



# Canberra Health Services Consultation Paper

22 November 2023

**Maternal Fetal Medicine Department (MFM)**

**Proposed weekends and public holiday on-call services trial**

Women, Youth and Children

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## 1. Introduction

The CHS Maternal Fetal Medicine department (MFMU) within the division of Women, Youth and Children (WYC) provides care for women with complex or high-risk pregnancies who require specialised care for either them or their baby. The interdisciplinary team, which includes medical specialists, sonographers, midwives, and administrative staff, work collaboratively to deliver excellent care to patients in the ACT and surrounding region. The Sonography service currently operates 5 days a week (Monday to Friday).

The Maternal Fetal Medicine (MFM) specialists, midwives, and sonographers are an integral and essential workforce.

Currently there is no formal obstetric ultrasound service outside of MFM business hours. This leads to an extended period over weekends and public holidays without ultrasound services which can directly impact patient care and delay discharge. To address this gap and strengthen our service and provide the best possible care for patients during the weekend and public holidays it is proposed that on call services from 0800-2000 hrs on Saturday, Sundays, and public holidays be introduced into the MFM department. This is to improve the service and quality of care for high-risk obstetric patients in a tertiary hospital.

The on-call service will provide valuable information for clinicians that will support clinical decisions for complicated cases.

The on-call service is aligned with our clinical governance, patient safety, and quality improvement commitment.

MFM department team have been actively involved in this consultation process.

## 2. Purpose

The purpose of this consultation paper is to propose a change of the operational roster for MFM sonographers. It is proposed that MFM sonographers participate in on call rotating roster for Saturday, Sundays, and Public Holidays throughout the year.

## 3. Rationale for change

To provide optimal care for high-risk obstetric patients admitted to the antenatal ward during weekend and public holidays. Currently high-risk cases are managed by the obstetric team during the weekends and public holidays. An on-call service will improve our patient care and decrease clinical risk.

An on-call service provides another layer of clinical support for the obstetric team as they can incorporate ultrasound information for complex case management.

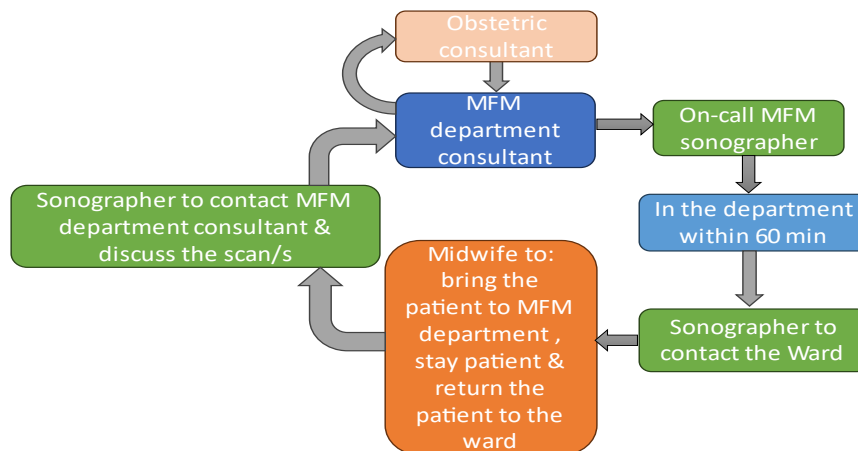
This proposal is part of broader work that is being undertaken to strengthen and rebuild the Fetal Medicine Unit and regain public trust.

## 4. Proposed implementation

Introduction of on call services on Saturdays, Sunday and Public holidays based on rotating on call roster.

Sonographers will be contacted by the consultant on call for MFM to provide the service for urgent obstetric cases. All patients will present to MFM Department accompanied by a midwife.

## 5. Call-in process



**Patient must be assessed and admitted to antenatal ward (no direct MAU/ED scans).**

**All calls must at least meet one of the call-in requirements.**

- **Formal confirmation of FDIU/ultrasound assessment**
- **Doppler surveillance in FGR fetus (usually will be pre-arranged monitoring)**
- **At the discretion of consultant on call for MFM on a case-by-case basis if results of scan may change clinical management.**

- ✓ Obstetric consultant to contact consultant on call for MFM to discuss clinical indications.
- ✓ If approved, the consultant on call for MFM will contact the sonographer for afterhours scan/s.
- ✓ The sonographer must be present in clinical setting within 60 minutes from the time that was contacted.
- ✓ In circumstances that the consultant on call for MFM is unable to contact the sonographer on call, please contact either MFM HOD or manager.

### At arrival:

- Sonographer to contact the ward.
- Midwifery staff to escort the patient to MFM Department and remain with the patient during the time scan and escort the patient back to the ward.
- Sonographer to perform the scan and contact the consultant on call for MFM and discuss the scan prior to leaving the unit.

## 6. Effects of the change

The introduction of on-call service:

- Improves the outcome of high-risk pregnancies by providing the service throughout the year.
- Improves patient satisfaction.
- Provides supporting service for clinical team.

## 7. Mitigation measures

- MFM Department sonographers will be supported and trained for on call service.
- Consultant on call for MFM will be responsible to provide the result to the clinicians.
- Robust call-in criteria will be followed.
- On call parking arrangement to be provided close to the unit (helipad carpark).

7.1 A review will take place after 6 months of implementation to assess the service and implement changes and improvement where is required.

- Frequency of call-ins
- Average number of patients per call-in
- Multi-disciplinary communication strategies
- Patient care outcome

## 8. Consultation methodology

Consultation will be for a period of two (2) weeks. Consultation will be from 22/11/23 – 06/12/23. Feedback can be emailed to, [Phoebe.swan@act.gov.au](mailto:Phoebe.swan@act.gov.au), [Payam.saberian@act.gov.au](mailto:Payam.saberian@act.gov.au)

We are seeking responses to the following questions:

1. What, if any, concerns do you have about the proposal?
2. What other feedback you would like to be considered in relation to the provision of Maternal Fetal Medicine on call Services at CHS?