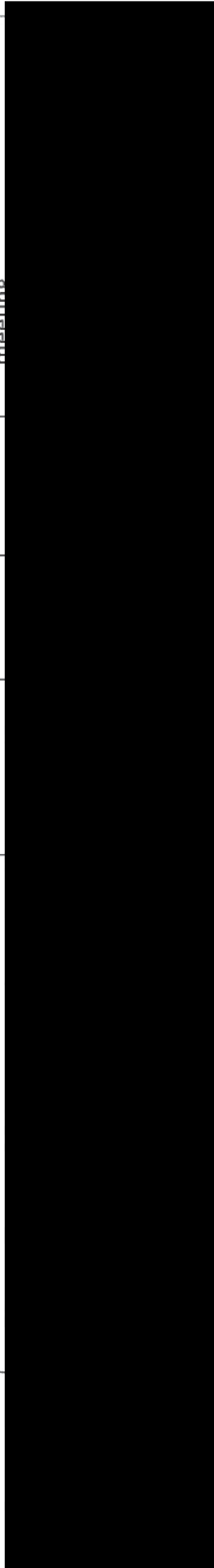


Wednesday 10 October 2018 –3:00-4:00
 Meeting Room 8, Level 2, WY&C - Building 11
 MINUTES

						to present Maternity information.

Pre-determined Identification Labels	Penny Maher & Tejasvi Chaudhari to look into pre-determined ID labels (pre-birth labels)	Penny Maher/ Tejasvi Chaudhari	July 2018	December 2018 Oct-2018 Sept-2018 Aug-2018	<ul style="list-style-type: none"> 10/10/2018 – Due to difficulties with the pre-determined ID labels & URN's, new options/solutions currently being reviewed. 12/09/2018 – ACTPAS not able to support. Pursuing options with Pathology & Standard 7. 08/08/2018 - Pre-birth labels (after 20 weeks) to assist with reducing pathology incidents/ Riskman. Three identifiers used – URN, B/O Name & Address. Take label to Standard 5 Patient ID. Penny Maher to enquire with other units and provide update at next meeting. 11/07/2018 – Penny/Tejasvi to provide update at next meeting.
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Wednesday 10 October 2018 –3:00-4:00
Meeting Room 8, Level 2, WY&C - Building 11
MINUTES

[Redacted content]									

					<p>CLOSED 10/10/2018.</p> <ul style="list-style-type: none"> 12/09/2018 Birthing still non-compliant with follow up. Penny Maher to investigate.
<p>Review of Quality Improvement Activities Register</p>	<p>Please ensure that register is updated/ finalised. Link as follows: http://inhealth/NSQHSS/Concept/SitePages/QI.aspx</p>	<p>Liz Chatham</p>	<p>August 2018</p>	<p>October 2018 September 2018 CLOSED</p>	<ul style="list-style-type: none"> 10/10/2018 – QI Activities Register has been updated. CLOSED 10/10/2018. 12/09/2018 Karen Faichney to review compliance. 08/08/2018 - Please update relevant information
<p>Birthing WBIT</p>	<p>Plan/information to be tabled at next meeting</p>	<p>Penny Maher</p>	<p>October 2018</p>	<p>November 2018</p>	<ul style="list-style-type: none"> 10/10/2018 – Update to be provided in November 2018.







Agenda

Women, Youth & Children, Divisional Management Meeting

Tuesday 20th November 2018, (1 .00pm – 2:30 pm)
Meeting Room 8, Level 2, Building 11, Blk F, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Boon, Hazel, Linda, Carolyn, Michael, Tejasvi, Abel
- 1.1. **Welcome to Country**
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from - **26 October 2018**
 - 2.2. Running Sheet of Outstanding Action Arising from previous meetings - **26 October 2018**
- Standing Agenda Items**
3. Access Data from Scorecard – **Waiting on new scorecard**
4. **Outpatients report – New Item!!**
5. **Departmental Business and Cultural Plans – 2018**
 - **November** – *No report*
 - **December** - *Obstetrics & Gynaecology_– Boon Lim & Penny Maher*
6. **Special Presentation – N/A**
7. **Budget Update – Finance Manager, ED WYC**
8. **Staffing Update – ED WYC**
9. **College Accreditations (RACP, RACS, RANZCOG etc) - Anne Mitchell/Boon Lim**
10. **Admin Update – Operations Manager**

**Women, Youth and Children**

11. **Maternity / Gynaecology Update - CD O&G / ADONM**
12. **Community Update – Dir WYCCHP / ADON WYCCHP**
13. **NICU / SCN – CD Neonatology / ADON**
14. **Paediatric Update – CD Paeds / ADON**
15. **Genetic Update – ACT Genetics Manager**
16. **Nursing & Midwifery Update – DONM**
17. **Allied Health – DAH**
18. **Health Policy Unit – Paul Wyles**
19. **WY&C Executive Officer -**
20. **Other Business –**
 - PMA's and Mandatory training
 - Compassion Fatigue Workshops
 - Executive Xmas Party

Next Meeting:

Friday 14th of December 2018, 10:00 – 11:30 Meeting Room 8, Level 2 CHWC



Minutes

Women, Youth & Children, Divisional Management Meeting

Meeting Date: 26 October 2018

Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Management Meeting
26 October 2018

Source:

Purpose/comments:

Women, Youth and Children

NAME	Initials	POSITION	ATTENDED	APOLOGY	ABSENT
Wyles, Paul	PW	Senior Manager Health Policy Unit	✓		
Carlisle, Hazel	HC	Clinical Director, Neonatology		✓	
Cathy O'Neill	CO	A/g Director of Nursing & Midwifery, WYC	✓		
Chaudhari, Tejasvi	TC	Deputy Clinical Director, Neonatology		✓	
Davis, Deborah	DD	Professor of Midwifery			✓
Blumer, Shari	SB	Personal Assistant to the Executive Director	✓		
Maher, Penny	PM	ADONM - Maternity	✓		
Melissa Warylo	MW	Operational Manager		✓	
Lang, Sam	SL	Executive Officer WYC	✓		
Lim, Boon	BL	Clinical Director, Obstetrics & Gynaecology	✓		
Colliver, Deborah	DC	A/g Director, WYC Community Health Programs	✓		
Karen Faichney	KF	A/g Executive Director, WYC	✓		
Mitchell, Anne	AM	Clinical Director - Paediatrics		✓	
Chatham, Liz	LC	Executive Director, WYC	✓		
Peek, Michael	MP	Professor of Obstetrics & Gynaecology		✓	
Sansum, Catherine	CS	Deputy Director, Community Paediatrics		✓	
Soufan, Abel	AS	Finance Manager WY&C			✓
Moore, Alison	AM	A/g ADON , Paediatrics and Neonatology		✓	
Warwick, Linda	LW	Manager, ACT Genetics Service	✓		
Golley, Pip	PG	A/g Director of Allied Health	✓		
Roberson, Bronwyn	BR	A/g Manager Child Health Targeted Support Services	✓		
Cahill, Laura	LC	Administration Manager	✓		
Thomas, Carolyn	CT	A/g ADoN&M, Community Health Program	✓		

- 1. ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:** *Noted*
 - 1.2. **Apologies:** *Noted*
 - 1.3. Chair welcomed committee members.
 - 1.4. **Welcome to Country**
- 2. PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Action Minutes** – *Discussed.*
 - 2.2. **Running Sheet of Outstanding Actions arising from previous meetings** –
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:** *N/A – Not discussed.*
 - 2.4.1 **Updates on progress against actions noted** – *N/A – Not discussed.*

Running Sheet of Outstanding Actions Arising from previous meetings: refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment

Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
					<ul style="list-style-type: none"> 26/09/2017 – Activity Data appears to be incorrect. Karen Faichney & Christine Long to follow up with data people.
[REDACTED]					
Referral Management Working Group	Feedback from meeting to Executive Director	Karen Faichney	4/7/17	Aug 2018	<ul style="list-style-type: none"> 26/10/2018 CLOSED Cathy O'Neill currently working on the ACT Public Maternity Access Strategy - single intake for maternity services. Clarity required for demand of each model and management of referrals received. Update to be provided at next meeting in August. Look at how this system can be used for Gynae & Paeds in the future. Boon & Karen to liaise.

Women, Youth and Children

				<p>July 2018</p>	<ul style="list-style-type: none"> • Cathy O'Neill is doing project work. The process is working well. Karen to create a report.
				<p>Mar 2018</p>	<ul style="list-style-type: none"> • 26/03/2018 – Single Intake went live in February, there are some teething concerns but so far so good.
				<p>Dec 2017</p>	<p>Recruitment for a Midwife to manage the intake and ensure we're more proactive in referring women to CMP rather than only having women request the program. We have been given support to QI whole communication strategy, idea is that all women will be a single entry point ACT wide. Liz Chatham to meet with Calvary this week and Queanbeyan soon after with the view to have single intake hospital wide.</p>
				<p>Oct 2017</p>	<ul style="list-style-type: none"> • 27/02/2018 – Single Intake has gone live. • See outcome of meeting regarding single intake process for maternity working group. GP referrals on the internet and options for triaging in the portal.

