Western Health

Joan Kirner Women's and Children's (JKWC)

Division of Women's and Children's Services

Early Pregnancy and Gynaecology Inpatient Service

Operating Guideline

Version 3.0 - FINAL

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Operating Guideline

Document Control

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Abbreviations and Acronyms

AH&CS	Allied Health and Community Services
AHA	After Hours Administrator
AHFIRM	Allied Health Flow & Interdisciplinary Referral Management
ANTT	Aseptic Non-Touch Technique
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
BMI	Body Mass Index
CSSD	Central Sterile Services Department
CT	Computed Tomography
DMR	Digital Medical Record
D&C	Dilation and Curettage
DNA	Did Not Attend
DOSA	Day of Surgery Admissions
EDD	Expected Discharge Date
EMR	Electronic Medical Record
EPAS	Early Pregnancy Assessment Service
EPAG	Early Pregnancy and Gynaecology
FTE	Full Time Equivalent
GP	General Practitioner
HMO	Hospital Medical Officer
IDC	In Dwelling Catheter
JKWC	Joan Kirner Women's and Children's
MAC	Maternity Assessment Centre
MBS	Medicare Benefits Scheme
MDT	Multidisciplinary Team
MFM	Maternal Fetal Medicine
MRI	Magnetic Resonance Imaging
MTOP	Medical termination of Pregnancy
OASIS	Obstetric Anal Sphincter Injury
O&G	Obstetrics and Gynaecology
PACU	Post Anaesthesia Care Unit
PLSS	Perinatal Loss Support Services
PPG	Policy, Procedure, Guideline
PSA	Patient Services Assistant

RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RN	Registered Nurse
SCAO	Specialist Clinics Administration Officer
SDH	Sunbury Day Hospital
SH	Sunshine Hospital
SMS	Short Message Service
SW	Social Work
TOV	Trial of Void
W&C	Women's and Children's
WH	Western Health
WHMI	Western Health Medical Imaging
WOW	Works station on Wheels

1. Introduction

1.1 Purpose

The purpose of this Operating Guideline is to profile the Early Pregnancy and Gynaecology (EPAG) inpatient service 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, governance structures, clinical and non-clinical support requirements, equipment and capital requirements and communications procedures.

1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
• W&C Leadership & Management Team • W&C Services Operational Projects Team • AH&CS Leadership & Management Team	• To be used as a baseline plan and overall tool to define what and how the EPAG inpatient service operates.
• Frontline staff	• To provide frontline staff, particularly those who are new to the service, with a detailed understanding of the day to day operation of the EPAG inpatient service. This Operating Guideline will be used ongoing for new staff to JKWC to assist with orientating to the Early Pregnancy and Gynaecology team.

Table 1: Intended audience

1.3 Related Documents

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

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

- *Early Pregnancy Assessment Service (EPAS) 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 EPAG inpatient service provides elective and emergency gynaecology services for women. There is currently no dedicated paediatric or adolescent gynaecology service at WH.

2.1 Services Provided

- Advanced laparoscopy
- General gynaecology
- Gynaecology oncology
- Ovarian hyper stimulation syndrome
- Surgical termination of pregnancy (TOP)*
- Urogynaecology

- Management of Complications arising in early pregnancy (first sixteen completed weeks of pregnancy) that requires an inpatient stay:
    - Complications from surgical or medical management of miscarriage
    - Early pregnancy loss
    - Ectopic pregnancy
    - Endometritis
    - Hyperemesis gravidarum
    - Medical management of miscarriage or retained products of conception
    - Medical termination of pregnancy
    - Post cervical cerclage
    - Post dilation and curettage for miscarriage

2.2 Services Not Provided

- Care of women greater than 16 weeks gestation
- Dedicated adolescent gynaecology services
- Gender reassignment
- Social termination of pregnancy
- Tubal reanastomosis
- Vulval Cancer Surgery

*A surgical TOP may be provided for women with confirmed fetal anomalies, genetic abnormalities or severe maternal medical disease following consultation and referral from the MFM service.

Women attending for gynaecology day surgery are admitted and discharged directly from the Day of Surgery Admissions (DOSA) area in the Joan Kirner Women's and Children's (JKWC) Operating Theatres on Level Two and do not attend the ward (unless requiring an unplanned admission following surgery). Refer to the *Gynaecology Surgical Services Operating Guideline (2019)* for full details of surgical care.

2.3 Location and Operating Hours

The EPAG inpatient service is located in Women's Ward 7, on Level Seven of the JKWC, and is shared with maternity women.

Women's Ward 7 operates 24 hours per day, seven days per week. Standard visiting hours are 08:00 – 20:00 in accordance with WH's Visitor Management- General Public Procedure.

2.4 Patient Profile

The EPAG service provides care for women of all ages across the continuum, admitted with a range of elective and emergency gynaecological conditions. There is currently no paediatric or dedicated adolescent gynaecology service at WH, with these patients referred to services at the Royal Children's Hospital.

3. Service Delivery

3.1 Referral

3.1.1 Referral Sources

Referrals for the EPAG inpatient service are received from sources both within WH and external to WH. All referrals fall into one of three categories: elective, emergency and transfer admissions.

Elective Admissions

- Gynaecology Specialist Clinics
- Early Pregnancy Assessment Service (EPAS)
- Emergency Department (ED)
- JKWC Theatres

Emergency Admissions

- ED
- Gynaecology Specialist Clinics
- Maternity Assessment Centre (MAC)*
- EPAS

Transfer Admissions

- Transfer internally from another WH facility (Footscray or Williamstown)
- External health service, including transfer from a private hospital

3.1.2. Referral Process

There is no official referral form for the EPAG inpatient service on Women's Ward 7. If a woman presents to the ED, MAC or EPAS and requires admission she is either self-referring or may have a referral from a GP or other health care provider. For direct admissions or a transfer from a WH source, referrals are usually in the form of verbal handovers in accordance with WH's Clinical Handover Procedure. A written referral letter or verbal referrals over the phone are generally received from external health service providers when a woman is admitted directly to the EPAG inpatient service.

* As part of the contingency plan for emergency access for gynaecology women. This is only applicable in the unlikely case where a gynaecology woman presents to the MAC (24/7) and is unstable requiring resuscitation, emergency surgery or direct admission to the EPAG inpatient ward. Unplanned gynaecology presentations of stable and otherwise well women will be directed to present to the SH ED. Please see the *Early Pregnancy Assessment Service (EPAS) Operating Guideline (2019)* for access pathways for pregnant women less than 16 completed weeks gestation.

