ACT Government | Canberra Health Services

Model of Care

Fetal Medicine Unit
August 2023

1. Contents

Approvals

Position	Name	Signature	Date

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue

1	May 2023	Mark Gaukroger	FMU team	
1.5	July 2023	Mark Gaukroger	SP	Final clearance for consultation
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*Once this document has been approved please remove the DRAFT watermark.

2. Introduction

This Model of Care (MoC) for the Fetal Medicine Unit sets out the evidence-based framework for describing the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that all health professionals are 'viewing the same picture', working towards common goals and most importantly evaluating performance on an agreed basis.

This MoC:

- outlines the principles, benefits and elements of care,
- provides the basis for how we deliver evidence-based care to every patient, every day through integrated clinical practice, education and research; and
- contains information of patient/client flows (the areas from where patients enter and exit the service) and service co-ordination, that is the linkages required for seamless patient treatment.

A MoC is a dynamic document and will be updated over time to support new evidence and improved ways of working. Any updates will include relevant change management principles and relevant Enterprise Agreement consultation processes to ensure clear engagement and communication.

This MoC should be stored on the Canberra Health Services (CHS) 'Models of Care' intranet site. It will be reviewed and updated regularly through consultation and the relevant communication.

3. Principles

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our patients and their families and to the community. We all have a role to play in delivering on this promise:

- Vision: Creating exceptional health care together
- Role: To be a health service that is trusted by our community

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Our Strategic Plan sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their families, and carers.

Our Partnering with Consumers Framework provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

4. Benefits to be realised

The Fetal Medicine Unit (FMU) provides care for people and families with complex or high-risk pregnancies who need specialised care for either themselves and/or their baby.

This MOC aims to promote consistent, best practice, patient centred care, in line with the National Standards.

The MOC will:

- Help to ensure consumers and carers have a positive and safe experience while accessing FMU services
- Present a consistent experience to consumers and carers
- Provide consistent operational information for staff working within the FMU
- Improve data collection and reporting
- Allow for services to be managed more effectively
- Facilitate benchmarking and quality improvement.

5. Description of service

Services of the Fetal Medicine Unit include:

Assessment of:

- Fetal anomalies
- Complications in current/previous pregnancies
- Complex multiple pregnancies
- Severe maternal medical conditions
- Pre/post pregnancy counselling
- Risk of chromosomal/genetic disease-based history or investigation.

The service is in the Centenary Hospital for Women and Children, Building 11.

The unit includes:

Reception, ultrasound rooms, consultation rooms, and a quiet room. There are offices for staff.

The clinic is located close to the Zouki café.

6. Patient/client journey

6.1 Referrals to the FMU require a medical referral

6.2 External referrals are made through Central Health Intake (CHI). These can be done either by fax, phone or smart form.

5.3 Internal referrals are through the DHR.

- **Prioritisation categories.**

Category	Definition
Urgent	Appointment within 48 hours of receipt of referral
P1	(semi-urgent)—Appointment within 1 week of referral
P2	Appointment within 2 weeks of referral
P3	Routine FMU care – appointment at appropriate gestation

Fetal anomaly

Fetal congenital malformation requiring surveillance or intervention	Urgent
Fetal cardiac arrhythmias	Urgent
Fetal hydrops	Urgent
Second opinion ultrasound/counselling	Urgent
Stillbirth/intrauterine fetal demise (IUFD)	Urgent

Current/previous pregnancy complication

Severe early FGR requiring extended fetal doppler/cardiac function/biophysical assessment	Urgent
Cervical shortening in pregnancy ≤ 25mm	Urgent
Anti-Ro or Anti-La antibodies	P1
Rhesus and other blood group incompatibilities (titre > 1:16 or previously affected fetus or neonate)	P1
Platelet incompatibilities (previously affected fetus or neonate)	P1
Primary infection or seroconversion with toxoplasmosis, cytomegalovirus, parvovirus	P1
Previous high risk placental pathology	P1
Previous spontaneous (non-iatrogenic) preterm birth between 16- and 34-weeks' gestation	P2
Pregnancy after loss (IUFD, neonatal death (NND) – first subsequent pregnancy)	P2

