

ALBERTA PERINATAL HEALTH PROGRAM

Provincial Evaluation of the MORE<sup>OB</sup> Program

Interim Report

Executive Summary

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# Executive summary

## Background

Managing Obstetrical Risk Efficiently (MORE<sup>OB</sup>) is a program developed and introduced by the Society of Obstetricians and Gynecologists of Canada (SOGC) with intent to improve patient safety, in response to an increase in concern about error and litigation involving obstetrics. The MORE<sup>OB</sup> program is designed for all disciplines practicing in obstetrics and consists of a series of three training modules completed over a three year period. The goals of training are to improve patient safety, promote a patient safety culture, improve the quality of care, and foster a community of practice. In July 2007, the SOGC partnered with Healthcare Insurance Reciprocal of Canada (HIROC) to create Salus Global Corporation. This Corporation consisting of not-for-profit organizations continues to develop, market and support patient safety improvements. The SOGC has retained responsibility for the clinical content of the MORE<sup>OB</sup> program which is updated annually. Since the implementation of the program in Alberta has spanned the tenure of both organizations, this report refers to the organizations as SOGC/Salus.

In 2004, Alberta Health and Wellness (AHW) provided funding for the implementation of the MORE<sup>OB</sup> program across Alberta, the first province in Canada to take this step. The Alberta Perinatal Health Program (APHP) is responsible for facilitating the implementation of MORE<sup>OB</sup> across Alberta. As of April 2008, 61 hospital sites across the nine RHAs were participating in the program. Some sites have completed all three modules.

The SOGC/Salus routinely collects evaluation information as part of its implementation processes, and reports site level results related to changes in knowledge, patient satisfaction, organizational culture change and performance indicators on an environmental scan. With funding from AHW obtained as part of the Managing Obstetrical Risk (MOR) grant, the APHP is funding an independent evaluation to complement efforts by the SOGC/Salus. The focus of this evaluation is at the provincial level.

This report represents the second interim report of the provincial evaluation. The first interim report, prepared in 2007, provided a detailed description of the MORE<sup>OB</sup> program and its implementation in Alberta, as well as a description of the evaluation plan. This second report contains an update of the implementation process in Alberta and preliminary results reported under three areas: economic analysis, participant and administrator surveys, and individual and focus group interviews.

## Evaluation design and methods

The overall research question is: ***was the program worthwhile?*** The sub-questions of interest to the overall question are:

1. What are the services delivered to clinicians by MORE<sup>OB</sup>?
2. What do these services cost the various interested parties?
3. What are the perceived benefits of the MORE<sup>OB</sup> program to health care providers and regional health representatives?
4. Is there indication that the program has resulted in more appropriate practice patterns, changed maternal health outcomes or changed infant health outcomes?
5. Has the program influenced urban and rural services differently?

Data sources include participant and administrator surveys, interviews and focus groups, and an analysis of APHP data on outcomes and practice change indicators related to content taught in the program.

## Economic analysis

The economic analysis included a multiple baseline design and before-after, case-control and logistic regression analyses on selected indicators available through the APHP database. The indicators were selected in collaboration with APHP and field advisors, based on those most likely to be impacted by the MORE<sup>OB</sup> program. These indicators will be supplemented with data from AHW for the final report.

## Participant and administrator surveys

The results of three surveys conducted in three health regions are presented, including a participant survey and two administrator surveys. The three health regions selected represent various degrees of completion of the program (i.e., Modules 1, 2 or 3) and a mixture of hospital levels and rural and urban sites. Survey participants included those who participated in the program as trainees, Regional Women's Health Services Directors, and/or Unit Managers.

The surveys consisted of open and close-ended questions that addressed the following topics: patient safety culture; confidence in skills; perceived value of MORE<sup>OB</sup>; and job satisfaction. Data were analyzed by hospital level, highest module completed, and discipline. Qualitative data were analyzed and reported by theme.

The response rate for the participant survey was 16% (198/1236), with a range of 11% to 38% across the health regions. This sample size does not achieve statistical significance; therefore, results are suggestive only and should be interpreted with caution. The response rate for the Regional Women's Health Services Director Survey was 100% (3/3) across the health regions. The response rate for the Unit Manager Perceived Benefits Survey was 56% (10/18) across the health regions.

