European Journal of Obstetrics & Gynecology and Reproductive Biology 219 (2017) 15–19

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Full length article

Shared agenda making for quality improvement; towards more synergy in maternity care

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ARTICLE INFO

Article history:
Received 19 July 2017
Received in revised form 1 October 2017
Accepted 4 October 2017
Available online xxx

Keywords:
Shared agenda making
Patient centered care
Quality improvement
Multidisciplinary network

ABSTRACT

Objectives: Professionals in maternity care have started working in a network approach. To further enhance the efficacy of this multidisciplinary maternity network, the identification of priorities for improvement is warranted. The aim of this study was to create key recommendations for the improvement agenda, in co-production with patients and professionals.

Study design: We conducted a Delphi study to inventory (round 1), prioritize (round 2) and eventually approve (round 3) the improvement agenda for the maternity network. Both patients and professionals joined this study.

Initial input for the study consisted of experiences from 397 patients, collected using the ReproQ questionnaire. In round 1, the expert panel, gave improvement recommendations, based on the ReproQ results. This resulted in 11 recommendations. In the second round, the expert panel prioritised these recommendations. In the consensus meeting then finally the concrete improvement agenda was composed.

Results: Priority scores differed considerably between patients and professionals in seven items, while four items received similar priority scores from both groups. The four most important improvement activities were: Realise more single bedrooms in hospitals; Create more opportunities for the continued presence of the community midwife during labour; Initiate a digital patient record view system for the network with a view function for patients; and Introduce a case manager for pregnant woman.

Conclusion: Based on patient experience and the active involvement of patients and professionals, we were able to compose the shared agenda for quality improvement in maternity care.

Introduction

Patient centered care implies the involvement of patients in the improvement agenda of health care. Patient involvement has shown benefits for shared decision making, research partnership, changes to service delivery and patient outcomes [1–5]. However, patient involvement in quality improvement is still limited [6], mainly due to uncertainties about the why and how [7]. Despite these uncertainties, Ocloo and Matthews shared principles that help to underpin practice in a collaborative framework with patients [1]. They recommend involving a diversity of patients, a clearly articulated purpose and a process that is co-designed or co-produced with patients.

In order to realise patient centered care, maternity care professionals in the Netherlands started working in a network [8]. It is our strong belief that a central position for the patient, rather than the organisation, leads to better maternity care. In doing so, it is the patient who connects the professionals from different organisations. We believe that for providing direction in a new maternity network, a patient included improvement agenda is most valuable. Based on the aforementioned principles we therefore designed a study in which patients were actively engaged in creating and prioritising the improvement activities for the maternity network. We developed a Delphi study involving both patients and professionals as experts. The goal of this study was to achieve an improvement agenda for the multidisciplinary maternity network in co-production with patients.

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https://doi.org/10.1016/j.ejogrb.2017.10.007
0301-2115/

Methods

Setting

The study was performed in one multidisciplinary maternity network in the area of Nijmegen, region in the Netherlands with an average of 3.800 births a year and over 330 health professionals involved in maternity care. The different professionals working in maternity care were: community based midwives active in eleven independent practices, hospital based midwives, obstetricians (in training), and paediatricians working in two different hospitals (one providing secondary care and one providing secondary and tertiary care). The maternity care assistants gathered in one organisation and youth health doctors and nurses were positioned in 14 offices, which were coordinated by one organisation. Most pregnant women had received care from both the community based midwives, maternity care assistants, and youth health doctors and nurses. Besides, 59% of all pregnant women also received care from professionals working in a hospital [9].

Design

We used the Delphi method in our study. In the Delphi method an expert panel participates to gain consensus about a topic [10]. The expert panel participates anonymously. The Delphi study consists of rounds of questionnaires that are sent to the experts to gather and synthesise information. Our expert panel consisted of both patients and professionals. The patients were women who gave birth in the month before plotting the questionnaires, so they had experience with maternal care. The professionals formed a representative diversity of the professions active in the different organizations from the multidisciplinary network, to enhance the acceptance of the key recommendations in the whole multidisciplinary network.

Creating the improvement agenda

Fig. 1 shows the step by step Delphi method to develop key recommendations for the improvement agenda: (1) data analysis of the Repro Questionnaires of patient experience with maternity care, (2) first round Delphi questionnaire, (3) data analysis of the first round, (4) second round Delphi questionnaire, (5) data analysis of the second round, and (6) setting up the improvement agenda in a consensus group. These six steps includes the three Delphi rounds.