Complex multiple pregnancy

Monochorionic/diamniotic twin pregnancy with twin-twin transfusion syndrome or discordant growth/nuchal translucency	Urgent
Triplet and higher order multiple pregnancy	P1
Monochorionic or monoamniotic twin pregnancy	P2

Severe maternal medical conditions

Cardiac disease (New York Heart Association Classification Grade III or IV)	P1
Maternal transplant	P1
Renal failure with dialysis	P1
Maternal current malignancy	P1
Complex immune mediated disease (P1 if unstable)	P1/2
Complex inflammatory bowel disease (fistula, complex surgery, or complex medications)	P2
Complex hypertensive disease (two or more agents or multi organ development)	P2
HIV	P2

Pre/post pregnancy counselling

Pre-conception women with conditions listed above	P2
Pre-conception women with previous fetal anomaly and possible recurrence	P2
Postnatal follow up	P2
Perinatal loss follow up	P2

Risk of chromosomal/genetic disease-based history or investigation

Counselling or non-invasive pre-natal test (NIPT)	P1
Chorionic villus sampling (CVS)	P1
Amnio	P1

Referral Acceptance Criteria and any supporting documentation is sent to the Manager, Canberra Health Intake, GP Liaison Unit and the GP Healthnet and ACT SNSW Health Pathways system administrators.

- **Conditions NOT treated in the FMU, and alternative appropriate services are:**
  - Women with mild medical disorders, refer to the maternity and gynaecology outpatients service.
  - Endocrine patients, refer to endocrine services for pregnant women.
  - Multiples (twins etc) (except higher order or monochorionic), refer to the maternity and gynaecology outpatients service.

6.3 Triaging

Triage is a process in which a clinician reviews a referral to assess the patient's clinical needs and suitability of the service being requested. The triage process may result in acceptance of the referral, referral to another care provider (such as another specialist clinic or community care) or advising the referrer of strategies to manage the patient.

Written clinical prioritisation guidelines provide consistency in priority decision making. Guidelines should reflect current evidence and be easily accessible to staff responsible for referral management, triage, and clinical prioritisation.

Triaging clinicians determine if the referral is eligible to be seen at Canberra Health Services and triage accordingly. If it is a condition not eligible to be seen, the triaging clinician will decline the referral within the DHR and indicate the reason.

Where a referral is rejected, notification will be sent to the referrer by triaging clinician. Both the referral and letter will be stored on the patient's clinical record within the DHR.

Referrals which can be redirected to other services within Canberra Health Services should be redirected internally through the DHR, not returned to the referrer.

Triage is to occur within 1 business day of registration.

Triage assesses clinical need based on clinical urgency. The allocation of a referral to a clinician for triage must be tracked on the referral management system within DHR. **Clinicians should triage all referrals within 1 business day of their receipt of the referral from CHI.**

A priority category is the outcome of the triage process. Clinicians must note their prioritisation of the referral and any booking instructions on the referral.

Referral and Triage Process

Referral / Triaging

1. Daily referrals from CHI → DHR

Each day referrals are reviewed daily by the rostered triaging clinician of the day

2. Correspondence (i.e., decline letter, or information letters) should be generated at this time and uploaded into DHR.
3. It is the responsibility of FMU on-call consultant to ensure that all referrals are triaged and none are left outstanding.

6.4 Booking Instructions

During the triage process clinicians may include booking instructions which may include:

- A book before by date/period.
- Request for any investigations to be undertaken prior to appointment being booked.
- Request to provide information to the patient in order that they attend the appointment in the most prepared state.
- To be rejected or redirected.

Referrals sent via Health Link Smart Forms are received directly from the GP's practice management software to the Central Health Intake inbox. If the patient is already known to CHS and the 3 identifiers match, then the referral will go immediately to the FMU referral inbox.

Using Health Link Smart Forms eliminates the risk of illegible referrals and referrals are structured to provide accurate information required for triage.

For more information on Health Link Smart Forms please contact Digital.Solutions@act.gov.au

Administrative staff make initial appointments for consumers following either an administrative screening process for eligibility and/or following clinician triage (including direct triage from inpatients).

