Newsletter

May 2007

Reminders

PERS Obstetricians: Please provide Kate with your most up to date contact details for both 0700-1900 and 1900-0700 on call shifts.
Email Kate at kate.freeman@rwh.org.au

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The consultative role of PERS

Several of you attended the recent RANZCOG Provincial Fellows ASM in Ballarat. I was particularly struck by the increasing workload and on-call responsibilities carried by our provincial colleagues, as well as by the difficulties that they experience in getting locum cover to enable them to have some time out.

One of the roles of PERS is to provide 24x7 access to consultant advice. I hope that you all share my perception that this includes providing a 'safety net' for rural midwives and GP obstetricians when their usual O&G specialist is unavailable to provide them with immediate guidance, even about clinical problems that would not ordinarily sit within our usual caseload of 'perinatal emergencies'.

It is in everyone's best interest to support the viability of the remaining rural maternity units, especially the preparedness of rural procedural GPs to continue to participate actively in maternity care! SOLS, mentioned below, provides opportunities for you to further support our rural colleagues.

Time Critical Transfers

Have we made a difference?

Since early March, during initial triage calls, you have been asked to advise the Coordinators if you believe the case should become 'time critical'. By agreement with the Directors of the three tertiary hospitals, this classification enables the Coordinator to provisionally allocate a bed at the *nearest* tertiary maternity hospital that is *known to have a NICU bed available.* This in turn enables the referring hospital to immediately book an ambulance.

Determining whether a case is 'time critical' requires an exercise of judgement on your part: Is it essential that this particular delivery occurs in a tertiary facility to achieve the best outcome? Delivery is likely to occur or needs to occur within the next 12-24 hours? How long is it likely to take to transfer the mother, given her current location and the availability of a transport platform? How big is the 'window of opportunity' to safely effect transfer before there is a significant risk of maternal or fetal compromise occurring, or of delivery en route?

In all of our first 8 cases designated 'time critical', a bed was confirmed by the receiving hospital within 25 minutes. In 5/8 cases, within 15 minutes. It has not yet been necessary to escalate the discussion to the Clinical Service Director to overcome any perceived issues with maternity capacity. Informal feedback from the Coordinators indicates that discussing the previous difficulties and developing a clearer process for bed allocation has significantly improved the quality of communication with the bed managers and registrars at each of the three tertiary hospitals. Please email kate.freeman@rwh.org.au with feedback on the following:

- *How confident are you in making the call that a transfer is 'time critical'?*
- *Is there any additional information that would help with your decision?*
- *Is it worth exploring a similar approach to bed allocation for the remainder of PERS transfers?*
- *For those who are located at one of the three tertiary hospitals: how do you think this change has been perceived by your staff?*

SPECIALIST OBSTETRICIAN LOCUM SCHEME

SOLS was established to assist rural obstetricians who remain in the country. The federal government, through the SOLS management team, pays 50% of the current market rate for locums for 14 days, travel and state registration. The hospital provides accommodation and a car, the final income paid to the locum is negotiable between the locum and the hospital. If any registered obstetrician is interested in providing some locum relief for their rural colleagues with the benefit of visiting rural Australia, please contact Anna Maloney at RANZCOG on 1800 333 415. For further information, visit: www.ranzcog.edu.au/sols/index.shtml

PERS BREAKFAST EVENT

PERS Obstetricians and their families are invited to attend a PERS breakfast event in order to meet and greet fellow Obstetricians and PERS Medical Director Jacqui Smith.

Sunday May 27th 10.00 am
Joe's Garage
366 Brunswick Street, Fitzroy
No RSVP necessary

GREEN OFFICE UPDATE

The latest *Green Guide for Health Care* has been released. This is a best practice guide for members of the healthcare industry, covering sustainable building design, construction, and operations. To download this guide: www.gghc.org
To find information on sustainable practices in health care visit www.h2e-online.org

PERS

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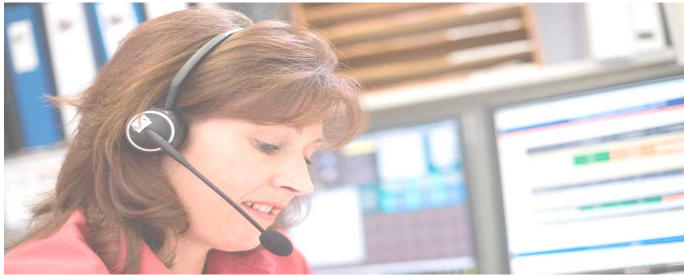

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PERS Consultants: New Orientation package

In many ways, PERS is a 'virtual organisation', staffed by O&G specialists scattered across Melbourne and linked to PERS principally through their interaction with the PERS coordinators, rather than through interactions with each other.

I'm working on developing a simple orientation package to be provided to all PERS consultants.

Many of you have had much experience working in the Victorian health system and are involved in extensive networks of professional contacts across metropolitan and rural maternity units, so much of this orientation package may be unnecessary. However, a number of the current consultants have come to Victoria from elsewhere, and may have little professional experience outside of the tertiary centre to which they are principally appointed and my guess is that they would find this information especially helpful.

I would appreciate your feedback regarding the concept so far:

Overview of PERS - Why was PERS created? What is its stated role?

Administrative structure of PERS – Who does what? How can you contact myself / Kate Freeman (Admin Officer) / Julie Collette (Director of Management and Education / Fay Presbury (Director Nursing, NETS) in order to discuss issues of governance, appointment and credentialing processes, annual feedback, roster management, pay, salary packaging and super, leave notification, leave cover, KPIs, case reports, educational & research opportunities.

The workings of the communication/coordination centre – What is the professional background of the PERS coordinators? How can we best contact you in hours, out of hours? How quickly do you need to respond when a coordinator asks you to join in on a call? How does the back up/second on-call system work if you are delayed? When should the NETS consultant be asked to join in? When should the NETS/PERS Medical Directors be asked to join in?

Overview of the service profile of each of the level I & level II maternity units: Who has access to specialist O&G support and who has on-site registrar/HMO support? Who is supported by GP-obstetricians only? Which units have access to paediatrics on-site? Which units have access to a specialist anaesthetist, a GP-anaesthetist and which have no opportunity to open theatre? What is the capability/staffing profile of the SCN at each level II?

Geographic relationships – Where is the nearest/most accessible level II unit, level III unit? How long will it take to transport the patient by road? Is Air Ambulance a viable option?

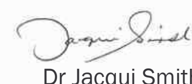
Specific agreed protocols for management of cases, critical incidents and complaints handling

The roles of related services — What does NETS do? What does VAERCS do? When should they be involved in a PERS case?

Please email your suggestions on these points above and any others you feel would be useful to kate.freeman@rwh.org.au

Thanks very much for your input,

Regards,



Dr Jacqui Smith