





WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>Introduction of Blood Gas Analyser (BGA) in Birthing</p> <p>Correct use of technology</p> <p>Correct Pt ID entered</p>	<p>AIM: All specimens are correctly identified</p> <p>Training: All midwifery staff to undergo education in use of the Blood Gas Analyser, including trouble shooting and use of the guard to prevent vicarious scanning of other barcodes</p> <p>Training sessions planned daily at 1300 and 2100 in birthing, and also Birth Centre 6 & 20/11/18</p> <p>Default URN Mothers URN –year born/YY-baby 1(baby 2) e.g. XXXXXXXXX-18-1 (still to be ratified by standard 5 and 7) plus 3 identifiers <ol style="list-style-type: none"> 1. B/O mothers name 2. DOB 3. Gender </p> <p>Same Pt.ID requirements with other Blood Gas Analysers – NICU and OT Staff education will include awareness of default baby URN and 3 Correct pt. ID requirements</p>	<p>ADOM, CMC,CMM CDMs Pathology</p> <p>M.O- NICU/O&G/ADONs OT & NICU/ ADOM, CMC Birthing Pathology</p>	<p>Commence 5/11/18</p> <p>5/11/18</p>	<p>5/12/18-80% (59) Birthing and continuity midwifery staff have completed <i>correct use of technology</i> education provided by pathologist</p> <p>- 2 train the trainer in Birthing train the trainer in progress to have at least 4 complete training -staff are aware of default URN –training provided at time of blood analyser training</p> <p>- Blood analyser URN rules created and taken to standard 5 and 7</p> <p></p> <p>RE Newborn Pt ID and Blood Gas anal:</p>

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<p>Quality Assurance (QA)</p>	<p>Communication with OT and NICU teams Shared Business Rules for all Blood Gas Analysers- re Pt. ID for babies Posters displayed near BGA</p> <p>Audit</p> <ul style="list-style-type: none"> compliance of use of default Baby URN and 3 Identifiers, errors with data entry or vicarious scanning <ul style="list-style-type: none"> - daily for first 2months - review at Birthing/Birth Centre ward meeting and L3/4 meeting, Q&S Tier 3 O&G and Tier 2 Divisional Q&S meeting 	<p>CMC/CMM/CDM/ Birthing team</p>	<p>On commence ment of use of BGA</p>	<p>Complete- posters up near blood analyser reminding staff of default URN and 3 identifiers to be entered  Fetal Surveillance.docx</p> <p>5/12/18- Pathology have closely monitored any errors through auditing of tests initiated in Birthing. Feedback from pathology to trouble shoot issues. Review at December L3/4, departmental Q&S and tier 2 Q&S meeting planned</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

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<p>Reduce number of WBIT and Specimen Mislabelling in Maternity, specifically:</p> <p>*Newborn request/specimen for Group and DCT, and</p>	<p>AIM: 100% staff compliance with Pt Identification and specimen labelling Guidelines in maternity for Newborn request/specimen for Group and DCT and transfusion requests</p> <p>Newborn request/specimen for Group and DCT</p>			



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>*Maternal Transfusion requests and Specimens:</p> <div style="background-color: black; height: 80px; width: 100%;"></div>	<p>All midwives and medical officers are aware that the baby's labels are not available before <i>Newborn Gr.& DCT</i> blood test is required. Correct labelling includes: Handwritten Each 3 identifiers MUST match the specimen and the form. Correct 3 identifiers are:</p> <ul style="list-style-type: none"> • B/O mothers name • DOB • Gender 			
<ul style="list-style-type: none"> • All staff awareness • All Staff education 	<p>Posters in education HUB/Birth Centre education room/PNW/ANW Reminder/discussion at handover Agenda item at ward/area meetings Incidents are discussed with the staff member involved</p> <p>Education to include:</p> <ul style="list-style-type: none"> • Pt Identification Specimen Labelling SOP • Bloodsafe: Clinical Transfusion Practice eLearning • CHS Pt ID eLearning • Obtain certificates and place in L&D file • Report completion rates to CMC/CMM/ADOM monthly • Report completion rates to ED, DONM and O&G Clinical Director quarterly 	<p>CMM/CMC/CSM/CDM/team leaders</p>	<p>Ongoing</p> <p>ongoing</p>	<p>Complete</p> <ul style="list-style-type: none"> -Orientation of new staff to this process - Table at ward meetings and discuss at handover - WBITs are followed through <p>Progress report: -36 Staff who have completed eLearning package in November 2018</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<ul style="list-style-type: none"> WBIT reporting and monitoring 	<p>WBIT/Pathology Data reporting for each area to be available on Quality Boards for each Maternity area each month</p> <p>Discussed ward/unit results at each ward/unit meeting</p> <p>Report and monitor at Q&S O&G tier 3 monthly</p>	<p>CSM/CDM CMM/CMC/T/L CMM/CMC CMM/CMC</p>	<p>October 2018</p>	<p>Complete – ongoing WBIT Reports; -visible on Quality board - Discussed at Ward meetings and clinical handover - presented at departments Q&S monthly</p>
<ul style="list-style-type: none"> Orientation of new Staff 	<p>Update orientation packages to include eLearning and reading of SOP:</p> <ul style="list-style-type: none"> Pt Identification Specimen Labelling SOP Blood safe: Clinical Transfusion Practice eLearning CHHS Pt ID eLearning Obtain certificates and place in L&D file 	<p>CMC/CMM/CSM/CDMs</p>	<p>October 2018</p>	<p>Complete- integrated into orientation</p>
<ul style="list-style-type: none"> Role modelling by champions 	<ul style="list-style-type: none"> Identify champions to support staff to use correct processes 	<p>CMM/CMC</p>	<p>October - December 2018</p>	<p>5/12/18- In progress - staff who have experienced a WBIT to</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<ul style="list-style-type: none"> Audits of staff compliance rates with correct processes described in Pt Identification Specimen Labelling SOP: for -Gr and DCT for baby's after birth -Transfusion requests and Specimens 	<ul style="list-style-type: none"> Develop audits for monitoring compliance with Pt Identification Specimen Labelling-SOP Inform staff will be audited Gr and DCT for baby's after birth -Transfusion request forms Undertake audits at least 5+ per week Report audits at ward meeting/ quality board and Q&S meeting O&G Identify situations or peak times that contribute for non-compliance Review systems/resources in response to these Report to DONM 	<p>CMC/CDM</p>	<p>monthly</p>	<p>take on being champions to support staff to improve work behaviour in regard to PT ID and Blood labelling.</p> <p>-RM 2s and team leaders</p> <p>Ongoing- Audits based on SOP</p> <ul style="list-style-type: none"> Ad hoc audits to identify adherence to SOP Results presented to Ward meeting and Q&S meeting Placed on Quality Board Report audits to DONM end of December 2018
<ul style="list-style-type: none"> Zero Tolerance of staff not using correct process as per Pt Identification Specimen Labelling SOP 	<p>Zero tolerance if incorrect process is witnessed-</p> <ul style="list-style-type: none"> counsel staff member perform audit of process repeat education package 	<p>CMC/CMM/CDM/Champions</p>	<p>October 2018</p>	<p>[Redacted]</p> <p>Ongoing usually associated with audits</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
			ongoing	



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN



Agenda

Women, Youth & Children, Divisional Management Meeting

Thursday 28 February 2019, (14:00 – 15:30)
 Meeting Room 8, Level 2, Building 11, Blk F, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Noted
- 1.1. **Welcome to Country**
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from - **24 January 2019**
 - 2.2. Running Sheet of Outstanding Action Arising from previous meetings - **24 January 2019**
- Standing Agenda Items**
3. **Access Data from Scorecard – *Waiting on information from new Scorecard***
4. **Outpatients report –**
5. **Departmental Business and Cultural Plans –**
6. **Special Presentation –**
 Baby Friendly Initiative – Raelene Garret
7. **Budget Update – *Finance Manager, ED WYC***
8. **Staffing Update – *ED WYC***
9. **College Accreditations (RACP, RACS, RANZCOG BFHI) -**
10. **Admin Update – *Operations Manager***

Women, Youth and Children

11. **Maternity / Gynaecology Update - CD O&G / ADONM**
12. **Community Update – Dir WYCCHP / ADON WYCCHP**
13. **NICU / SCN – CD Neonatology / ADON**
14. **Paediatric Update – CD Paeds / ADON**
15. **Genetic Update – ACT Genetics Manager**
16. **Nursing & Midwifery Update – DONM**
17. **Allied Health – DAH**
18. **Health Policy Unit – Paul Wyles**
19. **WY&C Executive Officer -**
20. **Other Business –**

Next Meeting:

Thursday 28 March 2019 (14:00-15:30)



Minutes

Women, Youth & Children, Divisional Management Meeting

Meeting Date: Thursday 24 January 2019

Agenda Item No: 2.1

Subject: **Action Minutes of Women, Youth & Children
Divisional Management Meeting**
Thursday 24 January 2019 (11:00-12:30pm)
Meeting Room 8, Level 2, Building 11, Block F, WY&C

Source:

Purpose/comments:



