

***Midland Regional Hospital,
Portlaoise***

***Maternity Services Annual Report
2017***



Seirbhís Sláinte | Building a
Níos Fearr | Better Health
á Forbairt | Service

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INTRODUCTION

I am pleased to introduce the 2017 Annual Clinical Report for the Maternity Services at the Midland Regional Hospital, Portlaoise. The report demonstrates the significant contribution that the department provides to women & infants in the catchment area of Laois, Offaly, Kildare, Tipperary and Carlow in the provision of high quality safe maternity care.

I wish to acknowledge and commend each member of staff in the maternity services for the commitment and dedication provided to women, babies and families attending the Midland Regional Hospital Portlaoise. This year showed an increase in the number of births on previous years. A high quality of the care was provided by a very committed team of staff in the hospital, including Obstetric, Anaesthetic, Paediatric, Neonatology, Midwifery, Nursing, Allied Health Professionals, Clerical, Laboratory staff and all staff involved in service delivery in the Department.

The year has proved challenging with the increase in activity and an environment of constant change. We have continued to invest in the maternity services in 2017 through recruitment of staff, refurbishment of in-patient facilities in the maternity unit, upgrading of existing ultrasound equipment and the development of a consultation room for anatomy ultrasound scans. 2017 also saw the relocation of the early pregnancy unit in the outpatients department to improve this service for women.

The launch of the *Creating a Better Future Together* National Maternity Strategy 2016-2026 is the basis for improving choice for women attending the maternity services nationally. The Maternity Services at Portlaoise are pleased to be working closely with the National Women's and Infants Health Programme to deliver the models of care outlined in the strategy by investment in resources and infrastructure, enhancing the access women have to maternity care.

Michael Knowles

General Manager

Clinical Director for Integration Report

Key Achievements for 2017

- Collaboration with the CWIUH to train a midwife sonographer
- Annual Bereavement Service re-commenced
- The Willow Suite was completed. A joint venture with the HSE and the Irish Hospice Foundation Design and Dignity Project
- Presentation at the ONMSD conference Dublin Castle on Florence Nightingale Programme
- Increased support of mandatory training through skills and drills, prompt training and NRP
- Recruitment of Bereavement Support Nurse
- Recruitment of 10 internationally trained Midwives
- Recruitment of CMS in Diabetes
- On-going up-grading of facilities on Maternity floor
- Introduction of Anatomy scanning service
- Introduction of Fetal Fibronectin testing
- Recruitment of Consultant for Delivery Suite sessions twice weekly

Key priorities for 2018

- Official launch of the Willow Suite
- Upgrade of facilities for women on the maternity unit
- Continued recruitment of midwifery staff
- Appointment of CNS/CMS Bereavement Support

Ongoing Initiatives

1. Introduction of Prophylactic Anti D
2. Development of the Memorandum of Understanding for Midwifery student training placements with Trinity College Dublin, The University of Dublin.
3. Recruitment
 - I. Medical Social Worker
 - II. Midwives all grades
 - III. SCBU Nurses all grades
 - IV. CMS ultrasound
 - V. CMS bereavement
 - VI. Shift Leaders
 - VII. Consultants in Obstetrics and Gynaecology, Perinatal Psychiatry and Perinatal Pathology

2017 has been a year of commitment to deliver safe quality service despite challenges. We are moving in the right direction with our numbers of first-time mothers increasing this year.

Great credit is due to you all.

Thanking you for all your support and help over the past year.

Michael O'Connell

Clinical Director for Integration

Director of Midwifery Report

The maternity services including the special care baby unit cared for 1516 mothers who delivered 1531 babies in 2017.

The feedback from women is valued and essential to the improvement of patient experience. The Quality and Patient Safety Department record and evaluate complaints and compliments received which are relayed to the Maternity Department for acknowledgment and action where necessary. This work, including the implementation of recommendations outlined in national reports relating to the maternity services, continued to be integral to the management of the maternity services at MRHP in 2017.

The provision of antenatal education to women was facilitated by a team of midwives to prepare women for pregnancy and delivery. Education sessions were provided to women attending the diabetes service facilitated by the diabetes midwife, dieticians and lactation CMS.

During 2017, the outpatient department midwifery team introduced midwifery consultations for women focusing on education and midwifery assessments.

The year has been busy and challenging with a focus on staff recruitment and retention strategies to develop services for women and babies. This strategy included the recruitment of international midwives to the department from Spain, Greece and Italy.

