



# Obstetric and Midwifery Level of Service Escalation and Referral Procedure

Effective: 11 September 2017

## 1. Guiding Principles

The Busselton Health Campus (BHC) is committed to providing high quality, safe and effective obstetric and midwifery care at [Clinical Service Framework \(CSF\) Level 3](#) as per the WACHS Maternity and Newborn Policy (2014) to women living in our community in accordance with the Department of Health Guidelines for Rural Obstetrics and Midwifery.

The Busselton Health Campus provides Obstetric and Midwifery service, depending on the availability at any given time of Registered Midwives (RM) and Visiting Medical Practitioners (VMP) obstetrics and facility.

In the current maternity service workforce environment, it is not always possible to ensure a constant level of service capacity. The community is to be kept well informed of the possible limitations and variations in service capacity of rural health services when accessing maternity care.

The Busselton Health Campus continues to provide maternity services within the guidelines relevant to available resources and within the WA Country Health Service (WACHS) quality and safety framework.

This procedure applies to RMs and VMPs holding appropriate clinical privileges in obstetrics and caesarean capability for the Busselton Health Campus.

## 2. Procedure

For all women being cared for at Busselton Health Campus, pregnancy is to be beyond 37 weeks and planned deliveries are to be restricted to normal low risk patients as per the current CSF.

It is recognised that at times, Busselton Health Campus is unable to meet the minimum service requirements to continue to operate at Level 3.

This is to be implemented in accordance with the following related documents:

- [Assessment of Suitability for Busselton Health Campus Delivery.](#)
- [Busselton Health Campus Information Sheet and Acknowledgment Form.](#)

In the situation where the BHC Maternity unit is at capacity or there are insufficient staffing resources or physical resources to manage the activity or acuity for patient safety onsite, staff are to activate the escalation for surge activity plan.

See [Appendix C](#).

### 3. Definitions

<b>ACHS</b>	Australian Council Health Care Standards
<b>BHC</b>	Busselton Health Campus
<b>BH</b>	Bunbury Hospital
<b>CSF</b>	Clinical Services Framework (WA Health)
<b>RM</b>	Registered Midwifery
<b>VMP / GPO</b>	Visiting Medical Practitioner / General Practitioner Obstetrics
<b>WACHS</b>	WA Country Health Service

### 4. Roles and Responsibilities

- VMPs are responsible for informing pregnant women of the plans for referral and escalation who are booking into BHC Maternity Unit.
- VMPs are responsible for obtaining the woman's acknowledgement and signatures on the forms provided.
- VMPs are to provide a copy of the signed acknowledgement form to the BHC maternity for filing in the woman's medical record.
- Midwives are to advise the woman in the antenatal clinic and antenatal classes of the referral and transfer guidelines.
- Midwives are to seek the woman's informed consent in writing on an interim acknowledgment form pending receipt of the form signed by the patient and her doctor.

### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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. Evaluation

1. Data collected by STORK for transfers are to be evaluated and trends noted.
2. Monitoring of compliance with referral guidelines by reporting of any births where transfer or escalation should have occurred into the Clinical Incident Management System for investigation and review.

### 7. Standards

[National Safety and Quality Health Care Standards](#): 1.1.2, 1.2.2, 1.3.3, 1.5.2

## 8. References

[Clinical Service Framework \(CSF\) Level 3](#)

[Australian College of Midwives clinical guidelines 2013](#)

[Referral to Consultant Antenatal Clinic Procedure – South West](#) (superseded by WACHS Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels)

## 9. Related Forms

Datix Clinical Incident Management System ([Datix CIMS](#)) form

## 10. Related Policy Documents

WACHS [Maternity and Newborn Services Policy](#)

WACHS [Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels](#)

## 11. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

## 12. Appendices

**Appendix A:** [Assessment for Suitability for Birth](#)

**Appendix B:** [Information Sheet and Acknowledgement Form](#)

**Appendix C:** [Busselton Health Campus Surge Capacity Maternity Department Escalation Plan](#)

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

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## Appendix A: Assessment for Suitability for Birth

