Biloela Hospital maternity service

Office of the HEALTH OMBUDSMAN

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Biloela Hospital

18. Facility

18.1 Facility overview

Biloela Hospital opened its doors in 1931, with extra wards added in 1974 and a new emergency department completed in 2015. It is the largest facility in the Banana Shire of Central Queensland, and is located 145 kilometres southwest of Rockhampton and 127 kilometres west of Gladstone. It supports smaller communities such as Baralba, Moura, and Theodore.

Biloela Hospital has 24 overnight patient beds. The maternity service operates 24-hours per day. It has a three-bed maternity ward and there is one birth suite. The maternity service is not a discretely staffed unit; rather staff at Biloela Hospital hold registration as both nurses and midwives. Antenatal clinics are offered two days per week and once per month there is a specialist obstetric clinic run by the gynaecological team from Rockhampton. In 2018, there were 67 births at Biloela Hospital.[84]

The maternity and neonatal services at Biloela Hospital have been assessed by CQHHS as a CSCF Level 3 service.[85] This is one of three Level 3 maternity services across CQHHS. The CSCF capabilities of Biloela Hospital are the same as those described above for Gladstone Hospital because the CSCF sets the consistent requirements for the respective level of service.

18.2 Benchmarking Biloela Hospital's performance

Biloela Hospital is not included in the WHA benchmarking report due to the number and low complexity nature of births at the facility. However, CQHHS prepares monthly safety and quality scorecards, which track the maternity service's performance against key clinical indicators and outcomes. Some highlights from the October 2018 scorecard, which covers the April to June 2018 quarter, include:

- zero per cent of babies born with an APGAR score of less than 7 at 5 minutes
- 100 per cent of women having Caesarean sections received prophylactic antibiotics
- 90 per cent of CTGs had all features appropriately documented, including an appropriate classification and management plan
- the IMA was used in 100 per cent of occasions on the audited files.

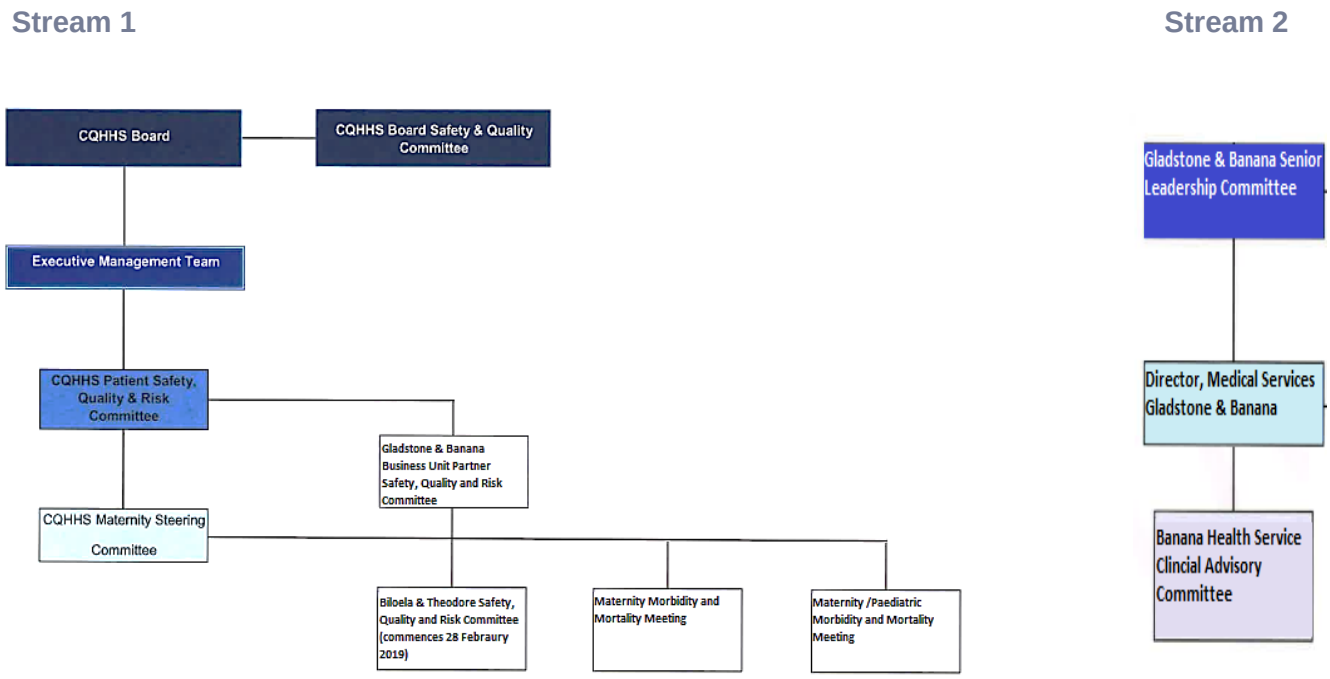
18.3 Biloela Hospital committee structure

