

**Joan Kirner Women's and Children's  
Division of Women's and Children's Services  
Paediatric & Neonatal Specialist Clinics  
& Paediatric Allied Health  
Operating Guideline**

Version 3.0 - FINAL

February 2019





# Paediatric & Neonatal Specialist Clinics & Paediatric Allied Health

## Operating Guideline

### Document Control

#### Author(s):

- Dianne Patterson, Paediatric Development Lead, Women's & Children's Services
- Erin Casey, Operational Support Manager, Women's & Children's Services
- Angus Campbell, JKWC Allied Health Project Officer

**Creation date:** July 2018

Version Amendment History			
Version	Date Created	Sections Changed	Created/Amended by
v0.1 – First Draft	09/07/2018	First draft commenced	Dianne Patterson Erin Casey Angus Campbell
v1.0 – First Final Draft	10/09/2018	Revisions and updates to first draft	Dianne Patterson Erin Casey Angus Campbell
V2.0 – Second Final Draft	21/12/2018	Incorporated feedback from stakeholders outlined in Appendix 3	Dianne Patterson Angus Campbell
V3.0 – FINAL	21/01/2019	Incorporated feedback from stakeholders outlined in Appendix 3	Dianne Patterson Erin Casey

Document Distribution History			
V.	Sent to <i>Name of individual or committee</i>	Position/Title	Date Sent
0.1	Erin Casey	JKWC Operational Support Manager	18/09/2018
1.0	Refer to stakeholder list in Appendix 3	Refer to stakeholder list in Appendix 3	20/09/2018
2.0	Refer to stakeholder list in Appendix 3	Refer to stakeholder list in Appendix 3	21/12/2019

<b>Document File Location</b>	<i>S://W&amp;C JCORM Operations JCORM/Models of Care/New (Future State)/Paediatrics</i>
-------------------------------	---



## Table of Contents

<b>1. Introduction</b>	1
1.1 Purpose	1
1.2 Intended Audience	1
1.3 Related Documents	1
<b>2. Service Overview</b>	1
2.1 Services provided	2
2.2 Services not provided	2
2.3 Location and Operating Hours	2
2.4 Patient Profile	4
2.5 Capacity	4
<b>3. Service Delivery</b>	4
3.1 Referral	4
3.1.1 Referral Sources	4
3.1.2 Referral Form	4
3.1.3 Referral Eligibility	4
3.1.4 Referral Process	4
3.2 Admission and Triage	5
3.2.1 Clerical Registration	5
3.2.2 Clinical Triage	6
3.2.3 Waiting List Management	6
3.3 Service Provision	6
3.3.1 Clerical & Administrative Support	6
3.3.2 New Appointments	7
3.3.3 Patient Arrival	7
3.3.4 Clinical Services	8
3.3.5 Diagnostic Services	12
3.3.6 Non-Clinical Support Services	13
3.3.7 Return Appointments	13
3.3.8 Documentation	14
3.4 Communication with Patients, Referrers and GPs following receipt of a referral	14
3.5 Follow-Up	14
3.5.1 Elective Surgery	14
3.5.2 Medical Planned & Unplanned Admissions	14



3.5.3	Allied Health, Community Services and other Specialist Clinics .....	15
3.6	Discharge and DNA .....	15
<b>4.</b>	<b>Infrastructure</b> .....	<b>15</b>
4.1	Patient Care Environment.....	15
4.1.1	Clinical Treatment Areas .....	15
4.1.2	Management of the Acutely Unwell Patient in Specialist Clinics.....	16
4.2	Non-Clinical Areas .....	16
4.3	Staff Facilities .....	16
<b>5.</b>	<b>Workforce</b> .....	<b>17</b>
5.1	Mandatory Competencies .....	18
<b>6.</b>	<b>Education and Training</b> .....	<b>19</b>
6.1	Service-Based Education .....	19
6.2	Research.....	19
<b>7.</b>	<b>Policies, Procedures and Guidelines</b> .....	<b>19</b>
<b>8.</b>	<b>Appendix 1 – PNSC and PAH Clinics Overview</b> .....	<b>20</b>
<b>9.</b>	<b>Appendix 2 – PNSC and PAH Clinic Schedule</b> .....	<b>22</b>
<b>10.</b>	<b>Appendix 3 – Stakeholders Consulted</b> .....	<b>23</b>

## Abbreviations and Acronyms

<b>AH&amp;CS</b>	Allied Health and Community Services
<b>AHA</b>	After Hours Administrator
<b>AIR</b>	Australian Immunization Register
<b>ANTT</b>	Aseptic Non-Touch Technique
<b>ASD</b>	Autism Spectrum Disorder
<b>BLS</b>	Basic Life Support
<b>BLSD</b>	Basic Life Support and Defibrillation
<b>CNC</b>	Clinical Nurse Consultant
<b>CPIS</b>	Clinical Practice Improvement Specialist
<b>DHHS</b>	Department of Health and Human Services
<b>DMR</b>	Digital Medical Record
<b>DNE</b>	Diabetes Nurse Educator
<b>ECG</b>	Electrocardiogram
<b>ED</b>	Emergency Department
<b>EMR</b>	Electronic Medical Record
<b>EN</b>	Enrolled Nurse
<b>ENT</b>	Ear, Nose and Throat
<b>GP</b>	General Practitioner
<b>JKWC</b>	Joan Kirner Women's and Children's
<b>MBS</b>	Medicare Benefits Scheme
<b>MDT</b>	Multidisciplinary Team
<b>NDIS</b>	National Disability Insurance Scheme
<b>NIP</b>	National Immunisation Program
<b>NLS</b>	Neonatal Life Support
<b>NS</b>	Newborn Services
<b>PAH</b>	Paediatric Allied Health
<b>PLS</b>	Paediatric Life Support
<b>PNSC</b>	Paediatric and Neonatal Specialist Clinics
<b>PPG</b>	Policy, Procedure, Guideline
<b>PSA</b>	Patient Services Assistant
<b>QMS</b>	Queue Management System
<b>RMC</b>	Referral Management Centre
<b>RN</b>	Registered Nurse
<b>SCAO</b>	Specialist Clinics Administration Officer
<b>SOAP</b>	Subject, Objective, Assessment, Plan
<b>VACS</b>	Victorian Ambulatory Classification and Funding System



Western Health

<b>WASE</b>	Weighted Ambulatory Service Event
<b>W&amp;C</b>	Women's and Children's
<b>WH</b>	Western Health
<b>WHMI</b>	Western Health Medical Imaging
<b>YADS</b>	Young Adult Diabetes Service

## 1. Introduction

### 1.1 Purpose

The purpose of this Operating Guideline is to profile the Paediatric and Neonatal Specialist Clinics (PNSC) and Paediatric Allied Health (PAH) Services, and to provide details of the day to day operation of these services.

