The NCPA/HPO Annual Report for 2017 was launched at the National Patient Safety in Anaesthesia conference held in the College of Anaesthesiologists on the 16th of November last. In his opening remarks to the conference, Vice President of the College, Professor Gerry Fitzpatrick referred to the Annual Report noting the consistency of the data over the five years of publication. Professor Fitzpatrick also drew attention to data from the ASA 99 audit project contained in the Report which shows a steady improvement in the recording of patient ASA scores on anaesthetic record sheets as reported by HIPE. The HIPE team at the Healthcare Pricing Office (HPO) plays a pivotal role in compiling these Annual Reports and over the last number of years has built up a remarkable working relationship with the NCPA and the College.

Each year, the authors of the Report try to include some new information not previously published. The 2016 Report for the first time gave the numbers of patient discharges reporting an anaesthetic by age and hospital group so that details for 11 age categories in seven hospital groups can be seen.

New data in the 2017 Report describes for the first time the number of patient discharges reporting an anaesthetic by admission type and hospital group. The number of day cases, elective and emergency inpatients and maternity cases is set out for each hospital group. On average, 25% were elective admissions, 22% emergency admissions and 34% day case admissions. The authors point out that an emergency admission does not necessarily mean that the subsequent procedure was carried out as an emergency. Maternity admissions (19%) are coded separately by HIPE and are neither emergency nor elective.

### Table 1

<table>
<thead>
<tr>
<th>Admission Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day cases</td>
<td>74,744</td>
<td>(34.1%)</td>
</tr>
<tr>
<td>Elective</td>
<td>54,607</td>
<td>(24.9%)</td>
</tr>
<tr>
<td>Emergency</td>
<td>48,687</td>
<td>(22.2%)</td>
</tr>
<tr>
<td>Maternity</td>
<td>41,301</td>
<td>(18.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>219,339</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

New Audit Project

The inclusion of data on admission type in the 2017 Annual Report has prompted the NCPA to embark on a second audit project to examine emergency readmissions of day-case patients within 48hrs of discharge. Emergency readmission rates are now regarded as a valid measure of morbidity and of quality of care and the HSE has set a target of <3% for emergency readmissions of surgical patients to the same hospital within 30 days of discharge. There is a paucity of information on emergency readmission of day-case patients but the HPO has recently developed a method which will allow individual HIPE offices to identify such patients. The NCPA audit in conjunction with local HIPE offices and departments of anaesthesiology will attempt to quantify the number of such cases in Ireland in a calendar year and identify the reasons for the readmission and what role if any anaesthesia plays in this. The audit is due to commence in the first quarter of 2019.

Reference

1. Health service report emergency readmissions - on line
ASA 99 Audit Project continues

The ASA 99 Audit Project involves individual departments of anaesthesiology reviewing anaesthetic record sheets that have been coded ASA 99 by HIPE. An ASA 99 code indicates that the HIPE coders were unable to find any evidence that the patient ASA score had been recorded on the anaesthetic record or that the emergency modifier “e” had been used. The most recent national figure for ASA 99 codes given in the 2017 Annual Report is 22%.

To date six anaesthesiology departments and local HIPE offices have taken part in the audit project. While the details of individual audits are private to those particular departments and HIPE offices, the aggregate results contain information which is useful and instructive for all.

Figure 1 opposite gives the breakdown of the ASA scores from 479 anaesthetic records that were coded ASA 99 by HIPE. The audit assessor (consultant or registrar) found that 65% of these anaesthetic records did not have a patient ASA score, confirming that the anaesthesiologist had failed to record it on the anaesthetic record. However, 35% did have an ASA score, indicating an error by HIPE coders. Discussions between audit assessors and HIPE coders have shed considerable light on how these errors occur. The most striking finding is the existence of multiple non-uniform anaesthetic record sheets in the same department, some containing ASA tick boxes or prompts but others not, with anaesthesiologists and HIPE coders often unaware of the situation. Better communication between anaesthesiology departments and local HIPE offices is required but some rationalisation of anaesthetic records is surely called for including consideration of a standard national electronic anaesthetic record.

Figure 2 opposite sets out some data from the ASA 99 audit project, indicating that while the majority of anaesthetic record sheets examined were signed by the anaesthesiologist(s) who administered the anaesthetic, 20% percent were not. This suggests a serious omission and even in this small sub set is hard to explain especially in light of the Medical Council rule that all entries in patients notes must be signed, dated and include the doctor’s Medical Council number.
Anaesthesia/Recovery Room Education Programme for Nurses and Midwives

We are currently preparing to enter a tender process with the Office of Nursing & Midwifery Services Director of the HSE to continue the delivery of this hugely successful level 8 foundation programme. The previous agreement with Trinity College Dublin reached its conclusion in 2018. In total 282 Nurses/Midwives undertook this programme over the 2 years with 3 cohorts per year. We extend our congratulations to all these students. The proposed curriculum has been further developed and updated based on feedback from students and managers. We would like to extend our appreciation to Ms. Mary Wynne & Dr. Geraldine Shaw, Office of Nursing & Midwifery Services Director (ONMSD) who have supported and funded this programme and to all the clinical staff who provided lectures and facilitated at clinical studies days.