Women, Youth and Children

					<ul style="list-style-type: none"> • 26/09/2017 – Smart forms project is looking a rolling out a specific template for maternity referrals. Healthlink sending template from Auckland & Penny's working group having a video conference to work through the template. • 22/08/17: Working Group discussed electronic e-referrals. Possibility of a Maternity mock form being used on e-referrals, to ensure that all information collected is sufficient. Mel & Julianne working on mock form, to see if it can be done. Update to be provided at next meeting in September.
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Women, Youth and Children

STANDING AGENDA ITEMS

3. Access Data –
 -
4. Departmental Business & Cultural Plans
 - ED WYC presented the Divisional Business plan for finalisation
5. Budget update
6. Staffing update
7. College Accreditations
8. Admin Update – Operations Manager
9. Maternity /Gynaecology – Penny Maher/Boon Lim
10. Community – Deborah Colliver
11. NICU/SCN –
 -
12. Paediatrics – Anne Mitchell
13. Genetics – Linda Warwick
 -
14. Allied Health – Pip Golley
 -
15. Nursing & Midwifery – Karen Faichney
16. Health Policy Unit – Paul Wyles
17. WY&C Executive Officer – Sam Lang
18. OTHER BUSINESS
- 18.1. Queue Management and Electronic Wayfinding Project – Information was presented.



Agenda

Women, Youth & Children, Divisional Management Meeting

Friday 26th October 2018, (11.00pm – 12:30:00pm)

Meeting Room 8, Level 2, Building 11, Blk F, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Hazel, Tejasvi, Anne
- 1.1. **Welcome to Country**
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from - **25 September 2018**
 - 2.2. Running Sheet of Outstanding Action Arising from previous meetings - **25 September**
- Standing Agenda Items**
3. Access Data from Scorecard – **Waiting on new scorecard**
4. **Outpatients report – New Item!!**
5. **Departmental Business and Cultural Plans – 2018**
 - **December - Obstetrics & Gynaecology – Boon Lim & Penny Maher**
6. **Special Presentation –**

Queue Management and Electronic Wayfinding project Presentation by Belinda Carrington.
7. **Budget Update – Finance Manager, ED WYC**
8. **Staffing Update – ED WYC**
9. **College Accreditations (RACP, RACS, RANZCOG etc) - Anne Mitchell/Boon Lim**
10. **Admin Update – Operations Manager**

Women, Youth and Children

11. **Maternity / Gynaecology Update** - *CD O&G / ADONM*
12. **Community Update** – *Dir WYCCHP / ADON WYCCHP*
13. **NICU / SCN** – *CD Neonatology / ADON*
14. **Paediatric Update** – *CD Paeds / ADON*
15. **Genetic Update** – *ACT Genetics Manager*
16. **Nursing & Midwifery Update** – *DONM*
17. **Allied Health** – *DAH*
18. **Health Policy Unit** – *Paul Wyles*
19. **WY&C Executive Officer** -
20. **Other Business** –
 - PMA's and Mandatory training
 - Executive team leave
 - Compassion Fatigue Workshops
 - Personal Drive usage

Next Meeting:

Tuesday the 20th November, 1:00 - 2:30 Meeting Room 8



Minutes

Women, Youth & Children, Divisional Management Meeting

Meeting Date: 25 September 2018

Agenda Item No: 3.1

Subject: Action Minutes of Women, Youth & Children
Divisional Management Meeting
25 September 2018

Source:

Purpose/comments:

Women, Youth and Children

NAME	Initials	POSITION	ATTENDED	APOLOGY	ABSENT
Wyles, Paul	PW	Senior Manager Health Policy Unit		✓	
Carlisle, Hazel	HC	Clinical Director, Neonatology		✓	
Cathy O'Neill	CO	A/g Director of Nursing & Midwifery, WYC	✓		
Chaudhari, Tejasvi	TC	Deputy Clinical Director, Neonatology		✓	
Davis, Deborah	DD	Professor of Midwifery			✓
Blumer, Shari	SB	Personal Assistant to the Executive Director	✓		
Maher, Penny	PM	ADONM - Maternity	✓		
Melissa Warylo	MW	Operational Manager	✓		
Lang, Sam	SL	Executive Officer WYC		✓	
Lim, Boon	BL	Clinical Director, Obstetrics & Gynaecology		✓	
Colliver, Deborah	DC	A/g Director, WYC Community Health Programs	✓		
Karen Faichney	KF	A/g Executive Director, WYC	✓		
Mitchell, Anne	AM	Clinical Director - Paediatrics	✓		
Chatham, Liz	LC	Executive Director, WYC		✓	
Peek, Michael	MP	Professor of Obstetrics & Gynaecology		✓	
Sansum, Catherine	CS	Deputy Director, Community Paediatrics	✓		
Soufan, Abel	AS	Finance Manager WY&C			✓
Colwill, Donna	DC	A/g ADON, Paediatrics and Neonatology	✓		
Warwick, Linda	LW	Manager, ACT Genetics Service	✓		
Golley, Pip	PG	A/g Director of Allied Health	✓		
Roberson, Bronwyn	BR	A/g Manager Child Health Targeted Support Services	✓		

1. ATTENDANCE, APOLOGIES, PURPOSE OF MEETING

- 1.1. Attendance: *Noted*
- 1.2. Apologies: *Noted*
- 1.3. Chair welcomed committee members.

1.4. **Welcome to Country**

2. PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS

- 2.1. Previous Action Minutes – *Discussed.*
- 2.2. Running Sheet of Outstanding Actions arising from previous meetings –
- 2.3. Item/s to be removed:

- 2.4. Outstanding Action Arising from previous meetings: *N/A – Not discussed.*

- 2.4.1 Updates on progress against actions noted – *N/A – Not discussed.*
Running Sheet of Outstanding Actions Arising from previous meetings: refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

DRAFT

Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted Content]					

Women, Youth and Children

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
					<ul style="list-style-type: none"> 26/09/2017 – Activity Data appears to be incorrect. Karen Faichney & Christine Long to follow up with data people.
Referral Management Working Group	Feedback from meeting to Executive Director	Karen Faichney	4/7/17	Aug 2018	<ul style="list-style-type: none"> Cathy O'Neill currently working on the ACT Public Maternity Access Strategy - single intake for maternity services. Clarity required for demand of each model and management of referrals received. Update to be provided at next meeting in August. Look at how this system can be used for Gynae & Paeds in the future. Boon & Karen to liaise.
				July 2018	

						<ul style="list-style-type: none"> • Cathy O'Neill is doing project work. The process is working well. Karen to create a report. • 26/03/2018 – Single Intake went live in February, there are some teething concerns but so far so good. Recruitment for a Midwife to manage the intake and ensure we're more proactive in referring women to CMP rather than only having women request the program. We have been given support to QI whole communication strategy, idea is that all women will be a single entry point ACT wide. Liz Chatham to meet with Calvary this week and Queanbeyan soon after with the view to have single intake hospital wide. • 27/02/2018 – Single Intake has gone live. • See outcome of meeting regarding single intake process for maternity working group. GP referrals on the internet and options for triaging in the portal.
					Mar 2018	
					Dec 2017	
					Oct 2017	

Women, Youth and Children

					<ul style="list-style-type: none"> • 26/09/2017 – Smart forms project is looking a rolling out a specific template for maternity referrals. Healthlink sending template from Auckland & Penny's working group having a video conference to work through the template. • 22/08/17: Working Group discussed electronic e-referrals. Possibility of a Maternity mock form being used on e-referrals, to ensure that all information collected is sufficient. Mel & Julianne working on mock form, to see if it can be done. Update to be provided at next meeting in September.
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Women, Youth and Children

STANDING AGENDA ITEMS

3. Access Data –

-

4. Departmental Business & Cultural Plans

- Paediatrics unable to report on their department, seeking further clarification as to expectations.

5. Budget update

6. Staffing update

7. College Accreditations

8. Admin Update – Operations Manager

9. Maternity /Gynaecology – Penny Maher/Boon Lim

10. Community – Deborah Colliver

11. NICU/SCN –

-

12. Paediatrics – Anne Mitchell

13. Genetics – Linda Warwick

-

14. Allied Health – Pip Golley

-

15. Nursing & Midwifery – Karen Faichney

-

16. Health Policy Unit – Paul Wyles

- Not discussed.

17. WY&C Executive Officer –

- Not discussed.

