

# South Peace Maternity Model

# Reporting on what we heard

July 2021

DELANEY

*the engagement people*

Signature

# Setting the Context

Currently in the South Peace region, family physicians and midwives deliver their own prenatal, perinatal, and postnatal care, or, if they do not offer this care, they refer their patients to another provider. Providers of maternity care are virtually always on call, and there is no established call schedule. Additionally, clinicians are increasingly looking for more work-life balance, and the present model is leading to burnout and siloed maternity care. In the near future, the community of Dawson Creek will lose a number of their primary care providers who offer maternity care, which will further impact the surrounding communities of Chetwynd, Tumbler Ridge, West Moberly First Nation and Saulteau First Nation. Unchecked, this loss will further exacerbate clinician<sup>1</sup> burnout. South Peace physicians, working with the Divisions of Family Practice initiative, along with Northern Health, First Nations Health Authority and community partners, are looking to explore how a collaborative model for maternity care delivery might be implemented in these communities. Through engagement, the working group has sought to better understand and document the needs, aspirations, and measures of success for clinicians and patients, including those who are seldom heard.

While it is uncertain if a collaborative model will be adopted, what is certain is that the status quo is not sustainable and must change to ensure that:

- Patients and babies receive high-quality care;
- Clinicians are supported to deliver high-quality care; and
- There is better standardization of care.

It is vital for the future maternity model to be informed by interested, involved, and impacted parties. To that end, an engagement process was initiated to listen and learn from the following groups:

- Patients (people who have been recently pregnant, are currently pregnant, or are considering pregnancy);
- Those caring for pregnant people (family members or partners);
- Indigenous Peoples; and
- Health care staff (including clinicians and other maternity health care providers).

Our objectives for this engagement process were:

- To listen and learn from clinicians, patients (past, currently expecting and expecting to be expecting) and their families<sup>2</sup> to explore where they see opportunities and drawbacks associated with a collaborative model of care.

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<sup>1</sup> "Clinicians" refers to any providers of health care including GPs, Emergency Department clinicians, nurses, mid-wives, doulas, etc.

<sup>2</sup> "Families" refers to spouses, partners, or family members who are caring for someone who is pregnant.

- To listen and learn from clinicians, patients (past, expecting and expecting to be expecting) and their families to explore the barriers and enablers of a collaborative care model.
- To collaborate with clinicians to understand where there are opportunities to improve on the standardization of care.
- To listen and learn from clinicians, patients (past and expecting) and their families to explore key indicators and associated measures they would use to evaluate a high-quality experience (both for patients and clinicians).
- To listen and learn from clinicians to explore key indicators and associated measures they would use to evaluate health outcomes for patients and babies within a collaborative model of care.

