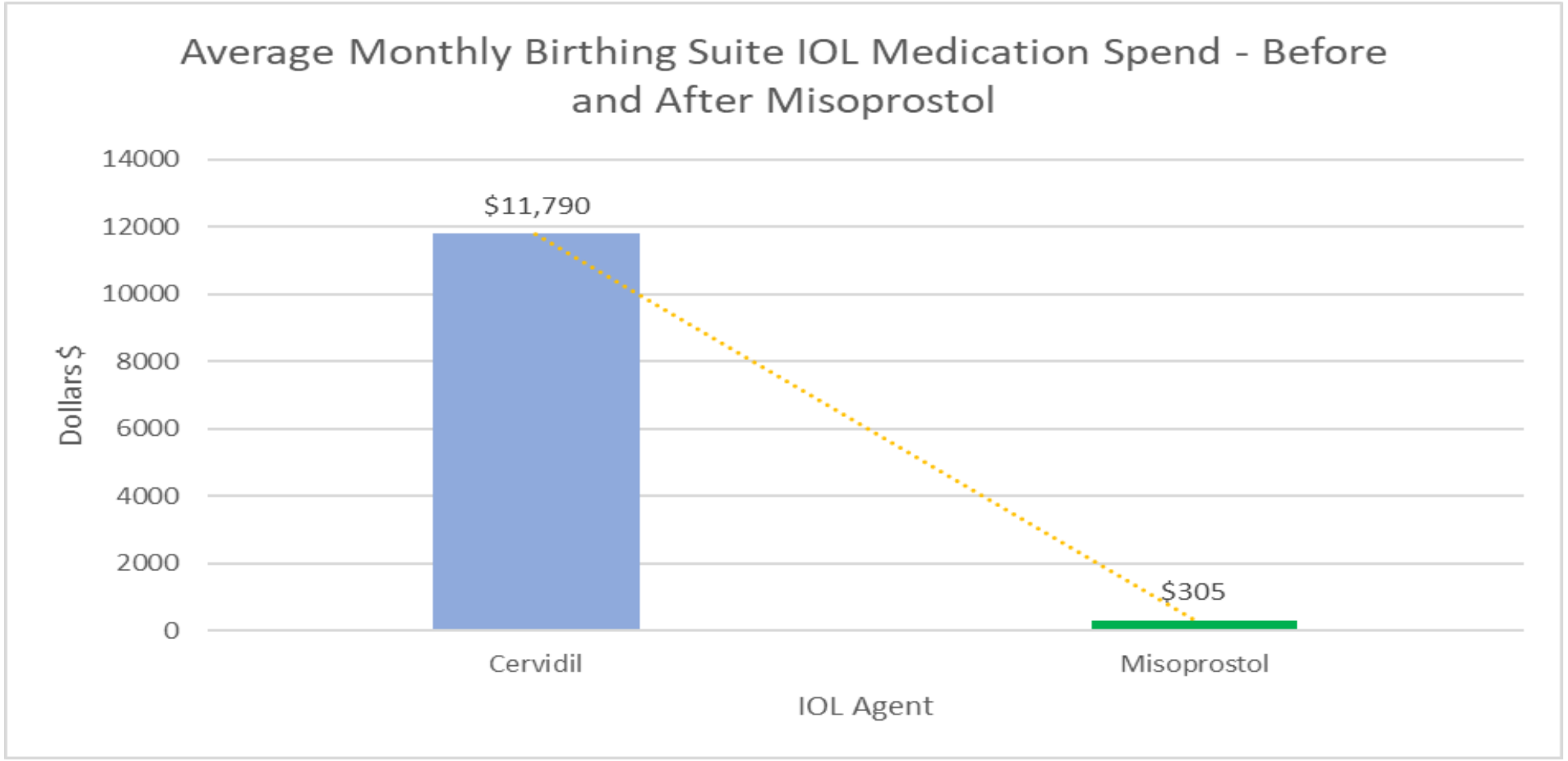
