Health
Sydney
Local Health District

Women's Health, Neonatology and Paediatrics Clinical Stream Position Paper

2013-2018

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Foreword by Clinical Director

Women's Health, Neonatology and Paediatric services will need expansion over the next 5 years. Birth rates have risen well above expected, with over 7,000 births in 2011 in the obstetric units at RPA Women and Babies and the Canterbury Hospital. This has resulted in the facility at RPAH which was originally built for 4,300 births in 2001 to be "expanded" with limited additional space to over 5,500 births in 2012. The increase in births has placed additional stress on the RPA Newborn care which provides tertiary referral neonatal facilities to SLHD, greater Sydney and rural NSW.

Large unit housing developments continue to be built in the district. These attract young families which not only results in an increasing birth rate, but ultimately brings an increasing number of paediatric presentations as well as gynaecological presentations, both emergency and elective to RPAH, Canterbury, Concord and Balmain Hospitals. In addition the growing young population in the district requires the expansion of the existing service in adolescent medicine and service provision for children with chronic illness transitioning from the Children's Hospitals to the adult hospital system nearer to their home or work. Our community health partnerships are strong in obstetrics and paediatrics. The antenatal shared care program with the division of general practice supports over 60% of clinical visits in pregnancy care for the SLHD.

The clinical stream is proud of its clinical care, training and education programmers in medicine, midwifery and nursing. Our research network has expanded over the last 10 years in many areas of the clinical stream resulting in a stimulating environment of auditing our current clinical practice as well as answering new research questions to improve clinical outcomes.

The future priorities for the clinical stream are as follows:

Maternity Services and Neonatology

1. Expansion of the obstetric and neonatology services at the RPA facility. This will require increase in floor space and bed numbers. This expansion will require appropriate increase in medical, neonatal nurse practitioner and midwifery staffing. There will need to be a relocation of administrative services and some neonatal ambulatory services to a separate part of the facility.
2. Redistribution of low risk obstetric women to the Canterbury Hospital. This will require some expansion of this facility in terms of staffing and physical space.
3. Development of a Walk in Women's Assessment Centre in Obstetrics and Gynaecology at RPA as an expansion of the current Day Unit facility. This will allow an increase in one-to-one midwifery care in the delivery ward. Currently there are over 3000 presentations per annum to delivery ward for non-labouring clinical assessment. The Women's Assessment Centre should have strong links with the ultrasound and fetal medicine department.
4. Development of a Day Stay Unit at Canterbury Hospital. There are over 1200 occasions of service per annum of outpatient fetal heart rate monitoring which is currently being performed in the Birth Unit. A Day Stay Unit facility to divert non labouring women for outpatient assessment will increase the ability midwives to perform one-to-one midwifery care in the delivery ward.

5. Acquisition of an intrapartum monitoring system for SLHD with appropriate trigger alerts to decrease the rate of adverse perinatal outcome. The system has the capability to transfer cardiotocograph recordings to mobile phones or iPads.
6. Development of an integrated obstetric and neonatal data collection system for SLHD where information can be audited in a timely manner to improve clinical outcomes
7. Appointment of a Data Manager for Women's Health, Neonatology and Paediatrics SLHD.
8. Appointment of a staff specialist in obstetrics and gynaecology to the Canterbury Hospital.
9. Development of midwifery led continuity of care models across SLHD.
10. Development of a prenatal genomics centre targeting maternal screening for aneuploidy using free fetal DNA in the maternal circulation.

Paediatrics

1. 24 hour paediatric registrar coverage at Canterbury Hospital for safe management of neonates and children.
2. 24 hour paediatric resident medical officer coverage at RPAH in the Children's ward and ED.
3. RACP accreditation of the paediatric registrar positions at the RPAH and Canterbury facilities.
4. Expand the existing paediatric surgery services at either RPAH or Canterbury facilities to include both elective and paediatric emergency surgery.
5. Establish a district wide paediatric emergency support service by senior paediatric clinicians for EDs at Concord and Balmain Hospitals.
6. Formalise relationships in adolescent medicine, transitional care medicine, paediatric and adolescent psychiatry and child protection.
7. Introduce new models of care in the Paediatric Ward at RPAH.
8. Develop a service directory for paediatrics to facilitate appropriate referral pathways.
9. Develop a research focus in paediatrics.

Gynaecology

1. Develop a Walk in Gynaecology/EPAS Assessment Centre at RPAH (in conjunction with obstetrics as above) with triaging directly from ED if clinically appropriate. This service should have strong links to the ultrasound department and fetal medicine department.
2. Further develop the RPAH facility as a tertiary referral centre for advanced gynaecology. This will require consolidation of the number of gynaecological operators and will improve registrar/resident training in operative gynaecology.
3. Establish a day stay unit for gynaecological cases at either the RPAH or Canterbury facility. This will allow optimal usage of existing theatre lists for major procedures.
4. Consolidate a gynaecology data base at RPAH to include Canterbury and Concord facilities. This will allow auditing of clinical activity in operative gynaecology and the establishment of KPIs. The Data Manager for the SLHD outlined in point 4 in maternity services and neonatology would provide support for this.
5. Increase the research focus in gynaecology.

Education and Research

1. The clinical stream has very good training programs across the departments related to subspecialty and general training. However, there is a need to ensure safety and quality standards are maintained. A dedicated medical educator would facilitate a proactive multidisciplinary staff education program to target issues related to clinical governance.

2. Development of perinatal research focus. Enhancement of collaboration in midwifery, obstetrics, neonatology and paediatrics will create strengths by combining projects, grant applications and co-supervising young researchers.

3. Enhance the existing integrated RANZCOG teaching program and registrar training network between RPAH and Canterbury. In addition development of a formalized onsite teaching program at the Canterbury site.

4. Develop a research focus in paediatrics.

5. Increase research activity in gynaecology and midwifery.

Implementing these priorities will enable the clinical stream to continue to provide excellent healthcare for all.

Robert Ogle,
Clinical Director
Women's Health, Neonatology and Paediatric Services

Our Organisation

The Women's Health, Neonatal and Paediatric Clinical Stream provides inpatient and outpatient obstetrics, gynaecology, neonatal and paediatric services at RPAH and Canterbury Hospitals. In-patient and outpatient gynaecology services are available at Concord Hospital. Emergency gynaecology services are available at Concord Hospital but most presentations are diverted to RPAH. All of the hospitals in SLHD may have paediatric emergency department presentations. The majority of Paediatric Surgery is currently provided at the specialist children's hospitals, especially for children aged less than 12 years. However, the District does provide paediatric ENT, minor general surgery and some orthopaedic surgery. NAPOOS for the SLHD are outlined in the appendix

The Clinical Stream Services are administered by a Clinical Director and a Clinical Manager with a Co-Director in Paediatrics.

Our Community

The SLHD comprises the eight local government areas of Ashfield, Burwood, Canterbury, City of Sydney (part), Canada Bay, Leichhardt, Marrickville and Strathfield. The District currently has a population of 582,100 (2011 erp). (Table 1)

By 2021, the local SLHD population is expected to be 642,000. There have been significant planned urban developments at Green Square in Zetland and Beaconsfield in the City of Sydney. Urban consolidation has occurred along the Parramatta Road corridor and there are new developments in Rhodes, Breakfast Point, the former Carlton United Brewery site, Redfern/Waterloo and the former Harold Park site at Glebe. Since 2001-2011, the population of Sydney LHD has grown by 16.7%, with some LGAs having growth in excess of 50%. Of particular interest is the significant increase projected in the population of the City of Sydney. This population growth, particularly in the baby and early childhood cohorts is placing significant pressure on women's and babies services across SLHD. The projected growth of the population from 2006 until 2036 is shown in Table 1.

