

OSBORNE PARK HOSPITAL — POSTNATAL CARE

Grievance

MR A.P. O’GORMAN (Joondalup) [9.12 am]: My grievance this morning is to the Minister for Health, and I thank him for accepting the grievance. I will refer today to a letter that was sent to the Minister for Health dated 10 May 2012 from Mrs Veronica Kilrain of Edgewater in my electorate. The letter reads as follows —

I am contacting you today, in relation to my recent hospital stay at Osborne Park as a maternity patient. On the 18th April this year I had my fourth caesarean section at OPH. My first delivery was in 2005 with the second and third in 2006 and 2008.

I have three separate issues to raise with you today.

Firstly, I commend the core group of midwives and clinic staff who are the glue that keeps the health service provided at OPH together. They are a remarkable team of professional health care workers. However, throughout the antenatal care process in 2012, including the delivery week of my fourth child, I have noticed some significant negative changes at OPH.

1. The clinic is incredibly congested and patients are flowing out onto the lawn area; while waiting the one to three hours for medical attention on any given day. The midwives and Doctors are having to shuffle past patients, with clip boards up against their chests and backs to the wall, as they try and manoeuvre in and around the day clinic. It requires some serious renovations, with funding allocated to renovate.

2. The second issue I would like to raise is in relation to my post natal care at OPH during the recent caesarean delivery.

The staff seemed quite dis-jointed in the sense that there were a lot of temporary midwives coming and going on shifts and the permanent staff appear to be working around temporary staff. The significant influx in patients at OPH has everyone on red alert! As a patient, I sensed the lack of continuity in the team; although each team member did their utmost to provide the appropriate care—they were limited in what they could achieve being so stretched between so many patients. Staff were literally running up and down the corridors on day two of my stay and patients were being taken by ambulance to Joondalup hospital for postnatal care, because there were not enough beds available after delivery.

I was constantly asked by nursing staff and once by the resident paediatrician whether I was going home on day three. Having three children, seven years and under at home and having had a caesarean, and breast feeding issues, I was in no way ready to go home ... As it was, I was discharged on day four, I would have stayed till day five had I not felt pressure to leave the hospital.

3. The third issue of serious concern to me as a patient, is as follows. My baby was born with gastric sphincter laxity signs (wind, gas and muscle problems inhibiting successful breastfeeding) and as an experienced mother, I instinctively knew that my new born required the attention of our family chiropractor. Dr Bill Pyke is a highly respected health professional in Perth. Upon requesting that Dr Pyke attend my new born at OPH, I made it clear to the hospital staff that I had contacted our family chiropractor who was coming to assess our baby. I was told to note the visit on the baby’s chart.

Upon arrival to my room, Dr Pyke was told by a midwife who was new to WA and rostered on that shift to my room; that he was not licenced to practice in the hospital. Being the professional Dr Pyke is, he diplomatically left, and I was left in tears knowing that I had serious feeding and latching issues with my newborn and that my baby required medical intervention ASAP.

Baby and I were discharged day three, and immediately I took our baby to Dr Pyke and I also contacted Greenwood Health Clinic for immediate breast feeding assistance. Mrs Ailsa Rothenbury—one of the most experienced and professionally qualified lactation consultants in WA has been assisting me and baby upon discharge from OPH.

Can you please give me an answer as to what regulations prevent a multidisciplinary approach in post natal care?

Is it the case that health professionals registered with APHRA cannot attend a patient at their request, whilst in hospital?

Thank You for your time and consideration to these questions.

Mrs Kilrain also sent me a copy of that letter this week and asked me to read it. I have spoken to her on the phone. She was quite happy that I raise the matter as a grievance this morning, because she feels very strongly

about not only her own care but also the care of others, particularly young mothers, at Osborne Park Hospital. Just after giving birth, with the arrival of their baby, is a very happy time for families, and it also a very emotional time. At such times, things like this can really throw them off the rails, particularly with breastfeeding and postnatal care. I ask the minister to please answer those questions. We felt it was very important to get it on the record here this morning.

