



Incentivising Better Patient Safety

Providing insurance refunds to public hospitals for undertaking best practice training

Operating Manual



Introducing the Incentivising Better Patient Safety program

The Victorian Managed Insurance Authority's (VMIA) purpose is to build a confident, resilient Victoria through world leading harm prevention and recovery. As the insurer and risk advisor for the state's public health services, one of our priorities is to reduce risk and improve patient safety.

Errors, failures and deficiencies in maternity care can endanger life and lead to substantial liability claims. To reduce harm and the factors that lead to adverse outcomes, VMIA has worked closely with the health sector to identify three main areas 'focus areas' where patient safety in the maternity setting can be improved through evidence-based skills training and education:

- 01 Multidisciplinary maternity emergency training
- 02 Fetal surveillance, and
- 03 Neonatal resuscitation.

These three focus areas have been used to develop a program, known as Incentivising Better Patient Safety, which will improve safety, lead to better health outcomes and deliver financial benefits to participating health services.

The program rewards eligible health services with a 5% refund (minimum of \$15,000) on the obstetric component of their medical indemnity premium, when at least 80% of their clinical staff participate in annual training programs that meet prescribed training criteria.

Each year, the participating health service will attest to VMIA that they have met the criteria required to qualify for the refund. VMIA will issue the premium refunds to eligible health services each June.

The program commences on 1 July 2018. Public maternity services in Victoria (Maternity Capability Level 2 – 6) are eligible to participate.

VMIA looks forward to your participation in this program, which aims to reward participating health services for improving patient care and safety in the maternity setting.

If you would like more information or have any questions, please speak to your VMIA Risk Adviser.



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Eligibility criteria

Eligibility criteria

General criteria (applies to all three focus areas):



Public maternity services in Victoria (Maternity Capability Level 2 – 6) are eligible to participate.



Training programs must be conducted in Australia or New Zealand and satisfy the requirements of the training criteria.



Clinical staff are AHPRA registered health care professionals who provide clinical services to women, babies and/or families in the birth suite, whether or not they are employees of the health service.

For the purposes of the program, clinical staff are defined as:

- Midwife
- Midwife in Charge (MUM or AMUM)
- Obstetric Resident or equivalent junior doctor
- Obstetric Registrar
- Obstetric Fellow
- GP Obstetrician
- Obstetric Consultant



Eligibility criteria

Focus area 1:

Multidisciplinary maternity emergency training

Emergencies within the birthing suite contribute to some of the most catastrophic harms suffered by mothers and babies.

Analysis of VMIA claims data highlights the key contributing factors associated with these events are repeated failures in:

- Systems, communication and teamwork among health professionals, leading to error and delays in decision making, and
- Appropriate escalation to deliver the baby within a safe period after deterioration is identified.

The training criteria in this focus area supports better clinical outcomes for mothers and babies by improving staff safety culture, teamwork, communication and emergency management skills in a real-time simulated environment. This results in higher quality care by clinical staff, who will receive current, evidence-based maternity emergency management training. Since 2003, this training (along with other maternity risk management activities) has reduced obstetric claims to VMIA by 64%.

Suggested training programs are listed in the table to the right. Training can be arranged internally or through another provider, however the elements detailed under 'training criteria' in the table must be met for a health service to be eligible to receive a refund.



The training criteria in this focus area supports better clinical outcomes for mothers and babies by improving staff safety culture, teamwork, communication and emergency management skills in a real-time simulated environment.





Focus area: Multidisciplinary maternity emergency training

Training criteria

The training program chosen by the health service needs to meet all of the following criteria.

The program must:



Be **multidisciplinary** – the training group must include staff from at least **two** of the following disciplines that provide care in the birth suite:

Discipline 1:

- Registered Midwife
- Midwife/Nurse in Charge
- Registered Nurse

Discipline 2:

- Anaesthetist (Registrar, Fellow or Consultant)
- GP Anaesthetist

Discipline 3:

Paediatrician (Resident, Registrar, Fellow or Consultant)

Discipline 4:

- Obstetric Resident or equivalent junior doctor
- Obstetric Registrar or equivalent junior doctor
- Obstetric Fellow
- Obstetric Consultant
- GP Obstetrician



Be delivered **within your hospital** and underpinned by a **focus on improved communication and teamwork**



Provide a **theoretical learning session supported by scenario-based (drill) training**



Simulate **at least two** maternity emergency scenarios that are a clinical improvement priority for your hospital.