Training and development of staff has been supported through the Nursing and Midwifery Planning and Development unit, the Regional Centre for Nursing and Midwifery and Centre of Midwifery Education in the Coombe Women and Infants University Hospital. These Nursing and Midwifery supports have been essential to the development of practitioners' skills, mandatory training and evidence-based midwifery practice.

The NMPDU has provided funding and support for initiatives including the CBAS I programme fostering a culture of patient-centred care. The NMPDU has also been instrumental in supporting a number of midwives to undertake Masters Programmes in midwifery, bereavement and ultrasound in 2017.

In conjunction with the multi-disciplinary team, the midwifery staff remained committed to the provision of one-to-one midwifery care in labour in order to achieve the best outcome for women and infants.

Maureen Reviles

Director of Midwifery

Clinical Midwife Managers Report

Midwives support the philosophy that giving birth is one of the most rewarding transformative life experiences for women and their families. We embrace and promote the values of kindness, caring and compassion for all women and aim to provide a safe, high quality, woman centred service.

Maternity Assessment Unit (MAU)

There were 6807 women reviewed in MAU in 2017 with various levels of acuity and complexity. A continuous quality improvement approach and resultant changes in practice has enabled a more streamlined approach to alleviate capacity and demand issues in the MAU.

Maternity Ward

The MDT collated maternal and neonatal data for the National Perinatal Epidemiology Centre (NPEC), the Irish Maternity Indicator System (IMIS) and monthly Maternity Patient Safety Statements in 2017.

Ita Kinsella

Clinical Midwife Manager 3

CLINICAL DATA

1. Total Mothers attending

Mothers delivered ≥ 500 grams	1516
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2. Maternal Deaths 0

3. Births ≥ 500 grams

Singletons	1501
Twins	15
Total	1531

4. Obstetric Outcome (%)

Spontaneous vaginal delivery	55.6
Assisted vaginal delivery	16.2
Caesarean section	28.2
Induction	30

5. Perinatal Deaths ≥ 500 g

Antepartum Deaths	4
Intrapartum Deaths	1
Stillbirths	5

6. Perinatal Mortality rates ≥ 500 g

Overall perinatal mortality rate per 1000 births	3.29
Perinatal mortality rate corrected for lethal congenital anomalies	1.98

7. Parity

Para 0	486	32%
Para 1	484	32%
Para 2-4	525	34.5%
Para 5+	22	1.5%

8. Serious Obstetrics events

Ectopic pregnancy	8
Eclampsia	1
Uterine rupture	1
Peripartum hysterectomy	0
Pulmonary embolism	0
3 rd /4 th degree tears	8
Primary postpartum haemorrhage	77
Retained swabs	0

Perinatal Deaths

In 2017 there were a total of five stillbirths in MRHP.

Two of the five cases were associated with a diagnosis of trisomy.

There was no recorded case of a perinatal death in a normally formed baby greater than 2.5 Kg.

A Post Mortem was performed in 60% of cases of perinatal death in 2017.

All cases were reviewed at the Multi-disciplinary Perinatal Mortality /Morbidity meeting.

Case summaries are not included in keeping with GDPR criteria as consent to do so was not obtained from the families at the time of the perinatal death.

MEMBERS OF STAFF

Clinical Director

Dr. John Connuaghton

Clinical Lead Obstetrics and Gynaecology

Mr Hosam El-Kininy Jan-June

Dr Miriam Doyle July –Sept

Consultant Obstetricians /Gynaecologists

Dr Miriam Doyle

Mr Hosam El-Kininy

Dr Shobha Singh

Dr Niamh Maher

Dr Aoife Mullally

Dr Fiona Cullinane

Medical

Dr John Connaughton, Consultant Physician

Dr Sean Fleming, Consultant Physician

Dr Jayant Sharma, Consultant Physician

Dr Asad Khan, Consultant Physician

Dr MaPyeh Kyithar, Consultant Physician

Surgical

Mr Amir Siddiqui, Consultant Surgeon

Mr Shahid Kaimkhani, Consultant Surgeon

Mr Farrukh Naseem, Consultant Surgeon

Paediatrics

Dr Paul Gallagher, Consultant Paediatrician
Dr Riwan Gul, Consultant Paediatrician
Dr Farkhanda Mohammad, Consultant Paediatrician
Dr Muhammad Tariq, Consultant Paediatrician
Dr Christopher Iro, Consultant Paediatrician

