

# Midwifery perspective: A strategic implementation of change to improve inpatient care in a tertiary hospital in Sydney.

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## Introduction

We carried out a quality improvement project involving midwives to improve patient flow in the antenatal and postnatal ward of a tertiary care hospital in Australia, which conducts about 5000 deliveries per year. This project aimed to study the impact of a dedicated ward team comprised of a midwife, a registrar and a resident on patient flow and satisfaction. We assessed the midwifery perspective with regards to communication, timely discharges, perception of better patient care as a part of this project.

## Objectives

Quality improvement project to assess the effects of a dedicated ward team on patient flow and timely discharge in a tertiary hospital in Sydney.

## Methods

PDSA cycle of collecting issues from midwives via questionnaire forms, implementing strategies and getting feedback from midwives and patients.

A three-pillar approach;

1. A dedicated ward rounding team of the midwife in charge, a ward registrar and a resident.
2. A discharge checklist.
3. Directed patient questionnaire.

We changed questions to midwives every day and assessed their responses and made changes accordingly to improve the project.

We collated responses for two weeks for evaluation from midwives perspective.

Sample questions in post-study feedback form:

As result of a dedicated ward team -

1. Has communication improved between patient and doctor?
2. Is it easier to approach registrar in emergencies or otherwise?
3. Impact on timely discharge?
4. Patient satisfaction ratings improved?
5. Reduced need for paging doctors?

Table 1: Outcome of ward patient flow with new strategy

Criteria	Routine care	Dedicated ward team care
Communication between midwives and doctors	48 %	62 %
Communication between doctors and patients	52 %	74 %
Timely discharges	45 %	65 %
Patient satisfaction	43 %	58 %

## Results

This change involving midwives in ward team was well received. Midwives acknowledged better communication with doctors, improvement in 10 am discharges from 45% to 65%. And accountability for doctors. 80% midwives would like to continue with the newfound ward rounding team and 20% midwives thought this structure led to prolonged ward round but helped with planning for the next day.

## Conclusion

The project involving midwife in a dedicated ward team helped with communication and timely discharges. 80% of midwives were happy to participate and, 20% of midwives thought the ward rounds were prolonged but helped with patient care. In future, we hope to improve the system by giving ownership to midwives for discharges using a traffic light system.

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