Scenarios must **involve the use of high-fidelity mannequins and/or actors** and may include:

- Shoulder dystocia
- Post-partum haemorrhage
- Maternal collapse
- Cord prolapse
- Maternal sepsis
- Emergency transfer preparation and management of the deteriorating maternity patient
- Uterine inversion
- Vaginal breech
- Twin birth
- Perimortem birth and caesarean section
- Obstetric anaesthetic emergencies
- Eclampsia

Attestation criteria

During the 2018-19 financial year, **80% of clinical staff** providing care in the birth suite have completed a multidisciplinary maternity emergency training program that meets the training criteria.

Suggested training programs

- Practical Obstetric Multi-Professional Training (PROMPT)
- Maternity and Newborn Emergencies (MANE) program

Focus area 2:

Fetal surveillance

In Victorian birth suites, most events that lead to oxygen deprivation to a baby's brain (hypoxic ischaemic encephalopathy) are avoidable.

VMIA's claims data reveals that the primary cause of these events is failure to recognise fetal deterioration through appropriate fetal heart rate monitoring (cardiotocography or 'CTG') during labour and birth. Since the introduction of fetal surveillance education and training, harm

and death to babies caused by intrapartum fetal hypoxia has reduced by 51%, due to clinical staff in the birth suite being trained in current, best practice CTG monitoring and interpretation.

Suggested training programs are listed in the table below. Training can be arranged internally or through another provider, however, the elements detailed under 'training criteria' in the table must be met for a health service to be eligible to receive a refund.



Focus area: Fetal surveillance

Training criteria

The training program chosen by the health service needs to meet all of the following criteria.

The program must:



Be supported by evidence of the **program's efficacy** in providing high quality fetal monitoring, CTG interpretation and clinical management



Be developed for the **Australian and New Zealand context**



Be presented in the following formats:

- Face-to-face **at least once every two years**, and
- Online **every other year**¹



Include an assessment component, with a requirement that attendees attain an achievement score equivalent to:

- Practitioner Level 3 = >75%
- Practitioner Level 2 = 66-75%
- Practitioner Level 1 = 55-65%

Attestation criteria

During the 2018-19 financial year, **80% of clinical staff** providing care in the birth suite have:

- Completed a fetal surveillance education and training program that meets the training criteria, and
- Attained the equivalent to a Practitioner Level 2 (or greater) score of achievement after 1 July 2017.*

During the 2018-19 financial year, **80% of birth suite shifts** have had access to an onsite², senior clinician who:

- Attained the equivalent to a Practitioner Level 3 score of achievement after 1 July 2017.*

* If you use K2, Practitioner Levels must be determined in accordance with your hospital's policy on fetal surveillance.

Suggested training programs

- Fetal Surveillance Education Program (FSEP)
- K2 Perinatal Training Programme¹

¹ K2 Perinatal Training Programme is an online learning platform. To meet focus area 2, online learning must be supplemented by face-to-face training in fetal surveillance at a minimum, every second year.

² Rural and regional health services without Practitioner Level 3 clinicians onsite must attest that shifts can access a Practitioner Level 3 clinician by a technology within 15 minutes of identifying

a non-reassuring CTG or five minutes of identifying the abnormal CTG, or according to the hospital escalation policy if this is more frequent.

Focus area 3:

Neonatal resuscitation

Most newborns in Victoria are born healthy and well. However, about 10% will need some assistance at birth to begin breathing, with approximately 1% requiring extensive resuscitation activity.

The need for resuscitation can sometimes be anticipated, allowing for clinicians with advanced neonatal resuscitation skills to be present in the birth suite. Occasionally, a baby is unexpectedly born in very poor

condition or neonatal specialists are not available. This means expert resuscitation skills by clinical staff members providing care in the birth suite will be required.

