

**Joan Kirner Women's and Children's (JKWC)
Division of Women's and Children's Services
Gynaecology Specialist Clinics
Operating Guideline**

Version 3.0 - FINAL

February 2019

Gynaecology Specialist Clinics

Operating Guideline

Document Control

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Creation date: August 2018

Version Amendment History			
Version	Date Created	Sections Changed	Created/Amended by
v0.1 – First Draft	08/08/2018	First draft commenced	Kylie Roper
v1.0 – First Final Draft	07/09/2018	Updates and feedback incorporated	Kylie Roper Erin Casey
v2.0 – Second Final Draft	16/10/2018	Incorporated feedback from stakeholders outlined in Appendix 2	Kylie Roper
v3.0 – FINAL	15/01/2019	Incorporated feedback from stakeholders outlined in Appendix 2	Kylie Roper

Document Distribution History			
V.	Sent to <i>Name of individual or committee</i>	Position/Title	Date Sent
v0.1	Erin Casey Angus Campbell	W&C Operational Support Manager Allied Health JKWC Project Officer	03/09/2018
V1.0	Refer to stakeholder list in Appendix 2	Refer to stakeholder list in Appendix 2	20/09/2018
2.0	Refer to stakeholder list in Appendix 2	Refer to stakeholder list in Appendix 2	20/12/2018

Document File Location	<i>S://W&C JCORM Operations JCORM/Models of Care/New (Future State)/Gynaecology</i>
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Abbreviations and Acronyms

AH&CS	Allied Health and Community Services
AHA	After Hours Administrator
ANTT	Aseptic Non-Touch Technique
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
BMI	Body Mass Index
CSSD	Central Sterile Services Department
DMR	Digital Medical Record
DNA	Did Not Attend
EPAS	Early Pregnancy Assessment Service
FTE	Full Time Equivalent
GP	General Practitioner
JKWC	Joan Kirner Women's and Children's
MBS	Medicare Benefits Scheme
MDT	Multidisciplinary Care Team
MFM	Maternal Fetal Medicine
OASIS	Obstetric Anal Sphincter Injury Service
O&G	Obstetrics and Gynaecology
PPG	Policy, Procedure, Guideline
PSA	Patient Services Assistant
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RMC	Referral Management Centre
RN	Registered Nurse
SCAO	Specialist Clinics Administration Officer
SDH	Sunbury Day Hospital
SH	Sunshine Hospital
SMS	Short Message Service
TOV	Trial of Void
W&C	Women's and Children's
WH	Western Health
WHMI	Western Health Medical Imaging

1. Introduction

1.1 Purpose

The purpose of this Operating Guideline is to profile the Gynaecology Specialist Clinics and to provide details of the day to day operation of the service.

This Operating Guideline describe 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 AH &CS Leadership & Management Team 	<ul style="list-style-type: none"> To be used as a baseline plan and overall tool to define what and how the Gynaecology Specialist Clinics operate.
<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, with a detailed understanding of the day to day operation of the Gynaecology Specialist Clinics. This Operating Guideline will be used ongoing for new staff to JKWC to assist with orientating to the Gynaecology Specialist Clinics.

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:

- Gynaecology Services Model of Care (2019)*
- Early Pregnancy and Gynaecology (EPAG) Inpatient Service Operating Guideline (2019)*
- Early Pregnancy Assessment Service (EPAS) Operating Guideline (2019)*
- Gynaecology Surgical Services Operating Guideline (2019)*

2. Service Overview

Western Health's Gynaecology Specialist Clinics provide a comprehensive range of gynaecological services for women across the lifespan. In recognition of the need to provide integrated, co-ordinated and patient-centred healthcare, a number of Gynaecology Specialist Clinics utilise multidisciplinary care teams (MDTs) which involves the provision of concurrent consultations across a range of disciplines.