Women, Youth and Children

NAME	Initials	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	EC	Executive Director, Division of WYC	✓		
Wyles, Paul	PW	Senior Manager Health Policy Unit		✓	
Carlisle, Hazel	HC	Clinical Director, Neonatology		✓	
Chaudhari, Tejasvi	TC	Deputy Clinical Director, Neonatology	✓		
Davis, Deborah	DD	Professor of Midwifery			✓
Raco, Ida	IR	Executive Assistant to Executive Director WYC	✓		
Maher, Penny	PM	ADONM - Maternity	✓		
Tarryn Guinard	TG	Operational Manager	✓		
Lang, Sam	SL	Executive Officer WYC	✓		
Lim, Boon	BL	Clinical Director, Obstetrics & Gynaecology		✓	
Cathy O'Neill	DC	A/g Director, WYC Community Health Programs	✓		
Karen Faichney	KF	A/g Director of Nursing & Midwifery, WYC	✓		
Mitchell, Anne	AM	Clinical Director - Paediatrics		✓	
Peek, Michael	MP	Professor of Obstetrics & Gynaecology	✓		
Sansum, Catherine	CS	Deputy Director, Community Paediatrics	✓		
Soufan, Abel	AS	Finance Manager WY&C		✓	
Moore, Alison	AM	A/g ADON , Paediatrics and Neonatology	✓		
Warwick, Linda	LW	Manager, ACT Genetics Service		✓	
Colliver, Debora	DC	Director, WYC Community Health Programs	✓		
Golley, Pip	PG	A/g Director of Allied Health		✓	
Roberson, Bronwyn	BR	A/g Manager Child Health Targeted Support Services	✓		
Thomas, Carolyn	CT	A/g ADON&M, Community Health Program		✓	



1. **ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:** *Noted*
 - 1.2. **Apologies:** *Noted*
 - 1.3. Chair welcomed committee members.
 - 1.4. **Welcome to Country**
2. **PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Action Minutes** – *Discussed.*
 - 2.2. **Running Sheet of Outstanding Actions arising from previous meetings** –
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:** *Updated*
 - 2.4.1 **Updates on progress against actions noted** – *Updated.*

Running Sheet of Outstanding Actions Arising from previous meetings: refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.



Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted Content]					



Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
Endorsed Midwives	Endorsed Midwives to attend O&G Consultants Meeting	Sam Lang	24/01/2019	Feb 2019	<ul style="list-style-type: none"> 24/01/2019 - Sam Lang to follow-up meeting attendance for Endorsed Midwives to the O&G Consultants Meeting. UPDATE 01/02/19: Sam advises that Endorsed Midwives have

Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
Electronic Clinical Systems	Improve electronic clinical systems to support delivery of maternity services	Penny Maher Karen Faichney Liz Chatham	24/01/2019	Feb 2019	been invited to O&G Meeting being held 12/03/19, awaiting response. • 24/01/2019 – ADON, DONM & ED to discuss Clinical Systems with Peter O'Hailoran.
Baby Friendly Initiative	Baby Friendly Initiative to be presented at next meeting 28/02/19.	Liz Chatham Raelene Garret	24/01/2019	Feb 2019 CLOSED	• 24/01/2019 – Ida to invite Raelene Garret to present at 28/02/19 meeting. Completed – CLOSED 01/02/19.



STANDING AGENDA ITEMS

3. Access Data –
4. **Departmental Business & Cultural Plans**
24/01/2019 - Thank you to Penny Maher for presenting detailed information regarding O&G Departmental Business & Cultural Plans.
5. **Budget update**
[REDACTED]
6. Staffing update
7. College Accreditations
8. Admin Update – Operations Manager
9. Maternity /Gynaecology – Penny Maher/Boon Lim
10. Community – Deborah Colliver
11. NICU/SCN – Hazel Carlisle/Tejasvi Chaudhari
12. Paediatrics – Anne Mitchell
13. Genetics – Linda Warwick
14. Allied Health – Pip Golley
15. Nursing & Midwifery – Karen Faichney
16. Health Policy Unit – Paul Wyles
17. WY&C Executive Officer – Sam Lang

18. OTHER BUSINESS

Discussion: 24/01/2019 –

Information regarding Changes to the Abortion Laws in the ACT was circulated in the meeting. Please ensure that this information is distributed to staff.

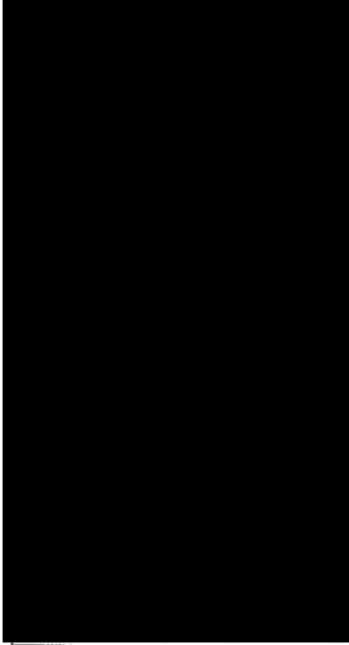

CHS Organisational Structure is currently being finalised by the CEO. Roles to be advertised in the next fortnight.

Department of Neonatology
DEPARTMENTAL BUSINESS PLAN 2019

Updated 02/02/2019

<p>Strategic Goal 1 Putting patients at the centre of everything we do</p>	<p>The Health Service of the Future: Overall focus for 2019: Optimal Care for all Babies and their families</p>	<p>Responsibility</p>	<p>Timing and progress</p>	<p>Results 2019</p>
<p>Access</p>	<p>Departmental Strategies and Innovations including KPI's</p>	<p>Responsibility</p>	<p>Timing and progress</p>	<p>Results 2019</p>
<p>Access</p>				

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<p>Access</p>		<p>AD /CNCs</p>	<p>KPI 1. KPI 2. KPI 3.</p>	
<p>Access</p>	<p>1.3 Strategy 1: Streamlining discharge from and care on PNW/ANW</p> <ul style="list-style-type: none"> • Collaborate with PNW/ANW staff to improve discharge flow and safely reduce length of stay on PNW. • Monitor readmission rate to PNW and SCN/NICU. • Develop targets for all readmission rates including >10% weight loss. <p>KPI measurement: Timing of discharge summaries to medical records, Readmission rate to NICU/SCN/PNW</p> <p>KPI 1:>80% Discharge Summaries are received by medical records within 48hrs</p> <p>KPI 2: Reduce length of stay on PNW for qualified babies by 10% in 2019</p> <p>KPI 3: Keep readmission rate for >10% weight loss to NICU/SCN to <1% and PNW to <2% in 2019</p>		<p>KPI 1 KPI 2 KPI 3</p>	

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DEPARTMENTAL BUSINESS PLAN 2019

Access	KPI 3: All infants who require admission after elective surgery are discussed prior to surgery			
<p>Strategic Goal 1 Putting patients at the centre of everything we do</p>	<p>Departmental Strategies and Innovations including KPI's</p>	Responsibility	Timing and progress	Results 2017
Quality	<p>2.1 Strategy 1: Increased use of breast milk in neonates: More for 4 project</p> <ul style="list-style-type: none"> • Development of Early Breast milk in neonates: Early Breast milk for all babies. • Aim: to Increase access to breast milk for all babies • Established lactation consultant position (expressed breast milk) and pasteurized donor breastmilk (donor breast milk) for preterm infants • Continuing lactation education for all staff • Development of MOU with ARCBS to continue using PDHM <p>KPI measurements: Provision of EBM by 4 hours, timing of and type of first feed in NICU KPI 1. Increase EBM provision at 4 hours postnatal age in infants <35 weeks gestation by >10% In 2019 KPI 2. <10% of infants <30 week gestation receive formula in the first week of life In 2019</p>	MB/ME/CSN/CN C	KPI 1: KPI 2.	
Quality				

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WOMEN YOUTH & CHILDREN

Department of Neonatology
DEPARTMENTAL BUSINESS PLAN 2019

Quality	KPI 1: Maintain NEC Rates below ANZJN average rate for the year in 2019			
Quality	[REDACTED]	[REDACTED]	[REDACTED]	
Quality	[REDACTED]	[REDACTED]	[REDACTED]	

THE HEALTH SERVICE OF THE FUTURE
WOMEN YOUTH & CHILDREN

Quality	[REDACTED]	
Quality	[REDACTED]	KPI 1
Quality	[REDACTED]	KPI 1
Quality	[REDACTED]	KPI

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WOMEN YOUTH & CHILDREN

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DEPARTMENTAL BUSINESS PLAN 2019

	[REDACTED]				
Quality					
Quality					
Strategic Goal 2 Building a sustainable health system, driven by innovation	Departmental Strategies and Innovations including KPI's	Responsibility	Timing and progress	Results 2017	
Sustainability and Innovation	[REDACTED]				

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Department of Neonatology
DEPARTMENTAL BUSINESS PLAN 2019

Sustainability and Innovation	<ul style="list-style-type: none"> Monthly research meeting. 			
Sustainability and Innovation				
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Sustainability and Innovation				
Strategic Goal 2 Building a sustainable health system, driven by innovation	Departmental Strategies and Innovations including KPI's	Responsibility	Timing and Progress	Results

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WOMEN YOUTH & CHILDREN

Department of Neonatology
 DEPARTMENTAL BUSINESS PLAN 2019

Strategic Goal 3 Developing the workforce of the future, starting now	Departmental Strategies and Innovations including KPI's	Responsibility	Timing and progress	Results 2017
Culture	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Culture	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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WOMEN YOUTH & CHILDREN

Strategic Goal 3	Departmental Strategies and Innovations including KPI's	Responsibility	Timing and progress	Results
Culture	[REDACTED]	[REDACTED]		

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DEPARTMENTAL BUSINESS PLAN 2019

Developing the workforce of the future, starting now				
Workforce	[REDACTED]			
Workforce	[REDACTED]			
Workforce	[REDACTED]			
Workforce	[REDACTED]			

