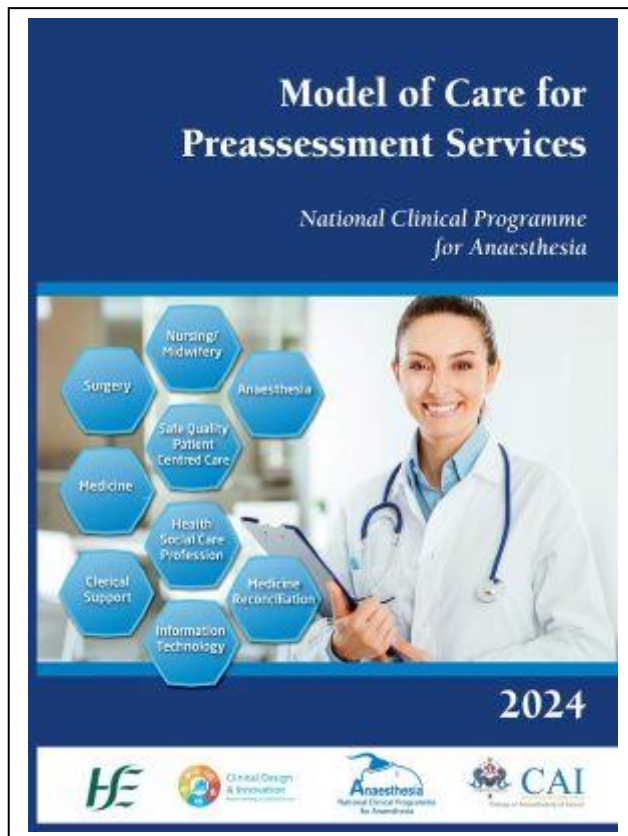


## Model National Clinical Programme for Anaesthesia Newsletter 2024

### Model of Care for Preassessment Services 2024

The Model of Care for Pre-admission Units was first published in 2014 and contributed greatly to providing guidance and setting standards for preassessment units. A working group was formed in the summer of 2022 with the intention of updating the original document. As part of this update the members of the working group have recognised the importance of the contribution of the multidisciplinary healthcare team in the preassessment and optimisation of patients attending for elective procedures. For this reason, we have changed the title of the document to the 'The Model of Care for Preassessment Services (PAS)'. This change of title will take account of the multi-faceted nature of the team providing the preassessment service including contributions from anaesthesiology, surgery, medicine, nursing, pharmacy, physiotherapy, occupational therapy, dietetics, psychology and administrative staff.



This updated Model of Care outlines the local governance structures that are required in each hospital to support the preassessment service. A lead anaesthesiologist is required in each hospital to chair the Preassessment Service Operational Group, which will consist of representatives from all the specialties contributing to the work of the preassessment service. A section on workforce planning allows the number of essential staff required for the service to be determined depending on the numbers of patients attending the hospital for elective surgery. The number of staff allocated to the preassessment service will be dependent on the size and resources of the hospital concerned. Appropriate resources and staffing for preassessment services will be required for the proposed new surgical hubs and new elective hospitals that are being planned by the HSE. It also provides templates for patient referral and patient questionnaire within the appendices. NCPA would like to thank the members of the working group who contributed to the development of this Model of Care.

The Model of Care was approved by HSE Clinical Forum in March 2024. It is available to download from NCPA webpage.

<https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-preassessment-services.pdf>

## Safe Surgery

### E Learning Module

The National Clinical Programmes for Anaesthesia, Surgery & Trauma & Orthopaedic surgery developed and launched the eLearning module for the five stages of safe surgery on HSEland on the 30<sup>th</sup> June 2023. This eLearning module has been developed to support this policy, highlighting the importance of respecting the five stages of safe surgery, including the checklist process. The module encourages all staff working within the operating department to play their part and ensure that safe surgery guidelines are followed by all team members in order to deliver safe, quality care to patients.