2.1 Services Provided

- General gynaecology
- Colposcopy
- Dysplasia
- Urogynaecology, incontinence, urodynamics and advanced practice urogynaecology physiotherapy
- Trial of void (TOV) clinic
- Endoscopic gynaecology with colorectal collaboration
- Gynaecology oncology services (including medical oncology)
- Family planning and fertility service
- Well Women's Clinic
- Pre-Admission Clinic
- Obstetric anal sphincter injury service (OASIS) (gynaecologist and physiotherapist)

2.2 Services not provided

- Menopause clinic
- Social termination of pregnancy
- Gender reassignment surgery*
- Tubal reanastomosis surgery*
- Vulval cancer surgery *
- Paediatric and adolescent gynaecology

*These surgeries are currently not provided at WH, however the management of these surgeries may be discussed in clinic.

In the event a referral is received for one of the above gynaecology services that WH does not offer, the referral is sent back to the referrer with a letter stating this is not a service that WH currently provides.

2.3 Location and Operating Hours

Gynaecology Specialist Clinics are provided at both Sunshine Hospital (SH) and the Sunbury Day Hospital (SDH).

Gynaecology Specialist Clinics at SH are provided in Women's Clinic 'A', located on Level One in the Joan Kirner Women's and Children's (JKWC). Gynaecology Specialist Clinics at SH operate Monday to Friday 09:00 – 17:00.

Gynaecology Specialist Clinics at SDH are provided in the SDH Specialist Clinics, located on the Ground Floor. A single general gynaecology clinic is provided fortnightly on a Wednesday afternoon from 13:30 -16:00.

Gynaecology Specialist Clinics do not provide any service after-hours, on weekends or on public holidays.

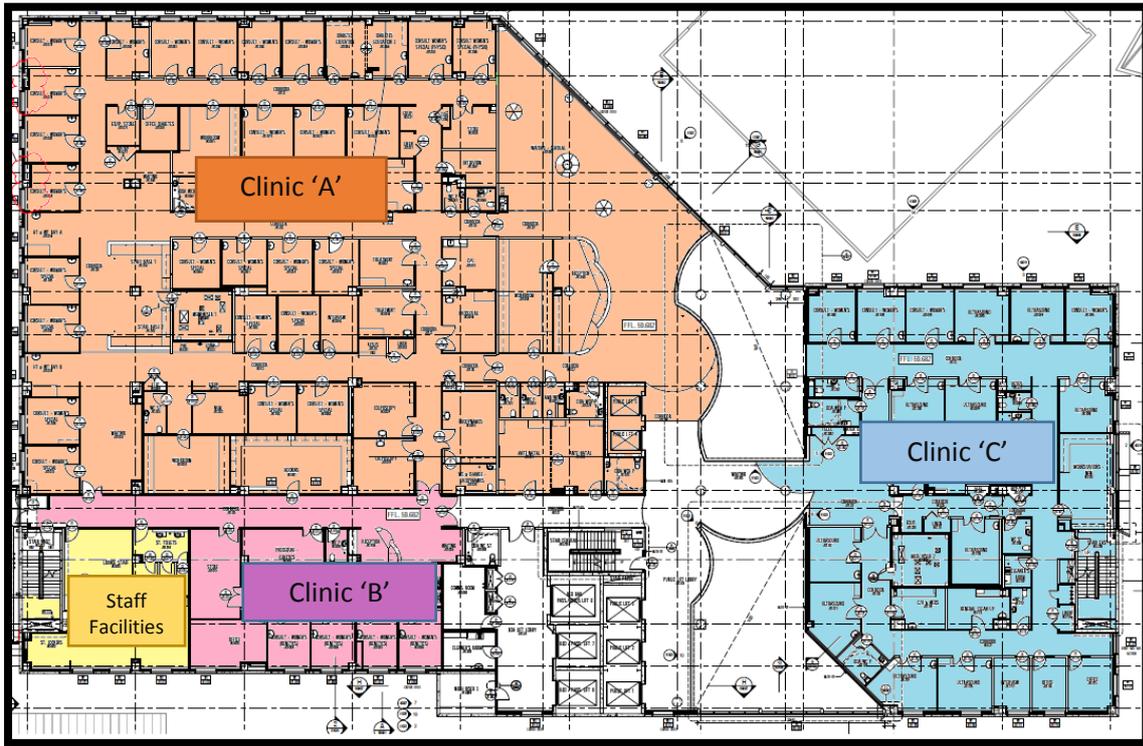


Figure 1: JKWC Level One Women's Clinics



Figure 2: Sunbury Day Hospital Ground Floor, location of Gynaecology Specialist Clinics

2.4 Patient Profile

Gynaecology Specialist Clinics provide general and specialist gynaecology services for women. The service does not currently provide any dedicated paediatric or adolescent ambulatory services, with these patients referred to specialised services at the Royal Children's Hospital.

