

**Joan Kirner Women's and Children's (JKWC)
Division of Women's and Children's Services
Early Pregnancy Assessment Service (EPAS)
Operating Guideline**

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Early Pregnancy Assessment Service (EPAS)

Operating Guideline

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Abbreviations and Acronyms

AHA	After Hours Administrator
ANTT	Aseptic Non-Touch Technique
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
CMFM	Certification in Maternal Fetal Medicine
COGU	Certification in Obstetrical and Gynaecological Ultrasound
DDU	Diploma of Diagnostic Ultrasound
ED	Emergency Department
EDOG	Emergency Department Obstetric/Gynaecology Registrar
EMU	East Melbourne Ultrasound
EPAG	Early Pregnancy and Gynaecology Service
EPAS	Early Pregnancy Assessment Service
GP	General Practitioner
JKWC	Joan Kirner Women's and Children's
MAC	Maternity Assessment Centre
MFM	Maternal Fetal Medicine
O&G	Obstetrics and Gynaecology
POCC	Peri Operative Critical Care
PPG	Policy, Procedure, Guideline
PSA	Patient Services Assistant
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RIS	Radiology Information System
RMC	Referral Management Centre
RN	Registered Nurse
SCAO	Specialist Clinics Administration Officer
SH	Sunshine Hospital
SMS	Short Message Service
W&C's	Women's and Children's
WH	Western Health

1. Introduction

1.1 Purpose

The purpose of this Operating Guideline is to profile the Early Pregnancy Assessment Service (EPAS) and to provide details of the day to day operation of the service.

This Operating Guideline describes the various components and associated processes of the patient journey, staffing requirements, leadership and management structures, clinical and non-clinical support requirements, infrastructure requirements and communications procedures.

1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
<ul style="list-style-type: none"> W&C Leadership & Management Team W&C Services Operational Projects Team 	<ul style="list-style-type: none"> To be used as a baseline plan and overall tool to define what and how the EPAS operates.
<ul style="list-style-type: none"> Frontline staff 	<ul style="list-style-type: none"> To provide frontline staff, particularly those who are new to the service or existing staff that are new to JKWC, with a detailed understanding of the day to day operation of the EPAS. This Operating Guideline will be used ongoing for new staff to JKWC to assist with orientating to the EPAS.

Table 1: Intended audience

1.3 Related Documents

This document forms part of a suite of documentation outlining the provision of gynaecology service delivery across various phases of care at Western Health (WH).

As such, it should be considered in conjunction with the following:

- Early Pregnancy and Gynaecology Inpatient Service Operating Guideline (2019)*
- Gynaecology Services Model of Care (2019)*
- Gynaecology Specialist Clinics Operating Guideline (2019)*
- Gynaecology Surgical Services Operating Guideline (2019)*

2. Service Overview

Western Health's (WH) EPAS provides specialist ambulatory care to the clinically stable woman presenting with pain and/or bleeding in the first sixteen completed weeks of her pregnancy. The service is staffed by registered nurses (RN), gynaecology registrars, consultants, sonographers and sonologists.

2.1 Services Provided

- Early pregnancy ultrasound and diagnostic testing
- Counselling
- Management planning

2.2 Services not provided

- Care of the clinically unstable woman presenting with early pregnancy complications
- Care for women greater than 16 completed weeks gestation with pregnancy related complications such as pain and bleeding. Women greater than 16 weeks gestation will present to the Maternity Assessment Centre (MAC). Located on Level Three of the Joan Kirner Women's and Children's (JKWC), for triage and assessment
- Assessment of suspected fetal anomalies detected on first trimester ultrasound

2.3 Location and Operating Hours

The EPAS is located within Women's Clinic 'B', on Level One of the JKWC. The EPAS nurse and registrar each occupy one consulting room during clinical appointment hours. The sonographer will utilise the treatment room. EPAS has a dedicated waiting area and reception desk, which is staffed during clinical appointment hours.

Booked appointments for EPAS are available from 08:30 – 12:00 Monday to Friday. Between 12:30 - 17:00 Monday to Friday, a walk in service is available for women presenting to the Sunshine Hospital (SH) Emergency Department (ED) or the JKWC MAC with pain and/or bleeding in the first sixteen completed weeks of her pregnancy.

The EPAS does not provide any service after hours, on weekends or on public holidays.