Table 1: Projected population SLHD by LGA and SLA 2006 - 2036

LGA	2006	2011	2016	2021	2026	2031	2036
Ashfield	41,520	43,464	45,663	46,787	4,7630	48,607	49,671
Burwood	32,395	34,243	37,443	42,315	47,019	51,923	57,009
Canada Bay	68,725	79,664	87,497	90,149	91,736	93,513	95,419
Canterbury	135,605	140,355	144,875	147,901	151,159	154,736	158,538
Leichhardt	51,554	52,855	54,093	55,410	56,366	57,456	58,637
Marrickville	75,546	79,225	82,241	84,275	85,769	87,472	89,315
Strathfield	33,231	36,322	39,136	42,022	44,708	47,721	50,847
Sydney City (part)	93,048	112,035	121,964	133,150	143,702	154,784	166,315
SLHD TOTAL	**531,624**	**578,162**	**612,914**	**642,009**	**668,090**	**696,211**	**725,751**

Source: The Picture of Health. SLHD Health Profile 2012

Between 2005 and 2010 there has been a significant increase in births in SLHD, with almost 1800 additional births each year (table 2). The number of births has particularly increased in the two Sydney SLAs and in Canterbury and Marrickville. LGAs

Table 2: Births in SLHD

Births in SLHD 2005-2010, ABS						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Ashfield	546	542	582	628	579	579
Burwood	319	318	364	418	405	396
Canada Bay	983	1,010	1,031	1,171	1,111	1,242
Canterbury	2,115	2,139	2,240	2,351	2,388	2,509
Leichhardt	935	979	1,028	1,094	1,125	1,102
Marrickville	1,169	1,170	1,231	1,335	1,270	1,396
Strathfield	316	341	380	398	419	471
Sydney (C) - South	563	629	789	744	791	841
Sydney (C) - West	319	340	463	492	491	522
SLHD Total	**7,265**	**7,468**	**8,108**	**8,631**	**8,579**	**9,058**
NSW Totals	**86,589**	**87,336**	**89,495**	**94,684**	**92,783**	**95,918**

Source: The Picture of Health. SLHD Health Profile 2012

In 2011, in SLHD, there were 145,823 women aged between 15-44 years - the child bearing years, with some variation in the numbers in these five year age groups (Table 3).

Table 3: Women of Child-Bearing Age in SLHD 2011 (ERP)

Age group	Females	% of age
15-19 years	13798	49.4%
20-24 years	25400	50.3%
25-29 years	31817	49.5%
30-34 years	28491	49.1%
35-39 years	24811	49.0%
40-44 years	21506	49.3%
Total	145823	50.10%

Source: ABS Census

Table 4 outlines the population of children in SLHD. There were 87,678 children aged under 15 years at the 2011 census. Canterbury has the largest population of children, followed by Canada Bay and Marrickville. The populations of children aged 0-4 is substantially higher in SLHD than the population of 5-9 year olds- with 9,173 more in the under 4 age group compared to the 5-9 age group. The SLHD population of children is expected to increase to 109,586 over the next 10 years.

Table 4: Population of Children in SLHD 2011 (ERP)

Population of Children Aged 0-14 years in SLHD, 2011						
Age group	**Males**	**% of Age**	**Females**	**% of Age**	**Total**	**% of Total Population**
0-4 years	18751	51.6%	17570	48.4%	36321	6.2%
5-9 years	14025	51.7%	13123	48.3%	27148	4.7%
10-14 years	12387	51.2%	11822	48.3%	24209	4.2%

Source: ABS 2011

Our Patients, Carers and Consumers

The Clinical Stream is committed to the provision of excellent maternal, neonatal, gynaecological and paediatrics healthcare. This care is centred on the patient and the family.

Major achievements related to improved patient-centred care in 2011/12 include:

- The caseload midwifery model of care was established at Canterbury Hospital with Midwifery Group Practice celebrating its first anniversary of care with outstanding clinical and patient satisfaction outcomes.
- The successful trial of the enhanced infant assessment process to identify newborns at risk of hypoglycaemia utilizing estimation of body fat by the Pea Pod system. The District will incorporate this method of newborn assessment together with existing measures at RPA Women and Babies in 2013.
- A review of patient flow practices to identify and address issues impacting on the patient journey from delivery to the postnatal ward and planned discharge at RPAH
- A review of the paediatric models of care at Canterbury and Royal Prince Alfred Hospital. This resulted in new short stay models being established at Canterbury and a paediatric outpatient clinical review being established at RPAH.
- Introduction of focused obstetric care to begin at the 12 week assessment of the fetus and mother to identify those pregnancies at risk of adverse perinatal outcome

Major patient-centred activity outcomes planned for 2012/13 include:

- Caseload midwifery model being established at RPAH. The first group commenced in August 2012.
- A review of patient flow practices for gynaecology and paediatric patients to meet NEAT targets for these services.
- Facilitate easier access to RPA Women and Babies services with a “user friendly” website.
- Implement improved patient flow measures in obstetrics at RPAH.
- Implement changes in induction of labour protocols to improve birth outcomes and patient satisfaction.
- Measure key performance indicators in line with the Towards Normal Birth Policy.
- Measure key performance indicators in operative gynaecology across SLHD.
- ED/paediatric collaborative care committee promoting clinical review and education across SLHD.
- Revised clinical role of Aboriginal liaison midwife at RPAH with improved links to the Aboriginal Medical Service in Redfern.

Our Services

The Clinical Stream Service Overview

RPA Hospital Maternity, Neonatal, Gynaecological and Paediatric Services

RPA is the tertiary referral obstetric service for the SLHD. It is a major clinical service in RPA with over 5,500 births per annum. The service includes a statewide Neonatal Intensive Care service, which caters for almost 1,000 admissions each year. The Women's Health ambulatory care has 55,000 occasions of service per year. The Centre for Women's Ultrasound and Fetal Medicine performs 17,500 scans per annum. The Benign Gynaecology service performs over 6000 procedures through the operating theatres per annum. The Paediatrics Service provides 3,000 beddays per annum.

There are seven departments in the Clinical Stream at RPAH each with an operational head:

- Low Risk Obstetrics
- High Risk Obstetrics
- Obstetric and Gynaecological Ultrasound
- Infertility
- Neonatology
- Paediatrics
- Benign Gynaecology

RPA Maternity Services

The RPA Maternity Inpatient service has 83 beds. Services include:

- Centre for Women's Ultrasound and Fetal Medicine
- High and low risk antenatal clinics
- Antenatal shared care program in partnership with the Medicare Local
- Delivery Ward with 11 beds
- The Birth Centre with 3 beds
- 54 Postnatal beds
- 15 Antenatal beds
- Lactation and Parent Education Services
- Midwifery Discharge Support Service (MDSP)
- Midwifery group practice

RPA Neonatal Intensive Care Services

RPA provides state-wide Neonatal Intensive Care (NICU) services. The Neonatal Intensive Care unit has 34 beds and with follow-up clinics and a community program. It provides for almost 1,000 babies per year.

- The level 5 Neonatal Intensive Care Unit has 10 ventilated cots, 12 High Dependency Cots and 12 Special Care Cots.
- A range of specialty neonatology outpatient clinics and a Developmental follow-up clinic are provided.

Benign Gynaecology Service

Services include:

- Benign Gynaecological Clinics and Surgery.
- Reproductive Endocrinology and Infertility Service.
- Early Pregnancy Assessment Service (EPAS).
- There are 4 dedicated gynaecology beds, however, this service can occupy up to 20 beds.

RPA Paediatric Services

Services include:

- A Level 3 10 bed Paediatric Inpatient Service.
- Paediatric surgery.
- Paediatric Outpatient Clinics.
- Orthopaedic and general surgery.
- Emergency services.
- Adolescent and Transitional Medicine Unit.

Canterbury Hospital Maternal, Special Care Nursery, Gynaecological and Paediatric Services

The Canterbury Hospital provides a level 4 obstetric service catering for low and medium risk obstetrics. In 2012 there were 1700 births. There are 14,600 occasions of service through the ambulatory care service. There is level 4 SCN with capabilities to care for babies at 34 weeks gestation and above. The hospital has general gynaecology clinics and gynaecology operating lists throughout the week. There is a paediatric ward with 10 beds. There is over 8000 paediatric presentations to the emergency department per annum.