4. Admission

4.1 Clerical Admission

All women who are admitted to the EPAG inpatient service will undergo a clerical admission or transfer on iPM. WH's Admissions and Bed Management Procedure aims to ensure equitable, clinically appropriate access for all appropriate women requiring admission. Responsibility for completing this clerical admission varies according to the referral source.

Table 2 details the clerical admission responsibility and transport responsibility for women admitted to the EPAG inpatient service.

Referral Source	Clerical Admission/Transfer completed by	Transport
WH ED	• ED clerical staff	• ED Patient Services Assistant (PSA)/Orderly • In cases where it is determined that the woman requires nursing assessment, monitoring, intervention or supervision during transport, they will be accompanied by an ED nurse • Women requiring emergency surgery may go directly to theatre from the ED prior to transfer to the ward
EPAS	• Women's Ward 7 ward clerk	• The woman is escorted to the ward by EPAS nurse
Elective Surgical Admissions	• Surgical admissions clerk (DOSA)	• Women present directly to DOSA • Theatre to call Women's Ward 7 when the woman is ready for transfer and the ward nurse will collect the woman from JKWC theatres
Day Surgery Admissions	• Surgical admissions clerk (DOSA)	• Women present directly to DOSA
MAC	• Women's Ward 7 ward clerk	• The woman is escorted to ward by a PSA or ward nurse • Women requiring emergency surgery may go directly to theatre from the ED prior to transfer to the ward
Planned Medical Admissions	• Early Pregnancy and Gynaecology ward, Women's Ward 7	• Women present directly to Women's Ward 7 for admission
External Health Services	• Women's Ward 7 ward clerk (for direct admissions) • ED clerical staff (for admissions via ED)	• Transfers from external hospitals, including other hospitals within WH and those outside WH, are in accordance with the WH Hospital Patient Transfers Policy

Table 2: Clerical registration and transport responsibility

Refer to Appendix 1 for patient pathways, including admission to the EPAG inpatient service and gynaecology surgery patient flows.

4.2 Bed Allocation

When allocating beds for the EPAG inpatient service on Women's Ward 7, a single room should always be considered to women experiencing a pregnancy loss (including ectopic pregnancy). Single bedrooms can also be used for patients requiring isolation (for infection control purposes) or additional privacy (due to their medical condition or for social reasons). Despite not having an adolescent gynaecology service, on occasion it is necessary to provide care for a patient under the age of 18. In these instances effort should be made to provide a single room.

The EPAG service is funded to operate four beds on the 32 bed ward; attempt should be made to always cohort EPAG patients together. Highlighted in blue on the floor plan are the proposed rooms for gynaecology women on Women's Ward 7. Highlighted in purple is the possible overflow rooms.

Figure 1: Women's Ward 7 floor plan

4.3 Clinical Handover – Admission

For admissions and transfers from WH sources, clinical handover is provided verbally in accordance with WH's Clinical Handover Procedure. Clinical handover between nursing staff is usually provided face to face however may also be provided over the phone utilising the ISBAR Handover Tool. A Medical handover is usually provided over the phone. The *Gynaecology Care Pathway (paper)* and the *Patient Admission & Discharge Planning Tool (EMR)* should be commenced prior to handover. If the woman is admitted from the SH ED, an *ISBAR Handover (EMR)* is completed by ED staff prior to transfer to Women's Ward 7.

Clinical handover for admissions from external health service is provided verbally over the phone and/or in written form. Any diagnostic results for the woman are either faxed, scanned or a copy may be given to the women to provide to WH.

5. Service Provision

5.1 Medical Allocation, Admission and Care

5.1.1 Medical Allocation

Emergency gynaecology admissions utilise the 'Colour My Care' medical on call team allocation for the management of inpatients. Each Colour my Care team is allocated a day of the week for receiving new admissions. On Fridays and weekends the woman is admitted under the colour of the on-call consultant's team. Women presenting to ED, including women transferred from external hospitals, and women referred for emergency direct gynaecology admission are allocated to the receiving team on the day of admission. Women who have been readmitted within six weeks post-surgery will be transferred back to the same team from their previous admission to ensure continuity of care. This transfer of care should occur on the next week day at the 08:00 handover meeting.

Table 3 lists the medical receiving team allocated to each day of the week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
On-call Consultant	Yellow	Orange	Purple	Blue	Blue/Orange	On-call Consultant

Table 3: Gynaecology inpatient medical receiving team allocation

Planned elective gynaecology surgical cases will be admitted under the surgeon and managed by the surgeon's associated team, unrelated to the day of the week. An attempt is made to support continuity of care by having the same medical team follow the woman from Specialist Clinics through elective admission, surgery and post-operative ambulatory follow-up. This is not always possible to achieve given elective surgery lists are populated on a category/urgency basis, with available surgery spaces being utilised. All major gynaecological procedures or cases with anticipated difficulties are presented at the fortnightly pre-operative gynaecology meeting, by the team performing the procedure.

5.1.2 Medical Admission and Documentation

The medical admission is completed by the Gynaecology Registrar or hospital medical officer (HMO) either in the SH ED or once the woman has been transferred to Women's Ward 7. If a medical admission is not possible at the time of admission, the woman is accepted to the EPAG inpatient service Women's Ward 7 on a four hour plan.

Medical admissions are documented in the woman's progress notes on the Electronic Medical Record (EMR), with all women to have a documented medical plan for their management.

All women must have medical progress notes documented in EMR following any medical review, including ward rounds, and whenever there is a change in medical orders or the woman's condition.

5.1.3 Medical Ward Rounds

A daily Registrar Ward Round commences at 07:30 for a review of women prior to the 08:00 Handover Meeting. Following handover, the medical team returns to the ward to complete a full Consultant-led Ward Round (if required) with the ward Nurse/Midwife in Charge in attendance where possible. During these ward rounds, a treatment plan is developed by the registrar and/or the consultant and discussed with the woman. All women are expected to be reviewed by the consultant within 24 hours of admission.

Follow-up medical reviews occur on an individual basis as required throughout the day.