Step 1: data analysis of the questionnaires of patient experiences

Experiences from patients with the maternity care provided by the multidisciplinary network were measured by the Repro Questionnaire [11]. This validated questionnaire was developed to evaluate prenatal, natal and postnatal care, regardless of where the care is given [11–13]. Development of this self-report questionnaire was based on the 8-domain WHO Responsiveness model, including the following domains: dignity, autonomy, confidentiality, communication, prompt attention, social consideration, basic amenities, choice and continuity [14]. This questionnaire consisted of 32 questions, divided between the 8 domains. Examples of concrete questions were: treating with respect and giving personal attention, involving patient in decision-making, secured provision of medical information, information while treated and continuity of care provision when change of professional. For further detailed information about the questionnaire see 'Measuring client experiences in maternity care under change: development of a questionnaire based on the WHO Responsiveness model' [11].

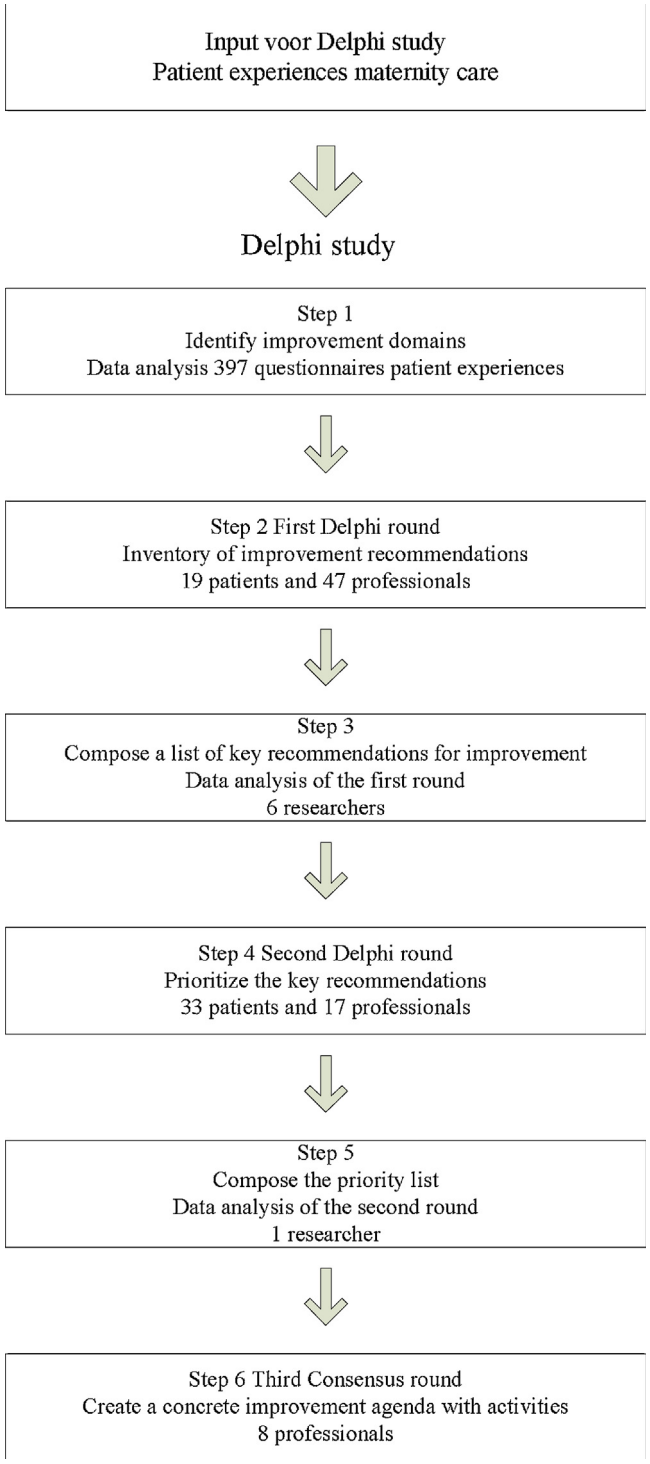

Fig. 1. The step wise Delphi method to develop key recommendations for the improvement agenda.

On a 4-point scale, women could evaluate their experience with maternity care, with '1' being the lowest score and '4' being the highest. The Repro Questionnaire was sent anonymously six weeks after childbirth to 812 women who gave birth in April and May 2013. The response rate was 49% and 397 Repro Questionnaires were analysed, serving as the input for the Delphi study and our starting point to create the improvement agenda. Due to the fact that all domains received mostly high scores, we decided to