### 1. Instruction

- All women booking in for birth at the Busselton Health Campus (BHC) are to be risk assessed against the defined exclusion criteria at the first and subsequent ante-natal visits by the Visiting Medical Practitioner (VMP) and the midwifery staff in consultation with the VMP. If at any time the pregnancy becomes higher risk either for mother or baby referral to BH or other facility will be required.
- Those women whose risks factors exclude them from delivering at the BHC are to be informed that alternative site for delivery will be arranged.
- The Information Sheet and Acknowledgment Form are to be signed by each patient requesting to birth at Busselton Health Campus. The signature are to be obtained by the Visiting Medical Practitioner (VMP)/ midwife using the approved form and forwarded to the hospital as soon as possible together with other relevant information on the patient.
- Upon booking in at the Busselton Health Campus, the signed acknowledgment of the patient, who is accepting the risk of non-availability of urgent medical intervention and of the possibility of transfer to another hospital and another doctor, is to be verified by the midwifery staff.
- In the event that a written acknowledgment form is not available, the midwifery staff are to seek the woman's informed consent in writing on an interim acknowledgment form pending receipt of the form signed by the patient and her doctor.
- The written acknowledgment form is to be filed in the patient's hospital record.

### 2. Risk Factors that Exclude Planned Birth at Busselton Health Campus

- Refer to the WACHS [Maternity and Neonatal Consultation and Referral Guideline for Clinical Service Levels](#)

## **Appendix B: Information Sheet and Acknowledgement Form**

### **Important Information for Women Wishing to 'Book In' for Birth at Busselton Health campus**

#### **To All Maternity Patients**

Please read this Information Sheet carefully and discuss the contents with your doctor/midwife before booking in for delivery at the Busselton Health Campus.

Once you have discussed the Information Sheet with your doctor/midwife, please sign the Acknowledgment Form on page 2 of this Information Sheet.

#### **Availability of Obstetric Services and Staff**

There may be times when key services or staff (medical and / or midwifery) including a doctor accredited to perform caesarean section, anaesthetic and paediatric services, may not be available in the Busselton Health Campus.

Where this situation arises, alternative arrangements may need to be made for your care at short notice which may mean transfer to another health care facility.

#### **High Risk Pregnancies**

If at any time your pregnancy becomes high risk either for you or your baby, you will not be able to birth at Busselton Health Campus.

You may require referral to Bunbury Regional Hospital or other facility. Your doctor will be able to advise you where this becomes necessary.

**Information Sheet and Acknowledgment Form  
for Women Wishing to ‘Book In’ for Delivery at the Busselton Health Campus**

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**Instructions for use**

1. Once the doctor/midwife has discussed the availability or otherwise of obstetric services in Busselton, the woman is to sign the Acknowledgment form in the presence of the doctor.
2. The doctor/midwife is to sign the ‘Doctor/Midwife Confirmation’ section after the woman has signed the Acknowledgment.
3. This form is to be signed by both parties: it is not to be stamped with a signature stamp.

**Acknowledgment of Limited Maternity Services at the Busselton Health Campus**

In booking in to birth at Busselton Health Campus, I \_\_\_\_\_  
[Name of Patient]  
of \_\_\_\_\_  
[Address]

**Hereby acknowledge** that I have read the Information Sheet entitled ‘Important Information for Maternity Women wishing to Book in for Birth at Busselton Health Campus’ and have discussed its content with my doctor/midwife.

**I Further acknowledge:**

- that there may be times when key medical and midwifery/nursing staff, including a doctor accredited to perform obstetric / paediatric services and/or an anaesthetist, may not be available in Busselton and I will need to be transferred to the Bunbury Hospital or other appropriate health care facility at short notice.
- that should my pregnancy be or become high risk, I will not be able to deliver my baby at the Busselton Health Campus.

If a patient is a minor and is not mature, the patient’s parent or legal guardian is to sign the Acknowledgment. The legal guardian is also to indicate their relationship to the patient.

- If the patient is a minor and the doctor assesses the patient as being of sufficient intelligence and understanding to comprehend the nature and implications of undergoing delivery at the Busselton Health Campus, the minor is regarded as a ‘mature minor’. A mature minor may sign the Acknowledgment. If a minor is not mature, then the consent of the minor’s parent or legal guardian is to be sought.
- If the patient is an incompetent adult, the patient’s legal guardian is to sign the Acknowledgment and indicate their relationship to the patient.

**Name of Patient** (please print): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Health Practitioner Confirmation**

I confirm that I have discussed the availability or otherwise of obstetric/midwifery services at Busselton Health Campus to the person named above who has then signed the Acknowledgment in my presence.

**Name of Doctor / Midwife** (please print): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **Appendix C: Busselton Health Campus Surge Capacity Maternity Department Escalation Plan**

There are three escalation levels in the Plan.

These descriptors outline the different capacity scenarios which can occur.

Each level will have a series of actions implemented by key staff members to ensure risks to patients are minimised. Either the Clinical Nurse/Midwifery Manager Maternity (CNMM) or the After Hours Hospital Coordinator (AHC) depending on the time of day, is to inform the appropriate staff of any significant changes to the status of the Maternity Department.

