

**Joan Kirner Women's and Children's
Division of Women's and Children's Services
Maternity Services
Model of Care**

Version 3.0 - FINAL

February 2019

Maternity Services

Model of Care

Document Control

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Creation date: August 2018

Version Amendment History			
V.	Date Created	Sections Changed	Created/Amended by
v0.1 – First Draft	21/08/2018	First draft commenced	Grace Crowe
v1.0 - First Final Draft	10/11/2018	Feedback incorporated from E. Casey and L. Smith	Grace Crowe
v2.0 - Second Final Draft	13/11/2018	Incorporated feedback from stakeholders outlined in Appendix 1	Grace Crowe
v3.0 – FINAL	21/01/2019	Incorporated feedback from stakeholders outlined in Appendix 1	Grace Crowe

Document Distribution History			
V.	Sent to	Position/Title	Date Sent
v0.1	Erin Casey Lisa Smith	Operational Support Manager, Women’s & Children’s Services Operations Manager - Maternity	22/10/2018
v1.0	Refer to stakeholder list in Appendix 1	Refer to stakeholder list in Appendix 1	13/11/2018
v2.0	Refer to stakeholder list in Appendix 1	Refer to stakeholder list in Appendix 1	21/12/2018
v2.1	Glyn Teale Jo Said Lauren De Luca Elske Posma Lisa Smith Adele Mollo	Clinical Services Director Head of Unit – MFM Divisional Clinical Safety & Quality Lead Head of Unit – Obstetrics Operations Manager, Maternity Divisional Director, W&C	04/02/2019

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

AFI	Amniotic Fluid Index
AH&CS	Allied Health and Community Services
AHA/AC	After Hours Administrator/Access Coordinator
AMUM	Associate Midwifery Unit Manager
ANC	Antenatal Clinic
APH	Antepartum Haemorrhage
ARM	Artificial Rupture of Membranes
ASPIRE	Allied Health & Community Services Planning, Innovation, Research and Education Unit
BIBA	Brought In By Ambulance
BMI	Body Mass Index
BOS	Birth Outcome Systems
CALD	Culturally and Linguistically Diverse
CMC	Colour my Care
CPIS	Clinical Practice Improvement Specialists
CSSD	Central Sterile Services Departments
CTG	Cardiotocography
CT	Computed Tomography
DFM	Decreased Fetal Movements
DHHS	Department of Health and Human Services
DIAMOND	Diabetes, Maternal Obesity, Nutrition and Diet
ECV	External Cephalic Version
ED	Emergency Department
ELCS	Elective Caesarean
FGR	Fetal Growth Restriction
FH	Footscray Hospital
FTE	Full Time Equivalent
GP	General Practitioner
HCU	High Care Unit
HDIP	Hypertensive Disorder in Pregnancy
ICT	Information & Communication Technology
IOL	Induction of Labour
iPM	Inpatient Management System
JKWC	Joan Kirner Women's and Children's
JMS	Junior Medical Staff
KMS - AHLO	Koori Maternity Service Aboriginal Hospital Liaison Officer
MAC	Maternity Assessment Centre
MFM	Maternal Fetal Medicine
MGP	Midwifery Group Practice
MIC	Midwife in Charge
MRI	Magnetic Resonance Imaging
O&G	Obstetrics and Gynaecology
OH&S	Occupational Health & Safety
P&CC	Perioperative and Critical Care
PIPER	Paediatric Infant Perinatal Emergency Retrieval

POC	Point of Care
PPG	Policies, procedures and guidelines
PPROM	Premature prelabour rupture of membranes
PROM	Prelabour rupture of membranes
PROMPT	Practical Obstetric Multi-Professional Training
PSA	Patient Services Assistants
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SDH	Sunbury Day Hospital
SGA	Small for Gestational Age
SH	Sunshine Hospital
SMC	Shared Maternity Care
SMCA	Shared Maternity Care Affiliate
SROM	Spontaneous Rupture of Membranes
TENS	Transcutaneous electrical nerve stimulation
WH	Williamstown Hospital
TOP	Termination of Pregnancy
UM	Unit Manager
UTI	Urinary tract infection
VCGS	Victorian Clinical Genetics Services
W&C	Women's and Children's
WH	Western Health
WHMI	Western Health Medical Imaging

1. Introduction

1.1 Purpose

The purpose of this Model of Care is to detail the model of care for Maternity Services that will support clinical operation in the Joan Kirner Women’s and Children’s (JKWC).

The Model of Care details how a service is provided at a conceptual level, articulating the component clinical and non-clinical services and exploring the relationships that occur with interfacing departments across the organisation. It informs the development of service operating guidelines, operational plans and policies, procedures and guidelines and links this detail to the higher-level principles of service delivery across the health service.

1.2 Intended Audience

This Model of Care is intended for the following audience:

Who	Utilisation
<ul style="list-style-type: none">Western Health Executive & Senior Leadership Team	<ul style="list-style-type: none">To provide an overview of the model of care and service delivery for Maternity Services.
<ul style="list-style-type: none">W&C Leadership & Management TeamW&C Services Operational Projects TeamAH & CS Leadership & Management Team	<ul style="list-style-type: none">To be used as a baseline plan and overall tool to define the model of care for Maternity Services.
<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 model of care for Maternity Services. This Model of Care will be used ongoing for new staff to within W&C Maternity Services.

Table 1: Intended Audience

1.3 Related Documents

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

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

- Maternity Specialist Clinics (including SMC & Immunisation) Operating Guideline (2019)*
- Midwifery Group Practice (MGP), including Homebirth, Operating Guideline (2019)*
- Maternity Assessment Centre (MAC) Operating Guideline (2019)*
- Birth Operating Guideline (2019)*
- Maternal Fetal Medicine (MFM) and Genetics Operating Guideline (2019)*
- Maternity Wards & Maternity @ Home Operating Guideline (2019)*
- Maternity Surgical Services Operating Guideline (2019)*



2. Service Context

The Division of W&C Services is responsible for the provision of inpatient, ambulatory and community care across maternity, gynaecology, neonatal and paediatric services. The division provides both elective and emergency care services. W&C services at WH continue to expand and develop to meet the region's population growth, care complexities, service innovation requirements, model of care changes and demand.

W&C provides services across a number of sites within the WH catchment, predominantly at Sunshine Hospital (SH), but also at Sunbury Day Hospital and within the community. The service collaborates across a number of divisions within WH and partners with external health services and community services to ensure the delivery of Best Care. The budget for the division is approximately \$87.5 million supporting a staffing profile of 579.1 FTE.

A Divisional Director, in partnership with a Clinical Services Director and Director of Nursing & Midwifery (DONM), provides leadership across the service. Each speciality program is led by a medical service Head of Unit who works in partnership with Operations and Unit Managers to provide leadership within the inpatient and ambulatory environments.

Professional leadership is provided to the division by roles including the Nursing and Midwifery Executive, the DONM, the Chief Medical Officer, and the divisional Clinical Practice Improvement Specialists (CPIS).

2.1 Division of Perioperative and Critical Care Services

The Division of P&CC Services incorporates the Surgery, Cardiology and Intensive Care Programs. This Model of Care document focuses on the Surgery Program, in particular Surgical Services provided for W&C Services.

The Division of P&CC Services provides services across WH's three acute public hospitals (Footscray, Sunshine and Williamstown), and also at Sunbury Day Hospital. The budget for the Division of P&CC Services is approximately \$184 million supporting a staffing profile of more than 1030 FTE.

A Divisional Director, in partnership with a Clinical Services Director and DONM, provides leadership across the service. Each speciality program is led by a Clinical Director. Each specialty has a Head of Unit who works in partnership with Operations and Nurse Unit Managers to provide clinical leadership. Professional leadership is provided to the division by roles including the Nursing and Midwifery Executive, the DONM and Anaesthetic Special Interest Groups.

Surgical Services at WH are responsible for the provision of both elective and emergency surgical procedures, including multi-day stay and same-day procedures, across Footscray, Sunshine, Williamstown and Sunbury Campuses and incorporates both adult and paediatric case mix. Central Sterile Services Departments (CSSD) are also managed across all campuses and service both WH and external clients. Clinical Nurse Consultants are aligned to the service and provide organisational support across clinical specialties. Within the perioperative program, the Department of Anaesthetics provides services to all areas of the organisation and incorporates the acute and chronic pain service.

2.2 Women's and Children's Service Profile

Services within the Division of W&C are categorised in two ways:

1. Patient type (gynaecology, maternity, neonatal, paediatric)
2. Care setting (ambulatory, community, emergency, inpatient)

	Neonates	Paediatrics	Maternity	Gynaecology
Emergency Care	<ul style="list-style-type: none"> • Paediatric ED* 	<ul style="list-style-type: none"> • Paediatric ED* (including Advanced Practice Physiotherapy and Social Work SWIFT Service) 	<ul style="list-style-type: none"> • Maternity Assessment Centre • Adult ED* 	<ul style="list-style-type: none"> • Adult ED* • Adult Emergency Surgery*
Ambulatory Care	<ul style="list-style-type: none"> • Neonatal Medicine Clinics • Neonatal Allied Health Clinics* 	<ul style="list-style-type: none"> • Paediatric General Medicine Specialist Clinics • Paediatric Sub-Specialty Medicine Specialist Clinics • Paediatric General Surgery Specialist Clinics* • Paediatric Sub-Specialty Surgery Specialist Clinics* • Paediatric Allied Health Clinics* • Preadmission Clinic* 	<ul style="list-style-type: none"> • Maternity Specialist Clinics • Midwifery Group Practice • Shared Maternity Care • Immunisation Service • Maternal Fetal Medicine • Maternity Assessment Centre • Women's Allied Health Outpatients* • Preadmission Clinic* 	<ul style="list-style-type: none"> • Gynaecology Specialist Clinics • Early Pregnancy Assessment Service (EPAS) • Women's Health Allied Health Clinics* • Preadmission Clinic*
Inpatient Care	<ul style="list-style-type: none"> • Newborn Services • Children's Ward • Birthing • Maternity Wards 	<ul style="list-style-type: none"> • Children's Ward • Paediatric Surgery* • Adult ICU* 	<ul style="list-style-type: none"> • Maternity Assessment Centre • Birthing • Maternity Wards • Domiciliary Service • Maternity Surgery* 	<ul style="list-style-type: none"> • Gynaecology Inpatients • Gynaecology Surgery*
Community Care	<ul style="list-style-type: none"> • Neonatal Hospital in the Home • Domiciliary 	<ul style="list-style-type: none"> • Paediatric Hospital Admission Risk Program* 		<ul style="list-style-type: none"> • Western Continence Service*

Table 2: Women's and Children's Service Profile

* indicates services provided by departments/units external to the Division of W&C

3. Service Key Principles

The principles that underpin the provision of care within Maternity Services are detailed within the [WH Framework for Quality, Safety and the Patient Experience](#), which describes a vision for 'Best Care' for all patients and sets out the behaviours, strategies and systems needed to achieve this.