Biloela Hospital's committee structure is provided via the Gladstone and Banana Shire Business Unit. The structure appears to have two streams, which have responsibility for overseeing incident

[84] https://data.qld.gov.au/dataset/births-by-hospital/resource/7af8f98e-4f43-496b-b540-efa21bbe5e48
[85] https://www.health.qld.gov.au/__data/assets/pdf_file/0028/444619/cscf-selfassess-sum-centralqld.pdf

management, responses to complaints and trend analysis to support continuous improvement. These various committees also ensure that lessons learned from previous incidents are distributed to clinicians throughout the Banana Health Service. Figure 7 below illustrate the two committee streams.

Figure 7 Gladstone and Banana safety and quality committee structure



The appropriateness of this structure is discussed in section 21.1 below.

19. Maternity service review

Between August 2017 and January 2018, the CQHHS undertook an internal review of the Biloela Hospital maternity service. The review included visits to the service to audit processes and files, one-on-one interviews and the analysis of clinical data. The review was undertaken as part of CQHHS' commitment to reviewing all of its maternity services to establish the baseline of the safety and quality of the services across the catchment facilities.

The review concluded that overall the standard of service being provided at Biloela Hospital was safe and of a high quality, however there were opportunities for improvement in relation to the clinical governance framework and incident management. The review made 9 recommendations, which were approved by the CQHHS Board in May 2018, with the review outcomes being released to staff in June 2018.

The recommendations are that Biloela Hospital:

1. explores the possibility of introducing a MGP

2. explores the possibility of establishing a Banana Shire Birthing Hub in conjunction with Theodore MPHS, which may be able to share midwifery resources across the two sites
3. introduces a monthly multidisciplinary safety and quality meeting
4. introduces a maternity mortality and morbidity meeting
5. forms a collaborative partnership with other Banana Shire facilities to support a joint approach to clinical governance and oversight of clinical outcomes
6. ensures that staff are educated on the types of incidents that should be entered into Riskman
7. ensures that the midwifery educator receives the individual results for staff undertaking the fetal surveillance training
8. promotes routine delayed cord clamping and restricts the collection of cord blood to limited situations
9. ensures that the birth register fields are updated to include a broader range of data.

Given the significant work involved with the implementation of some of the above recommendations, particularly in relation to exploring service redesign activities, an Assistant Director of Midwifery was appointed and commenced in November 2018. They will support the Gladstone and Banana Shire Business Unit to implement all of the recommendations, which have an expected completion date of 30 June 2019.

20. Complaints to the office

While this chapter draws primarily from the issues identified through the CQHHS internal review and by staff when analysing the investigative material in relation to Biloela Hospital, the office has received one complaint about the maternity service at Biloela Hospital between June 2015 and December 2018.[86] This complaint was referred to another government entity for management and the main issue was professional performance. This complaint is statistically insignificant when compared to the approximately 258 births occurring at Biloela Hospital between 2015 and 2018.