### Briefing and Debriefing

The IEHG Perioperative Nursing & Midwifery Working Group has designed and a user-friendly *Team Brief & Debrief* booklet, which will act as a physical reminder to staff to complete these two new safety steps as recommended in The Policy & Procedure for Safe Surgery 2022



At the Launch of the IEHG **'Team Brief/Debrief'** booklet are Paul Gallagher, CDONM, IEHG, Karen Sherlock, ADON, NMH, Anne Jones, Nurse Lead, Quality & Patient Safety, Director of Patient Safety & Quality Improvement, CAI, Mr. Ken Mealy, Co-Lead, NCPS, Patricia Delaney, CNM3, St. Lukes Hospital Kilkenny, Louise Creighton, CNM3, MMUH and Aileen O'Brien, ADON Lead, NCPA

Audit Tool Version 2 March 2024

The National Clinical Programme for Anaesthesia also collaborated with The National Clinical Programme for Surgery (NCPS) to update and develop a live Audit Tool for Safe Surgery. This tool supports the Policy and Procedure for Safe Surgery, which was updated and published in September 2022. This updated Audit Tool simplifies the process for busy staff as it is designed to automatically carry out the analysis and generate results graphically. It is also designed to capture multiple audits over the year so that improvements can be easily seen, or the need to make improvements identified. The audit tool has been updated and is available to download either via the QR code or using the following link

<https://www.hse.ie/eng/about/who/cspd/ncps/anaesthesia/resources/>



L-R Ciara Hughes, Programme Manager for NCPS, Laura Hammond Data Technician for NCPS who designed the tool and Aileen O'Brien Nurse Lead for the National Clinical Programmes in Anaesthesia who also Chaired the development Group.

## Nurse/Midwife Education

NCPA are currently engaging with HSE procurement in a tender process to select a suitable provider to accredit, deliver and evaluate a Level 8 National standardised Programme for Registered Nurses & Midwives in the Fundamentals of Anaesthesia and Post Anaesthesia Care. This programme will enhance and develop the knowledge and skills of nursing/midwifery staff who assist with delivery of anaesthesia and work in the post anaesthesia recovery units nationally. This programme will be funded by The Office of Nursing & Midwifery Services Director for staff working in HSE/HSE funded Hospitals.

Southeast Technological University continue to accredit, deliver and evaluate the Level 8 Foundation Programme for nurses & Midwives in Preadmission Unit Care following successful receipt of tender award in Q4 2023. 29 nurses commenced this programme in January this year bringing the total number of staff undertaking programme to over 150 since it commenced in 2019. Applications for the next intake in January 2025 will open in November this year via <https://www.wit.ie/courses/certificate-in-pre-admission-nursing>.

## Review of Anaesthesiology Medical Workforce in Ireland 2023 to 2038 Published January 2024

Data from the NDTP's Doctors Integrated E Management System (DIME) ascertained that the number of consultants in Anaesthesiology that were employed in the public service in the Republic of Ireland, as of March 2023, was 462 which is equivalent to 443 WTE's (with a WTE rate of 96%). Data provided by the Medical Council indicated there were 58 consultants registered as working in full-time private practice in Ireland. This amounts to a total of 520 consultant anaesthesiologists working in Ireland, based on data available as of March 2023. The data relating to consultants indicated that 54% of the current consultants in Anaesthesiology working in the public sector are within 15 years of retirement, assuming the average age of retirement is 62 years. Therefore, 249 consultants (equivalent to 239 WTE posts) will be expected to retire over this period from publicly funded hospitals and these positions will require to be filled to support current service provision.

In addition to the replacement posts due to retirement, there will be a requirement for funding of new consultant posts due to several driving factors, one of which is an expected demographic change in the Republic of Ireland resulting in an increase of the population, from the current 5.1 million people, by at least 10% (more than 500,000 people) over the next fifteen years. By 2038 there will be an estimated 1.2 million people over the age of 65 years (50% increase from 2023), of whom 162,000 people will be over the age of 85 years, and this is a demographic which is known to make a greater use of the health services than the rest of the population. The requirement for less-than-full-time posts will also have to be taken into consideration to facilitate consultants for whom this may be a preference. The new 'Public Only Consultant Contract 2023' (POCC2023) also makes provision for a six-day working week (to include Saturdays) and additional consultant posts will be required to enable this development.

The total number of consultants working in Anaesthesiology in Ireland will be required to increase from a total headcount figure of 520 consultants (462 publicly funded consultants and 58 solely private posts) in 2023 to a total headcount of 1000 consultants by 2038.