2.5 Capacity

The Gynaecology Specialist Clinics offer 93+ MBS medical specialist clinic sessions every four weeks, totalling more than 325 clinical hours.

2.6 Clinic Funding

All Gynaecology Specialist Clinics are Medicare Benefits Scheme (MBS) Clinics, which are federally funded, with the exception of the physiotherapy services and the Well Women's Clinic which is funded through the Weighted Ambulatory Service Events (WASE).

3. Service Delivery

3.1 Referral

The Gynaecology Specialist Clinics accept referrals from medical practitioners as per the MBS funded clinics requirements detailed in the Australian Government Department of Health and Human Services (DHHS) [Specialist Clinics in Victorian Public Hospitals: A Resource Kit for MBS-Billed Services](#).

3.1.1 Referral Forms

External referrers are encouraged to utilise the generic [WH GP Referral Form](#), which is available on the WH internet and Health Pathways, however referrals on medical practitioners' own practices referral templates are also accepted providing they include all required triage information.

Internal referrals are completed electronically via BOSSnet.

3.1.2 Referral Eligibility

Eligibility for referral to the Gynaecology Specialist Clinics is detailed in the [Referral Guidelines for Referrals to the Western Health Gynaecology Service](#), available on the WH intranet, WH internet, and Health Pathways. The guidelines list the specific conditions and symptoms which are appropriate for referral to the service, and detail any tests and specific information required to support referral.

3.1.3 Referral Process

Referrals to the Gynaecology Specialist Clinics 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: Internal referrals
- Mail: Women's & Children's Specialist Clinics Referral Management Centre, 176 Furlong Road, St Albans VIC 3021
- 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 addition, in accordance with the DHHS [Specialist Clinics in Victorian Public Hospitals: A Resource Kit for MBS-Billed Services](#) referrals to MBS funded clinics must be:

- Documented in writing
- Include the referring practitioner's provider number & patient Medicare number
- Made by a medical practitioner
- Received on or prior to the patient's first occasion of service
- Signed and dated by the referring practitioner

Referrals with insufficient information to facilitate clinical triage or registration may be returned, or the referrer contacted by phone to request additional information.

Referrals which do not meet the criteria for Gynaecology Specialist Clinics may be rejected or forwarded to the appropriate service. Referrers are notified by letter when:

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

3.2 Admission and Triage

3.2.1 Clerical Registration

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

General gynaecology referrals are allocated to one of the four 'Colour My Care' teams for clinical triage. Unlike maternity services, this allocation for gynaecology services is numerical (i.e. equal number of referrals to each of the four teams) rather than the team allocations being based on postcode.

Urgent referrals, in addition to referrals for the EPAS, are separated from general gynaecology referrals for clinical triage.

New referrals may be placed into one of the following trays ready for clinical triage:

- Orange Team
- Purple Team
- Blue Team
- Yellow Team
- Urgent
- EPAS
- Urogynaecology

3.2.2 Clinical Triage

Following clerical registration, all Gynaecology Specialist Clinics referrals are clinically triaged by the consultant medical staff within each of the 'Colour My Care' teams. Clinical triage for TOV and the Well Women's Clinic are completed by the clinic registered nurse (RN).

To ensure consistency of triage among a range of clinicians, referrals are triaged according to the [Gynaecology Triage Process](#).

Referrals are triaged according to their level of clinical urgency in accordance with the [Specialist Clinics in Victorian Public Hospitals Access Policy](#). The access policy details the following requirements for triage of referrals to Specialist Clinics:

1. Referral screening within three working days
2. Referral acceptance/rejection within five working days
3. Clinical prioritisation within five working days
4. Referral acknowledgement within eight working days

3.2.3 Allied Health-Led Clinics

Referrals to physiotherapy-led clinics are made electronically via BOSSnet to women's health physiotherapy. Referrals are clinically triaged by senior clinicians within the women's health Physiotherapy team and are booked by the W&C SCAO's.