5.2 Nursing Allocation, Admission and Care

5.2.1 Nursing Allocation

The nurse: patient ratios for EPAG women on the ward are as follows:

- Morning Shift (07:00 – 15:30) 1:4 (supernumerary 1 in-charge)*
- Afternoon Shift (13:00 – 21:30) 1:4 (supernumerary 1 in-charge)*
- Night Shift (21:00 – 07:30) 1:6 (1 in-charge on the floor)*

*To achieve patient centred care, consideration should be given by the NUM/NIC when allocating staff to care for a woman experiencing an early pregnancy loss. It is recommended that all women who are actively miscarrying are cared for with a reduced ratio of 1:2 to ensure appropriate provision of safe care, including accurate measurement and documentation of blood loss and

management of clinical deterioration. Reduced ratios require approval through the NUM during hours or Access Coordinator/After Hours Administrator (AHA) if outside of hours.

There are specialist gynaecology nurses working on Women's Ward 7 who are rostered to care for EPAG inpatients, however other nurses and midwives working on Women's Ward 7 will also be allocated to provide clinical care for EPAG women as required.

Each nurse or midwife is allocated a workstation on wheels (WOW) at the beginning of each shift.

The NIC is responsible for overseeing management of the shift which involves:

- Allocation of patients to oncoming nursing staff
- Attending medical ward rounds and communicating ongoing management plans to staff
- Attending the 08:00 medical handover meeting in JKWC
- Attending the SH site morning access meeting at 09:30
- Ensuring staff vacancies are filled for oncoming shifts as the need arises
- Ensuring that patient management timelines are met
- Facilitating discharges in a timely manner
- Handing over to the oncoming NIC
- Monitoring and facilitating patient flow from ED/theatre and from other wards
- Providing counselling, support and education for pregnancy loss
- Recognition and management of the deteriorating patient

The bedside nurse is responsible for:

- Providing nursing care to patients allocated
- Administering medications
- Documentation in the EMR of care delivered
- Educating patients prior to discharge in relation to ongoing management
- Escorting patients to other departments
- Informing the NIC of patient's current status
- Making referrals to allied health and other disciplines when required
- Monitoring patient vital signs
- Performing dressings or treatments as required
- Providing accurate and timely handover (ISBAR)
- Providing counselling, support and education for pregnancy loss
- Providing nursing care to patients
- Recognition and management of the deteriorating inpatient

5.2.2 Nursing Admission and Documentation

When the woman arrives on the ward, the nurse or midwife allocated to the woman for that shift completes a *Gynaecology Clinical Pathway Pack WHAD136;* which includes the *Patient Admission and Discharge Planning Tool AD80.0a* and the *Patient Risk Screening Assessment and Management Tool AD 82.1a* in the EMR, in addition to completion of the medication administration record (MAR) and observation chart in the EMR.

The *Gynaecology Clinical Pathway AD 136* is to be completed for all gynaecology inpatients for the duration of their admission.

The *Patient Admission and Discharge Planning Tool AD 80.0A* must be commenced within four hours of admission and completed within the first 24 hours of admission for all adult inpatients as per the Patient Admission and Discharge Planning Tool Guideline.

The *Patient Risk Screening Assessment and Management Tool AD 82.1A* must be completed within four hours of admission and daily for all gynaecology inpatients as per the Patient Risk Screening Assessment and Management Tool Guideline.

The observation chart on the EMR is used to document clinical observations throughout the admission including temperature, heart rate, respiration rate, blood pressure and oxygen saturation.

The MAR must be commenced in EMR by the Nursing staff as part of the admission process and is then completed by the Medical Team.

Other common forms on the EMR to be completed as part of the Nursing admission include:

- *Trial of Void- Post-Partum and Gynaecological Urinary Retention (AD 135)*
  - To be completed for all gynaecology/gynaecology oncology patients after indwelling catheter (IDC) removal or requiring trail of void (TOV)
- *Peripheral Intravenous (IV) Record/Central Vascular Device (CVD) Record (AD 378)*
  - It is mandatory that all patients with an IV cannula or a peripherally inserted central catheter (PICC) have the appropriate IV documentation completed within their patient charts
- *IV and Subcutaneous (SC) Fluid Order Form (AD 285)*
  - For patients requiring IV or SC fluids
- *Fluid Balance Chart Summary (FBC) (AD 350)*
- *Blood Glucose Chart (AD 306)*

5.2.3 Nursing Handover

Prior to commencing clinical bedside handover, a short ten minute group brief is facilitated by the NIC at the Electronic Patient Journey Board.

Following this briefing, a more detailed clinical bedside handover, that includes the woman and her family in the transfer of information, occurs using the ISBAR format as detailed in Table 4.

I	**IDENTIFY**	Identify yourself, your role and your patient
S	**SITUATION**	State the patient's diagnosis or reason for admission and current problem
B	**BACKGROUND**	Patient History – clinical background or context
A	**ASSESSMENT**	Current problems, observations and treatments
R	**RECOMMENDATION**	What do you recommend next for patient care? Treatments, medications, etc. Are there any specific requests for patient care? E.g. Review, discharge

Table 4: ISBAR format for handover

5.3 Team Meetings

5.3.1 Medical Handover Meeting

A Medical Handover Meeting is held daily at 08:00. This meeting is attended by maternity, gynaecology, newborn services and paediatric staff. The handover meeting is led by the on-call team for the day and includes a discussion of overnight theatre cases, patients in ED, the Maternity Assessment Centre and Birthing, all gynaecology inpatients, complex antenatal and post-natal inpatients and any other patients that staff need to be aware of.

5.3.2 Pre-Operative Meeting

A Gynaecology Pre-Operative Meeting is held fortnightly on a Tuesday at 17:00 – 18:00. The purpose of this meeting is to discuss all major elective surgery cases in the coming fortnight so the teams can exchange information and plan the best care for the woman.

5.3.3 Nursing Ward Meetings

Women's Ward 7 meetings for nursing/midwifery staff include:

- Education Sessions
- Staff Meeting (monthly)

5.4 Responding to the Deteriorating Patient

Recognition and management of the deteriorating gynaecology inpatient is supported by the Recognition and Management of the Deteriorating Adult Patient Procedure. Response team members for gynaecology inpatients are outlined in Tables 5 and 6.