An annual program to train birth suite clinicians across Victoria in best practice neonatal resuscitation will ensure newborns have the best chance at survival, and minimise the risk of long-term harm.

Suggested training programs are listed in the table below. Training can be arranged internally or through another provider, however the elements detailed under 'training criteria' in the table must be met for a maternal health service to be eligible to receive a refund.



Focus area: Neonatal resuscitation

Training criteria

The training program chosen by the health service needs to meet all of the following criteria.

The program must:



Be **independent** from the multidisciplinary maternity emergency training (focus area 1) program (excluding MANE)



Provide **'first response'** training that covers:

- The initial steps of assessment of the newborn infant
- Determining if the infant requires assistance to establish and maintain effective breathing
- Assisting the infant to breathe using a variety of positive pressure ventilation devices, and
- Providing external chest compressions if effective positive pressure ventilation fails to restore an adequate heart rate and circulation.



Include current, evidence-based neonatal resuscitation theory and skills, **as determined by the Australian Resuscitation Council (ANZCOR Neonatal Guidelines)**



Be **facilitated by an Australian Health Practitioner Regulation Agency (AHPRA) registered** healthcare provider



Include a theoretical component supported by scenario based training using newborn mannequins³



Review **individual** participants to assess their practical skills in providing high quality, effective neonatal resuscitation