Referrals to nutrition and dietetics, occupational therapy, psychology and social work are made via BOSSnet. These referrals are triaged by clinicians within each of the disciplines. Referrals that are triaged as being a lower priority are forwarded on to community health services.

3.2.4 Waiting List Management

Referrals to the Gynaecology Specialist Clinics are prioritised according to their clinical need in accordance with state-wide clinical priority categorisation for data collection and reporting purposes. This priority categorisation is based on two urgency categories:

1. Urgent – should be seen within 30 days of referral receipt
2. Routine – timeframe for review is based on individual baseline patient level data. All routine referrals should be seen within 365 days of referral receipt

Refer to the [Waitlist Validation Process for Specialist Clinics](#) for details of waiting list validation at WH.

3.3 Service Provision

3.3.1 Gynaecology Specialist Clinics Set-Up

It is the daily responsibility of the W&C SCAOs stationed at the Women's Clinic 'A' reception desk 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 brochures
 - Printing clinic lists for the day
- Arriving women on iPM checking patient demographics and Medicare details
- Actioning outcome slips including booking follow-up appointments or clerically discharging women from Gynaecology Specialist Clinics
- Sending text messages to patients for:
 - Appointment reminders (two days prior to appointment)
- Collating the completed elective surgery forms for the surgical liaison nurse to collect as required
- Attempting to contact women who DNA to either rebook or discharge from the Gynaecology Specialist Clinics (discharge requires approval from a consultant)

The W&C's Specialist Clinics RMC supports the Gynaecology Specialist Clinics by:

- Receiving and registering all referrals for Gynaecology Specialist Clinics
- Management of requests for additional information for incomplete referrals
- Scheduling first appointments/waitlisting following clinical triage
- Issuing appointment notification letters for all new appointments scheduled with more than 14 days' notice
- Sending text messages to women for new appointments if initial appointment is booked within fourteen days of receipt of the referral

3.3.2 New Appointments

If a woman is triaged as Category 1 Urgent (the woman requires an appointment within 30 days of referral receipt), the woman will be contacted via phone call from the W&C's Specialist Clinics RMC if her appointment is scheduled within fourteen days. If the woman's appointment is scheduled after fourteen days, she will be sent notification via mail with the details of her appointment.

If a woman is triaged as Category 2 Routine (requires an appointment within 365 days), the woman will receive a letter via mail notifying her that she has been added to the waitlist. When the appointment is scheduled, the woman will be sent notification via mail with the details of her appointment.

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

3.3.3 Patient Arrival

Women attending the Gynaecology Specialist Clinics at SH utilise the check-in kiosks on arrival at the Women's Clinic 'A' waiting area on Level One of the JKWC. Demographics and Medicare card details are confirmed on check-in. Women who are Medicare ineligible and women who need their demographics updated are re-directed by the check-in kiosks to present to the Women's Clinic 'A' reception desk.

Women are directed by their check-in kiosk slip or the W&C SCAOs at the reception desk to the sub-waiting area 1A adjacent to the gynaecology consulting rooms. Volunteers are available during clinic appointment hours to assist women with wayfinding to the appropriate waiting areas.

Women attending the Gynaecology Specialist Clinics at SDH present directly to the reception desk as there are no check-in kiosks at SDH.

A queuing management system is used for all Gynaecology Specialist Clinics appointments at SH. Queuing screens provide a visual and auditory prompt informing the woman which consult room to go to when ready to be seen. There is currently no queuing management system at SDH.

3.3.4 Clinical Services

The Gynaecology Specialist Clinics schedule provided in Appendix 1 specifies the following details for each of the Gynaecology Specialist Clinics:

- Clinic code
- Clinic description
- Clinic hours and frequency
- Clinic room utilisation
- Clinic workforce

Medical

Medical consultation is provided by a gynaecology consultant or registrar in one of the Women's Clinic 'A' specialist consulting rooms.