Care Response	Response Team Members
Urgent Clinical Review (UCR)	• Allocated Nurse/Midwife • Nurse/Midwife-in-charge • Any doctor from the woman's clinical unit in hours or on – call obstetric team after hours
Adult Medical Emergency Team (MET) Call	**Response Team** • JKWC ICU Liaison Nurse (24/7) • On-Call team (HMO, Registrar and/or Consultant) • Adult SH ICU Senior Registrar – staged escalation **Additional Staff Notified** • Local Clinicians • Access Coordinator/ Access Coordinator /AHA • ICU Nurse or ICU NIC • Obstetric Medicine Registrar (in hours)
Adult Code Blue	**Response Team** • Team lead (T/L) Adult SH ICU Senior Registrar • Anaesthetic Registrar • Obstetric/Gynaecology Registrar on-call (24/7) • JKWC ICU Liaison Nurse (24/7) **Additional Staff Notified** • Home Unit (HMO, Registrar and/or Consultant)

Care Response	Response Team Members
	• Access Coordinator /AHA • PSA • Security (out of hours) • Obstetric/Gynaecology Medicine Registrar in hours • Medical Registrar out of hours • Local Clinicians • Sunshine ICU liaison/ICU MET responder or ICU Nurse in Charge

Table 5: Gynaecology inpatient escalation of care responses

The Adult Code Blue Procedure outlines the specific criteria and required action/s for any medical deterioration/emergency that requires an immediate medical response.

5.5 Clinical Support Services

5.5.1 Allied Health

On admission to the ward, nursing, midwifery and/or medical staff will identify if referral to allied health is indicated and will complete referrals accordingly. Indication for referral to allied health may also be identified at any stage throughout the admission, or by other allied health disciplines.

Referrals to allied health are made electronically via the EMR and, at a minimum, should state the reason for referral, anticipated discharge date and discharge destination. Allied health staff aim to respond to all inpatient referrals within 24 hours of receipt, within the limits of a Monday to Friday service. Please refer to the Inpatient Referral to Allied Health Procedure for further details.

An Allied Health Flow and Interdisciplinary Referral Management (AHFIRM) Lead is allocated to Women's Ward 7 and will receive a daily handover from the NIC in regard to any allied health referrals or issues. The AHFIRM lead will attend the ward prior to 10:00 Monday to Friday and aims to enhance allied health ward based leadership through communication and assisting in the areas of access and flow.

The AHFIRM Leads will find strategies that work for the wards under three pillars of:

1. Access and Flow: Influencing referrals to make them more appropriate
2. Communication: Providing a single point of contact for allied health to enhance ward communication
3. Leadership: Sharing leadership on the ward to better support ward initiatives

Allied health services are available 08:00 – 16:30 Monday to Friday.

Table 6 outlines the allied health services available for patients on Women's Ward 7, including indications for referral and contact details.

Discipline	Service Description	Indications for Referral	Contact
• Nutrition & Dietetics	Dietitians assess the nutritional status of patients and provide nutrition support and counseling based on current evidence based practice.	• Patient requires enteral or parenteral nutrition • Malnutrition screening tool score > 3, refer to functional maintenance care plan. • Patient at clinical risk: Meal plan requires modification for safety include food allergies • Eating disorder (new or pre-existing) • Discharge dependent on dietetic input such as diabetes associated with risk of hypoglycaemia, intestinal stricture, severe malabsorption or newly diagnosed coeliac disease/food allergy	Pager 126
• Occupational Therapy	Occupational Therapists help people participate in their daily roles and occupations to the best of their abilities, enabling them to participate in their meaningful life roles.	• Assessment or intervention required to enable safe discharge home such as provision of equipment • Patients requiring intervention to optimise independence in functional tasks	Pager 312
• Pastoral Care	Pastoral Care is concerned with the well-being of the human spirit. Pastoral Care staff offer confidential emotional and spiritual support during times of change and challenge that is sensitive to and respectful of each person's individual needs (including all faith traditions, or none).	• Emotional and spiritual support for patients and relatives/carers, especially around fear, anxiety and emotional and existential crises. • Provision of non-religious and/or traditional blessings if/when required • For referrals/links to external faith communities or representatives when necessary	Ext.51307
• Physiotherapy	Physiotherapists provide assessment and management of gynaecology patients for pre- and post-operative education, mobility and cardiorespiratory issues, and assistance with trial of void processes and continence care.	• Mobility assessment and facilitation for safe discharge • Post-operative education for women following major surgery including total abdominal/vaginal hysterectomy, anterior and posterior vaginal wall repairs, sacrospinous fixation and continence procedures • Chest physiotherapy for patients with deteriorating respiratory function • Trial of void process assistance	Pager 1024

Discipline	Service Description	Indications for Referral	Contact
• Psychology (limited part-time service)	Clinical & Health Psychologists provide assessment and therapeutic intervention for women and pregnant women presenting with symptoms of mental illness, significant distress, or who are considered to be at high risk of psychological deterioration during their period of care with the Health Service.	• Severe symptoms of depression, anxiety, stress, PTSD • History of mental illness (including previous perinatal depression or anxiety, or childbirth trauma) • Suicidal ideation or self-harm • Complex comorbidities (such as relational dysfunction and family instability/trauma, substance use, socioeconomic adversity impacting on stability of housing, employment, migration status, parenting difficulties) which severely limit the person's ability to obtain assistance in the private sector.	
• Social Work	Assessment of the psychosocial needs of patients in relation to their hospitalisation, chronic/acute healthcare needs, discharge planning, adjustment, crisis and bereavement counselling. Social Workers provide a range of services through statutory, therapeutic, welfare, and education interventions.	• Emotional distress • History of complicated pregnancies or recurrent pregnancy loss • Family Violence Disclosures • Bereavement support • Children/Child at risk • Other psychosocial needs such as financial, housing, employment, etc.	Pager 401 Mob:0466 531 855

Table 6: Allied health services for EPAG inpatients

Social Work Services in Perinatal Loss

Social work (SW) support offered to EPAG 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.

5.5.2 Anaesthesia including Acute Pain Management Service (APMS)

Anaesthesia services, including the Acute Pain Management Service (APMS), are available for review and provision of education to women subsequent to epidural/spinal analgesia. APMS also supervise parenteral analgesia strategies including patient controlled analgesia (PCA) or other infusions such as ketamine.

Inpatient referrals to Anaesthesia and Pain Medicine are made through completion of a 'Consult to Medical Specialty' to the 'Anaesthesia and Periop Med' service on the EMR.

Anaesthetic consult is available 24 hours, 7 days per week. The APMS registrar can be contacted on pager 848. The pain nurse can be contacted between 07:30 – 16:00 Monday to Friday on extension 50187.

5.5.3 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.

5.5.4 Medical Imaging

Western Health Medical Imaging (WHMI) provides the following medical imaging modalities for access by EPAG women: ultrasound, CT, interventional radiology, fluoroscopy, general x-ray, MRI and nuclear medicine.

Ultrasounds for EPAG women from Women's Ward 7 are performed during business hours in Clinic 'C', located on Level One of the JCWCH. Women are transported to Clinic 'C' by a PSA or if a clinical escort is required, the ward nurse or midwife will accompany the woman.