Canterbury Maternity Services

Canterbury Hospital provides low to moderate risk maternity care. This includes:

- Antenatal clinics.
- Birthing Unit with 6 beds.
- Postnatal/antenatal ward with 22 beds.
- Lactation services.
- Midwifery Discharge Support Service (MDSP).
- Midwifery Group Practice.

Canterbury Special Care Nursery

The Canterbury Hospital has a Special Care Nursery to support the maternity unit.

- The Level 4 Special Care Nursery has 8 beds.
- Follow-up clinics for neonates.

Canterbury Paediatric Services

- Level 3 inpatient paediatric ward has 10 beds.
- Paediatric Surgery is available on a day stay basis.
- Outpatient Clinics.
- Emergency Services.

Canterbury Gynaecology Services

- Benign gynaecological outpatient, elective surgery and emergency gynaecology services.

Concord Hospital Gynaecological and Paediatric Services

Concord Gynaecology Services

- Benign Gynaecological Surgery.
- An outpatient clinic (Menopause).
- Emergency Services.

Concord Paediatric Services

- Emergency Services.

Balmain Hospital Paediatric Services

Balmain Paediatric Services

- Paediatric Emergency Services at the General Practice Casualty.

The following tables outline these service arrangements.

Table 5: SLHD Women's and Babies Services Overview- Maternity Services

	Maternity Services by Facility									
	Fetal Medicine Unit	Delivery Ward	High Risk Antenatal	Birth Centre	Lactation Services	Midwifery Discharge Support	Antenatal Clinics	Postnatal Ward	Antenatal Shared Care	Midwifery Group Practice
RPA	√	√	√	√	√	√	√	√	√	√
Canterbury		√			√	√	√	√	√	√
Concord										
Balmain										

Table 6: SLHD Women's and Babies Services Overview- Neonatal Services

	Neonatal Services by Facility		
	Neonatal Units		Specialist Neonatal Follow-Up Clinics
RPA	Level 5 NICU	√	√
Canterbury	Level 4 Nursery	√	
Concord			
Balmain			

Table 7: SLHD Women's and Babies Services Overview- Gynaecological Services

	Gynaecological Services by Facility in SLHD			
	Reproductive Endocrinology	Infertility Service	Early Pregnancy Assessment Service	Benign Gynecology/pelvic floor/urogynaecology
RPA	√	√	√	√
Canterbury				√
Concord				√
Balmain				

Table 8: SLHD Women's and Babies Services Overview- Paediatric Services

	Paediatric Service by Facility in SLHD	

	Paediatric Ward	Paediatric Emergency	Paediatric Clinics	Adolescent Medicine	Day Stay Paediatric Surgery
RPA	√	√	√	√	√
Canterbury	√	√	√		√
Concord		√			
Balmain		√			

The following table provides an outline of the delineated role of the services in the Clinical Stream. No changes in major roles are planned over the next 5 years.

Table 9: SLHD Mothers and Babies Current and Future Role Delineation Levels

Service	RPAH/IRO		Canterbury		Concord		Balmain	
	Current	Future	Current	Future	Current	Future	Current	Future
Maternity (Obstetrics)	6	6	4	4	0	0	0	0
Neonatal	5	5	4	4	0	0	0	0
Paediatric Medicine	4	4	4	4	0	0	0	0
Adolescent Health	3	3	3	3	0	0	3	3
Gynaecology	6	6	4	4	4	4	1	1
Child Protection	3	3	4	4	1	1	1	1
Women's Health	4	4	4	4	4	4	4	4
Operating Suites	6	6	4	4	6	6	0	0
Emergency Medicine	6	6	4	4	5	5	2	2

Maternity Services

Maternity services in SLHD are distributed between RPAH and Canterbury Hospital. There are no obstetric facilities at Concord or Balmain Hospitals.

RPAH hospital is a level 6 tertiary referral obstetric hospital. Several models of maternity care exist. There are separate high risk antenatal clinics in medical disorders in pregnancy, endocrinology, multiple pregnancies, indigenous health, drug health, vaginal birth after caesarean section and hypertension and renal disorders of pregnancy. Low and medium risk obstetrics is also provided including midwifery led care, birth centre led care and the midwifery group practice. Over 60% of low risk obstetric care is performed in partnership with the antenatal shared care program within the division of general practice. There is a dedicated 24 hour obstetric operating theatre availability with on site anaesthetic support. There are two registrars and one resident medical officer onsite at any one time with support by an obstetric consultant on call and a separate roster for advanced surgical backup.

The Centre for Women's Ultrasound and Fetal Medicine at RPAH is a tertiary referral centre for obstetric and gynaecological imaging. The service offers first trimester nuchal translucency screening for aneuploidy and first trimester screening for pre-eclampsia and intra-uterine growth restriction. Fetal anomaly scans, third trimester imaging and screening for cervical length as a risk assessment for preterm labour is also performed. At tertiary referral level, the Fetal Medicine Unit offers consultations and second opinions on fetal anomalies, performs CVS, amniocentesis and cordocentesis, fetal blood and platelet transfusions and laser therapy for twin/twin transfusion and selective intra-uterine growth restriction. The service also offers non-invasive prenatal testing for aneuploidy. The ultrasound department provides imaging support to the Early Pregnancy Assessment Service (EPAS), the gynaecology department, RPA Day Stay Unit and the Canterbury Hospital. 18,500 occasions of service were performed in the Centre for Women's Ultrasound and Fetal Medicine in 2012.

The maternity services offer antenatal parent education and lactation classes and comprehensive postnatal lactation support and an early discharge program.

The Canterbury Hospital is a level 4 obstetric hospital for low and medium risk pregnancies. There are consultant led risk clinics in endocrinology/gestational diabetes (not including type 1 diabetes), multiple pregnancies for dichorionic twins only and vaginal birth after caesarean section. There are low risk midwifery case load models of care. In addition there is a midwifery case-load clinic for antenatal care for women with FGM (female genital mutilation). The obstetric service can deliver from 34 weeks gestation and above. Imaging is performed by the general radiology service and an off-site ultrasound service with an interest in obstetrical and gynaecological imaging. There is on-site obstetric registrar cover 24 hours per day and a consultant on call 24 hours per day.

SLHD has seen an increase in births in its facilities over the past 10 years. Figure 1 demonstrates the increase over this period. This increase is mainly within RPA Women and Babies.

Figure 1: Births in SLHD Hospitals 2002-2011

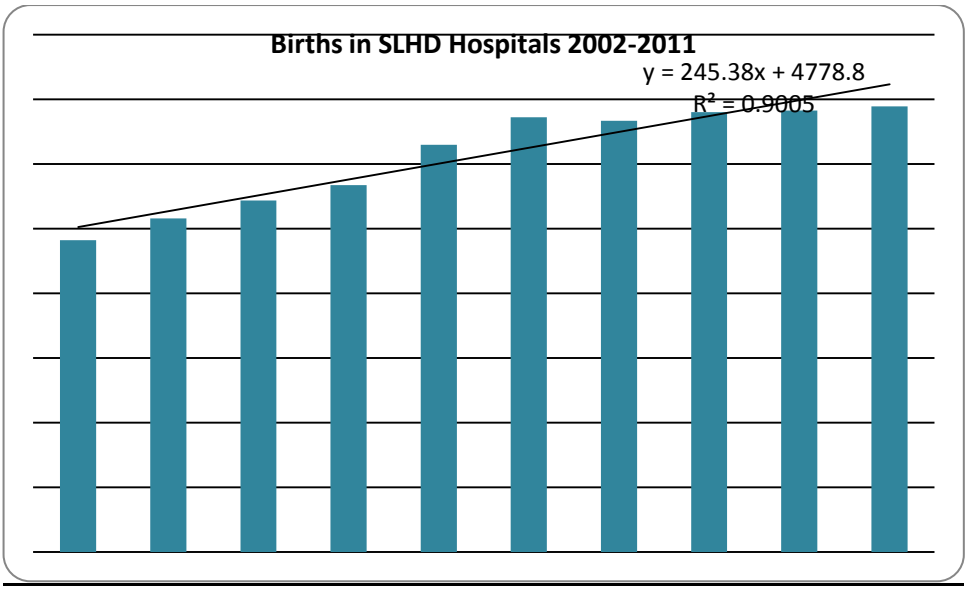


Table 10 shows the Outflows of SLHD residents for Maternity Services by Beddays 2010-11. The major outflows are to private hospitals.