The four 'Dimensions of Best Care' that guide provision of Maternity Services are:

- Person-Centred Care: I am seen and treated as a person
- Co-ordinated Care: I receive help, treatment and information when I need it and in a co-ordinated way
- Right Care: I receive care that makes me feel better
- Safe Care: I feel safe

The model of care aims to reflect the standards as set out in the [National Safety and Quality Health Service Standards](#). It is proposed that, in planning and providing services for women, the following principles are applied as outlined in the National Safety and Quality Health Standards:

- **Clinical Governance**, which describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.
- **Partnering with Consumers**, which describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care.
- **Preventing and Controlling Healthcare- Associated Infection**, which describes the systems and strategies to prevent infection, to manage infections effectively when they occur, and to limit the development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship.
- **Medication Safety**, which describes the systems and strategies to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and monitor use of the medicines.
- **Comprehensive Care**, which describes the integrated screening, assessment and risk identification, processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.
- **Communicating for Safety**, which describes the systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.
- **Blood Management**, which describes the systems and strategies for the safe, appropriate, efficient and effective care of patients' own blood, as well as other supplies of blood and blood products.
- **Recognising and Responding to Acute Deterioration**, which describes the systems and processes to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

4. Service Overview

Maternity Services at WH provide comprehensive ambulatory, emergency and inpatient care across the continuum of pregnancy, labour, birth and the postnatal period. WH Maternity Services also provide support to surrounding lower complexity regional and rural maternity health services; offering both consultative services and acceptance of referral and transfer of women's care to WH.

The maternity service profile has grown rapidly over recent years, with an increasing number of antenatal obstetric speciality areas developed in response to the high levels of both social and health related issues associated with the demographic of the WH catchment area. Maternity inpatient services represent a significant proportion of the division's activity, currently accounting for over half of all W&C funded inpatient beds.

A range of pregnancy care pathways are available for women who choose to birth at WH. These include; a collaborative team model which incorporates both obstetric and midwifery care; Midwifery Group Practice (MGP)/Homebirth/Galinjera; Shared Maternity Care (SMC); and Maternal Fetal Medicine (MFM). There are a number of consultative services available to support the provision of maternity care across the continuum.

4.1 Patient Profile

Maternity Services at WH provide an 'all risk' model, caring for women across the continuum of obstetric risk.

There are no geographical boundaries for referral to Maternity Services. The majority of women referred to the service reside within WH's catchment area (cities of Brimbank, Hobson's Bay, Maribyrnong, Melton, Moonee Valley, Moorabool, Hume and Wyndham); however, referrals are also accepted from outside the WH catchment area.

Compared with the wider Victorian population, the WH catchment is known to have a significant number of associated patient risk factors making maternity care more complicated, including:

- Women with a preferred language other than English – 14%*
- High rates of gestational diabetes – 20%*
- High rates of obesity - 12% of women with a BMI >35*

Over the last five years, WH has seen an 8% increase in number of births and a 500% increase in the number of outpatient presentations within the Maternity services*.

**Data Source Birthing Outcomes System (BOS)*

4.2 Complexity of Care

The current level of service capability for Maternity Services has been defined using the Department of Health and Human Services' (DHHS) [Capability Framework for Victorian Maternity and Newborn Services](#). This framework delineates the role of each Victorian maternity and newborn service; describing the services required at each level of care and the relationships with other maternity and newborn services within the context of statewide services.

Upon opening of the JKWC, the maternity and newborn services capability level will be a level 5, as defined by the [Defining levels of care for Victorian newborn services, November, 2015](#) and [Capability Framework for Maternity and Newborn Services \(2010\)](#). Neonate's ≥ 31 week's gestation and usually $\geq 1250g$ will be considered as suitable for ongoing care within the JKWC newborn services at the opening of the JKWC.

Following the opening of the JKWC, there will be a phased approach to the uplift for maternity services to a level 6 service and for newborn services to a level 6A, as defined by the [Defining levels of care for Victorian newborn services, November, 2015](#) and [Capability Framework for Maternity and Newborn Services \(2010\)](#). Following this uplift to a level 6/6A, neonates ≥ 28 weeks gestation and ≥ 1000 grams with non-surgical critical illness will be considered as suitable for ongoing care within the JKWC newborn services at the opening of the JKWC. Revisions of admission criteria and evaluation of management practices will proceed as capability increases.

As the maternity services surrounding WH, including Werribee Mercy Hospital, Kyneton District Health and Djerriwarrh Health Services, provide lower complexity services, WH Maternity Services function as their service for referral of women identified as requiring an increased level of care. Women may be identified as requiring higher complexity care in the antenatal period, in which case the referral process is coordinated through the Maternity Specialist Clinics. Women may also present to external maternity services with acute presentations related to their pregnancy that require complex care provided at a higher capability service. Inpatient antenatal or early postpartum transfers should always be coordinated via PIPER.

4.3 Location of Services

The majority of maternity services at WH are provided in the JKWC, located on the SH site, with the exception of a small number of ambulatory maternity services that are provided external to the hospital through local community based clinics.

Ambulatory services are provided on Levels One and Three of the JKWC, while birthing and inpatient services are provided on Levels Three, Seven and Eight. Location maps and hours of operation for each maternity service can be found in the individual Maternity Services Operating Guidelines.

5. Service Description

5.1 Emergency Services

The provision of unplanned acute and emergency services for maternity patients are shared between the SH Emergency Department (ED), the JKWC Maternity Assessment Centre (MAC) and the JKWC Birthing Service; with the destination for care determined by the gestation of the woman and the presenting complaint.

The MAC is designed to provide maternity triage, assessment and care for pregnant women at ≥ 16 weeks gestation presenting with a complaint related to their pregnancy. Refer to the *Maternity Assessment Centre Operating Guideline (2019)* for a detailed outline of the daily operation of the MAC.

The Birthing Service is designed for women $\geq 16/40$ weeks gestation requiring labour and birth care and/or urgent obstetric care. Refer to the *Birthing Service Operating Guideline (2019)* for a detailed outline of the daily operations of the Birthing Service.

The SH ED provides general and paediatric care and is the designated location for care of pregnant women at <16/40 gestation presenting with both obstetric and non-obstetric related complaints, or for pregnant women >16 weeks presenting with a complaint unrelated to the pregnancy (e.g. orthopaedic trauma resulting in a bone fracture). Obstetric review and consultation within the ED for these women is available from the ED obstetrics and gynaecology registrar (EDOG), with consultation with the on-call team as required.

The provision of maternity emergency services within WH EDs is outlined in Table 3.

ED Site	Service Description	Operating Hours
Sunshine Hospital (SH)	Maternity care provided by SH EDOG and on-call O&G team	24 hours 7 days/week
The Williamstown Hospital	Does not offer dedicated Maternity services as no maternity inpatient or ambulatory services provided at Williamstown Hospital*	08:00 – 23:00 7 days/week
Footscray Hospital (FH)	Does not offer dedicated Maternity services as no maternity inpatient or ambulatory services provided at FH*	24 hours 7 days/week

Table 3: Maternity Emergency Services at WH

*Women presenting to FH or Williamstown Hospital will be reviewed and assessed by a registrar or consultant from the ED. This assessment is used to determine if a woman is safe for transfer, and if transfer is deemed safe, if this transfer is required to be via ambulance or private vehicle. If transfer is not deemed safe, urgent clinical care will be commenced and the SH ED and JKWC obstetric on-call team will be contacted for further support.

5.2 Ambulatory Services

Maternity Specialist Clinics

The Maternity Specialist Clinics provide multidisciplinary services tailored to the requirements of the demographic of women cared for at WH. The Maternity Specialist Clinics operate 08:00 – 21:00 Monday to Thursday, with midwifery review clinics only between the hours of 17:00 – 21:00. All Maternity Specialist Clinics, with the exception of the community clinics, are provided on Level One of the JKWC in the Women's Clinics.

All 'Colour My Care' clinics are multidisciplinary clinics, with the requirement for a woman to be referred to a specific specialty determined by the clinical needs of the woman.

Clinicians involved in provision of these multidisciplinary clinics include:

- Midwives (hospital and community based)
- Obstetric consultants and junior medical staff
- Obstetric medicine specialists
- Endocrinologists

In addition to the clinicians listed above, there is a range of sub-specialties and allied services available to support women's pregnancy. Refer to the *Women's Specialist Clinics Operating Guideline (2019)* for full details.

Midwifery Group Practice (MGP) / Homebirth

Midwifery Group Practice (MGP), also known as 'caseload midwifery', describes a care model where each woman is allocated a primary midwife, as well as a team of backup midwives, who work in partnership to provide continuity of midwifery care throughout the maternity journey. Homebirth is an extension of MGP that provides eligible women the opportunity to give birth at home. The homebirth service is one of two publicly funded services in the state and is highly sought after.

MGP at WH is an all risk model of care and priority referral to MGP should be made regardless of complexity and/or gestation.

The total capacity for MGP is between 960 to 1,080 women per year, with the majority of antenatal visits conducted in community clinics.

GALINJERA MGP

Galinjera is part of a multi-site research program entitled 'Woman's Journey' which aims to improve the health of Aboriginal mothers and babies through continuity of midwifery care. Participating sites include SH, The Women's, Mercy Hospital Heidelberg and Goulburn Valley Health

The Galinjera MGP team at WH was established in October 2017 to provide continuity of midwifery and obstetric care to Aboriginal and/or Torres Strait Islander families accessing maternity services at SH.

All women and babies who identify as Aboriginal and/or Torres Strait Islander should be offered priority referral to the Galinjera MGP Program as well as referral to Koori Maternity Services and the Aboriginal Health Unit.

Refer to the *Midwifery Group Practice (MGP), including Homebirth, Operating Guideline (2019)* for further information.

Shared Maternity Care (SMC)

Shared Maternity Care (SMC) allows women to have the majority of their antenatal visits in the community with a Shared Maternity Care Affiliate (SMCA), such as an accredited general practitioner (GP), obstetrician or community-based midwife.

The SMCA and hospital-based doctors and midwives act as a team in the provision of a woman's antenatal care with the woman attending the Maternity Specialist Clinics for a small number of antenatal visits. Alternatively, women enrolled in SMC may attend a community clinic for the majority of their 'hospital' visits. Labour, birth and immediate postnatal care are provided in the hospital by the hospital staff.

Maternal Fetal Medicine (MFM)

The MFM unit offers a range of specialist obstetric services and clinics for highly complex pregnancies. The MFM clinic operates 08:00 – 17:30, Monday to Friday. MFM also provides support to the general obstetrics units via both a consultation and ultrasound service.

Refer to [Maternal Fetal Medicine Referral Procedure](#) for information regarding in-hours and out of hours MFM support.