Department of Neonatology
DEPARTMENTAL BUSINESS PLAN 2019

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Agenda

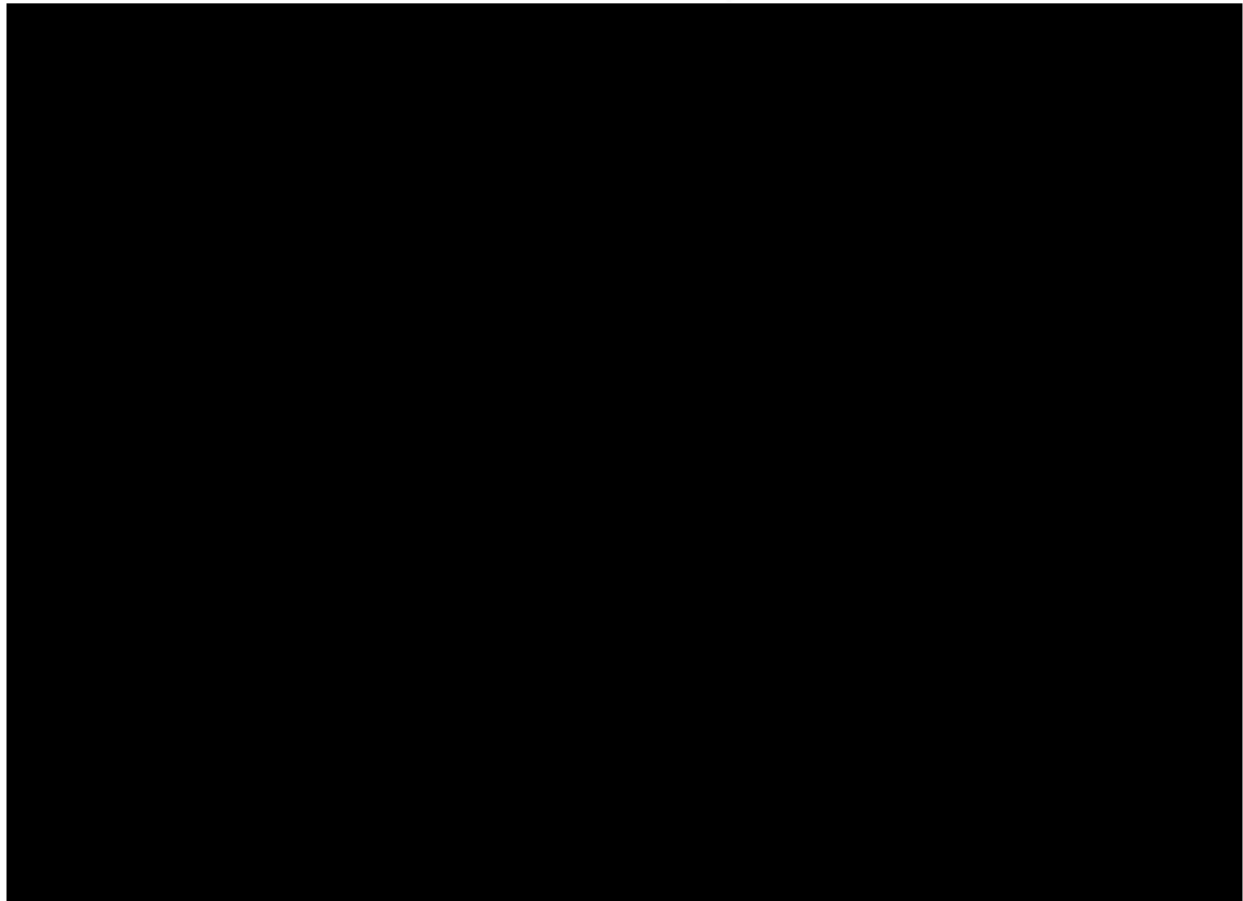
Women, Youth & Children, Divisional Quality & Safety Meeting

Wednesday 20 February 2019 (14:00 to 15:30)
Meeting Room 8, Level 2, Building 11, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Noted
 - 1.1. Welcome to Country
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from – *13 December 2018*
3. **Consumer Representative Items – Priyanka Rai**
4. **Departmental Reports - 20 mins**
 - 4.1. Departmental reports are to include an update on the following;
Risk Register, M&M recommendations, Quality Improvement Projects, Policy Developments, Complaints & Compliments, Benchmarking and any other Quality issues:
 - **February 2019 – Neonatology**
 - **March 2019 – Community Health Programs**
 - **April 2019 – Paediatrics**
5. **National Standards Update**
 - 5.1. Correspondence/ Feedback/Issues arising relating to Standards
 - 5.2. **National Standards**
 1. **GOVERNANCE** – Zsuzsoka Kecskes
 2. **PARTNERING WITH CONSUMERS** - Elizabeth Chatham / Zsuzsoka Kecskes
 3. **HEALTH CARE ASSOCIATED INFECTIONS** – Tejasvi Chaudhari
 4. **MEDICATION SAFETY** –Tiffany Krause
 5. **PATIENT IDENTIFICATION** – Kay Thomas
 6. **CLINICAL HANDOVER** – Cathy O’Neill/ Karen Faichney
 7. **BLOOD AND BLOOD PRODUCTS**- Penny Maher
 8. **PRESSURE INJURIES** – Wendy Alder

Women, Youth and Children

- 9. **CLINICAL DETERIORATION** – Anne Mitchell
- 10. **FALLS** - Helen Perkins



- 9. **Policy Documents**
 - 9.1 Divisional Policy Report: review overdue for revision/completion - *update*
- 10. **Safety and Quality Committee Minutes** for noting:
 - a) **EDC (Organisational)** – CHHS Risk Register Provided
 - b) **WYC Department Quality & Safety Meeting Minutes;**
- 11. **Other Business/Correspondence**
 - 11.1 Smoking in Pregnancy Process Evaluation Report – Elizabeth Chatham
 - 11.2 Mesh TOR – Boon Lim
 - 11.3 Medication Safety Self-Assessment Findings undertaken at CHWC 2018 – Daniel Lalor (Pharmacy)



Minutes

Women, Youth & Children,
Divisional Quality & Safety Meeting

Meeting Date: Wednesday 20 February 2019 (15:00 to 16:30)
Meeting Room 8, Level 2, Building 11, WY&C

Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Quality & Safety Meeting
Wednesday 20 February 2019

Source:

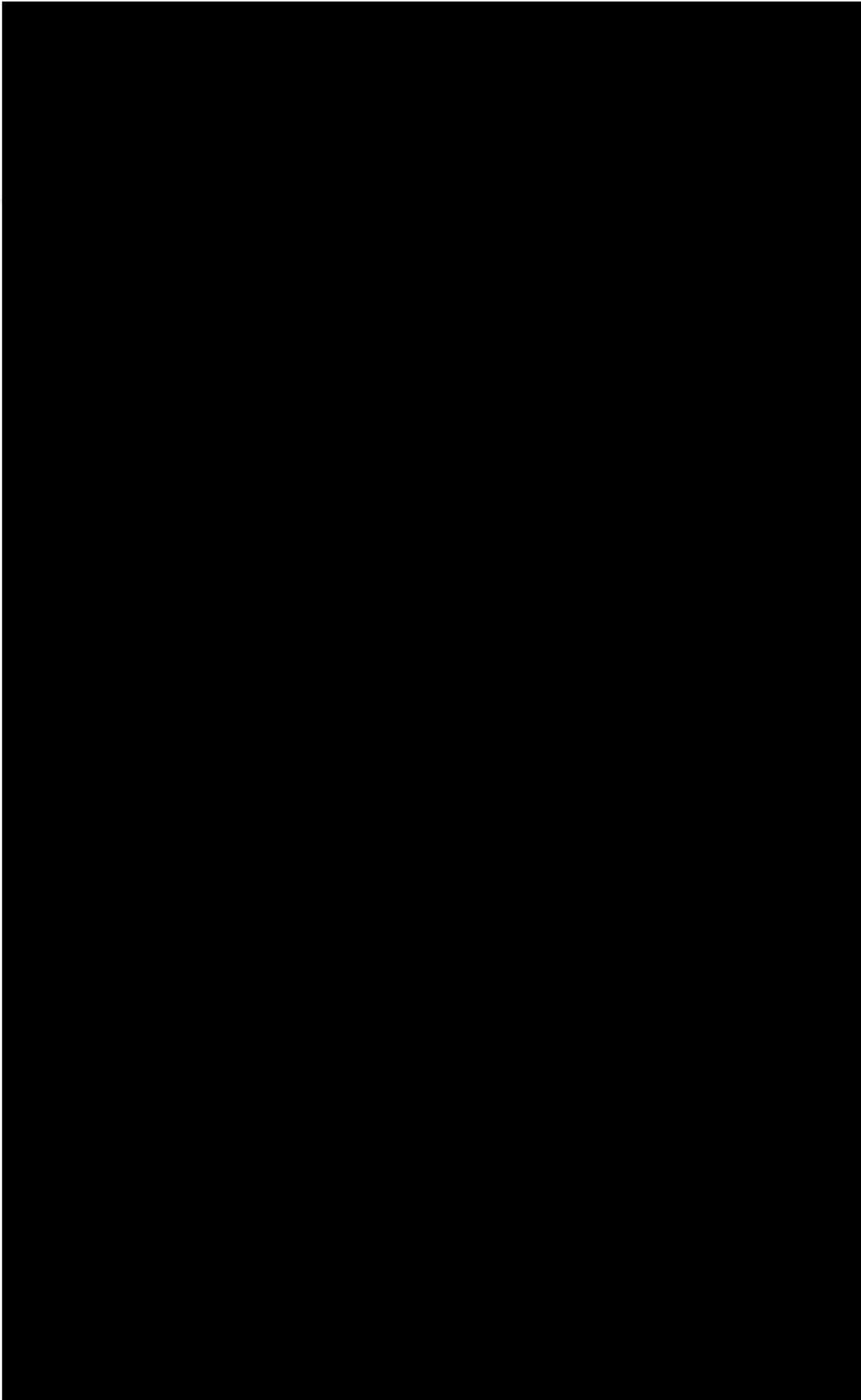
Purpose/comments:

