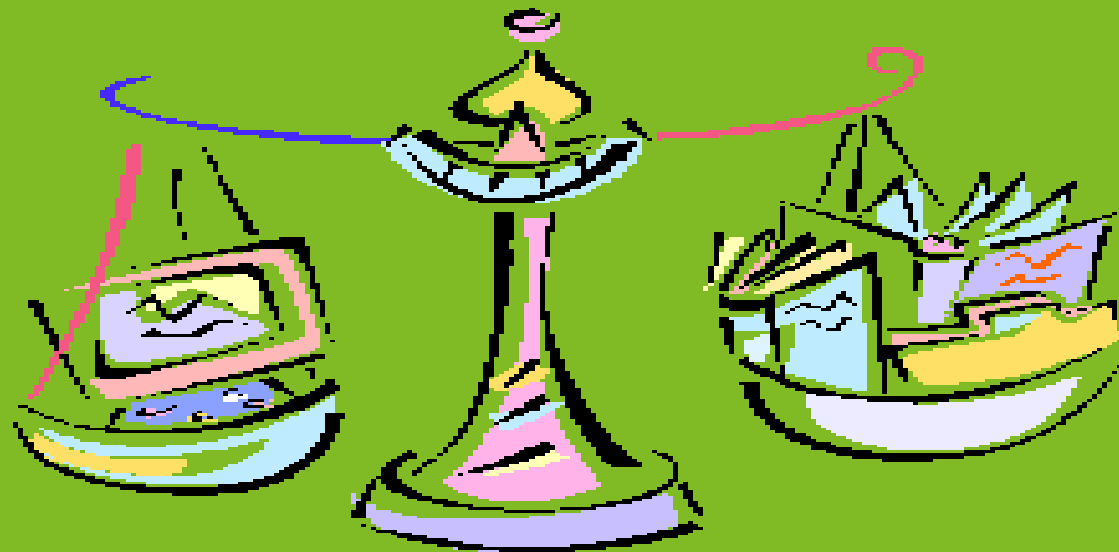


Balancing the Resources for a Safe Perinatal Outcome in a Rural Unit



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Government
of South Australia

SA Health



Gawler Hospital- A comparison
between 2005 and 2009, improved
scheduling and management of
Non-elective Caesarean sections
(LSCS)