Follow up appointments are also booked by administrative staff on instruction by the clinician.

Note: Any detainees e.g., at the Alexander Maconochie Centre (AMC) or Bimberi are not to be provided with the date and time of their appointment. This detail is only to be provided to the staff. Details are likewise not allowed to be released to any other parties or to be discussed in front of the detainee.

Efficient appointment scheduling and booking processes are integral to maximising clinic capacity, controlling patient flow, reducing overbookings, and reducing Did Not Attend (DNA) rates. Clinics schedules should reflect the true clinic capacity (a product of clinician time and rooms available).

Consider the use of telehealth as an alternative option for face-to-face appointments where appropriate.

When scheduling an appointment with a consumer the booking officer shall take steps to ensure the consumer has the ability and intention to attend. Some considerations which increase attendance are:

- Providing an appointment at a time of day that suits the consumer
- Scheduling the appointment for a convenient day of the week

- Scheduling the appointment in a few weeks, where appropriate, rather than a few days to allows the consumer to arrange travel or carer support. (This is especially useful for consumers who do not live in the ACT.)
- All services will use the SMS reminder system unless opted out in the DHR clinic set up form. Appointment type and Dependent resource tab in DHR will determine type of appointment and mode of appointment.
- For those few exceptions that do not use the SMS system or for where consumers do not have a mobile service, administrative support staff will telephone consumers the day prior to the appointment to remind them of their appointment.

To maximise capacity and not waste clinician time, services should check each session at least one week out to ensure it has been fully booked.

Rescheduling Appointments

An appointment is rescheduled when the time of the appointment is changed from one to another.

Contact with consumers for appointments within two weeks should be undertaken by telephone. For those appointments between 2- and 4-weeks mail or email can be used.

When rescheduling appointments, record both who requested the appointment be rescheduled and the reason why using the following drop-down options in DHR.

In the event of a pandemic (COVID-19) please refer to COVID-19 Non-admitted care guideline.

Management of Urgent FMU referrals

Urgent requests need to be triaged promptly by the clinician and appointments booked as per the instructions from the clinician. When clinicians, including registrars, are discussing urgent referrals with GPs/referrers and request an urgent referral be sent, relevant administrative staff should be alerted to the referral.

Urgent Appointments

Two (2) appointment slots (10:30 and 13:30) will be available each day for urgent appointments. This is to accommodate urgent external and internal appointments. When there are no clinic appointments available and a clinician wishes to add a patient, this should be escalated to the MI5/ and/or FMU consultant of the day.

Subsequent Appointments:

Should a patient require a subsequent appointment, the clinician will advise administration who will organise the subsequent appointment in conjunction with the patient.

Did Not Attend

Should a patient fail to present for an appointment, they will be contacted by administration staff and a second appointment time will be made. If a patient fails to attend an appointment three (3) times, then the referral will be rejected, and the referrer notified.

Note:

At the end of each clinic session the clinician should review the patients who have not attended and alert administrative/clinical staff to any patients of concern to identify any clinical risk of applying the DNA process.

6.5 Patient Flow

Following patient registration, the patient's referral is uploaded onto DHR and linked to a pool in which the FMU clinicians can triage. Following triage, a request is added by the triaging clinician which will then move their encounter over to our 'appt request' workqueue 3393. Each patient should be contacted within 5 business days of their referral being received. Administration will then contact the patient and proceed with the appt request.

Clinic Naming and Coding

There are specific codes allocated to scans, obstetric clinics, and midwifery clinics.

FMU Scans

1245 - CHWC FMU ROOM 1 MACHINE FMU Scan

1247 - CHWC FMU ROOM 2 MACHINE FMU Scan

1248 - CHWC FMU ROOM 3 MACHINE FMU Scan

FMU Obstetrics

2194 - STEFMU FMU Obstetric

2197 - SETANT - FMU Obstetric

2192 - LIMPTB - Preterm Birth

2191 - CROFMY -General Medicine

2196 - SETANA - Anaesthetic

FMU Midwife

2187 - FMUMID Midwife FMU

2188 - MIDPTBMidwife - Preterm Birth

2189 - FMUEPA Midwife EPAU

Clinic Rescheduling:

Administration to print a list of the clinics we need to reschedule. Consultation with clinical staff to triage patients and reallocate. Patients are then contacted by administration staff and moved.