Table 10: Outflows of SLHD Residents for Maternity Services by Beddays 2010-11

Outflows of SLHD Residents for Maternity Services by Beddays 2010-11								
	%SLHD to SLHD Hospitals	% to Private Hospitals/ Private Procedure Centres	% to SESLHD	% to SWSLHD	% to WSLHD	% to NSLHD	% to Other NSW	% to Other States
721 Ante-natal Admission	77.0	8.8	8.0	2.1	2.0	1.0	1.0	0.2
722 Vaginal Delivery	68.3	20.3	7.2	2.2	1.3	0.5	0.2	0.0
723 Caesarean Delivery	60.1	30.0	6.8	0.9	1.2	0.8	0.2	0.0
724 Post-natal Admission	64.4	7.4	22.3	2.1	1.6	1.1	1.2	0.0

Source: Flow-Info

Table 11 shows Inflows for Maternity Services by Beddays 2010-11. That is the usage of SLHD maternity facilities by district of residence. Main Inflows are from Overseas (Other 999), SESLHD and SWSLHD.

Table 11: Inflows to SLHD for Maternity Services by Beddays 2010-11

Inflows to SLHD for Maternity Services by Beddays 2010-11											
	SLHD	SESLHD	SWSLHD	Overseas	NSLHD	WSLHD	NBMLHD	ISLHD	WestNSW	Oth NSW	Oth States
721 Ante-natal Admission	73.5	7.0	3.3	5.6	3.8	2.1	0.5	1.8	1.3	0.9	0.2
722 Vaginal Delivery	80.1	4.5	3.7	5.5	2.8	2.5	0.2	0.1	0.2	0.4	0.0
723 Caesarean Delivery	80.0	5.3	2.7	4.8	3.0	2.7	0.2	0.8	0.2	0.3	0.1
724 Post-natal Admission	69.7	8.7	8.7	3.3	1.9	3.4	0.1	0.4	0.7	2.9	0.1

Neonatal Intensive Care

RPA newborn care provides inpatient services to babies from high risk pregnancies from SLHD, greater Sydney and rural NSW. There is a state wide perinatal consultation service for babies born at level 1-4 hospitals. There are 10 intensive care cots, 12 high dependency cots and 12 special care cots. There is 24 hour registrar / neonatal nurse practitioner onsite coverage for high risk deliveries with a consultant on call. There is provision of routine screening tests and examination of all babies born at RPAH as well as management of newborn problems as they arise on the postnatal ward.

RPA Newborn Care provides outpatient services for babies born at RPAH which includes:

- Early discharge domiciliary support for families and babies in the post-discharge period. This includes hospital in the home programs which:
  - Support and monitor delivery of home oxygen.
  - Support and monitor home gavage feeding.
- Medical follow up of high risk babies as needed.
- Neurodevelopmental follow up to school age of very high risk babies by a developmental paediatrician, physiotherapist and psychologist.

RPA Newborn Care provides education support for perinatal services throughout the district as well as outreach teaching to rural hospitals.

RPA Newborn Care has an active research program with involvement in multicentre clinical trials as well as physiological observational studies, nursing research and participation in Statewide and National NICU audit programs.

Canterbury Hospital special care nursery is a level 4 facility with 8 special care cots. Details of this service are in the paediatric section of this position paper.

Key Maternal and Neonatal Service Issues and Priorities

1. There is a need for a statewide plan for Neonatology to ensure adequate cots are available for the growing population of the state and the local region.

2. The work load in the obstetric and neonatal unit at the RPAH facility will continue to expand based on current population data and the urban developments in progress or being proposed in the near future. The current floor space in obstetrics and neonatology at RPAH is inadequate to address the future needs. Relocation of office space in both obstetrics and neonatal medicine into Gloucester House will free up floor area to allow the neonatal unit to expand and allow the development of a Women's Assessment Service in the area behind the ambulatory care.

   Options for consideration include the reconfiguration of the service across the SLHD. The low/medium risk model of obstetric care at Canterbury Hospital could be expanded. The two midwifery group practices would be more effective if they were co-managed in the community. This would require review of available accommodation both at RPAH and Canterbury.

3. An integrated obstetric and neonatal data collection system for SLHD is necessary to facilitate timely audit of activity to improve maternal and neonatal outcomes. The data collection system should include an intra-partum monitoring system with trigger alerts and capabilities to electronically transfer cardiotocographic information to remote devices. A data manager for the clinical stream is essential to maintain the system.

4. Equipment management and procurement processes are a priority. The neonatal intensive care is an equipment intensive specialty. There is currently no defined budget for replacement of this equipment and the unit is largely sustained through the voluntary efforts of staff and donors including parents, corporate donors and children's charities. There is a need to ensure there are clear strategies for purchasing, upgrading and maintenance of equipment.

5. Current workload in both maternity and neonatal services will require maintenance of the current medical, nursing and midwifery staff. With the volume of work almost certainly going to increase in the next 5 years there will be a requirement to enhance all staffing, including the newly developed neonatal nurse practitioner program. A staff specialist in obstetrics and gynaecology at Canterbury Hospital is required to provide onsite supervision for registrars and residents and to improve the onsite education program.

6. Develop a Walk in Women's Assessment Centre in Obstetrics/Gynaecology at RPA as an expansion of the current Day Unit facility. This will allow an increase in one-to-one midwifery care in the delivery ward. Currently there are over 3,000 presentations per annum to delivery ward for non-labouring clinical assessment. The Women's Assessment Centre should have strong links with the ultrasound and fetal medicine department.

7. Development of a Day Stay Unit at Canterbury Hospital. There are over 1200 occasions of service per annum of outpatient fetal heart rate monitoring which is currently being performed in the Birth Unit. A Day Stay Unit facility to divert non labouring women for

outpatient assessment will increase the ability midwives to perform one-to-one midwifery care in the delivery ward.

Benign Gynaecology Services

Benign Gynaecology services are provided at RPAH, Canterbury and Concord. There are no gynaecological services at Balmain. Early Pregnancy Assessment Service (EPAS) patients may present to any of the 4 hospitals, but ongoing management is through the RPAH service.

Benign gynaecology at RPAH has inpatient and outpatient services. There are only 4 dedicated beds to gynaecology but this often expands to more than 20 at any one particular time. A large volume of the operations are day only procedures. There are dedicated outpatient clinics within RPAH. They cover general gynaecology, endometrosis, urogynaecology/pelvic floor, reproductive endocrinology and fertility, contraception and outpatient hysteroscopy. The EPAS service supports a walk in service to the RPA Women and Babies ambulatory care and manages over 3,300 patients per annum. In addition, the EPAS service assesses over 1000 patients per annum through the Emergency Department.