Table 4 outlines the ambulatory services provided as part of MFM as at February 2019 (please refer to the *Maternal Fetal Medicine (MFM) and Genetics Operating Guideline (2019)* for full details).

Service	Description
MFM Midwifery Clinic	A midwifery-led clinic that enables collaboration of care with the MFM team. Midwives complete the midwifery booking assessment (MBA) prior to the medical review and are able to provide ongoing antenatal education regarding breastfeeding, birth and early post-natal period.
Fetal Medicine Clinic	A multidisciplinary clinic providing specialist services for: <ul style="list-style-type: none"> • Women with confirmed or suspected fetal anomaly • Past history of major fetal anomaly • Increased risk of aneuploidy or genetic disorders requiring invasive testing • Early onset fetal growth restriction (FGR)
Fetal Doppler Clinic	An obstetric-led clinic providing specialist services for: <ul style="list-style-type: none"> • Women with FGR <32 weeks or <34 weeks with abnormal Doppler's and /or Amniotic Fluid Index (AFI) • Rhesus isoimmunised women requiring Doppler monitoring for anaemia • Confirmed parvovirus seroconversion • Women with hypertensive disorder with abnormal Doppler's/ AFI • Multiple pregnancies requiring Doppler surveillance
MFM/ MFM Obstetric Medicine Clinic	A multidisciplinary clinic providing specialist services for: <ul style="list-style-type: none"> • Women with rare medical disorders that impact pregnancy or more with complex underlying condition that demand specialized care (e.g. lupus, renal impairments, maternal cardiac disease, type 1 diabetes) • Women with red cell isoimmunisation • Early onset cholestasis • Premature pre-term rupture of membranes (PPROM) prior to 28 weeks gestation • Early onset pre-eclampsia or other major pregnancy disorders • Women requiring endocrinology consultation can be seen in DIAMOND endocrinology clinic at the same time
Multiple Pregnancy Clinic	An obstetric-led clinic providing specialist services for: <ul style="list-style-type: none"> • Women with monochorionic twins or high order multiple pregnancies who require intensive ultrasound based surveillance or women with dichorionic twins which are complicated
Cervical Surveillance Clinic	An obstetric-led clinic providing specialist services for: <ul style="list-style-type: none"> • Women who have an increased risk of preterm birth due to risk factors or an incidental findings of a short cervix in pregnancy. Refer to Management of the Short Cervix in Pregnancy

Service	Description
Recurrent Miscarriage Clinic / Pregnancy Loss Clinic / Pre-pregnancy Counselling Clinic	A multidisciplinary clinic providing specialist services for: <ul style="list-style-type: none"> • Women experiencing 3 or more miscarriages • Women who have been managed by MFM service who have experienced pregnancy loss • Women with complex medical disorders and history or major pregnancy complications or family history or genetic conditions who are planning a pregnancy
Fetal Cardiology Service	A multidisciplinary clinic providing specialist services for women who are carrying a fetus with a suspected or confirmed cardiac anomaly or for women who have a high risk of carrying an affected fetus
Genetics Services including Clinical Geneticist	A medical-led clinic providing genetic counselling for families with at risk or may have genetic basis and birth defects with genetic components including a Genetic Counsellors who provide counselling for women considering invasive testing

Table 4: MFM Clinics at WH

Maternity Assessment Centre (MAC)

The MAC provides scheduled and unscheduled antenatal ambulatory care for women ≥ 16 weeks gestation requiring fetal monitoring and/or maternal assessment. The MAC is located on Level Three of the JKWC and operates 24 hours per day, seven days per week.

5.3 Inpatient Services

Maternity Inpatient Services are provided across the JKWC, including the MAC, Birthing Service, Maternity Wards and Maternity @ Home.

Maternity Assessment Centre (MAC)

In addition to the unplanned acute emergency services and planned ambulatory services provided by the MAC, a number of inpatient services are also provided within the MAC. These services include care of women undergoing induction of labour (IOL) with a cervical ripening agent, women requiring ongoing monitoring following an acute presentation, and women awaiting admission to birthing for continuation of their care.

Refer to the *Maternity Assessment Centre (MAC) Operating Guideline (2019)* for further information regarding inpatient services within the MAC.

Birthing

The Birthing Service, collocated with the MAC on Level Three of the JKWC, operates 24 hours per day, seven days per week. The birthing service and the MAC function in collaboration to provide maternity care across the continuum of pregnancy, labour and birth.

The Birthing Service has total physical capacity of 20 birthing rooms, two High Care Unit (HCU) beds and a bereavement room. The majority of the care provided in birthing is intrapartum care of women diagnosed as being in active labour, with care also provided for women with acute obstetric illnesses.

The HCU provides care for acutely unwell, medically complex antenatal and postnatal women with increased monitoring requirements. Refer to the HCU PPG (under development) for further details.

See the *Birthing Service Operating Guideline (2019)* for further information regarding inpatient services within the Birthing Service.

Maternity Wards 7 and 8

The maternity inpatient wards, Women's Ward 7 (Level Seven) and Women's ward 8 (Level Eight), provide antenatal and postnatal inpatient maternity services, with the majority of admissions for postnatal care following birth. Each ward has a 32 inpatient bed physical capacity and operates 24 hours per day, seven days per week.

See the *Maternity Wards and Maternity @ Home Operating Guideline (2019)* for further information regarding maternity inpatient services.

Maternity @ Home

Maternity @ Home visits are offered to all women who give birth at WH to provide education, support and expert midwifery care within the home environment. Women may also have their Maternity @ Home care referred to WH from external organisations if they live within the WH catchment zone or their baby is an inpatient in JKWC Newborn Services. The service is provided within the women's home or, if necessary, at the JKWC. Home visits are conducted between 09:00 – 15:00, seven days per week.

See the *Maternity Wards and Maternity @ Home Operating Guideline (2019)* for further information.

5.4 Colour My Care (CMC)

WH Maternity Services utilise the CMC program to provide consistent multidisciplinary care throughout each woman's pregnancy journey. Upon initial contact with any of the Maternity Services at WH, women are assigned a designated care team, based on their home suburb, named after a colour. Women remain in this team for the duration of their care.

CMC incorporates an evidence based antenatal pathway of care for women, and supports continual assessment, identification of risks and individualised care planning as risks are resolved. CMC provides a framework to support the diverse and often complex antenatal care needs of childbearing women, utilising the full scope of practice of midwives, obstetricians, obstetric medicine and endocrinology physicians, and allied health clinicians working collaboratively in four geographically based teams.

From a medical perspective, CMC allocation also occurs in the inpatient setting with a 'team-of-the-day' providing care within the Birthing Unit and the MAC and handing over to the woman's treating team colour for ongoing care. Each CMC medical team is allocated to a day of the week for receiving women, with an additional 'Friday' team consisting of two Consultants from the Orange and Blue teams.

The majority of clinicians working within the clinics are aligned with a particular team colour (**Orange/Blue/Purple/Yellow**) to ensure co-ordination, consistency, safety and a positive experience for the woman. The main exceptions for this are the MFM clinics, thalassaemia follow up, perinatal infectious diseases clinics, DIAMOND Clinic and allied health clinics. Allied health services, where practical, endeavour to align with women through their pregnancy journey to provide consistent care.

General guidelines for workload allocation within each care team colour include:

- Teams are responsible for the care of women residing within their allocated suburbs
- Teams conduct a weekly multidisciplinary, hospital-based clinic on a designated day (Monday – Thursday) each week
- Teams also conduct a midwifery community clinic on another day of the week (Blue team also has an obstetric clinic)
- Teams meet once per week to discuss clinical cases

Inpatient care

Women who are admitted with a previously assigned colour from the antenatal period will be admitted under their pre-allocated colour. Women’s medical management within the Birthing and the MAC will be managed by the on-call team. Following admission to the Maternity ward, women will be cared for by their allocated team, with the exception of after hours, whereby medical cover is provided by the on-call team. Table 8 outlines the on-call team roster.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Yellow	Orange	Purple	Blue	Orange	On call	On Call
				Blue		

Table 5: Maternity Inpatient Medical Receiving Team Allocation

The following processes apply across the two maternity wards:

- Daily registrar-led ward rounds at 07:30 prior to the 08:00 medical handover meeting
- Daily consultant-led ward rounds (as required for all new antenatal admissions or complex postnatal women) following the 08:00 medical handover meeting. All antenatal patients and postnatal patients readmitted following discharge, require consultant review within 24 hours of admission.

5.5 Diagnostic Services

The Maternity Services are supported by a range of medical imaging and pathology diagnostic services as detailed in Table 6.

Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Medical Imaging	Division of Clinical Support & Specialist Clinics	<p>Western Health Medical Imaging (WHMI) provides bulk-billing services for ambulatory patients, as well as services for the ED and inpatient services. Services available include CT, fluoroscopy, MRI, nuclear medicine, ultrasound, x-ray and interventional procedures.</p> <p>WHMI do not provide Maternal Fetal Medicine (MFM) ultrasounds as these are provided by MFM. WHMI provide non-MFM ultrasound services at SH.</p> <p>Women with low to moderate risk profiles are able to access routine ultrasound services through medical imaging providers in the community. These investigations are not offered by WH.</p> <p>Radiologists can also attend and contribute to multidisciplinary team meetings for case reviews.</p>	<p>SH Main Medical Imaging Ground Level Building B/B+</p> <p>JKWC Ultrasound, Level One JKWC</p> <p>JKWC X-Ray, Ground Floor JKWC</p>	<p>Ambulatory: 08:00 – 17:00 Mon – Fri</p> <p>ED & Inpatients: 24-hours 7 days/week</p>	✓	✓	✓	✗
Pathology	Division of Clinical Support & Specialist Clinics	<p>The Pathology Service is contracted through Dorevitch and provides ambulatory testing in addition the following emergency and inpatient services:</p> <ul style="list-style-type: none"> • Anatomical Pathology • Biochemistry and Microbiology • Haematology and Transfusion Services • Histopathology and Cytology <p>The provision of urgent bloods to the operating theatre are provided in accordance with the Requesting Blood and Blood Products Procedure.</p>	JKWC Ground Floor (or collected from inpatients on the ward)	<p>Ambulatory: 08:30 – 19:00 Mon – Fri</p> <p>ED & Inpatients: 24-hours/7 days</p>	✓	✓	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
		<p>Referrals to Pathology for critical bleeding and massive transfusion are made in accordance with the Critical Bleeding and Massive Transfusion Procedure.</p> <p>Pathologists can also attend and contribute to multidisciplinary team meetings for case reviews.</p> <p>Genetic tests are done directly through the Victorian Clinical Genetics Services (VCGS) via courier.</p> <p>Perinatal autopsies are provided through the Victorian Perinatal Autopsy Service at the Royal Women's Hospital.</p>						