18. OTHER BUSINESS

- 18.1. **My Health** – Ian Bull, presented information regarding My Health was asked for clarification in relation to children's information for My Health.

DRAFT

Raco, Ida (Health)

From: Chatham, Elizabeth (Health)
Sent: Friday, 26 October 2018 10:57 AM
To: Blumer, Shari (Health)
Subject: FW: August 2018 Women & Babies Data [SEC=UNCLASSIFIED]

Elizabeth Chatham

Executive Director
 Ph 02 6174 7389
 Division of Women, Youth & Children

Care ▲ Excellence ▲ Collaboration ▲ Integrity



From: Warylo, Melissa (Health)
Sent: Monday, 10 September 2018 2:50 PM
To: Faichney, Karen (Health) <Karen.Faichney@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Nissen, Julianne (Health) <Julianne.Nissen@act.gov.au>; Maher, Penny (Health) <Penny.Maher@act.gov.au>; O'Neill, Cathy (Health) <Cathy.O'Neill@act.gov.au>
Cc: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Cahill, Laura (Health) <Laura.A.Cahill@act.gov.au>; Edwards, Stephanie (Health) <Stephanie.A.Edwards@act.gov.au>; Evans, Christine (TCH) (Health) <Christine.Evans@act.gov.au>; Elliot, Chloe (Health) <Chloe.Elliot@act.gov.au>
Subject: August 2018 Women & Babies Data [SEC=UNCLASSIFIED]

Hi All

Please see attached the August 2018 OOS for Obstetrics and Gynaecology.
 Also included below is the monthly waitlist audit report.

Women & Babies OP Data 2018

2018	August	
	OOS	DNA

Antenatal - OBS	526	26
Endocrinology - MENDWM	169	15
Diabetes Educator -	115	5
Midwife - ENDO	22	2
Midwife Preadmission MIDPRE	175	3
Midwife Antenatal TCH	20	0
Midwife Antenatal TUG	224	18
Midwife Antenatal Phillip	92	11
Midwife Antenatal GHC	45	6
Midwife Antenatal Narra	0	0
Midwife Antenatal West Bel	39	0
Midwife Bump	29	5
Midwife CALD <i>CALANT</i>	48	8
Midwife PEP <i>MWPEP</i>	39	10
Midwife Young Women <i>MIDYOU</i>	51	2
Midwife Multiples <i>MIDMUL</i>	30	3
Midwife Vaccinations	40	0
Total Maternity Outpatients	2168	197
Maternity Asses Unit	348	0
Fetal Medicine Unit	557	10
FMU - Midwife	83	0
EPAU	59	0
Birth Education	201	98
Continuity of Care	22	1
Total	5606	503

Aug OOS	5606
Aug DNA	503
% of DNA	9.0%

Monthly Waitlist data for Obstetrics & Gynaecology:

Patients waiting for a PAC	
Wait list	Awaiting a PAC appointment
Continuity All Risk	15 patients
Continuity Low Risk	0 patients
Core	4 patients

Maternity referral processing from CHI	
CHI Referrals	Date of Registration
Maternity	Same day as receipt



Thanks
Mel

Regards



Melissa Warylo | A/g Operational Manager
Women, Youth and Children
Centenary Hospital for Women and Children

Canberra Hospital & Health Services | ACT Health

P: 6174 7491 | E Melissa.warylo@act.gov.au

M [REDACTED]

A Canberra Hospital | BLD 11 | PO Box 11 WODEN ACT 2606



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Hi All

Please see attached the August 2018 OOS for Obstetrics and Gynaecology.
Also included below is the monthly waitlist audit report.

Women & Babies OP Data 2018

2018	August	
	OOS	DNA
[REDACTED]		
Antenatal - OBS	526	26
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EPAU	59	0
Birth Education	201	98
Continuity of Care	22	1
Total	5606	503

Aug OOS	5606
Aug DNA	503
% of DNA	9.0%

Monthly Waitlist data for Obstetrics & Gynaecology:

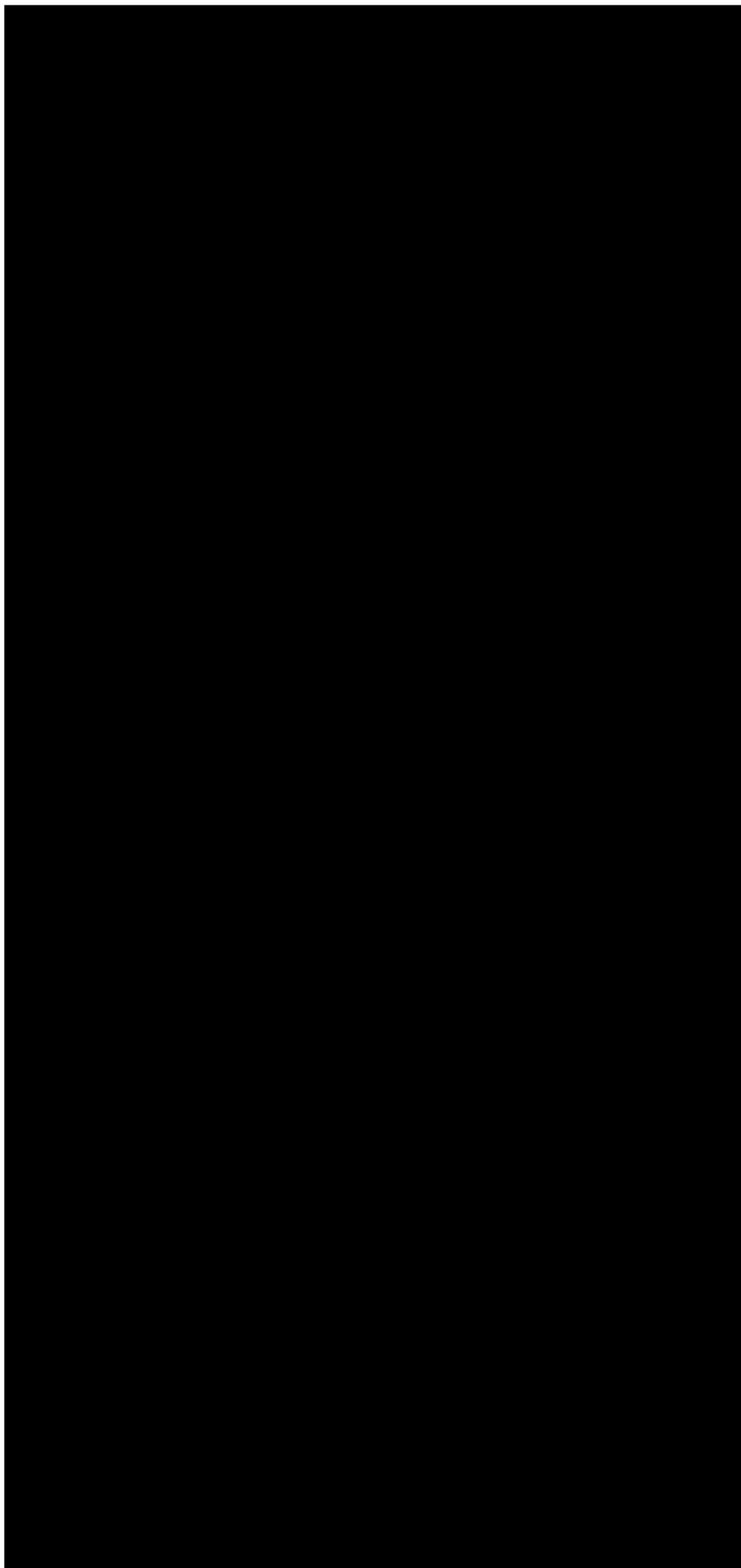
Patients waiting for a PAC	
Wait list	Awaiting a PAC appointment
Continuity All Risk	15 patients
Continuity Low Risk	0 patients
Core	4 patients

Maternity referral processing from CHI	
CHI Referrals	Date of Registration
Maternity	Same day as receipt
Gynaecology	Within 3 days of receipt

HI All

Please see below, Paediatric data for September 2018.

Please note- information relating to Waitlists has also been included.