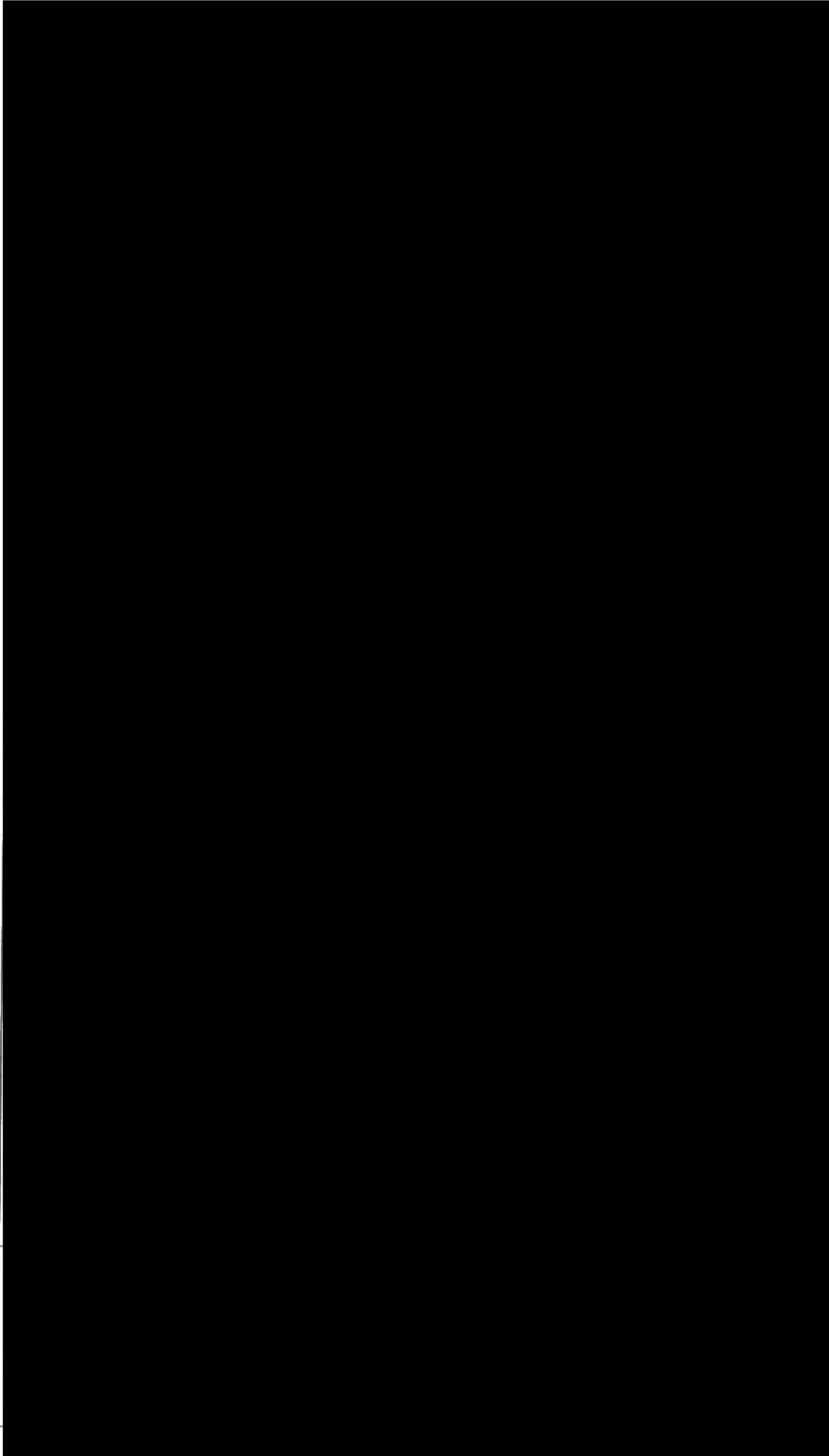
NAME	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	Executive Director, WY&C	✓		
Faichney, Karen	Director of Nursing & Midwifery, WY&C	✓		
Carlisle, Hazel	Clinical Director, Neonatology CHWC	✓		
Chaudhari, Tejasvi	Deputy Clinical Director, Neonatology CHWC		✓	
Davis, Deborah	Professor of Midwifery			✓
Maher, Penny	ADON&M Maternity & Gynaecology	✓		
Guinard, Tarryn	Operations Manager, WY&C	✓		
Edwards, Stephanie	A/g Operations Manager, WY&C	✓		
Kecskes, Zsuzsoka	Professor, Department of Neonatology		✓	
Mohamed, Abdel- Latif	Professor, Department of Neonatology			✓
Moore, Alison	A/g ADON Neonatology & Paediatrics	✓		
Lang, Samantha	Executive Officer, WY&C		✓	
Raco, Ida	PA to ED, WY&C, Secretariat	✓		
Lim, Boon	Clinical Director, Obstetrics & Gynaecology	✓		
Mitchell, Anne	Clinical Director, Paediatrics	✓		
Murphy, Louise	A/g ADON CHP, Division of WY&C	✓		
Thomas, Carolyn	A/g ADON Community Health Program		✓	
Golley, Pip	A/g Director Allied Health		✓	
Peek, Michael	Professor, Department of Obstetrics & Gynaecology		✓	
Colliver, Deborah	Director, WY&C Community Health Programs	✓		
Sansum, Cath	Deputy Clinical Director, Community Paediatrics	✓		
Warwick, Linda	Manager, ACT Genetics Service		✓	
Brims, Felicity	Deputy Clinical Director, Obstetrics & Gynaecology			✓
Nissen, Julianne	Quality & Safety Representative		✓	
O'Neill, Cathy	Assistant Director of Nursing Project Officer for Division of Women Youth and Children	✓		
Rampersad, Rajay	Medical Rep, Paediatric Surgery		✓	
Roberson, Bronwyn	A/g Manager Child Health Targeted Support Services	✓		
Rai, Priyanka	Consumer Representative	✓		
Lalor, Daniel	Deputy Director of Pharmacy	✓		

1. **ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:**
 - 1.2. **Apologies:** *noted*
 - 1.3. **Chair welcomed committee members:**
 - 1.4. **Welcome to Country**
2. **PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Action Minutes from:** *13 December 2018*
 - 2.2. **Outstanding Actions Arising from Previous Meetings – 13 December 2018**
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:**
 - 2.4.1 **Updates on progress against actions noted.**

Running Sheet of Outstanding Actions Arising from previous meetings:
Refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

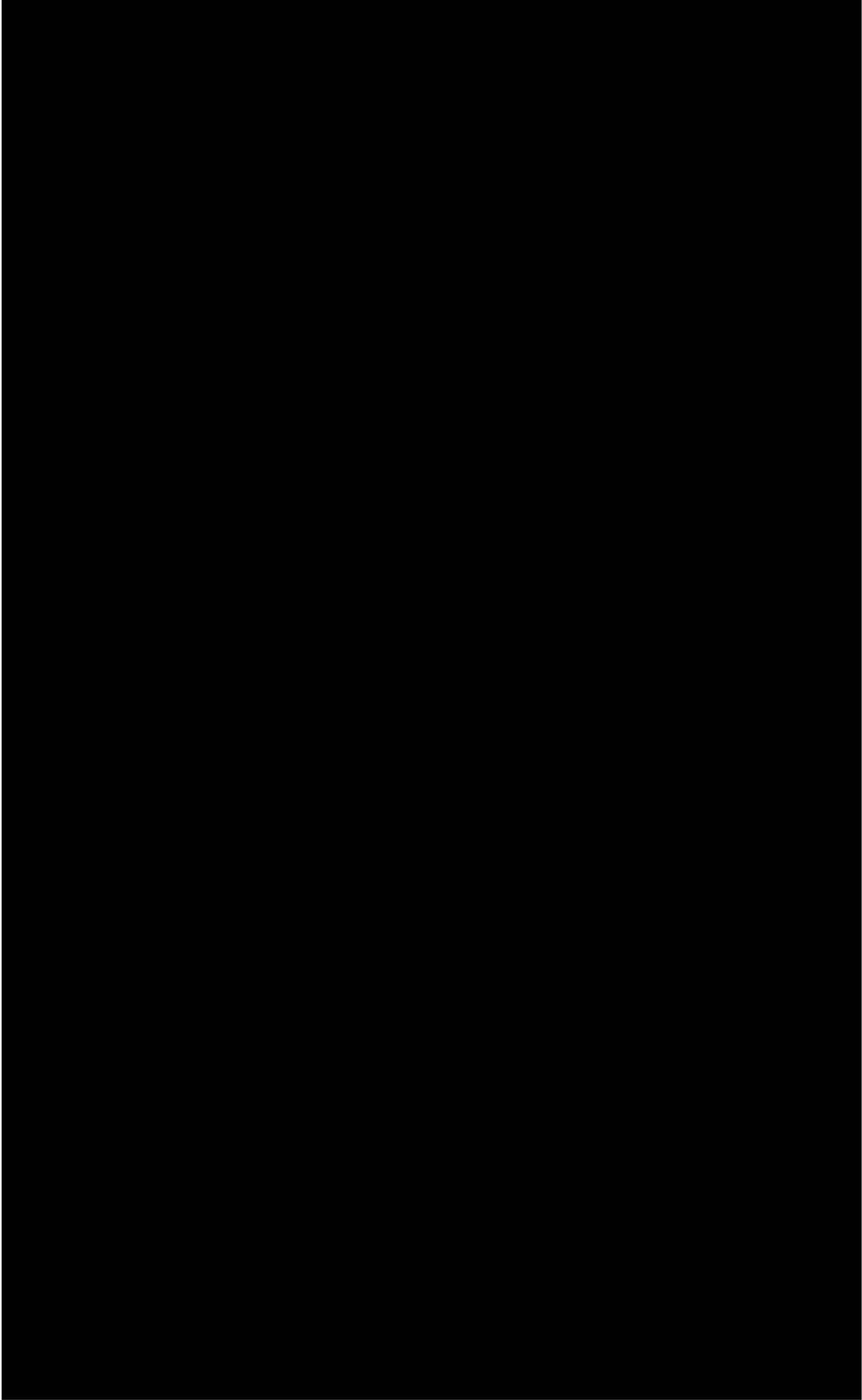
Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment

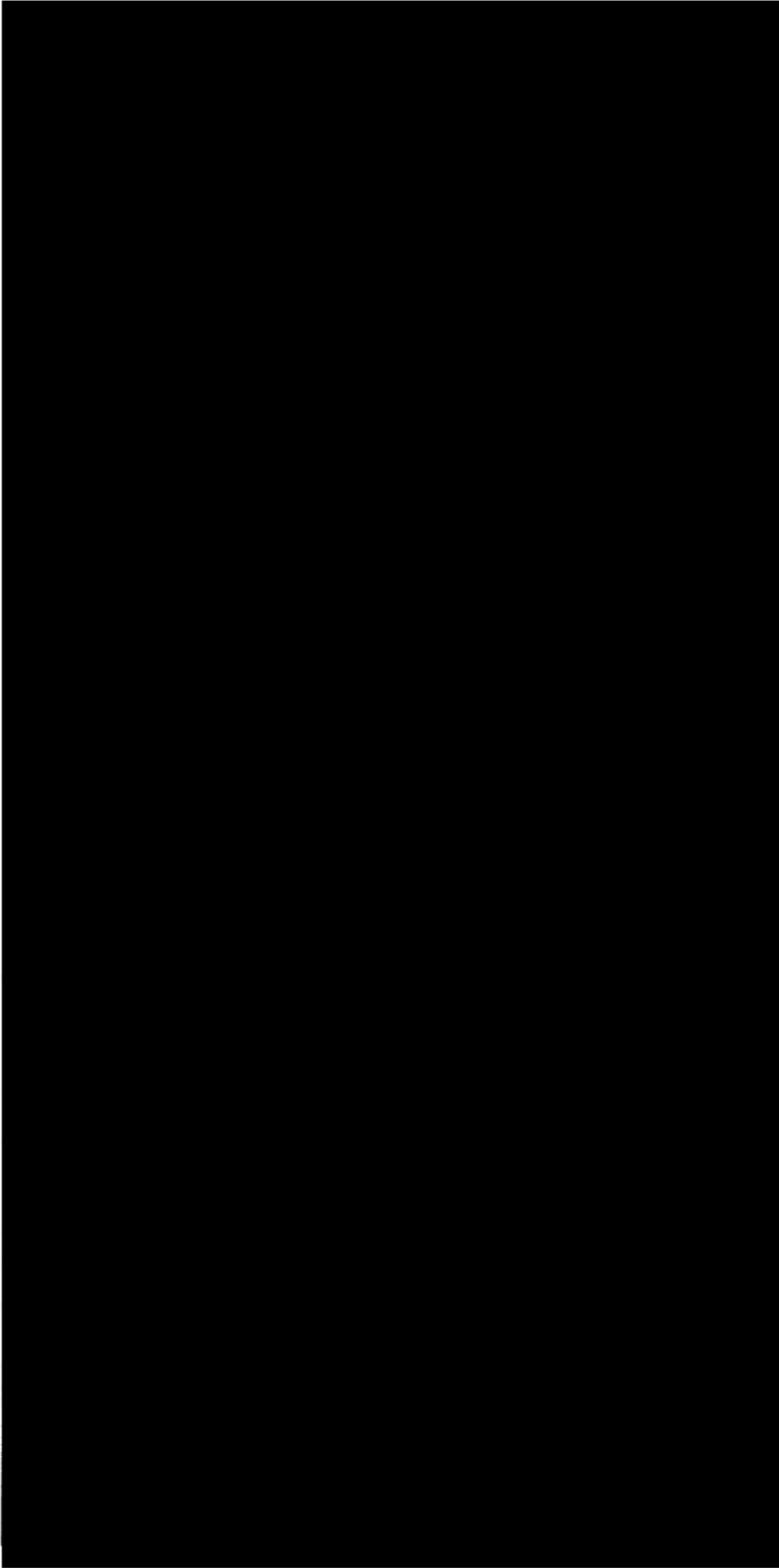




<p>Pre-determined Identification Labels</p>	<p>Penny Maher & Tejasvi Chaudhari to look into pre-determined ID labels (pre-birth labels)</p>	<p>Penny Maher/ Tejasvi Chaudhari</p>	<p>July 2018</p>	<p>February 2019 CLOSED Dec-2018 Oct-2018 Sept-2018 Aug-2018</p>	<ul style="list-style-type: none"> 11/07/2018 – Liz to provide update at next meeting.
					<ul style="list-style-type: none"> 20/02/2019 – CLOSED. No longer proceeding with labels, however, formal identification processes are in place. 13/12/2018 – Held Over. 10/10/2018 – Due to difficulties with the pre-determined ID labels & URN's, new options/solutions currently being reviewed. 12/09/2018 – ACTPAS not able to support. Pursuing options with Pathology & Standard 7. 08/08/2018 - Pre-birth labels (after 20 weeks) to assist with reducing pathology incidents/ Riskman. Three identifiers used – URN, B/O Name & Address. Take label to Standard 5 Patient ID. Penny Maher to enquire with

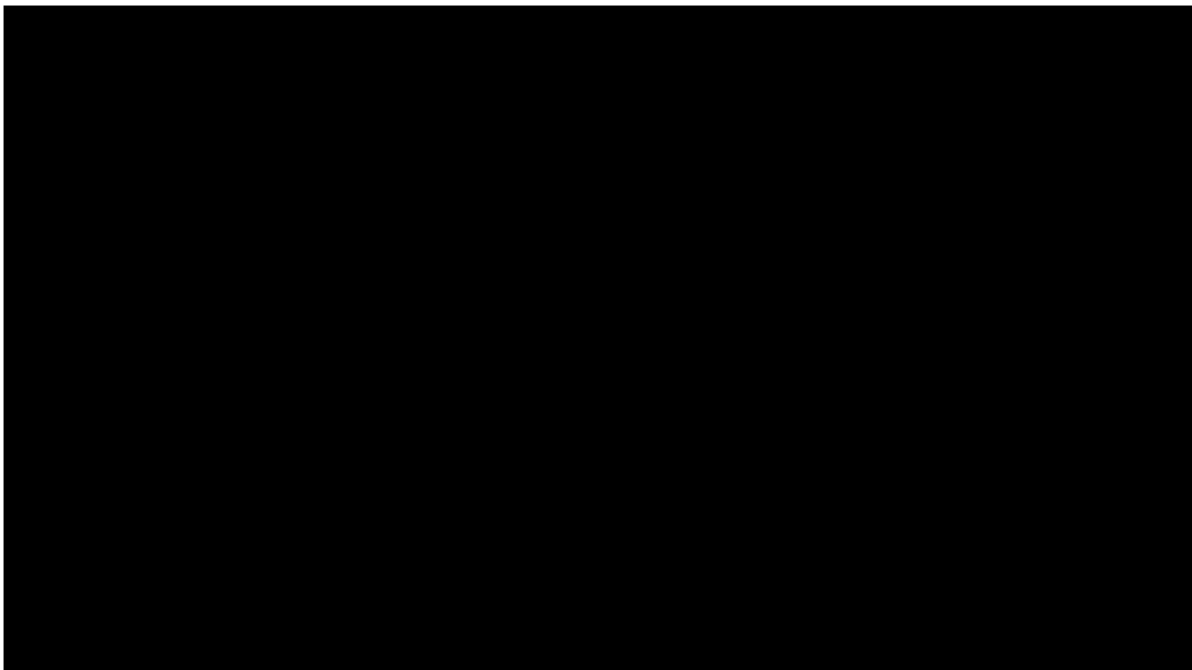
					other units and provide update at next meeting. <ul style="list-style-type: none"> 11/07/2018 – Penny/Tejasvi to provide update at next meeting
	[REDACTED]				
					[REDACTED]





Other Business 20/02/2019:

Smoking in Pregnancy Process Evaluation Report discussed.