Table 6: Maternity Services Diagnostic Services

5.6 Clinical Support Services

Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Access Coordinator & After Hours Administrator (AHA)	Emergency Medicine and Cancer	<p>The Access Coordinator/AHA is responsible for the co-ordination of patient flow within their site of operation and across WH to facilitate timely patient access and discharge to meet organisational key performance indicators.</p> <p>Additionally, the AHA is the hospital administrative representative responsible for the co-ordination, supervision and operation of the hospital during the after-hours period.</p>	SH – Level One	24 hours/7 days	✘	✓	✓	✘
Allied Health	Community Integration, Allied Health & Service Planning	<p>Allied Health undertakes comprehensive assessment, intervention, risk management for vulnerable infants and care planning to optimise the function and wellbeing of women.</p> <p>The range of disciplines available for Maternity Services include:</p> <ul style="list-style-type: none"> • Audiology • Nutrition & Dietetics • Occupational Therapy • Pastoral Care • Physiotherapy • Psychology • Social Work • Speech Pathology 	<p>Office on JKWC Level Four</p> <p>Clinical Service Area (Service Delivery)</p>	<p>08:00 – 16:30 Mon – Fri</p>	✓	✓	✓	✘



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Anaesthesia & Pain Medicine	Division of P&CC Services	The Department of Anaesthesia and Pain Medicine provides a full range of anaesthetic and perioperative services including post-operative pain management and review.	SH, Level One JKWC, Level Two	24 hours/7 days	✓	✓	✓	✗
Breastfeeding Support Services	Division of W&C Services	Provision of support to establish or maintain breastfeeding while women and neonates are inpatients. Provision of advice about breastfeeding support services accessible in their local community.	JKWC	08:30 – 17:00 Mon – Fri	✓	✗	✓	✗
Consultation-Liaison Psychiatry	Partnership between Mid-West Area Mental Health (Melbourne Health) and WH	Consultation-Liaison (C-L) Psychiatry provides consultant psychiatrist and mental health nurse consultation to inpatients for: <ul style="list-style-type: none"> • Medical conditions that result in psychiatric or behavioural symptoms, such as delirium • Mental disorders when admitted for the treatment of medical problems • Assessment of capacity • Distress related to medical problems • Suicide or self-harm attempts 	Clinical Service Area (Service Delivery)	ED 24 hours/ 7 days Inpatient 09:00 – 17:00 Weekdays	✗	✓	✓	✗
Drug Health Services	Drug & Alcohol Service Medical Services	Provides a range of programs and interventions for individuals and families who are affected by drug and alcohol related problems. This includes: <ul style="list-style-type: none"> • Addiction Medicine team: Medicine, Psychiatry, Psychology, and Nursing • Ambulatory Drug Treatment Team • Community Residential Withdrawal Unit • Specialist Pharmacotherapy Program for complex medical, psychiatric or psychological problems. 	Footscray Hospital	Ambulatory 09:00 – 17:00 Mon – Fri Inpatient Withdrawal 24hours/7 days	✓	✗	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Elective Surgery Booking Office including Surgical Liaison Nurse	Division of Perioperative & Critical Care Services	The Elective Surgery Booking Office at WH manages all elective patient bookings across Footscray, Sunshine, JKWC, Williamstown and Sunbury Hospitals.	Footscray Hospital	08:30 – 17:00 Mon – Fri	✓	✗	✗	✗
Endocrinology	Division of Emergency, Medicine & Cancer Services	Endocrinology supports the antenatal, intrapartum and postnatal management of women with endocrine disorders including Type 1 and Type 2 Diabetes Mellitus, Gestational Diabetes and Thyroid Conditions. Services are provided by Consultant Endocrinologists, endocrinology registrars and Diabetes Nurse Educators.	Clinical Service Area (Service Delivery)	24 hours/7 days	✓	✓	✓	✗
Family Violence Legal Clinic	Partnership service with Brimbank, Melton Community Legal Centre	Family Violence Legal Clinic is a Health Justice Partnership that provides free legal advice to patients or staff experiencing family violence in a weekly clinic. The service also extends to legal problems that relate to family violence including: <ul style="list-style-type: none"> • Child protection • Debt matters • Elder abuse • Family law disputes • Victims of crime 	JKWC, Level 1	09:00 – 13:00 Fri	✓	✗	✗	✗
Health Equity Advisor	Community Integration, Allied Health & Service Planning	Support and assistance for staff and volunteers to recognise signs of family violence and to sensitively inquire and respond to patients experiencing family violence, enhance safety, and provide appropriate support and referral options. Build staff capacity to respond to violence against women through reflective practice and case reviews at relevant team and clinical meetings. Support is available to staff across all sites.	SH Portables Clinical Service Area (Service Delivery)	08:00 – 16:30 Mon – Fri	✓	✓	✓	✓



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Infection Prevention	Nursing & Midwifery Directorate	<p>Infection Prevention Services at WH focus on the implementation of measures to reduce the risk of hospital acquired infections to patients and to protect the health care worker, visitors and others.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> Acting as a source of specialist advice for Doctors, Nurses, Midwives, Allied Health and other Healthcare workers on best practice Daily review of patients with infection related issues Carrying out surveillance activities, such as the monitoring of antibiotic resistant organisms and surgical wound infections Undertaking regular Infection Prevention related audits to measure compliance against National standards Managing outbreaks of infection 	<p>Office at SH Ground Floor</p> <p>Clinical Service Area (Service Delivery)</p>	<p>08:30 – 17:00 Mon – Fri</p>	✓	✓	✓	✗
Intensive Care Unit (ICU)	Division of Peri Operative & Critical Care Services	The 14 bed Intensive Care Unit (ICU) at SH provides a range of supportive therapies to critically ill patients 24 hours a day, seven days a week. The unit incorporates high dependency beds which are utilised as either HDU or ICU depending on the demand. This service covers both Sunshine and JKWC.	SH Level 1	24 hours 7 days	✗	✗	✓	✗
ICU Liaison Nurse	Division of Peri Operative & Critical Care Services	The ICU liaison provides consultation, clinical support for medical, nursing and allied health staff involved in the management of patients with complex care needs and who are at risk of clinical deterioration.	Clinical Service Area (Service Delivery)	24 hours 7 days	✗	✓	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
		<p>The ICU Liaison Nurse team facilitate learning in the clinical environment to promote the goal of delivering safe patient care, which incorporates the following activities:</p> <ul style="list-style-type: none"> • patient advocacy • collaborative patient and unit management • supervision and mentorship/preceptorship • interaction/liaison with multidisciplinary team • accurate and timely documentation 						
Neonatal Medicine Unit	Division of W&C Services	<p>The Neonatal Medicine Unit provides assessment of all late pre-term and low birth weight neonates to be deemed suitable for rooming in with their mother on the Maternity Wards as well as providing consultation for neonates who become acutely unwell.</p> <p>A Neonatologist also supports the MFM unit in the ambulatory setting.</p>	<p>JKWC Level 5</p> <p>Clinical Service Area (Service Delivery)</p>	<p>24 hours</p> <p>7 days</p>	✓	✗	✓	✗
Obstetric Medicine	Division of W&C Services	<p>Obstetric Medicine Clinics are run by Medical Physicians who are concerned with the monitoring and management of pre-existing co-morbidities of the pregnant woman. It is vital that the woman also continues to see a midwife / obstetrician for routine antenatal care and education.</p>	<p>Office on JKWC Level Four</p> <p>Clinical Service Area (Service Delivery)</p>	<p>Mon – Thurs</p> <p>Fortnightly and inpatient based on call service</p>	✓	✗	✓	✗
Pain Management	Division of Peri Operative & Critical Care Services	<p>Pain Management provides a consultative inpatient service for patients with complex pain.</p>	<p>Clinical Service Area (Service Delivery)</p>	<p>07:30 – 16:00</p> <p>Mon – Fri</p>	✗	✗	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Perinatal Loss Support Service	Division of W&C Services	<p>The Perinatal Loss Support Service provides clinical care and counselling support for families who have experienced perinatal loss, including:</p> <ul style="list-style-type: none"> • neonatal death (death within 28 days of birth of a live born infant who shows signs of life, regardless of gestation) • stillbirth (birth of an infant who shows no signs of life after birth, having been born at >20 weeks gestation) • miscarriage (birth of an infant who shows no signs of life after birth, having been born < 20 weeks gestation) 	<p>Office on JKWC Level Four</p> <p>Clinical Service Area (Service Delivery)</p>	08:15 – 17:00 Mon – Wed	✓	✓	✓	✗
Pharmacy	Division of Clinical Support Services & Specialist Clinics	<p>Dispensing, clinical pharmacy and quality use of medicines services to maternity inpatients as well as providing medicine prescribed in ambulatory clinics.</p> <p>Additional responsibilities include:</p> <ul style="list-style-type: none"> • Advice to optimise medications • Collaborate to support the development of policies, procedures, guidelines and processes • Information and advice on drugs and drug therapy • Procurement and distribution of medications • Safe, rational and cost effective use of medicines • Support for education and research <p>Clinical pharmacist provide medication supply and counselling, education to staff. Maternity Services must access the W&C Senior Pharmacists allocated to the Newborn Services if required e.g. consultation, policy development, procedural support, quality activities.</p>	<p>SH Ground Floor (Pharmacy Department)</p> <p>JKWC Ground Floor</p>	<p>08:15 – 17:00 Mon – Fri</p> <p>Weekends (medication supply only, no clinical ward services)</p>	✓	✓	✓	✗



Service	Division/ Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Theatre	Division of Peri Operative & Critical Care Services	JKWC Theatre provides both elective and emergency surgical procedures (including a dedicated 24 hour/7day emergency theatre for obstetrics) utilising medical staff from various disciplines including Obstetrics, Anaesthesia and Pain Medicine, Neonatal and Paediatrics. Preparation of women for elective surgery occurs in the day of surgery admissions area	JKWC Level 2	24 hours/ 7 days	✘	✓	✓	✘
Victorian Hearing Screening Program (VIHSP)	External (RCH)	The Victorian Infant Hearing Screening Program (VIHSP) screens the hearing of newborn babies in their first weeks of life. Early detection and intervention improves outcomes for babies with hearing loss.	JKWC Level 4 Clinical Service Area (Service Delivery)	08:30 – 17:00 Mon – Fri				

Table 7: Clinical Supports Maternity Services

5.7 Recognition and Management of the Deteriorating Patient Framework

The framework outlined below is the future Recognition and Management of the Deteriorating Patient Framework which is scheduled for implementation in April 2019. This framework possesses maternity specific codes to support the identification and timely response to maternity patients to ensure the required clinicians are present.

The framework is designed to support the recognition and management of the deteriorating patient in the JKWC is outlined in the WH [Recognition and Management of the Deteriorating Adult Patient Procedure](#) which includes adult-specific escalation of care responses as outlined in Table 8 below.

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

The [Code Pink](#) procedure gives instructions to all staff about actions required when an obstetric emergency is called to avoid delay in assistance from relevant medical and obstetric staff.