21. Issues affecting maternity services at Biloela Hospital

The following sections provide a detailed analysis of the issues investigated by the office. The sections include a recommendation for change so that quality and safety systems supporting the maternity service can continue to be refined at Biloela Hospital.

[86] The total number of complaints does not include complaints which are still pending an outcome.

21.1 Clinical governance

The clinical governance structure being utilised to support Biloela Hospital lacks clarity. Specifically, there are multiple committees with responsibility for clinical governance and/or safety and quality oversight of the maternity services but there are no clear reporting pathways between some of these committees. For example, the terms of reference for the Banana Health Service Clinical Advisory Committee (Advisory Committee) state that the committee will '*review and monitor quality and safety performance data and make recommendations for further audit, review and action…[and] escalate to the Gladstone & Banana Senior Leadership Team any matters requiring Executive-level decision-making [including] clinical issues*.' This escalation is to occur through the Director of Medical Services, Gladstone and Banana, who is also a member of the Advisory Committee. This is the stream 2 clinical governance structure and it is unclear how it loops back into the stream 1 structure, which is where the main safety and quality oversight activities occur. This opacity is evidenced by the Gladstone and Banana Business Unit Patient Safety, Quality and Risk Committee terms of reference which outline both indirect and direct reporting relationships into this committee, but do not include any reference to reporting to or from the Advisory Committee or the committees sitting above the Advisory Committee.

The separation of the Advisory Committee, and the stream 2 governance chain, is further demonstrated by the fact that it is supposed to have committees reporting through it that '*will obtain feedback from [the Advisory Committee] by receiving a copy of the relevant minutes*'; however, in the material provided by CQHHS, no reporting committees to the Advisory Committee could be identified. It appears that this committee stands alone. Given one of the key functions of this committee is to share patient safety learnings it would benefit from having clearly defined reporting relationships between it and the governance bodies that are supposed to receive and distribute the patient safety information. The two streams of the governance structure have not been mapped by either the Biloela Hospital or the Gladstone and Banana Business Unit.

In addition to the lack of clarity in reporting lines, the committees' memberships overlap. For example, all of the senior nursing and medical positions attend both the Advisory Committee and the Gladstone and Banana Business Unit Patient Safety, Quality and Risk Committee. While consistency of membership can be beneficial, particularly when the governance chain is unclear, a more streamlined committee structure can assist with limiting this type of overlap so as to ensure that committee members are not fatigued by participating in multiple monthly committees with similar functions.

Apart from rationalising the membership of committees, another way to address possible fatigue is through the marshalling of multidisciplinary resources thereby spreading the burden of clinical governance. Particularly in the Banana Shire there are several small facilities that would benefit from cross-facility safety and quality meetings. The Biloela Hospital maternity service review went some way to suggesting this approach through the recommendation that there be a Biloela Hospital and Theodore MPHS maternity safety and quality meeting. While this is a positive step, it is questionable whether cross-facility meetings should focus on specific subject matters given the limited numbers of maternity services provided and likely low numbers of safety and quality issues. It would be more advantageous for the Banana Shire to establish a series of cross-facility meetings on key general governance issues e.g. the Banana Shire safety and quality meeting (incorporating Biloela, Baralaba, Moura, and Theodore), and the Banana Shire mortality and morbidity meeting, which is already operating as a

general meeting due to the low numbers of incidents that require a mortality and morbidity review. This type of approach would limit the number of committees, promote sharing across the Banana Shire facilities and provide for a clearer governance chain.

Even with the above areas for improvement, I am satisfied that Biloela Hospital has sufficient oversight of safety and quality issues throughout its clinical governance. However, the structure currently in place appears convoluted and requires streamlining to ensure that resources are being used effectively and to limit the gaps in the governance chain where issues have the potential to fall through.