The standard medical consultation process includes the following components:

- History
- Examination
- Review of investigations
- Management plan which may include further investigations, options for management which may include medical or surgical treatment
- Discharge plan

The consultant and/or registrar/HMO will discuss the findings of any investigations and diagnosis with the woman, as well as available treatment options and next steps. The woman will be provided details of any surgery recommended or hospital admission for medical management if indicated.

The medical staff should also provide the woman written information with regards to her condition, treatment or procedure. The handouts used in this service include, but are not limited to, the RANZCOG information sheets, product and device information as well as urogynaecology pre-appointment packs (includes bladder training information sheet, bladder diary, information on treatment options and a symptoms questionnaire). The RANZCOG information sheets are ordered by the Gynaecology Clinic Coordinator and are not to be photocopied. Copies of all written information are kept with the Gynaecology Clinic Coordinator.

Throughout a clinic session it is expected that the medical staff will:

- Provide a subjective and objective assessment of the women
- Consent women for procedures and complete the elective surgery consent (WHAD34 form) as per [Consent Guidelines](#) (the surgical liaison nurse will collect the forms once per day)
- Contact the Elective Surgery Booking Office directly for urgent surgical referrals
- Contact women with results when appropriate

- Follow up results for pathology and imaging
- Make referrals to other clinics in iPM or using the [WH Consultation Request Form \(AD 219\)](#)
- Review the clinical record of women who DNA and determine the need for a further appointment
- Communicate appropriately with referring clinicians by letter

Nursing

The Gynaecology Specialist Clinics currently have two nurse-led clinics provided by an appropriately qualified RN:

- The TOV Clinic
- The Well Women's Clinic

The standard nurse-led clinic process includes the following components:

- Subjective assessment
- Objective assessment
- Treatment/intervention (including provision of support, advice and education)
- Development of a future management/discharge plan

The clinic RN may also provide the woman written information with regards to her condition or procedure.

Throughout the day it is expected that the clinic RN will:

- Accompany women for urgent direct admissions to the Women's Ward 7 and verbally hand over to ward staff
- As required make referrals to other clinics in BOSSnet via EMR
- Contact women who DNA and rebook. If unable to contact the woman to note DNA on an outcome slip for follow-up by consultant
- Chaperone appointments as required
- Complete follow-up phone calls with women and plan further testing as required
- Contact the Access Coordinator/After Hours Administrator (AHA) to schedule planned admissions for medical management
- Restock the store room, procedure trolleys and linen supplies
- Triage new referrals for TOV and Well Women's Clinics at the W&Cs Specialist Clinics RMC

In addition, all medical-led clinics have access to the Gynaecology Clinic Coordinator. It is the role of the Gynaecology Clinic Coordinator to order necessary items for the clinics including, but not limited to, RANZCOG pamphlets, pessaries, and pathology equipment through Dorevitch such as cervical screening kits.

The Gynaecology Clinic Coordinator provides ongoing management planning, counselling and support, manages the TOV Clinic and assists with set up and operations of the different gynaecology clinics. It is expected that the Clinic Coordinator will attend the W&C's Specialist Clinics RMC to collect new referrals to be medically triaged.

Allied Health

Allied health (AH) services for the Gynaecology Specialist Clinics are limited, with the majority of AH services provided by the Women’s Health Physiotherapy Team.

The Women’s Health Physiotherapy Team provides individual assessment and evidence based management of women with the following conditions:

- Constipation/elimination issues
- Pelvic organ prolapse
- Pelvic pain including mesh related pain, vulvodynia and chronic pelvic pain
- Post major gynaecological surgery
- Third and fourth degree obstetric anal sphincter injuries (OASIS) post birth
- Urinary and faecal incontinence and urgency, and voiding dysfunction

In addition to standard ambulatory care, the Women’s Health Physiotherapy Team provides specialist assessment and management through the following physiotherapy-led clinics that are integrated into MDTs running concurrently with relevant medical and nursing-led clinics:

- The Allied Health Perineal Clinic which is provided concurrently with the OASIS clinic
- The Women’s Health Physio-led Clinic which provides an advanced practice urogynaecology physiotherapy service.

Limited nutrition and dietetics, occupational therapy, psychology and social work services are provided for urgent/high risk women; however these disciplines have no dedicated clinics and limited FTE to support the Gynaecology Specialist Clinics.