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

### 1.2 Intended Audience

This Operating Guideline is intended for the following audience:

Who	Utilisation
<ul style="list-style-type: none"> <li>W&amp;C Leadership &amp; Management Team</li> <li>W&amp;C Services Operational Projects Team</li> <li>AH &amp;CS Leadership &amp; Management Team</li> </ul>	<ul style="list-style-type: none"> <li>To be used as a baseline plan and overall tool to define what and how the PNSC the PAH Service operate.</li> </ul>
<ul style="list-style-type: none"> <li>Frontline staff</li> </ul>	<ul style="list-style-type: none"> <li>To provide frontline staff, particularly those who are new to the service, with a detailed understanding of the day to day operation of the PNSC and the PAH Service.</li> </ul>

Table 1: Intended audience

### 1.3 Related Documents

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

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

- Paediatric Services Model of Care (2019)*
- Paediatric Surgical Services Operating Guideline (2019)*
- Children's Ward Operating Guideline (2019)*
- Newborn Services Model of Care (2019)*
- Newborn Services Operating Guideline (2019)*
- Neonatal Hospital in the Home (HITH) Operating Guideline (2019)*

## 2. Service Overview

Western Health's PNSC and PAH provides a range of generalist and specialist medical, surgical, nursing and allied health services for neonates, infants, children and adolescents.

In recognition of the need to provide integrated, co-ordinated and family-friendly healthcare, a number of the clinics utilise multidisciplinary care teams (MDT) which involve the provision of concurrent consultations across a range of disciplines.

The majority of the PNSC are Medicare Benefits Scheme (MBS) Clinics, which are federally funded, with a small number of clinics being Weighted Ambulatory Service Event (WASE) clinics, which are state-funded.

## 2.1 Services provided

- Adolescent Health Clinic
- Dermatology Clinic
- Developmental and Behavioural Clinics
- Growth and Nutrition Clinic
- Neonatal Medicine Clinics
- Paediatric Allied Health and Community Services clinics for the assessment/management of hip dysplasia, hand therapy, feeding difficulties, malnutrition, developmental delays, and autism spectrum disorder (ASD)
- Paediatric Cardiology Clinics
- Paediatric Endocrine clinics including the Young Adult Diabetes Service (YADS)
- Paediatric General Medicine Clinics
- Paediatric Immunisation Clinics
- Paediatric Surgical clinics for General Surgery, Orthopaedics (including fractures), Plastics and Reconstructive surgery and Ear, Nose and Throat (ENT) surgery

## 2.2 Services not provided

Paediatric Medicine	Paediatric Surgery
<ul style="list-style-type: none"> <li>✗ Adolescent Gynaecology</li> <li>✗ Allergic conditions- anaphylaxis</li> <li>✗ Children &amp; Adolescents aged &lt;15yrs with Type 1 or insulin dependent Type 2 Diabetes Mellitus.</li> <li>✗ Endocrine conditions associated with other chronic diseases predominately managed at a Tertiary Centre</li> <li>✗ Infectious Diseases</li> <li>✗ Mental Health</li> <li>✗ Nephrology</li> <li>✗ Neurology</li> <li>✗ Oncology</li> <li>✗ Urology</li> <li>✗ Sleep studies</li> </ul>	<ul style="list-style-type: none"> <li>✗ Circumcision unless medically indicated</li> <li>✗ Cochlear implants</li> <li>✗ Hydrocele before 2 years</li> <li>✗ Hydronephrosis</li> <li>✗ Hypospadias</li> <li>✗ Large vascular anomalies</li> <li>✗ Major Paediatric head &amp; neck surgery</li> <li>✗ Neoplasms</li> <li>✗ Nerve conduction studies</li> <li>✗ Neuro-muscular conditions</li> <li>✗ Spinal conditions</li> <li>✗ Umbilical Hernia before 3 years</li> <li>✗ Vesico –ureteric reflux</li> </ul>

Table 2: PNSC service exclusions

## 2.3 Location and Operating Hours

The PNSC are located on the Ground Floor of the Joan Kirner Women's and Children's (JKWC) in Children's Clinic 'A'.

The PAH is located on the Ground Floor in the JKWC in Children's Clinic 'B'. Operates Monday to Friday 0800 - 1630

The PNSC operates Monday to Friday 09:00 – 17:00, with the exception of YADS which provides a monthly evening service from 16:00 – 19:00.

