

SHARED CARE MATERNITY NETWORK

THE CHALLENGE

The future of primary maternity care in Canada has become a topic of considerable discussion and concern in recent years. In many instances, maternity care providers including family physicians, obstetricians and registered midwives have reported eroding trust and challenging communication. Women at various stages of pregnancy report unclear and inconsistent maternity care pathways and overall fragmentation of services throughout their journey.

THE OPPORTUNITY

Interprofessional collaboration (IPC) has been widely promoted as an effective and efficient way to improve the quality and sustainability of maternity care. By enhancing access to care and quality of care, coupled with increased care provider satisfaction and retention, IPC exemplifies the 'quadruple aim'. Built on mutual respect, trust, and flexible competency-based definitions of provider roles and responsibilities IPC manifests at the point of primary care delivery.

Communities engaged across BC are already applying an IPC approach to maternity care in order to:

- ✓ Clarify and improve the maternity pathway,
- ✓ Improve team-based care,
- ✓ Clarify roles and scopes of practice,
- ✓ Standardize care,
- ✓ Improve communication and referral and
- ✓ Enhance access to perinatal education and resources

SUPPORT OFFERED THROUGH THIS INITIATIVE

The Shared Care Committee is offering funding support for communities to join the Shared Care Maternity Network, which is focusing on supporting a collaborative interdisciplinary approach to maternity care.

Communities joining the network will have the opportunity to share valuable lessons from their own experiences, as well as tools and resources that could benefit others. To maximize efforts and prevent duplication, the work of the Network will align with the plans and strategies of the Ministry of Health, Perinatal Services BC, the GPSC Maternity Working Group, *RCCbc* and the developing work of the Patient Medical Homes and Primary Care Networks.

Communities approved for funding will receive centralized support and a spread toolkit including:

1. **Resources and a [toolkit](#)** to support a collaborative approach to address identified issues and gaps.
2. **Evaluation framework** including needs-assessment and evaluation tools.
3. **Coaching** from a central team to guide and inform project activities.

Participating communities will be actively involved in the development of a community of practice, cross-regional dialogue, and the over-arching provincial evaluation of the maternity network activities.

THE PROCESS

PHASE ONE: COMPLETE EXPRESSION OF INTEREST (EOI)

1. **Funding for needs-assessment and planning including (up to \$10, 000):** the delivery of patient and provider surveys, a facilitated process to identify current state and goals for improvement, and the development of a proposal.

What are the steps of the needs assessment process?

Readiness: The community submits an expression of interest to their Liaison (see [template](#)).

Patient and Provider Survey Distribution: Optional- The community can add a few custom questions to each of the surveys supported by your project lead to the survey and then the project lead launches the patient and provider surveys on Checkbox and paper copies if need be. Shared Care Central Evaluator will provide analysis and produce a report for the community. *Note:* While up to 5 questions can be added to each survey, questions cannot be deleted from the surveys.

Meaning Making: The working group reviews the survey results in the context of their community to identify key issues and concerns.

Engagement and Planning: The Working group presents issues and concerns to broader community, gathers further feedback, gauges support and feasibility of pursuing select issue(s). The working group uses the feedback to develop a proposal.

2. **Funding for implementation and spread (up to \$50, 000):** Community develops a proposal (see [template](#)) and submits to Shared Care Liaison. Funding will be available to support:

PHASE TWO: IMPLEMENTATION AND SPREAD

Funding will be provided to communities upon completion of Phase One, for implementation and spread.

Funding will support:

- meeting costs
- sessional funding for leadership and physician engagement
- project management/admin support
- PDSA cycles and implementation
- Evaluation