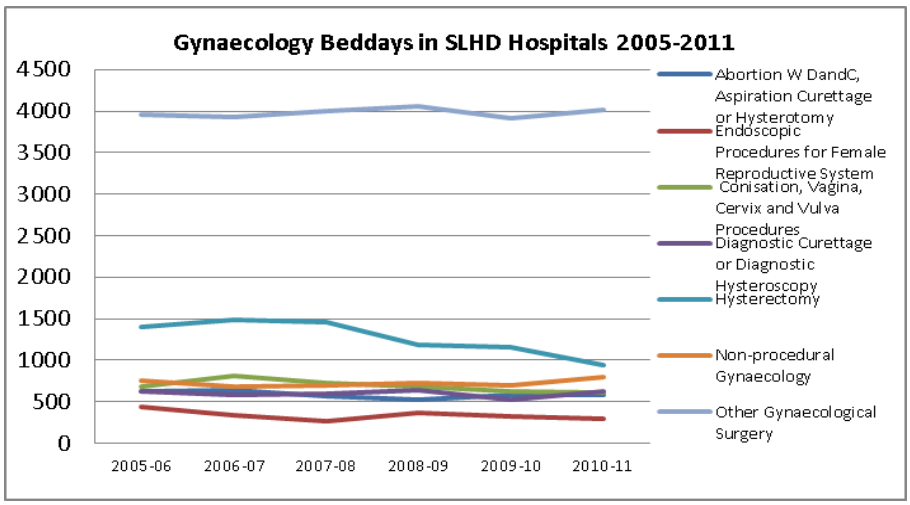
Operating lists cover a broad scope of surgery including general gynaecology, advanced laparoscopic surgery, urogynaecological and fertility surgery. There are a core group of gynaecologists who support the gynaecology back-up roster for surgical complications in obstetrics and gynaecology.

The Canterbury Hospital supports a general gynaecology inpatient service as well as emergency gynaecological presentations. There are outpatient clinics in gynaecology. Ongoing EPAS issues are usually managed through the RPAH EPAS service.

Concord Hospital has a small inpatient gynaecology service in general gynaecology and pelvic floor repairs. There is a menopause clinic conducted in the hospital.

Gynaecological bedday usage has been stable in SLHD over the past 5 years. These trends are demonstrated in Figure 2. Of note, is the reduction by 500 procedures in Hysterectomy services during the period 2007 – 2011- reflection of a changing western trend.

Figure 2: Gynaecology Beddays in SLHD Hospitals 2005-2011



Source: Flow-Info

Key Gynaecology Service Issues and Priorities

There is a growing worldwide trend towards specialization in gynaecological surgical services. The gynecological service at RPAH is a mixture of specialty and generalist, with a large number of VMOs performing small volume major surgery. There needs to be consolidation of the appointment numbers with an emphasis on appointments to individuals who predominantly practice operative gynaecology in order to sustain RPAH as a tertiary referral facility.

1. The opportunities for the future role of the Gynaecology service at Concord Hospital should be reviewed within the next 3 years to evaluate the direction of this small service. Currently there are three gynaecologists on call for emergency gynaecology. One gynaecologist has regular elective operating lists attended by a registrar at RPAH and is retiring in 5 years. Another consultant has elective operating lists when there is vacancy in utilization. There is no on site gynaecology registrar for most of the week.

2. Develop a Walk in Gynaecology/EPAS Assessment Centre (in conjunction with obstetrics as above) with triaging directly from ED if clinically appropriate at RPAH. This service should have strong links to the Women's ultrasound department.

3. Further development of RPAH facility as a tertiary referral centre for advanced gynaecology. This will require consolidation of the number of gynaecological operators and will improve registrar/resident training in operative gynaecology.

4. Establish a Gynaecological Day Stay unit for gynaecological cases at either the RPAH or at Canterbury High Volume Short Stay Service. This will allow optimal usage of existing theatre lists for major procedures.

5. Consolidate the gynaecology data base at RPAH to include Canterbury and Concord facilities. This will allow audit of clinical activity in operative gynaecology and to establish KPIs. The Women's Health data manager would provide support for this.

6. Increase research activity in gynaecology.

Paediatric Services

The Paediatric component of the Clinical Stream directly manages:

- A ten-bed paediatric inpatient ward at RPA
- A ten-bed paediatric inpatient ward at Canterbury Hospital.
- An 8-patient Special Care Nursery at Canterbury Hospital.
- Day-stay surgical procedures namely dental, ENT, orthopaedic and general surgery at both RPA and Canterbury Hospitals.
- Paediatric Ambulatory Care services at both RPA and Canterbury Hospital.
- Outpatient services for newborns and children discharged from Canterbury and requiring paediatric follow-up.
- An outpatient follow-up clinic for patients admitted under the staff specialist at RPAH.

Paediatric Services work extensively with other services in the Clinical Stream. This includes:

- Neonatal Intensive Care services at RPAH.
- Women's and Babies Services at both RPAH and Canterbury Hospital.
- Adolescent and Transition Medicine.

Paediatric services have strong relationships with health services across a number of other streams in SLHD. These include:

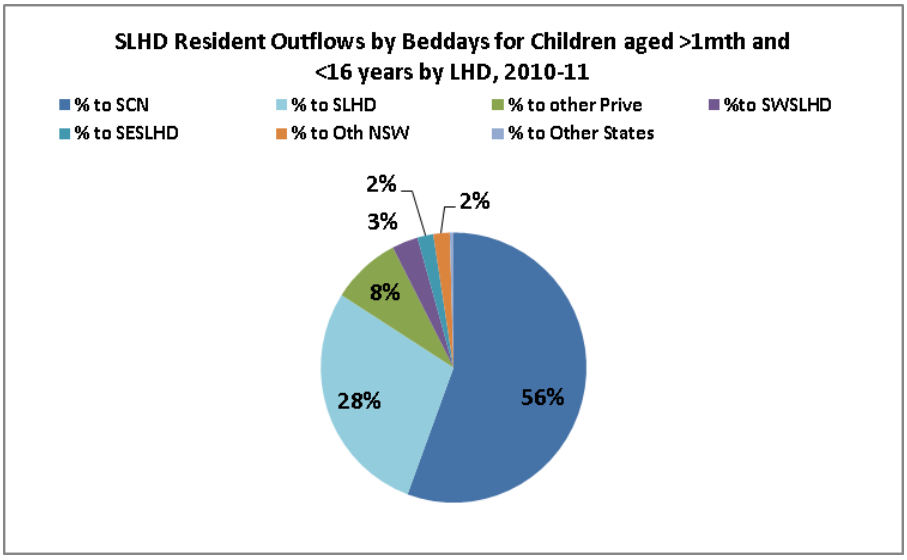
- Emergency Departments at RPAH, Concord, Canterbury and the GP Casualty at Balmain Hospital.
- Community Paediatric Services which are provided as a networked service across SWSLHD and the SLHD.
- Child Protection Services which are also provided in a network arrangement across SWSLHD and SLHD.
- Paediatric Mental Health Services managed by the Mental Health Stream in a networked arrangement across the SWSLHD and SLHD with services located at Rivendell and within community health centres.
- Child and Family Health Services which provide a range of community-based services for families and children including, for example, speech pathology and occupational and physiotherapy.
- Refugee Health services which provide a clinic one day per week at the Canterbury Community Health Centre.

Of considerable importance to child health is intersectoral relations with other agencies and departments including, for example, Education, Housing, Police, Juvenile Justice, Family and Community Services.

For hospital services, for children aged under 16 years, 28% of services were provided by the SLHD, with 56% of hospital services being provided by the Sydney Children's Network. Figure 3 shows the Flow patterns of SLHD children for inpatient hospital services for the 14, 237 bed days occupied in 2010/11. Appendix 1 shows this data by Service Related Group (SRG). The ten major reasons for hospitalization included:

Respiratory, ENT/Head and Neck Surgery, Non-Subspecialty Medicine and Surgery, Gastroenterology, Neurology Orthopaedics and Haematology.

Figure 3: Projected Population of Children aged under 16 years



Emergency Department Services

The SLHD provides Emergency Department services for children at RPAH, Canterbury Hospital, Concord Hospital and the General Practice Casualty at Balmain Hospital. The Emergency Departments are managed by the Critical Care Stream.

The Emergency Departments at RPA and Canterbury Hospital are supported by their respective Paediatric Departments with the paediatric ED workload being shared between the paediatric and ED medical staff.

In the case of RPA the ED staff are supported between 8am and midnight by a paediatric staff specialist, a paediatric registrar and 3 paediatric RMOs. At Canterbury Hospital Emergency staff are supported by a staff specialist paediatrician, a paediatric registrar and 5 paediatric RMOs who cover a 24 hour roster.