### **Principles:**

- Departmental Clinical Nurse/Midwifery Manager is responsible for management of daily human and material resources and clinical governance while they are on duty and are required to provide a comprehensive handover of all issues and concerns to the AHC.
- The Hospital Coordinator is the facility wide Emergency Controller and is responsible for the management of all emergency codes across the 24 hours, and on handover from the departmental CNMs, the ongoing overall management of staff and activity.
- Principles of ETHANE and ISOBAR to apply in regards to communication between medical/nursing leads, communications with Regional Resource Centre (Bunbury Hospital) and escalation of situation/incidents to senior management.
- All roster planning is to consider high activity periods/times and appropriate skills mix.

### **GREEN ACTIVATION**

#### **The Maternity Shift coordinator contacts the CNM / AHC**

- Up to two of the birthing rooms are occupied.
- Up to four Maternity rooms are occupied with no planned discharges for the day.
- Acuity of the patients is identified and plan of management is in place/reviewed.
- There are no further notified patients in the community who will likely present over the course of the shift / subsequent shifts.
- Sufficient beds and staff hospital wide are available to meet the needs of the Maternity Department i.e. swing beds are available (unoccupied or able to be made available) if required.
- Staff are in place to cover the actual activity.
- Medical staff cover is able to provide clinical services.

#### **ACTION (CNM/AHC)**

- Assistance by CNM / AHC in department at short notice while arranging further staff as required by sending out SMS to staff listed.
- Staff already on shift able to extend their shift (up to 12 hours only) to provide cover.
- Send a request for on-call to cover in the event of a further increase in activity/acuity.
- Calling all staff on the roster if there is no response to the SMS
- Redeployment of nursing staff to assist within their scope of practice depending on the activity / acuity and staffing of the area staff being deployed from i.e. Ward 1 or 2, DSU/Surgical Services.

## **AMBER ACTIVATION**

### **The CNM/AHHC informs the Coordinator of Nursing / Operations Manager**

- Acuity of presentations or deterioration of patients requires staffing levels that are not available on site.
- Two birthing rooms are in use for labouring/birthing women.
- Occupancy of inpatients are at four+ beds
- There are further notified patients in the community who will likely present over the course of the shift / subsequent shifts.
- Ward 1/2 have swing beds in use by Ward 1/2 and the rest of the general area is at capacity for their staffing levels, therefore unable to make these available or assist with nursing care.
- Medical staff cover is able to provide clinical services.

#### **ACTION (CNM/AHHC)**

- AHHC / CNM to “Huddle” with Shift Coordinator and GPO to review patient activity / staffing levels / planned interventions.
- AHHC / CNM to inform Bunbury Hospital Coordinator of current status and seek potential for transferring of labouring / acute antenatal women if required.
- GPO to inform Bunbury Maternity Obstetric Consultant of current status and potential for transfer
- AHHC/CNM attempts to source extra staff via SMS.
- Reconvene “Huddle” every hour until activity has subsided as required.
- Consider forward planning for decanting to other sites.



## RED ACTIVATION

### The CNM/AHHC informs the Coordinator of Nursing / Operations Manager

- There is a significant surge patients, all birthing rooms are occupied and all beds within the infant protection zone are occupied i.e. Rooms 29-42.
- Staffing level is critical to provide appropriate safe clinical care
- All available staff has been sourced.
- Medical staff are unavailable to provide clinical service provision.
- Facility resources required for service delivery unavailable.

#### **ACTION (CNM/AHHC)**

- The Coordinator of Nursing contacts the Operations Manager with a situation status and consideration of Code Yellow event
- The AHHC/CNM is to provide the Coordinator of Nursing with hospital wide bed and staffing status including any potential patients labouring / outlying in the community.
- The Coordinator of Nursing may request that senior staff that are not on duty be contacted to assist if appropriate.
- The AHHC/CNM Contacts Bunbury Hospital Manager and Obstetric consultant to provide status update and request assistance as required.
- In the instance that BH is unable to accommodate transfers, the GPO is called to discharge / consider transfer to Margaret River Hospital postnatal patients as an option and if able to, transfer labouring women to Bunbury Maternity.
- Alert St John Ambulance to coordinate patient transfers as required.
- Source PSA staff to assist with patient / bed movement, cleaning etc.

## POST EVENT

- Debrief to be arranged if required to identify opportunities for improving processes.
- Events to be audited for compliance with policy.