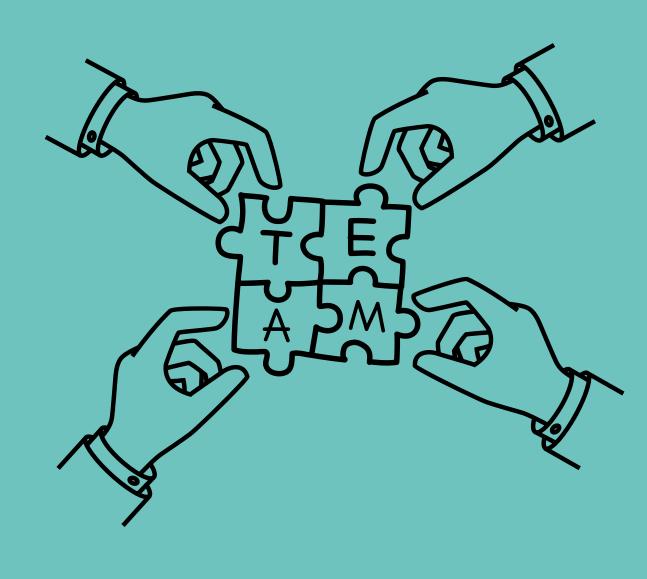
## **MEET OUR CLINICAL TEAM**

## **Perinatal Nurse Consultants**

Leanne MacKeen Heather Ezurike Sarah Maguire Maddie Gallant

## **Medical Advisors**

Dr. Melissa Brooks Dr. Balpreet Singh



## **PCR PROCESS**

## **Eight Weeks Before the**

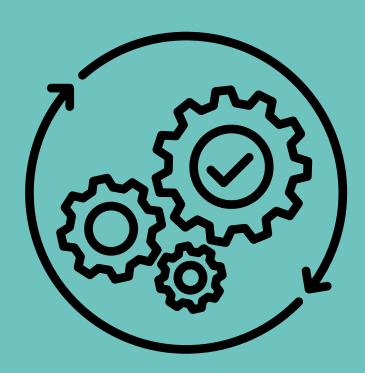
Visit | Review of Reports The PNCs review reports from the NSPAD (Alphie - Perinatal Health Variables) and Perinatal Audit Reports (PARs) to determine themes and content for discussion at the regional facility. PNCs Collaborate with healthcare providers in local hospitals (to determine specific cases for review and education needs).

## Part One: Regional Visit

Two PNCs and both Obstetrical and Neonatal Medical Advisors attend the on-site review. As identified, other specialists such as family physicians, midwives, anesthetists etc. will be included. Part one: the team will review all charts and FHR Tracings, identifying themes and reviewing care. The team will also engage in a local tour, which assists in providing local context for discussions.

## Follow up

The team provides a follow up letter within three months outlining findings, recommendations. Action plans are created and reviewed prior to the next yearly visit.



#### Four Weeks Before the Visit | Case Selection

PNCs lead a systematic process where cases are selected based on report/data findings and locally identified needs. (Death/transfers/selected local cases are automatically included). Before the team arrives at the local facility all transfers and deaths will have been reviewed.

#### **Part Two : Regional Visit**

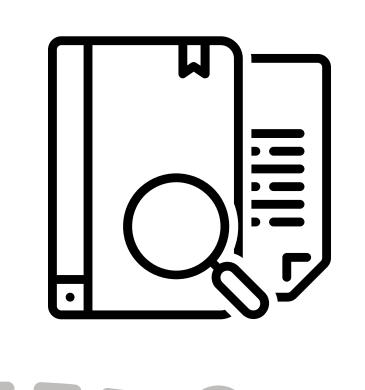
Day two of the review, the team will engage in interprofessional discussion of findings, identifying themes that can be presented to the care team at the regional site. Debrief occurs with the regional team and rich discussion of trends, and recommendations occur.

# PERINATAL CLINICAL REVIEW (PCR) PROCESS

## **HISTORY**

- Reproductive Care Program (RCP) of Nova Scotia was established in 1973 with a mandate to:
  - Identify healthcare needs and improve care for the perinatal population in Nova Scotia
  - Establish and monitor standards of care across the province
  - Be an advisory body
- Perinatal Clinical Reviews (PCRs) were born from this established mandate.