Neonatologist

Dr Anne Doolan, Consultant Neonatologist
Dr Jana Semberova, Consultant Neonatologist

Anaesthetist

Dr Mausad Rehman, Consultant Anaesthetist
Dr Anne Whitford, Consultant Anaesthetist
Dr Barry Warde, Consultant Anaesthetist

Emergency Medicine

Dr Sean O'Rourke, Consultant Emergency Medicine
Dr Mohamed Ismail, Consultant Emergency Medicine
Dr Asim Rafiq, Consultant Emergency Medicine

Perinatal Pathology

Dr Peter Kelehan, Consultant Pathologist
Dr John Gillan, Consultant Pathologist

Radiology

Dr N. Ramesh, Consultant Radiologist
Dr C Meehan, Consultant Radiologist
Dr Georgieva Veselina, Consultant Radiologist

Urology

Dr Imitiaz Ahmed, Consultant Urologist

Haematology

Dr Kanthi Perera, Consultant Haematologist

Dr Gerard Crotty, Consultant Haematologist

Microbiology

Dr Cathal O'Sullivan, Consultant Microbiologist

Orthopaedics

Dr Eoin Sheehan, Consultant Orthopaedics

NON CONSULTANT HOSPITAL DOCTORS

Paediatrics Jan 17

Muhammad Shahid Yousaf	Registrar
Hafiz SA Butt Locum	Registrar
Hassan Adam	Registrar
Fazal E Rabi Subhani	Registrar
Haytham Mustafa Locum	Registrar
Rina Shukor	Registrar
Catalin Soroiu	SHO
Dr Abdul Sattar Abdul Safras	SHO BST EM
Ehtasham Yousaf	SHO*
Martina Bonadonna	SHO
Ruairi Hasson	SHO
Aisling Grey	SHO
Engy Shehata	SHO
Clíodhna Mc Cullagh	SHO

Paediatrics July 17

Jennifer Finnegan	SPR
Muhammad Shahid Yousaf	Registrar
Haytham Mustafa	Registrar
Fazal E Rabi Subhani	Registrar
Catalin Soroiu	Registrar
Dr Shafiq	Registrar
Paul Keating	SHO
Khalid Khan (per Lyzette)	SHO BST EM
Ehtasham Yousaf	SHO
Lisa Flynn	SHO BST
Mary Joyce	SHO
Anna Gheroghesu	SHO
Engy Shehata	SHO
Brian Lee	SHO

Obstetrics/Gynaecology Jan17

Rabia Batool CPSP	Registrar
Eli Pedro Monzon Castillo	Registrar*
Zaibunnissa Memon	Registrar
Noor Azura Noor Mohamed	Registrar
Marko Gardasanic	Registrar
Elmuiz Haggaz	Registrar
Warda Sajjal	SHO
Ume Salma	SHO
Ailbhe Duffy	SHO
Niall Kelly	SHO
<i>Emma Sheehan</i>	SHO
Louise Kelly	SHO

Obstetrics/Gynaecology July 17

Cathy Monteith	SpR
Abdelmagid Gaboura	Registrar
Marion Brooks (Graham)	Registrar
Elmuiz Haggaz	Registrar
Marko Gardensic	Registrar
Ream Langhe	Registrar
Sheema Yousuf	SHO
Niamh Garry	SHO
Amaliya Morgan Brown	SHO
Phillippa Fogarty	SHO
Kateryna Kachurets	SHO
Luke Thebe	SHO

MIDWIFERY AND NURSING

Director of Midwifery (Interim)

Maureen Reviles

Divisional Nurse Manager

Dolores Booth

Clinical Midwife Manager III

Ita Kinsella

Clinical Midwife Managers II/Shift Leaders

Melanie Adams

Anne Blanche

Margaret Finlay

Deirdre Gorman

Michelle Mahon

Emma Mullins

Minimol George (Acting)

Susan Samuels

Yvonne Young

Clinical Midwife /Nurse Specialists

Louise Cooke - Bereavement Support (Acting)

Claire Fitzpatrick - Lactation

Susan Haverty - Diabetes (Acting)