The [Code Green](#) procedure gives instructions to all maternity care clinicians and support staff about actions required when an Alert Caesarean is called to ensure all essential personnel are notified to attend and avoid delay in preparation and transfer of a woman to the operating theatre when an immediate (life preserving) caesarean section is indicated.

The [Neonatal Code Blue Procedure](#) outlines the specific and required action/s for a neonate deteriorating or requiring emergency immediate response.

Should a neonate require ongoing monitoring and treatment that is outside WH capability framework, the PIPER service is contacted for phone advice and potential retrieval for transfer to an appropriate neonatal intensive care unit. Neonates in Newborn Services awaiting PIPER retrieval are stabilised/managed until PIPER arrives and retrieves the neonate.

CODE PINK (previously known as Obstetric Alert) - Sunshine Campus

ACTIVATION CRITERIA

Obstetric emergencies, including:

- Shoulder dystocia.
- Imminent breech birth diagnosed in labour.
- Ante-partum haemorrhage (APH). Any APH concerning to staff and all APH involving compromise to mother and/or baby.
- Post-Partum Haemorrhage (PPH) with significant ongoing loss >500ml and all PPH>1000mls.
- Preterm birth away from birth suite.
- Uterine hyperstimulation in the presence of fetal heart rate abnormalities.
- Cardiotocography (CTG) likely to be associated with severe fetal compromise.
- Cord prolapse.
- Dual activation - Code Pink and/or Code Blue:
- Uterine inversion or rupture
- Eclampsia
- Birth outside Maternity Services

POTENTIAL DISPOSITION LOCATION (during / post event)

- Maternity Services
- Pregnant in-patients in non-maternity locations
- Emergency Department

CODE PINK COMPULSORY RESPONSE TEAM	TRAINING REQUIREMENTS FOR CODE PINK		
	ADULT	PAED	NEONATE
T/L Obstetric Senior Registrar	BLSD	N/A	Advanced Neoresus [®] ≠
Clinical Support Midwife 24/7	PROMPT, BLSD	N/A	Advanced Neoresus [®] ≠
Joan Kirner Anaesthetic Registrar	Adult Advanced Life Support	N/A	Advanced Neoresus [®] ≠
PSA	BLSD	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Home Unit (Response required by HMO, Registrar &/or Consultant)	BLSD	N/A	Dependent on treating team
Midwifery In-charge	PROMPT, BLSD	N/A	Advanced Neoresus [®] ≠
Local ward midwives	BLSD	N/A	N/A
Neonatal Registrar	BLSD	N/A	Advanced Neoresus

≠ or equivalent training program TL - Team Leader

Figure 1: Code Pink

CODE GREEN (previously known as Caesarean Alert) – Sunshine Campus

ACTIVATION CRITERIA

May include:

- Cord prolapse;
- Signs of severe fetal compromise

ACTIVATION LOCATION

- Maternity Services (inpatient or outpatient)
- Pregnant in-patients in non-maternity locations
- Emergency Department

POTENTIAL DISPOSITION LOCATION (during / post event)

- Birthing suite
- Operating Theatre
- Intensive Care Unit
- Remain in location

CODE GREEN COMPULSORY RESPONSE TEAM	TRAINING REQUIREMENTS FOR CODE GREEN		
	ADULT	PAED	NEONATE
T/L Obstetric Senior Registrar	BLS	N/A	Advanced Neoresus® [≠]
Neonatology Senior Registrar	BLS	N/A	Advanced Neoresus® [≠]
Clinical Support Midwife 24/7	PROMPT, BLS	N/A	Advanced Neoresus® [≠]
Joan Kirner Anaesthetic Registrar (TO THEATRE)	Adult Advanced Life Support	N/A	Advanced Neoresus® [≠]
PSA	BLS	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Home Unit Response required by HMO, Registrar &/or Consultant)	BLS	N/A	Dependent on treating team
Neonatal & Obstetric Consultants ¹	BLS	N/A	Advanced Neoresus® [≠]
Midwife in Charge	PROMPT, BLS	N/A	Advanced Neoresus® [≠]
Theatre Nurse Manager or Nurse in Charge	BLS	N/A	N/A

[≠] or equivalent training program TL - Team Leader

¹ Must be notified and Consultant to be called out of hours/weekend

Figure 2: Code Green

NEONATAL CODE BLUE ARREST/ NEWLY BORN – Sunshine Campus

ACTIVATION CRITERIA

Neonates are less than 28 days old or 44 weeks corrected gestation.

Any indication for resuscitation including:

- Apnoea or central cyanosis;
- Severe respiratory distress;
- Cardiac or respiratory arrest;
- Airway threat;
- Seizure;
- Significant clinical concern;
- No response to MET call within 15 minutes.

ACTIVATION LOCATION

Anywhere in Sunshine Hospital campus

- Birthing Suite
- Newborn Services (encompassing SCN and NICU)
- Maternity Wards
- Theatre/PACU
- Boarder babies (<28 days)
- Emergency Department
- Children's Ward
- Maternity Assessment Centre

POTENTIAL DISPOSITION LOCATION (during / post event)

- Critical illness should lead to consultation with Paediatric Infant Perinatal Emergency Retrieval (PIPER) should be consulted by calling 1300 173 650.

NEONATAL CODE BLUE ARREST COMPULSORY RESPONSE TEAM	TRAINING REQUIREMENTS FOR NEONATAL CODE BLUE ARREST		
	ADULT	PAED	NEONATE
T/L Neonatal Registrar	BLSD	N/A	Advanced Neoresus® [≠]
Clinical Support Neonatal Nurse 24/7	BLSD	N/A	Advanced Neoresus® [≠]
JK Anaesthetic Registrar	ALS	Advanced Paed. Life Support	Advanced Neoresus® [≠]
PSA	BLSD	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Home Unit (Response required by HMO, Registrar &/or Consultant)	BLSD	N/A	Dependent on treating team
Neonatologist	BLSD	N/A	Advanced Neoresus® [≠]
Joan Kirner/Sunshine After Hours Coordinator (JK AHA must attend)	BLSD	Basic Paed. Life Support	Neonatal Life Support
Local nurses/midwives	BLSD	N/A	Dependent on clinicians

[≠] or equivalent training program TL - Team Leader

¹ Must be notified and to be called out of hours/weekend if deemed appropriate

NB there are no Consultant Anaesthetist on site over night

Figure 3: Neonatal Code Blue

ADULT CODE BLUE ARREST – JKWC

ACTIVATION CRITERIA

Adult cardiac and respiratory arrest or unconscious patient for anyone over the age of 17 years.

ACTIVATION LOCATION

Anywhere within the JKWC

POTENTIAL DISPOSITION LOCATION (during / post event)

- Newborn Services (encompassing SCN and NICU over 17 years of age);
- Maternity Wards
- Children's Ward
- Theatre/PACU/DOSA/DPU;
- Remain in location

ADULT CODE BLUE ARREST COMPULSORY RESPONSE TEAM	TRAINING REQUIREMENTS FOR ADULT CODE BLUE ARREST		
	ADULT	PAED	NEONATE
T/L Adult SH ICU Senior Registrar	Adult Advanced Life Support	N/A	N/A
JK Anaesthetic Registrar	Adult Advanced Life Support	N/A	N/A
Obstetric Registrar for JK	BLSD	N/A	Neonatal Life Support
Adult JK ICU Liaison Nurse (24/7) based in JK Theatre	Adult Advanced Life Support	Paed. Basic Life Support	Neonatal Life Support
Medical Registrar	Adult Advanced Life Support	Paed. Basic Life Support	N/A
PSA	BLSD	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Home Unit (Response required by HMO, Registrar &/or Consultant)	BLSD	N/A	N/A
Local midwives/nurses	BLSD	Basic Paed. Life Support	N/A
Joan Kirner/ After Hours Coordinator	BLSD	N/A	N/A

*In the rare event of maternal cardiac arrest, a MATERNAL CARDIAC ARREST is called which activates simultaneously Code Pink, Code blue and Neonatal code blue call to summon the three teams.

Figure 4: Adult Code blue JKWC

ADULT RAPID RESPONSE TEAM (MET CALL) – JKWC

ACTIVATION CRITERIA

Adult Rapid Response Team Activation (MET call) is made if at least one of the clinical marker is met (the red shaded area on either the General Adult Observation and Response Chart or the Maternity Observation and Response Chart, or within any of the MET criteria shaded zones of the WH Electronic Medical Record) or if:

- They are worried about patient; or
- There has been no attendance to an Urgent Clinical Review within 30minutes of the call; or
- The patient’s condition has not responded to treatment from an Urgent Clinical Review.

ACTIVATION LOCATION

Within JKWC in all clinical areas, with the exception of patients in the Emergency Department, Intensive Care, Neonates and Paediatrics.

POTENTIAL DISPOSITION LOCATION (during / post event)

- Remain in location
- Escalation to a procedural location e.g. Coronary Care Unit / Cath Lab / Theatre
- Intensive Care Unit

COMPULSORY RAPID RESPONSE TEAM	TRAINING REQUIREMENTS FOR RAPID RESPONSE TEAM		
	ADULT	PAED	NEONATE
JK ICU Liaison Nurse (24/7)	Adult Advanced Life Support	Paed. Basic Life Support	Neonatal Life Support
Home Unit (Response required by HMO 2 or above, Registrar &/or Consultant)	BLSD	N/A	N/A
Adult SH ICU registrar – staged escalation as required see criteria below [#]	Adult Advanced Life Support	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Local midwives/nurses	BLSD	N/A	N/A
Joan Kirner After Hours Coordinator	BLSD	Paed. Basic Life Support	Neonatal Life Support
Obstetric Medicine Registrar in hours	BLSD	N/A	Neonatal Life Support
SH ICU Adult Registrar	Adult Advanced Life Support	N/A	N/A

[#]ICU registrar – staged escalation Criteria

- 3 MET calls in 96hrs,
- Airway threat,
- Cardiopulmonary compromise, (e.g. requiring Intravenous cardio-active medications and vasopressors)
- Prolonged seizure,
- New decreased conscious state, (GCS less than 2,)
- Multi organ failure and/or tachyarrhythmias.
- Outpatients , non- clinical areas / carparks , staff & visitors & non WH inpatients

Figure 5: Adult Rapid Response Team (MET) JKWC

RAPID RESPONSE TEAM (MET call) – NEONATAL - SUNSHINE CAMPUS

ACTIVATION CRITERIA

Neonatal is < 28 days post extra-uterine life or 44 weeks corrected gestation

Neonatal Rapid Response Team activation (MET Call) is required when:

- An observation falls into the Purple Zone.
- Failure to respond to an Urgent Clinical Review within 30 minutes.

ACTIVATION LOCATION

Within Sunshine Hospital / Joan Kirner Women's and Children's Clinical areas with the exception of neonatal patients in the Emergency Department and Newborn Unit. This also excludes all Adult and Maternity patients.