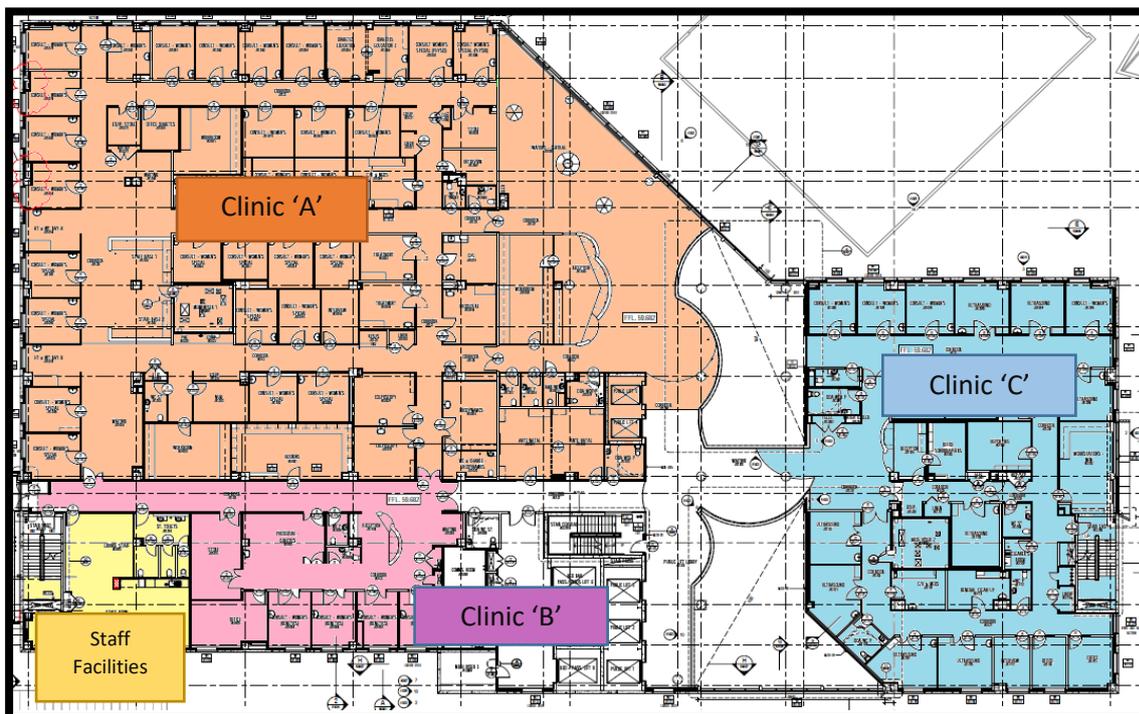


Figure 1: JKWC Level One

2.4 Patient Profile

The EPAS provides clinical services for the stable woman presenting with pain and/or bleeding in the first sixteen completed weeks of her pregnancy. Common reasons for referral include:

- Vaginal bleeding
- Unexplained pain
- Missed miscarriage
- Suspected ectopic pregnancy
- Retained products post-surgical or medical management of miscarriage

Women greater than 16 completed weeks gestation are referred to the MAC for all pregnancy related concerns.

N.B. If an ectopic pregnancy or an acute clinical presentation is confirmed, the EPAS registrar should contact the on-call O&G team to develop an action plan for the woman's care/pathway. The woman may require direct admission to the Early Pregnancy and Gynaecology (EPAG) inpatient service, or may be transferred directly to the JKWC operating theatre.

2.5 Capacity

The EPAS is an ambulatory service providing both scheduled appointments and a walk-in service. The EPAS provides a capacity of eight x thirty minute booked appointments between 08:30 – 12:30 Monday to Friday (including an emergency presentation timeslot). The booked appointments involve a clinical review by the nurse, registrar and sonographer. During the booked appointment hours, a dedicated sonologist is available for ultrasound scan reporting and 'real-time' review of scans in complex situations, such as pregnancy of unknown location or ectopic pregnancy.

Between 12:30 – 17:00 Monday to Friday, a walk-in service is available for women presenting to the SH ED or MAC with pain and/or bleeding in the first sixteen completed weeks of her pregnancy. During this time, the EPAS is staffed with a nurse while a sonographer from Women's Clinic 'C' will be made available as required. Medical care is provided by the ED O&G registrar (EDOG). If a woman presents to the ED or MAC and is appropriate for care in the EPAS, the EDOG is to schedule the next available appointment. If at the time of presentation the woman is unstable, she is to be seen in SH ED.

The EPAS does not provide any service after-hours, on weekends or on public holidays. Women presenting with pain and/or bleeding in the first sixteen completed weeks of her pregnancy outside of EPAS hours will present to the SH ED and be triaged as per the SH ED guidelines.

Unplanned presentations to the MAC outside of EPAS hours of stable and otherwise well women in the first sixteen completed weeks, will be redirected to the SH ED. If a woman presents the MAC and is unstable or requires resuscitation, an appropriate code is to be called and immediate treatment is to be provided in the MAC. The woman may require transfer to the JKWC operating theatres for emergency surgery, or a direct admission to the EPAG inpatient service from the MAC

3. Service Delivery

3.1 Referral

3.1.1 Referral Sources

Table 2 lists accepted internal and external referral sources for the EPAS.

Internal WH referral sources	External referral sources
<ul style="list-style-type: none"> ED (Sunshine, Footscray & Williamstown) 	<ul style="list-style-type: none"> GPs
<ul style="list-style-type: none"> Maternity or Gynaecology Inpatient Wards 	<ul style="list-style-type: none"> Private Obstetricians/Gynaecologists
<ul style="list-style-type: none"> Maternity or Gynaecology Specialist Clinics 	<ul style="list-style-type: none"> External Health Services

Table 2: EPAS referral sources

3.1.2 Referral Forms

External referrers are encouraged to utilise the generic [WH GP Referral Form](#), which is available on the WH internet. Referrals on medical practitioners' individual practice referral templates are also accepted, providing they include all required triage information.