Multidisciplinary Team Clinics

In recognition of the need to provide integrated and coordinated healthcare, a number of gynaecology clinics utilise MDTs to provide concurrent consultations across a range of disciplines. Table 2 lists the MDT clinics currently provided in the Gynaecology Specialist Clinics.

Clinic	Disciplines Present
OASIS	<ul style="list-style-type: none"> • Medical • Physiotherapy • Nursing
Urogynaecology	<ul style="list-style-type: none"> • Medical • Physiotherapy • Nursing
Gynaecology	<ul style="list-style-type: none"> • Medical • Nursing

Table 2: Multidisciplinary team clinics within the Gynaecology Specialist Clinics as at January 2018

3.3.5 Diagnostic Services

Medical Imaging

Western Health Medical Imaging (WHMI) provides the following medical imaging services at SH which are available to support the Gynaecology Specialist Clinics:

- CT
- Fluoroscopy
- MRI
- Ultrasound
- Nuclear Medicine
- Interventional Radiology
- X-Ray

Ultrasound scans for the Gynaecology Specialist Clinics are performed in Women's Clinic 'C', located on Level One of the JCWCH, during business hours. Emergency medical imaging services including ultrasound are available 24 hours per day, seven days per week for inpatients and for gynaecology women presenting to the ED. SH WHMI is located on the Ground Floor of Building A.

Ambulatory medical imaging services are Monday to Friday 08:30 – 17:00.

Pathology

If it is determined during a Gynaecology Specialist Clinics appointment that the woman requires pathology diagnostic testing, the medical practitioner or RN completes a pathology request in the EMR in accordance with the [Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging Procedure](#).

Women will attend the JKWC pathology collection centre, located on the Ground Floor, for testing between 08:00 – 16:30 Monday to Friday. Alternatively, women may elect to attend their local Pathology service.

For information regarding the ordering of pathology tests on the EMR, refer to the [Pathology Quick Reference Guide](#).

3.3.6 Clinical Support Service

Pharmacy

Pharmacy provides dispensing services to women attending the Gynaecology Specialist Clinics. There is an imprest medication room located within the Women's Specialist Clinic 'A', with stock replenished weekly by a pharmacy technician.

If a woman attending the Gynaecology Specialist Clinics requires an outpatient prescription, the treating medical practitioner is to generate a script via the EMR and to give both copies to the woman. The woman is to present to the satellite pharmacy on the ground floor of JKWC with the printed prescription. Pharmacist(s) will supply and counsel the woman on her medications.

Pharmacists also collaborate to support the development of policies, procedures and guidelines (PPGs) and processes applicable to the Gynaecology Specialist Clinics. 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

3.3.7 Non-Clinical Support Services

Central Sterile Services Department (CSSD)

Gynaecology Specialist Clinics use ScanCare for all sterilised equipment used within the clinics. It is the responsibility of all clinicians working in the Gynaecology Specialist Clinics to ensure used sterilised equipment is scanned correctly to ensure each piece of equipment can be tracked correctly. Ultrasound transducers are to be taken to the CSSD Technician located in Women’s Clinic ‘C’ for sterilisation and ScanCare tracking at the completion of the clinical appointments.

Patient Services Assistants (PSA)

The Gynaecology Specialist Clinics are supported by the Women’s Clinics PSA team who are responsible for cleaning and making beds, emptying bins and linen skips in consulting rooms.

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

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.

Women's and Children's Specialist Clinic Administration Officers

The W&C SCAO is available from 08:00 – 16:30 Monday to Friday to support clinical appointment hours. The W&C SCAO is responsible for arriving women to clinic in addition to the following clerical tasks:

- Setting up clinic for the day; printing clinic lists and patient bradmas
- Arriving women via IPM, confirming patient demographics and Medicare details
- Completing appointment outcome as per outcome slip, including booking follow up appointments or clerically discharging patients
- Attempting to contact women who DNA to either rebook or discharge from the Gynaecology Specialist Clinics
- Answering phone calls
- Issuing text message appointment reminder's
- Collating completed elective surgery forms for the Surgical Liaison Nurse to collect

Return Appointments

At completion of the Gynaecology Specialist Clinics appointment, the woman is provided an outcome slip and asked to return to the Women's Clinic 'A' reception desk where the W&C SCAO will book in any requested follow-up appointments.