Education Programme for Nurses and Midwives in Pre Admission Unit Care

NCPA have developed a foundation programme for nurses and midwives for pre admission unit care. Following completion of a successful HSE tendering process, Waterford Institute of Technology commenced delivery of this level 8 National Education Programme on 25th January 2019 with an initial cohort of 30 students. This programme offers a standardized and structured approach to learning and skills attainment for nurses by delivering the core clinical aspects of practice. This common core education programme will provide the basic essential theoretical and clinical knowledge for a nurse working in all Pre Admission Units (PAUs) nationally. The programme which is funded by ONMSD is delivered in blended learning mode with a combination of face-to-face lectures, online lectures and clinical skills days. The students will also complete a clinical competency assessment document which provides a structured framework to guide the student.
The Theatre Quality Improvement Programme (TQIP) is a collaboration between the Health Service Executive (HSE) Integrated Care Programme for Patient Flow, National Clinical Programme for Anaesthesia (NCPA) and National Clinical Programme in Surgery (NCPS). TQIP provides on-site guidance on operating theatre performance measurement by supporting teams to identify areas of opportunity in patient flow and unused available theatre capacity. TQIP enables growth of internal QI capability facilitating cross functional teams to undertake projects from initiation to sustaining or ‘managing the gains’. It enables a platform for engagement of frontline staff with hospital management in identifying ‘true constraints’ along the patient perioperative journey which if actively managed will improve patient flow.

In 2018 the TQIP team worked with teams from University Hospital Kerry, Beaumont Hospital, Dublin and South Infirmary Victoria University Hospital, Cork. A structured approach, facilitated by on-site training, has enabled teams build their internal QI capability. Improvement projects undertaken by hospital teams include, on time starts, patient flow through recovery room, appropriate first patient, list submission times, pre-admission assessment and day of surgery admission. Hospitals have seen significant improvements in their theatre utilisation and capacity creation.
The Mobile Intensive Care Ambulance Service (MICAS) is the adult retrieval service and celebrated 22 years in operation in August 2018. In conjunction with Critical Care Programme, The National Clinical Programme for Anaesthesia, the Emergency Medicine Programme and the National Ambulance Service we are working to increase both the volume of critical care retrievals undertaken by MICAS teams and the quality of care delivered in the transfer of all critically ill patients.

In 2018, all three funded hubs of MICAS were operational. Our newest hub, in the West, is based out of University College Hospital Galway and went live on March 26th on a three day a week basis, expanding to five days a week on September 10th. The Southern hub, based out of Cork University Hospital, expanded service to four days a week and is scheduled to operate five days a week in 2019. Our Eastern hub in Dublin has operated seven days a week on a rotational basis between Beaumont, The Mater and St Vincent’s University Hospitals. Additionally, MICAS continues to support the national ECLS service delivered by the Mater Hospital.

As part of the expansion of the MICAS, in 2019, we will form a national MICAS group and a Clinical Advisory Group, bringing the local operations groups together with national experts, to inform best practice going forward.

In 2018, The National Transport Medicine Programme transitioned into the National Ambulance Service, known as NAS Critical Care and Retrieval Services (NASCCRS). The NASCCRS mission remains the same; to deliver a high quality retrieval service for seriously ill infants, children and adults in Ireland.

The commencement of the MICAS West service realises the plan for the development of the adult retrieval service outlined in 2013. It has been a busy year for MICAS. 13 training days were delivered for both MICAS teams and regional hospitals with additional training for the MICAS ambulance crews.

A total of 236 calls were completed, representing a 200% increase in activity in three years. However we know that there are still many transports not undertaken by the retrieval service due to capacity constraints and time critical features.

The evidence base of the international literature demonstrates that access to timely specialist inter-hospital transport for the critically ill patient is linked with improved morbidity and mortality outcomes. The ability of the national retrieval service to support new developments such as the National Trauma Networks will be crucial in the coming years.

The volume of referrals to MICAS and patient acuity have both continued to increase, reflecting a general increase in healthcare activity nationally. This has placed additional demands on the clinical teams providing the retrieval service; we aim to recruit an additional dedicated retrieval nurse in Q1 2019. This will represents a first step towards developing a more stable and sustainable retrieval workforce.

A new Critical Care Ambulance is in build and, with a complete critical care trolley and equipment, will offer increased resilience across the fleet of the retrieval service.
All referrals to MICAS are now processed through a dedicated dispatch desk in the National Ambulance Service Emergency Operations Centre.

**1800-222-378 or 1800 ACCCEPT**

(Accessing Critical Care Emergency Patient Transport)

Clinical details are captured and the relevant responsible MICAS consultant is bridged into the call. It is possible, through this facility to facilitate a discussion between all the necessary specialists involved in a patient’s care and transfer.

Further information is available on our new website [www.nasccrs.ie/MICAS](http://www.nasccrs.ie/MICAS)

We look forward to continuing to increase service provision and quality of service in the transfer of critically ill patients in 2019.

**Dr David Menzies, National Clinical Lead, Adult Retrieval**

**Ms. Anna Marie Murphy, National Adult Retrieval Coordinator**

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The Surgical Safety Checklist was formally launched in Ireland in 2008. The HSE issued a directive to all acute hospitals to implement a correct safe site surgery policy. The Quality and Patient Safety Directorate undertook an audit in 2011 to measure compliance with this directive, which identified significant variation in policies and procedures on safe surgery throughout the country. Following this, it was deemed necessary to develop a national policy and procedure on safe surgery.

The national policy was published in July 2013 ‘HSE National Policy and Procedure for Safe Surgery’. This is based on World Health Organisation Guidelines for Safe Surgery. This policy was due for review in 2015 and this review has not been undertaken to date.

The NCPA has been tasked with coordinating a review of the National Safer Surgery policy published in 2013. This project will be jointly owned by NCPA & the National Clinical Programme in Surgery (NCPS). We are currently establishing a working group to include all stakeholders to progress this initiative.