



Escalation of Patient Care to Consultant Obstetrician Procedure – Bunbury Hospital

Effective: 13 May 2022

1. Guiding Principles

This procedure provides an escalation process for all maternity staff, midwifery and medical, at Bunbury Hospital.

It outlines:

- A process to identify admitted maternity patients requiring consultant review, and the process for escalating to the consultant on call
- A pathway for escalation of care to assist management decisions when there is increased concern for a patient and an urgent plan of care is required.

This document is specifically for inpatients admitted under the specialist obstetric team, and although relevant to midwifery staff, primarily relates to communication between the obstetric junior staff and the consultant on call.

Out of scope

This procedure does not guide intrapartum care. Consultant obstetricians are to be present or available for all moderate to high risk births.

Refer to WACHS-SW Antenatal Referral Guidelines (*in development*) for specific information regarding level of clinician care (i.e. midwife, GP obstetrician, consultant obstetrician) for outpatient antenatal and intrapartum care.

2. Procedure

2.1 Daily maternity ward handover

- Attended by Maternity Clinical Midwifery Manager, Clinical Midwifery Specialist, shift coordinator, and social work representative each morning
- Obstetric Resident Medical Officer (RMO) and registrar to attend handover Monday to Friday, and Obstetric Registrar on the weekend. If the registrar is unable to attend Mon-Fri the RMO must attend and inform the registrar of any patients of concern
- All admitted patients to be discussed, including antenatal, intrapartum and post-natal patients, and any medical, midwifery and social work issues to be identified
- If a patient is flagged as requiring in-person Consultant review that day, the request for review is to be escalated via the obstetric RMO/Registrar to the consultant on call
- Patients that require review would include but not be limited to:
 - Antenatal patients admitted for greater than 24 hours
 - Postnatal patients with prolonged length of stay e.g. SVD >48 hours, C/S >5 days, or all patients >7 days
 - Antenatal transfers from a district site
 - Suspected or confirmed sepsis

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- Any patient requiring re-admission
- Any patient admitted to High Dependency Unit (HDU)/Intensive Care Unit (ICU)
- Multiple Emergency Department presentations – 2 or more presentations in a 7-day period
- Reduced fetal movement with 2 presentations or more **not** having Induction of Labour within next 24hrs
- Antepartum Haemorrhage <35 weeks
- Any patient on anticoagulation antenatally
- Extreme preterm ante nates i.e. pre- and peri-viable preterm premature rupture of membranes (PPROM)
- Any patient who is of significant concern to team.

2.2 Consultant Review and Documentation

- Consultant review to be recorded in the Digital Medical Record using the “Consultant Review” tab (this will also assist with auditing compliance and effectiveness of the policy)
- Medications including anticoagulation chart to be reviewed as part of the consultant assessment, and rationale for any new prescribed medication to be documented in the inpatient notes
- Documentation needs to include a plan for when patient is to be reviewed again.

2.3 Acute deterioration

- If there are significant concerns regarding the condition of a woman or fetus that meet the criteria for a Code Blue / Medical Emergency Response (MER) it is the responsibility of all attending staff to ensure the emergency code has been activated
- Follow the Recognition and Response process as per the RRAD Policy and Procedure and local Adult and Maternity Observation and Response Escalation and Medical Emergency Response document
- The Consultant on call must always be advised of any unexpected deterioration in a patient’s condition, suspected fetal compromise or abnormal CTG.

2.4 Escalation to consultant process

- The Obstetric Registrar must escalate all clinical concerns to the Consultant on call, as per [2.1](#) and [2.3](#) above
- If the agreed plan of care remains unresolved following a Consultant review, this must be further escalated to the Head of Department
- This can be further escalated to the hospital executive on call if required
- If at any time any clinician (midwifery or medical staff) is concerned with the decision of the Midwifery Coordinator or Registrar, he/she may call the consultant on call directly or activate the Code Blue, if clinically indicated.

See also:

- WACHS [Maternity Care Clinical Conflict Escalation Pathway Policy](#)
- [Midwifery and Obstetrics Emergency Telehealth Service \(MOETS\)](#) is another option for additional support.

3. Definitions

CTG	Cardiotocograph
DMS	Director Medical Services
HoD	Head of Department
O&G	Obstetrics and Gynaecology
RMO	Resident Medical Officer
JMO	Junior Medical Officer
HDU	High Dependency Unit
ICU	Intensive Care Unit
MER	Medical Emergency Response
PPROM	Preterm Premature Rupture of Membranes

4. Roles and Responsibilities

HoDs O&G

- Ensure the criteria for consultant review are regularly communicated to all consultant and junior medical staff
- Encourage timely and appropriate escalation to consultants in the maternity unit (e.g. via discussion at morbidity and mortality meetings or other clinical meetings)
- Ensure the Director of Medical Services (DMS) is informed of any major clinical incidents, unexpected admissions to HDU/ICU via a monthly HoD/DMS meeting.

Consultant Obstetricians

- Support junior staff to escalate appropriately, via an encouraging and guiding approach to escalation calls.

Obstetric Registrars and RMOs

- Be familiar with requirements for consultant review, and undertake consultant notification in a timely and appropriate manner
- Formally document any escalation to consultant in the clinical record together with the response and any treatment interventions that follow
- Be aware of expected junior doctor limitations and not be afraid to ask for help
- Provide feedback, either to HoD or DMS, if there are any concerns about how escalation is being received.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Compliance with this procedure will be evaluated with:

- A proposed audit after 3 months implementation:
 - to be directed by the HoDs
 - review antenatal admissions and ensure all admissions >24hrs have had consultant review
 - Assess “Consultant Review” tabs in the Digital Medical Record, ensure being utilised
 - Seeking formal staff feedback
- Routine incident review processes. A clinical incident notification via Datix CIMS must be completed if there has been any actual or potential patient harm.

8. Standards

[National Safety and Quality Health Service Standards - 1.6, 6.3a, 6.4b, 6.4c; 6.7, 6.8, 6.9, 6.10, 6.11, 8.6 and 8.9](#)

9. Legislation

[Health Services Act 2016 \(WA\)](#)

10. References

[National Safety and Quality Health Service Standards](#)

WACHS [Maternity Care Clinical Conflict Escalation Pathway Policy](#)

11. Related Forms

Nil

12. Related Policy Documents

WACHS [Clinical Supervision of Junior Doctors Policy](#)

WACHS [Maternity Care Clinical Conflict Escalation Pathway Policy](#)

WACHS [Recognising and Responding to Acute Deterioration \(RRAD\) Policy](#)

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13. Related WA Health System Policies

- MP 0095 [Clinical Handover Policy](#)
- MP 0122/19 [Clinical Incident Management Policy 2019](#)
- [WA Clinical Handover Guideline](#)

14. Policy Framework

- [Clinical Governance, Safety and Quality](#)

This document can be made available in alternative formats on request for a person with a disability

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