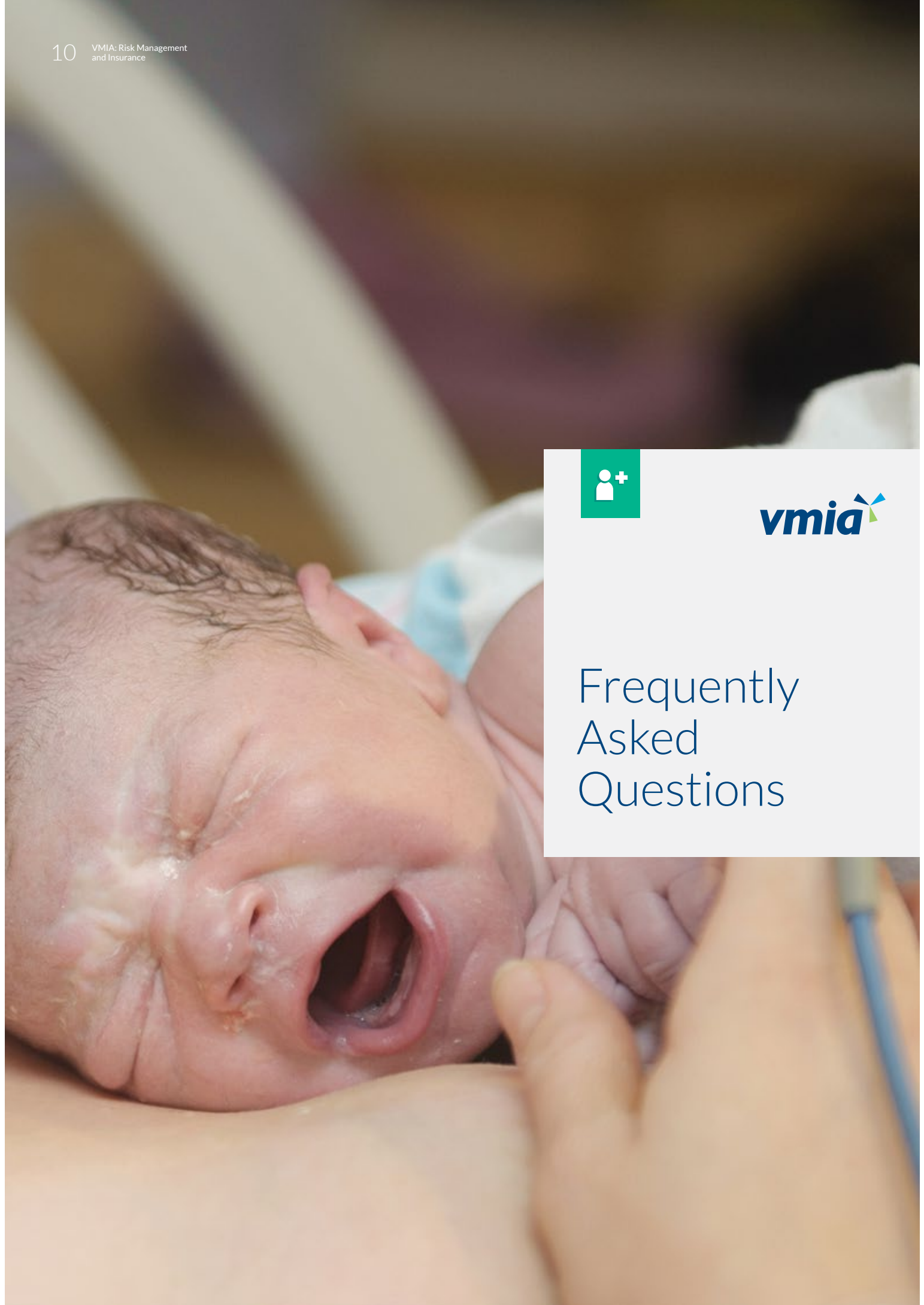
Attestation criteria

During the 2018-19 financial year, 80% of clinical staff providing care in the birth suite have completed (at minimum), a first response neonatal resuscitation program that meets the training criteria.

Suggested training programs

- NeoResus (Paediatric Infant Perinatal Emergency Retrieval – PIPER)
- Maternity and Newborn Emergencies (MANE) program

³ Theory may be provided face-to-face through a structured format or through online learning modules such as E3 Learning.



Frequently Asked Questions

1

Eligibility



1.1 What is the Incentivising Better Patient Safety program?

Errors, failures and deficiencies in maternity care can endanger life and lead to substantial liability claims. To reduce harm and the factors that lead to adverse outcomes, VMIA has worked closely with the health sector to identify three main areas where patient safety in the maternity setting can be improved through evidence-based skills training and education:

- Multidisciplinary maternity emergency training
- Fetal surveillance, and
- Neonatal resuscitation.

These three areas were used to develop the Incentivising Better Patient Safety program, which will improve safety, lead to better health outcomes and deliver financial benefits to participating health services.

The eligibility criteria contains:

- **Focus areas:**
The three areas of maternity care in which VMIA is incentivising further education and training.
- **Training criteria:**
The elements within education and training programs that must be included to be eligible for consideration within the attestation criteria. VMIA has suggested a number of education and training programs that meet the training criteria (not an exhaustive list), however, health services are able to choose their own, provided it meets the criteria.
- **Attestation criteria:**
The percentage of clinical staff who must complete training according to the training criteria to receive a refund.



1.2 Is my health service eligible to participate?

Public health maternity services in Victoria (Levels 2 to 6) are eligible to participate in the program.



1.3 Why should my health service participate?

Improving patient safety is a priority for VMIA, which manages medical indemnity claims arising from adverse events. Many of these are avoidable.

VMIA's analysis of claims data shows clear evidence that where clinical staff providing care in birth suites undertake training in multidisciplinary maternity emergency scenarios, fetal surveillance and neonatal resuscitation, the number and severity of adverse events are substantially reduced.

From 1 July 2018, if your maternity service provides education and training which meets the training and attestation criteria, a refund of 5% (minimum \$15,000) on the obstetrics component of your medical indemnity premium will be paid.



1.4 What if I choose not to participate?

Participation in the program is optional. If you would like to discuss your decision about whether to participate, VMIA's Risk Advisers will help you to understand the benefits specific to your organisation.



1.5 Do clinical staff who provide care in a birth suite need to be trained in all three focus areas?

This depends on their role. The program is designed to ensure that the majority of clinical staff providing care in the birth suite complete training in all three

focus areas. However, for the purposes of the attestation criteria, each focus area is assessed individually. This is because certain speciality groups do not need to undertake training in all three focus areas, as one or more may not be relevant to their practice. For example, an anaesthetist or neonatal nurse may intermittently provide birth suite care, however, will not necessarily require training in fetal surveillance.