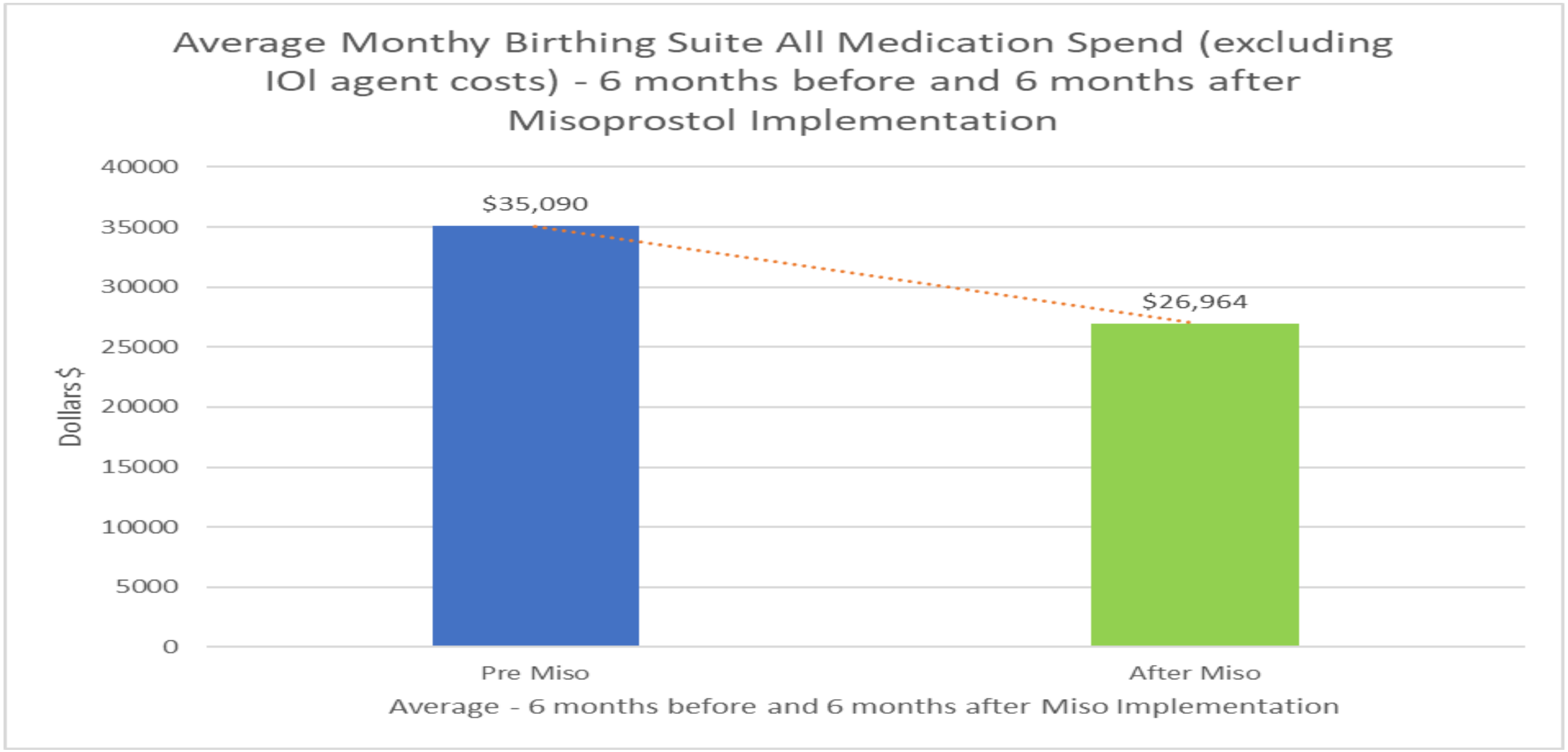
Financial Impact – IOL Agent Costs