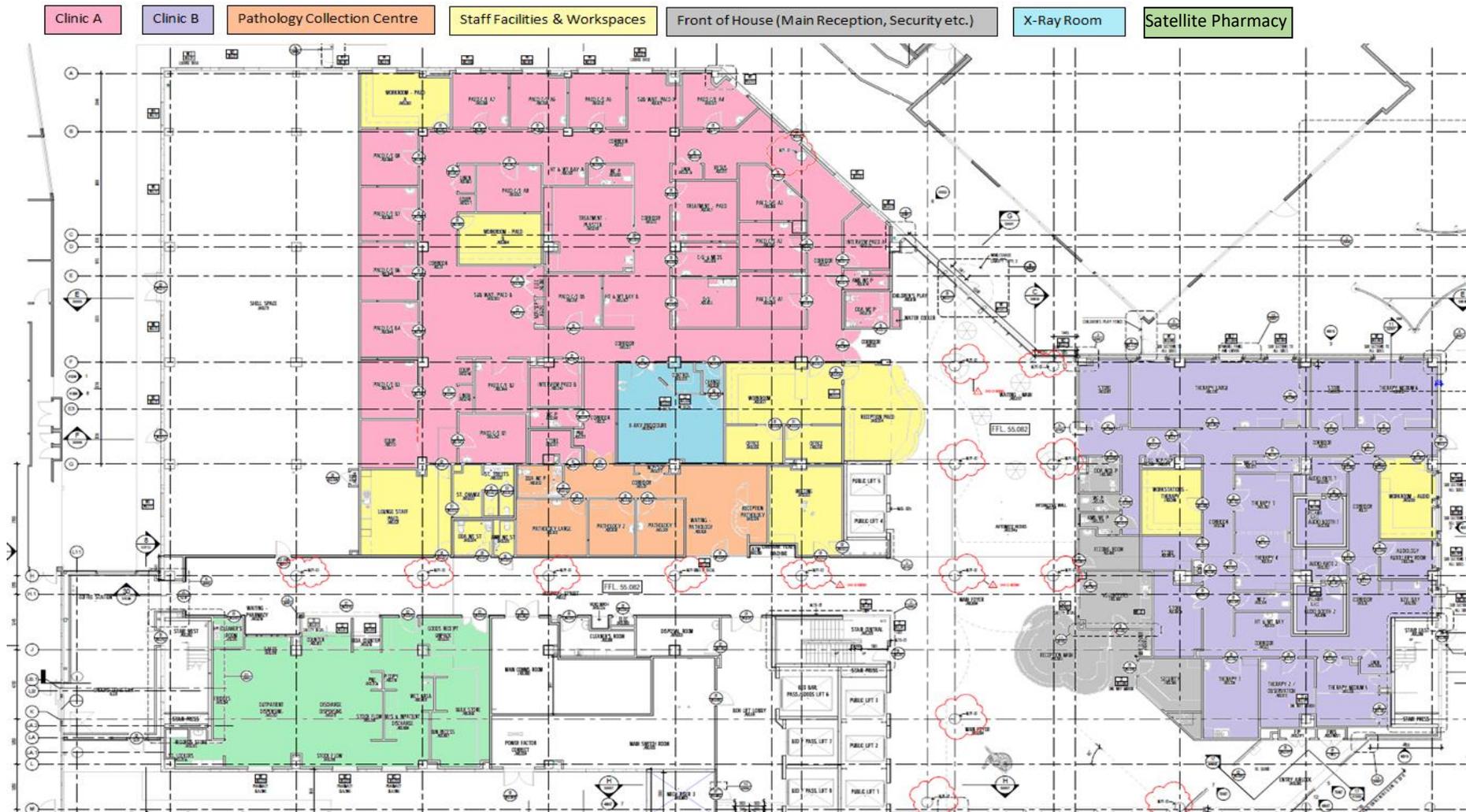


Figure 1. JKWC Ground Floor, Location of PNSC and APH

## 2.4 Patient Profile

Western Health's PNSC and PAH provides services to neonates, infants, children and adolescents aged 17 years and under, with the exception of patients who attend the YADS clinic and are aged between 16-25 years.

## 2.5 Capacity

The Paediatric & Neonatal Specialist Clinics offer 28 MBS medical specialist clinic sessions every four weeks. There are 16 consulting rooms, two interview rooms and two treatment rooms in Children's Clinic 'A'. Children's Clinic 'B' includes two audiology booths, an audiology auxiliary room and seven therapy rooms.

# 3. Service Delivery

## 3.1 Referral

### 3.1.1 Referral Sources

Accepted referral sources for the PNSC and PAH vary according to the specific clinic funding model. MBS funded clinics accept referrals from medical practitioners as per the MBS funded clinic requirements, while WASE funded clinics accept referrals from medical practitioners, nurses, maternal and child health nurses, midwives, teachers and pre-school field officers in addition to medical and allied health practitioners dependent on individual clinic *Access and Referral Guidelines* (currently under development, to be available on the WH Intranet and Internet).

### 3.1.2 Referral Form

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

Internal referrals are completed via BOSSnet.

### 3.1.3 Referral Eligibility

Eligibility for referral to the PNSC and the PAH is detailed in the individual speciality *Access and Referral Guidelines* (currently under development, to be available on the WH Intranet and Internet).

The guidelines list specific conditions and symptoms which are appropriate for referral to each service, and detail any tests and specific information required to support referral.

### 3.1.4 Referral Process

Referrals to the PNSC and the PAH are submitted to the Women's & Children's Specialist Clinics Referral Management Centre via the following methods:

- BOSSnet: Internal referrals only
- Mail: Women's & Children's Specialist Clinics Referral Management Centre,  
176 Furlong Road, St Albans VIC 3021
- Fax: 9055 2125
- Email: [wandclinics@wh.org.au](mailto:wandclinics@wh.org.au)



Referrals are clerically registered on iPM by Referral Management Centre staff prior to undergoing a clinical triage.

To ensure that referrals can be triaged appropriately, all referrals must contain enough information to meet the minimum clinical and non-clinical referral requirements as detailed in the [Requirements for Referral to Western Health Specialist Clinics](#) page on the WH internet.

In addition, in accordance with the Australian Government Department of Health and Human Services (DHHS) guidelines, [Specialist Clinics in Victorian Public Hospitals: A Resource Kit for MBS-Billed Services](#) referrals to MBS funded clinics must:

- Be made by a medical practitioner
- Be documented in writing
- Be addressed to a named clinician
- Include the referring practitioner's provider number & patient Medicare number
- Be signed and dated by the referring practitioner
- Be received on or prior to the patient's first occasion of service

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

Referrals which do not meet the criteria for PNSC or the PAH may be rejected or forwarded to the appropriate service.

Referrers are notified by letter when:

- The referral is received and accepted
- The outcome of the referral
- If a referral has been rejected

## 3.2 Admission and Triage

### 3.2.1 Clerical Registration

Referrals for the PNSC and the PAH are clerically registered onto iPM by the Women's and Children's (W&C) Specialist Clinics Administration Officers (SCAO) based in the W&C Specialist Clinics Referral Management Centre

Following clerical registration, referrals are allocated by the clinic nursing team to one of the clinical sub-specialties/disciplines for clinical triage.

New referrals will be placed into one of the following folders ready for clinical triage:

- Adolescent Health
- Allied Health
- Audiology
- Cardiology
- Dermatology
- Developmental and Behavioural
- Endocrinology
- ENT
- General Medicine and ED Review
- General Surgery
- Growth & Nutrition
- Neonatal
- Orthopaedics
- Fracture Clinic
- Plastics
- YADS clinic

### 3.2.2 Clinical Triage

Following clerical registration, all PNSC and PAH referrals are clinically triaged by the relevant specialty consultant medical staff or by the allied health clinical lead within each discipline.

To ensure consistency of triage among a range of clinicians, referrals are triaged according to the PNSC and PAH *Access and Referral Guidelines* (currently under development, to be available on the WH Intranet and Internet).