MAIN
ENTRANCE

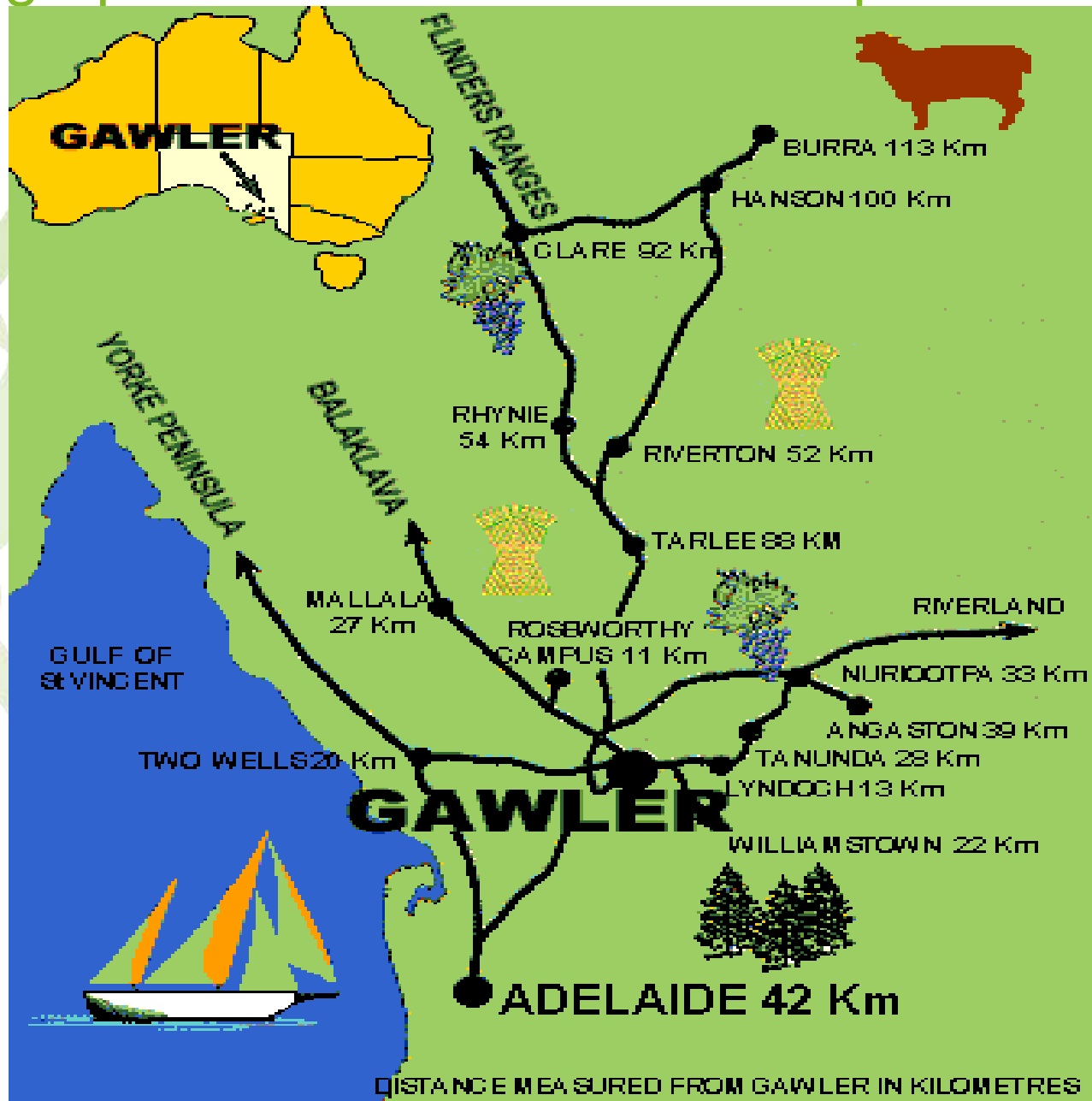


Gawler Hospital

Inner North Country Health, SA

- > 56 bed acute hospital
- > Approx 400 births per year
- > 2,300 surgical cases per year
- > 70 % medical patient occupancy
- > 10% paediatric patients
- > 15,000 accident & emergency attendees
- > Plus an extra 20,000 outpatient and outreach services
- > Growth area

Geographical location Gawler Hospital





Birthing Suite and Ward area

- > 3 birthing suites
- > 1 assessment room
- > 22 bed maternity/surgical ward,
- > 10-12 beds for Mid patients, includes antenatal
- > Very close proximity to each other and the operating suite

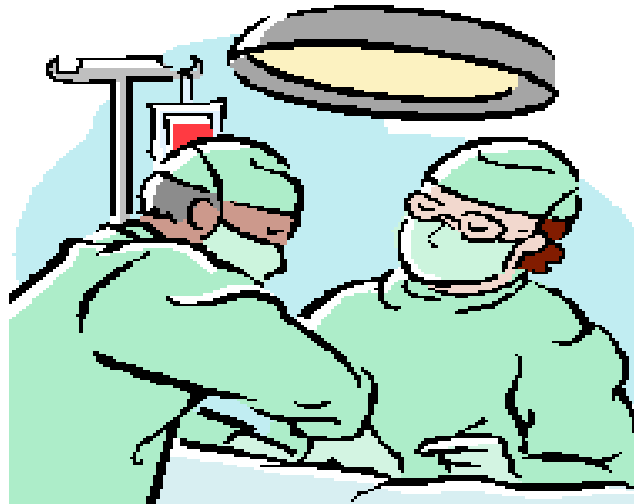
Proximity of Birthing Suite to Peri-operative suite



Theatre

Peri-Operative Suite

- > 2 Operating Theatres, CSSD, PACU Room, Day Surgery Suite, Pre-Operative Assessment Clinic
- > Specialties ;Obstetrics, Gynae, General Surgery, Orthopaedics, ENT, Urology, Dental, Plastic surgery, Gastro-enterology