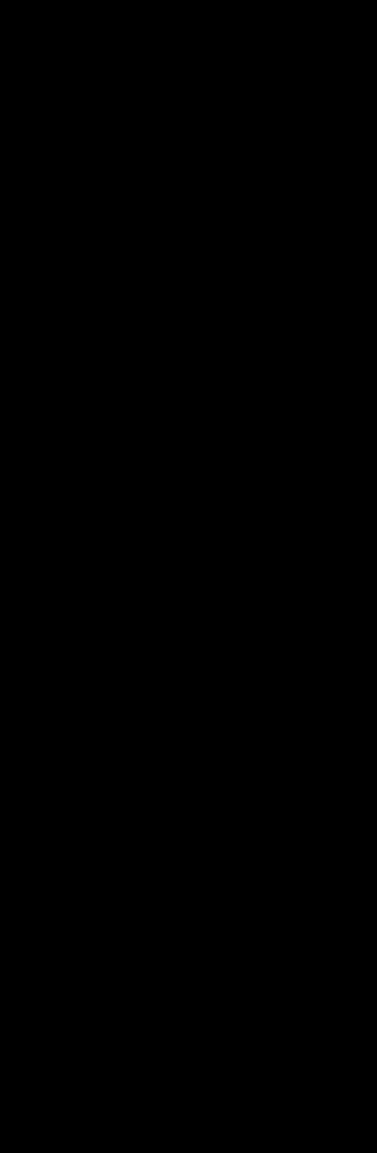
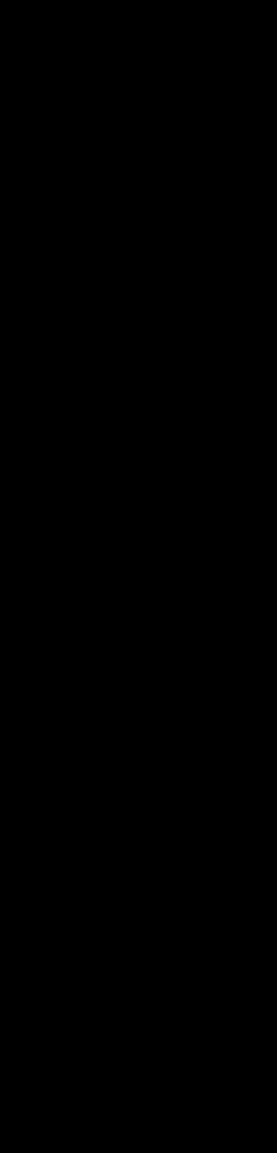
WOMEN YOUTH & CHILDREN
Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE

THE HEALTH SERVICE OF THE FUTURE			
Strategic Goal 1 Putting Patients at the centre of everything we do	Departmental Strategies & Innovations including Timing and KPI's	Responsibility	Progress and update
ACCESS	<p>1.1 Strategy 1 Improvements in the management of beds across the CHWC to improve access and reduce block</p> <ul style="list-style-type: none"> • Increase NICU/SCN beds to 29 – September 2018 • Increase PN beds by 4 beds – January 2019 • Review of Continuity of Midwifery Programs – January 2019 • Review and refine all escalation protocols – February 2019 • Consider strategies to increase utilisation of NAPPS and Midcall programs – February 2019 <p>KPIs: NEAT target, RSI, Frequency of Implementation of Escalation Protocols, NEST target (Paeds and Gynae)</p>	ED, DONM, CDs, DCHP, DAH	
ACCESS			

Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE

<p>ACCESS</p>	<p>1.3 Strategy 3 Establish a single maternity system across the Territory</p> <ul style="list-style-type: none"> Undertake project to achieve better distribution of birth numbers across birthing services in the Territory and Region. – June 2019 <p>KPIs: Meet milestones and deliverables of project plan, Birth Numbers, Occupied Bed Days, Frequency of implementation of escalation protocols, complaints</p>	<p>ED, DONM, CD O&G, Project ADON</p>	
<p>ACCESS</p>		<p>ED, DCHP, DAH</p>	
<p>ACCESS</p>		<p>ED, DAH</p>	

**Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE**

<p>QUALITY</p>		
<p>QUALITY</p>	<p>1.7 Strategy 6 Implementation of the clinical guidelines of the Preterm Birth Alliance ('The Whole Nine Months' Project) with the aim to reduce the rate of preterm births in ACT – June 2019 KPIs: Implementation of the project</p>	<p>CD ADONM CD</p>
<p>QUALITY</p>	<p>1.8 Strategy 7 QJ Project, Improve outcomes for women in regards to PPH through education program – June 2019 KPIs: Review audit results and report on outcomes</p>	<p>CD ADONM</p>
<p>QUALITY</p>		
<p>QUALITY</p>		
<p>QUALITY</p>	<p>1.11 Strategy 11 Strengthen Community engagement with Centenary Hospital</p> <ul style="list-style-type: none"> • "Our Community" photo exhibition showcasing the diversity of our community, artworks to be purchased for Maternity wards by the Foundation. <p>KPIs: Exhibition in eternal; community space, followed by art hung in CHWC</p>	<p>ED</p>

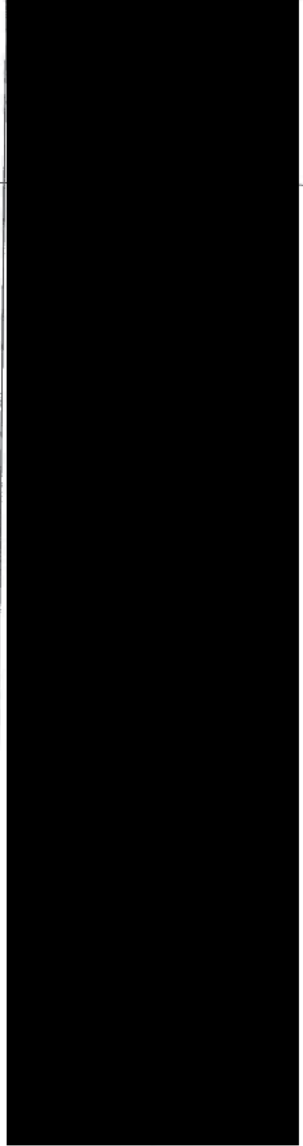
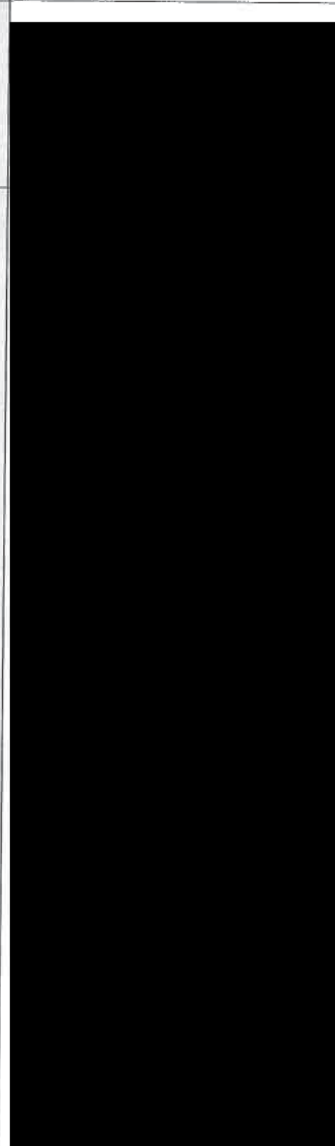
**Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE**

Quality	<ul style="list-style-type: none"> Baby Friendly Hospital Re Accreditation KPI: Successful accreditation by June 19	DoN/M	
Strategic Goal 2: Building a sustainable health system, driven by innovation	Departmental Strategies & innovations including KPI's	Responsibility	Timing and progress
SUSTAINABILITY AND INNOVATION	[Redacted Content]		
SUSTAINABILITY AND INNOVATION	[Redacted Content]		

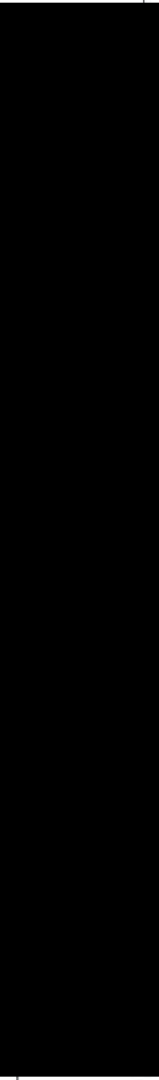

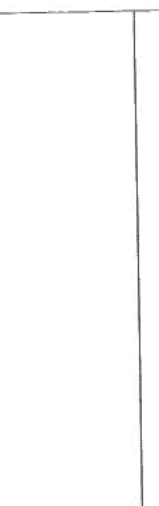
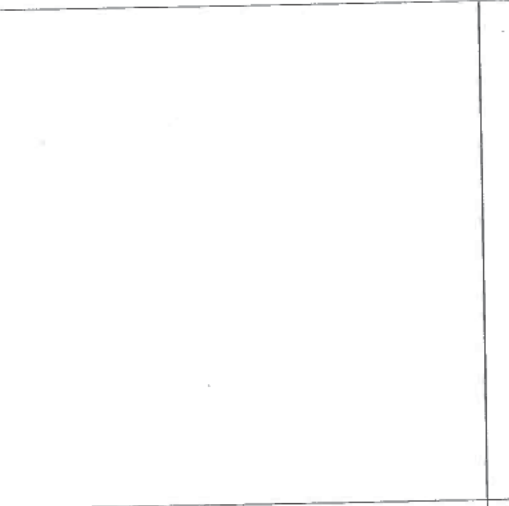