POTENTIAL DISPOSITION LOCATION (during / post event)

Remain in location

- Escalation to a procedural location.
- For any critically unwell paediatric patient (including Neonatal) the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service should be consulted by calling 1300 173 650.

NEONATAL RAPID COMPULSORY RESPONSE TEAM	TRAINING REQUIREMENTS FOR NEONATAL RAPID RESPONSE		
	ADULT	PAED	NEONATE
T/L Neonatal Registrar	BLSD	N/A	Advanced Neoresus® [≠]
Clinical Support Neonatal Nurse	BLSD	N/A	Advanced Neoresus® [≠]
Home Unit (Response required by HMO, Registrar &/or Consultant)	BLSD	N/A	N/A
ADDITIONAL STAFF NOTIFIED			
Local Clinicians	BLSD	N/A	Dependent on clinicians
Neonatologist ¹	BLSD	N/A	Advanced Neoresus® [≠]
Joan Kirner/Sunshine After Hours Coordinator (JK AHA must attend)	BLSD	Paed. Basic Life Support	Neonatal Life Support

[≠] or equivalent training program TL - Team Leader

¹ Must be notified and to be called out of hours/weekend if deemed appropriate

Figure 6: Rapid Response Team (MET) Neonatal Sunshine Campus

5.8 Maternity Services Daily Operations Planning and Handover Processes

Time	Activity/Action	Who
08:00	<p>Multidisciplinary handover - Maternity</p> <ul style="list-style-type: none"> • Current occupancy and acuity in Birthing, Maternity Assessment Centre (MAC), Maternity Wards • Overnight activity • Expected elective admissions – (IOL), • Identify neonatal bed state and planned activity & discuss with neonatal consultant present including Paediatric Infant Perinatal Emergency Retrieval (PIPER) transfers in/out • MiC of Birthing to handover green pathway women 	<p><i>Required:</i></p> <ul style="list-style-type: none"> • On call Obstetric Consultant • Day Obstetric team (Registrars and HMO) • Night Obstetric team • MIC Birthing/MAC • AHA/AC • Medical representative from each Colour My Care team and MFM (e.g. registrar) (Weekdays only) • SAFER representative (Weekdays only) <p><i>Optional:</i></p> <ul style="list-style-type: none"> • Head of Unit – MFM • Head of Unit – Obstetrics • Clinical Services Director W&C • Medical staff from Colour My care teams • Operations Manager - Maternity • Unit Manager – MAC/Birthing • CMC - Risk Management/Practice Development • Unit Manager (UM) – Women’s Ward 7 & 8 • MIC Maternity Wards 7&8 • Pain Management Service Nurse • Neonatology registrar • Obstetric Medicine Registrar • Anaesthetic registrar • Team consultants, registrars and residents • SAFER representative

Time	Activity/Action	Who
09:00 – 09:15	<p><u>Pre access meeting - JKWC</u></p> <ul style="list-style-type: none"> Record current bed state of all inpatient areas/ plan for variances to predicted bed state Record / assess staffing levels/ correct any vacancies Record planned discharges / forward plan if discharges less than expected Accommodate planned activity Review staffing for next 24 hours/ correct any vacancies 	<p><i>Required:</i></p> <ul style="list-style-type: none"> MIC MAC MIC Birthing MIC Women’s Ward 7 MIC Women’s Ward 8 MIC Maternity @ Home NiC Newborn Services AHA/AC <p><i>Optional:</i></p> <ul style="list-style-type: none"> Unit Manager – Birthing Unit Manager – MAC Unit Manager – Women’s ward 7 & 8 Unit Manager – SCN/NICU
09:30	<p><u>Access meeting - WH</u></p> <ul style="list-style-type: none"> Record current bed state of all maternity areas/ plan for variances to predicted bed state Record/ assess staffing levels/correct any vacancies Record planned next day discharges/forward plan if planned discharges less than expected Review planned activity – Maternity @ Home numbers, EICS, IOL 	<p><i>Required:</i></p> <ul style="list-style-type: none"> Access Manager (AM) to represent JKWC Unit Manager/NiC Paediatrics
15:00	<p><u>PM Bed meeting - JKWC</u></p> <ul style="list-style-type: none"> Record current bed state of all maternity areas/ plan for variances to predicted bed state Record/ assess staffing levels/correct any vacancies Record planned next day discharges/forward plan if planned discharges less than expected <p>Review planned activity – Maternity @ Home numbers, EICS, IOL</p>	<p><i>Required:</i></p> <ul style="list-style-type: none"> MIC MAC MIC Birthing MIC Women’s Ward 7 MIC Women’s Ward 8 MIC Maternity @ Home AHA/AC Unit Managers (Birthing, MAC, Women’s ward 7&8)

Time	Activity/Action	Who
16:30	<p>Obstetric handover - Maternity</p> <ul style="list-style-type: none"> Handover from the ward residents to handover to the on call resident about inpatients 	<p><i>Required:</i></p> <ul style="list-style-type: none"> On call Obstetric Consultant Day Obstetric team MIC Birthing MIC MAC Anaesthetist - Birthing
21:00	<p>Night Duty Handover</p> <ul style="list-style-type: none"> Record discharges / review planned next day activity/ consider M@H staffing Record/ assess staffing levels 	<ul style="list-style-type: none"> AHA/AM PM AHA/AM ND
21:30	<p>Medical handover</p> <ul style="list-style-type: none"> Day Obstetric Team handover women in Birthing/MAC and high-risk women on Women's Ward 	<ul style="list-style-type: none"> Day Obstetric Medical team MIC Birthing MIC MAC Optional On call Obstetric Consultant <p><i>*Phone call to Consultant on call by senior registrar (if not present).</i></p>

Table 8: Maternity Services Daily Operations Planning and Handover Processes

5.9 Non-Clinical Support Services

There are a number of non-clinical support services that help to support the delivery of clinical services across all maternity care settings. These include:

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Aboriginal Health Unit	Nursing & Midwifery Directorate	<p>The Aboriginal Health Unit provides emotional, social and cultural support to inpatients and outpatients who identify as being Aboriginal or Torres Strait Islander.</p> <p>The unit employs a Koori Maternity Service Aboriginal Hospital Liaison Officer (KMS-AHLO) who works with midwives to support women and their families through their pregnancy, labour, birth, and postnatal (the first six to eight weeks of the baby's life) journey.</p>	<p>SH Ground Floor (Staff and Management Office)</p> <p>Clinical Service Area (Service Delivery)</p>	<p>08:30 – 17:00 Mon-Fri</p>	✓	✓	✓	✓
Biomedical Engineering	Division of Health Support Services	<p>Biomedical Engineering Services' core business is to support WH in its delivery of quality patient care by ensuring safe and effective management of biomedical equipment through:</p> <ul style="list-style-type: none"> • Scheduled preventative maintenance • Technical advice and consulting • Testing and documentation • Timely repair of faulty equipment <p>Biomedical equipment can be defined as all equipment used for physiological monitoring, treatment or investigation of patients.</p>	<p>SH Basement (Management Office)</p> <p>Clinical Service Area (Service Delivery)</p>	<p>08:00 – 16:30 Mon– Fri</p> <p>Urgent after hours requests: 16:30 – 08:00 hours</p>	✓	✓	✓	✓

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Central Sterile Services Department (CSSD)	Division of P&CC Services	The CSSD provides vital sterilising services to support the operating theatres through the cleaning, disinfecting and sterilising of reusable medical and surgical instruments. They also store and distribute single use medical devices and reusable linen to hospital departments.	SH, Level 1 JKWC, Level 2	24 hours Mon – Fri 07:00 – 23:00 Weekends	✓	✓	✓	✗
Clerical Support	Division of Health Support Services	<p>Clerical Support Services manages the clerical workforce supporting inpatient wards (ward clerks), main reception and switchboard. (Note: Outpatient Clinics and Community Services provide their own clerical services)</p> <p>The Ward Clerk is responsible for the clerical and receptionist duties of the ward, coordinating the telecommunication and administrative traffic throughout the area and being responsible for all clerical aspects of a patient stay within WH.</p> <p>Daily tasks include:</p> <ul style="list-style-type: none"> • Any activity in iPM including registering patients and completing admissions / discharges / transfers • Preparation of documents for medical records • Welcoming staff / patients / visitors to the ward • Responding to phone enquires • Paper filing and faxing, organising pathology, radiology, other internal appointments and transport for patients 	SH Basement (Management Office) Staff Bases in emergency / inpatient areas (Ward Clerk)	Refer to individual Operating Guideline for clerical staff hours	✓	✓	✓	✗

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Engineering & Infrastructure	Division of Health Support Services	<p>Responsible for:</p> <ul style="list-style-type: none"> • Management of preventative maintenance requirements • Delivery of reactive maintenance requirements • Risk management of infrastructure and infrastructure related equipment • Development and delivery of Asset Management Plans to ensure maximum utility is enjoyed from existing infrastructure, supporting patient and staff satisfaction • Management of regulatory/statutory compliance issues <p>Engineering and Infrastructure Services are also supported by specialist external contractors who perform maintenance and service repairs to specialised equipment throughout WH.</p>	<p>SH Basement (Management Office)</p> <p>Clinical Service Area (Service Delivery)</p>	<p>07:30 – 16:00</p> <p>Monday – Friday</p> <p>Urgent after hours request via AHA</p>	✓	✓	✓	✗
Environmental Services	Division of Health Support Services	<p>The Environmental Services Team includes the Patient Services Assistants (PSA) and Cleaners.</p> <p>PSAs are allocated to each ward to support the cleaning of patient areas, provide assistance with patient transport and respond to emergency codes.</p> <p>Cleaners are responsible for waste management and the cleaning of non-clinical areas including walls / windows / floors and staff / general public bathrooms.</p>	<p>SH, Basement (Management Office)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	<p>Refer to individual Operating Guideline for clerical staff hours</p>	✓	✓	✓	✗

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Food Services	Division of Health Support Services	<p>The Food Services Team provides safe, appealing and nutritionally appropriate meal service to patients in the ED and on the inpatient wards.</p> <p>A standalone pantry on each floor supports patient meal requirements for the ward.</p> <p>Patients are offered a selection of cold and hot meals for lunch and dinner from a range of 15-20 items.</p> <p>In Maternity wards a continental breakfast is provided in the dining room.</p> <p>Meals are cooked by external providers and frozen for delivery. Food Services staff is responsible for plating, heating and serving the requested menu items.</p>	<p>SH, Basement (Management Office)</p> <p>Ward Based Pantries (Service Delivery)</p>	<p>Food Services staff are located on the ward between 06:30 – 20:00, 7 days per week</p>	✓	✓	✓	✗
GP Integration	Community Integration, Allied Health & Service Planning Directorate	<p>The GP integration unit is the main point of contact for GPs and is responsible for delivering activities to support and strengthen the interface between WH and GPs, including:</p> <ul style="list-style-type: none"> • Developing resources for GPs • Helping to find a GP for patients • Organising education for GPs • Providing advice about working with GPs • Communicating about new WH services/programs via the GP Integration newsletter & website • Providing advice regarding GP details in iPM 	SH Portables (Staff and Management Office)	<p>08:30 – 17:00 Mon – Fri</p>	✓	✓	✓	✓

