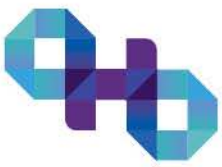
Investigation report

The quality and safety of maternity services at the Beaudesert Hospital



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Introduction

This report details the investigation undertaken by the Health Ombudsman into the quality and safety of maternity services at the Beaudesert Hospital. The investigation commenced as a result of a complaint received by both the Health Ombudsman and the Metro South Hospital and Health Service (MSHHS) about a medical practitioner at Beaudesert Hospital. This complaint prompted a clinical review conducted by the MSHHS into concerns raised about the provision of maternity services at Beaudesert Hospital.

Beaudesert Hospital Maternity Service

The Beaudesert Hospital is a 22 bed, rural health facility situated in Beaudesert, 48 km from Logan Hospital and 63 km from the Gold Coast University Hospital. Low-risk birthing and procedural services were recommenced at Beaudesert Hospital in February 2014.

Beaudesert Hospital Maternity Services is categorised as Level 3 within the Clinical Services Capability Framework (CSCF), which means the facility can provide low to moderate complex inpatient and ambulatory care services.

Background

On 21 July 2014, I received a complaint from staff at Beaudesert Hospital regarding the clinical, communication and managerial skills of a medical practitioner. There were multiple allegations made against the medical practitioner. The same complaint was also provided to the MSHHS.

On 18 August 2014, I commenced an investigation into the allegations against the medical practitioner, which has now been finalised.

As a result of the complaint, the MSHHS commissioned an independent clinical review of maternity services at Beaudesert Hospital.

Independent clinical review

On 13 September 2014, the MSHHS chief executive commissioned a clinical review and authorised an independent panel of clinicians to conduct a review of maternity services at Beaudesert Hospital. The review was undertaken pursuant to part 6, division 3, section 125(2) of the *Hospital and Health Boards Act 2011*.

On 3 December 2014, the MSHHS supplied me with a report containing the findings of the independent review. The clinical reviewers made the following recommendations:

- A specific review should be conducted into the capacity of the Beaudesert Hospital to manage potentially acutely unwell patients. This should include an audit of compliance with the use of the Queensland Adult Deterioration Detection System (Q-ADDS) tool.

- To ensure the Queensland statewide maternity and neonatal guidelines are used to guide the care of patients at Beaudesert Hospital and that these guidelines be incorporated into local procedures or work instructions.
- To ensure compliance with the National Inpatient Medication Chart user-guide as mandated in the National Safety and Quality Health Service Standard 4: Medication Safety.
- The SBAR (situation, background, assessment, and recommendation) format is to be used for clinical note documentation. Consideration should be given to the development of a procedure for diagnosis and management of gestational diabetes mellitus and a local procedure should be developed for women who present with decreased fetal movements, referencing statewide and national guidelines.
- For determination of body mass index, an accurate height and weight measurement is physically undertaken at the first booking visit.
- A work instruction for the management of pre-labour rupture membranes is to be developed at Beaudesert Hospital.
- To ensure the *Maternity and Neonatal Clinical Guideline: Perineal Care* should be used at Beaudesert Hospital.
- Consideration should be given to a review of the maternity care pathways provided by Beaudesert Hospital, with a focus on the provision of antenatal care for women who are not suitable to deliver at Beaudesert Hospital from the outset of their pregnancy and for women who move outside the criteria for delivery at Beaudesert Hospital during their pregnancy. The review should include recommendations for clarity and accessibility of communication and documentation between Beaudesert Hospital and the alternative care provider.
- To ensure the guidelines for management of pre-term labour are followed.
- To ensure entries in the medical chart are contemporaneous (where possible) and, if written later, a comment is made that the notes are retrospective.