Theatre Utilisation

- > Elective surgery lists 6 hours
- > Theatre 1 100 %
- > Theatre 2 50%
- > Sessions 0830-1430
- > Monday-Friday



Theatre Nursing Team



Scheduling of LSCS (lower segment caesarean section)

- > Previously LSCS scheduled prior to elective lists or at 6pm to suit private practitioners
- > Caused delays in lists and excessive call backs for nursing staff
- > Babies born early in morning, MOs leave for private practice
- > Babies born in evening managing complications after hours



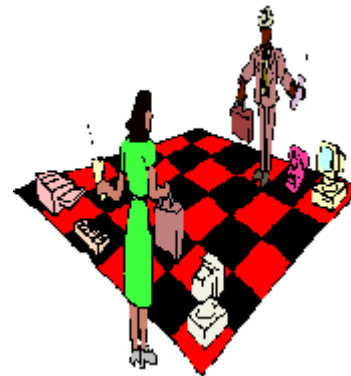
On Call Model



- > 12 participants 7 RNs, 5 ENs
- > 4 week rotation
- > Permanent week night Mon-Thurs
- > One weekend every 4 weeks Fri-Sun
- > 3 staff 2 RNs, 1 EN
- > On Call for obstetric emergencies

Anaesthetic Cover

- > 24hours/7 days
- > Covered by 5 anaesthetists
 - 3 x GP anaesthetists- Practice in Gawler and Barossa (on call and consulting)
 - 2 visiting anaesthetists employed at LMHS and Modbury hospital cover call at GHS
- > On Call for A&E, obstetric emergencies, epidurals





Paediatrician Arrangements

- > 2 Specialist Paediatricians currently work between LMHS, Gawler and private practice
- > Locum paediatricians to fill gaps in paediatrician roster
- > Cover 7 days per week, 24 hours per day





Change of Birthing Model

- > significant changes
- > impacted on planning and scheduling of both emergency and elective caesarian sections
- > No private obstetric practice
- > Midwifery antenatal care
- > Medical antenatal care
- > Obstetric GP shared care-(non procedural)
- > One 2 One Midwifery Care



Decision to Delivery time

- > A clear classification system facilitates communication between all professionals as to the degree of urgency of a caesarean birth
- > In the context of a risk management framework a well drilled team which responds to the four grade classification system will support better outcomes for the mother and fetus. (May 2010 Draft 100507)
- > A Level 3 Perinatal service In accordance with *Standards for Maternal and Neonatal Services in SA 2010-* is required to birth within 60 minutes for Cat 1

<p>Elective Cat 4</p>	<p>Performed at a time to suit the woman and the Medical teams</p>	<p>Maximum time from decision to delivery is as per booking process</p>
<p>Scheduled Cat 3</p>	<p>Needing early delivery but no maternal or fetal compromise.</p>	<p>Deliver within 6 hours.</p> <ul style="list-style-type: none"> >FTP >planned presented in labour >Maternal condition requiring stabilisation ,eg pre-eclampsia
<p>Urgent Cat 2</p>	<p>Maternal or fetal compromise but not immediately life threatening</p>	<p>Deliver within 1 hour.</p> <ul style="list-style-type: none"> >Identified, but reversible abnormality on the CTG >Malpresentation of the fetus
<p>Crash Cat 1</p>	<p>Immediate threat to life of mother or fetus.</p>	<p>Immediate – deliver within 30 minutes.</p> <ul style="list-style-type: none"> >Cord prolapse >Sustained fetal bradycardia

Development of LSCS Flow Chart

- > Terminology was conveyed and educated
- > But in the rush some required people not contacted
- > Impacted on number of trained peri-operative staff in theatre
- > Impacted on workload of GP anaesthetists, paediatrician and obstetrician

GAWLER HEALTH SERVICE

FLOW CHART

- > Call is made that a non-elective LSCS is to occur by Obstetrician eg Urgent-Cat 2 (within 60min)
- > Anaesthetist will be required first, ring and take note of his/her availability and time to get here
- > Inform ward staff of proceedings
- > Contact Theatre staff on call x 3 as per roster.
- > Give time to commence to all parties
- > Inform paediatrician on call what Category called
- > Ring pathology person on call to attend to blood pathology testing (group and X-match)
- > Contact Medical Officer for surgical assistant from list
- > Prepare woman for theatre as per guidelines.