DR K.D. HAMES (Dawesville — Minister for Health) [9.17 am]: I do clearly understand the problems that mothers have with children postnatally. Members will recall that I have six children and five grandchildren, three of whom were born in the last six months—one by caesarean. In fact, I have just texted her to see how long she was in hospital for, but I think post-caesarean it was about three to four days; I am just double-checking to be sure. I did write back. I received that letter from Mrs Kilrain and wrote back. Given that the letter to me has been read into the house, I might read back the letter to Mrs Kilrain. It was in fact an email. It states —

Thank you for your e-mail of 10 May 2012 regarding your care at Osborne Park Hospital (OPH) following the birth of your fourth baby. I was sorry to read that you had a stressful experience. I do note that OPH has experienced an increase in activity in the area of maternity services.

For the record, members will recall that under the former government Osborne Park Hospital’s maternity services were going to be closed as part of their rearrangement of health services throughout the state. We strongly objected to that. I am very pleased to say that the then Minister for Health, in the six months before the election, reversed that decision and kept it open. At the time it was having about 1 000 deliveries a year; now, it is about double that number, so it is obviously a very popular hospital. That has put considerable strain on the hospital’s services. My letter continues —

In response to this, OPH has been putting strategies in place including reviewing appointment scheduling and introducing additional clinics at times when the facilities were not previously in use. With regard to staffing, OPH has completed a recruitment pool for midwives and have recently appointed permanent midwives to provide the continuity of care and team work at the hospital.

That was in response to the concerns she had about overcrowding and the like. The reality is that Osborne Park will need additional services because of the strain being put on it. A number of members of Parliament have talked to me about that. The letter continues —

I am sorry you felt pressure to leave the hospital on day three of your stay. I have been advised that you were assessed as medically fit for discharge. Please be assured that women who require ongoing care are assessed and would not be discharged until clinically stable. I am advised that your concerns regarding discharge were noted by OPH, that your discharge occurred on day five, and that you were visited at home the following day by the Home Visiting Midwifery Service.

I have to say, I found that a little confusing; she thinks she has been discharged on day four and the hospital says day five. I assume the hospital has counted the arrival and delivery day as day one and the discharge day as day five with the three days in between in the hospital. That is why I assume there is a difference in the estimation of days. It might not be five periods of 24 hours when the hospital says five days. The letter continues —

Practitioners visiting the hospital to care for patients and babies must be credentialed. Credentialing is the formal process used to verify the qualifications, experience and professional standing of medical practitioners to ascertain their competence, performance and professional suitability to provide high quality health care services within specific sites. OPH follows hospital policy on complementary therapies in order to provide safe patient care for all patients and all Complementary Therapy Practitioners must seek approval from the Medical Director before treating a patient at OPH. Accordingly, Practitioners registered with the Australian Health Practitioner Regulation Agency —

That is AHPRA, which is the Australia-wide body that has been set up to manage registration across 10 key areas of professions —

would generally have an awareness of this requirement; further credentialing at all hospitals is a requirement of visiting practitioners and medical staff, as per professional indemnity insurance requirements.

Practitioners must be credentialed and registered for hospital insurance purposes. I do not understand why a chiropractor would not be in that position, but the hospital needs to make sure that that is the case. If this particular person who came in to treat is registered with AHPRA and is credentialed to treat at the hospital, I need the member to let me know that. Then I can follow that up with Osborne Park Hospital to see why it did not let in that particular person. It is obviously critically important that people are registered and credentialed so that safe care is provided at hospitals. As members know, complementary therapy is still up in the air. Chiropractors are often not allowed in to treat patients because of a lack of past acceptance by the medical profession of

chiropractors’ qualifications to treat certain conditions such as gastric ulcers, whereas now clear medical evidence shows that manipulation of the spine can improve gastric ulcers. It was not accepted for years. That is why chiropractors sometimes fall through the gaps.

The letter also invites Ms Kilrain to contact the clinical nurse manager of women and newborn services at Osborne Park to discuss that in more detail. There was a time when patients with deliveries would stay in hospital for a week. That is no longer the case. I stayed in hospital for my appendix operation for a week. Now people go in as a day case. Things have changed. People go home early and we make sure that there is very strong support for people to have care at home if it is required, including support from Silver Chain and backup maternity services. Indeed, the services that the member described are supported by the state government to ensure that people have access to that extra advice that they need. The member is welcome to get back to me on the case of the therapist wanting to go in and give treatment. If they are registered, I will make sure that is sorted.

Ms Kilrain has raised some important concerns about the stress being experienced as a result of the significant increase of numbers at Osborne Park; that is something we will have to deal with. Some of that has been addressed and some of that will need further capital funding into the future to increase the capacity of the hospital to cope with those numbers.