The reviewers also acknowledged that a review of the overarching clinical governance was occurring, and that changes had been implemented since the time of making the complaint to me and the MSHHS. These changes included 'robust guidelines for the acceptance of obstetric patients at Beaudesert Hospital and weekly clinical review meetings attended by a consultant obstetrician'. The outcome of the audit of Beaudesert Maternity Services in September–October 2014 was provided to the clinical reviewers, who noted that it demonstrated 100 per cent compliance with the guidelines for accepting obstetric patients at Beaudesert Hospital.

The clinical reviewers noted, however, that there was a lack of local work instructions guiding clinical practice within the Beaudesert Hospital Maternity Services and recommended the development of local work instructions or procedures, which would guide local work practice and form the basis for audit of clinical activities at the hospital.

Investigation by the Health Ombudsman

On 2 February 2015, as a result of the independent clinical review which identified there was a lack of work instructions guiding clinical practice within the Beaudesert Hospital Maternity Services, I commenced an own-motion investigation into the Beaudesert Hospital Maternity Services pursuant to section 80(c) of the *Health Ombudsman Act 2013*.

My office requested further information from MSHHS about the actions taken since the independent clinical review had been finalised.

On 30 March 2015, one of my delegates issued the chief executive of the MSHHS with a notice pursuant to section 228 of the *Health Ombudsman Act 2013* requiring the following information:

- How the recommendations of the review were distributed to staff of the Beaudesert Hospital Maternity Services.
- What actions had been implemented/taken since the findings of the review were released.
- The outcomes as a result of the implementation/actions taken since the findings of the review.
- The future actions established as a result of any outcomes or findings since the release of the review.

Metro South Hospital and Health Service response

On 16 April 2015, I received a written submission from the MSHHS chief executive. A summary of the submission follows:

1. How the recommendations of the review were distributed to staff of the Beaudesert Hospital Maternity Service.
   - The MSHHS chief executive advised that he presented the outcomes and recommendations of the review to staff at Beaudesert Hospital via staff presentations and forums.
   - Individual personally addressed memos were sent to the medical and midwifery staff of the Beaudesert Hospital Maternity Services by the executive director of Logan Bayside Health Network.
2. The actions taken and/or implemented as a result of the clinical review.
   - The MSHHS Chief Executive advised that the following actions have occurred since the release of the clinical review.
     - 30 June 2014—The oversight of implementation of recommendations was delegated to the Director of Medical Services, Logan and Beaudesert Hospitals and Director of Nursing and Midwifery, Logan Bayside Health Network.
     - 18 August 2014—The initial Beaudesert Hospital Management and Reporting Structure Review Project Implementation Plan was finalised.
     - 20 August 2014—A meeting was held with affected staff members to provide a copy of the implementation plan and a two-week consultation period was provided and feedback sought.

- 5 September 2014—The two-week consultation period had concluded and all feedback considered.
- October 2014—Addendum to implementation plan was finalised
- March 2015—Addendum 2 to implementation plan was finalised

In addition to these actions, communication was also maintained with the Queensland Nurses' Union and midwifery staff.

3. The outcomes as a result of the implementation/actions taken since the findings of the clinical review

The MSHHS Chief Executive advised that following a review of two clinical incidents which had occurred at Beaudesert Hospital in May 2014, a Recommendation Action Plan was developed. The plan includes 21 actions as detailed below:

Table 1 Recommendation action plan

Action	Timeframe	Progress notes
Communication		
1. Develop and maintain a functioning relationship between Beaudesert and Logan hospitals that is integrated and supportive of women birthing and the staff delivering the service, ensuring past relationships are repaired, and communication between the two services is improved.	Completed Ongoing monitoring	Relationships between the two services has improved. Meetings between staff from both services have obtained commitment to the goal. Transfer of post-natal women to Beaudesert Hospital work instruction has been updated. Director Clinical Services and Nursing Director monitoring transfers and responding to issues should they arise.
2. Introduction of a communication plan which includes information on routine and emergent referral, and uses a mixture of telephone and videoconference.	Completed Ongoing monitoring	Staff have been re-educated regarding procedure for inter-hospital transfer. Use of specialist obstetrician from Logan Hospital for weekly case management and referral reviews, as well as morbidity and mortality meetings. Recent inclusion of clinical stream leader for Metro South Hospital and Health Service Women and Children's division attending Beaudesert Hospital fortnightly and available by telephone at other times. Nursing Director to Nursing Director communication—formal email and informal basis as necessary and relationship building. Grade 7 position communicates with Grade 7 colleagues (formal meeting