## TIMELINE



**1970s** 

## **Case Review**

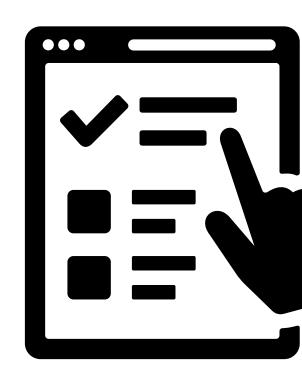
- Conducted by Medical Leads
- Focused on Transfers and Recommendations

## Perinatal Surveys

Meet with

interprofessional team • Provide feedback and participate in Case





## **KEY COMPONENTS**



## Interprofessional Collaboration

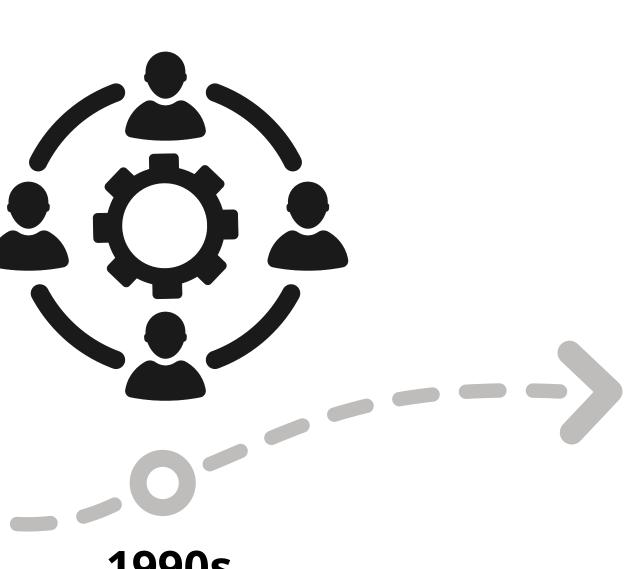
This process is a true interprofessional collaboration. Healthcare providers review charts from a nursing and physician point of view, with specialties, such as family medicine, anesthesia, and midwifery involved as needed, from RCP and the local regional facility.



## **Evidence-Informed**

This process is informed by evidence, data from the NSAPD, and local hospital input on key cases for review. Recommendations are based on the most up-to-date evidence to support perinatal health.





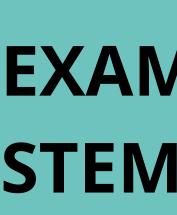
## **1990s**

## M&Ms (now known as PCRs)

- Regional Facilities requested peerreview of care
- Organized case reviews, feedback, and interprofessional discussion



- **2.**System Changes
- **3.** Documentation/ Data Quality
- 5. Interprofessional Collaborations





**Cesarean Birth:** During PCRs, it was identified that skin-to-skin rates immediately after a C-birth were low. RCP collaborated with regional facilities to discuss barriers and cocreated an instructional video with IWK Health to support regional facilities in increasing skin-to-skin following a cesarean birth.







## **Action Oriented**

This action-oriented process includes a clear follow-up plan and recommendations to ensure a sustainable impact on the care of perinatal populations across the province.

## **INTENT & PURPOSE**

**Overall:** Opportunity for Health Professionals to reflect upon and discuss ways to provide optimal care for the child-bearing population and their newborns.

- **1.** Identify education needs/supports
- 4. Communication

## **EXAMPLES OF INITIATIVES STEMMING FROM PCRS**

## **Acute Care of at-Risk**

**Newborns:** During a PCR, there was an identified need for education for regional facilities on caring for at-risk newborns. RCP led the roll out of the ACORN course across the province to address this need.

## Skin-to-Skin After a





**Practice Toolkit:** During PCRs, it was identified that regional facilities were interested in expanding their capacity and knowledge in caring for pregnant persons diagnosed with opioid use disorder and their infants diagnosed with Neonatal Opioid Withdrawal Syndrome. RCP is leading the development of this toolkit inclusive of a comprehsive summary & knowledge translation tools.

**Recorded Webinar Series:** 

https://rcp.nshealth.ca/educatio n/webinar-series/recordedsessions/rcp-anniversarycelebration-webinar-series