Clinical Skills Facilitator

Susan O'Callaghan

Infection Prevention and Control Nurse

Sarah Roche

Haemovigilance Officer

Eithne Lacey

Laboratory

Noel Brennan, Chief Medical Scientist

Physiotherapy

Margaret Kelleher, Physiotherapy Manager

Ms Mary Killeen, Clinical Specialist in Women's Health and Continence

Ms Marie Corcoran, Senior Physiotherapist

Ms Louise O'Brien, Senior Physiotherapist

Pharmacy Manager

Catriona Gowing, Chief Pharmacist

Dietician/Clinical Nutritionist

Judy Ennis, Dietetics Manager

General Services Manager/Household Manager

Matt Corcoran, Operations Manager

Sandra McGrath, Domestic Services Manager

Patient Services Manager

Kathleen Ward

Human Resources

Josephine Lowry, Operations Manager

Business Manager

Orla O'Connor

Finance Specialist

Bernard Gannon

Data Information Officer

Debbie O'Carroll

Freedom of Information Manager

Mary Fitzpatrick

Quality & Patient Safety Manager

Mairead Galvin

Patient Advocacy Manager

Alexandria Collins

Clinical Engineer

Gareth White

PJ Corby

Bereavement Care Maternity Services MRHP

The Bereavement Support Nurse (acting) ensured consistent availability of specific bereavement support care for bereaved women and couples at their time of diagnosis, through their delivery and afterwards. Continued collaboration with the bereavement CMS in the Coombe Women and Infants Hospital enhanced the care provided to families requiring referral to the Coombe. Communication is one of the cornerstones of bereavement care. Positive feedback from the bereaved parents and staff at both hospitals highlights the importance of high standards of communication.

Other achievements in 2017 included:

- Funding secured from The Irish Hospice Foundation Design and Dignity Grant Scheme to commence works on the development of a bereavement care room within the maternity department. This room will be available to women/couples and their families when they experience a pregnancy loss and require in-patient care.
- Service of Remembrance for babies who died and all pregnancy losses took place in November 2017. This was the first such service to take place since 2009.
- Refurbishment works commenced on the MRHP's Holy Angels grave in St Peter and Paul's cemetery. Works included expansion of the grave, purchasing of a headstone, extensive cleaning of the grave and the surrounding area.
- Development of the Maternity Services multi-disciplinary Bereavement Committee. The committee was responsible for the arrangements for the Service of Remembrance. The committee will continue to work on a number of bereavement care initiatives for 2018.
- Bereavement care education with new medical staff
- Bereavement care education with midwifery, household and catering staff within the maternity services.

Neonatology/SCBU Report

2017 was a busy year for SCBU in Portlaoise with 211 babies admitted for prematurity, low birth weight, drug withdrawal and social issues.

There were 24 transfers out. Staffing issues were a challenge, but the team of staff in SCBU, Portlaoise ensured that the Department was always staffed with experienced personnel. During the year there was an overseas recruitment campaign which attracted 3 staff nurses due to commence working in Portlaoise early in the New Year 2018. This will enable us to return our bed capacity to 8 cots.

The Neonatal Resuscitation Programme is run on a monthly basis, thus ensuring that all staff involved in care of the New-born have the necessary skills for neonatal resuscitation. In addition, we run Neonatal Drills on a monthly basis. An increased number of staff members were trained as NRP instructors. The Neonatal Consultant sessions allow increased collaboration with the Coombe, sharing and updating on best practice and on-going changes in neonatal care.

To maintain standards the staff in SCBU take part in Audits i.e. the test your care medication audit monthly. A Venepuncture Report sheet was also developed for the observation and care of IV sites in small babies.

The development of specific neonatology clinics delivered by the Consultant Neonatologists has provided services locally which previously would have required babies to travel to Dublin.

Aims for 2018:

- 3 new staff members
- 2 staff members completing the Nurse Prescribing course
- bed capacity returning to 8 cots which will facilitate the return of babies from the tertiary hospitals in a more timely fashion for all those involved.

Breastfeeding Support Service

Clinical Midwife Specialist (CMS) Lactation: Claire Fitzpatrick.

The primary focus of the CMS Lactation is to promote, support and protect breastfeeding in the Midlands Regional Hospital at Portlaoise. The key areas of work include Breastfeeding support, policy development and update, clinical audit, collection and collation of breastfeeding statistics and working with in the HSE Baby Friendly Health Initiative.

Key Performance Indicators:

1. Provision of antenatal and postnatal services to women and their families.
2. On-going Clinical support to staff, enabling them to empower women who initiate and sustain breastfeeding.
3. Provision of individualised care and follow up as needed.
4. Working within the new HSE Baby Friendly Health Initiative
5. Measuring quality of our care through clinical audit
6. Maintaining and developing our breastfeeding policies in order to support mothers to breastfeed.
7. Nurturing Staff Competency by training staff to support mothers to breastfeed and assessing their knowledge and skills.