Clinic Cancellation:

If a clinic must be cancelled, patients are notified of the cancellation via phone and alternative appointments arranged.

Recording Patient Contact:

ALL contacts with patients (both administrative and clinical) should be recorded in the patient's DHR.

Management of Clinician planned leave

Clinicians are to ensure proper notice of planned leave. A minimum of **6 weeks** is required.

Escalation

a) clinic operation – see chart below

b) Clinical concern Sonographer, midwife escalate clinical concerns to FMU consultant on call. If no on call FMU consultant to escalate to the on-call Obstetrician

Green

- Full operation FMU services
- Use allocated relief staff to cover personal leave
- Recall staff from education & training or study leave
- when ***GREEN*** action plan fully implemented progress to ***AMBER***

Amber

- Normal clinic operation is compromised
- Notify FMU consultant on call, clinical medical director, clinical nurse manager MI 5 and administration team leader.
- Identify mitigation actions to resolve

RED ALERT

- Mitigation actions ineffective
- notify clinical director, ADON and operations manager
- implement additional mitigation actions

Red

- **Additional mitigation actions ineffective**
- **Cancellation & Rescheduling of Services**

Reporting is undertaken through ***Viewpoint Software***. Licenses to access Viewpoint are limited.

Licenses will be purchased for the following locations.

Ultrasound rooms 1, 2, 3.

Midwife consult room

Medical consult rooms x 2

Laptop x 1

1. **Reporting**

FMU consultants will finalise all reports within 24 hours or next business day.

In urgent cases, the findings need to be reported immediately post scan and the referring team informed of the findings by the consultant.

In such cases the sonographer is to contact the FMU consultant for the day and advise their concerns. The consultant will discuss the findings and future care options with the patient.

(If unable to finalise the report, the consultant will hand over the report to a colleague and document transfer within the patient record.)

NB: Sonographers worksheet/impression must not be used for clinical decision making on its own without the FMU consultant's report. As such, the sonographer's worksheet/impression should not be viewable to the referrer.

No reports are to be released until the report has been written by an appropriate consultant.

Each report will contain:

1. Indication for scan
2. Gravidity Parity
3. Relevant background information
4. First trimester screen results (cFTS v NIPT)
5. Summary of report should answer indication/question

Each finalised report MUST be uploaded to DHR. Non ACT Health patients will have their finalised report printed and posted.

Note: Combined First Trimester Screening (cFTS) that are awaiting biochemistry or other investigations should be labelled on Viewpoint as "Awaiting results"

Reasons to label reports as "Await results"

- cFTS awaiting results
- Invasive procedures that are awaiting results
- Each department meeting a list of "Awaiting Biochemistry" is generated to ensure that they are appropriately followed up.

7. Interdependencies

This section describes the services which support the operations of the Fetal Medicine Unit

Bedside Data Entry, Digital Health Record, Patient Journey Boards

The Antenatal, Gynaecology and Early Pregnancy Service (EPS) ward has two work rooms to assist with the DHR and data entry. Transportable workstations are stored in the corridor storage bays for data entry use at the bedside. Members of the obstetric/gynaecology team and additional members of the multidisciplinary team will also have the use of this bedside data entry for documentation and planning women's care.

Patient journey boards are located in the Antenatal, Gynaecology and Early Pregnancy Service (EPS) work rooms. These provide updated information regarding the patient's demographic information, location, alerts, and transport needs. They are a communicative tool designed to increase the awareness of a patient's status at any given time and assist with care planning and the discharge process. An Integrated CTG monitoring system utilises ISP to provide a comprehensive clinical record that can be accessed virtually from the Birth Suite central hub.

Biomedical Equipment Management

Ultrasound equipment.