At both RPA and Canterbury Hospital after hours senior support to the Emergency Departments is provided by the paediatric VMOs, registrars and staff specialists who are on call according to a roster.

Paediatric presentations to Concord Hospital are attended by ED staff. Children needing admission are referred to either Canterbury Hospital or Westmead Children's Hospital depending on acuity and parent preference.

Paediatric presentations to the Balmain General Practice Casualty are seen by general practitioners with the referral pathway being to the ED or children's ward at RPAH or directly to Sydney Children's Hospital.

Key Issues and Priorities

1. A significant number of the children who present to the tertiary facilities of the Sydney Children's Hospital Network have conditions that could be managed by hospitals within the SLHD. It is recommended that the Clinical Stream promote its services within the SLHD to both general practitioners and the community so that children are appropriately managed in their local facilities closer to home.

Inpatient Services

Canterbury Hospital

The Paediatric service at Canterbury Hospital is medically staffed by a staff specialist paediatrician, a paediatric registrar and 5 paediatric RMOs who cover a 24-hour roster. Five paediatric VMOs participate in the after-hours on-call roster along with the staff specialist and registrar. In addition to supporting the ED and children's ward this service also provides medical support for the maternity department, which delivers more than 1,700 babies a year. Although the Canterbury Hospital Obstetric Department is designated as a "low/medium risk" unit the unpredictable nature of obstetrics means that emergencies sometimes arise.

As mentioned the children's ward at Canterbury Hospital provides pre and post-op support for paediatric dental, ENT and orthopaedic surgery.

The children's ward also runs a daily outpatient service mostly for newborns and children who have recently been discharged from the hospital.

RPAH

The Paediatric service at RPAH is medically staffed by a staff specialist paediatrician, a paediatric registrar and 3 paediatric RMOs with the staff specialist and registrar sharing the after-hours on-call roster with 3 paediatric VMOs. The staff specialist, the registrar and the 3 paediatric RMOs provide on-site cover between 8am and midnight 7 days a week.

As is the case with Canterbury Hospital the children's ward at RPAH provides pre and post-op support for paediatric dental, ENT and orthopaedic surgery. In addition 3 paediatric surgeons have elective operating lists at RPAH with the children's ward providing pre and post-op care. The paediatric surgeons provide emergency paediatric surgery support in the RPAH ED.

Activity

Figures 4 and 5 show the activity of the two paediatric inpatient units from 2006-2011.

Figure 4: Separations of Children aged under 16 years, RPA and Canterbury Hospitals

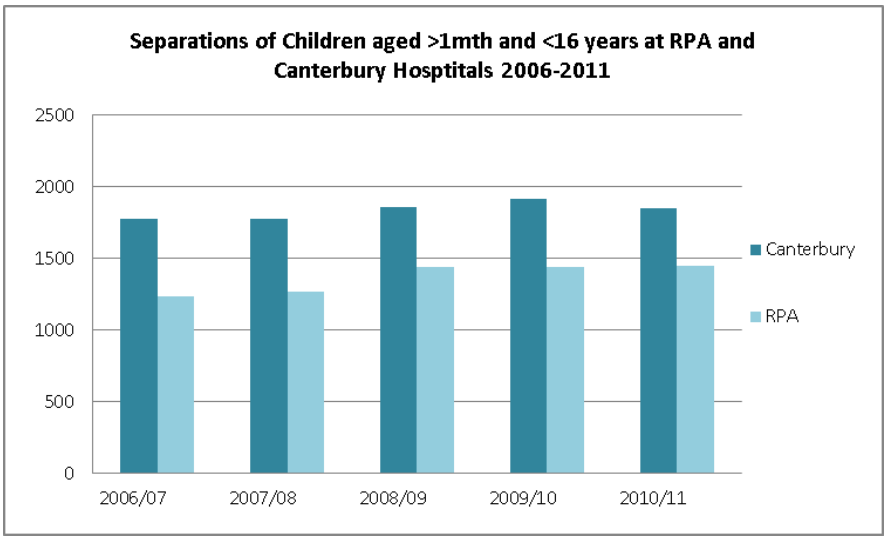
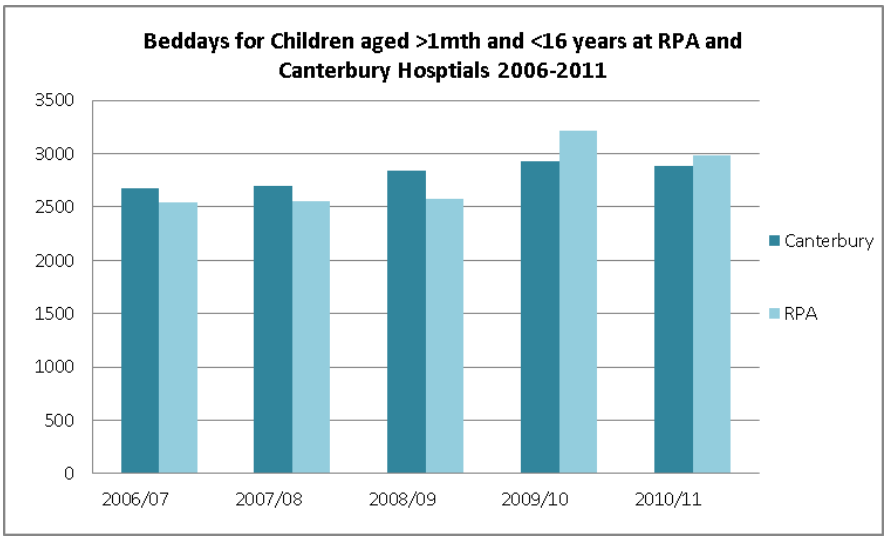


Figure 5: Beddays for Children aged under 16 years, RPA and Canterbury Hospitals



Key Issues and Priorities

1. At Canterbury Hospital some or all of the current paediatric RMO positions should be converted to paediatric registrar positions. A prerequisite for securing locally-trained paediatric registrars is that the registrar positions at RPAH and Canterbury Hospital be accredited as training positions by the Royal Australasian College of Physicians. An application has recently been made to the College of Physicians in this regard.

2. At RPAH it is recommended that medical staffing be enhanced to provide 24 hour paediatric RMO cover in the hospital for the benefit of both the children's ward and the ED.

3. It is recommended that the practice of accommodating adult patients in the children's ward at Canterbury Hospital should be reviewed.

Paediatric Surgery

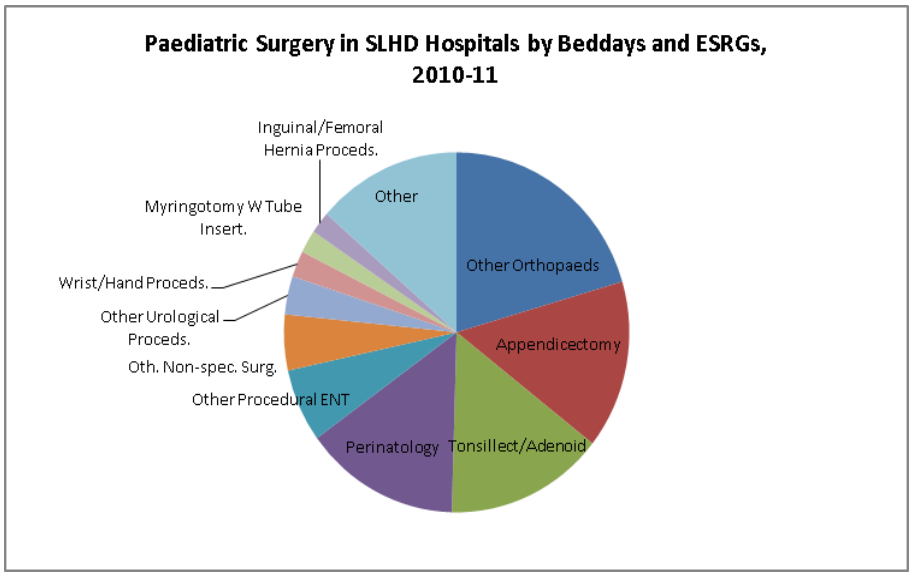
Currently little paediatric surgery is undertaken in the SLHD and most children with surgical conditions are transferred to one of the tertiary children's hospitals. In 2010-11 only 2.1 inpatient beds across SLHD were occupied by children with a surgical episode of care, with the majority being for tonsillectomies, appendectomies or neonatal procedures. The major outflows, are to Sydney Children's Hospital, Randwick and the Children's Hospital Westmead. The major reason is for tonsillectomy.