	2023	2038
Public WTE	443 (WTE rate 96%)	855 (WTE rate 92%)
Public Headcount	462	930
Private Headcount	58	70
Total Headcount	520	1000
Headcount Per 100K Population	10.4	17.7

If a headcount of 1000 consultant anaesthesiologists (WTE rate 92% in publicly funded hospitals) is to be achieved by 2038, assuming an attrition rate of 20% (loss of trainees to emigration etc) and that the training programme provides the requisite number of specialist anaesthesiology trainees (SATs) who have completed their training in this country, the number of SATs recruited to the CAI training scheme would be required to be increased to 90 trainees per annum (from the figure of 50 recruited in 2023) from 2026 to 2030.

As of December 2022, there were 275 specialist anaesthetic trainees which represented 44% of the total number of NCHDs working in the specialty of Anaesthesiology. One of the recommendations of this review is that most NCHDs working in the speciality should be enrolled on the training scheme. The feasibility of the development of an Associate Specialist Grade should be considered for those doctors who wish to pursue a career in Anaesthesiology but for whom it is not practicable to achieve a certificate of satisfactory completion of specialist training (CSCST). This workforce review recommends that provision should be made for less-than-full-time (LTFT) for both training positions and the consultant workforce. Consideration should also be given to factors that will encourage retention of the older anaesthesiologist (60 years of age or older) in the workforce including the optional cessation of participation in on-call rotas. <https://www.hse.ie/eng/staff/leadership-education-development/met/plan/anaesthesiology-medical-workforce-in-ireland-2023-2038.pdf>

## Audit Workstream Annual Reports

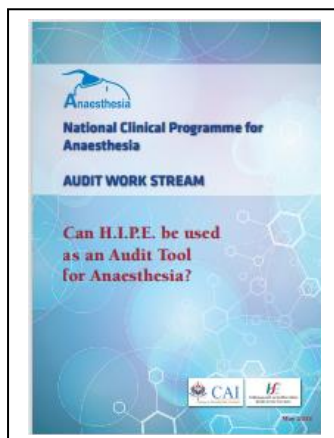
A major part of the work of the NCPA Audit Workstream involves assembling and presenting the data for the Annual Reports. These Reports, the first of which appeared in 2015, describe the number and type of anaesthetics administered in public hospitals in Ireland each year. Prior to 2010 when the NCPA was established, there was no account of anaesthetic activity at a national level although some individual anaesthetic departments did conduct their own internal audit. The Hospital In-Patient Enquiry (HIPE) has been collecting a plethora of information from public hospitals since 1970, including data on anaesthetic practice, but this had never been accessed in any formal manner and indeed there was considerable scepticism regarding the accuracy of HIPE data.

One of the first tasks undertaken by the NCPA Audit Workstream was to investigate the anaesthetic data contained in the HIPE national file to see if it could be used as a basis for annual reports on anaesthetic practice at a national level. While it was obvious that this project would require considerable time and effort, the NCPA was truly fortunate to have the assistance of Professor Miriam Wiley, Professor and Head of the Health Research & Information Division at the Economic and Social Research Institute (ESRI) which at the time dealt with the HIPE national file, and Drs Ellen O'Sullivan and Wouter Jonker who coordinated the National Audit Project 5 (NAP 5) in Ireland. NAP 5 investigated the incidence of accidental awareness during general anaesthesia in Britain and Ireland and included an Anaesthetic Activity Survey (AAS) which captured theatre related anaesthetic activity in every public hospital in Ireland for the week November 26<sup>th</sup> to December 2<sup>nd</sup> 2012.

A major challenge encountered by the Audit Workstream was identifying an independent (gold?) standard against which the HIPE anaesthetic data could be compared and by a fortuitous stroke of good timing the results of NAP 5 Anaesthetic Activity Survey (AAS) provided this.

It was also necessary to generate a standard set of search criteria which could be used in all HIPE offices around the country to ensure accurate and consistent retrieval of HIPE data, a task successfully undertaken by our colleagues at the ESRI (later the Healthcare Pricing Office, HPO)

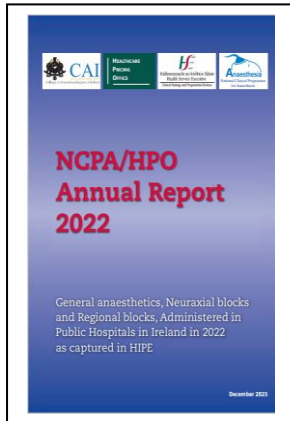
Six data fields which were common to HIPE, the AAS, and anaesthetic record sheets used in departments throughout the country were identified and a detailed exercise in cross checking was then conducted comparing data from the theatre databases of three sample hospitals with HIPE data. These six data fields remain the foundation of the Annual Reports.