Biomedical Equipment Management services are provided by Healthcare Technology. Portable CTG machines and observations machines are stored in the hallway storage bays and can be used for assessment and intermittent monitoring.

Linen

Supplies are delivered by the CHS linen contractor and delivered daily, clean linen is stored in the designated area, located in the designated hallway storage bay. The linen supply is restocked by a trolley exchange system. Dirty linen is stored in linen hampers in the dirty utility room. Collection and transfer to a central location occurs daily.

Pathology

Pathology services are provided by ACT pathology, located in building 10. Services are provided to the unit weekdays during business hours. Pathology samples can be taken directly to Pathology located in building 10.

Printer

Multifunction printer facilities are located throughout the unit and are accessed with individual ID badges through 'Follow Me'.

Communication within the unit

The Antenatal, Gynaecology and Early Pregnancy Service (EPS) ward Team Leaders and Manager carry a VoIP telephone whilst on shift, a distributed antenna system which provides access to carrier

mobile phone networks within the CHS building or mobile devices depending on which system is more appropriate. Landlines are also available throughout the ward.

Waste Management

Waste is managed as per the CHS Policy for Waste Management

Infection Control

The Fetal Medicine Unit complies with the National Safety and Quality Health Services (NSQHS) Standard on Prevention and Control of Healthcare infections, CHS policy and procedures and work closely with the Infection Prevention and Control Unit to minimise the risk of health care related infections. Current practices include hand hygiene practices, standard precautions, additional precautions, environmental cleaning, isolation of women who present with infectious disease, quarantine of women during pandemics or with listed diseases requiring quarantine, are scheduled for a review at the end of a clinic period and the room is terminally cleaned.

Pharmacy/ Medications

Pharmacy services are provided by Canberra Hospital Pharmacy Service

Medications which are administered in the FMU will be supplied either by the patient, or on imprest.

Stores

Supplies are provided by an imprest stock system. Stock levels are monitored by the purchasing and inventory system.

Security

Duress alarms are located in the reception are and staff assist call bells are within the clinic rooms.

Interpreter Services

Interpreter services are available to women, their families and their carers through the Translating and Interpreting Service (TIS). Translating and Interpreting Service (TIS National)

Wi-Fi

Free Wi-Fi internet and networking access is provided throughout the FMU for use by staff and visitors.

ISS Facility Services

ISS Facility Services Pty Ltd is contracted for all domestic and cleaning services across CHS and ACT Health. Their services include:

- cleaning
- pest control

- waste management
- grounds cleaning
- feminine hygiene
- equipment distribution (Canberra Hospital only)

Infectious Room Cleaning The Infectious Cleaning Team manages the cleaning of infectious rooms (upon request).

Non-infectious Room Cleaning Ward Cleaners manage the cleanliness of non-infectious rooms (daily).

8. Service support

The Fetal Medicine Unit collaborates closely with many allied health specialties. These include but are not exclusive to:

- **Endocrinology**
  A team of Endocrinologists, Diabetes Nurse Educators, Dieticians, Podiatrists, and a Social Worker who provide endocrine care, education, and management for women with diabetes during pregnancy.
- **Maternity Assessment Unit**
  A midwifery led unit that provides assessment and monitoring services from 20 weeks pregnant up to 14 days postpartum where the issue is related to the birth.
- **Social Work and Psychology**
  A service providing emotional, psychological, and social support to women and their families throughout the pregnancy and postnatal period.
- **Nutrition/dietician**
  Available to women during pregnancy and up to two years after giving birth.
- **Legal aid**
  As part of the Health Justice Partnership there is a Legal Aid ACT lawyer on site at Centenary Hospital for Women and Children. Available to assist with family violence, family law, care and protection matters.
- **Pathology**
  Pathology collection, analysis, and results service. Ward service Monday to Friday.
- **Physiotherapy**
  Physiotherapy service for women who are pregnant or up to 12 months postpartum, offering both individual and group appointments.
- **Ultrasound providers**
  Ultrasound services are available both within the Hospital and community.
- **Aboriginal and Torres Strait Islander Liaison Service**
  A service aimed at helping Aboriginal and Torres Strait Islander peoples from the ACT and regional NSW to access mainstream health care services and support them on their journey.
- **Child and Youth Protection Services**
  Statutory child protection agency for the ACT region that facilitate and co-ordinate services across government for the care and protection of children and young people believed to be at risk of harm.
- **Early Family Support Service**
  A multidisciplinary service that includes a sustained nurse home visiting service for vulnerable families from pregnancy through to 12 months.
- **Smoking Cessation**

Support for women who are interested in changing their smoking behaviours.