Emergency medical imaging services, including ultrasound, are available in the main SH WHMI department 24 hours per day seven days per week for inpatients and gynaecology women presenting to the ED. SH WHMI is located on the Ground Floor of Building A.

Women are transported to the WHMI Department by a WHMI PSA in hours, after hours, women are transport by the pool PSA staff. If a clinical escort is required, the ward nurse or midwife will

accompany the woman. The Medical Imaging Patient Transport and ISBAR Nursing Handover Tool must be completed by the ward staff prior to the patient being transported to WHMI.

5.5.5 Pathology

There are twice daily routine pathology blood collection rounds on the Women's Ward 7 each weekday. These rounds occur at approximately 10:00 and 14:00. All urgent required blood collections outside these collection rounds are to be collected by the ward nursing or medical staff and are sent to the pathology lab for testing via the pneumatic tube. Pathology samples which should not be sent via the pneumatic tube include any samples in formalin and those impacted by agitation, such as CSF samples.

For information regarding the ordering of pathology tests on the EMR, refer to the Pathology Quick Reference Guide.

5.5.6 Pharmacy

Pharmacy provides dispensing and clinical pharmacy services to EPAG inpatients on Women's Ward 7. Blanket referrals for a clinical pharmacist review exist for all patients on the ward and the pharmacist will review all discharge scripts and drug charts.

Referrals to pharmacy are made in accordance with the Pharmacy Services and Referral to Clinical Pharmacist Procedure. Clinical pharmacists aim to respond to referrals within 24 hours of receipt of referral, within the limits of a Monday to Friday service.

If a woman requires administration of methotrexate, an O&G registrar or consultant is to prescribe it using the EMR and pharmacy can organise distribution as per the Administration of Methotrexate for Tubal Ectopic Pregnancy Procedure. Methotrexate is also available after hours via the AHA.

Pharmacy technicians are responsible for restocking ward imprest items on a weekly basis in the ward medication room. Outside of dedicated restocking times, a Pharmacy Requisition form is to be completed by ward nursing staff for any drugs which are not available. The Pharmacy Requisition Form is to be faxed to pharmacy on 9055 2045.

The after-hours drug cupboard is located adjacent to the main SH Pharmacy on the Ground Floor of Building B+ and is accessed by the AHA. If the required drug is unavailable in the after-hours drug cupboard and cannot wait until the regular pharmacy hours, the AHA will contact the on-call pharmacist.

Discharge prescriptions are generated from the EMR, printed and signed by the treating medical team. The ward pharmacist is then to be paged to review the script and take it to the pharmacy for dispensing. The ward pharmacist brings the dispensed prescription to the ward and provides the patient and their family counselling in relation to the medication prior to discharge.

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

5.6 Non-Clinical Support Services

5.6.1 Food Services

The Division of Health Support Services manages the food services workforce that supports the EPAG inpatient service. There is one full time diet monitor allocated to the JKWC building seven days per week. The diet monitor is responsible for the following tasks:

- Electronically documenting patient meal selection of just prior to meal times
- Generating a meal ticket which is sent to the food services assistant (FSA) located in the Women's Ward 7 pantry

The FSA is available as listed in Table 7 and is responsible for the following tasks:

- Ordering for the ward pantry
- Reheating, plating and delivery of meals
- Washing dishes and trays in the ward pantry

	Weekdays		Weekends	
	Shift Time	**Hrs**	**Shift Time**	**Hrs**
FSA	06:30 – 1400	35	0630 – 14:00	14
FSA	13:30 – 20:00	30	1330 – 20:00	12
Total		**65**	**Total**	**26**

Table 7: FSA availability for Women's Ward 7

The standalone pantry on Women's Ward 7 supports patient meal requirements for the ward. Ward FSAs order stores for the pantry on a prescribed frequency and these stores are delivered by the kitchen store person. All dishes and trays are washed and maintained within the ward pantry.

Meal ordering is undertaken by the JKWC diet monitor on tablets using the CBORD menu management system.

A continental breakfast is provided in the patient lounge located on Women's Ward 7 on a self-serve basis. For patients unable to attend the communal breakfast due to their medical condition, arrangements will be made for a delivered meal service in liaison with nursing and support services staff.

Patients are offered a selection of cold and hot meals for lunch and dinner from a range of 15-20 items.

Meal Delivery times are as follows:

- Breakfast: 07:00 – 08:30
- Lunch: 12:00 – 13:30
- Dinner: 17:00 – 18:30

Outside of the designated meal periods, a selection of frozen meals and sandwiches are available within the ward pantry and can be provided by the FSA during their rostered hours and by ward staff (sandwiches only) outside the FSA rostered hours.

In addition to the ward pantry, the beverage bay located in the patient lounge is available 24 hours per day, seven days per week for patients and their families to access hot and cold beverages and snacks.

5.6.2 Patient Services Assistants (PSAs)

The Division of Health Support Services manages the environmental service workforce that supports Women's Ward 7. Table 8 lists the PSA and cleaner shifts that support Women's Wards 7 and 8.

	Weekday		Weekends	
Level 7	**Shift Time**	**Hrs**	**Shift Time**	**Hrs**
PSA	07:00 – 15:30	40	07:00 – 15:30	16
PSA	07:00 – 16:00	40	07:00 – 16:00	16
Cleaner (shared level 7&8)	06:30 – 14:30	32.5		
Level 8				
PSA	07:00 – 15:30	40	07:00 – 15:30	16
PSA	07:00 – 16:00	40	07:00 – 16:00	16
PSA (shared level 7&8)	16:00 – 23:30	35	16:00 – 23:30	15
PSA (shared level 7&8)	23:30 – 07:00	35	23:30 – 07:00	15.2

Table 8: PSA and Cleaning allocation for Women's Wards 7 and 8

5.6.3 Ward Clerks

The Division of Health Support Services manages the clerical workforce (ward clerk) that supports Women's Ward 7.

The ward clerk on Women's Ward 7 is available between 07:00 – 22:30, seven days per week. There are three ward clerks rostered to the JKWC between 22:30 – 07:00, with one ward clerk stationed in the MAC/Birthing, one shared between the Children's Ward and Newborn Services, and one shared between Women's Ward 7 and Women's Ward 8 as listed in Table 9.

