Briefing Paper

Key Stakeholders

Name	Title	Project Role
	Consultant Obstetrician	Cerner Maternity Steering Group Chair, Chair for Intrapartum/FetaLink Steering group.
	Head of Midwifery	Cerner Maternity Steering Group Midwifery Lead

Introduction

FetaLink is a maternal and fetal monitoring system that connects CTG monitors to the electronic patient record (EPR), allowing vital signs of the mother and baby to be monitored simultaneously not only at the bedside but also at the midwives' desk by the shift co-ordinator, but also remotely by the consultant in another part of the hospital, or from home if on call. The solution documents and provides a graphical display of the relationship between fetal heart rates and contraction data. This essentially means that the vital signs of all women and babies monitored with a CTG can be overseen by a second midwife, or the consultant, at any point from any location. A second interpretation can be provided instantly without a second midwife or obstetrician physically entering the room and avoiding unnecessary disruption by accessing the CTG output remotely. This fresh eyes approach can mitigate the risk not only of the current inability to provide one-to-one care in labour but also the variation in staff competence in CTG interpretation. A further advantage is that FetaLink stores the CTG output in an electronic format which can be accessed at any time.

The integration of CTG outputs into the EPR has the potential to save lives and prevent brain damage to babies, improving the clinical safety of ICHT's maternity service. Resultantly, the number and value of claims and litigation could be reduced.

Aim/Objective

At present ICHT's midwives and obstetricians working in labour wards use standalone CTG monitors which produce a reading on a long narrow strip of paper. This paper readout should be annotated as detailed above, however this is often overlooked or in other instances the CTG trace falls out of the notes and becomes lost after delivery.

Although the monitors can be set to sound an alarm if the baby's heart rate goes beyond certain parameters, it is the combination of the fetal heart rate and other clinical factors pertaining to the baby and woman that prompts action. Consequently, at present, it is only really possible for the midwife or obstetrician in the delivery room with the woman to make fully informed decisions about how care should progress.

To address some of these risks, and improve the quality and safety of care provided to women who use ICHT's maternity services is the implementation of FetaLink, part of Cerner's PowerChart Maternity functionality. The FetaLink solution is seen by the Cerner Maternity Steering Group and clinical leads as an integral component of the maternal record and has been identified as the core solution with the greatest benefit for intrapartum care.

This briefing paper is to request funding to appropriately train staff to enable the launch and use of FetaLink and Powerchart in the documentation of intrapartum care.

Timeline

FetaLink is planned to go live at the start of June. The critical path for this release is for champions (Band 7s) to be trained for one day in April, and the remaining midwives working on labour ward to be trained for half a day in May.

Training plan

The current training plan assumptions are:

10th Apr – FetaLink training for band 7

11th Apr - FetaLink training for key Maternity Steering group staff

12th Apr- FetaLink training for band 7s

13th Apr- Partogram, intrapartum workflow page, FetaLink trouble shooting and practice: Key maternity steering group staff

18th April - FetaLink training for band 7s

20th Apr - FetaLink training for Band 7s & Dr Lorin Lakasing (key Maternity steering group) - St Mary's Hospital

21st Apr – FetaLink practice, Partogram, intrapartum workflow page, FetaLink trouble shooting and practice: Key maternity steering group staff

Half day training slots across the month of May for midwives working on labour ward.

Costs

XXX

Potential risks/issues

The main benefits of FetaLink are as follows:

1. The fetal heart recording is integrated within the patient record and information can pass from the electronic record onto the CTG including drug prescribing.
2. As it is integrated within the patient record it is archived allowing a robust system for storage and retrieval for future scrutiny
3. It improves accessibility to the fetal strip by allowing clinicians to access to the CTG strip without being in the room with the patient, and even remotely e.g. from home.
4. There are generic and patient level alerting options which maximizes early recognition of something untoward.

If staff are not provided with appropriate training in how to use the functionality the benefits outlined in the original business case are at risk.

- Increased patient safety
- Reduced risk of incidents relating to CTG misinterpretation
- Reduced risk of incidents relating to failure to act on suspicious CTGs
- Reduced risk and number of medico-legal cases and pay-outs
- Potential reduction in insurance premiums
- Electronic storage of CTG traces
- Improved midwifery and obstetric efficiency
- Ongoing clinical engagement from midwives and obstetricians in the Cerner PowerChart Maternity roll out

Recommendation

An initial one day training for Band 7 champions, half a day for all other labour ward midwives.