- **Drug and alcohol**
  Support internally through a liaison.
- **Gynaecology**
  General investigation, diagnosis, and management of gynaecological conditions.
- **Women's Health Service**
  A multidisciplinary team that sees vulnerable women aged 14 years and above who find it difficult to access health services.
- **Perinatal Mental Health Service**
  The PNMH service provides specialist opinion for pregnant and postnatal women (up to 12 months postpartum) who are experiencing moderate to severe mental health issues. They also provide preconception planning for women with a major mental illness or history of mental illness.
- **Neonatologists**
  A specialist doctor who treats complex and high-risk medical problems in newborns.
- **Paediatricians**
- A specialist doctor who provides care for children from birth to young adulthood.
- **Mental Health**
  Referral to the Psychology liaison Officer.
- **Spiritual Support Care**
  A bedside confidential emotional and spiritual support service for patients and family members during illness, surgery, and hospitalisation.
- **Genetic Counselling**
  A counselling service for families either affected by or at risk for genetic disorders.
- **HITH**
  Hospital in the Home is an inpatient service of the Canberra Hospital and Health Services (CHHS). It provides access to health care for patients in their home 24 hours a day 7 days a week. Relevant CHS Policy "Hospital in the Home Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum (Adults)"

9. Workforce

Rostered Staff

Current staffing is:

Medical officers:

TBA

Sonographers:

MI 5 x 2 FTE

MI 4 x 1.58

Midwife:

1.4 FTE RM2

1.0 FTE RM (3.1) Peri natal loss coordinator (Federal Funding – Stillborn autopsy investigation)

0.4 RM2 Pre-term birth midwife (unfunded)

Administration: 10 FTE (all antenatal/gynaecology clinics)

Counsellors:

0 - prn

On call arrangements:

During clinic hours, if there is no medical officer present within the unit, then a suitably qualified medical officer must be available for contact during FMU business hours. This includes the FMU consultant and the Consultant Obstetrician on call for WYC.

The consultant will:

Roles and Responsibilities

1. Carry contact phone to answer both internal and external requests (Phone is to be returned by the consultant to FMU and place on charge at the end of the day)
2. Counsel patients with newly identified fetal abnormalities.
3. Performs invasive procedures.
4. Ensure all new referrals have been triaged by COB.
5. Finalise all reports for the day.
    a. If duties are outside scope for consultant of the day
        i. Reporting → Handover the report to a colleague
        ii. Complex abnormalities / Invasive procedure → Handover to a colleague or book into anomaly/invasive clinic
6. Any leave to be communicated with Practice Manager/CNM

The medical officer rostered for the day, and their contact details, will be displayed in the FMU workroom. The roster is updated weekly and is updated by the Antenatal Clinic Team Leader.

10. Accreditation and Training

All clinical staff should ensure that they are credentialled according to their relevant professional body.

Medical Officers:

- are credentialled and granted with an approved scope of clinical practice for the purposes of the *Health Act 1993* through the Medical and Dental Appointments Advisory Committee (in the case of Personnel that are medical practitioners),
- are appropriately registered in accordance with the Background Checking Act (if required); and have the skills, training and expertise appropriate for the Services,
- MFM/Sonologists must be registered with:

(a) AHPRA

(b) Possess the following qualifications RANZCOG CMFM, COGU or DDU

Sonographers:

The Medical Imaging Profession Lead is responsible for credentialing all FMU sonographers according to the CHS Credentialing and Defining Scope of Clinical Practice for Allied Health Procedure. Sonographers are credentialed prior to commencing at CHS, one year after initial credentialing and every three years thereafter.