Each clinic has a designated number of new to review appointments, which is detailed in the clinic template on iPM. Clinic templates can be overbooked, with some clinics requiring consultant or Gynaecology Clinical Coordinator authorisation for overbooking.

3.3.8 Documentation

Each Gynaecology Specialist Clinics 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. All interactions are documented directly into the BOSSnet digital medical record (DMR).

3.4 Communication with Patients, Referrers and GPs

All referrers and women are sent an acknowledgement letter within eight days of referral receipt confirming the referral has been received.

Appointment letters are sent by mail, except in case of an urgent new appointment or an appointment being booked with less than two weeks' notice where a phone call will be made to the woman to inform her of the upcoming appointment.

Appointment letters provide clinic contact details for women/families to confirm, reschedule or cancel the appointment.

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

3.5 Follow-Up

3.5.1 Elective Surgery

If it is determined that a woman requires elective surgery, the medical practitioner will complete a [Request for Elective Admission \(AD 32\)](#) referral form, noting the surgical urgency triage category on the referral form.

The O&G registrar or RN will contact the Elective Booking Office, located at Footscray Hospital, directly to schedule the woman's surgery if the surgery is urgent. Alternatively, they can complete the elective surgery forms for the surgical liaison nurse to collect daily. 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.

3.5.2 Inpatient Admission

If it is determined that a woman requires an inpatient admission for acute medical management or pre surgical admission, the RN will contact the Access Coordinator/AHA to arrange a direct inpatient admission. The Access Coordinator /AHA will then liaise with Women's' Ward 7 to coordinate the admission.

The clinic RN will receive a phone call from the Access Coordinator/AHA to discuss when a bed will be ready for the woman. Depending on the length of time waiting for the inpatient bed, the RN will either escort the woman directly to the ward or advise the woman to return home and return once the bed is ready. The RN will provide a verbal clinical handover to the ward nursing staff.

3.5.3 Allied Health, Community Services and other Specialist Clinics

Women may be referred internally to the Continence Clinic, allied health services, or other medical or surgical specialist clinics for follow-up as required.

Women may be referred externally to a range of community service providers or external health services medical or surgical specialist clinics for follow-up as required.

3.5.4 Multidisciplinary meetings

It is expected that gynaecology clinical staff will attend the Morbidity and Mortality (M&M), as well as the pre-operative case discussion meetings, which are held at 17:00 on alternating Tuesdays. Fortnightly on a Monday, attendance is also required at the MDT meeting for Gynaecology Oncology held at 13:00-14:00.

3.6 Discharge and DNA

Discharge from the Gynaecology Specialist Clinics is determined by the medical practitioner and/or RN or allied health professional, in consultation with the woman, and occurs once treatment is completed. As per the [Specialist Clinics Did Not Attend Procedure](#), if a patient fails to attend their second consecutive appointment they will be discharged from Gynaecology Specialist Clinics service. At the discretion of a Head of Unit or consultant if this act is deemed clinically inappropriate and/or unsafe the woman may be offered another appointment.

If a woman requires clinical discharge from the Gynaecology Specialist Clinics, the medical practitioner is to complete an outcome slip and place it in the discharge tray at the reception desk in

Women's Clinic 'A' for the W&C SCAO to complete. On discharge from the Gynaecology Specialist Clinics, a discharge letter is dictated by the medical practitioner and sent to the woman's GP.

4. Infrastructure

4.1 Patient Care Environment

Gynaecology Specialist Clinics are located on Level One of the JKWC in Women's Clinic 'A'. The Women's Clinics 'A' have a designated main reception desk and main patient waiting area, with multiple sub-waiting areas to support clinic flow, in addition to patient bathroom facilities.

4.1.1 Clinical Treatment Areas

The Gynaecology Specialist Clinics at JCWCH utilise the following clinical treatment rooms:

- Colposcopy treatment rooms
- Urodynamics treatment room
- Specialist Consult rooms
- Interview room
- Procedure rooms
- Treatment rooms

The Gynaecology Specialist Clinics at SDH utilise three consult rooms, with specialist equipment and supply trolleys brought into the consult room from the equipment room as required.