Internal referrals are completed in iPM or on the [WH Consultation Request Form \(AD 219\)](#).

3.1.3 Referral Eligibility

Eligibility for referral to the EPAS is detailed in the [Referral Guidelines for Referrals to the Western Health Gynaecology Service](#), available on the WH intranet and internet.

Internally, the *Management of Early Pregnancy Complications Guideline* (under development) outlines the management of common early pregnancy (less than 16 weeks gestation) complications, including indications for referral to the EPAS.

3.1.4 Referral Process

The EPAS referral flow chart (Appendix 1) documents the referral pathway for referral to the EPAS for both internal and external referral sources.

EPAS referrals are submitted to the Women's and Children's (W&C's) Specialist Clinics Referral Management Centre (RMC) via the following methods:

- BOSSnet via EMR: Inpatient referrals only
- iPM: For outpatient and ED
- AD219 form: Internal referrals
- Fax: 9055 2125
- Email: wandclinics@wh.org.au

To ensure that referrals can be triaged appropriately, the [Requirements for referral to Western Health Specialist Clinics](#) page on the WH internet states that referrals need to meet the minimum clinical and non-clinical referral requirements. In cases where insufficient information is provided to facilitate clinical triage or registration, the EPAS RN will contact the referrer directly for additional information. The process to obtain additional referral information should not delay the woman's access to treatment.

If a referral is not appropriate for the EPAS, the referral will be forwarded to the applicable service. Referrers are notified by letter when:

- The referral is received and accepted
- The outcome of the referral has been determined and actioned
- A referral has been rejected

3.2 Admission and Triage

3.2.1 Clerical Registration

Referrals to the EPAS are clerically registered onto iPM by the W&C's Specialist Clinic Administration Officers (SCAO) located in the W&C's Specialist Clinics RMC on Level One of the JKWC.

3.2.2 Clinical Triage

Following clerical registration, all EPAS referrals are initially clinically triaged by the EPAS RN in accordance with the *EPAS Triage Guidelines* (under development). The EPAS RN attends the RMC to collect referrals twice a day or when notified by a SCAO of an urgent referral. The *EPAS Triage Guidelines* facilitate prioritisation of referrals and timely review of women according to their level of urgency. In situations of clinical uncertainty, the EPAS RN will discuss the referral with the EPAS registrar.

3.2.3 Waiting List Management

Referrals to EPAS are prioritised according to their clinical need based on the *EPAS Triage Guidelines*, with some women seen within one day of referral and others requiring a later appointment date due to previous ultrasounds and the timing between scans.

3.3 Service Provision

3.3.1 EPAS Set-Up

The EPAS RN shift is rostered from 08:30 – 17:00 Monday to Friday. It is the daily responsibility of the EPAS RN to setup each of the clinical rooms prior to the commencement of clinical appointments. This setup includes ensuring all rooms are stocked and tidy with linen skips and clinical waste bins emptied as well as turning on the ultrasound machine.

Key additional daily tasks to be completed by the EPAS RN include:

- Contacting external pathology and radiology providers to obtain outstanding copies of blood tests and ultrasound reports
- Managing β hCG testing:
 - Assisting with further testing as required
 - Calling external pathology providers for β hCG results
 - Calling women with results
- Contacting women to follow-up blood test and ultrasound results
- Contacting the referring GP or doctor directly to obtain additional information

Documentation of all interactions with women both face to face and over the phone is required to be documented on the woman's history in BOSSnet.

All clinical phone calls are recorded in iPM in the administration template SWPHEPAS.

It is the daily responsibility of the W&C SCAO stationed at the reception desk in Women's Clinic 'B' during EPAS clinical appointment hours to prepare appointment notes and files prior to the commencement of clinical appointments.

Key daily tasks to be completed by the W&C SCAO include:

- Ensure clinic is appropriately set up for the day by:
 - Printing patient bradmas
 - Printing clinic lists for the day
- Arriving women on iPM and RIS and checking patient demographics and Medicare details
- Actioning outcome slips including booking follow-up appointments or clerically discharging women from the EPAS
- Sending text messages to patients for:
 - Appointment reminders (two days prior to appointment)
 - β hCG reminders
- Collating the completed elective surgery forms for the surgical liaison nurse to collect
- Faxing β hCG pathology slips with cover sheet to community pathology providers and/or GPs

The W&C's Specialist Clinics RMC will support the EPAS by:

- Receiving and registering all referrals to EPAS
- Booking initial appointment for women following clinical triage (including iPM and RIS)
- Notifying women of their first appointment via a phone call (as appointment is less than two weeks away)

The EPAS is supported by sonographers and sonologists from the Integrated Obstetric Ultrasound Unit. Key daily tasks to be completed by the sonographer include:

- Collecting the ultrasound transducers at the beginning of the day
- Taking ultrasound transducers to the CSSD technician located in the Women's Clinics for sterilisation and ScanCare tracking at the completion of the clinical appointments

3.3.2 New Appointments

Initial appointments for the EPAS are made via the W&C's Specialist Clinics RMC. Given the rapid turnaround between the receipt of referral and the initial appointment date required, the woman will be notified of her EPAS appointment via phone call.