Sonographers are governed by the following Standards of Practice:

ASUM Standards of Practice

Sonographers must practice within DIAS regulations:

https://www.health.gov.au/topics/diagnostic-imaging/about?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation

Sonography images are continually assessed by the reporting sonologist (ultrasound specialist) as to whether they are of sufficient quality to answer the clinical question and to allow the sonologist to write a report. First trimester risk assessment ultrasounds are audited annually by RANZCOG.

First trimester risk assessment is performed by a Nuchal Translucency Education and Monitoring Program (NTUEMP) certified sonographer/sonologist. NTUEMP is administered by RANZCOG.

Clinical supervision is not mandated by professional bodies but is recommended in the CHS Clinical Supervision Guidelines for Health Professionals and WYC Procedure for Allied Health Clinical Supervision. Staff working at the Medical Imaging Level 4 classification should be provided with a minimum of 60 minutes of clinical supervision per month. Some staff may require supervision above the minimum requirements, and this may take the form of peer, group, or individual supervision. All sonographers must have a clinical supervision agreement in place.

Sonographers must complete their CHS mandatory education and be supported in their learning and development. Professional development support is an entitlement under the Health Professional Enterprise Agreement. Funding support is available through the Professional Development Support Scheme - Professional development support (sharepoint.com)

Australian Sonography Accreditation Registry (ASAR) - www.asar.com.au

Australasian Sonographers Association (ASA) -

www.a-s-a.com.au

Australasian Society for Ultrasound in Medicine (ASUJM) www.asum.com.au

Nursing:

All staff are expected to hold relevant and current registrations and be fit for practice as ascertained at medical assessment on employment.

Teaching, training, and development opportunities are a vital part of the FMU. Teaching and education include activities undertaken through targeted in-service education, short courses, conferences, university and higher

education institutions, the Staff Development Unit and on the job training and is underpinned but the Midwifery and Nursing Education Framework for Maternity.

Midwifery education will be facilitated by the team of Clinical Development Midwife (CDM) who cover the whole of Maternity. Clinical placement for students from universities will also be provided for midwifery, allied health, and medical students.

Midwives will also participate in regular debriefing, self-evaluation, reviews of practice, clinical supervision, quality improvement and further training specific to their scope of practice.

Multidisciplinary learning and development opportunities are promoted and encouraged. Medical teaching rounds will occur during ward rounds. Staff will also be encouraged complete professional development packages to continue to evolve their skills and knowledge.

Genetic Counsellors:

Genetic Counsellors have specialist knowledge in human genetics, counselling and health communication skills. Genetic counsellors support people to make informed decisions about genetic testing, interpret test results and communicate the implications of the result, for the individual and their family members.

In order to practice, Genetic Counsellors undertake a clinical Masters Degree in Genetic Counselling, they then complete 2 years of on the job training to become Certified Genetic Counsellor. The professional body for Genetic Counsellors is the Human Genetics Society of Australasia (HGSA)

Genetic Counsellors are not regulated by the Australian Health Practitioner Regulation Agency (AHPRA) and those that practice at CHS are credentialed via the Allied Health Professional Credentialing procedure. They are expected to undertake continued professional development.

Clinical Geneticist:

Clinical Geneticists are medical practitioners who specialise in providing diagnosis and management of individuals and families with or at risk of a genetic condition. They work closely with Genetic Counsellors. After completing a medical qualification, Clinical Geneticists under take advanced training in clinical genetics in order to attain the Fellow of Royal College Australasian of Physicians (FRACP) qualification. As with all Medical Practitioners they are regulated by the Australian Health Practitioner Regulation Agency (AHPRA) and are expected to undertake continued professional development.

Administration Staff:

DHR training, standard training for ACT Health

Clinical Supervision

Clinical supervision is discipline specific and is managed through staffs immediate supervisor.

11. Implementation

Implementation of this Model of Care will commence following the agreement of all stakeholders.

This Model of Care will be accessible to all relevant stakeholders via the electronic policy/guideline register on the ACT Health intranet. Education on the implementation of the Model of Care will be provided at appropriate multidisciplinary education sessions.