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

- Referral screening within three working days
- Referral acceptance/rejection within five working days
- Clinical prioritisation within five working days
- Referral acknowledgement within eight working days

### 3.2.3 Waiting List Management

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

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

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

## 3.3 Service Provision

### 3.3.1 Clerical & Administrative Support

The W&C SCAOs are available from 08:00 – 17:00 Monday to Friday to support clinical appointment hours. The W&C SCAOs based at the Paediatric Specialist Clinics reception desk are responsible for arriving patients to clinic in addition to the following clerical tasks:

- Setting up clinic for the day, including printing clinic lists and patient bradmas
- Checking the need for interpreting services and ensuring bookings have been made
- Arriving patients via iPM, confirming patient demographics and Medicare details
- Answering phone calls
- Actioning outcome slips, including booking follow-up appointments or clerically discharging patients from the clinic
- Attempting to contact families who do not attend (DNA) to either reschedule or discharge from the PNSC and PAH clinics
- Issuing text message appointment reminders (two days prior to appointment)
- Collating the completed elective surgery forms for the Surgical Liaison Nurse to collect

The W&C Specialist Clinics Referral Management Centre will support the PNSC and PAH by:

- Receiving and registering all referrals
- Managing requests for additional information for incomplete referrals
- Scheduling first appointment/waitlist for patients following clinical triage (including iPM and RIS)
- Issuing appointment notification letters for all new appointments scheduled with more than 14 days' notice by mail
- Sending text messages to families for new appointments booked with less than 14 days' notice
- Sending discharge letters to patients not contactable and after referrals have expired
- Sending text messages to patient for new appointments and appointment reminders (two days prior to appointment)

### 3.3.2 New Appointments

Initial appointments for all PNSC and a number of PAH Services are made by the W&C Specialist Clinics Referral Management Centre. Appointment letters are sent by mail, except in the case of an urgent new appointment or an appointment being booked with less than two weeks' notice where a phone call or text message will be made to the patient and their family to inform them of the upcoming appointment.

Several standalone PAH service initial appointments are booked directly by the allied health clinicians.

If contact cannot be made with the patient, this will need to be escalated to the responsible nursing clinical coordinator to follow up with the referrer.

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

Patients/families are sent an SMS appointment reminder two days prior to their appointment.

### 3.3.3 Patient Arrival

Patients and their families attending the PNSC and PAH will utilise the check-in kiosks on arrival. Demographics and Medicare card details are confirmed on check-in. Patients who are Medicare ineligible and patients who need their demographics updated are re-directed by the check-in kiosks to present to the Paediatric Specialist Clinics reception desk.

Patients and their families are directed by their check-in kiosk slip or the W&C SCAOs to the appropriate Children's Clinics waiting area for the purpose of their visit. In addition to the main waiting area there are a number of sub-waiting areas supporting patient flow through the clinics.

Volunteers are available during clinical appointment hours to assist patients with utilising the check-in kiosks and with wayfinding to the appropriate waiting areas.

A queue management system (QMS) is used for all PNSC and PAH appointments. Queuing screens provide a visual and auditory prompt, informing the patient and their family which consult room to go to when ready to be seen.

### 3.3.4 Clinical Services

The types of clinics offered in the PNSC and PAH are categorised in accordance with the following departments/units:

#### *Developmental and Behavioural Medicine*

Dedicated clinics for developmental screening, including the assessment and management of challenging behaviours.

#### *Immunisation Services*

Paediatric immunisation clinic services operate as a drop in centre, as well as accepting referrals from the PNSC paediatricians for patients whose immunisation status is identified as not up to date.

#### *Neonatal Medicine*

Neonatal medicine clinics provide an ambulatory care service for neonates, infants and children aged two years and under with general neonatal medical conditions which require input from a neonatologist. Services provided include a rapid review clinic for neonates who have recently been discharged from Newborn Services and may be receiving domiciliary or Hospital in the Home (HITH) care from WH, and a growth and developmental monitoring service.

#### *Paediatric Allied Health (Integrated and Stand-Alone)*

Paediatric allied health ambulatory services are provided through integrated MDT clinics, including the Neonatal Medicine clinics, orthopaedic clinics, growth and nutrition clinics, autism assessment, emerging needs and YADS clinics, as well as through standalone paediatric allied health clinics.

Dedicated paediatric Audiology services are also provided.

#### *Paediatric Emergency Medicine*

The paediatric emergency medicine clinic provides review of infants, children and adolescents aged 17 years and under following an Emergency Department (ED) presentation.

#### *Paediatric General Medicine*

Paediatric general medicine clinics provide paediatric general medical services including a clinic for review of infants, children and adolescents following an inpatient admission to the Children's Ward. Services include rapid review clinics for children discharged from the Children's Ward who require a review within two weeks of discharge.

#### *Paediatric General Surgery*

The paediatric surgery unit provides paediatric general surgical clinics for infants, children and adolescents aged 17 years and under.

#### *Paediatric Sub-Specialty Medicine*

Paediatric sub-specialty medical clinics provide sub-specialty medical services including adolescent health, cardiology, dermatology, endocrinology, growth and nutrition and the YADS.

#### *Paediatric Sub-Specialty Surgery*

Paediatric sub-specialty surgical clinics provide sub-specialty surgical pre- and post-operative services including ENT, orthopaedics and plastics.

The PNSC and PAH clinic overview provided in Appendix 1 and clinic schedule provided in Appendix 2 specify the following details for each of the clinics:

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

#### *Allied Health (Stand-Alone)*

Allied health stand-alone consultation is provided by the PAH team in Children’s Clinics ‘B’ rooms. Table 3 provides an overview of standalone PAH services.

The standard allied health consultation process includes the following components:

- Subjective assessment
- Objective assessment, including physical assessment
- Treatment and intervention (including provision of support, advice and education)
- Development of a future management/discharge plan
- Completion of internal and external referrals as appropriate

Discipline	Clinics
<b>Audiology</b>	<ul style="list-style-type: none"> <li>• Neonatal outpatients</li> <li>• Paediatric outpatients</li> </ul>
<b>Dietitian</b>	<ul style="list-style-type: none"> <li>• Paediatric outpatients</li> <li>• Hospital enteral nutrition</li> </ul>
<b>Neuropsychology</b>	<ul style="list-style-type: none"> <li>• Paediatric outpatients</li> </ul>
<b>Occupational Therapy</b>	<ul style="list-style-type: none"> <li>• Paediatric outpatients</li> </ul>
<b>Physiotherapy</b>	<ul style="list-style-type: none"> <li>• Physiotherapy outpatients</li> <li>• Plagiocephaly clinic</li> <li>• Adolescent orthopaedic group</li> <li>• Aquatic therapy</li> </ul>
<b>Social Work</b>	<ul style="list-style-type: none"> <li>• Paediatric outpatients</li> </ul>
<b>Speech Pathology</b>	<ul style="list-style-type: none"> <li>• Paediatric outpatients</li> <li>• Paediatric feeding (individual)</li> <li>• Paediatric feeding (group)</li> </ul>

Table 3: Standalone PAH services

#### *Medical Consultation*

Medical consultation is provided by the paediatric or neonatal medical or surgical sub-specialty consultant or registrar, with HMO attendance at times, in one of the Children’s Clinics ‘A’ specialist consulting rooms.



