

ACT Health Response to Recommendations

| | Recommendation | Timeframe | Response |
|---|---|------------------|---|
| 1 | ACT Health should ensure the timely production of an annual comprehensive report of the outcomes from the maternity and newborn services. | Medium term | Partially Agreed. ACT Health participates in a number of regular reports for maternal and perinatal statistic. Whilst an annual report is seen as desirable, the number of births in the ACT each year is quite small which makes annual comparisons and trending difficult to analyse. ACT Health work with Calvary Hospital to produce a report every three years. |
| 2 | ACT Health should ensure meaningful inclusion and representation of consumers within the governance framework of maternity services. | Medium term | Agreed. The current Maternity and Gynaecology, Neonatology Unit Management Meeting (MAGNUMM) meeting has consumer representation as do the current user groups for planning the new Women's and Babies and Neonatology units. Gaps in these processes will be reviewed to identify if further representation is required |
| 3 | ACT Health should undertake regular active maternity customer satisfaction surveys which identify satisfaction at the individual clinical service level and are focused on known factors associated with both short and long term satisfaction. | Medium term | Agreed. ACT Health currently runs a consumer satisfaction survey process and has specific maternity related questions within the survey. ACT Health will explore the opportunity to receive service level statistics. |
| 4 | ACT Health should consider implementing further caseload models, including access to midwifery led models for women who fall outside the current "low risk" parameters. | Medium term | Agreed. The multidisciplinary Model of Care, based on best practice for maternity services encompasses all women and includes midwifery led models. |
| 5 | ACT Health should implement a defined Clinical Risk Management Programme for all public maternity services within the ACT. | Medium term | Agreed. ACT Health will work with Calvary Hospital on this. |
| 6 | The list of incidents requiring mandatory notification within maternity services at both hospitals could be expanded. | Medium term | Agreed. |
| 7 | Re-credentialing should become a regular formal process of maternity clinical and team performance evaluation involving 360 feedback and personal development plans. | Medium term | Partially Agreed. The performance management framework already in place will be reviewed to ensure alignment with ACT Health requirements and monitored on a continuing basis by the Executive. The ACT Health framework does not currently include 360 feedback. Extension of the framework to include this will not be |

| | | | |
|----|---|-------------|--|
| | | | progressed until performance management processes are robustly embedded. |
| 8 | “Credentialing” of the maternity service should become a regular periodic process facilitated by a respected independent expert working closely with the Clinical Director. | Medium term | <p>Agreed in Principle.</p> <p>The service is currently accredited under the ACHS Accreditation Program. The Integrated Training Program for Obstetrics & Gynaecology is accredited by the Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG). The maternity unit has been accredited for the fourth time as a Baby Friendly Health Initiative Hospital. The Canberra Hospital Maternity Unit is a member of the Women’s Hospital Australasia and contributes to benchmarking activities on an ongoing basis.</p> <p>Gaps in these processes will be reviewed to identify where further external review and credentialing is required.</p> |
| 9 | Regular formal evaluation, involving all maternity staff, should be undertaken to identify opportunity for improvement and innovation. | Short term | <p>Noted.</p> <p>This recommendation has been addressed. There is an established forum for the regular evaluation of standards of care and this is “The Maternity and Gynaecology, Neonatology Unit Management Meeting” (MAGNUMM). The role of MAGNUMM is to “identify, investigate, analyse, action and evaluate maternity, midwifery, gynaecology and neonatology clinical issues within the Canberra Hospital and those issues external to the organisation which impact on the service provided by the Canberra Hospital are referred to the appropriate clinical governance committee for attention.”</p> |
| 10 | Procedures need to be implemented which ensure that clinicians who display disruptive or inappropriate behaviour are informed that such behaviour is inappropriate and will not be tolerated, with immediate steps taken to ensure the cessation of such behaviour. | Immediate | Agreed. |
| 11 | The role and delegations of the management team of the Canberra Hospital should be clarified and communicated to staff at all levels. | Immediate | <p>Agreed.</p> <p>The roles and delegations of the management team have been reaffirmed with all relevant staff within the Women’s and Babies Stream and will continue to be reiterated.</p> |
| 12 | Lines of responsibility within the maternity service should be clearly defined and adhered to. | Short term | <p>Agreed.</p> <p>The roles and delegations of the management team have been reaffirmed with all relevant staff within the Women’s and Babies Stream and will continue to be reiterated to ensure lines of responsibility are clear and adhered to.</p> |
| 13 | The senior management positions at the Canberra Hospital should be revised to ensure the portfolios are manageable. | Short term | <p>Agreed.</p> <p>The organisation is currently reviewing all senior positions across</p> |