Achievements in 2017:

Step ten of the ten Steps to Successful breastfeeding was audited. Mothers were interviewed with regard to information they were given on discharge about on-going support following discharge. 100% of a randomly selected group of mothers reported being given information on where to get help with feeding baby when at home.

Antenatal breastfeeding workshops were provided for mothers to teach skills and practical techniques associated with breastfeeding. The evaluations from these workshops were positive.

Bespoke gestational diabetes educational sessions were provided by the CMS Lactation. The Infant Feeding Steering Group meeting was held on a quarterly basis. This is a multidisciplinary meeting involving hospital staff and members of the local community support groups striving to maintain and provide best practice in supporting the mother and baby to breastfeed.

All staff in the multi-disciplinary team are provided with breastfeeding education

National breastfeeding week was celebrated in the Antenatal Clinic with an information stand to provide awareness and information to expectant mothers and their families. This was attended by hospital staff and leaders from the local Le Leche League.

Breastfeeding Rates 2017:

Percentage of babies' breastfed at first feed following birth:	52.3%
Percentage of babies' breastfed exclusively at discharge:	33.4%
Percentage of babies' breastfed non-exclusively at discharge	13.7%

OUT-PATIENT SERVICES

The Antenatal Services at the Outpatients Department at the Midlands Regional Hospital, Portlaoise went through a transition in 2017.

Reconfiguration of clinics

Reconfiguration of clinics was completed in 2017. Work on reconfiguration of the ground floor of administration building was underway in 2016 and completed in early 2017 with transfer of eye and paediatric clinics from outpatients area a to the ground floor of the administration building to free up rooms for maternity and gynaecology services.

Midwifery assessment

With the availability of extra rooms for ante natal and gynaecology service, midwives can facilitate a structured assessment on all antenatal women over 24 week's gestation. This proved to be a positive experience for women through the feedback received since this service initiative.

Gestational Diabetes /Endocrine Clinic

A gestational diabetes service was provided through a shared care service with the Obstetricians and Endocrinologist. With the arrival of two new consultants in 2016 to the maternity service, one Consultant moved into the Gestational Diabetes Clinic on a permanent basis. At this clinic the patients are seen by the Obstetrician, Endocrinologist, CNS in Diabetes, Midwife & the Dietician. This structure was set up in order to assist the patient attending the service to see all personnel on the day of their appointment. A recruitment campaign was successful in appointing a Midwife specialist in diabetes in 2017.

Gynaecology clinics

Gynaecology clinics are held four afternoons each week. Plans are being formulated to enhance gynaecology clinic capacity.

OPD ATTENDANCES 2017

		2017
Dr Aoife Mullally	Gynae Clinic	390
Dr Hosam El-Kininy	Gynae Clinic	531
Dr Miriam Doyle	Gynae Clinic	793
Dr Niamh Maher	Gynae Clinic	487
Dr Shobha Singh	Gynae Clinic	748
Dr Anne Doolan & Dr Jana Semberova	Neonatology	64
Dr Aoife Mullally	Booking Clinic	353
Dr Hosam El-Kininy	Booking Clinic	384
Dr Niamh Maher	Booking Clinic	330
Dr Shobha Singh	Booking Clinic	407
Dr Shobha Singh	Antenatal Recall Clinic	2187
Dr Aoife Mullally	Antenatal Recall Clinic	1675
Dr Hosam ElKininy	Antenatal Recall Clinic	1983
Dr Niamh Maher	Antenatal Recall Clinic	1947
Dr Miriam Doyle	Gestational Diabetes & High Risk Patients	1200
Dr Sharma & Dr Kyithar	Gestational & Endocrinology Clinic	840
Early Pregnancy Unit		698
Parent craft Classes		225
Midwifery-Led Gestational Diabetes Clinic		769