Women are sent an SMS appointment reminder two days prior to their appointment.

3.3.3 Patient Arrival

Women attending the EPAS will present to the Women's Clinic 'B' reception desk on the day of their appointment and are arrived on iPM by the W&C SCAO. The W&C SCAO will confirm the woman's demographics and Medicare details and will direct the woman to the adjacent waiting area to await her appointment.

3.3.4 Clinical Services

Nursing

History taking is initiated by the EPAS RN in one of the Women's Clinic 'B' consult rooms. The RN provides management planning, counselling and support, and may also chaperone ultrasounds with the woman and her partner/family as required.

The EPAS RN may provide the woman written information in the form of handouts for miscarriage, ectopic pregnancy and community grief and loss support services. These documents are available on the WH intranet.

Throughout the day, it is expected that the EPAS RN will:

- Accompany women for urgent direct admissions to handover to ward staff
- As required, make referrals to routine antenatal clinics, gynaecology, MFM or other clinics via BOSSnet
- Attend the W&C's Specialist Clinics RMC at least twice per day to triage new referrals
- Obtain and administer Anti-D injections
- Complete pathology requests where appropriate
- Chaperone ultrasounds as required
- Contact the Access Coordinator/After Hours Administrator (AHA) to schedule planned and urgent direct admissions for medical management, for example in cases of ectopic pregnancy, ruptured ectopic, live ectopic, etc.
- Contact the Elective Booking Office to schedule surgical management
- Restock the store room and linen supplies
- Document all interactions with women, both face to face and over the phone, in the woman's history in BOSSnet

Outside the clinical appointment hours, time is allocated for the RN to complete administrative tasks, including but not limited to:

- Completing follow-up phone calls with women and planning further testing, as required and documenting conversations on BOSSnet. All clinical phone calls are required to be recorded in iPM in the administration template SWPHEPAS.
- Completing referrals to community service providers
- Triage new referrals

Medical

Medical consultation is provided by the EPAS registrar in the morning booked appointments, and by the EDOG for the walk-in service in the afternoon. The EPAS clinic is overseen by the on-call O&G consultant for the day who is available onsite for review as required.

The Management of Early Pregnancy Complications Guideline (under development) is utilised by the EPAS registrar to support safe and efficient management of women presenting to EPAS with common early pregnancy complications.

The registrar will finalise the history taking commenced by the EPAS RN, discuss the findings of any investigations and diagnosis with the woman, and discuss available treatment options and the proposed plan of care. The woman will be provided details of any required surgery or hospital admission for medical management if indicated. The registrar will document written consent and admission notes for any woman who requires surgical management.

Where possible the ultrasound scan will be performed by the EPAS registrar under the guidance of the EPAS sonographer, as the clinic has been set up to support registrar training.

The registrar will prescribe any medications required for medical treatment as per the relevant procedure or guideline, including the [Prescription and Administration of Mifepristone and Misoprostol for Women Experiencing Miscarriage, Termination and FDIU Guideline](#) and the [Administration of Methotrexate for Tubal Ectopic Pregnancy Procedure](#).

The registrar may provide the woman with written information in the form of handouts for miscarriage, ectopic pregnancy and community grief and loss support services. These documents are available on the WH intranet.

3.3.5 Documentation

Each EPAS clinical contact, including attendance at clinical appointments and clinical phone contacts, should be documented by the treating clinician, either at the time of the interaction or soon after the interaction, to ensure the integrity of the woman's complete medical history. Patient interactions are documented directly into the BOSSnet digital medical record

3.3.6 Diagnostic Services

Ultrasound

Women who require ultrasound scanning will be reviewed in the ultrasound room following review by the EPAS RN and registrar. In the majority of cases, the ultrasound scan will be performed by the EPAS Registrar under the guidance of the EPAS sonographer.

When a woman is referred to EPAS with a definitive diagnosis (e.g. missed miscarriage) and has already had an ultrasound, a repeat ultrasound is not required. However, either the women or the EPAS registrar may request a repeat ultrasound to confirm the findings to ensure a level of certainty of the diagnosis. All scans completed in EPAS are to be recorded in RIS and reported on in Viewpoint.

3.4 Clinical Support Services

3.4.1 Pathology

Women who require pathology testing can have this testing completed at the JKWC Pathology Collection Centre, located on the Ground Floor, or at their local pathology service provider. It is encouraged that all pathology testing is done through WH to enable ready access to electronic results, however women need to be given the choice.

If it is determined during an EPAS appointment that the woman requires pathology diagnostic testing, the EPAS RN or Registrar will complete a pathology request via EMR (refer to the [Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging](#))



[Procedure](#)). The EPAS RN will collect the sample (refer to the [Pathology Specimen Labelling Procedure](#)) and forward the sample to the JKWC Pathology Lab via the pneumatic tube.

If for any reason the EPAS RN is unable to perform the pathology testing at the time of the appointment or the woman requests testing to be completed outside of the appointment time or at local Pathology centre, the EPAS RN or Registrar can complete an internal pathology request and:

- The woman can attend her local Pathology collection centre for testing (request to be printed and provided to the woman or faxed directly to her GP or local pathology provider)
- The woman can attend the JKWC Pathology Collection Centre on the ground floor for testing between 08:30 – 16:30 Monday to Friday

3.4.2 Pharmacy

Pharmacy provide outpatient dispensing services to women attending the EPAS. There is an inpatient medication room located within the Women's Specialist Clinic 'A', with stock replenished weekly by a pharmacy technician.