Type of Non-Elective LSCS

Total	Sch 13	Urgent 26	Crash 3
Jan-10	2	3	1
Feb-10	0	1	1
Mar-10	2	9	0
Apr-10	2	2	0
May-10	2	2	0
Jun-10	2	2	0
Jul-10	1	7	0
Aug -10	2	2	1

Average Time from decision to birth - Urgent LSCS

	mins	#<60 mins	# Urgent	% < 1 hour
Jan-10	59	2	3	66.67%
Feb-10	60	1	1	100.00%
Mar-10	79	2	11	18.18%
Apr-10	74	1	2	50.00%
May-10	94	0	2	0.00%
Jun-10	98	0	2	0.00%
Jul-10	66	3	8	37.50%
Aug-10	70	0	2	0.00%

5 minute Apgar of the Urgent LSCS

	0,1,2	3,4	5,6	7,8	9,10	TOTAL
Jan-10	0	0	0	0	3	3
Feb-10	0	0	0	0	1	1
Mar-10	0	0	0	0	9	9
Apr-10	0	0	0	0	2	2
May-10	0	0	0	0	2	2
Jun-10	0	0	0	0	2	2
Jul-10	0	0	0	0	7	7
Aug-10	0	0	0	0	2	2
Total %	0.00%	0.00%	0.00%	0.00%	100.00%	28

Paediatric cover

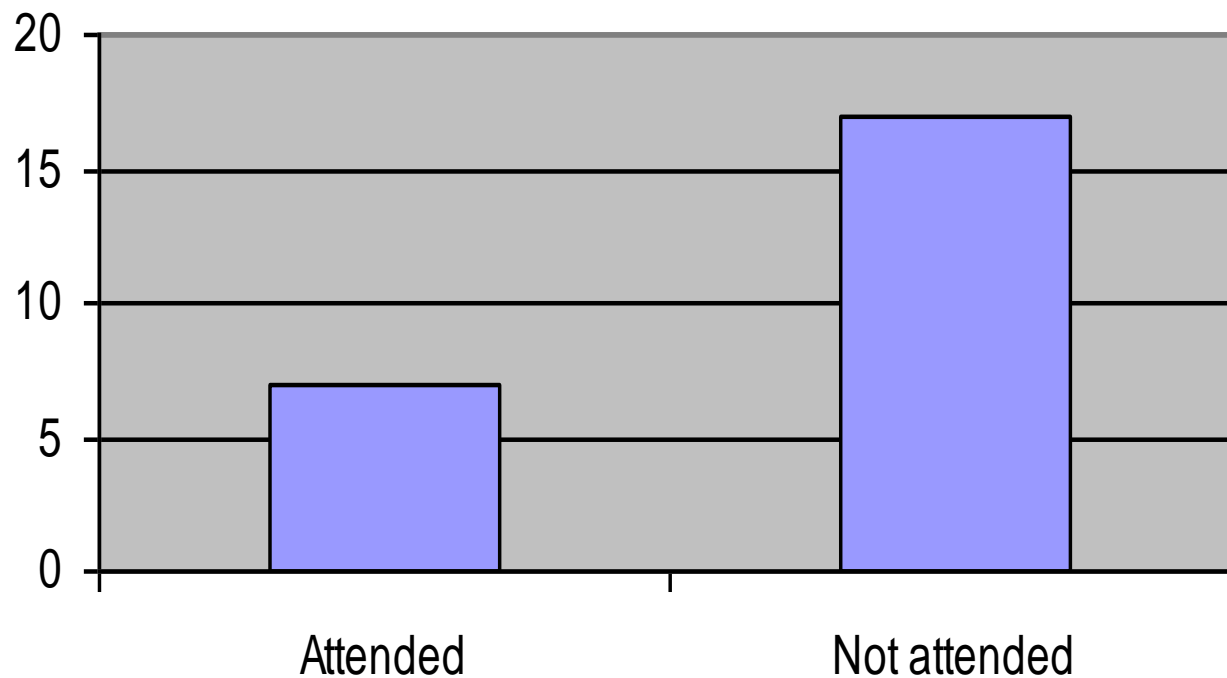
- > Non-elective LSCS required Paediatrician attendance
- > Apgar score = Fetal outcomes
- > Up-skill midwives' and peri-operative nurses in neo-natal resuscitation





