Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Maternity Patient Safety Statement

Guidance Handbook

Version 3 for Publication
Issued 10 March 2016

Introduction

In accordance with recommendations set out in the CMO's HSE Midland Regional Hospital, Portlaoise Perinatal Deaths report February 2014, HSE Service Plan 2015 and the HIQA Portlaoise Report May 2015, there is a requirement for all 19 Maternity Units to report and publish a Maternity Patient Safety Statement on a monthly basis.

The purpose of the Statement is for each local hospital and Hospital Group to review their own data on a monthly basis in relation to their maternity services. This data will inform management and assist them in carrying out their role in safety and quality improvement. It is intended to assist in an early warning mechanism for issues that require local action and or escalation.

The objective in publishing the Statement each month is to provide public assurance that each of the 19 maternity units delivers services in an environment that promotes open disclosure.

It is not intended that the monthly Statement be used as a comparator with other units or that they would be aggregated at Hospital Group or national level. It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies). Rates of clinical activity and outcomes will be higher and therefore these should not be compared with units that do not look after complex cases.

The two elements within the Statement are:

1. Clinical Activity – the clinical elements within the Statement will be drawn from and will be fully consistent with definitions for the IMIS/ QA1 metrics. It is accepted that a number of the other outcome metrics in the IMIS/ QA1 require further discussion to ensure consistency in reporting before they would be included in a monthly published maternity statement.

2. Incidents –there is a requirement to provide visibility of clinical incidents reported on the NIMS in the month.

Element number 3 is currently in development and relates to staffing and will be included in further iterations of the Statement. The purpose of this element is to demonstrate the WTE involved in the provision of direct clinical care.

Each month, the Maternity Patient Safety Statements must be signed off by the Hospital Group Clinical Director and CEO before being published.

It is envisaged that the elements within the Maternity Patient Safety Statement will be reviewed regularly to ensure the data remains relevant and consistent across all 19 units. This guidance document has been compiled to assist hospital management in reporting and publishing the monthly Statement and includes the following:

1. Maternity Patient Safety Statement – Version 3 for Publication – Issued to system 10 March 2016

2. Data Definitions; and

3. Implementation Guidelines for Completing and Publishing the Monthly Statement.

Maternity Patient Safety Statement

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This is a monthly report, specific to the hospital named below setting out a range of information on the safety of maternity services.

Hospital Name	**Insert Hospital Name**	**Reporting Month**	**Insert Month**
Purpose & Context	This Statement is used to inform local hospital and hospital Group management in carrying out their role in safety and quality improvement. The objective in publishing the Statement each month is to provide public assurance that maternity services are delivered in an environment that promotes open disclosure. It is not intended that the monthly Statement be used as a comparator with other units or that statements would be aggregated at hospital Group or national level. It assists in an early warning mechanism for issues that require local action and/ or escalation. It forms part of the recommendations in the following reports: • HSE Midland Regional Hospital, Portlaoise Perinatal Deaths, Report to the Minister for Health from Dr. Tony Holohan, Chief Medical Officer, 24 February 2014; and • HIQA Report of the Investigation into the Safety, Quality and Standards of Services Provided by the HSE to patients in the Midland Regional Hospital, Portlaoise, 8 May 2015. It is important to note tertiary and referral maternity centres will care for a higher complexity of patients (mothers and babies), therefore clinical activity in these centres will be higher and therefore no comparisons should be drawn with units that do not look after complex cases.		

Headings	Ref	Information Areas	2016	
			Insert Month	Year to date
Hospital Activities	1	Total mothers delivered ≥ 500g (n)	0	0
	2	Multiple pregnancies (n)	0	0
	3	Total births ≥ 500g (n)	0	0
	4	Perinatal mortality rate – adjusted (per 1,000 total births)	0.0 Per 1,000	0.0 Per 1,000
	5	In utero transfer – admitted (n)	0	0
	6	In utero transfer – sent out (n)	0	0
Major Obstetric Events	7	Total combined rate (per 1,000 total mothers delivered) of major obstetric events for the following four obstetric metrics: • Eclampsia; • Uterine rupture; • Peripartum hysterectomy; and • Pulmonary embolism.	0.0 Per 1,000	0.0 Per 1,000

Headings	Ref	Information Areas	2016	
			Insert Month	Year to date
Delivery Metrics	8	Rate of instrumental delivery per total mothers delivered (%)	0.0%	0.0%
	9	Rate of nulliparas with instrumental delivery (%)	0.0%	0.0%
	10	Rate of multiparas with instrumental delivery (%)	0.0%	0.0%
	11	Rate of induction of labour per total mothers delivered (%)	0.0%	0.0%
	12	Rate of nulliparas with induction of labour (%)	0.0%	0.0%
	13	Rate of multiparas with induction of labour (%)	0.0%	0.0%
	14	Rate of Caesarean section per total mothers delivered (%)	0.0%	0.0%
	15	Rate of nulliparas with Caesarean section (%)	0.0%	0.0%
	16	Rate of multiparas with Caesarean section (%)	0.0%	0.0%
Maternity Services Total Clinical Incidents	17	Total number of clinical incidents for **Maternity Services** (reported monthly to NIMS) (n)	0	0

