Salus Dum Vigilamus – Safety while we watch.

Safety is at the core of everything we do and not surprisingly is embedded in our College logo. In order to increase the focus on quality and safety CAI established the Quality & Safety Advisory (QSA) committee, a standing committee of college charged with promoting and maintaining a culture of patient safety, providing leadership for patient safety in anaesthesia and providing timely information to support patient safety. In this article we will discuss some of the activities of the QSA committee and outline some plans for the next few years.

Communications & Safe Anaesthesia Network Ireland (SANI)

QSA have established a dedicated email address – safety@coa.ie through which colleagues are encouraged to report any safety concerns or issues. This enables us to share these issues with colleagues around the country and indeed QSA have issued a number of Safety Advisory Notices following reports by members. However the system is in its infancy and we are working on increasing awareness and promoting its use. In order to do this effectively the College are developing a safety network - Safe Anaesthesia Network Ireland - which will consist of a network of safety Leads in each department of anaesthesia who facilitate communication and encourage colleagues to report safety concerns/near misses etc. The objective is ultimately to develop a system whereby safety concerns and learning from events and near misses can be shared in a structured way with colleagues throughout the country. The first meeting of SANI took place on November 17th during the Inaugural National Patient Safety in Anaesthesia Symposium and we will meet again during the Annual Congress in May.

QSA newsletters, safety advisory notices and Patient Safety Updates (produced by the Safe Anaesthesia Liaison Group UK) can be found under the Safety Tab on the CAI website.

Education

For a number of years now we have included a session on safety in our Annual Congress. However In 2017 we went a step further and held the first National Patient Safety in Anaesthesia Symposium (NAPSAS) featuring guest speakers from Ireland, Europe and the UK. The 2nd NAPSAS will take place on November 16th 2018 and once again will include the KP Moore medal for the best presentation on a topic relating to patient safety.

External Links

QSA are working hard to establish strong working relationships with other organizations and bodies. We have worked with the HSE Quality and Assurance Verification Division on the issue of Serious Reportable Events (SRE’s) and with the HSE Quality Improvement Division on the standardization of the Cardiac Arrest call number (2222). In 2018 we will engage with bodies such as the State Claims Agency and the Health Products Regulatory Authority.
Standards of Record Keeping

One of the issues that has come to light during the conduct of the ASA Pilot study has been clinician identification (or lack of!) on anaesthetic records. The information below may be helpful.

HSE Standards and Recommended Practices for Healthcare Records Management, QPSD-D-006-3 V3.0

Author identification

Note 1: Section 43 (8) of the Medical Practitioners Act 2007 requires all registered medical practitioners to quote their Irish Medical Council (IMC) registration number on all medical prescriptions and all other documentation and records, whether in paper or electronic format, relating to their medical practice.

The Future

We believe that the development of an anaesthetic adverse event/near miss reporting system would greatly enhance the opportunities for shared learning and further improve patient safety. We will be working with colleagues around the country through SANI to make this happen. We will continue to engage with partners across the healthcare and safety landscape and build on the relationships already formed. We wish to ensure that training in patient safety is embedded in our curriculum and includes specific patient safety modules, training in anaesthesia non-technical skills (Human Factors etc.) and training in “After Incident” management.

Anaesthesia in Ireland is extremely safe. Nonetheless we cannot be complacent as we are continually faced with increasingly more complex patients in increasingly challenging environments. We believe that our focus on improved communications, shared learning from anaesthesia incident/near miss reporting and enhancement of safety education and training will ensure that we are well placed to meet these challenges.

End

Annual Report for 2016 published

The NCPA/HPO Annual report for 2016 has just been published. This is the fourth Annual report describing the number of general anaesthetics, neuraxial blocks and regional blocks administered in public hospitals in Ireland in 2016 as captured in HIPE. This report includes some data from the previous annual reports so that comparisons can be made and any emerging patterns observed.

The total number of anaesthetics administered in 2016 is reported as 229,776 which is a 2% reduction on the 2013 figure although the numbers fluctuate from year to year. There is a small but consistent fall in the number of patients aged less than 36 years and a concomitant rise in the number of patients aged 36 and older. Female patients continue to outnumber male patients by 3:2.

For the first time data describing patients by age and by hospital grouping is included so the volume of paediatric practice (infants and children aged 15 yrs and under) in each hospital group including the Children’s group, can be seen. Paediatric anaesthesia in general non-specialist hospitals has always been a topic of great interest but data has only ever been published sporadically. The NCPA plans to include this data in all future Annual reports thus providing a consistent and regular account of activity in this area of clinical practice.