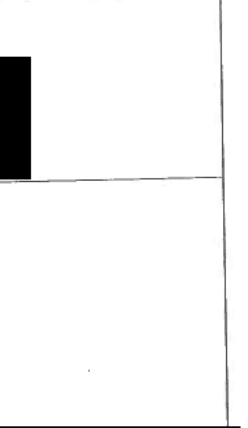
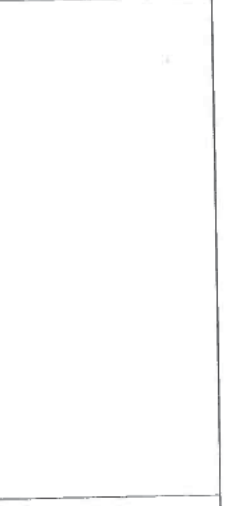
**Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE**

<p>SUSTAINABILITY AND INNOVATION</p>	<p>2.3 Strategy 3 Improve response and support related to family violence</p> <ul style="list-style-type: none"> • Implement Strengthening Hospital Responses to Family Violence program across Maternity • Health justice partnership planning between Legal ACT,s HJP partners and CHWC <p>KPI: Implementation in Maternity Services by June 19</p>	<p>ED, DONM, DCHIP</p>	
<p>SUSTAINABILITY AND INNOVATION</p>	<p>2.4 Strategy 4 Implement the infrastructure program for the expansion of CHWC.- June 2019</p> <ul style="list-style-type: none"> • Custodial birth suite • Relocation of the MAU <p>KPIs: Finalise MOC/HPU brief, Establish user group</p>	<p>ED</p>	<p>Custodial Birth Suite Complete</p>
<p>SUSTAINABILITY AND INNOVATION</p>	<p>2.5 Strategy 5 Finalise the Service Specialty Plans for the Division. -</p> <ul style="list-style-type: none"> • Maternity <p>KPIs: Reports finalised and submitted to Health Minister for endorsement December 2018</p>	<p>ED, DONM, CDs, DCHIP, DAH, ADONS</p>	
<p>SUSTAINABILITY AND INNOVATION</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	

**Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE**

<p>SUSTAINABILITY AND INNOVATION</p>	<p>KPIs: MOC developed by June 2019</p>		
<p>Strategic Goal 3 Developing the workforce of the future, starting now</p>	<p>Departmental Strategies & Innovations including KPI's</p>	<p>Responsibility</p>	<p>Timing and progress</p>
<p>Culture</p>		<p>Responsibility</p>	
<p>Strategic Goal 4 Developing the workforce of the future, starting now</p>	<p>Departmental Strategies & Innovations including KPI's</p>	<p>Responsibility</p>	<p>Timing and progress</p>

**Divisional BUSINESS PLAN 2018/2019
THE HEALTH SERVICE OF THE FUTURE**

<p>Workforce</p>			
<p>Workforce</p>	<p>4.2 Strategy 3 Develop a Divisional Nursing and Midwifery Workforce strategy – June 2019</p> <ul style="list-style-type: none"> • Implement Nursing and Midwifery leadership and governance review • Implement leadership capability program • Implement recruitment and retention strategy • Implement professional framework for nurses and midwives including clinical reflective practice. • Implement training and education framework to support specialist workforce development. • Review AIN/M roles/ specialising • Explore innovative new roles including NP and APN roles • Support all staff to practice to full scope of practice. <p>KPIs: New structure in place, vacancy rates, culture survey results, excess leave rates, attrition, exit interviews.</p>	<p>DONM ADON/Ms</p>	
<p>Workforce</p>			



Agenda

Women, Youth & Children, Divisional Quality & Safety Meeting

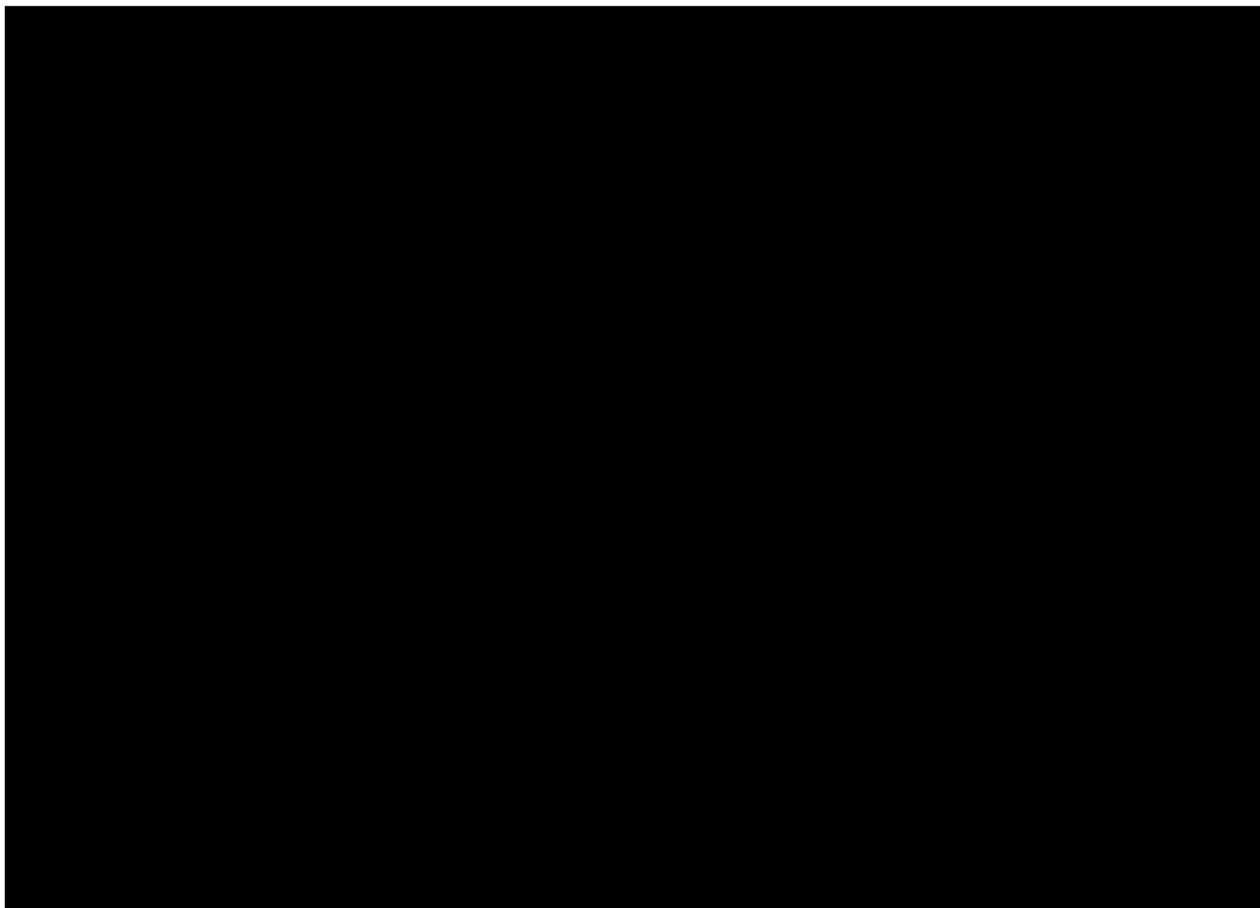
Wed 10 October 2018, 3:00pm to 4:30pm
Meeting Room 8, Level 2, Building 11, Blk F, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies –
 - 1.1. Welcome to Country
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from – 12 September 2018
 - 2.2.
3. **Consumer Representative Items – Priyanka Rai**
4. **Departmental Reports - 20 mins**
 - 4.1. Departmental reports are to include an update on the following;
Risk Register, M&M recommendations, Quality Improvement Projects, Policy Developments, Complaints & Compliments, Benchmarking and any other Quality issues:
 - **October – Department of Neonatology**
 - **November - Department of Obstetrics & Gynaecology (swapped with CHP)**
5. **National Standards Update**
 - 5.1. Correspondence/ Feedback/Issues arising relating to Standards
 - 5.2. **National Standards**
 1. **GOVERNANCE** – Zsuzsoka Kecskes
 2. **PARTNERING WITH CONSUMERS** - Elizabeth Chatham / Zsuzsoka Kecskes
 3. **HEALTH CARE ASSOCIATED INFECTIONS** – Tejasvi Chaudhari
 4. **MEDICATION SAFETY** –Tiffany Krause
 5. **PATIENT IDENTIFICATION** – Kay Thomas
 6. **CLINICAL HANDOVER** – Cathy O’Neill/ Karen Faichney
 7. **BLOOD AND BLOOD PRODUCTS**- Penny Maher