1.6 Which clinical birth suite staff need to attend education and training to meet the Incentivising Better Patient Safety attestation criteria for a premium refund?

For some speciality groups, only certain focus areas will be relevant to their practice (see Q1.5 above).

To receive the insurance premium refund, the following clinical staff – whether or not they are employees of the health service – who provide birth suite care will be required to complete education and training in the three focus areas:

- Midwife
- Midwife in Charge (NUM or ANUM)
- Obstetric Resident or equivalent junior doctor
- Obstetric Registrar
- Obstetric Fellow
- GP Obstetrician, and
- Obstetric Consultant.

For focus area 1 (multidisciplinary maternity emergency training), a multidisciplinary workforce mix will be required for your training program to meet the training criteria. This means other specialist clinicians i.e. anaesthetists and paediatricians, may be required to attend education and training in this area of practice.

2

Health services and hospitals



2.1 My hospital is part of a broader health service. Can I participate?

Yes. Decisions to participate in the program should be made at a hospital level. Although VMIA collects the total medical indemnity premium at the health service level, the obstetric component is calculated based on the services provided by the individual hospital.



2.2 My health service incorporates individual hospitals. Can I aggregate my hospitals' results to be eligible for a refund?

No. Each hospital must individually meet the attestation criteria.

3

Clinical staff



3.1 I have a high number of casual and part-time clinical staff. Do they need to be trained?

Yes. If you choose to participate in the program, any clinical staff member from the list of specialities covered in Q1.6 will be counted towards the total pool of staff who may be trained. This includes casual, bank and part-time clinicians.

Casual and part-time clinical staff who have completed an education and training program at another Australian health service or training organisation that meets the training criteria will be counted towards the 80% of clinical staff required to meet the attestation.



3.2 I use agency midwifery staff to provide care in my birth suite. Do they need to be trained?

Yes. If you choose to participate in the program, any clinical staff member from the list of specialities covered in Q1.6 will be counted towards the total pool of staff who may be trained. This includes agency midwives if they provide care in your birth suite.

Agency midwives who have completed an education and training program at another Australian health service or training organisation that meets the training criteria will be counted towards the 80% of clinical staff required to meet the attestation criteria.



3.3 My birth suite is staffed by locum or visiting medical officers. Do they need to be trained?

Yes. If you choose to participate in the program, any clinical staff member from the list of specialities covered in Q1.6 will be counted towards the total pool of staff who may be trained. This includes locum or visiting medical officers if they provide care in your birth suite.

Locum or visiting medical officers who have completed an education and training program at another Australian health service or training organisation that meets the training criteria will be counted towards the 80% of clinical staff required to meet the attestation criteria.



3.4 My birth suite clinicians have attended training in the focus areas overseas. Do they need to retrain in Australia?

To be eligible for the refund, the training must have been completed in Australia or New Zealand and meet the training criteria.

Health services cannot count birth suite staff who have completed training overseas (other than in New Zealand) in any of the focus areas towards the 80% of clinical staff required to meet the attestation criteria.



3.5 My health service has clinicians who provide birth suite care on a very infrequent basis i.e. neonatal code blue teams, Urgent Care Centre (UCC) staff or endocrinologists providing high-risk patient reviews. Do these clinicians need to be trained?

No. Your health service may wish to include these clinicians in maternity education and training programs. However, they will not count towards your total pool of clinical staff required to meet the attestation criteria.

Only the defined group of clinical staff (Q1.6) is required to complete the training in the focus areas to receive a premium refund.



3.6 I have staff members who completed education and training externally (not at my health service) within the 2018-19 financial year. Do they have to retrain at my health service?

The requirement to provide training at your health service varies depending on the focus area. If clinical staff have completed an education and training

program externally, it is the responsibility of the health service to ensure they are satisfied the program meets the training criteria and that appropriate records are kept. Health services may be subject to audit – see Q7.1.

Focus area 1: Multidisciplinary maternity emergency training

Clinicians who provide birth suite care during the 2018-19 financial year must complete a multidisciplinary maternity emergency training program held within their principal hospital of practice.