Recommendation 5

To assist the above process I recommend that:

5. Within 12 months the Gladstone and Banana Shire Business Unit:
    a. maps out all of the clinical governance committees across Gladstone and Banana Shire, including their reporting lines upwards and downwards through the governance chain
    b. reviews how the existing committee structure could be streamlined, including reviewing the terms of reference for each committee to ascertain overlap, and presents a paper to the Gladstone and Banana Senior Leadership Team on the review and any recommended changes
    c. develops a diagram to demonstrate the final committee structure, including reporting relationships between the committees.

21.2 Risk and escalation

As a Level 3 service it is important that staff properly categorise a women's maternal risk status and have established pathways in place for escalating care to a higher level facility such as Rockhampton Hospital or Royal Brisbane and Women's Hospital. To date the office has not received any complaints suggesting that Biloela Hospital needs to improve its risk categorisation and escalation. Based on the material provided by CQHHS, it appears that there is a well-established escalation and referral pathway for women and babies who require higher level care—this is supported through the Queensland Ambulance Service and Retrieval Services Queensland. Additionally, Biloela Hospital are seeking to improve their management of higher risk patients by partnering with Rockhampton Hospital to introduce a weekly high risk antenatal clinic.

21.3 Models of care

Since 2011 there has been a steady decline in the number of births at Biloela Hospital, from around 100 per year down to 65 per year in 2017. This is due, in part, to an aging population. It is also a result of historical workforce issues which has meant that the maternity service was closed for long periods of time when staff were on leave or there was insufficient medical support to offer the maternity service at Biloela Hospital. This has not been an issue for a number of years and in 2016, staff from the hospital

launched a campaign to increase the awareness of the availability of planned birthing services at Biloela Hospital.[87]

As a Level 3 maternity service, Biloela Hospital offers three models of care, namely:

- public hospital maternity care where care is provided in concert between the rural generalist medical practitioner and midwife for low risk women
- team midwifery care where antenatal, intrapartum and postnatal care are all provided by the hospital midwifes for low risk women
- remote area maternity care where higher risk women are managed in conjunction with Rockhampton Hospital through telehealth and fly-in-fly-out specialist obstetric support.

In order to offer more choice to women, and as a by-product increase the birthing numbers, Biloela Hospital is exploring two additional models of care: shared care with local GPs and a MGP. Developing relationships with local GPs and supporting them with obstetric education is underway, with a maternity alignment training day having taken place in Biloela on 1 September 2018. This was held in collaboration with the Primary Health Network, which is an Australian Government initiative seeking to '*[increase] the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time'.*[88] The training day covered the stages of pregnancy from pre-conception to neonatal care. It was attended by all of the GPs in Biloela and signals a successful first step to implementing shared care.

In relation to the MGP this was a recommendation from the Biloela Hospital review and the viability of this model was explored by Biloela Hospital in or around March 2019. As a result, three FTE midwives have been allocated to Biloela Hospital to establish this model of care and recruitment was being finalised in June 2019.

For the size and location of Biloela Hospital it appears to be offering local women and those in the broader Banana Shire with a reasonable amount of choice in relation to models of care; with increased choice currently being planned. The models are also seeking to support women birthing as close to home as possible, although the limitations of the facility to only provide planned birthing to low risk women will necessitate travel. However, if travel can be limited through the provision of antenatal clinics and support from Rockhampton Hospital in Biloela throughout pregnancy then this is an appropriate and consumer-focused approach.

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[87] https://www.qt.com.au/news/antenatal-service-open-for-business-at-biloela/3024585/
[88] Central Queensland is part of the Central Queensland, Wide Bay and Sunshine Coast Primary Health Network - http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home

21.4 Staffing and skills mix

The Biloela Hospital does not have a dedicated staffed maternity service, due to the size of facility and number of births each year. Instead the service is supported by the nursing, midwifery and medical workforce from across the hospital.

21.4.1 Midwifery staffing

Given there is no dedicated maternity staff, all of the nursing staff engaged with the hospital are required to be registered as both a nurse and midwife so that they can respond to the clinical needs of the service as required. The staff work across three 8-hour shifts in a 24-hour day and there is a 'midwife' allocated to each shift. When women are birthing the service ensures that there is one-to-one care. Agency nurses (when needed they will be required to hold registration as both a nurse and midwife) are used for periods of staff leave as it is difficult for the hospital to recruit sufficient staff to create the necessary redundancies in the roster to cover staff absences.