For outpatient prescriptions, the registrar will generate a script via the EMR and will provide both copies to the woman who will then present to the JKWC satellite pharmacy, located on the Ground Floor. The Pharmacist working in the satellite pharmacy will dispense and supply the medication and counsel the women on the medication.

Pharmacists also collaborate to support the development of policies, procedures, guidelines (PPGs) and processes applicable to the EPAS clinic. If a PPG mentions medication, pharmacy is a mandatory stakeholder.

The JKWC satellite pharmacy is available:

- Monday – Friday: 08:15 – 17:00
- Weekends and public holidays: Closed

JKWC satellite pharmacy contact details:

- Telephone: 9055 2070
- Fax: 9055 2045

Language Services

Interpreters should be used for patients and their families whenever key information is being communicated or discussed. On-site interpreting services are provided by in-house interpreters between the hours of 08:30 – 17:00, Monday to Friday. Outside these hours, and for languages not provided by in-house interpreting services, telephone interpreting services can be used. When a face to face interpreter is essential out of hours, such as in an emergency, an interpreter can be requested through the same number as the telephone interpreting services.

The [Language Services](#) page on the WH Intranet provides details on how to book interpreting services both in and out of hours.

3.4.3 Perinatal Loss Support Services

The Perinatal Loss Coordinator is an education, quality improvement and research role that supports both women experiencing a pregnancy loss, and the nurses and midwives caring for women experiencing a pregnancy loss.

3.4.4 Social Work Services in Perinatal Loss

Social work (SW) support offered to EPAS families includes:

- Psychosocial assessment
- Grief counselling/support
- Support during the decision making process for termination of pregnancy
- Ongoing support during hospital admission
- Referral to counselling services
- Post-discharge support

Referral Sources

Referrals to SW are made at the time of a still birth, when a fetal abnormality is diagnosed, a perinatal loss identified, parents receive a diagnosis of a medical condition not compatible with life, or when parents request SW support during the decision making process. Referrals are made by clinicians in EPAG, EPAS, MFM, MAC and SH ED through BOSSnet, via the EMR, or via the paper-based [Consultation Request Form \(AD 219\)](#).

Social workers provide support from a family centred, holistic model of care. Although the woman is our primary concern, the partner/ husband/other parent/ family member is also included in the psychosocial assessment and is offered emotional support, unless otherwise indicated by the patient.

Services Provided

Patients are seen by SW on the EPAG ward during their admission, or seen as an outpatient during their appointment in the Maternity and Gynaecology Specialist Clinics.

A thorough psychosocial assessment is completed to identify mental and emotional health, family history, support systems within the immediate family, financial hardship; the assessment includes child at risk and family violence assessments and safety planning.

For women in the EPAG inpatient service, SW provides an immediate response and offer a follow-up phone call post discharge to ensure ongoing psychosocial needs are met, and to offer support to engage with counselling/support services if needed.

3.5 Non-Clinical Support Services

3.5.1 Patient Services Assistants (PSA)

The EPAS is supported by the Women's Clinics PSA and cleaning team who are responsible for tasks including cleaning and making beds, emptying bins and cleaning the consult rooms at the completion of the clinical session. Rostered hours for the Women's Clinic PSA and cleaning team are listed in Table 3.

	Weekday		Weekends	
	Shift Time	Hrs	Shift Time	Hrs
Cleaner	10:00 – 16:00	35		
Cleaner	08:00 – 15:30	35		
PSA - Women's Clinic	07:00 – 14:30	35		

Table 3: JKWC Level Three PSA and Cleaner allocations

3.5.2 Women’s and Children’s Specialist Clinic Administration Officers

The W&C SCAO is available from 08:30 – 17:00 Monday to Friday to support EPAS clinical appointment hours. The W&C SCAO is responsible for arriving women to EPAS in addition to the clerical tasks listed in section 3.3.1 *EPAS Set-Up*.

3.6 Communication with Patients, Referrers and GPs

Follow-up phone calls are completed by the EPAS RN. EPAS patients are also provided a central contact number to call with any questions during business hours.

Out of hours, women are encouraged to direct any concerns to their GP or, in the case of an emergency, to present to their local ED.

Following each EPAS appointment, the EPAS registrar will dictate a letter which is sent to the woman’s GP.

3.7 Follow-Up

3.7.1 Emergency Surgery

If it is determined that a woman requires time critical emergency surgery, the EPAS team will:

1. Contact the on-call gynaecology team who will book the theatre request in Simon
2. Contact the SH Access Coordinator/AHA to arrange direct admission. The Access Coordinator/AHA will liaise with Women’s Ward 7 to coordinate the admission

3.7.2 Elective Surgery

If it is determined that a woman requires elective surgery, the EPAS registrar will complete a [Request for Elective Admission \(AD 32\)](#) elective surgery referral form. All EPAS elective surgery referrals are categorised as Category 1- Urgent.