Women, Youth and Children

8. **PRESSURE INJURIES** – Wendy Alder
9. **CLINICAL DETERIORATION** – Tim McDonald
10. **FALLS** - Helen Perkins

6. **Divisional Metrics - Scorecard & Quality & Safety Bundle July 2018**



9. **Policy Documents**

- 9.1 Divisional Policy Report: review overdue for revision/completion - *update*

10. **Safety and Quality Committee Minutes for noting:**

- a) EDC (Organisational) – CHHS Risk Register Provided
- b) WYC Department Quality & Safety Meeting Minutes;
 - Paediatrics –*
 - Obstetrics & Gynaecology-*
 - Community Health Program –*
 - Neonatology –*

11. **Other Business/Correspondence**

11.1

Minutes

Women, Youth & Children, Divisional Quality & Safety Meeting



Meeting Date: Wednesday 12th September 2018
Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Quality & Safety Meeting
Wednesday, 12 September 2018

Source:

Purpose/comments:

NAME	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	Executive Director, WY&C		✓	
Faichney, Karen	Director of Nursing & Midwifery, WY&C	✓		
Carlisle, Hazel	Clinical Director, Neonatology CHWC	✓		
Chaudhari, Tejasvi	Deputy Clinical Director, Neonatology CHWC	✓		
Colliver, Deborah	A/g Director WYC Community Health Program	✓		
Davis, Deborah	Professor of Midwifery			✓
Maher, Penny	ADON&M Maternity & Gynaecology		✓	
Warylo, Mel	Operations Manager, WY&C			✓
Kecskes, Zsuzsoka	Professor, Department of Neonatology	✓		
Mohamed, Abdel- Latif	Professor, Department of Neonatology		✓	
Colwill, Donna	A/g ADON Neonatology & Paediatrics	✓		
Blumer, Shari	PA to ED, WY&C, Secretariat	✓		
Lim, Boon	Clinical Director, Obstetrics & Gynaecology		✓	
Mitchell, Anne	Clinical Director, Paediatrics	✓		
Thomas, Carolyn	A/g ADON Community Health Program		✓	
Golley, Pip	A/g Director Allied Health		✓	
Peek, Michael	Professor, Department of Obstetrics & Gynaecology	✓		
Sansum, Cath	Deputy Clinical Director, Community Paediatrics	✓		
Warwick, Linda	Manager, ACT Genetics Service	✓		
Brimms, Felicity	Deputy Clinical Director, Obstetrics & Gynaecology			✓
	Quality & Safety Representative			
Rampersad, Rajay	Medical Rep, Paediatric Surgery			✓
Roberson, Bronwyn	A/g Manager Child Health Targeted Support Services	✓		
Rai, Priyanka	Consumer Representative		✓	

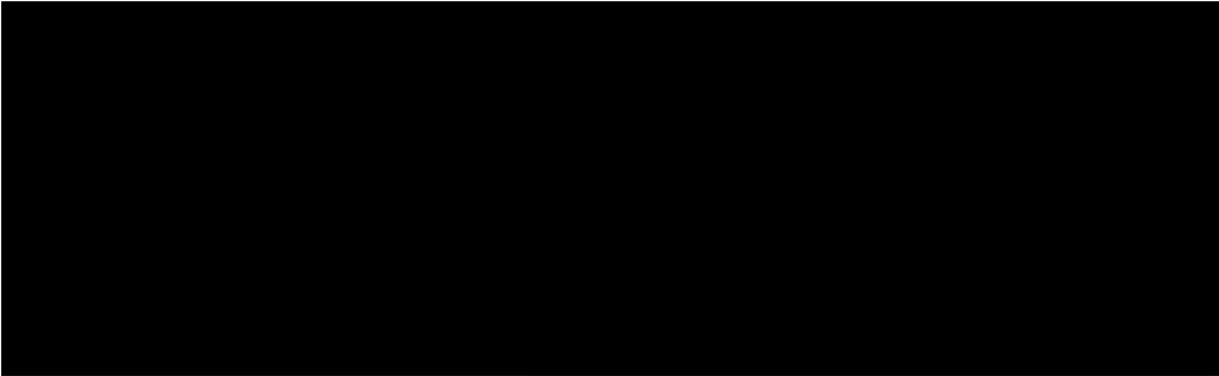
1. **ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:**
 - 1.2. **Apologies:** *noted*
 - 1.3. **Chair welcomed committee members:**
 - 1.4. **Welcome to Country**
2. **PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Action Minutes from April 2018:**
 - 2.2. **Outstanding Actions Arising from Previous Meetings –.**
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:**
 - 2.4.1 **Updates on progress against actions noted.**

Running Sheet of Outstanding Actions Arising from previous meetings:
Refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted Content]					

<p>Eling ANW to liaise. KF/PM to provide update at next meeting 12/09/18.</p> <ul style="list-style-type: none"> • 11/07/2018 – Tejasvi to present information in August. 					
This row is completely redacted with a black box					

Paediatric & Maternity In-patient Survey	Liz to present patient survey information	Liz Chatham/ Karen Faichney	July 2018	Sept 2018 Aug-2018	<ul style="list-style-type: none"> 08/08/2018 – Liz and Karen to present information. 11/07/2018 – Liz to present Paediatric information & Karen to present Maternity information.
Pre-determined Identification Labels	Penny Maher & Tejasvi Chaudhari to look into pre-determined ID labels (pre-birth labels)	Penny Maher/ Tejasvi Chaudhari	July 2018	Oct 2018 Sept 2018 Aug-2018	<ul style="list-style-type: none"> 12/09/2018 – ACTPAS not able to support. Pursuing options with Pathology and Standard 7. 08/08/2018 - Pre-birth labels (after 20 weeks) to assist with reducing pathology incidents/



8



**CH&HS Division of Women
Youth & Children
Quality and Safety Committee**

O&G Departmental Report 20 mins Date: 21/11/2018

Overview

Birthing activity 2018 YTD = 2962, 2017= 3729, 2016= 3709

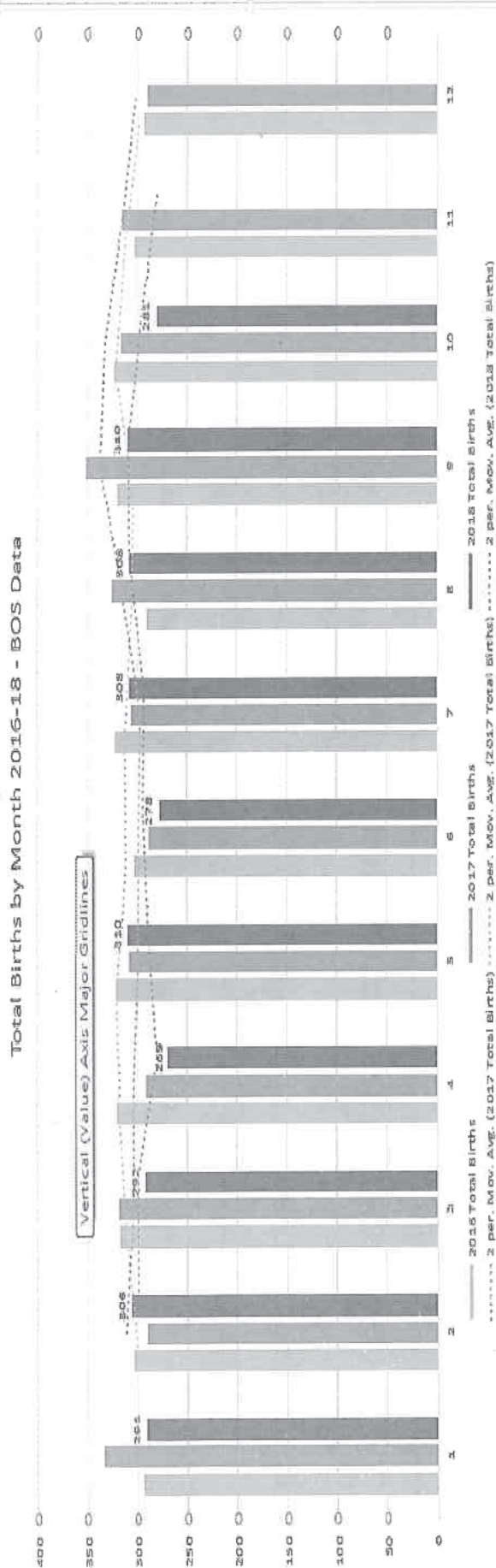
Occupancy in Maternity from June - October 2018-