Only clinicians who provide birth suite care at more than one Australian or New Zealand maternity service in the 2018-19 financial year, i.e. new starters, agency midwives or visiting medical officers, may complete a multidisciplinary maternity emergency training program at another health service, provided that it meets the training criteria.

Clinicians who meet these requirements will count towards the 80% of birth suite staff eligible to meet the attestation criteria.

Focus area 2: Neonatal resuscitation

Clinicians who attend a neonatal resuscitation education and training program that meets the training criteria at another health service or education provider (in Australia or New Zealand) within the 2018-19 financial year, will count towards the 80% of clinical birth suite staff eligible to meet the attestation criteria.

Focus area 3: Fetal surveillance

Clinicians who attend a fetal surveillance education and training program that meets the training criteria at another health service or education provider (in Australia or New Zealand) within the 2018-19 financial year, will count towards the 80% of clinical staff eligible to meet the attestation criteria.



3.7 What about my clinical staff who provide maternity care in other areas of my hospital i.e. postnatal, antenatal and/or domiciliary services?

Clinical staff who exclusively provide care to patients outside of the birth suite will not count towards the total workforce pool required to meet the attestation criteria.



3.8 Does it matter if the training that my staff member received externally was at a private hospital?

Clinical staff who attended an education and training program that meets the training criteria at a private hospital in Australia or New Zealand will count towards the 80% of clinical staff eligible to meet the attestation criteria.



3.9 I held education and training in May and June of 2018. Will these staff need to retrain?

Yes. Clinical staff who provide care in the birth suite will need to be trained in the focus areas within the 2018-19 financial year. The program is designed to provide an incentive to implement an annual program of education and training to keep birth suite clinicians' skills and knowledge current.

Suggested training programs



4.1 I don't currently offer the programs listed under 'suggested training programs'. Can I still participate?

Yes. If your education and training program meets the training criteria, you will be eligible to participate.

For example, many health services in Victoria use online learning platforms to provide newborn resuscitation theory to their clinicians. These health services then train their staff in practical newborn resuscitation skills through internally developed programs. If these education and training programs meet the training criteria, you will be eligible to count attendees at these sessions towards your 80% clinical staff target.

VMIA is responsible for assessing each health service's compliance with the training criteria. Your VMIA Risk Adviser can help you if you're unsure whether your education and training program meets the training criteria. Get in touch with them early so you ensure you're in the best position to secure the 5% premium refund.



4.2 My health service wishes to use the K2 Perinatal Training Program. Does this meet the training criteria?

The K2 Perinatal Training Program is an online learning platform. If your health service uses this product, face-to-face training in fetal surveillance must be provided to your clinical staff every second year to be eligible for a refund.

For the 2018-19 financial year, all clinical staff providing care in a birth suite who have completed **either** a face-to-face or online education and training program will count towards the 80% of clinical staff target in the attestation criteria.

Face-to-face training may be delivered in a way that suits your health service's needs and is not prescribed by the program. VMIA may request evidence of the specific components of your training program.

Your Practitioner level equivalency must be determined in accordance with your hospital's policy on fetal surveillance.



4.3 My health service wishes to use the Maternity and Newborn Emergencies program. This contains a neonatal resuscitation component. Can my clinical staff who participate in this program be counted towards the 80% neonatal resuscitation criterion?

Yes. The Maternity and Newborn Emergencies (MANE) program meets the training criteria for focus area 3 (neonatal resuscitation). Completion of this program will be counted towards the 80% of clinical staff required to meet the attestation criteria.



4.4 Do clinical staff need to be trained in face-to-face and online fetal surveillance?

Yes. Clinical staff must complete a face-to-face program at least every second year to be counted towards the 80% of clinical staff required to meet the attestation criteria. This can be supplemented with an online program every other year.

For users of the Royal Australian and New Zealand College of Obstetricians and Gynaecologist's (RANZCOG) fetal surveillance Education Program (FSEP), it is important to note that a Practitioner level will only be awarded through the face-to-face program.