Action	Timeframe	Progress notes
		structure in place but postponed during ACHS Accreditation). Liaison between rural generalists and Logan Hospital obstetric registrars/consultants for advice on individual cases which is documented in patient records. Telehealth strategy being developed to include obstetric referrals and advice.
3. The statewide patient hand held record should be used as the primary medical record, and systems to support its use built in. Use of ERIC needs to be timely and comprehensive.	Completed Ongoing monitoring	Patient hand held record consistently used. All documentation in ERIC (data reporting system) is attended on day of occasion of service and accessible to all health care professionals. Ongoing audit and monitoring.
4. Contemporary communication strategies should be of high quality, with training as needed, and feedback loops to ensure the desired outcomes are implemented at both ends.	Completed Ongoing monitoring	All midwifery and rural generalist obstetricians have attended Communication and Patient Safety training. The Communication and Patient Safety program aims to provide communication awareness and practical tools to improve the safety and efficiency of communication in healthcare. The topics covered have application to inter-personal, inter-professional and staff-to-patient communication. This program is compulsory for all new staff within the first three months of employment. This is reviewed during the performance, appraisal and development process.
5. Commencement of specialist service outreach from Logan Hospital on a weekly basis for joint triage and regular case conferencing.	Completed Ongoing monitoring	Obstetric consultant sessional visits and support at other times commenced. Triage flow diagram endorsed on 13 October 2014 and added to the clinical governance document. The first consultant has since left the service and has been replaced by the clinical stream leader (Women's and Children's division) who attends on a fortnightly basis and takes telephone calls for advice between visits.
6. Linkages between units should include medical and midwifery.	Completed	Training of Beaudesert Hospital medical staff at Logan Hospital encouraged as

Action	Timeframe	Progress notes
	Ongoing monitoring	part of their professional development and also additional opportunities for clinical placement provided. Proposal for consideration of one-to-two placements per year. Two rural generalists have attended Logan Hospital to date. Rotations for midwives to maintain skill set at Logan Hospital. Benchmarking done with other rural facilities. Planning in progress with Nursing Director, Logan Hospital. Visiting consultant from Logan and Redlands hospitals as discussed above.
Ensuring clinical governance		
7. The comprehensive *Clinical Governance Maternity Services Beaudesert 2014* should be expanded to include new recommendations from the external review and then be signed off by all staff involved in the services and the Director of Clinical Governance.	Completed Ongoing monitoring	New framework document finalised. Expansion and updating on original 2014 document is being managed through local clinical governance committee. Director Clinical Services is currently consulting with Logan Hospital clinical stream leaders regarding finalisation. Document will be updated and improved as indicated.
8. Once a visiting service is established, a joint triage system or process should be implemented with consultant specialist, midwife and rural generalist general practitioner obstetrician considering cases at defined points in the antenatal period. This may be after the first visit as an entry point triage and subsequently after 36 weeks for progress and as directed from case conference or antenatal clinic visits.	Completed Ongoing monitoring	Commenced October 2014. All new referrals managed in this way. Contemporaneous record keeping—ERIC documentation is occurring at the triage process, referenced in the clinical governance document.
9. The existing Beaudesert Hospital multidisciplinary weekly case conference system should continue and should direct cases to the joint triage team as needed.	Completed Ongoing monitoring	Commenced with rural generalist obstetricians, midwifery unit manager and midwives and includes social worker when available. More complex cases where there is no consensus can be referred to case review with visiting obstetrician or discussed with visiting obstetrician by telephone if more timely decision required. Reinforcing that