DEFINITIONS
(n) = Number
Nulliparas = Women who have never had a previous pregnancy resulting in a live birth or stillbirth (≥ 500g)
Multiparas = Women who have had at least one previous pregnancy resulting in a live birth or stillbirth (≥ 500g)
N/A = Not available

The Maternity Patient Safety Statement for Insert Hospital Name provides up to date information for management and clinicians who provide maternity services in relation to a range of patient safety issues for Insert Month and Year.

The information in this Statement is a core element of clinical governance and management of maternity services within the above hospital and the Insert Hospital Group.

Hospital Group Clinical Director: Insert Name

Signature: Insert Signature

Hospital Group CEO: Insert Name

Signature: Insert Signature

Date: Insert Date

Data Definitions

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Outlined below are the definitions of the information areas required within the Maternity Patient Safety Statement Version 3 for Publication Issued to System 10 March 2016.

Ref	Information Areas	Source	Definition	Suggested Officer
Hospital Activities				
1	Total mothers delivered ≥ 500g (n)	**IMIS/QA1 Indicator No1**	Women delivering a baby weighing 500 grams or more.	IMIS/QA1 Officer
2	Multiple pregnancies (n)	**IMIS/QA1 Indicator No 2**	Multiple gestations based on the number of women with multiple pregnancies (not the number of babies delivered by mothers with multiple pregnancies). Count a woman with a multiple pregnancy or delivery as '1'.	IMIS/QA1 Officer
3	Total births ≥ 500g (n)	**IMIS/QA1 Indicator No 8**	Number of live births and stillbirths weighing greater than or equal to 500 grams.	IMIS/QA1 Officer
4	Perinatal mortality rate – adjusted (per 1,000 total births)	**IMIS/QA1 Indicator No 10**	Rate (per 1,000 total births ≥500g) of perinatal deaths weighing 2.5kg or more without a congenital anomaly. Include stillbirths and early neonatal deaths (i.e., from delivery to six completed days, inclusive). Following WHO guidelines and definitions used in the NPRS, a stillbirth in the MPSS refers to the death of a fetus weighing ≥500g; an early neonatal death refers to the death of a live born infant during the first seven days of life. Perinatal deaths weighing 2.5kg or more provide a reliable indicator of quality of obstetric care. Congenital anomalies are physiological or structural abnormalities that develop at or before birth and are present at the time of birth (Diseases/ conditions in ICD-10, Chapter XVII, *Congenital Malformations, Deformities and Chromosomal Abnormalities* (Q00.0-Q99.9)).	IMIS/QA1 Officer
5	In utero transfer – admitted (n)	**IMIS/QA1 Indicator No 14**	Women with fetus in utero admitted into the hospital after being transferred from another hospital in the fetal interest.	IMIS/QA1 Officer
6	In utero transfer – sent out (n)	**IMIS/QA1 Indicator No 15**	Women with fetus in utero transferred out of the hospital to another hospital in the fetal interest.	IMIS/QA1 Officer
Major Obstetric Events				
7	Total combined rate (per 1,000 mothers delivered) of major obstetric events for the following four obstetric metrics: -Eclampsia; -Uterine rupture; -Peripartum hysterectomy; - Pulmonary embolism	**IMIS/QA1 Indicators No 20, 21, 22, 23 & 1**	Rate is the sum of the numbers of cases of four obstetric metrics per 1,000 total mothers delivered, i.e.: Eclampsia (n) + Uterine Rupture (n) + Peripartum Hysterectomy (n) + Pulmonary Embolism (n) ---------- x 1,000 Total mothers delivered The denominator refers to total mothers delivered of babies weighing greater than or equal to 500g.	IMIS/QA1 Officer