4.5 Where can I get more information on the education and training programs?

We have suggested a number of education and training programs that meet the training criteria. These lists are not exhaustive.

Your VMIA Risk Adviser can provide you with more information on maternity education and training and support if needed.

5

Attestation



5.1 How do I attest that I have achieved the Incentivising Better Patient Safety eligibility criteria for the 2018-19 financial year?

Your CEO will complete the attestation form stating your hospital has achieved compliance with the attestation criteria. The forms will be released closer to the end of the 2018-19 financial year.

For hospitals which are part of a broader health service, CEO's may need to complete more than one attestation form. Only hospitals that achieve all the attestation criteria will be refunded.

6

The refund



6.1 How much money will I receive?

If you achieve compliance with the attestation criteria in each of the three focus areas, you will receive a refund of 5% of the obstetrics component of your medical indemnity premium. For smaller health services who may not pay a large obstetrics premium, VMIA will issue a minimum refund of \$15,000.

indemnity premium at the health service level. This means all refunds will be paid at health service level.

It is up to the health service to determine how the refund is disbursed, and VMIA does not stipulate how it can be used.

We do, however, encourage health services' management teams to continue their focus on continuous improvement, staff training and education that will improve patient safety.



6.2 When will I receive the money?

VMIA will issue the refund payment in June each year. The first refunds will be paid in June 2019.



6.3 As part of a broader health service, if I achieve compliance with the Incentivising Better Patient Safety program, where does the refund go?

VMIA calculates the obstetric component of medical indemnity premium at the hospital level and collects the total medical



6.4 Is my medical indemnity premium affected by this program?

No. The program will not impact your 2018-19 premium, however, by implementing continuous improvement initiatives such as, Incentivising Better Patient Safety, there is significant potential to reduce claims (and therefore premiums) by preventing harm and improving care over the long term.

7

Audit



7.1 Will VMIA audit my health service?

VMIA at all times reserves the right to conduct retrospective audits on a portion of participating health services for attestation verification purposes. The health services to be audited will be chosen at random.

It is the responsibility of health services to ensure appropriate education and training records are kept, including assurance of external programs attended by your clinical staff. Your VMIA Risk Adviser can provide you with more information and support if needed.

8

Development of the Incentivising Better Patient Safety program



8.1 How was the attestation criteria developed?

The attestation criteria were created by VMIA in partnership with the Victorian maternity sector, following a review of our claims data and the factors that typically cause adverse events in the birthing suite.

Some of the key factors contributing to poor outcomes in maternity care are repeated failures in:

- Recognising fetal deterioration through appropriate fetal heart rate monitoring (cardiotocography or 'CTG') during labour and birth
- Systems, communication and teamwork among health professionals, leading to errors and delays in decision making, and

- Appropriate escalation to deliver the baby within a safe period after deterioration is identified.

Evidence demonstrates that when the majority of birth suite clinicians are trained in programs that reduce the risk of these events, it leads to safer outcomes for women and babies.

We've consulted with a wide range of subject matter experts and representatives from metropolitan and rural maternity services, as well as the Department of Health and Human Services, Safer Care Victoria, consumers, government, peak bodies, professional colleges, unions, obstetricians and midwives to understand what the maternity sector needs.



8.2 Why is this program only available for maternity services? Are there plans to roll out this initiative beyond maternity services?

Following the roll-out of maternity education and training programs in Victorian hospitals, such as the Practical Obstetric Multi-Professional Training (PROMPT) program, claims have decreased by 64% since 2003.

VMIA will be evaluating the program and may extend it beyond the maternity sector and into other specialty areas if measurable health improvements and a reduction in claims is achieved.

9

Support



9.1 What support is available to help me?

VMIA wants to reward Victorian maternity services for improving safety and outcomes. Your VMIA Risk Adviser can offer tailored support to ensure

you implement a program that meets the overarching training and attestation criteria. This may include co-developing systems and processes, action plans, meeting with your staff or talking to your Board.