12. Monitoring and Evaluation

Monitoring and evaluation of the MAU will occur through a range of mechanisms, including:

- CHS's Clinical Governance Structure and Committees;
- CHS's Risk Management Processes;
- CHS's structures for Morbidity and Mortality (Meetings);
- Operational and management performance monitoring processes that indicate balanced scorecard, synergies, and efficiency measures; and
- Australian Council of Healthcare Standards (ACHS) against the National Safety and Quality Health Service (NSQHS) Standards set by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

13. Quality Assurance (QA) and Key Performance Indicators (KPIs)

A range of data is available through both DHR and Clinical Portal. Staff need to ensure they have access to reports appropriate to their tasks. Access to reports can be obtained by emailing Digital Solutions Support.

QA activities and KPI will be reported at the monthly

Clinical Key Performance Indicators

Indicator	Performance Measurement	Frequency of Audit
No of clients on wait list		TBA
Time of referral to time seen (per prioritisation category)	Urgent – within 48 hours P1. 1 week P2. 2 weeks P3. Routine – appointment appropriate to gestation.	TBA

Time of scan to reporting of Scan	48 hours	monthly
Scan Report quality	As per scan report template	TBA

Administration Quality Reporting

Administration Teams need to ensure regular quality assurance activities are scheduled into routine tasks. A suggested schedule is below.

Suggested QA Schedule

Data Element	Frequency of QA Activity
Close inactive referrals	6 monthly
Data Validations	Monthly
Wait List Entries	Book before date error reports – fortnightly Other error reports – 3 monthly Duplicate values report using Excel to identify the same URN in the same specialty to check for any duplicates
DNA	Daily management with monthly QA
Cat Nulls	Weekly

Outcome

Constant improvements and assessment of the quality of the service. Improvements are focused on systems effectiveness, audit results and consumer and staff feedback as outlined in the National Safety and Quality Health Standards. No adverse events or near misses arising from patients attending and receiving treatment within the Outpatient Services at CHS.

14. Records management

Following the relevant consultation, this finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – 'Models of Care', to ensure accessibility for all staff.

15. Abbreviations

Acronym / Term	Definition
AMC	Alexander Maconochie Centre
CHS	Canberra Health Services
DHR	Digital Health Record
Consumer	Used to refer to patients, consumers, and clients.
Clinician	Any health professional providing direct clinical services and includes doctors, nurses, midwives, and allied health professionals.
Carer	Persons who provide unpaid care and support to family members and friends who have a disability, medical condition, mental illness, an alcohol, or other drug issue, or who are frail and/or aged.
CFTS	Combined first trimester screen
CHI	Central Health Intake
CVS	Choroionic Villus Sampling
DFM	Decreased fetal movement
DNA	Did not attend
DVP	Deep Vertical Pocket
FGR	Fetal Growth Restriction
FMU	Fetal Medicine Unit
HIV	Human Immunodeficiency virus
MOC	Model of Care
NIPT	Non invasive pre-natal test
TIS	Telephone Interpreter Service.
UA Doppler	Umbilical Artery doppler

16. Reference List

Australian Council on Health Care Standards The Australian Council on Healthcare Standards (ACHS)

COAG Health Council Woman-centred care Strategic directions for Australian maternity services (2019). Woman-centred care: Strategic Directions for Australian Maternity Services (health.gov.au)

The NSQHS Standards The NSQHS Standards | Australian Commission on Safety and Quality in Health Care

Pregnancy Care Guidelines Pregnancy Care Guidelines | Australian Government Department of Health and Aged Care

Maternity in Focus: The ACT Public Maternity System Plan 2022-2032 Maternity in Focus_The Public Maternity System Plan 2022-2032 (act.gov.au)

National Midwifery Guidelines for Consultation and Referral 4th Edition National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf (midwives.org.au)

17. Model of Care Development Participants

Position	Name
ADOM	Wendy Alder
CNM	Julianne Nissen
MI – Sonography	Teri Carmody
Medical Officer	Boon Lim
RM	Alison Clarke
FMU all staff meeting	

ACKNOWLEDGMENT OF COUNTRY

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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