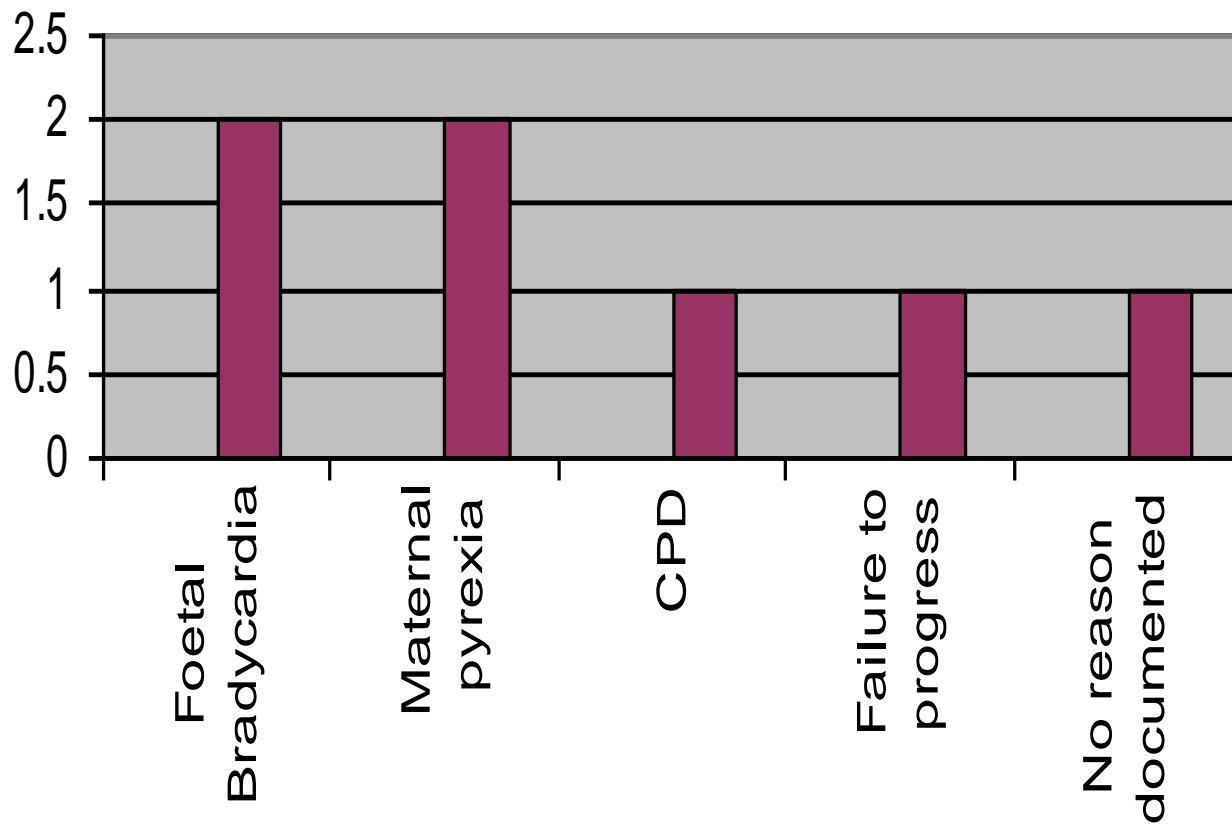
Paediatrician Attendance at Caesarian Sections Post Up-skilling of Midwives