	Weekday		Weekends	
Level 7	**Shift Time**	**Hrs**	**Shift Time**	**Hrs**
Ward Clerk	07:00 – 15:30	40	07:00 – 15:30	16
Ward Clerk	15:30 – 22:30	32.5	15:30 – 22:30	13
Ward Clerk (shared Levels 7 and 8)	22:30 – 07:00	45	22:30 – 07:00	18

Table 9: Ward Clerk Allocation Maternity Wards

5.6.4 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.

5.7 Discharge

A routine, formal discharge planning process is implemented for each episode of care. Discharge planning for elective surgery patients commences in Specialist Clinics and continues through to the inpatient ward. Suitability for discharge is determined by the medical team during the daily ward round, with almost all women discharged directly home. Once the woman has been deemed suitable for discharge, a discharge summary is generated from the EMR. A discharge prescription is also generated if required. WH's Discharge Procedure outlines the guidelines for discharge of patients from WH, including criteria based discharges.

Women are informed on admission that the discharge time is 10:00. WH's Discharge Procedure outlines the guidelines for discharge of patients from WH, including EPAG women from Women's Ward 7.

5.8 Follow-Up

In accordance with the WH Discharge Procedure, the discharge process must include arrangements for a follow-up appointment, if required, in Specialist Clinics or with an appropriate medical officer, for example the woman's local GP.

Women are often referred back to their GP and/or a community service for grief and loss support following a pregnancy loss. Women can also be referred to Social Work for grief and loss support following pregnancy loss. The discharging nurse, midwife or medical staff may provide the woman an information sheet outlining available community support services as listed in Table 7, and will complete referrals to relevant services as required. The written information in the form of handouts for miscarriage, ectopic pregnancy and community grief and loss support services are available on the WH intranet.

Table 10 outlines the available follow-up options available for women who have been discharged from the EPAG inpatient service.

Service	Location	Description	Referral Process
Allied Health Specialist Clinics	SH	Allied health offers limited ambulatory consultation for certain conditions/allied health disciplines.	BOSSnet
External Hospital and Community Services	Various	Following discharge, referrals may be made to medical and allied health services either in specialist tertiary hospitals or in the community.	Varies according to individual service
Grief and Loss Services	Phone	*Sands*: 24 hour support line for miscarriage, stillborn and newborn death	www.sands.org.au Phone: 1300 072 627
	Phone	*Red Nose Grief and Loss*: 24-hour phone support by accredited counsellor or trained supporter	https://rednosegriefandloss.com.au Phone: 1300 308 307
	Sunshine	*Mums Matter Psychology:* Individual psychology therapy sessions to support pregnancy or neonatal grief and loss	www.mumsmatterpsychology.com Phone: (03) 9079 6930

Service	Location	Description	Referral Process
	Sunshine	Mercy Grief Support: One on one counselling, telephone support and support groups	Phone: (03) 9313 5700
Hospital in the Home (HITH)	Home-based service	HITH provides care in the home that would otherwise need to be given during a stay in hospital. HITH often provides an alternative to admission to hospital, or an opportunity for earlier transfer home, than would otherwise be possible.	Initial referral via telephone. Consent form signed by patient and referral then completed in iPM
Local GP	Various	Many patients are encouraged to organise a follow up appointment with their local GP	Details included in GP discharge summary
Specialist Gynaecology Clinics	SH Sunbury	Continuity of care for surgical inpatients is facilitated by post-discharge follow-up in the Gynaecology Specialist Clinics. Medically managed patients may also be referred to Specialist Clinics for review post-discharge.	BOSSnet

Table 10: EPAG post-discharge follow-up options

6. Infrastructure

6.1 Patient Care Environment

The EPAG inpatient service is located on Women's Ward 7, located on Level Seven of the JKWC. Women's Ward 7 has 32 beds for inpatient overnight accommodation, 16 of which are single rooms and 8 of which are double rooms. Each room has an ensuite and a day bed to enable a partner/carer to stay overnight with the patient. There are two negative pressure isolation rooms, one bariatric room and two x two bed observation rooms on the ward. There is also a treatment room located on the ward.

In order to maintain flexibility, all patient bedrooms are standardised with the following features:

- Patient bed
- Mobile bedside locker
- Patient chair/visitor chair
- Over bed mobile table (as required)
- Cupboard for personal belongings
- Oxygen outlet
- Medical air and suction outlets
- Power outlets
- Privacy curtain
- Nurse call/entertainment control

6.1.1 Non Clinical Areas

Women's Ward 7 has the following non-clinical rooms/equipment:

- Two staff bases with adjacent workrooms
- One meeting room
- Clean utility and medication room
- Sterile stock store room
- Two dirty utility rooms
- Equipment storeroom
- Pantry
- Education room

6.1.2 Staff Facilities

Staff working on Women's Ward 7 can access the Level 7 staff lounge with lockers and toilets. These facilities are available via swipe card access. There is a designated office for the Unit Manager of the ward, a meeting room, and dedicated staff bases and work rooms with computers available for staff use. Staff can also access the hot desk facilities and meeting rooms located on Level Four, the Clinical Directorate.

7. Workforce

Clinical care for EPAG inpatients are delivered by a multidisciplinary workforce that is staffed from both within and external to the Division of W&C Services as listed in Table 11.

Discipline/s	Division/Directorate	Role/s
Nursing/Midwifery	W&C Services	• Unit Manager (MUM) • Associate Unit Manager (AUM) • Clinical Nurse Specialist (CNS) • Clinical Midwife Specialist (CMS) • Registered Nurse • Registered Midwife • Gynaecology Clinical Coordinator
Medical	W&C Services	• Head of Unit – Gynaecology • Consultant – O&G • Registrar – O&G • HMO – O&G
Allied Health	Allied Health, Community Services and Service Planning	• Clinical & Health Psychologist • Nutrition & Dietician • Occupational Therapist • Pastoral Care • Physiotherapist • Social Worker
Clinical Support	Clinical Support & Specialist Clinics	• Pharmacist • Perinatal Loss Coordinator

Table 11: EPAG Women's Ward 7 Clinical Staffing

7.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training as outlined in the Mandatory Training Procedure. Table 12 outlines the mandatory competencies for clinical staff working in the EPAG inpatient service.

In addition to the competencies listed in Table 12, all nursing staff working with EPAG woman are required to complete WeLearn competencies, Safe Handling of Cytotoxic and Cytotoxic Spill Management. Nurses caring for EPAG woma also need to be confident in counselling, supporting and educating women experiencing a pregnancy loss.