## The Engagement Process: What We Did

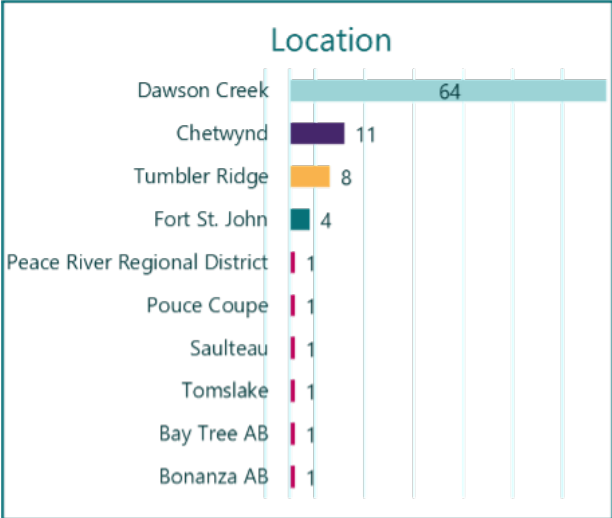
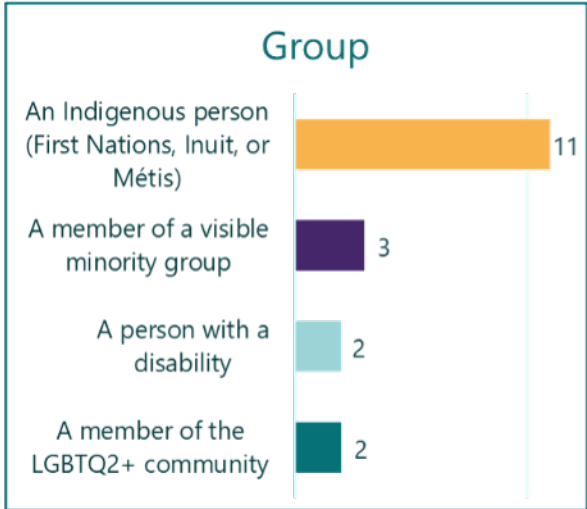
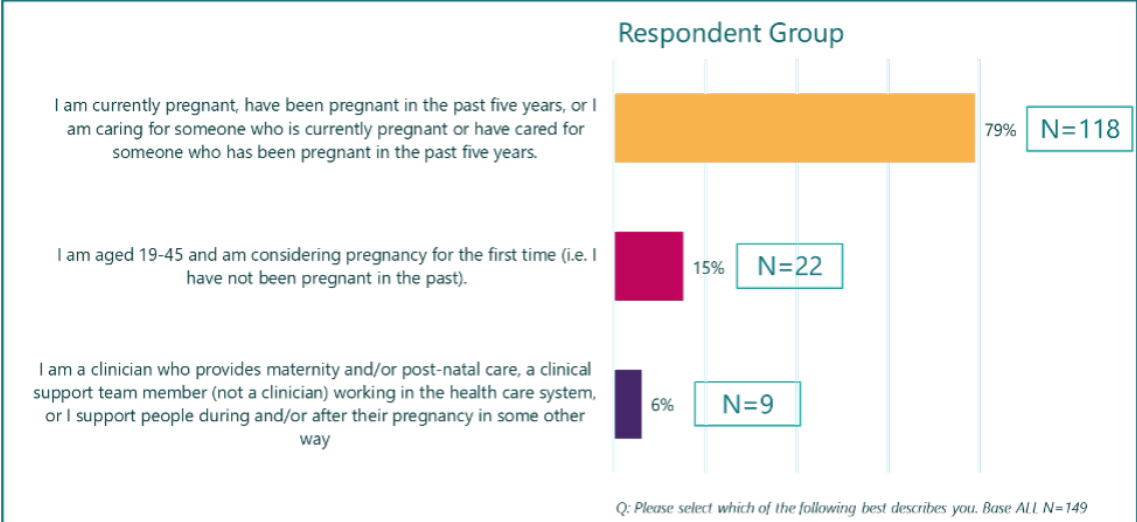
Through our engagement process, which occurred in May and June of 2021, we heard from 178 people who will be impacted by a new maternity model. We used a variety of techniques to listen and learn from people, which are outlined below:

Technique	Parties	Numbers
Online Survey	Health care staff and patients	149
Workshop	Clinicians	9
Focus Group 1	Northern Health and Indigenous Partners	7
Focus Group 2	Medical Office Assistants	7
Interview	Northern Health Chief Operations Officer	1
Interview	Health Service Administrator, Chetwynd and Tumbler Ridge	1
Interviews	Patients and Indigenous Partners	4
<b>Total</b>		<b>178</b>

A total of 149 people responded to the survey, with most (118) falling into the current/recent past patient category, which included some of their caregivers. Fewer identified themselves as future patients (22) and nine health care providers answered questions geared towards them.

Virtually all of the survey participants who chose to share the gender with which they identify, identified themselves as female. The average age of respondents was 30 years old. These and other demographic results from the survey are detailed below:





# Engagement Results: What We Heard

Through this engagement process, three key themes emerged:

## Communication

Participants highlighted the importance of communication in the following areas: Health care staff need to communicate clearly with patients receiving care to ensure they have all of the necessary information to feel at ease and safe. Communication between health care staff and providers is key, and will be especially key in a collaborative model, as missed connections or misunderstanding could lead to a burden being put on the patient to make those connections and continuity of information.

Communication with both health care staff and patients will be vital in ensuring understanding of and buy-in to the future model.

## Collaboration

While it may seem redundant, the idea of true collaboration came forward as a key aspect of the future model. Ensuring there is true team-based care, where patients and their unique individual needs do not “fall through the cracks” will be important in ensuring the future success of the model. Additionally, there is an opportunity to enable further collaboration between specialties and to support patients in accessing a broader range of services and supports in a collaborative maternity model.

## Improving Care

A number of opportunities to further improve care emerged from the engagement process. Participants saw the possibilities in:

- Leveraging virtual care
- Providing culturally safe care
- Improving documentation practices
- Improving mental health supports
- Improving accessibility to care (by having increased availability of staff, for example)
- Ensuring patients meet anyone who might potentially support their delivery

# What's Next

This summary document reports on what was heard through the engagement process to explore a collaborative maternity model in the South Peace region. The results of this engagement process will inform the future maternity model.

It is anticipated that a new model of care will be explored over the summer and launched in early fall, and more information will be shared as it comes available.