7a	Eclampsia (n)	**IMIS/QA1 Indicator No 20**	**Eclampsia:** Number of women diagnosed with eclampsia during any antenatal hospital event or at delivery, including eclampsia in pregnancy, in labour, in the puerperium, and eclampsia unspecified as to time period. Does not include severe pre-eclampsia. Eclampsia may be defined as a condition in which one or more convulsions occur in a pregnant woman suffering from high blood pressure, often followed by coma and posing a threat to the health of mother and baby.	IMIS/QA1 Officer
7b	Uterine rupture (n)	**IMIS/QA1 Indicator No 21**	**Uterine rupture:** Number of complete ruptures of uterus (i.e., involving the full thickness of the uterine wall) before onset of labour or during labour, including cases that may not be diagnosed until after delivery. Hospital incidence of uterine rupture is rare. The main risk factors for uterine rupture are previous caesarean section or induction of labour (using prostaglandins).	IMIS/QA1 Officer
7c	Peripartum hysterectomy (n)	**IMIS/QA1 Indicator No 22**	**Peripartum hysterectomy:** Number of hysterectomy procedures completed during the birth episode of care, usually following a caesarean section, including hysterectomies performed during pregnancy and/or procedures within seven completed days after delivery. Peripartum hysterectomy is rare and usually only performed in emergency situations, but it is a life-saving procedure in cases of severe haemorrhage.	IMIS/QA1 Officer
7d	Pulmonary embolism (n)	**IMIS/QA1 Indicator No 23**	**Pulmonary embolism:** A blockage of the lung's main artery or one of its branches by a substance that travels from elsewhere in the body through the bloodstream. PE results from a deep vein thrombosis (commonly a blood clot in a leg) that breaks off and migrates to the lung, a process termed venous thromboembolism (VTE). The measure includes pulmonary emboli in pregnancy and/or the puerperium and excludes embolism complicating abortion or ectopic or molar pregnancy. While rare, PE is a leading cause of maternity mortality in developed countries.	IMIS/QA1 Officer
Delivery Metrics				
8	Rate of instrumental delivery per total mothers delivered (%)	**IMIS/QA1 Indicators No 28, 31 & 1**	Also called 'Operative vaginal delivery'. Includes forceps delivery and vacuum extraction, excluding failed forceps and failed vacuum extraction. Forceps delivery includes low forceps delivery, mid-cavity forceps delivery, high forceps delivery, forceps rotation of fetal head, and forceps rotation of fetal head with delivery. Also includes assisted breech delivery with forceps to after-coming head and breech extraction with forceps to after-coming head. Rate of instrumental delivery (total) = $\frac{\text{Instrumental deliveries (total) (n)}}{\text{Total mothers delivered (n)}} \times 100$	IMIS/QA1 Officer
9	Rate of nulliparas with instrumental delivery (%)	**IMIS/QA1 Indicator No 28**	Definition of instrumental delivery as above. Rate of nulliparas with instrumental delivery = $\frac{\text{Instrumental deliveries for nulliparas (n)}}{\text{Total nulliparas (n)}} \times 100$	IMIS/QA1 Officer
10	Rate of multiparas with instrumental delivery (%)	**IMIS/QA1 Indicator No 31**	Definition of instrumental delivery as above. Rate of multiparas with Instrumental delivery = $\frac{\text{Instrumental deliveries for multiparas (n)}}{\text{Total multiparas (n)}} \times 100$	IMIS/QA1 Officer

11	Rate of induction of labour per total mothers delivered (%)	**IMIS/QA1 Indicators No 29, 32 & 1**	Including medical induction of labour, oxytocin; medical induction of labour, prostaglandin; other medical induction of labour. Includes surgical induction of labour by artificial rupture of membranes; other surgical induction of labour; and synchronous medical and surgical induction of labour. Rate of induction of labour (total) = Induction of labour (total) (n) / Total mothers delivered (n) X 100	IMIS/QA1 Officer
12	Rate of nulliparas with induction of labour (%)	**IMIS/QA1 Indicator No 29**	Definition of induction of labour as above. Rate of nulliparas with induction of labour = Induction of labour for nulliparas (n) / Total nulliparas (n) X 100	IMIS/QA1 Officer
13	Rate of multiparas with induction of labour (%)	**IMIS/QA1 Indicator No 32**	Definition of induction of labour as above. Rate of multiparas with induction of labour = Induction of labour for multiparas (n) / Total multiparas (n) X 100	IMIS/QA1 Officer
14	Rate of Caesarean section per total mothers delivered (%)	**IMIS/QA1 Indicators No 30, 33 & 1**	Deliveries by Caesarean section, including elective classical Caesarean section, emergency classical Caesarean section, elective lower segment Caesarean section, and emergency lower segment, Caesarean section. According to the Australian Coding Standard 1541 [extracted from *NCCH eBook, July 2008, Pregnancy, Childbirth and the Puerperium*), an elective Caesarean is defined as a Caesarean section carried out as a planned procedure before the onset of labour or following the onset of labour, when the decision was made before labour. An emergency Caesarean is defined as a Caesarean required because of an emergency situation (e.g. obstructed labour, fetal distress). Rate of Caesarean sections (total) = Caesarean sections (total n) / Total mothers delivered (n) X 100	IMIS/QA1 Officer
15	Rate of nulliparas with Caesarean section (%)	**IMIS/QA1 Indicator No 30**	Definition of Caesarean section as above. Rate of nulliparas with Caesarean section = Caesarean section for nulliparas (n) / Total nulliparas (n) X 100	IMIS/QA1 Officer
16	Rate of multiparas with Caesarean section (%)	**IMIS/QA1 Indicator No 33**	Definition of Caesarean section as above. Rate of multiparas with Caesarean section = Caesarean section for multiparas (n) / Total multiparas (n) X 100	IMIS/QA1 Officer
Maternity Services Total Clinical Incidents				
17	Total number of clinical incidents for Maternity Services (reported monthly to NIMS) (n)	**NIMS**	The total number of clinical incidents for Maternity Services reported monthly to NIMS.	QPS Department

