Review of care of Ms Nikkole Southwell at Ipswich Hospital following miscarriage (updated 5 October 2023)

No.	Recommendation	Due Date
1	Review of the Emergency Department (ED) and Early Pregnancy Working (EPS) group to: • formalise into a committee with Terms of Reference reporting to the Clinical Governance Committee • review scope to whole model of service for miscarriage, not just ED to EPS • review membership including consumer representation • review patient information brochures for use at West Moreton Health (WMH) for miscarriage	COMPLETED
2	Communication to General Practitioners within WMH regarding the ability to directly refer to WMH Early Pregnancy Service without the need for hospital presentation unless clinically required.	COMPLETED
3	Review handover protocols with Queensland Ambulance Service to ensure early identification of items, such as biohazard bags, known to be in a patient's possession.	COMPLETED
4	Check all ED curtains and replace if required	COMPLETED
5	Review the WMH program for curtain replacement ensuring there is: • a schedule • clear audit/checking process • clear designation of responsibility • communication process	COMPLETED
6	Fix broken lighting in the ED and source mobile examination lights for use.	COMPLETED
7	 Communication to ED and Obstetric Medical Officers regarding: Mobile phones torch lights are not to be used for patient examination Examination cubicle lights are to be used and portable examination light sources are available in ED. Broken light sources are to be reported immediately to enable timely repair Lighted vaginal speculums are unavailable due to global shortage, alternate products are being sourced. 	COMPLETED
8	WMH to identify a location other than ward 5C to provide safe care following miscarriage within a more sensitive space that is supportive of patients' and families' mental wellbeing.	COMPLETED
9	Establish a consumer co-designed quality improvement program to support compassionate care across WMH, commencing in the ED.	COMPLETED