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Information & Communication Technology (ICT)	Information & Performance Directorate	<p>ICT functions at WH include:</p> <ul style="list-style-type: none"> • An ICT Service Desk which is responsible for logging, triaging, tracking, reporting and resolving incidents encountered by staff, IT queries and service requests. • ICT Leadership & management • Operations management • Project and change management • Systems and software solutions management 	SH Basement Footscray Hospital	07:00 – 19:00 7 days	✓	✓	✓	✓
Language Services	Community Integration, Allied Health & Service Planning Directorate	<p>The WH Language Services Department enables communication to take place between patients from Culturally and Linguistically Diverse (CALD) backgrounds and healthcare professionals.</p> <p>In-house languages provided by WH interpreters include:</p> <ul style="list-style-type: none"> • Arabic • Assyrian • Burmese • Cantonese • Mandarin • Dinka • Greek • Vietnamese • Italian • Serbian • Croatian • Spanish • Macedonian <p>All other languages are sourced from external agencies and the bookings are made through the Western Health Language Services Booking Office. Bookings for MBS clinics are made directly through the Translating and Interpreting Services (TIS).</p>	SH Level one (Staff Office) Clinical Service Area (Service Delivery)	08:30 – 17:00 Mon – Fri (in-house interpreters)	✓	✓	✓	✓

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Linen Services	Division of Health Support Services	Single-use linen is provided to all clinical areas of WH via an external contract with Spotless.	Delivery via the SH loading dock	7 days	✓	✓	✓	✓
Medical Record Service	Information & Performance Directorate	A Medical Record Service facilitates the clinical paper documentation and paper-based medical record components of the patient clinical record.	SH Ground Floor Building B	7 days	✓	✓	✓	✓
Medical Workforce Unit	Medical Services Directorate	The Medical Workforce Unit is responsible for the Recruitment of Junior Medical Staff and once employed to provide them with employee services functions. The Medical Workforce Unit is also responsible for preparing and managing junior medical staff rosters and rotations.	FH	08:00 – 16:30 Mon - Fri	✓	✓	✓	✗
Occupational Health & Safety (OHS), Wellbeing & Emergency Management	People, Culture and Communications Directorate	<p>The OHS, Wellbeing and Emergency Management Unit provides a range of services to support staff and management across all areas of WH. Services include OHS management, risk management, WorkCover management, rehabilitation/return to work programs, health and wellbeing programs and strategic coordination of emergency/disaster management.</p> <p>The OHS, Wellbeing and Emergency Management team are committed to working as a partner with management to help achieve WH's goals and objectives and to support staff to deliver 'Best Care' and a positive workplace culture.</p>	SH Ground Floor	06:30 – 18:00 Weekdays Urgent after-hours and weekend advice via phone	✓	✓	✓	✓

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
People & Culture	People, Culture & Communications Directorate	People, Culture and Communication aims to promote best patient care by providing employment services, advice and tools to help managers effectively resource, develop and support their employees and enable effective working relationships.	SH Portables FH Level 5	08:30 – 17:00 Weekdays	✓	✓	✓	✓
Performance Unit	Health Information and Performance	The Performance Unit is responsible for providing statistical data to the clinical and operations managers on the overall performance of the organisation and the divisions within the organisation.	WH	Mon - Fri	✓	✓	✓	✓
Quality, Safety & the Patient Experience	Medical Services Directorate	The Quality, Safety and Patient Experience Team, which includes a Quality Improvement Partner who is allocated to W&C Services, is responsible for co-ordinating the continual monitoring, assessment and improvement of care and services across WH. The Improvement Team provides coaching and support for problem solving, data analysis, use of A3 quality improvements and Riskman.	SH Ground Floor	08:00 – 17:00 Mon – Fri	✓	✓	✓	✘
Security	Division of Health Support Services	Proactive and effective Security Management solutions that provide a stable, predictable environment in which staff may confidently deliver health services and treatment to the community and may do so without harm and fear of disturbance or injury. This is achieved through: <ul style="list-style-type: none"> • Ensuring a safe and secure environment for staff, patients and visitors • Providing the highest level of customer service • Safe guarding assets and preventing loss of property • Preventing and detecting offences 	SH Ground Floor Clinical Service Area (Service Delivery)	24 hours 7 days	✓	✓	✓	✓

Service	Division / Directorate	Description	Location	Operating Hours	Ambulatory	Emergency	Inpatient	Community
Transcription Service	Health Information and Performance	The Transcription Service is responsible for typing ambulatory dictation into letters for delivery to referrers such as GPs or internal clinicians.	SH, Ground Floor	09:00 – 17:00 Mon – Fri	✓	✓	✓	✓
Volunteers	People, Culture and Communications Directorate	<p>WH's Volunteer Program focuses on engaging with the local community, offering relevant and worthwhile volunteering opportunities. Direct patient contact roles include:</p> <ul style="list-style-type: none"> • Patient feedback gathering • Patient support trolley & library trolley • Social support (inpatient/ambulatory) • Visitor guide/way finding <p>The program utilises a long term volunteering opportunity model with an expectation of at least 12 months of commitment from volunteers.</p> <p>WH is committed to community engagement through the provision of a volunteer program that offers opportunities for personal development, connectedness, student and school participation.</p>	<p>SH, Portables (Management Office)</p> <p>SH, Volunteer Desk (Front Reception)</p> <p>Relevant Clinical Service Area (Service Delivery)</p>	<p>Visitor Guide: 08:00 – 16:00 7 days/week</p> <p>Social Support: (inpatients) 10:00 – 12:00 Mon – Fri</p> <p>Maternity tours: X2 every Sat</p> <p>Specialist Clinics 09:30 – 16:00 2 days/week</p> <p>Trolley: 10:00 – 16:00 7/week</p> <p>Auxiliary retail: 09:30–16:00 6 days/week</p> <p>HIC: 09:30 – 16:00 6 days/week</p>	✓	✓	✓	✓

Table 9: Non-Clinical Support Services for Maternity Services

5.10 Service Links

To facilitate and integrate the management of W&C maternity patients across health services, WH has established a number of links with surrounding health services regarding consultation, referral and transfer of women. [Hospital Patient Transfers Policy](#) provides guidelines for staff when transferring a patient to another capability health service. The policy provides guidance on available services and modes of transfer, need for escort, and the timeframes in which transfers should occur.

Maternity Services also facilitate and participate in the state-wide perinatal referral service and neonatal transport service PIPER regarding consultation, referral and patient transfer. Refer to [PIPER Antenatal Transfers](#).

6. Workforce

Clinical care within the Maternity Services is delivered by a multidisciplinary workforce that is staffed from both within and external to the Division of W&C Services. Each individual maternity service Operating Guideline details the clinical workforce roles specific to that service.

6.1 Leadership and Management Model

Table 10 details the leadership and management model within Maternity Services.

Management Model	Functions	Position/s
Stewardship	Responsible for sustainable development of the W&C Division and the actions that affect performance – both financial and clinical	<ul style="list-style-type: none"> Divisional Director Clinical Service Director
Corporate Leadership	Responsible for the leadership of portfolios that have whole of Division impact and interface with organisation-wide priorities	<ul style="list-style-type: none"> Operations Manager – Maternity W&C Ambulatory Services Operations Manager W&C Operational Support Manager Director of Nursing & Midwifery
Clinical Leadership - Medical	Responsible for the provision of high quality clinical care and for the supervision and training of senior and junior medical staff	<ul style="list-style-type: none"> Head of Unit – Obstetrics Head of Unit – MFM W&C Clinical Safety & Quality Lead Chief Obstetrics Registrar
Clinical Leadership – Midwifery	Responsible for the provision of high quality clinical care to the patients WH services and for the supervision and training of senior nursing and midwifery staff	<ul style="list-style-type: none"> Operations Manager – Maternity W&C Ambulatory Services Operations Manager Deputy Director Nursing and Midwifery/ Senior Midwifery Advisor (Non-W&C Staff) Unit Managers Clinical Midwifery Consultant Maternity Services Development Lead Clinical Practice Improvement Specialist

Management Model	Functions	Position/s
Professional Leadership – Nursing and Midwifery	Responsible for professional leadership, credentialing and competency of the nursing and midwifery workforce. Provides professional expertise, leadership, vision and strategic direction to the nursing and midwifery workforce.	<ul style="list-style-type: none"> • Executive Director of Nursing & Midwifery • Director of Nursing & Midwifery • Operations Manager – Maternity • W&C Ambulatory Services Operations Manager • Unit Managers
Unit Management	Responsible for the day to day operational management of the unit or service	<ul style="list-style-type: none"> • Midwifery Unit Managers • Women’s Ambulatory Services Manager • W&C Outpatients Manager • Immunisation Services Manager
Clinical and Professional Leadership – Allied Health	Responsible for the provision of high quality clinical care and for the supervision and training of senior and junior allied health staff	<ul style="list-style-type: none"> • Director Allied Health • Discipline Managers • Senior Clinicians

Table 10: Maternity Services leadership and management mode

7. Education and Research

Training and education for staff working within Maternity Services is facilitated by a number of dedicated clinical education and operational leadership roles within the Division of W&C Services, in addition to the Education and Learning Department. The clinical resource and education roles that are relevant to Maternity Services are listed in Table 11.

The Education and Learning Department plays a pivotal role in the provision of coordination, teaching, training and professional development for all employees, consumers and volunteers and comprises the following business units:

- Accredited training/registered training organisation
- Educational projects
- Library Services
- Post graduate education and resuscitation
- Simulation and WeLearn
- Western Centre for Health Research and Education (WCHRE)
- Undergraduate and early graduate discovery programs

The majority of formal education is recorded within the WeLearn Learning Management System, with all online education and mandatory training being delivered through this platform. Other education is organised by individual services through team meetings, observation and formal education sessions, as detailed in each of the individual service Operating Guidelines.