Number of Emergency Caesarian Sections

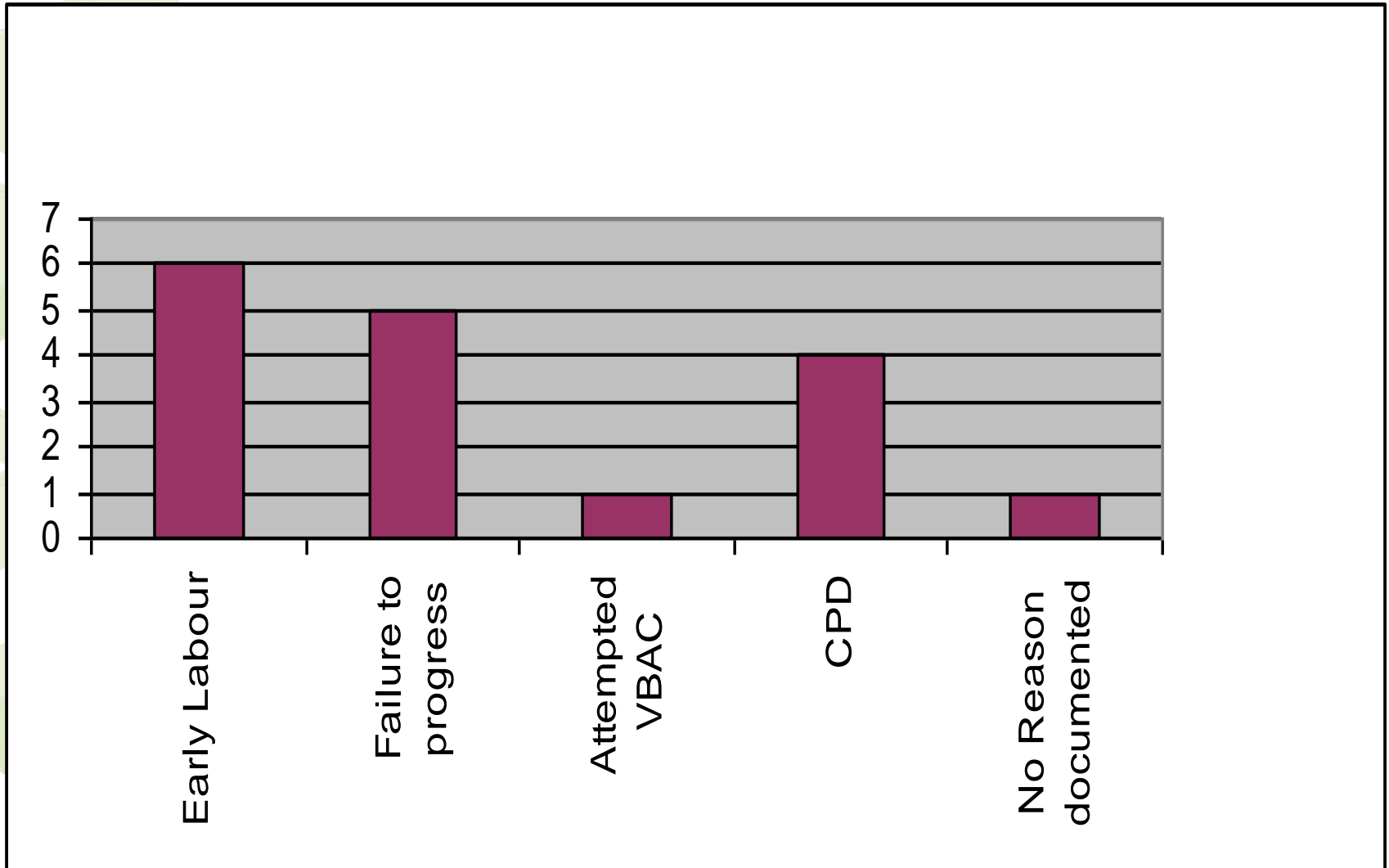




Reasons for Paediatrician Attendance



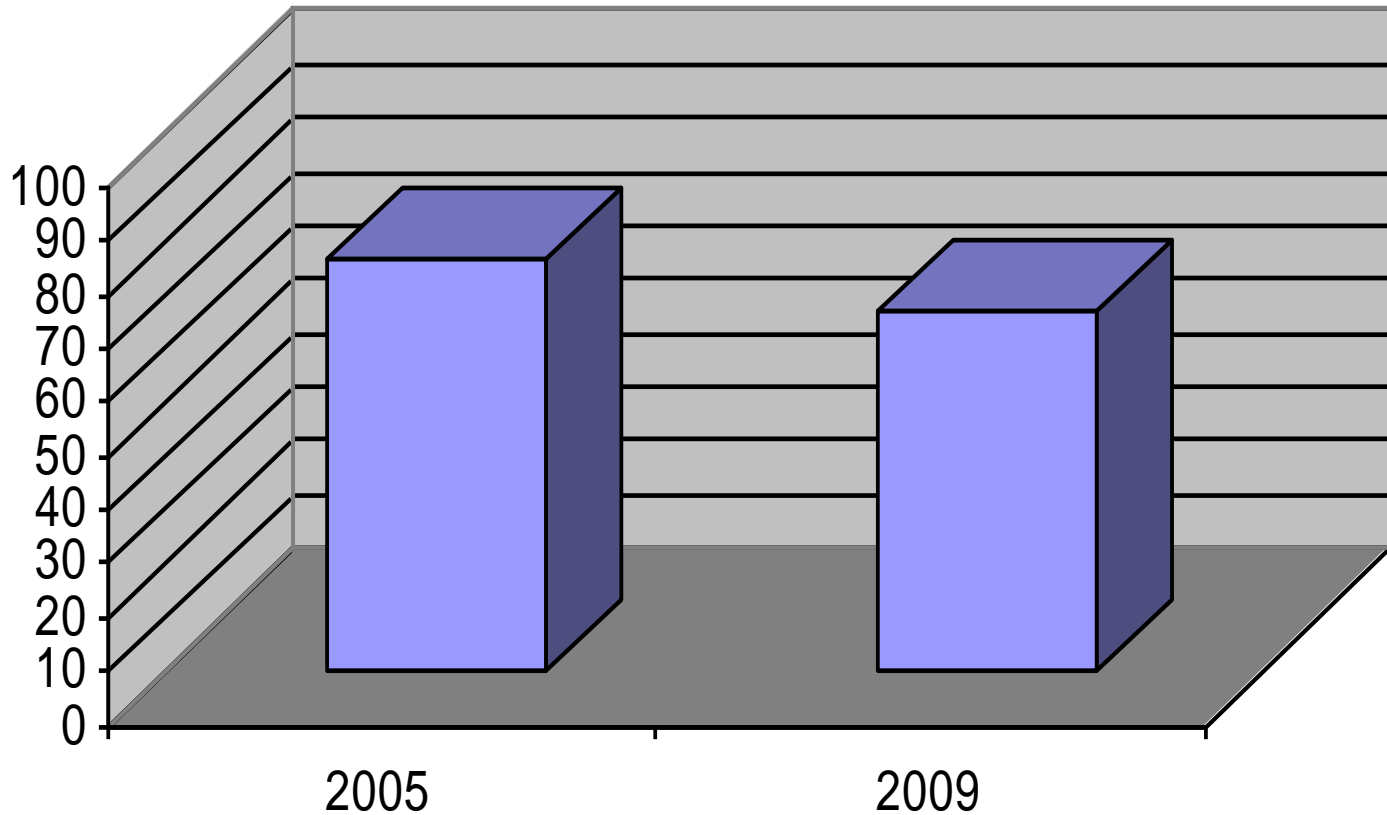
Neonate management by midwives



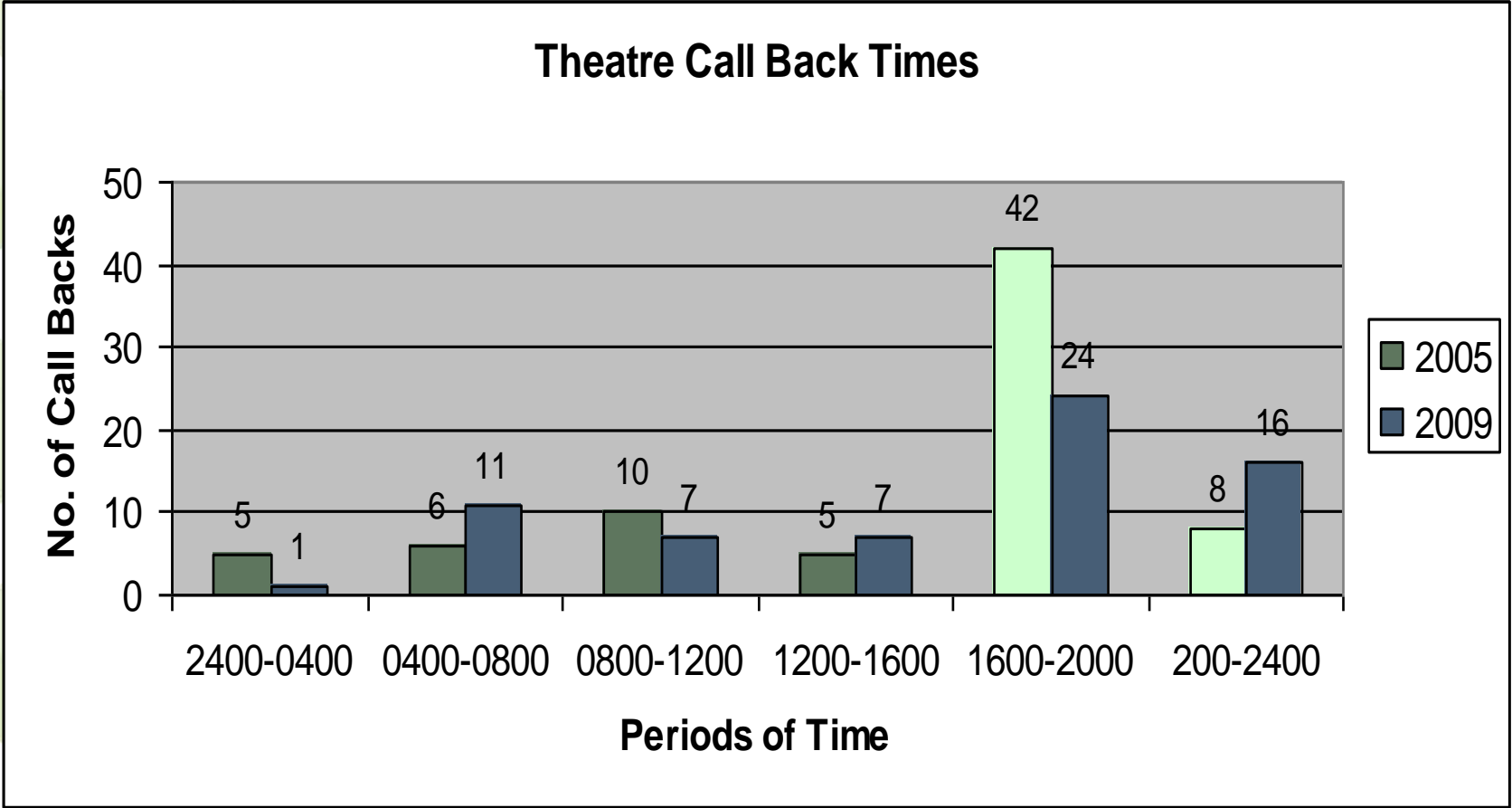


“Call backs” for Theatre Staff

Non-elective LSCS



Comparison of Call in times 2005 and 2009





One 2 One

- > The newly developed “One 2 One” Midwifery model of care
- > Change in the past practice
- > Known Midwife





CASHIER

↑ Finance
↑ Meeting Room 3
↑ Conference Room

Country Style
Products
Sold Here

Improved communication and collaboration

- > New obstetric model Medical Officer accessible at all times
- > Communication between Theatre staff and Midwives re laboring women
- > Plan of care for laboring women
- > Assessment of women and communication prior to theatre staff finishing shift
- > Scheduling of non-elective caesarian sections in consultation with all stakeholders (where possible)







How can we continue to improve?

- > Call back data
- > Apgar data
- > Perinatal reviews change of practice
- > Continued communication and collaboration





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