Birthing (13) has run at 89% occupancy (excluding outpatient presentations),

Birth Centre (5) 40%

Postnatal (15) at 75% plus Postnatal Qualified (3- NAQ) at 72%,

Antenatal (15) at 101%,



Departmental Risk Register

O&G Risk Register - Departmental	
Major and catastrophic risks	Current status/Issues
<p>Major x Possible= High</p> <p>Title: Midwifery Skill mix in Birthing currently there is a higher ratio of junior midwifery staff to experienced staff</p>	<ul style="list-style-type: none"> ● Advertised for positional RM2- successful 3 RMS promoted ● Procurement process to recruit experienced Midwives internationally ● EOLs for A/g RM2- several respondents- acting in RM level 2 positions in ANW/PNW and Birthing and Birth Centre ● CSM for 2 hours per day to assist with staff support and education ● Support RM 1.3 and above to seek personal level 2s ● Respond to increasing activity and acuity with additional staffing
<p>Major x unlikely = High</p> <p>Increased demand and acuity for Birthing Services</p>	<ul style="list-style-type: none"> ● The Demand Strategy- escalated to tier 2 and divisional risk register ● Implementation of the Demand Strategy – underway ● ACT Single entry– in progress for 6 months transition period completed, - RM 1 Liaison to be advertised and Business Rules updated ● Review of L3 and 4- recommendation for RN/M navigator (Bed access and operations manager(s)) – underway ● Activate Maternity Escalation Plan- development of overcapacity plan and traffic light framework prioritising services-in progress ● Workforce Strategy- WYC in progress ● Staff recruitment and retention- EBA offers staff generous overtime/recall remuneration ● Increased funded staffing to Birthing to 7 midwives on each shift and increased funded staffing to ANW 4 RMs morning and evening shifts ● Birth-rate Plus to review FTE staff establishment for Maternity– in progress ● Work with Calvary Hospital regarding the provision of a diabetes service to provide women with gestational diabetes- ongoing

	<ul style="list-style-type: none"> ● Work with Calvary Public Hospital Bruce regarding the transfer of care up to 3 women per week for women who are pregnant and are being booked for: <ul style="list-style-type: none"> -Elective repeat LUSCS or -Elective LUSCS for breech presentation and has declined External Cephalic Version (ECV), and has no history of any complications in the past or current pregnancy: <ul style="list-style-type: none"> -is not requesting tubal sterilisation. -resides in the Belconnen or Gungahlin Regions ● ACT wide Maternity Services Plan – in Progress ● Nurse manager’s monitoring compliance with EBA ● Riskman’s reporting staff stress ● Culture survey due in 2019
<p>Major x possible = high</p> <p>Delay in review of antenatal notes and pathology</p>	<ul style="list-style-type: none"> ● Escalate to B&I for IT solution for integrated IT system to maximise user access and patient safety ● Escalate to medical records gaps in current systems and impact on clinician ability to review notes in a timely manner, impacting on patient safety and clinical handover ● Internal process commenced for review of results. [REDACTED]. D/W Risk Coordinator who suggested escalation to Standard 7 – Blood for their consideration.
<p>Homebirth Risk Register</p>	
<p>Sudden or unexpected complication in labour and /or Critically unwell baby</p>	<ul style="list-style-type: none"> ● Staff training and education, ● competency declaration including some assessments for midwives, ● education and simulations with ACT Ambulance Service- 4th simulation being planned ● Updated guidelines – to include 1st midwife stays 4 hours after birth and 2nd midwife staying for 1 hour after birth
<p>Delay in transfer to CHWC</p>	<ul style="list-style-type: none"> ● Training, Ambulance separate protocols / procedures, Ambulance response guidelines simulation

<p>Insufficient midwives with approved portfolios to open or maintain the service</p>	<ul style="list-style-type: none"> ● CMP fully recruited- 8-9 midwives identified and maintaining training as Home birthing, 2nd midwife considered core CMP portfolio, NB: RMs can opt out ● Midwives Workforce management plan and recruitment strategies - integrating homebirth as core business for maternity services - capacity building of workforce- organise and manage adequate leave cover for midwives
<p>Loss of support for the trial / program</p>	<ul style="list-style-type: none"> ● Capture good news stories via communications team, press releases, credit in good will bank, communication strategy, regular evaluation and review of governance procedures and all events, reconsider responses for adverse outcomes- Canberra Times - October, 2017
<p>Mothers address different to that assessed for eligibility</p>	<ul style="list-style-type: none"> ● Unable to participate in the program ● Recommend transfer to CHWC

Threat to the operational safety of the midwives-
mother/partner/support person become
abusive/uncooperative/road accident/falls hazard

- Risk Screening for home visits , education of parents what program involves, CALM and PART training, admission criteria reduces risk, 2 midwives present, home risk assessment, duress alarms/personal safety alarm

M&M Recommendations Obstetrics & Gynaecology



Division WYC – Obstetrics						
Recommendations from Obstetric Morbidity and Mortality Meeting – August 2018						
SFH charts to be introduced into the unit - in progress	Agree	In progress	Farah Sethna	ERDP Governance		
Patient to be seen in the Placental follow-up clinic referral with FMU to organise appointment	Agree	Complete	FMU	Clinical Handover		
Staff reminded to read entirety of a scan report and not just the conclusion.	Agree	Complete	All Staff	Governance Clinical Handover ERDP		
Feedback to imaging service	Agree	Complete	Farah Sethna	Governance Clinical Handover ERDP		
	Agree	Complete	All Staff	Governance		
Feedback to midwives at delivery regarding documentation	Agree	Complete	Wendy Alder	ERDP		

	Agree	complete	Leon Foster	Governance
Circulate podcast link on difficult C/S – teaching session	Agree	complete	Raelene Garrett and Hazel Carlisle	Governance
Remaining PROMPT teaching sessions for this year to reinforce importance of documentation of newborn resuscitation during the NALS scenario. Email to Raelene Garrett and Hazel Carlisle to follow through on	Agree	complete	CMM/CMCs	Governance ERDP
Staff to be reminded that a fluid balance chart should contain documentation of ongoing blood loss	Agree	complete	CMM/CMCs	Governance
	Agree	complete	Wendy Alder	Governance Health Associated Infection
Look at IV azithromycin for all fully dilated C/S (soon to be ACOG recommendation) Feedback to SSI rate next meeting	Agree	complete	David Knight	Governance ERDP
	Agree	complete	Wendy Alder	Clinical Handover

	noted				
Recommendations from Obstetric Morbidity and Mortality Meeting – September 2018	Agree: Yes or No	Action	Responsibility	Actioning timeframe	
Division WYC – Obstetrics					
Abiding by referral and consultation guidelines i.e. High BMI to be seen by an Obstetrician following preadmission visit.	Agree	Discuss with RM	CMM/CMC	complete	
Bedside USS to be utilized by staff, credentialed to do so.	Agree	Ensure all credentialed staff are aware	Boon Lim FMU CMC/CMM	complete	
Very well managed, importance of retrospective documentation highlighted	noted				

<p>[REDACTED]</p>	<p>Noted</p>			
<p>[REDACTED]</p>	<p>noted</p>			
<p>Review notification to NICU team for attendance at birth i.e. if abnormal CTG intrapartum Neo's should be present for delivery</p>	<p>Agree</p>	<p>Inform Birthing team</p>	<p>Wendy Alder</p>	<p>complete</p>
<p>Importance of documentation to be rediscussed at handover meetings</p>	<p>Agree</p>	<p>Staff education</p>	<p>All</p>	<p>complete</p>
<p>The need for placental fridge has previously been highlighted at previous M&M meetings – Wendy Alder and Penny Maher are in process of obtaining quotes and sourcing funding</p>	<p>Agree</p>	<p>Appropriate Fridge being sourced- quote obtained</p>	<p>Wendy Alder & Penny Maher</p>	<p>In progress- December 2018</p>
<p>Need to raise awareness amongst staff of GBS policy especially need for IV A/B if a previous baby had GBS infection regardless of any screening result in current pregnancy</p>	<p>Agree</p>	<p>Staff education</p>	<p>All</p>	<p>Complete</p>

D. Wing QI GBS project as part of discharge planning	noted						
Women with relevant past/current psychiatric history must be reviewed in the antenatal period by an Obstetrician –	Agree	Communication with midwifery teams providing antenatal care ANC and community midwives CF CW to remind continuity midwives	Julianne Nissen Chris Fowler Chris Wilson	Complete			
	Agree	As per recommendation	Wendy Alder	complete			
Digital Clocks in birth suite –	Agree	Quote, approved and in progress for installation	Wendy Alder Penny Maher	In progress ? December 2018			
Upskilling registered midwives in birth centre and birth suite regarding NEO resuscitation especially IPPV	Agree	NALS education for all RMs	Julia Duvall	In progress-ongoing			
	Agree		Julia Duvall				
Recommend registrar teaching on Neonatal resus (invite consultants and juniors as well –	Agree	PROMPT training	Leon Foster	Medical staff are now attending			
Water labour and birth policy to be reviewed with particular attention to the section on 'exclusions' and policy to be updated accordingly	Agree	Policy group and Q&S to review	Raelene Garret and Alison Porteous	In progress January 2019			
	Agree	Improved communication discussed with teams PROMPT training	CMC/CMM/MO	In progress March 2019			