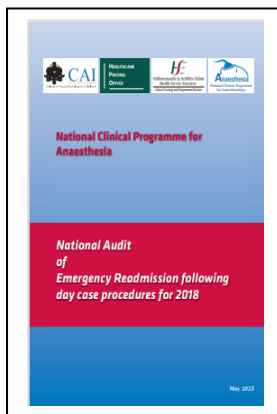
In 2014 the management of the HIPE national file was transferred to The Healthcare Pricing Office (HPO) and the project continued under the expert guidance of Ms Jacqui Curley, Coding Manager, and her team at the HPO.

Finally, in May 2015 the results of these preliminary investigations were published and circulated by the College of Anaesthesiologists of Ireland (1), indicating that HIPE could, with certain caveats, be used as an audit tool for anaesthesia. Later that year the first NCPA/HPO Annual Report for 2013, was published (2).

The 2022 NCPA/HPO Annual Report is the 10<sup>th</sup> consecutive Annual Report and it is now possible to show data for 5 consecutive years in each Report which allows for comparisons to be made and patterns identified. Over the intervening years more details have been added to these Reports: information on ASA 6 patient status is provided by Organ Donation and Transplant Ireland (ODTI), a section on Occasional Data looks in some detail at certain aspects of these Reports e.g. number and type of regional blocks, and a number of separate audits have been carried out. A limited audit in six hospitals examining the accuracy of recording patient ASA status on anaesthetic record sheets was completed in 2019 and a national audit looking at the incidence of emergency readmission following Day case a procedure was completed in 2023 despite the inordinate delays caused by the pandemic.



Emergency readmission following a surgical procedure is now recognised as a measure of quality of care and of morbidity, but there is a paucity of information on emergency readmission following day case surgery with an anaesthetic.



The audit looked at the year 2018 and was conducted in 36 hospitals where total of 61,904 Day case procedures with an anaesthetic were carried out, representing 82.2% of all such day cases nationwide for that year. There were 117 emergency readmissions giving an emergency readmission rate of 0.2%. While this might be considered an acceptably low figure the authors point out a number of weaknesses in the audit including the inability to identify patients who were readmitted to a different hospital to where the original procedure was carried out, emphasising the need for a National Health (Patient) Identifier. The authors also note:

*“The majority of patients, 71, were readmitted due to pain, discomfort or bleeding at the wound or operative site and 16 of these also complained of PONV. Adequate control of both of these post-operative symptoms is necessary if day case surgery is to be successful yet they were the two commonest reasons for readmission.*

*Although 20 of these patients required a surgical intervention the majority were treated conservatively with analgesics, anti-emetics and fluids suggesting that greater emphasis on advice, information and adequate medication at the time of discharge could help to reduce the number requiring emergency readmission.”*

Just three patients were readmitted because of problems directly related to anaesthesia and there was just one readmission for social reasons – *“while these numbers are very small such episodes might reasonably be considered completely avoidable”*.

The work involved in producing the Annual Reports and audits has been demanding but hugely rewarding and could not have been achieved without the expertise of our colleagues at the Healthcare Pricing Office (HPO) and the continued support of the College of Anaesthesiologists of Ireland. We are convinced that the national HIPE file contains much more valuable data on the practice of anaesthesia in Ireland and we hope to continue to explore this extraordinary resource with the help of the HPO. Most recently we have begun to examine data on procedures for the management of chronic pain and this may well form part of the Annual Reports in the future.

All documents referred to above are available online at [hse.ie/anaesthesia](https://hse.ie/anaesthesia) Programme Documents & Resources.



## **National Perioperative Patient Pathway Enhancement Programme (NPPPEP)**

The programme seeks to embed a sustainable and standardised approach to monitoring, evaluating and optimising theatre utilisation to improve patient outcomes. The Programme is a collaborative initiative between the HSE Office of the Chief Clinical Officer, Acute Operations, Strategy and Planning, the National Clinical Programmes for Surgery and Anaesthesia and the Royal College of Surgeons in Ireland. The NPPPEP Programme Steering Group provides oversight and leadership to ensure successful delivery of the programme objectives. The first meeting of the NPPPEP steering group took place on the 30<sup>th</sup> January, 2023.