Monthly savings of $11,485 per month in direct IOL agent medication costs

Financial Impact – Non IOL Agent Medication Costs



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Monthly savings of $8,126 per month in wider IOL agent medication costs and consumables

MISO OUTCOMES

Reduction of C/S rate by 7%

Increase of vaginal birth with IOL by 7%

Improved patient flow for women having an IOL

Reduction of epidural and oxytocin usage

Savings of $117k in 6 months

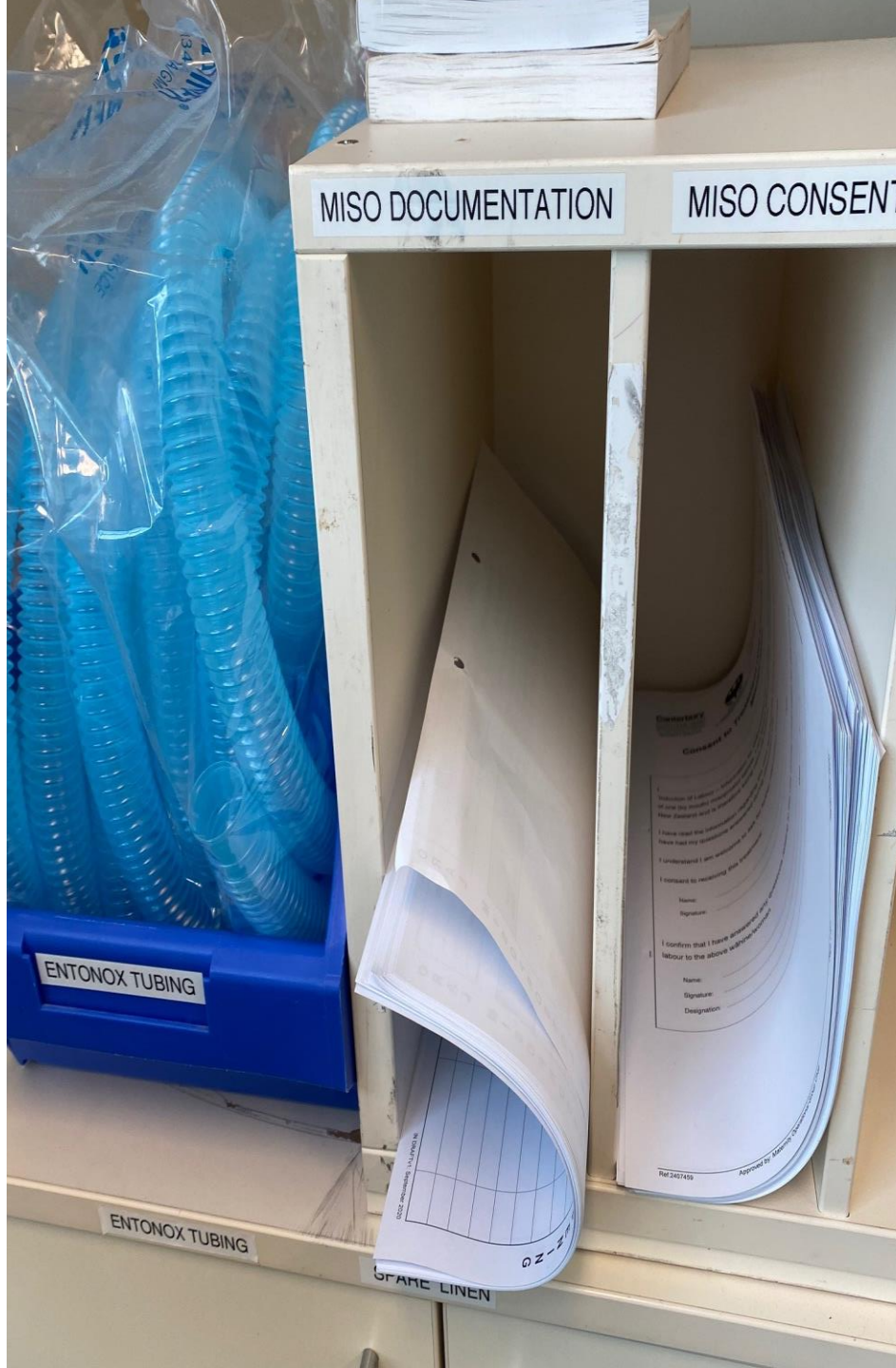
Midwifery led commencement of IOL

Positive feedback from medical staff, midwifery staff, LMCs and most importantly women themselves

Consumer Feedback

Overwhelming supportive feedback from women:

- ‘The care was really good’
- ‘The process was so much quicker than my last induction’
- ‘It was so nice just taking the tablet and not having internals!’
- ‘So much quicker – couldn’t believe how quick it was, my husband was going out to get us burger king and didn’t get the chance!’



Strategy at WCDHB – Service and Workforce Model Change

- System approach – health system approach rather than single DHB
- Purposeful move to a mixed SMO model with Rural Generalists (with AdvDRANZCOG and vocationally registered O&G specialists) for rural secondary environment with 32,000 population
- Reduced locum usage significantly – impact on quality and clinical outcomes
- Greater resident / permanent SMO workforce (2 O&G's, 1 CDHB RUFUS O&G, 2 RG's)
- Transalpine service establishment – CD CDHB & WCDHB, DOM CDHB & WCDHB
- Significant workforce and service change process – requiring liaison MoH, HDC, HQSC, RANZCOG, MCNZ, RNZCGP / Div RHM
- Demonstrates change process to impact clinical outcomes and consumer experience at smallest but most rurally spread DHB in NZ
- Misoprostol also implemented here at same time (250 births per year total)

Lessons Learnt

- Data, data, data – ability to quantify and justify
- Clinical leadership – DOM and CD as main champions of change
- Staff selection – specifically with initial implementation, shared vision, ability to lead and champion within Birthing Suite environment
- Clinician driven change
- Ability to improve clinical outcomes for women in Canterbury / West Coast region
- Not just about $$, but about trying to do things differently within our current resources
- Change management – paradigm change
- ***Identification of the system enablers and barriers in order to make change is pivotal***
- ***Change moves at the pace of trust***

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Main Entrance
Christchurch Women's Hospital
& Day Surgery Unit
Oncology
EMERGENCY DEPARTMENT

Thank you