A standard medical consultation follows the 'SOAP' format and includes the following components:

- Subjective assessment – what the patient tells you is the presenting problem
- Objective assessment – observation of the patient, vital signs
- Assessment – what interventions are required, advice or support required
- Plan – developing a future management plan with the family
- Providing feedback to the referring doctor
- Clearly documenting the details of the consultation

The consultant and/or registrar will discuss the findings of any investigations and diagnoses with the patient and their family, as well as available treatment options and next steps. The patient and their family will be provided details of any required surgery or hospital admission for medical management if indicated.

The medical staff may also provide the patient and their family written information about their condition, treatment and support options or planned upcoming procedures.

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

- Triage new referrals (consultants only)
- Use the Enlighten QMS to improve patient flow and clinic efficiency (all medical staff)
- Provide subjective and objective assessments
- Consent for procedures and complete the elective surgery consent ([WHAD34](#) form) as per the [Consent Guidelines](#) (the Surgical Liaison Nurse will collect the forms once per day)
- Contact the Elective Surgery Booking Office directly for urgent surgical referrals
- Follow up results for pathology and imaging
- Provide appropriate communication (such as discharge letters) to referrers, families, and where appropriate other professionals and services involved
- As required, make referrals to other clinics via BOSSnet
- Manage care for patients who failed to attend to ensure all pathology is reviewed and a plan appropriate to the circumstances is made. Following a DNA, a further appointment should only be made following consultation with a consultant

### *Nursing*

There are currently no nurse-led clinics provided within the PNSC. All paediatric and neonatal specialist clinics have access to a registered nurse/clinic coordinator (RN) and an enrolled nurse (EN).

The clinic RN/clinic coordinator is responsible for:

- Clinic flow management. referral management and waitlist management
- Contacting the Access Coordinator/AHA to schedule unplanned admissions
- DNA management in collaboration with the medical staff
- Clinic closure management – planned and unplanned
- Equipment management and medication management
- Key contact for all clinical enquiries – internal and external
- Providing patient education and performing clinical duties as required
- Engaging in and supporting service improvement projects
- Participating in emergency procedures and escalating quality/safety concerns to the NUM

The clinic EN is responsible for:

- Assisting the RN with clinic flow management
- Restocking the store room, procedure trolleys and linen supplies
- Taking patient height and weight measurements
- Clinical duties such as measuring and reporting vital signs, performing ECG, and performing dressings and removing sutures
- Follow-up patient of results
- Collecting and returning instruments to CSSD
- Ensuring availability of medical supplies
- Completing data entry for behavioural questionnaires
- Participating in emergency procedures and escalating quality/safety concerns to the NUM

In addition to the clinic RN and EN there are, the following nursing staff provide clinical support to the PNSC:

*Clinical Nurse Consultant – Dermatology (CNC)*

The Dermatology CNC provides clinical support and consultation within the dermatology clinic.

*Diabetic Nurse Educator (DNE)*

The DNEs provide clinical support and consultation within the YADS clinic.

*Multidisciplinary Team Clinics*

In recognition of the need to provide integrated and coordinated healthcare, a number of paediatric and neonatal clinics utilise MDT care teams to provide concurrent consultations across a range of disciplines. Table 4 lists the MDT clinics currently provided in the PNSC and PAH.

Clinic	Disciplines Present
<b>Adolescent Health</b>	<ul style="list-style-type: none"> <li>• Endocrinology</li> <li>• Social work</li> </ul>
<b>Autism Assessment</b>	<ul style="list-style-type: none"> <li>• Allied health (Occupational Therapy/Speech Pathology/Neuropsychology)</li> <li>• Paediatric medicine</li> </ul>
<b>Cardiology</b>	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Echocardiogram technologist</li> </ul>
<b>Dermatology</b>	<ul style="list-style-type: none"> <li>• Dermatology</li> <li>• Dermatology CNC</li> </ul>
<b>Developmental Dysplasia of Hip</b>	<ul style="list-style-type: none"> <li>• Orthopaedics</li> <li>• Orthotics (external)</li> <li>• Physiotherapy – advanced practice</li> <li>• Sonographer</li> </ul>
<b>ENT</b>	<ul style="list-style-type: none"> <li>• Audiology</li> <li>• ENT</li> </ul>
<b>Growth &amp; Nutrition</b>	<ul style="list-style-type: none"> <li>• Nutrition and dietetics</li> <li>• Endocrinology</li> <li>• Paediatric medicine</li> <li>• Speech pathology</li> </ul>

Clinic	Disciplines Present
<b>Neonatal Medicine</b>	<ul style="list-style-type: none"> <li>• Neonatology</li> <li>• Nutrition and dietetics</li> <li>• Occupational therapy</li> <li>• Physiotherapy</li> <li>• Speech pathology</li> </ul>
<b>Orthopaedics (including Fracture Clinic)</b>	<ul style="list-style-type: none"> <li>• Orthopaedics</li> <li>• Orthotics (external provider)</li> <li>• Physiotherapy (including fracture and advanced practice clinics)</li> <li>• Plaster technician</li> </ul>
<b>Plastics</b>	<ul style="list-style-type: none"> <li>• Hand therapy (occupational therapy)</li> <li>• Plastics</li> </ul>
<b>Young Adult Diabetes Service (YADS)</b>	<ul style="list-style-type: none"> <li>• DNE</li> <li>• Endocrinology</li> <li>• Nutrition and dietetics</li> <li>• Social work</li> </ul>

Table 4: Multidisciplinary team clinics within the PNSC and PAH

### 3.3.5 Diagnostic Services

#### *Medical Imaging*

Western Health Medical Imaging (WHMI) provides the following medical imaging services at SH which are available to support the PNSC and PAH:

- CT
- Fluoroscopy
- MRI
- Nuclear medicine
- Ultrasound
- X-ray

Ultrasound and x-ray facilities are located within the JKWC, with the remaining modalities provided in the main WHMI department, located on the Ground Floor of Building A/B. X-ray facilities in the JKWC are located within the Children’s Clinic ‘A’ on the Ground Floor, while ultrasound facilities in the JKWC are located on Level One.

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

#### *Pathology*

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

Patients and their families will attend the JKWC pathology collection centre, located on the Ground Floor, for testing 08:00 – 16:30 Monday to Friday. Alternatively, patients and their families may elect to attend their local Pathology service provider for testing outside these hours.

#### *Pharmacy*

The satellite pharmacy within the JKWC is open 08:15 – 17:00 Monday to Friday. The pharmacy is closed on weekends and public holidays.

Patients who are prescribed medications during their clinic consultation can have them dispensed from the satellite pharmacy. The treating medical practitioner will generate a script via the Electronic Medical Record (EMR) and give both copies to the parent/family/carer. The family will then present to the satellite pharmacy with the printed prescription. Pharmacist(s) will supply and counsel the child/parent/carer on their medications.

