

Castlemaine Health Maternity Service Review June 2020

Summary of Background

Castlemaine Health provides a Level 2 maternity unit providing care for women who meet the criteria for normal risk pregnancy and birthing. The service does not include elective or emergency caesarean, epidural analgesia/anaesthesia or operating theatre capability for events arising during birthing or the immediate postpartum period.

The number of births ranges from 40 to 50 per year and has been relatively stable over the last five years. Women whose pregnancy falls outside the Level 2 capability of Castlemaine Health are referred to Bendigo Health. Maternity care at Castlemaine Health is provided by private practice GP obstetricians credentialed by the health service and registered midwives employed by Castlemaine Health.

There are well-recognised challenges facing the provision of maternity services in small rural and regional centres. There is also heightened sensitivity around maternal and perinatal outcomes following the Bacchus Marsh review and the resulting 2016 Duckett 'Targeting Zero' report commissioned by the then Health Minister, with the stated goal to target zero avoidable hospital harm.

In May 2020 Castlemaine Health Board of Management, in discussions with the Director Medical Services, Safer Care Victoria (SCV) and the Victorian Department of Health and Human Services (DHHS), endorsed a decision to suspend Castlemaine Health's maternity services. This decision was based on concern about the safety of the current service.

The Board commissioned an independent review of the maternity service to examine the procedures, policies, clinical practice protocols and maternity clinical governance systems that determine the capacity, capability and safety of a maternity service.

The Terms of Reference required reviewers to provide a recommendation on the timing of reopening the service, as well as potential changes to clinical care, supporting systems and governance. The recommendations were to assure the Board and Executive, when implemented, that the maternity service would be safe, viable and sustainable.

The reviewers appointed were Dr Rupert Sherwood FRANZCOG FRCOG (Hons) and Ms Lisa Smith RN BSc Mid (Hons).

Summary of process

The reviewers undertook a five-week process of reviewing documentation, extensive interviews with Castlemaine Health Board members, Executive, staff, GP obstetricians, Bendigo Health representatives and patients. The reviewers sought additional

information from Bendigo Health, regional and clinical committees working in maternity care and community support groups.

The clinical records and datasets containing outcomes for patients of the maternity service on which the initial concerns were based will not be released publicly. The maternity service is situated within a small, rural community and sees less than 50 births per year. Publishing any information about patient experiences, clinical issues or outcomes would breach medical confidentiality and privacy laws.

Summary of strengths

The draft report identified a number of strengths in the service:

- Strong commitment from local GP obstetricians to the service, Castlemaine Health and the local community
- Engaged and responsive clinical governance and quality committees, and Board who are committed to supporting change
- Strong commitment from Executive to address the current concerns
- Strong support for a women-centred maternity model of care led by dedicated midwives with the capacity and skills to fulfil their full scope of practice
- Genuine commitment to learning shown through quality assurance processes and support of structured learning programs
- GP obstetricians are trained, credentialed and compliant with continuing professional development requirements
- Community engagement and satisfaction is very high.

Summary of findings and recommendations

The draft report identified recommendations to improve the service across six key areas.

Partnerships and communication

- Strengthen communication between Bendigo Health and Castlemaine Health's maternity services, make the SCV endorsed Safety-II model of case review and feedback the standard for both units, and put partnerships on the agenda as a standing item at relevant meetings
- Strengthen links between Bendigo Health and Castlemaine Health with in-house clinical skills maintenance through a formal mentoring program and regular GP obstetrician placement, and consider service agreement/memorandum of understanding (MOU) to enable dual employment contracts to support the workforce
- Improve communication and information sharing between Castlemaine Health and Bendigo Health to facilitate specialist advice for patients, transfers and emergency

escalation; give all maternity patients a 'shadow booking' at Bendigo Health and orientation visit; and consider making Castlemaine Health's maternity service a 'virtual ward' of Bendigo Health to facilitate advice, escalation and transfer

- Upgrade technology platforms that support information sharing between Castlemaine Health and local GP clinics to improve communication
- Seek further engagement with medical practitioners in Castlemaine who hold obstetric qualifications but do not currently participate in the service

Support maternity staff through education and skills maintenance

- Continue and strengthen a structured program to support and develop midwifery skills that is led by midwives
- Consider graduate midwife placement/rotation with Bendigo Health
- Engage with Maternity Connect to review placement options
- Consider delegating authority for monitoring to Bendigo Health to formalise opportunities for direct feedback from GP obstetricians

Models of care, scope of practice and workforce

- Offer review of scope of practice to all midwives
- Revise model of care to one that collaboratively shares care of antenatal, intrapartum and postnatal/domiciliary care between midwives and GP obstetricians
- Revise model of care for midwifery with respect to on-call rostering and general nursing duties; engage with Loddon Mallee to coordinate and explore the feasibility of a whole-of-region approach to maternity models of care
- Work with consumers, GP obstetricians and midwives to draft a scope of birthing care within the limitations of the Level 2 service
- Basis of care model should be the SCV e-Handbook guideline *Care during Labour and Birth*
- Strengthen the model of care for scheduled pregnancy care to allow scope for normal risk women booked at Bendigo Health to have pregnancy care at Castlemaine Health under a collaborative service agreement
- Intrapartum care should be provided within the ACM/RANZCOG endorsed *Consultation and Referral Guidelines*
- Include agreement within GP obstetrician credentialing with regard to role and scope of practice of midwives

Clinical governance – leadership, quality & safety and risk management

- Board of Management retain oversight of change management for maternity services

- Appoint medical lead from the GP obstetricians for leadership and representation to Board and Executive, and a Clinical Maternity Lead for the service
- Adopt a policy of importing and adapting maternity care guidelines
- Strengthen Clinical Governance Framework by adding issues, actions and risk register to the Maternity Services Committee agenda
- Amend Terms of Reference for Morbidity and Mortality monthly meetings and put in place strategies to enhance engagement, along with new attendance requirements for Morbidity and Mortality meetings
- Create new working group 'Maternity Care Review' to improve collaborative care

Data management - monitoring performance and outcomes

- Utilise the SCV Maternity Dashboard to enable access to local data in real time through an integrated platform
- Consider Women's Health Australia membership to support data monitoring and benchmarking

Partnering with the community

- Work closely with the community to achieve consensus on how maternity care is delivered to meet the expectations of consumers and the standards of the health service

Implementation

An implementation governance group and a number of working groups will be established to progress the revised model of maternity care. SCV and the DHHS have offered to be part of the implementation governance group in a monitoring and support capacity. Bendigo Health have also offered significant support.

There will also be a detailed process of engagement with the community to develop the model of care. Castlemaine Health will partner with consumers to seek their feedback on experiences of maternity care and create opportunities for the community to take part in organisational planning to improve maternity care. Input will be sought to help agree a safe model of care that maintains the elements of birthing valued by women and staff.

A Clinical Maternity Lead position has been created to oversee implementation of the recommendations and ensure the service is operating in line with the appropriate quality and safety standards.

The timing for reopening the service will be guided by the progress of the implementation plan.