Meeting: Commenced 14:00 & ended 15:30




WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>Introduction of Blood Gas Analyser (BGA) in Birthing</p> <p>Correct use of technology</p> <p>Correct Pt ID entered</p>	<p>AIM: All specimens are correctly identified</p> <p>Training: All midwifery staff to undergo education in use of the Blood Gas Analyser, including trouble shooting and use of the guard to prevent vicarious scanning of other barcodes</p> <p>Training sessions planned daily at 1300 and 2100 in birthing, and also Birth Centre 6 & 20/11/18</p> <p>Default URN Mothers URN –year born/YY-baby 1(baby 2) e.g. XXXXXXXXX-18-1 (still to be ratified by standard 5 and 7) plus 3 identifiers <ol style="list-style-type: none"> 1. B/O mothers name 2. DOB 3. Gender <p>Same Pt.ID requirements with other Blood Gas Analysers – NICU and OT Staff education will include awareness of default baby URN and 3 Correct pt. ID requirements</p> </p>	<p>ADOM, CMC, CMM CDMs Pathology</p> <p>M.O- NICU/O&G/ADONs OT & NICU/ ADOM, CMC Birthing Pathology</p>	<p>Commence 5/11/18</p> <p>5/11/18</p>	<p>5/12/18- -80% (59) Birthing and continuity midwifery staff have completed <i>correct use of technology</i> education provided by pathology</p> <p>- 2 train the trainer in Birthing train the trainer in progress to have at least 4 complete training -staff are aware of default URN –training provided at time of blood analyser training</p> <p>- Blood analyser URN rules created and taken to standard 5 and 7</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>Quality Assurance (QA)</p> <p>Audit</p> <ul style="list-style-type: none"> compliance of use of default Baby URN and 3 Identifiers, errors with data entry or vicarious scanning - daily for first 2months - review at Birthing/Birth Centre ward meeting and L3/4 meeting, Q&S Tier 3 O&G and Tier 2 Divisional Q&S meeting 	<p>Communication with OT and NICU teams</p> <p>Shared Business Rules for all Blood Gas Analysers- re Pt. ID for babies</p> <p>Posters displayed near BGA</p>	<p>CMC/CMM/CDM/ Birthing team</p>	<p>On commencement of use of BGA</p>	<p>Complete- posters up near blood analyser reminding staff of default URN and 3 identifiers to be entered</p> <p> Fetal Surveillance.docx</p> <p>5/12/18- Pathology have closely monitored any errors through auditing of tests initiated in Birthing. Feedback from pathology to trouble shoot issues. Review at December L3/4, departmental Q&S and tier 2 Q&S meeting planned</p>



Standard 7 – Blood and Blood Products

WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>[Redacted]</p> <p>Reduce number of WBIT and Specimen Mislabelling in Maternity, specifically:</p> <p>*Newborn request/specimen for Group and DCT, and</p>				
	<p>AIM: 100% staff compliance with Pt Identification and specimen labelling Guidelines in maternity for Newborn request/specimen for Group and DCT and transfusion requests</p> <p>Newborn request/specimen for Group and DCT</p>			



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<p>*Maternal Transfusion requests and Specimens:</p> <div style="background-color: black; height: 20px; width: 100%;"></div>	<p>All midwives and medical officers are aware that the baby's labels are not available before Newborn Gr. & DCT blood test is required. Correct labelling includes: Handwritten Each 3 identifiers MUST match the specimen and the form. Correct 3 identifiers are:</p> <ul style="list-style-type: none"> • B/O mothers name • DOB • Gender 			
<ul style="list-style-type: none"> • All staff awareness • All Staff education 	<p>Posters in education HUB/Birth Centre education room/PNW/ANW Reminder/discussion at handover Agenda item at ward/area meetings Incidents are discussed with the staff member involved</p> <p>Education to include:</p> <ul style="list-style-type: none"> • Pt Identification Specimen Labelling SOP • Bloodsafe: Clinical Transfusion Practice eLearning • CHHS Pt ID eLearning • Obtain certificates and place in L&D file • Report completion rates to CMC/CMM/ADOM monthly • Report completion rates to ED, DONM and O&G Clinical Director quarterly 	<p>CMM/CMC/CSM/CDM/team leaders</p>	<p>Ongoing</p> <p>ongoing</p>	<p>Complete</p> <ul style="list-style-type: none"> -Orientation of new staff to this process - Table at ward meetings and discuss at handover - WBITs are followed through <p>Progress report: -36 Staff who have completed eLearning package in November 2018</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<ul style="list-style-type: none"> WBIT reporting and monitoring 	<p>WBIT/Pathology Data reporting for each area to be available on Quality Boards for each Maternity area each month</p> <p>Discussed ward/unit results at each ward/unit meeting</p> <p>Report and monitor at Q&S O&G tier 3 monthly</p>	<p>CSM/CDM CMM/CMC/T/L CMM/CMC CMM/CMC</p>	<p>October 2018</p>	<p>Complete – ongoing WBIT Reports; -visible on Quality board - Discussed at Ward meetings and clinical handover - presented at departments Q&S monthly</p>
<ul style="list-style-type: none"> Orientation of new Staff 	<p>Update orientation packages to include eLearning and reading of SOP:</p> <ul style="list-style-type: none"> Pt Identification Specimen Labelling SOP Blood safe: Clinical Transfusion Practice eLearning CHS Pt ID eLearning Obtain certificates and place in L&D file 	<p>CMC/CMM/CSM/CDMs</p>	<p>October 2018</p>	<p>Complete- integrated into orientation</p>
<ul style="list-style-type: none"> Role modelling by champions 	<ul style="list-style-type: none"> Identify champions to support staff to use correct processes 	<p>CMM/CMC</p>	<p>October - December 2018</p>	<p>5/12/18- In progress - staff who have experienced a WBIT to</p>



WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
<ul style="list-style-type: none"> Audits of staff compliance rates with correct processes described in Pt Identification Specimen Labelling SOP: for -Gr and DCT for baby's after birth -Transfusion requests and Specimens Zero Tolerance of staff not using correct process as per Pt Identification Specimen Labelling SOP 	<ul style="list-style-type: none"> Develop audits for monitoring compliance with Pt Identification Specimen Labelling SOP Inform staff will be audited Gr and DCT for baby's after birth -Transfusion request forms Undertake audits at least 5+ per week Report audits at ward meeting/ quality board and Q&S meeting O&G Identify situations or peak times that contribute for non-compliance Review systems/resources in response to these Report to DONM Zero tolerance if incorrect process is witnessed- <ul style="list-style-type: none"> counsel staff member perform audit of process repeat education package 	<p>CMC/CDM</p> <p>CMC/CMM/CDM/Champions</p>	<p>monthly</p> <p>October 2018</p>	<p>take on being champions to support staff to improve work behaviour in regard to PT ID and Blood labelling.</p> <p>-RM 2s and team leaders</p> <p>Ongoing- Audits based on SOP</p> <ul style="list-style-type: none"> Ad hoc audits to identify adherence to SOP Results presented to Ward meeting and Q&S meeting Placed on Quality Board Report audits to DONM end of December 2018 <p>[REDACTED]</p> <p>Ongoing usually associated with audits</p>



Standard 7 – Blood and Blood Products

WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Issues	Action	Person(s) responsible	Due	Complete
			ongoing	



Standard 7 – Blood and Blood Products

WRONG BLOOD IN TUBE: WBIT INCIDENTS MATERNITY ACTION PLAN

Smoking in Pregnancy pilot project: Process evaluation report



October 2018



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1. Introduction

This report provides evaluation findings and key learnings from the ACT Health Smoking in Pregnancy (SiP) pilot project.

The SiP project was initiated by ACT Health as a pilot in response to findings reported in the *2014 ACT Chief Health Officer's Report* that indicated a high prevalence of smoking amongst younger women who were pregnant, as well as amongst Aboriginal and Torres Strait Islander pregnant women generally. The project has involved three evidence based strategies, delivered between November 2015 and June 2018 – these being: 1) education and awareness raising; 2) sector capacity building; and 3) access to free nicotine replacement therapy (NRT).

The evaluation finds that all the planned strategies were implemented over the life of the project, with some significant achievements, particularly in the areas of capacity building and provision of free NRT as part of smoking cessation supports. The project has achieved all its intended short term outcomes and is moving towards medium term outcomes.

This report highlights the key factors for the project's success together with the limitations and learnings which can inform the planning and implementation of future smoking cessation projects.

2. About the project

2.1 Origins

The *2014 ACT Chief Health Officer's Report*¹ found that for non-Aboriginal and Torres Strait Islander women, 44.4% of those under 20 years of age and 28.6% of those aged 20 to 24 years reported smoking during pregnancy. Smoking estimates were higher for the ACT's Aboriginal and Torres Strait Islander women with 68% of those aged under 20 years and 59.2% of those aged 20 to 24 years reporting having smoked during pregnancy. This compared to a rate of 9.3% for all ACT women who smoked during pregnancy.

These concerning rates were supported by the National Health Performance Authority (NHPA) *Healthy Communities: Child and maternal health in 2009-2012* report (released July 2014)². Using the NHPA report figures, about 1 in 10 ACT women were found to smoke during pregnancy. Based on approximately 4,000 births in the ACT each year, it was estimated that approximately 400 ACT women were smoking during pregnancy.

Smoking during pregnancy is a preventable risk factor for pregnancy-related complications and for longer-term health conditions for both mother and child. With the problem well-defined, and the target group clearly identifiable, the SiP project was initiated by the Health Improvement Branch (HIB), ACT Health, as a pilot, to improve outcomes for both mother and baby.

2.2 Aims, strategies and target groups

The project aims to reduce the rates (incidence and prevalence) of smoking amongst women residing in the ACT, particularly the prevalence of smoking amongst young pregnant non-Indigenous women aged 15 to 24 years and pregnant Aboriginal and Torres Strait Islander women of all ages.

¹ Available from <https://health.act.gov.au/sites/default/files/2018-09/ACT%20Chief%20Health%20Officers%20Report%202014.pdf> (Accessed 3 October 2018)

² Available from <https://www.myhealthycommunities.gov.au/our-reports/child-and-maternal-health/july-2014> (Accessed 3 October 2018)

The project has taken a multi-faceted approach, using three evidence based strategies, as follows:

1. Education and awareness raising through:
 - a) Implementation of two smoking behaviour change (communication) campaigns (delivered from May 2016 to July 2017) – one targeting all young women and the other targeting pregnant women, those planning to have children and their partners; and
 - b) Development of culturally appropriate smoking cessation resources targeting pregnant and parenting Aboriginal and Torres Strait Islander women (delivered in the second half of 2017).
2. Capacity building for organisations that work with young and Aboriginal and Torres Strait Islander pregnant women and their families, including the delivery of training opportunities for health professionals (midwives as well as others working in health, education and community service sectors) in smoking cessation support (including NRT dispensing/provision) and motivational interviewing. Activities under this strategy were delivered from November 2015 to May 2018 and included on-site training in services and phone mentoring sessions.
3. Free NRT provision for nicotine dependent young and Aboriginal and Torres Strait Islander pregnant women and their cohabitants, family and peers, where quit attempts using behavioural counselling alone have not been successful and where medically indicated. Cohabitants, family and peers were included in this strategy based on the recognition that these people play a significant role in the success or failure of quit attempts³. At the implementation stage of this strategy, the decision was made to extend this support to women six months postnatally, based on research indicating that women who stop smoking during pregnancy are at high risk of smoking relapse^{4,5}.