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

### 3.3.6 Non-Clinical Support Services

#### *Patient Services Assistants (PSA)*

The Division of Health Support Services manages the environmental services workforce that supports the PNSC and PAH. This workforce includes cleaners and PSAs. The PSAs/Cleaners are available as per Table 5.

The PSA team are responsible for tasks including cleaning and making beds, emptying bins and emptying linen skips in consulting rooms.

	Weekdays		Weekends	
	Shift Time	Hrs	Shift Time	Hrs
<b>PSA - PNSC</b>	07:00 – 14:30	36.25	Closed	-
<b>Cleaner</b>	10:00 – 16:00	35	Closed	-
<b>Cleaner</b>	08:00 – 15:30	35	Closed	-
<b>Cleaner</b>	11:00 – 18:00	38	Closed	-

Table 5: PNSC and PAH PSA /Cleaner shift times

#### *Language Services*

Interpreters should be used for patients and their families whenever key information is being communicated or discussed. On-site interpreting services are provided by in-house interpreters between the hours of 08:30 – 17:00, Monday to Friday. Outside these hours, and for languages not provided by in-house interpreting services, external provider services (Language Loop) and telephone interpreting services (All Graduates Interpreting and Translation Services) can be used.

When a face to face interpreter is essential out of hours, such as in an emergency, an interpreter can be requested through the same number as the telephone interpreting services.

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

### 3.3.7 Return Appointments

At completion of the appointment, the patient and their family will be provided with an outcome slip and will return to the Paediatric Specialist Clinics reception desk where the W&C SCAO will book in any follow-up appointments or will clerically discharge the patient from the PNSC or the PAH Service.

Return appointments within six weeks' time can be booked on the spot with the patient and their family in attendance. Return appointments greater than six weeks' time will be booked at a later date by the W&C SCAO as the horizon on iPM only allows appointments to be scheduled six weeks in advance.

Some allied health clinics book their follow-up appointments directly, with the treating clinician responsible for booking all future appointments and clerical discharge.

Each clinic has a designated number of new to review appointments, detailed in the clinic template on iPM. Clinic templates can be overbooked, with all clinics requiring consultant or Paediatric Specialist Clinics and Immunisation Services Operations Manager authorisation for overbooking.

### 3.3.8 Documentation

Each PNSC or PAH clinical contact, including attendance at clinical appointments and clinical phone contacts, should be documented by the treating clinician either at the time of the interaction or soon after the interaction into the BOSSnet digital medical record (DMR), to ensure the integrity of the child's complete medical history.

Often clinical letters, reports, or other supporting documentation are required for clinical care such as communication between services providers, diagnostic or assessment reports, advocacy for funding or other applications. Time and space needs to be available to enable completion of these documents in the shortest time practical. Telephone dictation services are available in some clinics to support this process.

## 3.4 Communication with Patients, Referrers and GPs following receipt of a referral

All referrers and patients are sent an acknowledgement/confirmation letter within eight days of referral receipt.

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

Appointment letters provide clinic contact details for patients/families to confirm reschedule or cancel the appointment. Patients/families are sent an SMS appointment reminder two days prior to their appointment.

## 3.5 Follow-Up

### 3.5.1 Elective Surgery

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

### 3.5.2 Medical Planned & Unplanned Admissions

Patients requiring a planned medical admission to be arranged must have a [Request for Elective Admission \(AD 32\)](#) form completed and faxed to the medical booking office on 59199.

Patients who require an unplanned medical admission must be discussed with the Access Coordinator/AHA to ensure that there is a bed available on the Children's Ward or Newborn Services Ward. If a bed is available, the child or neonate should be escorted to the ward by clinic nursing staff, clerically admitted to the ward by the relevant ward clerk, and a clinical handover provided between the clinic nurse and the receiving ward nurse.

### 3.5.3 Allied Health, Community Services and other Specialist Clinics

Patients may be referred internally to other allied health, medical or surgical specialist clinics for follow-up as required.

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

Referral to National Disability Insurance Scheme (NDIS) should be made as soon as the patient is deemed eligible. Referral to NDIS can be completed by any clinician involved in the child's care. Refer to the [NDIS website](#) for further information including details of the referral process, local area coordinators, eligibility criteria, and supporting evidence requirements.

### 3.6 Discharge and DNA

Discharge from the PNSC and/or PAH is determined by the treating clinician, in consultation with the patient and their family, and occurs:

- Once treatment is completed
- Following referral to another service
- Following multiple failure to attend appointments

Patients who fail to attend their planned appointment will be managed using the [Specialist Clinic Did Not Attend Procedure](#). It is the responsibility of the treating clinician to document in BOSSnet whether the patient should be allocated another appointment or whether the patient should be discharged.

## 4. Infrastructure

### 4.1 Patient Care Environment

The PNSC and the PAH are located on the Ground Floor of the JKWC in Children's Clinics 'A' and 'B'. The Paediatric Specialist Clinics have a designated main reception desk and main patient waiting area, with multiple sub-waiting areas to support clinic flow. There is an outdoor play area adjacent to the main waiting area, and public toilet and breastfeeding facilities in close proximity to the clinic waiting areas. Check-in kiosks are located on in the main foyer of the JKWC on the way to the Paediatric Specialist Clinics.

#### 4.1.1 Clinical Treatment Areas

The PNSC and the PAH utilise the following clinical treatment rooms:

- Consult rooms
- Interview rooms
- Therapy rooms
- Audiology assessment room and audiology booths
- Treatment rooms, including a plaster room
- X-ray room
- Height and weight bays

Specialist equipment and supply trolleys for each of the sub-specialties are brought into the consulting room from the equipment room as required.

#### 4.1.2 Management of the Acutely Unwell Patient in Specialist Clinics

If a patient presents for an appointment and they are acutely unwell or collapse then a MET or code blue needs to be called, in accordance with the [Recognition and Management of the Deteriorating Paediatric Patient Procedure](#), and the patient should be transferred to the ED for ongoing management if required. Response team members for paediatrics are outlined in Table 6.