Appendix 1: Glossary of key terms

Term	Definition
Access	In person. For rural and regional health services without Practitioner Level 3 clinicians available in person, via digital linkup.
Achievement score	<p>A score, derived from a fetal surveillance assessment, which reflects retention and application of information. This score must be equivalent to:</p> <ul style="list-style-type: none"> - Practitioner Level 3 = >75% - Practitioner Level 2 = 66-75% - Practitioner Level 1 = 55-65% <p>If you are a K2 user, your Practitioner Level equivalency must be determined in accordance with your hospital's policy on fetal surveillance.</p>
Actor	Consenting person who plays the role of a patient for training purposes.
ANZCOR Neonatal Guidelines	Practice guidelines that assist clinical staff to resuscitate newborn infants. Guidelines are produced after consideration of all available scientific and published material and are only issued after acceptance by all member organisations.
Assessment	The action of assessing knowledge at the conclusion of a learning experience, which provides clinical staff with an achievement score.
Australian and New Zealand Committee on Resuscitation (ANZCOR)	ANZCOR is the Australian and New Zealand Committee on Resuscitation, of which the Australian Resuscitation Council (ARC) and New Zealand Resuscitation Council (NZRC) are members. ANZCOR regularly publishes updates on adult, paediatric and neonatal resuscitation guidelines.
Australian Health Practitioner Regulation Agency (AHPRA)	The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.
Australian Resuscitation Council (ARC)	The Australian Resuscitation Council (ARC) is a voluntary coordinating body that represents all major groups involved in the teaching and practice of resuscitation. The ARC produces the ANZCOR Neonatal Guidelines.

Term	Definition
Care	Clinical services provided to women, babies and/or families in the birth suite.
Clinical staff	<p>AHPRA registered health care professionals who provide clinical services to women, babies and/or families in the birth suite, whether or not they are employees of the health service.</p> <p>For the purposes of the program, clinical staff are defined as:</p> <ul style="list-style-type: none"> - Midwife - Midwife in Charge (MUM or AMUM) - Obstetric Resident or equivalent junior doctor - Obstetric Registrar - Obstetric Fellow - GP Obstetrician - Obstetric Consultant
Face-to-face	Training that is provided in person as opposed to an online-only or written format. VMIA does not prescribe what face-to-face training must offer.
First response	<p>First response training in newborn resuscitation that covers:</p> <ul style="list-style-type: none"> - The initial steps of assessment of the newborn infant - Determining if the infant requires respiratory assistance - Supporting respiration using a variety of positive pressure ventilation devices, and - Providing external chest compressions.
High-fidelity mannequin	A mannequin with computer hardware technology that has the capacity to simulate a clinically deteriorating and recovering patient.
Intrapartum	During labour – the period from the onset of labour to the end of the third stage of labour.
Maternity Capability Level	The Capability Level defined by the Department of Health and Human Services (DHHS) capability framework for maternity and newborn services. Current Capability Levels are contained in the DHHS policy and its funding guidelines.

Term	Definition
Multidisciplinary	<p>The combination of two or more clinical specialty groups in an approach to a topic or problem. Multidisciplinary participation should include at least two of the following disciplines:</p> <p>Discipline 1: Registered Midwife Midwife/Nurse in Charge (MUM, NUM, AMUM or ANUM) Registered Nurse</p> <p>Discipline 2: Anaesthetist (Registrar, Fellow or Consultant) GP Anaesthetist</p> <p>Discipline 3: Paediatrician (Resident, Registrar, Fellow or Consultant)</p> <p>Discipline 4: Obstetric Resident or equivalent junior doctor Obstetric Registrar Obstetric Fellow Obstetric Consultant GP Obstetrician</p>
Neonate	<p>Newborn baby – from birth until 28 days of life. For the purposes of the Incentivising Better Patient Safety program, a neonate is defined as a newborn from birth until discharge from the birth suite.</p>
Onsite	<p>The presence of a clinician on the health service premises where a birthing suite is located for the duration of the shift.</p>
Scenario-based training	<p>Practical training that provides clinical staff with real-life maternity emergency examples to practice response and treatments to develop and improve their clinical skills.</p>
Theoretical	<p>Academic education provided through non-practical means i.e. online learning packages, lecture content, reading modules etc.</p>



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