		Culture and Business Planning			
Better display of cord gas collection indications	Agree	Guidelines/ RANZCOG recommendations	CMC/CMMS	complete	
Feedback to ED - bedside US in ED is freely available	Agree	In progress	Farah Sethna	December 2018	
	Agree	In Progress	M.O (? Who)	December 2018	
BOS to be amended and to be resent to GP and patient	Agree	As recommendation	Wendy Alder	Completed	
History need to be appropriately recorded at PAC	Agree	Julianne Nissen to follow-up with all midwives	Julianne Nissen	complete	
Follow up with BOS if previous history transfers over	Agree	Capacity for Functions in BOS	Jo Borrman	December 2018	
Anaesthetist involved in case will write to GP and will offer PM a follow up appointment if she wishes	Agree	will offer PM a follow up appointment if she wishes	David Knight	Complete	
	noted				
Debrief of staffing following critical incidents	agree	Debriefing with ACT Health and EAP arranged and as required	Penny Maher	Complete	
2 nd anaesthetic registrar at night Monday – Thursday	noted				

Official 2 nd on call consultant 7 days a week	noted					
Lanie Stephens to email changes so it can be provided to all staff Done FS to send copy to CE to file				Lanie Stephens	Completed	
Recommendations from Obstetric Morbidity and Mortality Meeting – October 2018	Agree: Yes or No	Action	Responsibility	Actioning timeframe		
Division WYC – Obstetrics						
[REDACTED]	Yes		Meiri Robertson	Completed		
Communication between departments and families in presence of difficult circumstances (eg aggression of partner) Reminder policy and procedures insitu and adherence to policy promotes better outcomes Acknowledgement of supportive debrief of staff that occurred in this case.	Yes	Clarify what TOP process is documented	Wendy Alder	January 2019		

Timely prompt escalation to medical staff must occur if midwifery staff encounter difficulty taking bloods, particularly in situations of unwell woman	Yes	Education session regarding escalation based on scenario	?	February 2019
Review TOP policy to ensure this scenario is included (TOP on maternal health grounds)	Yes	Review escalation policy that covers all scenarios	Farah Sethna	February 2019
	Yes		Wendy Alder	
	Yes	Carry out risk assessment, see what the findings are to inform the next step. WA to add onto risk register	Wendy Alder	
	Yes	Discuss with Hazel Carlisle and bring back to group	Boon Lim	November
	Yes		Wendy Alder	

If discrepancies in EDB (eg gestation age in this case) are recognised, clarification and adjustment of EDB on BOS needs to occur	Yes	Draft email to all Maternity Staff	Farah Sethna	
	Yes		Julianne Nissen	
	Yes		Julianne Nissen	Completed
Considering offering alternative methods of monitoring if patient declines attending for external scan due to ineligibility status in – i.e. Registrar with USS competency performing USS in ANC to assess growth and reviewing results/images with FMU therefore avoiding cost	Yes	Educate staff regarding non-eligible patients options for USS	Nat DeCure	
	Yes		Julianne Nissen	
Appropriate VTE risk assessment performed and thromboprophylaxis prescribed, all cases of VTE are not preventable	Yes	Add to PAC appointments	Nat DeCure & Julianne Nissen Raelene Garret and Helen Perkins	

[REDACTED]	Yes		Wendy Alder	
Clearer documentation of AN risk factors for VTE assessment required on BOS - Not just a score, should document individual risks	Yes	Arrange education session	Jo Borrman	




CRC Reviews: 25th September 2018



Action table- implementation plan


	Finalised Recommendations	Recommendation Date	Due Date	Responsible person(s)	July 2018 update	
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
5						



Quality Improvement activities- Maternity and Gynaecological Services CHWC

QI activity	Background	Status –	Standard
<p>OASIS- preventing Severe Perineal Trauma</p> <p>Aim: Reduce the incidence of obstetric anal sphincter injuries (OASIS) by 50% in selected primigravida by February 2017.</p>	<p>From Benchmarking with WHA CHWC identified improvement in rates were required to achieve the WHA average</p>	<p>Ongoing –</p> <p>QI to sustain gains:</p> <p>Practice Points:</p> <ol style="list-style-type: none"> 1. Antenatal perineal massage 2. Woman’s Birth positions 3. Warm Compresses to the perineum in 2nd stage 4. Communication with the woman during the 2nd stage for controlled birth of the head 5. Episiotomy- indications and correct technique for episiotomy <p>Excellence, Best Practice:</p> <ul style="list-style-type: none"> • Didactic and interactive education sessions conducted for medical and midwifery staffx 2 days per year ongoing • Reflections updated to include capacity to report on compliance with interventions <p>Collaboration</p> <ul style="list-style-type: none"> • Participated in WHA Expert Working Group <p>Monitoring:</p>	<p>Governance</p>

<p>PPH</p>	<p>From Benchmarking with WHA CHWC identified improvement in rates were required to achieve the WHA average- 'Practice development grant 2017</p>	<p>● OASIS M&M review group to review each 3 or 4 degree tear and report quarterly to M&M</p> <p> QI 1692 Certificate final.pdf</p> <p> Main text 2.docx</p> <p> 3.docx</p>	<p>Governance</p>
		<p>Complete Working group to develop evidence based package to include interventions that aim to reduce the incidence of PPH at CHWC</p> <ul style="list-style-type: none"> ➤ Package 1 antenatal – determine woman’s risk factors using screening tool ➤ Package 2 Intrapartum –labour and birth risk using a modified screening tool ➤ Postpartum package- response to any bleeding in 4th stage is evidenced based <p>Education 4 hour education sessions commenced 2018, 3 have been completed</p>	

		<p>Ongoing</p> <p>Working group meets fortnightly to monitor and review data.</p> <p>Planned education sessions for 2018-2019</p>  Antenatal Identification of Ris  PPH Project Plan.docx	
<p>Preterm Prevention Initiative – Working group</p>	<p>First Meeting 7 December 2018</p> <p>Agenda:</p> <p>Introduction to the Initiative</p> <p>Update from the Preterm Birth Alliance Steering Committee Meeting</p> <p>Funding</p> <ul style="list-style-type: none"> - Midwifery - Ultrasonography - Data Analyst - Promotional material <p>Education for Ultrasound Practices</p> <p>AOB</p>	<p>Lead A.Prof Lim</p>	
<p>Iron Polymaltose infusions QI</p> <p>Aim: Reduced delay in commencement of infusions</p>	<p>Access to high quality care</p> <ul style="list-style-type: none"> • Increased efficiency. 	<p>Ongoing :</p> <ul style="list-style-type: none"> • Document the process time and track the phases. 	<p>Governance</p> <p>Blood and Blood Products</p>

		<ul style="list-style-type: none"> Target the staff involved in the process (medical, pharmacy, delivery, nursing and midwifery). Ferrinject currently provided to women in MAU 	Blood and Blood Products
<p>WBIT QI</p>	<p>Aim to have zero Wrong Blood in Tube incidents and through incorrect PT ID and Mislabeling of Specimens</p>	<p>Ongoing</p> <ul style="list-style-type: none"> Action Plan to enable compliance with the ACT Guidelines for PT ID and Labelling of Specimens <p>For the introduction of the Blood Gas Analyser and targeting areas of highest incidents:</p> <ul style="list-style-type: none"> Newborn Group and DCT requests and labelling Maternal Transfusion requests and labelling <p> WBIT action Plan v4 (002).docx</p>	Pt ID

Optimising Patient experience- Access to Maternity care pathway	Single Point of entry for women referred to CHWC	Business Rules developed Single entry pint RM Liaison employed  DRAFT_Referral Management Busin	Partnering with Consumers Clinical Handover
Publically Funded Homebirth trial	Public demand via the ACT Health minister- Provide women with a publically funded homebirth service in the ACT	Ongoing 3 year trial of a Publically Funded Homebirth Trial commenced in 2017 Year 2 desk top interim review underway. End of year 3 formal review is planned	Partnering with Consumers
PROMPT	M&M Improving response to obstetric and neonatal emergencies	Complete: Undergo training for PROMPT- Attended by Consultants (4), Registrars (6), RMO (5), MW (>100), SM (6), ED (2), Anaesthetist (3) PROMPT workshop run every month to achieve an annual attendance of Birthing Midwives and Medical Staff, bi annual for all other midwives  PROMPT evaluation Novemb	Governance Early Recognition of the Deteriorating Patient
Salutogenic Childbirth Education	Commenced, Practice Development Scholarship for 2017 in collaboration with the University of Canberra	Underway: Antenatal Childbirth Education model/curriculum developed and	Partnering with Consumers Governance