PAEDIATRIC MET RESPONSE TEAM	PAEDIATRIC CODE BLUE RESPONSE TEAM
Home Unit (HMO, Registrar &/or Consultant) Paediatric Senior Registrar ED Paediatric PG Critical Care Nurse 24/7 PSA attendance	T/L Paediatric Senior Registrar JK Anaesthetic Registrar ED Paediatric PG Critical Care Nurse 24/7 PSA attendance
ADDITIONAL STAFF NOTIFIED	ADDITIONAL STAFF NOTIFIED
JK After Hours Coordinator ED Paediatric Registrar and/or Consultant * Retrieval including Paediatric MET – non inpatient areas and visitors (children)	Home Unit(HMO, Registrar &/or Consultant) Paediatric Consultant JK After Hours Coordinator ED Paediatric Registrar and/or Consultant * Retrieval including Paediatric Code Blue –non inpatient areas and visitors (children)

Table 6: Paediatric MET and code response teams

### 4.2 Non-Clinical Areas

The PNSC and PAH have access to the following support facilities, located in Children’s Clinic ‘A’:

- Clean utility and medication room
- Dirty utility room

The PNSC and PAH have access to the following support facilities, located in Children’s Clinic ‘B’:

- Equipment storerooms
- Beverage bay
- Workrooms

### 4.3 Staff Facilities

The PNSC and PAH staff can access the JKWC Ground Floor staff lounge, lockers and toilets as required. These facilities are available via swipe card access.

Shared office and workstation facilities are available for staff on the Ground Floor, Children’s Specialist Clinics, and on Level Four, the Clinical Directorate.

## 5. Workforce

Clinical care in the PNSC and PAH is delivered by a multidisciplinary workforce that is staffed from both within and external to the Division of W&C Services as listed in Table 7.

Discipline/s	Division/Directorate	Role/s
<b>Nursing</b>	W&C Services	<ul style="list-style-type: none"> <li>Paediatric Specialist Clinics and Immunisation Services Nurse Unit Manager (NUM)</li> <li>Registered Nurse (RN)</li> <li>Enrolled Nurse (EN)</li> <li>Clinical Practice Improvement Specialist (CPIS) Paediatric Services</li> <li>Diabetes Nurse Educator (DNE)</li> <li>Clinical Nurse Consultant – Dermatology</li> <li>Nurse Immuniser</li> </ul>
<b>Medical</b>	W&C Services	<ul style="list-style-type: none"> <li>Head of Unit – Paediatrics</li> <li>Head of Unit – Neonatology</li> <li>Consultant – Paediatrics</li> <li>Consultant – Neonatology</li> <li>Registrar – Paediatrics</li> </ul>
<b>Medical</b>	Emergency, Medicine & Cancer Services	<ul style="list-style-type: none"> <li>Consultant – Dermatology</li> <li>Registrar – Dermatology</li> <li>Consultant – Endocrinology</li> <li>Registrar - Endocrinology</li> </ul>
<b>Surgical &amp; Cardiology</b>	Perioperative & Critical Care Services	<ul style="list-style-type: none"> <li>Consultant – Cardiology</li> <li>Registrar – Cardiology</li> <li>Consultant – ENT</li> <li>Registrar – ENT</li> <li>Consultant – General Surgery</li> <li>Consultant – Orthopaedics</li> <li>Registrar &amp; HMO – Orthopaedics</li> <li>Consultant – Plastics</li> <li>Registrar &amp; HMO – Plastics</li> </ul>
<b>Allied Health</b>	Allied Health, Community Services & Service Planning	<ul style="list-style-type: none"> <li>Audiology</li> <li>Nutrition and Dietetics</li> <li>Neuropsychology</li> <li>Occupational Therapy</li> <li>Physiotherapy</li> <li>Speech Pathology</li> <li>Social Work</li> </ul>
<b>Allied Health - Science</b>	Clinical Support & Specialist Clinics	<ul style="list-style-type: none"> <li>Sonographer</li> <li>Plaster Technician</li> </ul>

Table 7: PNSC and PAH multidisciplinary staffing profile

## 5.1 Mandatory Competencies

All WH staff are required to undertake annual mandatory training as outlined in the [Mandatory Training Procedure](#). Table 8 outlines the mandatory competencies for staff working in the PNSC and PAH. All staff working within Paediatric Services must also have a current Working with Children Check.

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

Table 8: Mandatory competencies for staff working in the PNSC and PAH.

\*Applies only to physiotherapy, occupational therapy and allied health assistant staff

## 5.2 Medical Staff Personal Leave Management

In case of planned or unplanned personal leave, paediatric registrars rostered to the PNSC must inform the following staff of their absence:

- Chief Paediatric Registrar
- Consultant of the day
- Medical Workforce Unit

A decision will be made by the Chief Registrar (if on shift) or the Consultant of the day in relation to whether the scheduled clinic can be covered by another registrar or if the clinic needs to be cancelled. Cancellation or cover of the clinic will be communicated to:

- NUM of the PNSC via email and phone call
- PNSC clerical staff via email [wandclinics@wh.org.au](mailto:wandclinics@wh.org.au)

## 6. Education and Training

### 6.1 Service-Based Education

Education for staff working in the PNSC and PAH is organised by individual disciplines working in the clinics through team meetings, observation and formal education sessions.

### 6.2 Research

Clinical research is encouraged, either as a Paediatric Unit led initiative, or for medical students, paediatric trainees, and nursing staff as part of their training.

## 7. Policies, Procedures and Guidelines

Table 9 lists the WH policies, procedures and guidelines (PPGs) that are pertinent to the PNSC and PAH.

Title	Policy, Procedure or Guideline
<a href="#">Advanced Practice Physiotherapy Role in the Developmental Dysplasia of the Hip (DDH) Clinic</a>	Guideline
<a href="#">Developmental Dysplasia of the Hip (DDH)</a>	Procedure
<a href="#">Supervision of Children in Outpatients</a>	Procedure
<a href="#">Working With Children</a>	Procedure
<a href="#">Vulnerable Babies, Children and Young Persons At Risk of Harm and Placement of a Child At WH by Child Protection or by Children's Court Order</a>	Procedure
<a href="#">Child Wellbeing and Safety-Reportable Conduct Scheme</a>	Procedure
<a href="#">Paediatric Holter Monitor Management</a>	Procedure