| | | | |
|----|--|------------|---|
| | | | the organisation to ensure portfolio sizes are manageable. |
| 14 | The role and delegations of the management team of the Canberra Hospital should be clarified and communicated to staff at all levels. | Immediate | Agreed. The roles and delegations of the management team have been reaffirmed with all relevant staff within the Women's and Babies Stream and will continue to be reiterated. |
| 15 | The Clinical Director of Obstetrics and Gynaecology should formally delegate a number of functions including consideration of the establishment of a Deputy Clinical Director role for the Labour and Delivery unit. | Short term | Agreed. ACT Health is currently reviewing senior positions across the organisation and careful consideration is being given to ensuring manageable workloads exist. |
| 16 | Registrars at the Canberra Hospital should be dedicated to the Labour and Delivery unit when on-call; gynaecology emergent issues should be the responsibility of an alternative medical staff member. | Short term | Agreed. The roster for registrars has been modified to address this issue. On occasion however, due to unscheduled staff leave, this may not always be possible. |
| 17 | Consultants should be dedicated to the Labour and Delivery Unit when on call. | Short term | Agreed. The recent recruitment of additional staff specialists and the use of locums will allow for consultants to be dedicated to the Labour and Delivery Suite when on call. |
| 18 | The teaching and supervision of both midwifery and registrar trainees should be recognised as a specific task and appropriate time and resources allocated to this function. | Short term | Agreed. This will be managed through the additional funding in the 2010-2011 budget |
| 19 | The midwifery staff establishment and skill mix at the Canberra Hospital should be urgently addressed. | Immediate | Agreed. The ACT Government provided \$8.6 million over four years in the 2010-2011 budget to meet increased demand in the Obstetrics and Gynaecology Service at the Canberra Hospital. It also provides for additional medical and nursing resources to adequately manage the increasing level of demand for these services. |
| 20 | Maternity managers at the Canberra Hospital – both midwifery and Clinical Directors should be allocated set non-clinical hours to perform their administrative roles. | Immediate | Agreed. The role of Director of the Obstetrics and Gynaecology position will be clarified to specify clinical and non clinical duties. With the enhancement of the 2010-2011 budget in maternity services, additional midwifery staff will be allocated to the delivery suite to enable the current delivery suite Clinical Midwife Consultant to undertake both clinical and administrative duties. |
| 21 | Further recruitment of clinical staff should be put on hold until the above issue is addressed. | Immediate | Agreed. |
| 22 | On-call commitments for specialist staff should be based on sessions worked or percent of FTE. | Short term | Noted This recommendation needs to be looked at in the context of |

| | | | |
|----|--|-------------|---|
| | | | <p>maintaining a manageable on call roster and will need to be balanced against other commitments with Staff Specialists on the roster.</p> <p>Gaps in these processes will be reviewed to identify where further changes are required.</p> |
| 23 | More registrars should be engaged at the Canberra Hospital so that registrar working hours can be reduced to comply with the EBA. | Immediate | <p>Agreed.</p> <p>The enhancement to the 2010-2011 budget in maternity services will enable additional registrars to be engaged and recruited to the service.</p> |
| 24 | Strategies to allow multi-disciplinary handover between shifts should be explored. | Medium term | <p>Agreed.</p> <p>Strategies are currently being considered with the Clinical Director and the Director of Nursing & Midwifery for multidisciplinary handover between shifts Strategies will also be aligned with relevant initiatives arising from the TCH/PSQU Clinical Handover Project and Initiatives arising in Handover.</p> |
| 25 | Appropriate clerical support staff should be employed in the maternity service at the Canberra Hospital to adequately support medical and midwifery managers. | Short term | Agreed. |
| 26 | ACT Health should move towards a Territory wide unified mortality and morbidity data collection and review process. | Medium term | <p>Agreed.</p> <p>ACT Health will work with Calvary Hospital on this.</p> |
| 27 | ACT Health should adopt standard policies and procedures across all maternity services within the ACT. | Short term | <p>Agreed in Principle.</p> <p>ACT Health will work with Calvary Hospital to achieve this.</p> |
| 28 | ACT Health should move towards a Territory wide maternity service. | Long term | <p>Agreed.</p> <p>ACT Health will work with Calvary Hospital on this.</p> |
| 29 | Barriers to engaging VMOs at the Canberra Hospital should be addressed, widening the number of clinical staff and increasing the range of experience and skills. | Immediate | <p>Partially Agreed.</p> <p>ACT Health does not believe that there are barriers to the VMO recruitment process. A recent advertisement has been placed for both VMO's and Staff Specialists. VMO recruitment is planned to continue to progress.</p> <p>Gaps in these processes will be reviewed to identify if further changes are required.</p> |
| 30 | A mix of staff specialists and VMOs should be employed at both the Canberra Hospital and Calvary Public Hospital. | Short term | <p>Partially Agreed.</p> <p>ACT Health will continue recruitment of VMO's following finalisation of this matter and will work with Cavalry Public Hospital in</p> |

| | | | |
|----|---|------------|--|
| | | | <p>achieving this however it should be noted that until the new Women's and Children's hospital is built there is limited space within the current which would prevent ACT Health from being able to offer a new VMO clinic space or a regular operating theatres list. In the meantime.</p> <p>ACT Health could offer a VMO participation in the after hours roster in exchange for the ability to treat private obstetric and gynaecology patients at the Canberra Hospital.</p> |
| 31 | The volume of gynaecological surgery which registrars undertake should be increased at the Canberra Hospital. | Short term | <p>Agreed.</p> <p>This will be managed through the additional funding in the 2010-2011 budget.</p> |