RPA currently provides paediatric ENT surgery, minor general paediatric surgery and some orthopaedic surgery, usually for older children. RPA also provides paediatric surgery cover for the ED, which is supported by anaesthetists with experience in pediatric anaesthesia.

Canterbury provides paediatric dental, ENT and orthopaedic surgery. While adult surgeons occasionally perform limited emergency surgery on older children presenting to the Canterbury Hospital ED the vast majority of children with emergency surgical or suspected surgical conditions are transferred to one of the children's hospitals.

Activity

Figure 6: Paediatric Surgery in SLHD Hospitals by Beddays and ESRG. 2010-11.



Key Issues and Priorities

1. Discussions are currently underway with a view to increasing the paediatric surgery undertaken state-wide at district hospitals as the Children's networks are having difficulty in meeting the ever-increasing demand. There is an opportunity to develop a viable emergency and elective general paediatric surgery service at either RPA or Canterbury Hospital.

Ambulatory Care Clinics

- RPAH has an ED follow-up clinic run by the staff specialist paediatrician Monday to Friday. The staff specialist also runs an outpatient clinic half a day per week for GP referrals and for following up his patients after discharge from the ward.
- Canterbury similarly has an outpatient clinic one afternoon per week run by the staff specialist paediatrician for post discharge follow up and for GP referrals.
- A general outpatient service for neonates, the Gumnut Outpatient Service, operates in the children's ward at Canterbury Hospital 7 days/week.
- A comprehensive neonatal outpatient service at RPAH is provided by the Department of Neonatology.
- A multidisciplinary Adolescent and Transition Medicine Clinic on Level 6 Cardiovascular Ambulatory Care on the first and third Fridays of every month, attended by a staff specialist, an Adolescent clinical nurse consultant, occupational therapist and a clinical psychologist. The Pain clinical nurse consultant shall also attend this Clinic from 2013.

Key Issues and Priorities

1. Expand the RPAH ED paediatric follow-up clinic from 5 to 7 days a week. This clinic ideally should be relocated to the paediatric ward which will require refurbishment.
2. Develop a short stay unit within the paediatric ward at RPAH. This will improve NEAT

targets in the ED.

Community Paediatrics and Community Health Services

A Community Paediatrics Service, managed by Community Health is provided across the SLHD and the SWSLHD. The service is based at Liverpool Hospital and has an office at RPAH. The service fulfills an important role in supporting vulnerable children and their families including children with developmental and behavioural difficulties and those in out of home care.

The Child and Family Health services provide a range of supports within Community Health including speech pathology, occupational and physiotherapy and counseling and crisis intervention services.

Key Issues and Priorities

1. There is a need for an on-line Directory of Community and other paediatric outpatient services within the SLHD to ensure that children and families receive the help they need and that access and referral processes are smooth, simple and timely.

Department of Adolescent and Transition Medicine

Adolescent Medicine is provided at RPA. The Department liaises closely with government and non-government organisations (NGOs) such as Headspace, Youthblock, Drug-Arm (Drug Awareness, Rehabilitation and Management), Canteen, Redkite and the NSW Cystic Fibrosis Association. The Department also manages *The Chill* room, a small recreational area to improve socialization and promote adjustment to the adult hospital environment. The roles of the Department can be divided by into five areas as listed below:

- Consultation, review and follow up of all 12 to 24 year old patients who access the acute care services within RPAH.
- Education, advocacy and support for adolescents and young adults admitted into RPAH.
- Promotion of adolescent health to improve the physical, social and emotional wellbeing of young people in the community (NSW Youth Health Policy 2011-2016).
- Coordinated Transition of patients from Paediatric services to appropriate adult services.
- Outpatient Multidisciplinary Adolescent and Transition Medicine Clinic.

Key Issues and Priorities

1. *The Chill* room is currently too small and finding a larger area within RPAH is desirable.
2. Develop strategies to reconnect with clinicians/specialties that have referred to the program and improve long term planning for transition patients.
3. Address the transition issues associated with cerebral palsy, which is the largest diagnostic category for referral.

Child Protection and Child Sexual Assault

While Child Protection services are located within Community Health it is widely recognised that child protection is “everybody’s business”. Thus all health workers are designated “mandatory reporters” and all those who interact with children and families in the course of their work are required to undergo child protection training. This includes staff whose life careers are in child-related services as well as those who work in such services for brief periods such as ED and paediatric interns and residents.

Child protection encompasses the prevention, recognition and management of physical and emotional abuse and neglect of children and includes sexual abuse. The approach is always multidisciplinary and spans a range of services and agencies including the Child Protection Services, the Department of Community Services, the Child Well-being Units, Community Health, the Joint Investigation Response Team involving the police and the Child Sexual Assault Services based at the Children’s Hospitals.

The Mandatory Reporter’s Guide and the Keeping them Safe website are available on the SLHD intranet as is the district Child Protection Policy. EDs have tools to assist in the recognition of suspicious injuries and use reporting proformas which are also available on the intranet. All facilities have well-established pathways for reporting and escalating child protection concerns.

Child Protection Services currently operate across SLHD and SWSLHD and the paediatric clinical stream is represented at quarterly child protection committee meetings by the stream’s Co-Director for Paediatrics.

Our Research

The research focus in Women's Health and Neonatology has developed significantly over the last 10 years. More recently, the stream has secured NH&MRC grants in obstetrics, gynaecology and neonatology. Over the last 4 years we have encouraged the junior medical staff to be involved in research. Their work is presented at the end of the year in our annual research day for registrars and residents. A priority over the next 5 years is to develop a paediatric research focus.

Neonatal Medicine

- New methods for identification & management of newborn nutrition – PI for large cohort study
- Prevention of neonatal infection - CI in study across 4 SE Asian countries
- Prospective cohort study examining prevalence of gestational diabetes and neonatal outcomes in urban Vietnam
- RCT of early targeted indomethacin in managing preterm patent ductus arteriosus (PDA)
- Part of national surveillance study of severe neonatal jaundice
- Low systemic blood flow in preterm infants
- CI in Australian Placental Transfusion Study and Echocardiographic sub-study
- CI Effects of probiotics on late onset sepsis in very preterm infants
- RCT – ways to wean babies from CPAP
- Sydney Stillborn Study- multicentre case control study
- Causes, risks and recurrence of stillborn across NSW
- Hypoxic Ischaemic Encephalopathy and MRI
- Australian Cochrane Neonatal Support Group

Obstetrics and Gynaecology

- Prediction and prevention of adverse pregnancy outcomes
- Pre-eclampsia – animal studies investigation causation and therapies
- Predictive model for stillbirth at 36 weeks
- Management of multiple pregnancies especially monochorionic twin pregnancies
- Improvement of vaginal birth outcomes in the occipto posterior study
- Pelvic ultrasound in assessment of endometriosis
- Venous thrombosis management and prevention
- Candida in pregnancy and preterm labour (part of multicentre trial from RNSH)
- Preterm premature rupture of membranes
- IUCD insertion at caesarean section
- EPIno study

- Fetal cardiac function in response to corticosteroids
- Fetal cardiac function in high risk pregnancy groups – fetal growth restriction/diabetes
- Prediction of fetal lung maturity by ultrasound
- Retinal vascular changes in normal and hypertensive disorders of pregnancy
- Combined implanon and mirena for endometriosis associated pelvic pain
- Evaluation of embryo expansion and pregnancy outcome
- Natural killer cells and miscarriage
- Determinants of fertility in donor sperm cycles
- Genetic polymorphisms and reproduction