Operating theatres are one of the most expensive areas of a hospital to run and operating room inefficiency is a common and well recognised source of financial waste within health services. It is estimated that the average cost of running an operating theatre per hour is €1,500. Therefore, if a single theatre, operating for 35 hours a week, consistently loses an hour of operating time due to late starts, early finishes, or cancellations on a daily basis it can incur losses of approximately €400,000 a year. For a hospital with 10 theatres, this amounts to approximately €4 million euro a year in financial waste. Improving operating theatre efficiency and effectiveness can increase the number of patients treated while still utilising the same level of resources. This can help hospitals reduce their waiting lists, decrease the time patients have to wait for surgery and make the best use of financial resources.

Operating theatres do not function in isolation as a patient's surgical journey is complex and patient outcomes and experience are dependent on multi-professional teams, services and departments across the hospital working collaboratively and effectively. A well-managed operating theatre ensures not just high surgical turnover, but also reduced postoperative complications, improved patient-centred outcomes, and greater patient satisfaction.

Since 2010, several theatre improvements programmes have been rolled out across various acute hospitals in the country. The Productive Operating Theatre Programme (TPOT) was a collaboration between the HSE, National Clinical Programme in Anaesthesia (NCPA) and the National Clinical Programme in Surgery (NCPS) and was introduced initially as a pilot across 5 hospitals. In total, 54 theatres engaged with the programme.

In late 2016, a collaborative between the HSE Integrated Care Programme for Patient Flow, National Clinical Programme for Anaesthesia (NCPA), National Clinical Programme in Surgery (NCPS), supported by the HSE Quality Improvement division and the RCSI's Quality & Process Improvement Centre (QPIC) was established to oversee a sustainable theatre quality improvement programme (TQIP).

The Transforming Theatre Programme (2019) is a quality improvement theatre management programme which provides an operational and strategic approach using a system of standardised measurement. The programme is a collaboration between the HSE, NCPS and NCPA. The programme is a full Hospital Group theatre improvement initiative where theatre teams from each hospital in a Hospital Group implement change across their perioperative service. The pilot in South Southwest Hospital Group (now HSE Southwest), on which NPPPEP builds, has recently been recognized both nationally and internationally. This pilot received an HSE Service Excellence Award for Innovation in Service Delivery and the European (EAHM) Innovation Award in Hospital Management. The impact of the programme in SSWHG is evident, with improved operating theatre effectiveness across SSWHG. In the first six months of 2023, used theatre time increased by 1,363 hours and 1,775 additional patients were seen compared to the same period in 2022.

The programme delivery of NPPPEP was planned over three six-month periods with two Hospital Groups participating every six months. HSE West & Northwest (formerly Saolta University Health Care Group) and HSE Dublin & Midlands (formerly Dublin Midlands Hospital Group) were selected for Phase 1 of the programme, across 5 hospital sites including UHG, RUH, SUH, MRTH and Reeves Day Surgery Centre which involved a total of 39 theatres. The scope of the programme consists of rolling out NPPPEP to 3-4 sites per hospital group in three six month phases within the allocated 18 month timeframe. Further roll out is being discussed and considered at present.



## **Model of Care for Acute and Chronic Pain Services**

NCPA have agreed to facilitate the development of a Model of Care for Acute and Chronic Pain Services in collaboration with the Faculty of Pain and the Irish Pain Society. A working group of key stakeholders has been put in place and the inaugural meeting was held on 14<sup>th</sup> March 2024. The working group is Co-chaired by Dr. David Moore, Consultant Anaesthesiologist with an interest in Pain Medicine and Dr. Hugh Gallagher, Dean of the Faculty of Pain Medicine.

### **Modernised Care Pathway**

NCPA are supporting a pilot project for the development of scheduled care pathways from the HSE pathway suite to improve access to services in pain management for lower back pain or lumbosacral radicular pain. Funding for this project is from the Sláintecare Integrated Innovation Fund. The Beaumont Integrated Pain Management Centre (BIPMC) involves the placement a multidisciplinary team experienced in chronic pain management into the community/primary care setting. The patients will be referred directly from primary care teams in North Dublin. These patients will have chronic musculoskeletal pain syndromes (e.g. low back pain (LBP), fibromyalgia) or lumbosacral radicular pain (e.g. sciatica).

## **National Clinical Programme for Anaesthesia**

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