Role	Responsibilities
W&C Education Coordinator & Graduate Midwife Coordinator	<ul style="list-style-type: none"> Manages the W&C Clinical Resource Team Co-ordinator of Midwifery Graduate Program and Combined Nursing/Midwifery Program Clinical responsibility within Maternity Services Clinical Responsibility within Education Department
Clinical Support Midwives and Clinical Midwifery Coordinator	<ul style="list-style-type: none"> Provide an exceptional patient experience Assist with patient transfers between the Emergency department and other ward areas. Act as a clinical advisor in response to all maternal emergency codes. Liaise with NUM/ANUM/AHA Assist the NUM to achieve organizational and ward specific KPI's Work with junior nursing colleagues to develop their capabilities and competencies Mentoring Participate in education/research/quality activities
Clinical Midwife Educators	<ul style="list-style-type: none"> Facilitates undergraduate, graduate and postgraduate placement, student placement planning, orientation and rosters across all phases of Maternity Care Provides continuing education opportunities for existing staff and supports the provision of practical mandatory competency training (as appropriate) Provides clinical support to all areas in Maternity Clinical Responsibility within Education Department for WH
Clinical Educator – Short Courses / PROMPT Site Co-Ordinator	<ul style="list-style-type: none"> Facilitates the provision of short courses relevant to Maternity Services Co-ordinates Practical Obstetric Multi-Professional Training (PROMPT) for the inter-professional team (nursing and medical) who work clinically in the Maternity area of WH

Table 11: Maternity Services Education Team

Programs managed or run by this team include:

Program	Number of Students/Graduates	Rotation Areas
Graduate Midwifery Program	40 Graduates	All areas (except Maternity @ Home) including Newborn Services
Undergraduate and Postgraduate Students	233 Students	All areas
Maternity Connect	23 midwives	All areas

Table 12: Education Programs

Continuing Education for Maternity staff coordinated by the Maternity Education Team includes:

Education	Summary
Practical Obstetric Multi-Professional Training (PROMPT)	10 Full days per year
Breast feeding study day	3 full day sessions per year
Fetal Surveillance	6 full day sessions per year
Prenatal workshop	2 full day sessions per year
Newborn Examination Course	Online course
Perineal Suturing Course	3 full day session per year due to limited resources

Table 13: Continuing Education for Maternity Staff

8. Medical Workforce Unit / Medical Education Unit

The Junior Medical Staff (JMS) are supported by the Medical Workforce Unit (part of the Medical Services Division).

WH is a Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) accredited training site for both Core (years 1-4) and Advanced (years 5-6) specialist training in Obstetrics and Gynaecology. WH was granted a full four year accreditation at the time of re-accreditation by RANZCOG in 2015.

WH is not currently an accredited training site for Obstetric Medicine. Accreditation for this training is the responsibility of the Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) under the auspices of the Royal Australian College of Physicians (RACP).

WH is currently not an accredited training site for Maternal Fetal medicine, but approval for MFM subspecialty trainees completing their “elective year” is granted on a case by case basis. The WH Maternity Service meets the majority of requirements for this training and is in the process of becoming an accredited training facility.

8.1 ASPIRE Unit

Discipline and operational manager’s co-ordinate and support professional development, mandatory training and clinical research relevant to their Allied Health and Community Services staff. Education is provided across multiple formal and informal domains including internal in services, external expert networks, peer supervision and mentoring.

In addition, the ASPIRE (Allied Health and Community Services Planning, Innovation, Research and Education) Unit leads the development, implementation and evaluation of professional entry, graduate and staff education across Allied Health. The ASPIRE unit manages the non-discipline specific professional development program and establish appropriate infrastructure supports for Allied Health staff, clinical supervisors and students at WH.

8.2 Office for Research

The WH Office for Research oversees and coordinates research activities within WH. By providing a high level of guidance to investigators and staff in the conduct of research, the Office for Research

seeks to enhance the excellence, scope and efficiency of these research efforts. It does this by facilitating and integrating all required regulatory steps and by fostering clinical research activities throughout the institution.

Western Health Research Week is an annual event led by the Office for Research that aims to highlight and showcase research across WH and its partners. There are dedicated sessions within Research Week for Women's and Children's Services, which provides staff within the division an opportunity to:

- Consider undertaking research as part of the course of their employment
- Present their research to other staff
- Support research that is being undertaken by other staff

8.3 Research within W&C Services

The Head of Unit – MFM is the current lead of research within Maternity Services. As such, the majority of current research is undertaken within the MFM Unit in partnership with the University of Melbourne and with the support of dedicated Research Midwives.

9. Clinical Governance

The WH Best Care strategic framework for quality, safety and the patient experience is supported by organisation-wide governance systems that are brought together under the headings of leadership, culture, standards and improvement.

Quality and safety is monitored, and priority actions identified, via business plans, clinical indicators, audits (which are governed by the clinical audit framework), external expert committees, risk profiles and reviews against external standards and performance data.

Activities and actions that are taken to improve quality and safety in Maternity Services include:

- Auditing
- Consumer Feedback
- Incident Management
- Performance Monitoring including scorecards
- Risk Management

In addition to the development and implementation of improvement initiatives, the Division of W&C Services is also responsible for monitoring performance and achievement of key deliverables through a defined governance framework. This framework includes the following meetings:

- Monthly Performance Meetings which form the basis of monitoring the balanced score card and reporting on compliance with the Australian Council on Healthcare Standards Evaluation and Quality Improvement Program (EQuIP)
- Monthly Divisional Performance, Operations, Planning & Strategy (POPS) Meetings which provide oversight and monitoring for all areas of the business including activity, finance, access, workforce, quality and safety in line with the divisional business plan
- Monthly Safety & Quality Meetings which provide leadership in safe systems to ensure optimal patients outcomes

- Monthly Nursing and Midwifery Leadership Team Meetings which provide oversight and monitoring for all areas of the business including activity, finance, access, workforce, quality and safety in line with the divisional business plan.
- Monthly Perinatal Loss Review Committee – collaborative multidisciplinary review of all perinatal losses from the Western Region (including Bacchus Marsh and Kyneton)

Meetings specific to the Maternity service include:

- Weekly Maternity Morbidity and Mortality Meeting
- Monthly Maternity Ward meeting
- Monthly Midwifery Morbidity and Mortality Meeting
- Colour My Care Team based Lunchtime meeting (Monday – Thursday)
- Weekly multidisciplinary Maternal Fetal Medicine Meetings (Obstetric Medicine and Fetal Medicine)

Safety Action Feedback Evaluation & Reporting (SAFER)

SAFER Maternity was developed to provide a comprehensive maternity risk management strategy and review process for clinical outcomes, issues or concerns that is multidisciplinary and is inclusive of robust feedback mechanisms. It is designed to facilitate easy identification of opportunities for improvement, collaborative case review and structured, regular staff feedback to support better care. This model is unique to WH W&C's services in that it incorporates the principles of safety and quality in healthcare into a process that allows visibility of outcomes to the frontline clinical workforce, and a consistent and transparent review.

The development of a SAFER Maternity comprises:

1. Case identification by a nominated SAFER representative at clinical handover meetings and a dedicated email for simple notification of any staff Safety and Quality (S&Q) concerns.
2. The collaborative review group complete detailed case reviews that identify opportunities for improvement. These generate actions which are designated clinical leads for completion.
3. Issues and recommendations are fed back during a weekly 'SAFER Tuesday' presentation; at SAFER Mortality and Morbidity meetings; the Midwifery M&M; during clinical midwifery meetings for MGP, staff and managers; CTG M&M; antenatal team meetings; and individual feedback.

SAFER Maternity is improving clinical governance. A greater understanding of risk within the maternity service has been achieved. Whilst the review processes adapted in SAFER provide an avenue for learning and development for midwives and other clinicians involved in the delivery of high quality maternity care, the most important aspect is the innovative methods used for providing feedback and the introduction of the concept of peer clinical review. The development and implementation of the pilot has shown an exponential increase in the visibility of clinical outcomes and system issues and the efficiency with which these are reviewed and actions implemented.

The feedback loop is well received and staff engagement with risk identification is positive. A key objective of SAFER was to improve workplace culture and promote a non-punitive safety system

Development and implementation of improvement initiatives are driven by the W&C Leadership Team and the Maternity Management Team, and are supported by a dedicated Quality Improvement Partner within the Quality, Safety and Patient Experience Team.

9.1 Policies, Procedure and Guidelines

Western Health has a wide range of PPGs which set and regulate the organisation's expectations, boundaries and practices. A list of the PPGs specific to each clinical service area can be found in the individual maternity service Operating Guidelines.

The [Policies, Procedures and Forms](#) page of the WH intranet contains a complete list and access to all WH PPGs.

9.2 Competency and Credentialing

All Maternity Services employees who are new to WH are required to complete an orientation program upon commencement of employment. All staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#) and detailed in each of the individual Maternity Service Operating Guidelines.

All staff in direct contact with children must have a current Working with Children Check completed prior to commencing employment as outlined in the [Working with Children Procedure](#).

All Nursing, Midwifery and Medical staff are mandated to report any cases of child abuse and neglect. Refer to Health Equity [intranet](#) for details on Child Safeguarding policy.

Credentialing and Scope of Practice Committees are also in place for Senior Medical, Nursing and Midwifery and Allied Health employees to ensure that all employees are credentialed to work in their role.

10. Infrastructure

Maternity Services are provided across a range of ambulatory and inpatient settings in environments that aim to promote Best Care. Details of the infrastructure that supports each of the clinical services can be found in the individual Maternity Service Operating Guidelines.

11. Appendix 1 – Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	No	Yes
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Suzie Ristevski	Operations Manager, W&C Ambulatory Services	No	No
Lisa Smith	Operations Manager – Maternity	Yes	Yes
Jennifer Patterson	Unit Manager, Women’s Ambulatory	Yes	No
Elske Posma	Head of Unit – Obstetrics	Yes	No
Jo Said	Head of Unit – MFM	Yes	Yes
Midia Alisa	Obstetric Consultant	No	No
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	No	No
Samuel Mathew	Obstetric Consultant	No	No
Jyoti Sharma	Obstetric Consultant	No	No
Lauren DeLuca	Consultant O&G/Divisional Clinical Safety & Quality Lead, W&C Services	Yes	Yes
Vanessa Watkins	Senior Midwifery Advisor	No	No
Maree Dell	Unit Manager - MGP	No	No
Franki McMahon	Clinical Midwife Consultant	Yes	Yes
Judith Patterson	Perinatal Loss Coordinator	No	No
Nicole Keogh	Quality Improvement Partner, W&C Services	No	No
Marieta Pring	Lactation Consultant	Yes	No
Leigh Odlum	Unit Manager – 2C	No	No
Phuong Nguyen	Pharmacy JKWC Project Officer	Yes	Yes
Eleanore Ryan	Unit Manager – 1B	No	No
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	Yes	Yes
Kellie Core	Administration Development Manager	No	No
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	No	Yes
Benjamin Orams	Allied Health Manager – Social Work and Pastoral Care	Yes	Yes
Yvonne Chan	Clinical Practice Improvement Specialist	Yes	Yes

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Kathy Macdonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Val Dibella	Manager Women's and Children's Education Coordinator Midwifery Graduate Program	No	No
Erin Turnbull	Electronic Medical Records Subject Matter Expert	No	No
Laura Kate Brown	Data Assurance Analyst - BOS	No	No
John Katsoulis	Obstetric Medicine Consultant	No	No
Peter Hamblin	Head of Unit - Endocrinology	Yes	No
Lynelle Moran	Midwife	Yes	No
Julia Blackshaw	Allied Health Director	Yes	No
Kylie Roper	ACHSM Intern	No	No