

## Monitoring Report Recommendations

### Monitoring Report Period 1 January 2011 – 31 March 2011

**DHBs / organisations who provided feedback**

**Nine DHBs responded**

### RECOMMENDATIONS ON INDICATOR 2 - TIMING OF SAMPLE-TAKING

**1. Age of baby at sampling should be expressed in hours as soon as possible.**

**NSU Response:**

Time of birth data is now able to be collected in hours. This data will be able to be reported from October 2011 in Monitoring Report 3.

**2. Further analysis of the underestimation issue is required.**

**NSU Response:**

As the laboratory is now able to record the age of babies in hours (from October 2011), this will be able to be reviewed in early 2012.

**3. All opportunities to educate Lead Maternity Carers (LMCs) about the importance of taking the sample at the correct time should be utilised.**

**NSU Response:**

Timing of sample taking is one of the key messages for the NMSP. This message is reinforced by the ADHB Screening Educator at LabPLUS and the NSU Education and Training Leader. Both educators have undertaken update training and education with individual LMCs and regional groups, including midwifery educators during 2011. A reminder was also included in *eMidpoint* the e newsletter of the Midwifery Council.

The education and training activity is ongoing with further communication planned when monitoring reports are sent to DHBs and published on the NSU website.

**DHB Comment/Feedback**

- The data being measured in days rather than hours means the statistic is of little value. If measuring in hours is difficult, perhaps there could be another category for 'sampled less than 3 days' to capture those babies that are still within 72 hours on day 3.
- It would be useful to report the samples taken in the 48-72 hour period and then those taken before 48 hours and after 72 hours. Can we have a section added to the card to indicate who the sample was taken by: LMC midwife, hospital midwife, Neonatal nurse? This will then enable us to get feedback on which areas are taking samples too early or too late so that the issue can be addressed in a targeted but non-threatening fashion.
- Difficult to evaluate achievement for this target when measured in days not hours. Recommend we do internal audit to measure compliance for the facility.

- This is an extremely important indicator. Given the challenges of posting cards the timing of sample collection becomes more critical.

**NSU Response:**

- Time of birth data is now able to be collected in hours. This data will be able to be reported from October 2011 in Monitoring Report 3.
- It is not possible to add a section to the card to identify sample taker. This may be best addressed by an internal audit as suggested by another DHB.

**RECOMMENDATIONS ON INDICATOR 3 - QUALITY OF BLOOD SAMPLES**

**4. Monitor this indicator over time to gauge the effect of provision of lancets to LMCs.**

**DHB Comment/Feedback**

- Unable to evaluate whether quality of samples an LMC or facility issue. The availability of high quality lancets will hopefully improve percentage of satisfactory samples next quarter.
- Important indicator. Repeat testing results in potential delays in diagnosis and indicates issues with skills of those taking sample.

**NSU Response:**

This indicator will be monitored over time and trend data made available in Monitoring Report 3, 1 July – 30 September 2011.

**RECOMMENDATIONS ON INDICATOR 4 – SAMPLE DISPATCH AND DELIVERY**

**5. Monitor this indicator over time to gauge the effect of provision of envelopes to LMCs.**

**DHB Comment/Feedback**

- Can this be reported for LMC and hospital midwives separately in future audits (possible only if the card has an addition which indicates who the sample was taken by)?
- The delay in receipt of the cards may be affected by the lack of postal services from provincial areas over weekend and public holidays.
- Dispatch of samples from DHB which are processed through internal mail system may impact on this indicator. Availability of postage paid envelopes may improve performance against this indicator next quarter.
- This indicator would be of interest. After collection the card needs to be dry prior to going into the envelope. If posted on day of collection the card could and should be into the possession of NZ Post on that day. However from a rural postal depot this may not occur until the following day. DHB's with a greater percentage of rural primary birthing may be more challenged to achieve this indicator.

**NSU Response:**

This indicator will be monitored over time with trend data made available in Monitoring Report 3, 1 July – 30 September 2011. Factors influencing this indicator will be discussed by the NMSP Technical Group at the first meeting in 2012.

**RECOMMENDATIONS ON INDICATOR 5 – LABORATORY TESTING TIMEFRAMES**

**6. This indicator and standard should be clarified, then reviewed in conjunction with indicator 6 (not reported in this report).**

**NSU Response:**

This indicator was discussed with the NMSP Governance Team with data for indicator 6 in the next Monitoring Report (2). Further review of data for six months will be by the NMSP Technical Group at the first meeting in 2012.

**RECOMMENDATIONS ON INDICATOR 9 – BLOOD SPOT CARD STORAGE AND RETURN**

No recommendations

**SUMMARY OF GENERAL DHB COMMENTS / FEEDBACK**

- Three DHBs sent the draft report or a memorandum to Paediatricians/LMCs, Midwives & SCBU Nurses for comment or to identify DHB achievements.
- One DHB advised that 'Recommendations/actions for improvement have been included with emphasis on watching the DVD on sample taking and the use of supplied resources from the NTC to ensure timely posting of cards.'
- One DHB commented that 'There is little way, I can see, of checking the factual accuracy for my DHB at this time'.
- Three DHBs expressed thanks or commented they found the Monitoring Report reasonable/thorough/easy to read.

**NSU Response:**

As DHBs do not have NMSP data and are circulating the draft report to practitioners, Monitoring Reports will be finalised after review by the NMSP Technical Group then placed on the NSU website. An email link will be sent to DHBs to support more timely distribution of the Monitoring Reports.

DHB feedback is still requested to be sent to the NMSP Programme Leader and will be collated for discussion at NMSP Technical Group meetings during 2012. Feedback and responses will also be published on the NSU website with the report recommendations.