ACT Health funded six relevant health, education and community services in 2017 to provide free NRT as part of their smoking cessation support for the target group. All funding agreements were to conclude on 30 June 2018, but were extended to 31 December 2018 to allow organisations to utilise unspent funding.

These strategies are discussed further in Section 4. A program logic which outlines the project strategies, the target groups (project recipients), and the strategies' expected short, medium and future health outcomes is provided at [Appendix A](#).

2.3 Working Group

A project Working Group was established in June 2014 and comprised of stakeholders from: ACT Health, the Alcohol, Tobacco and Other Drug Association of the ACT (ATODA); Winnunga Nimmityjah Aboriginal Health Service (Winnunga); Cancer Council ACT; Pharmacy Guild ACT; and Capital Health Network. The role of the Working Group was to advise on the development and implementation of strategies to reduce the rates of smoking during pregnancy across the ACT population.

The Working Group met nine times over the life of the project to provide input on the development and implementation of the project, with the last meeting held in October 2017.

3. About the evaluation

The purpose of this evaluation is to assess the appropriateness and effectiveness of the SiP pilot project strategies. The results will be used to inform potential future directions for work in smoking cessation.

³ Haas SA and Schaefer DR (2014). With a little help from my friends? Asymmetrical social influence on adolescent smoking initiation and cessation. *Journal of Health and Social Behaviour*. 55(2), 126-143.

⁴ Gilbert NL, Nelson CRM and Greaves L (2015) Smoking cessation during pregnancy and relapse after childbirth in Canada, *Journal of Obstetrics and Gynaecology Canada*; 37(1): 32-39.

⁵ Tong VT, Jones JR, Dietz PM, D'Angelo D, Bombard JM (May 29 2009). Trends in smoking before, during and after pregnancy – pregnancy risk assessment monitoring system (PRAMS), US 31 sites 2000-2005, *MMWR*, 58(SS04); 1-29.

The evaluation is largely process oriented, focused on documenting and assessing the implementation of the pilot project strategies and related activities. The nature of health promotion projects means that it is still early days in terms of this project leading to measurable longer term health outcomes (see [Appendix A](#)).

The evaluation draws on review and analysis of pre-existing data – including: media program data on the reach of communication campaigns; capacity building evaluation forms; and NRT quarterly activity and financial acquittal reports, completed by funded organisations – as well as interviews with stakeholders (n=26). Data has been synthesised in this report.

4. Findings

Each of the three project strategies are examined in this section with information about the implementation of the strategy, findings and learnings that can be used to inform future projects.

4.1 Education and awareness raising

Implementation

Following concept testing in June 2015, ACT Health negotiated licencing agreements to use two existing behaviour change (communication) campaigns as part of the SiP project. These campaigns were:

1. Queensland (QLD) Health's *If you smoke, your future's not pretty* (YFNP) campaign – which targets all young women and addresses the impact smoking has on ageing, appearance, money, health and fitness and the damaging effects on fertility and pregnancy.
2. The Australian Government Department of Health's *Quit for You, Quit for Two* (Q4U-Q42) campaign – which targets pregnant women, those planning to have children, and their partners, to help them give up smoking and give their children a healthy start in life. The campaign provides information about the health harms associated with smoking during pregnancy, and the support available to women on their journey to quit smoking.

YFNP was launched on World No Tobacco Day on 31 May 2016, with a paid media campaign delivered until 14 June 2016. The Q4U-Q42 campaign commenced in November 2016, with a paid media campaign during November and December 2016. A final burst of paid media activity for both campaigns was undertaken from May to July 2017.

Paid media channels included: digital advertising (online video, display ads, Facebook posts, Google search and editorial); out of home advertising (Tonic TV in medical centre waiting rooms and shopping centre smart screens); as well as cinema advertising. YFNP included a smoking photo booth program (embedded in the campaign website) that enabled the user to upload their photo to see how smoking ages them. Q4U-Q42 included an app providing encouraging and supportive information, games to distract the user when they were experiencing cravings and referral to further support and advice. All advertisements directed the audience to the YFNP photo booth and/or the Q4U-Q42 app.

The existing ACT Health Facebook page and ACT Chief Health Officer Twitter account were used to promote both campaigns, and the ACT Health website provided a web presence for both campaigns.

In addition to the above campaigns, specialised resources for smoking cessation with Aboriginal and Torres Strait Islander women were developed and delivered in collaboration with Winnunga, including 'No more Boondah bubs' themed Bounty Bags which contain a specially developed fold out 'Z card' with helpful hints on smoking triggers and quit strategies, and a personalised smokerlyzer⁶.

⁶ Smokerlyzers are a range of breath carbon monoxide (CO) monitors and testers which measure the small amounts of CO in exhaled breath. The more you smoke, the higher your CO reading will be.

Findings

The evaluation finds that the communication campaigns were well tested, researched and planned, and had a good reach during the paid media bursts, with engagement for both YFNP and Q4U-Q42 being generally above government benchmarks. The number of visits to the campaign material on the ACT Health website were significant given the small target group. (See [Appendix B](#) for detailed information on campaign results.)

Given the content and reach of the campaigns, the evaluation concludes that the project has achieved its short term outcome of 'Raised awareness and knowledge: of impact of smoking and benefits of not smoking; and of available quit strategies, support services and resources' (see [Appendix A](#)).

The communication campaigns were, in the main, considered appropriate by stakeholders. Two stakeholders alluded to research suggesting that the populations that are still smoking are resistant to communication campaign messages. Despite this, these stakeholders felt such campaigns can play an important role, noting that they require a significant investment, with messaging being sustained, repeated and well supported by smoking cessation supports on the ground.

The YFNP campaign was designed to focus specifically on the impact of smoking on the appearance of young women. Campaign research suggested the effects on physical appearance can be a more powerful motivator for young women to stay smoke-free than long term health consequences. The campaign was designed to be somewhat polarising and spark community conversation about smoking amongst young women. This was indeed the case with the first paid social media activity, occurring June 2016, receiving a number of negative comments relating to the campaign's focus on appearance of women rather than health consequences. ACT Health was prepared for these comments and responded accordingly. However, following an internal review it was determined that future campaign activity would emphasise the campaign's factual information and not actively promote the photo booth.

Whilst YFNP achieved good engagement, campaigns such as YFNP, that are designed to be controversial and start a conversation in the community, may be better delivered by external agencies. In delivering these campaigns, agile social media platforms and the ability to quickly respond to community comments and foster productive community conversations are critical.

The Q4U-Q42 campaign was well received by the community and stakeholders. Most funded organisations reported using the Q4U-Q42 resources (posters, pamphlets, referred clients to App) and most stakeholders were aware of this campaign. Interestingly, one stakeholder reported that several clients found that the Q4U-Q42 App's notification system, acted more like a smoking trigger than a distraction from cravings. This feedback was passed on to the Australian Government Department of Health as the owners of the campaign.

Campaign activity was undertaken in short bursts at key points throughout the project period. Whilst every effort was made to ensure the campaign activity aligned with relevant aspects of the capacity building and NRT provision activities, this was not always possible. Some of the unforeseen delays in establishing processes for NRT dispensing meant that the call to action from the campaigns were not fully capitalised, with only two participating organisations offering free NRT during the period in which the campaigns were active (see Section 4.3). The evaluation recognises the difficulty in aligning all aspects of a multi-faceted project, however future projects should consider delaying the delivery of communication activity wherever possible until other aspects of the project have been finalised in order to capitalise on the campaign calls to action.

The project resources developed for Aboriginal and Torres Strait Islander pregnant women were well informed and integrated into Winnunga's existing 'No More Boondah' program. It was reported that clients responded well to these resources and Winnunga was appreciative of the flexibility of the project to enable funding to be put into this resource development. Stakeholder feedback indicates that more

culturally appropriate smoking resources for this target group may be required and opportunities to develop these may exist by capitalising on the ACT Health 'Beyond Today' campaign.

Learnings

- Campaigns such as YFNP that are designed to start a conversation about smoking, may be better delivered by non-government agencies, noting the need for agile social media platforms and the capacity to foster positive community conversations.
- Wherever possible, anti-smoking communication campaign messaging should be scheduled after other project aspects are finalised, to align with on-the-ground supports and maximise project impact.

4.2 Capacity building

Implementation

Project planning identified that health professionals are well placed to deliver effective smoking cessation interventions and that there is an increased quit rate for smokers when a range of health professionals play an active role in providing advice, support and follow-up. An environmental scan of services engaging with the target group was undertaken to target this training to health, education and community sector professionals.

Capacity building activities included:

1. Eight formal group training opportunities in smoking cessation support (including NRT dispensing/provision) and, later, motivational interviewing (MI) were delivered between November 2015 to December 2017;
2. Six site visits in June 2017 to provide on-site training; and
3. Four phone mentoring sessions for those professionals working in the organisations receiving funding for free NRT (see Section 4.3), convened between August 2017 and May 2018.

Findings

Capacity building should be seen as a significant achievement of the project – with over 276 participants in the various opportunities provided. The majority of trained individuals were health professionals (nurses, midwives and allied health workers), but also included teachers, social workers and other community sector workers.

There were more than 193 participants in the formal group training sessions, with very positive feedback overall in terms of the training contributing to participants' learnings around providing smoking care. Feedback on the usefulness of the MI training was especially positive. It was recognised that the MI approach was particularly useful for working with clients who experience ambivalence around making changes and who may be living with a range of complex social issues – fitting the target group.