The EPAS registrar or RN will contact the Elective Booking Office, located at Footscray Hospital, to schedule the woman’s surgery. If a dilation and curettage is required after 12 weeks gestation, the EPAS registrar should confirm with the on-call gynaecology consultant if there is a consultant available to perform the advanced curette.

3.7.3 Inpatient Admission

If it is determined that a woman requires an inpatient admission for medical management of a miscarriage or an ectopic pregnancy, the EPAS RN or registrar will contact the Access Coordinator/AHA to arrange a direct inpatient admission. The Access Coordinator /AHA will liaise with Women’s Ward 7 to coordinate the admission.

The EPAS RN will receive a phone call from the Access Coordinator/AHA to discuss when a bed will be ready for the woman. The EPAS Nurse will escort the woman to the ward for admission. The EPAS RN will provide a clinical handover to the EPAG inpatient service staff in person or over the phone. For clinically stable, otherwise well women choosing medical management of a miscarriage, if an inpatient bed is not available, the woman may be advised to go home and return once the bed is ready.

3.7.4 Outpatient Medical Management

The EPAS registrar, in consultation with the on-call O&G consultant, will determine if the woman can safely receive her care as an outpatient. When the woman is deemed appropriate for outpatient care, they must have follow-up arranged. The timing and nature of the care will depend on the clinical situation and the team's preferences. It may include reviews in EPAS, with or without ultrasound follow-up.

The woman should be given verbal and written information about expected bleeding and pain and must be given contact details for routine follow-up and triggers for attending the ED in an emergency.

3.7.5 Community Referral

Following review in the EPAS, women are often referred back to their GP and/or a community service for grief and loss support. The EPAS RN or registrar may provide the woman an information sheet outlining available community support services as listed in Table 4, and will complete referrals to relevant services as required.

Service	Services Provided	Contact Details
GP	<ul style="list-style-type: none"> • First step in dealing with the immediate and long term feelings and support needed around a loss 	
Mercy Grief Support	<ul style="list-style-type: none"> • One on one counselling • Telephone support • Support groups 	Phone: (03) 9313 5700 Monday–Friday, 8.30am–5pm
Mums Matter Psychology	<ul style="list-style-type: none"> • Individual psychology therapy sessions to support pregnancy or neonatal grief and loss 	www.mumsmatterpsychology.com Phone: (03) 9079 6930 Monday–Friday, 8.30am–5pm
Red Nose Grief and Loss (formally known as SIDS and kids)	<ul style="list-style-type: none"> • 24-hour phone support by accredited counsellor or trained supporter • Monthly support groups • Yearly memorial service • Group for siblings during school holidays 	https://rednosegriefandloss.com.au Phone: 1300 308 307 Available 24/7
Sands (miscarriage, stillborn and newborn death support)	<ul style="list-style-type: none"> • 24-hour support line that connects women with a volunteer trained parent supporter • Local support groups • Online live chat • Email support 	www.sands.org.au Phone: 1300 072 627 Available 24/7

Table 4: Community support services for grief and loss

3.8 Discharge and DNAs

Discharge from the EPAS is determined by the EPAS RN and registrar, in consultation with the woman and her family, and occurs once treatment is completed.

All women who fail to attend an appointment (DNA) should be discussed with the EPAS registrar to determine the optimal timeframe to offer a follow-up visit

As per the [Specialist Clinics Did Not Attend Procedure](#), if a patient fails to attend their second consecutive appointment they will be discharged from the EPAS. At the discretion of the on-call gynaecology consultant, the woman may be offered another appointment if discharge is deemed clinically inappropriate and/or unsafe. As per the [Specialist Clinics Did Not Attend Procedure](#) an urgent patient can only be discharged after a DNA at the discretion of the Head of Unit or senior consultant working within that clinic.

If a woman has a confirmed live intrauterine pregnancy, she will be discharged from the EPAS and booked into team care in the Maternity Specialist Clinics. The EPAS nurse is required to complete a [WH Consultation Request Form \(AD 219\)](#) for the W&C RMC team to action. The W&C RMC will organise a letter to be sent to the women requesting the woman to obtain a referral for antenatal care from her GP within three months.

If a woman requires clinical discharge from the EPAS, the EPAS registrar is to complete an outcome slip and place it in the discharge tray at the reception desk in Women's Clinic 'B' for the W&C SCAO to complete. On discharge from the EPAS, a discharge letter is dictated by the EPAS registrar and sent to the woman's GP.

4. Infrastructure

4.1 Patient Care Environment

The EPAS is located on Level One of the JKWC in Women's Clinic 'B'. The EPAS has a designated reception desk, patient waiting area and patient bathroom facilities.

4.1.1 Clinical Treatment Areas

The EPAS clinic utilises three clinical treatment rooms:

- One consult room for use by the EPAS registrar
- One consult room for use by the EPAS RN
- One procedure room, to be used as an ultrasound room with a high level obstetrics and gynaecology ultrasound machine

4.2 Non-Clinical Areas

The EPAS has access to the following support facilities which are located in the adjacent Women's Clinic 'A':

- Clean utility and medication room
- Dirty utility room

- Equipment storeroom

Transvaginal ultrasound transducers are taken by the sonographer to Women’s Clinic ‘C’ for cleaning, sterilisation and ScanCare tracking by the CSSD technician stationed in the Women’s Clinics.