(n)=Number
IMIS = Irish Maternity Indicator System (previously QA1)

Implementation Guidelines for Completing and Publishing the Monthly Statement

Completing the Monthly Statement

1. Metrics requiring numbers (n) should be written as whole numbers: this applies to metrics #1, #2, #3, #5, #6 and #17.

2. Metrics requiring rates should be written with 1 decimal place (e.g. 0.7): this applies to metrics #4 and #7.

3. The Delivery metrics (#8 to #16 inclusive) are all percentages (%) and should be written with 1 decimal place.

4. The Maternity Patient Safety Statement is based primarily on data sourced directly from maternity units. It is designed to capture and measure clinical activities, incidents and staffing levels within the maternity unit. **It is primarily a management tool for each hospital to report on their own data.** The data will be collected within the hospital, by hospital staff, and analysed by hospital managers.

5. **Clinical Elements**: The clinical elements within the Statement are drawn from the IMIS/QA1. The data for these elements must be sourced from the nominated IMIS/QA1 Officer in each maternity unit. As per guidance for IMIS/QA1, please do NOT use data or reports from national-level datasets, such as the Hospital Inpatient Enquiry System (HIPE), the National Perinatal Reporting System (NPRS), or National Perinatal Epidemiology Centre (NPCE).

6. **Incidents:** The elements relating to the total number of clinical incidents reported on NIMS will be based on the numbers **reported on NIMS** for each calendar month. It is recommended that the data for these components is sourced from the QPS personnel in each hospital. In order to generate the report required for Maternity Patient Safety Statements, the reporter needs to create an Ad-Hoc report as normal and complete the following:
    I. Fill out the usual fields such as report name, description, etc.
    II. Click the 'select data' tab and add the following conditions:
        - Create Date is between the first day and last day of the month concerned
        - Incident/Hazard Category should be "Clinical Care"
        - Specialty should be "Maternity Services"
    III. Click the 'other info' tab and under 'Include Incidents' click yes.
    IV. Save the report and click run.

Monthly Reporting

7. Hospital Managers are to review the Statement on a monthly basis at their performance and management team meeting.

8. Hospitals will then share their respective Maternity Patient Safety Statements with the Hospital Group CEO and escalate matters that require a Hospital Group response.

9. Each Hospital Group CEO is to have a process in place to review the Maternity Patient Safety Statements for the maternity units within their Groups as part of the monthly performance meetings and sign off on same prior to their publication.

10. The reporting cycle will mirror in so far as possible the same cycle as the well-established monthly performance monitoring assurance process and the first published reporting period was reflective of December 2015 data.

Publishing the Statement on a Monthly Basis

11. The Maternity Patient Safety Statement is to be published monthly via the Hospital/ Hospital Group website. Each Hospital Group will now have to arrange to have their statements for publication, available to their Digital Communications teams on 29 March 2016 for publication on 31 March 2016.

12. Each month going forward statements will be published on the last working day of every month, and as such will need to be supplied to Digital Communications teams 3 working days prior to this. Contact details for Digital Communications teams are as follows:

Ireland East Hospital Group:	ckohn@iehg.ie
RCSI Hospital Group:	maireadlyons@rcsihospitals.ie
Dublin Midlands Hospital Group:	Arlene.crean@hse.ie
University of Limerick Hospital Group:	elainem.connolly@hse.ie
South/South West Hospital Group:	Triona.doran@hse.ie
Saolta Hospital Group:	Caitriona.meehan@hse.ie

13. The three Dublin Maternity Hospitals will publish their Statements on their own websites on the same day and share them with the HSE.

14. The first publishing period was for **December 2015** data and was published in **March 2016**. Going forward MPSS will be published on a monthly basis on the last day of each month.

15. A Communication Strategy is in the process of development and this will be communicated to Hospital Groups as arrangements are put in place to commence publication. It is important that each Hospital Group has a nominated clinical spokesperson in place to address any media queries. The Communication Plan will include in so far as possible user friendly descriptions of the medical terms used within the Statement.

Note: The Maternity Patient Safety Statement has a column that seeks data in relation to current "YTD" (Year to Date) information. For all metrics please populate the YTD column from January 2016 onwards.