"I learnt so many small things that I hadn't previously known that will be so helpful when talking with pregnant women who smoke" – smoking cessation training participant feedback

"This training opened up a new window in my career regarding my skills as a health professional. It'll also help with my daily personal interactions" – MI participant feedback

All the organisations funded to provide access to free NRT (Section 4.3) had staff attend one or more of these training opportunities. Most of the stakeholders from funded organisations requested additional visits and training to raise further awareness of the project and ensure all members within the organisation were on board. Additionally, since the formal training sessions concluded, smoking in pregnancy training has been requested from the ACT Health General Practice (GP) Advisor, for Maternal

and Child Health (MACH) nurses, GPs and midwives, suggesting the project has increased the interest in smoking care amongst local health professionals.

More than 83 professionals were reached through the six site visits. Four of these site visits were to organisations that had received, or went on to receive, NRT funding under the project (see more in Section 4.3). The visits provided tailored information on how staff can best support clients in their specific setting.

Despite being greatly valued by those who have participated, there were only a small number of participants for each of the phone mentoring sessions. This may have been because staff from organisations funded to deliver free NRT were unaware of the service and/or unclear what the phone mentoring sessions involved.

The evaluation concludes that the project has achieved its short term outcome of 'Enhanced smoking cessation support services' through 'increased confidence of service providers to provide quit advice, support and referral' (see [Appendix A](#)).

A key success of the project was working with partners to raise the profile of the SiP project and provide assistance in cross-promoting relevant training opportunities to health professionals. The SiP project initially experienced some difficulties engaging some health professionals in SiP related training opportunities, however this was overcome, in part, by partnering with The Pharmacy Guild and Capital Health Network. Training delivered as part of The Pharmacy Guild's *Quit for 2 Through Community Pharmacy* project was promoted through the SiP project and vice-versa to attract a broader range of stakeholders. The Capital Health Network provided assistance in promoting training to general practice through its newsletters and internal communication channels. These partnerships were valued by all involved.

Learnings

- **Motivational Interviewing training was highlighted as a particularly useful approach, given the complex social issues many young smokers experience, and should be considered as part of any future smoking cessation sector capacity building activities.**
- **Engaging and partnering with organisations that delivered similar projects and could promote opportunities to specific target groups helped to raise the profile of the SiP project and provided assistance in cross-promoting relevant training opportunities to health professionals.**

4.3 Free NRT provision

Implementation

The project was informed by the Royal Australian College of General Practice (RACGP) clinical guidelines on smoking cessation, which indicate behavioural counselling is the first-line treatment for pregnant women wanting to quit smoking, but if unsuccessful, health professionals should consider the use of NRT, under the supervision of a suitably qualified health professional.⁷ The accepted evidence for NRT use in pregnancy is that it is a safer option than continuing to smoke. Intermittent (short acting) NRT products are preferred to patches as they give a lower total daily dose of nicotine.

Planning for the SiP project identified that providing disadvantaged pregnant women, their partners, household members and/or their peer groups with free NRT and advice from a health professional significantly increases the likelihood of a successful quit attempt⁸. Major barriers for disadvantaged

⁷ RACGP, Clinical Guidelines: Supporting Smoking Cessation. Available from <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/smoking-cessation-in-populations-with-special-needs/pregnant-and-breastfeeding-women/> (accessed 23 April 2018)

⁸ Schneider S, Huy C, Schutz J, Diehl K (2010). Smoking cessation during pregnancy: a systematic literature review. *Drug and Alcohol Review*. 29:81-90

pregnant women accessing NRT were found to include the high cost⁹, lack of reliable information about its safety and effectiveness¹⁰, and not knowing how to use the products effectively¹¹.

The SiP project engaged relevant health, education and community services, working with smoking pregnant women within the target group, to dispense free NRT to these clients (and their cohabitants) under medical supervision during the antenatal period and six months postnatally. The six organisations engaged in the project were as follows:

1. Winnunga Nimmityjah Aboriginal Health Service (Winnunga) – commencing January 2017. Winnunga is an Aboriginal community controlled primary health care service operated by the Aboriginal and Torres Strait Islander community of the ACT.
2. Canberra College Cares (CCCares) – commencing May 2017. CCCares is an innovative education program which caters to the needs of pregnant and parenting young people, as well as their children, within a school-based setting.
3. Centenary Hospital for Women and Children, Maternity and Gynaecology Outpatients Department (Centenary Hospital) – commencing June 2017. Located at The Canberra Hospital, the Centenary Hospital is the largest provider of antenatal care in the ACT.
4. Conder Dental and Medical Centre (Conder Surgery) – commencing October 2017. Capital Health Network approached Conder Surgery to join the project (on behalf of ACT Health) based on this Surgery's client demographic data, which indicates it provides primary health services to a significant number of clients within the project target group.
5. Karinya House for Mothers and Babies (Karinya House) – commencing December 2017. Karinya House is a local community based organisation supporting vulnerable and at risk pregnant and early parenting women through both residential and outreach services.
6. The Junction Youth Health Services (The Junction) – commencing December 2017. The Junction provides primary health services to people aged 12 to 25 years (and their children), living in the ACT and surrounding region.

Organisations that were to receive funding for NRT were required to develop a protocol describing how they would distribute the NRT. ACT Health developed a sample protocol that was provided to organisations to use as a guide in developing their own documentation. The development of the Sample NRT Protocol was a lengthy but critical process due to the input required from public health, medical and legal experts to ensure the relevant medico-legal aspects of the process were addressed.

The SiP project officer took an individualised approach to support each organisation to establish their funding agreement and protocol documents.

All funding agreements for NRT provision were to conclude on 30 June 2018, but were extended to 31 December 2018 to allow organisations to utilise unspent funds.

Findings

At the time of the evaluation, three of the six funded organisations have made significant progress with implementing this project strategy – engaging and supporting the target group (including partners and cohabitants) and dispensing free NRT. The remaining three organisations had reported limited progress

⁹ Hartmann-Boyce J, Stead LF, Cahill K, Lancaster, T (2013). 'Efficacy of interventions to combat tobacco addiction: Cochrane update of 2012 reviews'. *Addiction*. 108(10): 1711-1721.

¹⁰ Passey ME, D'Este CA, Sanson-Fisher RW (2012). 'Factors associated with antenatal smoking among Aboriginal and Torres Strait Islander women in two jurisdictions'. *Drug and Alcohol Review*. 31: 608-616.

¹¹ Passey ME, Sanson-Fisher RW, Stirling JM (2014). 'Supporting Pregnant Aboriginal and Torres Strait Islander women to Quit Smoking: Views of Antenatal Care Providers and Pregnant Indigenous Women'. *Maternal and Child Health Journal*. 18:2293-99.

due to a number of factors including staff turnover, limited contact with the target group and complexities in finalising internal processes for NRT dispensing.

As of 30 June 2018, up to 143 individuals had accessed free NRT across these three organisations – approximately 48 pregnant women, 32 parenting women, 2 women of parenting age and 61 partners/cohabitants. As of 30 June 2018, approximately 2,500 NRT patches had been dispensed, as well as a range of short acting NRT products, particularly gum, lozenges and inhalators. Provision of free NRT, together with the use of smokerlyzers to allow clients to monitor their carbon monoxide levels, were recognised as successful engagement tools.

The evaluation concludes that the project has achieved its short term outcome of 'Enhanced smoking cessation support services' through 'increased availability of smoking support services (including NRT)', within the three advanced organisations. The project has also achieved its short term outcome of 'Increased access to support services: secondary target group participate in smoking cessation discussions; and uptake of free NRT'. Progress against medium term outcomes relating to quit attempts and the use of continued support/NRT while quitting is also evident (see [Appendix A](#)).

The free NRT was considered a critical aspect of the project by funded organisations and providers. It is reported to have helped engage clients who may not otherwise consider smoking cessation, due not only to the cost but also because accessing NRT from a pharmacy can be difficult for people experiencing ambivalence around quitting.

"[Providing the free NRT] saves them [clients] having to travel to a pharmacy. Because what happens with that is, the motivation is not really there. You have to force yourself to go and buy it yourself. And then here, having the expertise and everything explained, it's a show and tell. I mean we open stuff and we say "try one, try a lozenge, have a spray". You can't really do that at a pharmacy."

– Stakeholder feedback

The individualised support provided by the SiP Project Officer to assist each organisation to design and establish their approach to NRT distribution to the target group was seen as a particular strength of the project. Each organisation encountered their own challenges in developing a process for distributing NRT to the target group. For example two organisations required the SiP Project Officer to identify external providers to implement the project due to staff lacking the time and/or expertise to dispense NRT. Another organisation was found to follow the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) clinical guidance on women and smoking¹², rather than the RACGP guidelines on which the project was based. The SiP Project Officer worked together with representatives of each organisation to overcome these challenges and develop an appropriate approach based around the particular setting, its scope of practice and client interaction.

The time taken to work through some of these challenges and finalise the funding arrangements was longer than expected and resulted in some delays within the broader project implementation. At least two organisations also experienced significant staff turnover whilst finalising the funding arrangements, or during project commencement stages, slowing the project progress. These delays led to some difficulties in aligning some of the other project aspects, such as communication campaigns (Section 4.1 refers) and training sessions (Section 4.2 refers) to ensure maximum outcomes. However the tailored approach was greatly valued by stakeholders and is recognised as one of the key factors for the project being able to achieve its short term outcomes.

¹² Royal Australian and New Zealand Obstetricians and Gynaecologists. Women and Smoking. Available from [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Women-and-Smoking-\(C-Obs-53\)-Review-November-2014.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Women-and-Smoking-(C-Obs-53)-Review-November-2014.pdf?ext=.pdf) (p 3, accessed 20 April 2018)