Action	Timeframe	Progress notes
		Beaudesert midwifery group practice is an *all risk model* with only low-risk births to occur at Beaudesert Hospital. Beaudesert midwifery group practice midwives attend weekly case conference at Logan Hospital.
10. A perinatal morbidity and mortality meeting should be implemented. This should be supplemented with quarterly local service reviews with audit data and teaching, and biannual review of all MSHHS morbidity and mortality meetings.	Completed Ongoing monitoring	Morbidity and mortality meetings occur on three monthly basis: ▪ The morbidity and mortality meeting currently discusses cases that have been flagged in the incident reporting system as triggers and as requested by clinical staff. ▪ Consultation with telehealth colleagues for rural led morbidity and mortality meetings. None in existence at present and is a suggested area for development. Currently exploring partnerships with like facilities. ▪ Minutes and any learnings provided to local clinical governance meeting. ▪ Quarterly service reviews and audit processes currently performed by MSHHS Clinical Services Evaluation Team. Results reviewed by executive and Executive Director Clinical Governance—performance of standard expected.
11. Continue quarterly internal audits as scheduled and involve new visiting medical officer in these on a regular basis.	Completed Ongoing monitoring	Audits currently being undertaken by health service wide Clinical Services Evaluation Team. May transition to local team when staff recruitment at Beaudesert Hospital has been finalised and staffing stability is attained. Audit team will include visiting medical officer at that time.
12. The intervention audits should be altered to provide more input from the Beaudesert Hospital team who were involved in the early implementation and delivery of the service. One of the senior medical officer general practitioner obstetricians who has	Completed Ongoing monitoring	See recommendation 11.

Action	Timeframe	Progress notes
longer term involvement in the system, a Beaudesert Hospital midwife and the visiting specialist obstetrician should participate and assist in this process.		
13. Use of the PRIME systems and appropriate review tools such as HEAPS (Human Error and Patient Safety) should continue and this data should be incorporated into quarterly local service reviews and, where relevant, the mortality and morbidity meeting.	Completed Ongoing monitoring	Prime clinical incident reports to Beaudesert Hospital clinical governance committee each month. Any outstanding recommendations are reviewed each month until completion. Mortality and morbidity meetings in place as above.
14. The reviewers believe that a further review of birthing services at Beaudesert Hospital by the external review team occur in one year.	Completed Ongoing monitoring	Recommendation had been under consideration and was likely to be undertaken post commencement of incumbent Director of Clinical Services. Director of Clinical Services discussed this recommendation with Metro South Executive Director of Clinical Governance. External review is valuable and should always be considered as an option in the future. At present, internal audit processes and clinical governance structure is considered sufficient. Therefore, not progressing with this recommendation at this time. September 2015—Discussions between Director of Clinical Services and Executive Director Clinical Governance supports continuation of internal monitoring and governance processes. Any identified need for external support in the future will be escalated to MSHHS Clinical Governance Unit.
Selection of suitable patients		
15. The Level 3 CSCF standard to be the standard for Beaudesert Hospital.	Completed Ongoing monitoring	Criteria based guidelines for acceptance of patients = CSCF Level 3.
16. To further assist selection of suitable patients, reference should be made to the statewide maternity and neonatal clinical guidelines	Completed Ongoing monitoring	Consistently applied. Staff educated and conversant with expectations.