## Individual and group interviews

Individual and group interviews were conducted with those implementing the MORE<sup>OB</sup> program in the three health regions. One region had completed Module 3, while participants in the other two regions had completed Modules 1 or 2. Seven individual interviews were conducted with regional Women's Health services directors, medical directors of obstetrics, and regional managers involved in the delivery of obstetric services. The focus of interviews was on broad impacts of the program at the regional level.

Six group interviews were held with members of selected core teams and focused on perceived impacts of the program and the influence of MORE<sup>OB</sup> learning in other clinical areas. Individual and group interviews were recorded, transcribed and coded for common themes by the evaluation team under each of the relevant questions. At least three separate individuals had to express a similar comment before it was considered to be a theme or sub-theme.

## Summary and preliminary conclusions

A summary and conclusion of results is presented by each evaluation question.

### 1. What are the services delivered to clinicians by MORE<sup>OB</sup>?

Overall, the MORE<sup>OB</sup> program is designed to improve patient safety and consists of a series of three training modules undertaken by disciplines working in obstetrics over a period of three years. The services delivered to clinicians by the program include: evaluation, education, practice modification, and reflective learning. The MORE<sup>OB</sup> program and its implementation has been updated and described in this report, including the new partnership of the SOGC with Salus Global Corporation and changes in program design and activities.

All regional health authorities (RHAs) indicated a desire to participate in the MORE<sup>OB</sup> program. As of April 2008, 61 hospital sites across the nine RHAs were participating in the program. Based on

expected completion of modules by health regions, 23% of sites (14 out of 61) completed Module 1, 61% of sites (37 out of 61) completed Module 2, and 16% of sites (10 out of 61) completed Module 3.

## **2. What do these services cost the various interested parties?**

Data related to cost were unavailable at the time of data collection for this report. Information regarding cost of the program for various stakeholders will be analyzed and reported in the final report.

## **3. What are the perceived benefits of the MORE<sup>OB</sup> program to health care providers and regional health representatives? What are the challenges?**

Women's health leaders in three study health regions stated their expectations of MORE<sup>OB</sup> to be:

- Increased staff knowledge resulting in a standardized, evidence-based knowledge base;
- Provide a means for implementing a patient safety program in obstetrics; and
- Change in the culture of communication and teamwork, especially among doctors and nurses.

There was a high degree of consistency between these expectations and what core teams described as positive impacts. Survey participants were also able to readily identify and describe positive and negative impacts of the program. Respondents reported the most valuable aspects of the MORE<sup>OB</sup> program as teamwork, drills, and common knowledge base. In addition, individual and focus group participants identified a positive impact of the program in the areas of teamwork and communication, clinical processes and procedure, patient outcomes, quality assurance processes, and individual change in practice.

It appears participants perceive that the value of the program outweighs the cost and time commitment required to participate in the program. Survey participants also reported increased job satisfaction, particularly upon completion of Module 3.

When asked what distinguished this program from other educational opportunities, core team members indicated that the region had provided financial support, the web-based materials and chapters were excellent, and that MORE<sup>OB</sup> provided a comprehensive, structured program with built-in accountability.

The most challenging aspects of implementing the MORE<sup>OB</sup> in the regions were noted to be the amount of time required, management and tracking of MORE<sup>OB</sup> seats, continued existence of discipline silos, achieving buy-in, achieving a no blame culture in case reviews, and providing feedback to frontline staff following case reviews.

## **4. Is there indication that the program has resulted in more appropriate practice patterns, changed maternal health outcomes or changed infant health outcomes?**

Statistically significant positive impact was observed in several clinical practice and outcome indicators:

- Labour inductions;
- Episiotomies;
- APGAR scores; and
- Location of higher risk deliveries.

There were a number of additional indicators for which positive impact was observed, although the results were not statistically significant. Statistically significant change in the unexpected direction was noted for two indicators.

## **5. Has the program influenced urban and rural services differently?**

Generally, participants responding to the survey from Level 1 hospitals were more positive than Level 2 or Level 3 hospital respondents regarding patient safety culture, confidence in skills, perceived value of the program, and job satisfaction. Therefore, it appears the MORE<sup>OB</sup> program may influence urban and rural services differently.