4.3 Staff Facilities

The EPAS staff can access the Level One Women’s Clinic staff lounge, lockers and toilets as required. These facilities are available via swipe card access. Shared office and workstation facilities are available on Level One, Women’s Clinics, and on Level Four, the Clinical Directorate.

5. Workforce

Clinical care in the EPAS is delivered by a multidisciplinary workforce that is staffed from within the Division of W&C Services as listed in Table 5.

Discipline/s	Division/Directorate	Role/s
Nursing	W&C Services	<ul style="list-style-type: none"> • Registered Nurse • Enrolled Nurse (when required to relieve registered nurse)
Medical	W&C Services	<ul style="list-style-type: none"> • O&G Consultant On Call (clinic oversight) • Registrar – O&G • Sonographers • Sonologist
Allied	Clinical Support & Specialist Clinics	<ul style="list-style-type: none"> • Sonographer • Sonologist • Radiologist

Table 5: EPAS staffing profile

5.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#). Table 6 outlines mandatory competencies for clinical staff working in the EPAS.

	Nursing	Medical Staff	Sonographers
Fire and Emergency Procedures	✓	✓	✓
General Manual Handling	✓	✓	✓
Back 4 Life Patient Handling	✓	✓	✓
Hand Hygiene	✓	✓	✓
Aseptic and No Touch Technique (ANTT)	✓	✓	✗
Basic Life Support and Defibrillation (BLSD)	✓	✓	✓
Blood Components and Blood Transfusion Practice	✗	✓	✗
Prevention and Management of Occupational Violence	✓	✓	✓
Safe Handling of Cytotoxic	✓	✗	✗

	Nursing	Medical Staff	Sonographers
Cytotoxic Spill Management	✓	✗	✗

Table 6: Mandatory competencies for staff working in EPAS

All sonographers working in EPAS are credentialed by the Australasian Society for Ultrasound in Medicine (ASAR). All sonologists reporting EPAS scans must hold COGU, CMFM or DDU qualifications.

6. Education and Training

6.1 Service-Based Education

Registrars working in the EPAS are supervised to undertake formal ultrasound training as part of the requirements for the RANZCOG Ultrasound in Hospital Clinical Assessment (IHCA). Once deemed competent to perform these scans independently, the registrar will undergo a formal assessment task by RANZCOG accredited assessors.

There is currently no formal education program specific for staff working in the EPAS, with education organised by individual disciplines working in the EPAS through observation, informal and formal education sessions.

6.2 Research

There is currently no research being undertaken within the EPAS.

7. Policies, Procedures and Guidelines

Table 7 lists the WH PPGs that are pertinent to the EPAS service.

Title	Policy, Procedure or Guideline
Administration of Methotrexate for Tubal Ectopic Pregnancy	Procedure
Care of a Woman with Female Genital Mutilation/Cutting (FMG/C)	Procedure
Early Obstetric Ultrasound (Less than 12 weeks)	Procedure
EPAS Triage (Under development)	Guideline
Guidelines for the Management of Patients who Refuse Blood and Blood Products	Guideline
Hazardous Drugs - Cytotoxic	Policy
High Grade Disinfection of Ultrasound Transducers	Procedure
Mortality and Morbidity Reviews/Case Discussion Meetings in Women's and Children's Services	Guidelines
EPAS Early Pregnancy Complications Guide (Under development)	Guideline
Pathology Specimen Labelling	Procedure
Prescribing administration and consent for blood products	Policy
Prescription and Administration of Mifepristone and Misoprostol for Women Experiencing Miscarriage, Termination and FDIU	Procedure