4.2 Non-Clinical Areas

The Gynaecology Specialist Clinics have access to the following support facilities which are located in Women's Clinic 'A':

- Clean utility and medication room
- Dirty utility room
- Equipment storeroom

Transvaginal ultrasound transducers are taken to Women's Clinic 'C' for cleaning, sterilisation and ScanCare tracking, which is completed by the CSSD technician.

4.3 Staff Facilities

The Gynaecology Specialist Clinics staff can access the JKWC 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 for Gynaecology Specialist Clinic staff on both Level One, Women's Clinics, and on Level Four, the Clinical Directorate.

5. Workforce

Clinical care in the Gynaecology Specialist Clinics is delivered by a multidisciplinary workforce that is staffed from both within and external to the Division of W&C Services as listed in Table 4.

Discipline/s	Division/Directorate	Role/s
Nursing	W&C Services	<ul style="list-style-type: none"> • Women's Ambulatory Service Manager • Outpatient Services Manager • Gynaecology Clinical Coordinator • Gynaecology/Colposcopy RN • Gynaecology RN
Medical	W&C Services	<ul style="list-style-type: none"> • Head of Unit – Gynaecology • Consultant – O&G • Registrar – O&G • HMO – O&G
Allied Health	Allied Health, Community Services and Service Planning	<ul style="list-style-type: none"> • Occupational Therapy • Physiotherapy • Nutrition & Dietetics • Psychology • Social Work

Table 4: Gynaecology Specialist Clinics staffing profile

5.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#). Table 5 outlines the mandatory competencies for clinical staff working in the Gynaecology Specialist Clinics.

	Nursing	Registrars & HMOs	Allied Health
Fire and Emergency Procedures	✓	✓	✓
General Manual Handling	✓	✓	✓
Back 4 Life Patient Handling	✓	✓	✗
Therapeutic Handling	✗	✗	✓*
Hand Hygiene	✓	✓	✓
Aseptic and No Touch Technique (ANTT)	✓	✓	✗
Advanced Adult Life Support	✗	✓	✗
Basic Life Support and Defibrillation (BLSD)	✓	✓	✓
Blood Components and Blood Transfusion Practice	✗	✓	✗
Prevention and Management of Occupational Violence	✓	✓	✗

Table 5: Mandatory competencies for staff working in the Gynaecology Specialist Clinics

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

6. Education and Training

6.1 Service-Based Education

Education for staff working in the Gynaecology Specialist Clinics is organised by individual disciplines through team meetings, observation and formal education sessions.

6.2 Research

There is currently no research being undertaken within the Gynaecology Specialist Clinics.

7. Policies, Procedures and Guidelines

Table 6 lists the WH policies, procedures and guidelines (PPGs) that are pertinent to the Gynaecology Specialist Clinics.

Title	Policy, Procedure or Guideline
<u>Pathology Specimen Labelling</u>	Procedure
<u>Zero Tolerance with Incomplete Request Form Documentation – Pathology and Medical Imaging</u>	Procedure
<u>Prevention, Diagnosis and Management of Urinary Voiding Dysfunction</u>	Procedure
<u>Intrauterine Device(IUD) and Subdermal Contraceptive Implant (Implanon®) Insertion</u>	Guideline
<u>Iron Deficiency In Maternity and Gynaecology Women</u>	Procedure
<u>Management of Urinary Voiding Dysfunction - Postpartum and Gynaecological Care</u>	Procedure
<u>High Grade Disinfection of Ultrasound Transducers</u>	Procedure
<u>Specialist Clinics Did Not Attend Procedure</u>	Procedure
<u>Management of third and fourth degree tears</u>	Procedure
<u>EPAS Early Pregnancy Complications Guide (Under development)</u>	Guideline
<u>Physiotherapists Performing Internal Examinations and using Adjunctive Therapies</u>	Procedure

Table 6: Gynaecology Specialist Clinics PPGs



8. Appendix 1 – Gynaecology Specialist Clinics Schedule

Clinic schedule coming soon!

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	No	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