Action	Timeframe	Progress notes
(www.health.qld.gov.au/qcg), and the CSCF.		Guidelines are in place and are reviewed at the clinical services meeting held monthly. Key stakeholders are present at this meeting.
17. The new *Guidelines for the acceptance of obstetric patients at Beaudesert Hospital* are acceptable at the time of the external review but should be reviewed when the visiting obstetric specialist has commenced.	Completed Ongoing monitoring	Guidelines have been reviewed and reissued once since the initial version was implemented in May 2014. Process for any changes to be included in the review of any incidents, case reviews, staff considerations, evidence basis for decision making, benchmarking, consultant, senior midwifery and general practitioner obstetrician input.
18. *The Clinical governance maternity services Beaudesert Hospital 2014* should be expanded and all aspects fully implemented.	Completed Ongoing monitoring	See recommendation 7.
Human resources management issues		
19. The RANZCOG Fetal Surveillance Education Program should be maintained as a regular education program and ideally for all CSCF Level 3 services.	Completed Ongoing monitoring	All general practitioner obstetricians and most of the midwives attended this course in 2014, which will be regularly used for skills maintenance.
20. The Beaudesert Hospital medical superintendent position should be rapidly advertised and appointed.	Completed Ongoing monitoring	Review of leadership structure at Beaudesert Hospital resulted in the reclassification of the medical superintendent position to the director of clinical services.
21. It is important that general practitioner obstetricians are able to maintain their skills and competencies in maternity services to ensure safer care.	Completed	See recommendation 6.

4. Future actions established as a result of any outcomes or findings since the release of the review.

The MSHHS chief executive advised in his submission that *future actions* considered by the health service are as follows:

- Ongoing review of processes in place and addressing any outstanding items from the recommendation action plan.
- Best Practice Australia survey

  Towards the latter half of 2015 the Metro South Health will conduct a perception based staff culture survey to assess organisational culture and to help direct future workforce planning activities. The results of this survey will enable Metro South Health to identify areas for improvement and ascertain successful working environments. Metro South Health encourage and promote this survey to all staff including the medical and midwifery staff of the Beaudesert Hospital Maternity Service. Metro Health South will implement any necessary initiatives to maintain and enhance the organisational culture at Beaudesert Hospital.
- Rural and Remote Networks

  Benchmarking, peer support and strong links continue to be established with rural and remote networks. Engagement with the Rural Doctors Association of Queensland is underway to access their services, resources, activities and mentorship. This is a work in progress.
- Morbidity and mortality meetings
  - The morbidity and mortality meetings will be conducted by the visiting specialist obstetrician on a three-monthly basis (as a minimum) to discuss cases that have been flagged in the incident reporting system as triggers and as requested by clinical staff. Minutes and learnings from the morbidity and mortality meetings will be provided to the local clinical governance meeting group.
  - Consultation with telehealth colleagues for rural led morbidity and mortality meetings. The health service is currently exploring partnerships with similar facilities.
  - Quarterly service reviews and audit processes will be ongoing.
- Finalisation of the implementation plan including the recruitment of the nursing director position.
- Ongoing audits and reviews by the Clinical Services Evaluation Team.
- Periodic review of the *Guidelines for the acceptance of obstetric patients at Beaudesert Hospital* under supervision of consultant obstetrician.

Conclusion

The MSHHS has provided me with the details of actions taken as a result of the findings of the independent clinical review, including the status of the implementation and ongoing monitoring of these actions. The MSHHS has established a comprehensive action plan which includes 21 individual recommended actions with associated timeframes for implementation. A review of the action plan identified the MSHHS has completed the 21 actions, with most of these actions subject to ongoing monitoring requirements.

I have considered the outcome of the independent review and the appropriateness of the actions taken by the MSHHS to address the issues identified and to implement the recommendations. I am of the view that there are no deficiencies in the recommendations arising from the review, nor any issues identified in the implementation of the recommendations. The fact that all recommendations have been implemented demonstrates that MSHHS has taken appropriate action to improve the clinical services delivered at the Beaudesert Hospital Maternity Services.

The information obtained during the investigation demonstrates that MSHHS has appropriately addressed any issues identified by implementing initiatives and improvements to the local work instructions and clinical practice at the Beaudesert Hospital Maternity Services. It is also clear that any risk to public health and safety has been appropriately managed by the MSHHS.

On this basis, I am of the view that there are no outstanding issues for investigation. As a result, I have finalised the matter in accordance with section 44(1)(a)(iv) of the *Health Ombudsman Act 2013*. No further action will be taken in relation to this matter.

Leon Atkinson-MacEwen

Health Ombudsman

21 December 2015