GYNAECOLOGICAL PROCEDURES 2017

	2017
Dilation & Curettage of uterus	288
Diagnostic Hysteroscopy	271
Insertion of intrauterine device	106
Replacement of intrauterine device	52
Polypectomy of uterus via hysteroscopy	44
Laparoscopy	34
Endoscopy endometrial ablation	30
Laparoscopy division of abdominal adhesions	24
Laparoscopic diathermy of lesion of pelvic cavity	20
Vaginal hysterectomy	20
Laparoscopic salpingectomy bilateral	19
Removal of intrauterine device	19
Biopsy of vulva	18
Cervical Polypectomy	14
Laparoscopic rupture of ovarian cyst or abscess	13
Papanicolaou smear study	13
Repair of anterior and posterior vaginal compartment, vaginal approach	12
Excision of lesion of skin and subcutaneous tissue of genitals	12
Laparoscopic ovarian cystectomy unilateral	11
Other surgical sympathectomy	10
Test for tubal patency	10
Repair of anterior vaginal compartment, vaginal approach	9
Total abdominal hysterectomy with removal of adnexa	9
Laparoscopic sterilisation	7
Sling procedure for stress incontinence	6
Biopsy of cervix	5
Treatment of Bartholin's gland abscess	5
Salpingectomy bilateral	5
Laparoscopic uterosacral nerve ablation (LUNA)	4
Cautery of cervix	4
Treatment of Bartholin's gland cyst	4
Aspiration of ovarian cyst	3
Laparoscopy appendicectomy	3
Gynaecological Examination	3
Excision of vaginal septum	3
Myomectomy of uterus	3
Cystoscopy	3
Laparoscopic partial oophorectomy	3
Laparoscopic oophorectomy unilateral	3
Laparoscopic salpingo oophorectomy unilateral	3
Nonexcisional debridement of skin and subcutaneous tissue	3
Miscellaneous	52

OBSTETRICAL OUTCOMES 2017

	2017
Single spontaneous delivery	828
Vacuum Delivery	233
Forceps Delivery	29
Emergency Lower Segment Caesarean Section	189
Elective Lower Segment Caesarean section	225
Sterilisation with elective caesarean section	39
ERPC	77

DEPARTMENT OF ANAESTHETICS

Obstetric Anaesthesia	
Epidurals	533
Spinals	343
General Anaesthetic	19

Quality Improvements 2017:

1. Oxford Difficult Intubation Pillow
2. Gynaecology Pre-assessment Clinic referrals (selected such as increased BMI)
3. Obstetric Pre-assessment Clinic referrals (selected such as difficult Regional Analgesia/Anaesthesia issue)
4. Routine follow-up of Regional procedure patients on day following procedure by Anaesthetic team

ULTRASOUND SCANS SERVICES 2017

All women who book for antenatal care in MRHP are offered a formal departmental dating scan.

The anatomy scan service for antenatal women booked at Midlands Regional Hospital, Portlaoise commenced on 19th December 2017. 32 anatomy scans were performed in December 2017. The woman is referred by her team Consultant at her first antenatal clinic appointment. The scan is then scheduled between 20-22 weeks gestation. Any cases with a suspected anomaly are referred to their consultant in MRHP for review. A care pathway has been developed with CWIUH if a tertiary opinion is required.

The anatomy scan is performed by a Midwife Sonographer.



Early Pregnancy Assessment Unit Services

Total Number of attendances	1673
New cases	983
Return cases	689
Pregnancy of unknown location	88
Pregnancy of uncertain viability	174
Ectopic pregnancy	8
Missed miscarriage	89
Incomplete miscarriage	29
Complete miscarriage	160
Molar/partial molar pregnancy	2

Management of cases

Medical management	40
Evacuation of retained products of conception	38
Conservative management	14

Infection Prevention and Control

IPC Mandatory Training:

The total percentage of Maternity staff trained in infection prevention and control was 68% for 2017. Hand hygiene training was provided at the NCHD induction days in January and July (57 Doctors trained in total). The IPCN provided additional Hand hygiene ward based training to Maternity staff. Sharps disposal training/education was provided.

CPE (Carbapenem Producing Enterobacteriaceae):

Based on national CPE guidance, several additional measures including the addition of a CPE screening sticker was introduced to the Maternity assessment unit to capture patients that require screening upon admission.

Anti-microbial resistant organisms/Outbreaks:

There were no hospital acquired staph aureus bacteraemia infections or clostridium difficile infections on Maternity unit. Likewise, there were no outbreaks to report on Maternity unit during 2017.

IPC/Hand Hygiene Awareness Days:

A hand hygiene awareness day was took place on May 9th to co-inside with the WHO "Save Lives - Clean Your Hands" day.

