



HEALTHCARE
SOLUTIONS_

Maternal health

CASE STUDY

Methods
Analytics_



OUR CLIENT

The Abu Dhabi Department of Health (DoH) provides healthcare to the population of the emirate.



To support the Abu Dhabi Vision 2030 – a long-term plan to help transform the emirate's economy – the DoH require a quality framework that will allow monitoring and feedback across the healthcare sector.

This new solution will help to set a new standard for the quality and efficiency of care; while an evidence base will support regulatory function and financial allocation.

THE CHALLENGE WE FACED

The DoH had identified key clinical areas of need and opportunity. The main area of focus for our project was maternal health.

The key driver: the high under-5 mortality rate across the emirate.



It was agreed that deep-dive analysis was required to understand the issues and possible causes of this alarming statistic.

The DoH had already implemented data collection systems to support functions such as birth and death registries, and medical claims data.

The quality of this data, however, proved a major challenge. The main data source collected across the emirate is based on insurance claims. The primary use for this data is payment based, not health research.

We also had to understand the diverse population that uses healthcare services in Abu Dhabi.

Project aims :

- 01 Carry out a detailed analysis of Abu Dhabi DoH data around maternal healthcare
- 02 Develop clinical pathway guidelines for maternal health
- 03 Establish an advisory committee for maternal health

Under 5 years old mortality rate (2017):

Abu Dhabi:

4 per 1,000 live births

UK:

4 per 1,000 live births

Singapore:

2.7 per 1,000 live births

THE SOLUTION WE DEVELOPED

We built our approach on the UK National Health Service (NHS) Getting It Right First Time (GIRFT) programme.

The maternal care GIRFT analysis to informed the baseline for the project. We engaged with local stakeholders to select and create the metrics necessary to understand the status of Abu Dhabi's maternity care.

We utilised the existing data systems – including insurance claims, and births and deaths registries – to diagnose the current standard, quality and cost effectiveness of care. We also identified variation and its causes.

An extensive series of hospital visits helped us to understand local context and engage with clinicians and management.

We visited the majority of providers across both government providers (SEHA) and the commercial sector in all three regions of the emirate: Abu Dhabi, Al Ain and Al Dhafra. This covered 93% of deliveries.

THE PATH TO PROGRESS

We teamed up with the NHS GIRFT team to implement a blended approach.

1

Research and pre-engagement

Establish the relevant international standards and an evidence base. Understand current local practice and expectations.

2

Data discovery and benchmarking

Establish what has been collected, what could be collected, and commence data harvest. Build and populate a benchmarking tool.

3

Quarterly review, reflection and benchmarking

An ongoing cycle of reporting and reviewing, leading to annual reports and annual conferences.

4

Engagement

Winning the hearts and minds of corporate, clinician and patient audience through a multi-channel communications programme.

5

Development of ongoing governance models

Establish a professional body and specialist alliance for local maternity providers. Agree a shared quality framework and approved pathways. Understand current local practice and expectations.

THE PROJECT TEAM

A mixed team of experts. People who could collaborate and share insights to overcome any challenges.

- Delivery Manager
- Healthcare Policy Experts
- Clinical Experts
- Healthcare Analysts
- Obstetrics Specialist
- Gynaecology Specialist

THE SOLUTION WE DELIVERED

Our solution established and built upon four key themes:

①

POPULATION DEMOGRAPHICS

Factors affecting maternal care, births and deaths.

②

HEALTHCARE SYSTEM CONTEXT

How many patients, where and how much funding.

③

CLINICAL PATHWAY: MOTHER

Prenatal
Smoking, obesity, diabetes

Antenatal
Gestational Diabetes, Anaemia, Streptococcus B, Hypertension, multiple pregnancies

Intrapartum
Mode of onset, mode of delivery, Vaginal Birth After Caesarean (VBAC)

Complications
Antepartum haemorrhage, postpartum haemorrhage and tears

Postnatal
Maternal deaths

④

CLINICAL PATHWAY: BABY

Antenatal
Ultrasound scans and congenital anomalies

Intrapartum
Stillbirths, birth weight, Brachial Plexus Injury

Postnatal
Hypoxic-Ischaemic Encephalopathy (HIE), ventilation, mortality

THE DIFFERENCE WE MADE

In total, we made 30 recommendations for the DoH to take forward. These included:

01 Improvements in data quality and accreditation

02 The development of evidence-based practice guidelines and standards


03 Minimum volumes and improvements in models of care

We also worked with the DoH quality and statistics teams to develop a project data warehouse populated with claims, births and deaths registry data.

LOOKING FORWARD

We will help the DoH to improve data quality and establish the MQAC – Maternal Quality Advisory Committee

This committee will represent the clinical specialty across the emirate, acting as a forum where clinicians and provider organisations can translate clinical evidence into policy recommendations.



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Company No. 2485577
VAT No. GB 859 1403 14

Registered in Abu Dhabi
Company No. 000004100

analytics@methods.co.uk

METHODSANALYTICS.CO.UK