Biloela Hospital has achieved some stability in its staffing over the last 12 months with permanent recruitment to the nurse unit manager and associate nurse unit manager positions. The hospital also created a new role for a part-time graduate nurse, who has since commenced, and received an allocation for three FTE midwives for a MGP. A major challenge for the maternity service is the ability to recruit trained midwives to the specific midwifery positions that are currently vacant. To date they have had no applicants for the advertised positions. This situation is a challenge facing most rural and remote health services across Australia.

21.4.2 Medical staffing

Medical staffing has been a challenge for Biloela Hospital for the past six years. The hospital has had three vacant medical officer positions that have had to be covered by locum medical practitioners with credentials in obstetrics and anaesthetics, which has increased operational expenses at the facility. Recently, the CQHHS Board approved a change in the medical staffing at Biloela Hospital, increasing to 6.5 FTE to accommodate a more 'family friendly' roster. The hospital was also accredited as a rural generalist training location, which should improve the ability to recruit medical officers with relevant procedural skills such as obstetrics and anaesthetics. Recruitment to the new medical model is underway and will be ongoing while positions are permanently recruited.

Another significant change in the medical staffing was the cessation of the flying obstetric and gynaecologist service (FOG). This service is operated out of the South West Hospital and Health Service (SWHHS), specifically Roma.[89] While this service was theoretically beneficial it posed challenges because the managerial and clinical arrangements sat outside of the health service in which care was being provided. It could also impact on continuity of care if a patient from Biloela Hospital had to be transferred to Rockhampton Hospital. Accordingly, with the increased capacity at Rockhampton Hospital,

[89] It provides routine and emergency obstetric and gynaecological support for rural and remote communities in Central and South West Queensland. It was established in 1988 and was adopted as a model of care by the Queensland Government.

and to further demonstrate the commitment to the hub and spoke model of care, CQHHS decided that obstetric and gynaecological support would be provided by the obstetric team at Rockhampton Hospital. This provides several benefits including provision of care closer to home for women in the Banana Shire, improved training links between specialist obstetricians and gynaecologists and the rural generalists at Biloela Hospital, and greater continuity of care if there is a patient transfer.

21.5 Culture and communication

The BPF for Biloela Hospital for 2018-19 notes that a strength of the service is the '*willingness of all levels of staff to work cohesively as part of the healthcare team to provide quality services to the community*'. This willingness is evidenced through Biloela Hospital's commitment to ensuring that its staff are supported in completing mandatory and ad hoc training. While this may not seem significant, particularly for mandatory training, the pressures of having staff taken away from their core clinical duties and covering those positions to ensure that the service can be maintained is not to be underestimated. In unhealthy safety and quality cultures, providing staff with opportunities to complete training is commonly one of the first things to fall away. In the case of Biloela Hospital, releasing staff for training can be made more challenging when they have to travel to Rockhampton. The training compliance rates are high at Biloela Hospital, for example, the records indicate that all relevant staff have completed the RANZCOG Fetal Surveillance Training and the PROMPT for 2018.

22. Conclusion

The maternity service at Biloela Hospital is small and facing the same challenges as most rural health services throughout Queensland: skilled clinical workforce recruitment and providing a service within the allocated resourcing. Despite these challenges it is clear that Biloela Hospital is committed to improving and refining its service, being innovative within the scope of its capability level and resourcing availability. Overall, I consider that the maternity service is safe and can be further supported by a clearer approach to clinical governance, which will enable learnings and practices from the broader CQHHS-wide maternity services network to be shared with Biloela Hospital and, where relevant, adopted. A clearer governance chain may also give Biloela Hospital a voice in the safety and quality governance structure, putting the challenges of a rural maternity service at the forefront of safety and quality planning.