	Nursing	Medical Staff	Allied Health
Fire and Emergency Procedures	✓	✓	✓
General Manual Handling	✓	✓	✓
Back 4 Life Patient Handling	✓	✓	✓
Therapeutic Handling	×	×	✓*
Hand Hygiene	✓	✓	✓
Aseptic No Touch Technique (ANTT)	✓	✓	×
Advanced Adult Life Support	×	✓	×
Basic Life Support and Defibrillation (BLSD)	✓	✓	✓
Basic Pediatric Life Support	✓	✓	✓
Blood Components and Blood Transfusion Practice	✓	✓	×
Prevention and Management of Occupational Violence	✓	✓	×
Safe Handling of Cytotoxic	✓	×	×
Cytotoxic Spill Management	✓	×	×

Table 12: Mandatory competencies for staff working in the EPAG inpatient service

*The therapeutic handling competency applies only to physiotherapists, occupational therapists and allied health assistants

8. Education and Training

8.1 Service-Based Education

The planning and delivery of education for nursing and midwifery staff is supported by the Maternity and Surgical Clinical educators. Education sessions are planned on a weekly basis, and an education calendar is displayed on the ward notice board with time and date of the in-service to be provided

8.2 Research

There is currently no research being undertaken within the EPAG inpatient service.

9. Policies, Procedures and Guidelines

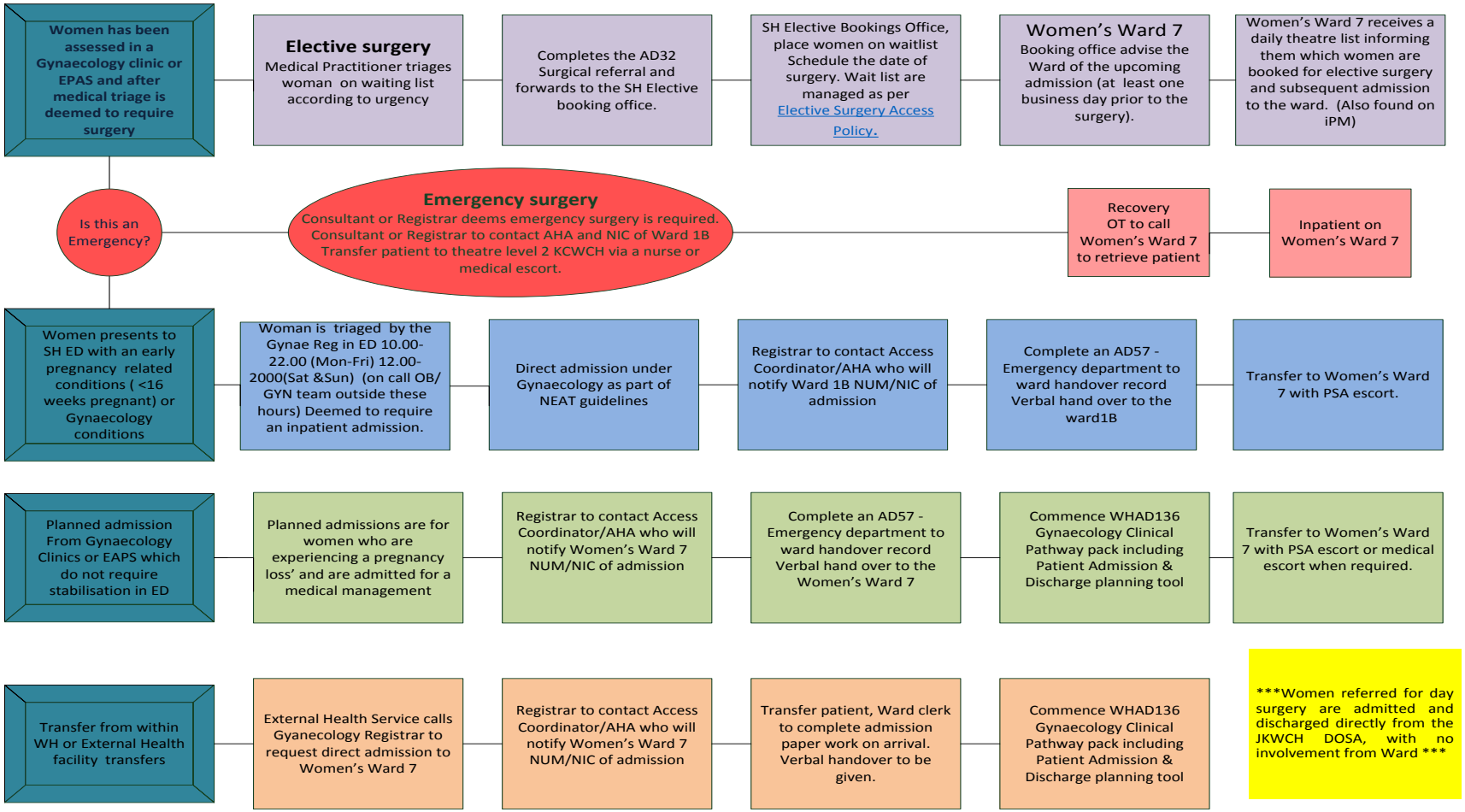
Table 11 lists the WH policies, procedures and guidelines (PPGs) that are pertinent to the EPAG inpatient service.

Title	Policy, Procedure or Guideline
Administration of Methotrexate for Tubal Ectopic Pregnancy	Procedure
Admissions and Bed Management	Guideline
Antiplatelet Medications and Anticoagulants in the Perioperative Period	Procedure
Care of a Woman with Female Genital Mutilation/Cutting (FMG/C)	Procedure
Early Obstetric Ultrasound (Less than 12 weeks)	Procedure
EPAS PPG- TBA	Guideline
Guidelines for the Management of Patients who Refuse Blood and Blood Products	Guideline
Hazardous Drugs - Cytotoxic	Policy
Heat pack Therapy	Policy
Intrauterine Device (IUD) and Subdermal Contraceptive Implant (Implanon NXT) Insertion	Procedure
Iron Deficiency - Management in Maternity and Gynaecology Patients	Guideline
Mortality and Morbidity Reviews/Case Discussion Meetings in Women's and Children's Services	Guidelines
Pathology Specimen Labelling	Procedure
Prescription and Administration of Mifepristone and Misoprostol for Women Experiencing Miscarriage, Termination and FDIU	Procedure
Prevention, Diagnosis and Management of Urinary Voiding Dysfunction: Postpartum and Gynaecological Care	Guideline
Removal of Vaginal Pack	Procedure
Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging	Procedure