Table 9: PNSC and PAH PPGs

## 8. Appendix 1 – PNSC and PAH Clinics Overview

Clinic	Description	Booking Type
Adolescent Health	Assessment and management of adolescents with medical, psychosocial and mental health issues including eating disorders, behavioural problems, epilepsy, selective mutism and ASD.	OBRCA
Adolescent Health Social Work	Adolescent clinic focused on increasing compliance with medical clinic attendance and psychosocial wellbeing in sexual health, risk minimisation, improving engagement, linking with external services and general health promotion.	
Behavioural Clinic	Assessment and management of children who have been identified as having challenging behaviours.	OBRCA/ COB
Cardiology	Assessment and management of children with heart conditions. ECG is performed in the clinic as part of the assessment.	OBRCA/MBS
Dermatology CNS	Assessment and management of children with skin related conditions.	
Dermatology Consultant	Assessment and management of children with skin related conditions.	OBRCA/MBS
Dermatology Registrar	Assessment and management of children with skin related conditions.	
Developmental Assessment	Assessment and referral of children who have been identified as having delays in development, behaviours that indicate possible autism spectrum disorder (ASD) and or challenging behaviours.	OBRCA/ COB
Developmental Screening Clinic	Assessment of children who have been identified as having delays in development, have behaviours that indicate possible ASD and/or challenging behaviours.	OBRCA/ COB
Emergency Review Clinic Medicine	Timely review of ED patients with medical conditions that require one or two follow-up reviews. Patients with additional complex problems are referred to a general paediatric clinic.	OBRCA
ENT	Assessment and management of children with ENT conditions. Audiology service runs alongside.	OBRCA
ENT	Assessment and management of children with ENT conditions. Audiology service runs alongside.	OBRCA/ COB
Fracture Clinic	Review of paediatric orthopaedic trauma cases.	
General Medical	Children with general paediatric conditions requiring input from a Paediatrician.	OBRCA
General Medical (Continuum of care) Clinics	Children with general paediatric conditions that have been admitted as an inpatient and require follow-up care. The clinic is designed to provide continuity of care for the patient and the Paediatric Trainee.	OBRCA /COB
General Medical (Neonates) Clinic	Ambulatory service for infants and children aged two years and under with general neonatal conditions that require input from a Neonatologist. Integrated with Physiotherapy and Dietetics.	OBRCA /MBS
General Medical Clinic	Assessment and management of children with general paediatric surgical conditions.	OBRCA
General Medical Registrar	Children with general paediatric conditions requiring input from a Paediatrician.	COB
General Surgical Clinic	Assessment and management of children with general paediatric surgical conditions.	MBS
General Surgical Clinic	Assessment and management of children with general paediatric surgical conditions.	OBRCA
Growth & Nutrition Clinic Dietitian	Assessment, management and support to family and children with feeding difficulties.	

Clinic	Description	Booking Type
Growth & Nutrition Clinic Medicine	Assessment, management and support to family and children with feeding difficulties.	OBRCA /MBS
Growth & Nutrition Clinic Speech	Assessment, management and support to family and children with feeding difficulties.	
Growth & Nutrition Endocrinology	Assessment, management and support to family and children with feeding difficulties.	OBRCA /MBS
Hip Assessment Clinic	Screening of infants with a risk factor for DDH or clinical signs of DDH and receives referrals internally and from providers such as GPs to meet the needs of the community	OBRCA COB
Neonatal Consultant	Ambulatory service for infants and children aged two years and under with general neonatal conditions that require input from a Neonatologist. Integrated with Physiotherapy and Dietetics.	OBRCA /COB
Neonatal Consultant	Ambulatory service for infants and children aged two years and under with general neonatal conditions that require input from a Neonatologist. Integrated with Physiotherapy and Dietetics.	OBRCA/MBS
Neonatal Dietitian	Dietetics working alongside Neonatologists.	
Neonatal Physiotherapist	Physiotherapy working alongside Neonatologists.	
Neonatal/Paediatric Reg (Rapid Review)	Registrar-led clinic for rapid review of recently discharged neonates and children.	OBRCA
Orthopaedic	Review of non-traumatic paediatric orthopaedic cases including hip dysplasia patients for specialist orthopaedic, physiotherapy and orthotics review.	OBRCA
Orthotics	Orthotics Clinic provided by external provider Orthopaedic Appliances Pty Ltd	OBRCA /COB
Physio/Orthopaedic Clinic	Clinic for physio appropriate general orthopaedic patients and patients referred to orthopaedic surgeons who are unlikely to require a surgical review.	OBRCA/COB
Physiotherapy Advanced Practice	Advanced practice clinic for physio appropriate general orthopaedic patients and patients referred to orthopaedic surgeons who are unlikely to require a surgical review.	OBRCA
Plastics Surgery Clinic	Assessment and management of children with fractures of the hands and burns.	
Young Adult Diabetic Clinic	Specialist consultation, follow-up and support for young adults with insulin dependent Diabetes Mellitus (Type 1 and 2) and facilitation of a streamlined transition from paediatric to adult care. Integrated with Dietitian, Social Worker and Diabetic Educator.	OBRCA /MBS
Young Adult Diabetic Clinic	Specialist consultation, follow-up and support for young adults with insulin dependent Diabetes Mellitus (Type 1 and 2) and facilitation of a streamlined transition from paediatric to adult care. Integrated with Dietitian, Social Worker and Diabetic Educator.	OBRCA

**AM:** clinics commence between 0830: - 09:00 **PM:** Clinics Commence between 13:00 – 13:30

**COB** - Clinic Only Book **OBRCA**- Over Booking Requires Consultant Authorization **MBS**- Medicare Clinic Medical Provider Number Required on Referral



Western Health

## 9. Appendix 2 – PNSC and PAH Clinic Schedule

Clinic schedule coming soon!

## 10. Appendix 3 – Stakeholders Consulted

Stakeholder Name	Title	v1.0 Feedback	v2.0 Feedback
Adele Mollo	Divisional Director, W&C Services	Yes	Yes
Angus Campbell	Allied Health JKWC Project Officer	Yes	Yes
Brendan McCann	Paediatrician	No	Yes
Clarissa Fleming	Nurse Unit Manager, PNSC & Immunisation Services	Yes	Yes
Erin Casey	JKWC Operational Support Manager, W&C Services	Yes	Yes
Glyn Teale	Clinical Services Director, W&C Services	Yes	Yes
Greg Woodhead	Neonatologist	No	No
Jacquie Whitelaw	Education Manager Newborn Services JKWC Project Officer	Yes	Yes
Julia Firth	Operations Manager, Medical Imaging & Pathology Contract	No	No
Kath MacDonald	Chief Radiographer, Sunshine Hospital	Yes	Yes
Kellie Core	Administration Development Manager	Yes	Yes
Lindsay Shaw	NUM Children's Ward	No	No
Maree Comeadow	Operations Manager, Gynaecology, Paediatrics & Neonates	Yes	Yes
Martin Wright	Head of Unit Paediatrics	Yes	Yes
Melissa Dodsworth	NUM Newborn Services	Yes	Yes
Penny Kee	Neonatologist	No	No
Phuong Nguyen	Pharmacy JKWC Project Officer	Yes	Yes
Rosalynn Pszczola	Neonatologist	Yes	Yes
Suzie Ristevski	Operations Manager W&C Ambulatory Services	Yes	Yes
Thao Lu	Neonatologist	No	No
Tim Henderson	JKWC Logistics Support Manager, Health Support Services	Yes	Yes
Wendy Watson	Director of Nursing & Midwifery, Sunshine Hospital	Yes	Yes