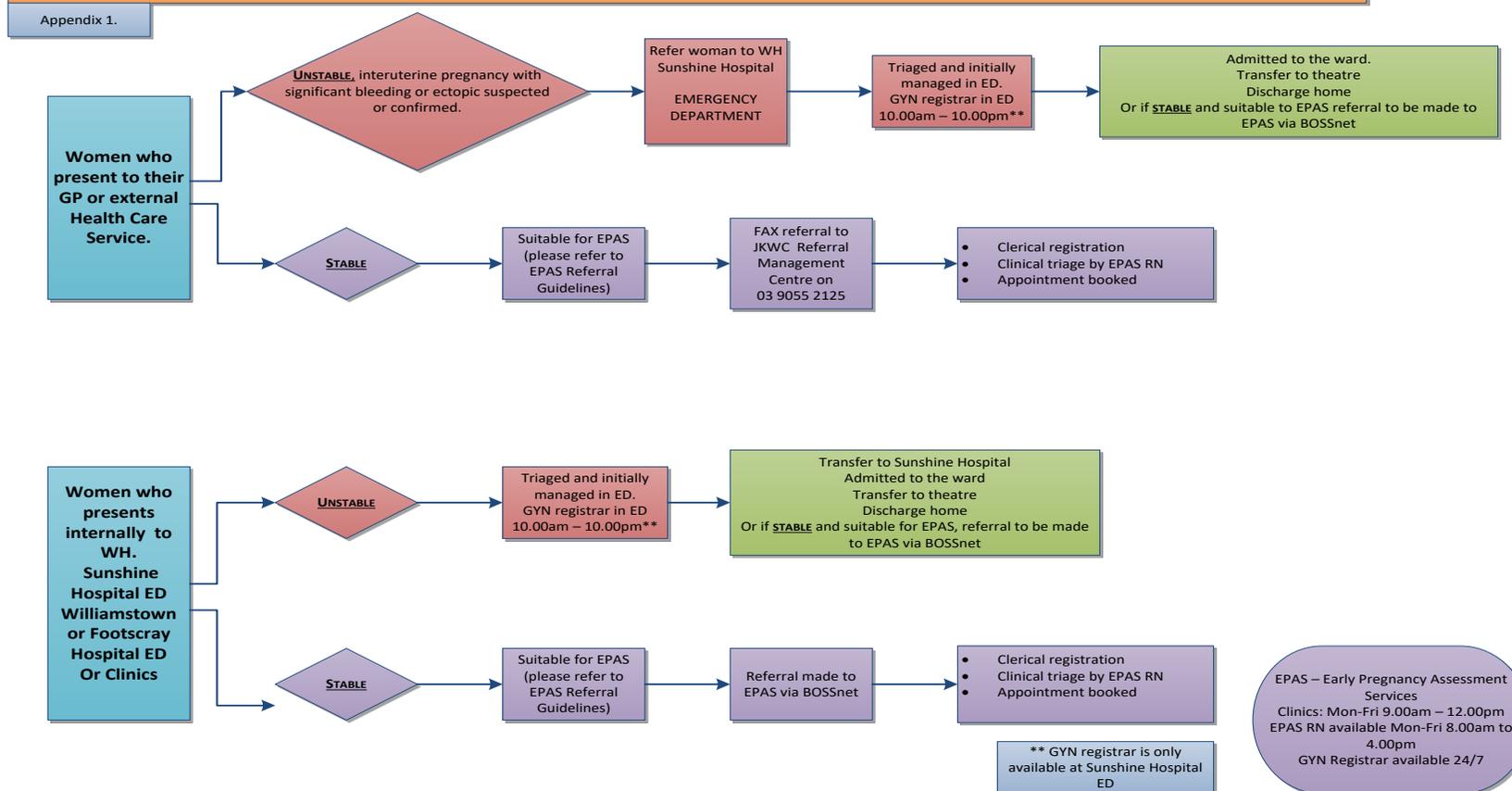


Title	Policy, Procedure or Guideline
<u>Specialist Clinics Did Not Attend Procedure</u>	Procedure
<u>Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging</u>	Procedure

Table 7: EPAS PPGs

8. Appendix 1 – EPAS Patient Flow Chart

EPAS Patient Flow
Patient with pregnancy <16 completed weeks gestation with pregnancy complications (bleeding/pain/confirmed failed pregnancy via US)



9. Appendix 2 – Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	Yes	Yes
Andrew Jeffreys	Clinical Services Director, P&CC Services	No	No
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Bronwyn Sundblom	Gynaecology Clinical Coordinator	Yes	Yes
Bronwyn Menadue	Perioperative Services Manager	No	No
Claire Culley	Divisional Director, P&CC Services	No	No
Clare Myers	Acting Head of Unit, Gynaecology Services	Yes	Yes
Erin Casey	JKWC Operational Support Manager, W&C Services	Yes	Yes
Erin Turnbull	EMR, SME W&C Services	No	No
Eleanore Ryan	Unit Manager, Ward 1B	Yes	No
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Jo Said	Head of Unit, MFM	Yes	Yes
Julia Blackshaw	Director, Allied Health	Yes	Yes
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	Yes	Yes
Kasia Michalak	O&G Registrar	No	No
Kath MacDonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Kellie Core	W&C Administration Development Manager	Yes	Yes
Krystal Penese	EPAS/Gynaecology Nurse	No	No
Lauren DeLuca	Consultant O&G/Divisional Clinical Safety & Quality Lead, W&C Services	Yes	Yes
Lisa Smith	Operations Manager, Maternity Services	Yes	No
Maree Comeadow	Operations Manager, Gynaecology, Paediatrics & Neonates	Yes	Yes
Midia Alias	Consultant O&G	No	No
Mel Shackell	Manager, Physiotherapy	Yes	Yes
Nicole Keogh	Quality Improvement Partner, W&C Services	No	No
Oliver Daly	Consultant Urogynaecologist & Obstetrician	Yes	No
Phuong Nguyen	Pharmacy JKWC Project Officer	Yes	Yes
Jennifer Patterson	Women's Ambulatory Services Unit Manager	Yes	Yes
Samuel Matthew	Consultant O&G	No	No
Samantha Francis	EPAS/Gynaecology Nurse	No	Yes



Suzie Ristevski	W&C Ambulatory Services Operations Manager	No	No
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	No	Yes
Val Dibella	W&C Education Manager	No	No
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	Yes	Yes
Yvonne Chan	Maternity & Gynaecology Clinical Practice Improvement Specialist	Yes	Yes