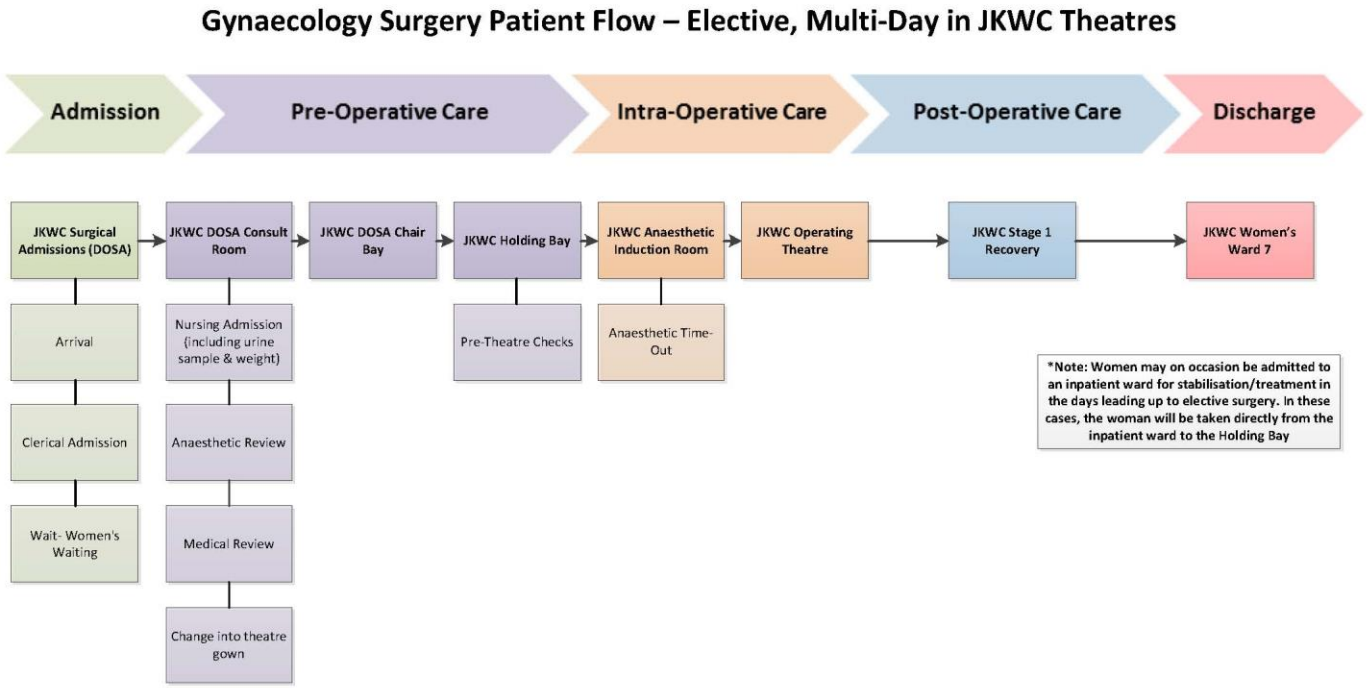
Table 13: EPAG inpatient service PPGs

10. Appendix 1 – Patient Flow Diagrams

10. 1 Appendix 1 EPAG Inpatient Service Patient Flow

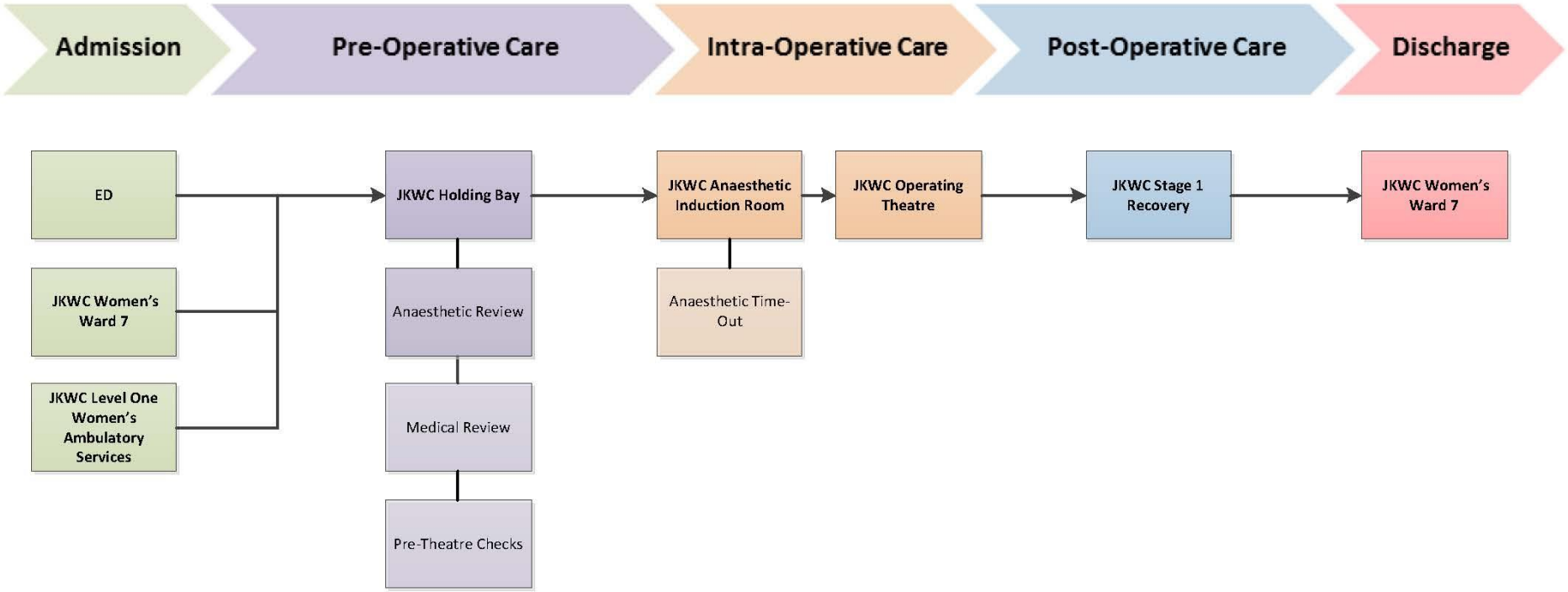


10.2 Gynaecology Surgery Patient Flows



Western Health

Gynaecology Surgery Patient Flow – Emergency, Multi-Day in JKWC Theatres



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	Yes
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	No	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	No
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