Junior Medical Officer Research Projects in 2011/2012

- Maternal and neonatal outcomes in placenta accreta
- Birth after caesarean – the RPA experience
- Maternal outcomes after emergency vs. elective caesarean for major placenta praevia
- Caesarean section at full dilatation 2009-2011
- Cervical elastography
- How are we performing in relation to the National Emergency Admission Target (NEAT)
- The OT study: Delivery outcomes of malposition early in the second stage of labour
- Misoprostol, an effective alternative management of miscarriage?
- A prospective audit of elective caesarean section lists at RPA
- Pelvic actinomycosis
- Umbilical cord coiling in the first trimester
- Complications of ECV at RPA over the last 20 years
- Review of the current oxytocin regimes for induction of labour
- Tay Sachs Disease: Evaluating the impact of genetic screening on disease incidence in Australia
- Induction of labour audit
- Timing of delivery and neonatal outcomes in low lying placentas
- Treatment of acute hypertension in pregnancy
- First trimester uterine artery dopplers: Useful in predicting fetal trisomies?
- Obstetric anal sphincter injury
- Outpatient hysteroscopy: success rate and findings
- Stillbirth audit
- Ultrasound diagnosis of deep infiltrating endometriosis
- QFMH as a predictor of adverse outcomes

Our Staff

Staffing numbers within the Clinical Stream are as follows:

Table 12: Staffing Numbers in the Women's Health, Neonatology and Paediatrics Clinical Stream

Facility/Department	Professional grouping	Full Time Equivalent staff number	Comments/additional information
RPAH/Obstetrics & Gynaecology	Medical	32.7 FTE Registrars/RMO 6.0 FTE staff specialists	Plus 26 VMO's
	Midwifery	167.83	Includes 5.5 FTE CNC's, Midwifery, Lactation, Parent Education, Early Pregnancy Assessment Service and Fertility
	Admin & support	23	
	Allied Health	2.5 hearing screening	Social work / sonographers provided by relevant departments within RPA. Not in W&B staff headcount but provide key services for clients.
RPAH Neonatology	Medical	19	Plus 4 VMO's
	Nursing/midwifery	86.6	Includes 1FTE CNC Neonatology, 2 Neonatal Nurse Practitioners and 3 Transitional Nurse Practitioners
	Admin & support	9	
	Allied Health	1.8	
RPAH Paediatrics	Medical	1 staff specialist 1 registrar 3 RMOs	Plus 3 VMO paediatricians Plus 2 VMO paediatric surgeons
	Nursing	13.5	0.63 CNC in LHD position – role covers RPA/CH children's wards and ED's in all LHD facilities.
	Admin & support	2.4	

Facility/Department	Professional grouping	Full Time Equivalent staff number	Comments/additional information
RPAH Adolescent and Transition Medicine	Medical	0.5 FTE staff specialist	
	Nursing	0.84 CNC	
	Admin & support	0.79	
	Allied Health	1 FTE OT	
Canterbury Hospital Obstetrics & Gynaecology	Medical	7	Plus 7 VMOs
	Midwifery	64	Includes 10 FTE staff cover for Special Care Nursery, 1 Midwifery Practitioner and 1 CMC Midwifery.
	Admin & Support	3	
Canterbury Hospital Paediatrics	Medical	1 staff specialist 1 registrar 5 RMOs	Plus 5 VMOs
	Nursing	14.6	
	Admin & support	0.2	
Concord Hospital Gynaecology	Medical	0	Plus 3 VMO's with registrar assistance from RPAH registrar roster
	Nursing	0	Nil clinical stream employees – patients admitted in non-specialty surgical wards

Issues that impact on our workforce include:

- Recruitment delays for all positions
- Recruitment of medical staff to non-accredited registrar positions in the paediatric service
- Impact of maternity leave provisions on temporary workforce vacancies
- Changes within nursing and midwifery professions since last strategic plan:
    - Altered registration requirements with particular impact on staff maintaining dual registrations (RN/RM),
    - Introduction of direct entry midwifery training programs leading to Bachelor of Midwifery qualification (RM registration only for these graduates).
    - Aging nursing/midwifery workforce profile with anticipated retirements over next decade impacting on workforce numbers.

- The recruitment and retention of midwives and to a lesser extent nurses poses challenges in SLHD as it does across NSW. Strategies to address this challenge include:

    - Maintaining strong links with tertiary sector training partners to ensure that local residents with an interest in midwifery/nursing have access to supported workplace placements during their studies.
    - Further development of midwifery led models of care at RPA and Canterbury Hospitals to ensure that employment is attractive to midwives.
    - Supported Transition to Midwifery programs for newly graduated midwives
    - Introduction of Assistants in Midwifery to support ward staff and provide paid workplace experience for undergraduate midwifery students.
    - Inclusion of the Paediatric inpatient units in the facility wide Transition to Nursing program for newly graduated Registered Nurses with an expressed interest in paediatric specialization.
    - Building professional links with Emergency Department staff including secondment opportunities for Registered Nurses between the EDs and Paediatric wards.

- Recruitment/training and clinical support for resident medical officers and registrars is a high priority across the subspecialties.

- Review of current medical positions to establish a Staff Specialist position in Obstetrics and Gynaecology at Canterbury Hospital.

- Enhanced integration of Registrar/RMO positions across RPA/CH has been introduced to address issues impacting on medical recruitment and support to O&G positions at Canterbury Hospital.

- Application has been made to the Royal Australasian College of Physicians to have the Paediatric Registrar positions recognized as accredited training positions.

Appendix Non-Admitted Patient Occasions of Service (NAPOOS)

RPA Maternity Non Inpatient Activity 2010 - 2012

RPA Maternity Total NAPOOS, 2010 - 2012		
Clinic	**2010-11**	**2011-12**
Fertility	1946	1985
Fertility Unit	-	4937
Genetic counseling	441	332
Antenatal	14819	15614
Early Pregnancy Assessment (EPAS)	3068	3078
Adolescent ANC	318	298
Perinatal Family support (PAF)	398	615
Birth centre	5700	7151
Early Discharge Scheme (MDSP)	5277	6101
Endocrine ANC	7647	7421
Hypertension ANC	2584	2622
Lactation	648	472
Twins	678	585
Postnatal	446	440
Complex pregnancy	3006	3048
Gynaecology	2634	2904
Fetal Medicine/O&G Ultrasound	16093	18558
Infant Hearing screening (SWISH)	121	138
Newborn	1782	1685
New Family Support Team	2202	2018
Paediatric	-	143
Parent Education (groups)	-	574

Note:

- **Parent Education, Fertility Unit commenced reporting as of 2011/12**

Canterbury Hospital Maternity Non Inpatient Activity 2010 - 2012

Canterbury Maternity Total NAPOOS, 2010 - 2012		
Clinic	**2010-11**	**2011-12**
Antenatal	1086	586
Antenatal Clinic - Dr	6893	6704
Early Discharge Maternity	2384	2725
Midwifery Practice - VMO	562	479
Midwifery	4030	4950
Postnatal Clinic MDSP	4544	5224

SLHD Gynaecology Services Non Inpatient Activity 2010 - 2012

SLHD Gynaecology Services Non Inpatient Activity 2010-2012						
	2010- 2011			**2011-2012**		
Clinic	**RPA**	**Concord**	**Canterbury**	**RPA**	**Concord**	**Canterbury**
Gynaecology	2634	72	822	2904	33	925

SLHD Paediatric Services Non Inpatient Activity 2010 - 2012

SLHD Paediatric Services Non Inpatient Activity 2010-2012				
	2010- 2011		**2011-2012**	
SRG (Specialty)	**RPA**	**Canterbury**	**RPA**	**Canterbury**
Paediatric	-	207	143	-
Paeds VMO		583		617
Paediatrics	-		143	

Note:

- RPA Paediatric Clinic commenced as of Feb 2012