Hand Hygiene Audits:

Local hand audits were conducted by the IPCN on the Maternity unit as outlined in the Business Plan 2017 and National audits conducted as per national requirements. Audit reports were circulated to the CMM3 action plans are developed accordingly in conjunction with IPCN and maternity CMM's.

Care Bundle Audits:

The IPCN undertook quarterly care bundle validation audits on Peripheral Vascular Catheters and Urinary Catheters. Results were presented at the HCAI committee meetings. Reports were circulated to the Director of Midwifery, Divisional Nurse Manager and CMM3 with the relevant recommendations required for implementation for prevention of device associated infection.

Surgical Site Infection Surveillance (SSIS):

SSIS was carried out on a continued basis during 2017. Each quarterly report was circulated to relevant staff in a timely manner as outlined in the communication flow chart in MRHP's SSIS guideline. The IPCN for maternity met with the regional IPCT to verify the data collected prior to report circulation. The IPCN fed back the reports at Maternity Governance committee meetings upon request. Action plans devised and implemented accordingly. The SSI rate has significantly improved since Q1 2017. Indicators such as SSI rates after surgery is one method of assessing the quality and effectiveness of care.

C-section SSI Rates MRHP 2017:

Year/Quarter	Overall SSI rate (%)
Q1 2017	12.6 %
Q2 2017	11.3%
Q3 2017	8.3%
Q4 2017	2.1%

HIQA National Standards:

There were no HIQA inspections against the HCAI standards in 2017.

The care and management of patients with transmissible infection and the management of outbreaks within the region are prioritised on an ongoing basis.

Physiotherapy Service for the Inpatient Obstetrics and Gynaecology Service

During 2017 the physiotherapy services to the Obstetrics & Gynaecology ward at MRHP was approximately 0.17WTE

- 1 hour per day Monday to Friday (when fully staffed)
- 5 hours per month for ante-natal classes (two per month, of two hours duration; an early one once patient is 14/40 gestation, and a late one at 34+ weeks). During 2017 these were provided by a senior physiotherapist from January to March and by the Clinical Specialist Physiotherapist from April to December.
- This 0.17WTE includes inpatient service to the obstetrics and gynaecology ward (ante-natal, post-natal and gynaecology referrals) and SCBU unit.
- Patients are seen on a referral basis only
- Women seen on the maternity ward include those who have third degree tears, other tears, post operative genealogical referrals, pelvic girdle pain, general mobility, respiratory tract infection and pneumonia; incontinence; low back pain and paediatric referrals including Erbs Palsy, torticollis and Talipes.
- Referrals from SCBU are also accepted by the inpatient physiotherapy service at MRHP.

The 2017 Physiotherapy Service arrangements for service users requiring Outpatient services

There is no dedicated Obstetrics and Gynaecology Physiotherapy service within MRHP. Thus, Outpatient Physiotherapy Referrals for Obstetrics, Gynaecology and Neonatal patients are referred to their local physiotherapy service based upon the patient's postal address. Exceptions to this include the DDH clinic ran at MRHP, the initial OPD follow up of babies referred from SCBU and complex consultant continence referrals.

Women's health referrals

Within the general physiotherapy service of MRHP there is a 0.6 WTE Clinical Specialist in Women's Health and Continence. This is an outpatient service which serves the local population of Portlaoise, Mountrath, Monasterevin and Stradbally. However, this post does provide support and education to the other Laois Outpatient Physiotherapy Services and

provides expert physiotherapy intervention for complex presentations from around the county. Outpatient referrals seen in this service include stress urinary incontinence, urge urinary incontinence, mixed incontinence, over active bladder syndrome, anal incontinence, prolapsed, dyspareunia and post hysterectomy patients.

Paediatric referrals from the ward and SCBU

During 2017 the inpatient physiotherapy service reviewed babies referred from SCBU for a developmental check and organised appropriate onward physiotherapy referrals as required.

The physiotherapy team continued to work as part of the DDH service at MRHP.

Goals for 2018

Goals for 2018 include liaising with our midwifery colleagues to explore the possibility of an integrated antenatal education programme, to set up a monthly continence class and continuing to up skill members of the physiotherapy team in women's health physiotherapy.

Margaret Kelleher
Physiotherapy Manager

Mary Killeen
Clinical Specialist Physiotherapist
Women's Health & Continence

FINANCE REPORT

The expenditure in 2017 was:

€6.1m pay

€0.9m Non Pay.

ACKNOWLEDGEMENT

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