ASA 99 Pilot Study

The deficit in recording of patient ASA status on anaesthetic sheets has been reduced since 2013 but is still significant with HIPE unable to identify any ASA status in 24% of cases. Failure to indicate the emergency nature of procedures has changed little since 2013 and may be as high as 60%. In an effort to address these problems, the NCPA and the HPO are currently conduction pilot studies in individual hospitals examining anaesthetic record sheets where HIPE has recorded the ASA status as ASA 99, i.e. neither the ASA patient status nor the urgency of the procedure could be identified by HIPE coders. This is a collaborative effort between the local HIPE office, the anaesthetic department and the NCPA. While the primary objective is to improve the recording of the patient ASA status on anaesthetic record sheets, these pilot studies also have the potential to improve the standards of anaesthetic record keeping in general. The pilot studies also provide an excellent opportunity for the development of a close working relationship between departments of anaesthesia and the local HIPE office which can only enhance the quality of the data collection by HIPE.

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The bar graph opposite has been constructed using data from the NCPA/HPO Annual report 2016. It displays the number of paediatric patients, (i.e. patients aged 15 years and younger), anaesthetised in 2016 and compares the combined figures for the non-specialist Hospital Groups with the Children’s Hospital Group. The total number of anaesthetics administered to children is reported as 35,540, and overall more children were anaesthetised in non-specialist hospitals than in the three Children’s hospitals. As expected however, more children aged 5 years and younger were anaesthetised in the Children’s Group.

In mid-2016 a panel was set up by the National Doctors Training and Planning, HSE (NDTP) to look at workforce planning for Anaesthesia and Intensive Care Medicine. At its first meeting it became clear that a Model of Care for Anaesthesia needed to be developed. This would then be used in conjunction with the Model of Care for Adult Critical Care to assist the panel in its deliberations. In the discussion, NCPA and the College of Anaesthetists made reference to the important document produced jointly in 2013 ‘Providing Quality, Safe and Comprehensive Anaesthesia Services in Ireland – A Review of Manpower Challenges’.

Building on this document and with the support of the college, NCPA undertook to facilitate the development of a Model of Care for Anaesthesia. In essence a Model of Care broadly defines the way health care is delivered. Put simply it aims to ensure patients get the ‘right care at the right time by the right people in the right pace’. The Model of Care will help determine future manpower requirements needed to deliver safe and comprehensive Anaesthesia services in Ireland.

NCPA informed the broad anaesthetic community in Ireland about this project. Presentations were made at College and ISC meeting, all departments were written to and all interested individuals or groups were invited to participate in the working group.

In September 2016 a very representative working group with a college appointed representative and the convener of the ISC as members began the task of writing up a MOC for Anaesthesia in Ireland.

Monthly meetings were held and after each meeting Drafts were circulated to all departments and feedback sought. Responses to the many drafts were received from departments around the country and greatly assisted the work of the group. Regular updates were provided and a final draft presented to the AGM of the standing committee in November 2017 and to College Council in December 2017.

Building on the recommendations in the 2013 manpower document the MOC looked at the following issues.

- The hugely expanded role of Anaesthetists outside of theatre in areas like critical care, acute and chronic Pain, emergency response, X Ray, Cardiac labs and in transfer of the critically ill.
- The major challenge in providing 24 hour emergency anaesthesia/critical care cover in Model3 and 4 hospitals across so many sites.
- The Role of Model 2 Hospitals
- Difficulties with recruitment and retention of Consultant Anaesthetists
- NCHDs both College and non-College trainees/ problems associated with an unstable workforce
- Provision for elective work, the longer working day, scheduled weekend working, pre admission and pain services
- Working arrangements for the older Anaesthetist, preventing burnout.

The provision of a National Transport Service The need for National services for the investigation of MH and allergy testing. The final draft now goes for public consultation with a view to publication in early summer.
Anaesthesia/Recovery Room Nurse/Midwife Education Module

Following a very successful first year, with the continued delivery of the national standardised Level 8 Foundation module in Anaesthesia/Recovery Room Care, The school of Nursing & Midwifery, Trinity College hosted an award ceremony on 4th December 2017 for 130 Nurses/Midwives who successfully completed the module. The NCPA would like to congratulate all the students and thank Ms. Mary Wynne and Dr. Geraldine Shaw, ONMSD for their continued support and funding.

The success of the module is due to a very effective collaboration between Trinity College and The College of Anaesthetists of Ireland with invaluable input from; Dr Barry Lyons, Consultant Anaesthetist, Mr Shane Russell ADON, St Vincents Hospital, and Ms Aileen O Brien Nurse Lead, NCPA. We welcome Dr Fintan Sheerin as Course Co coordinator, TCD and Mr Frank Cotter, Course Facilitator, TCD and would like to acknowledge the excellent work of Ms. Rebekah Meinders, Course Co coordinator for the first year.

Students and Attendees at awards ceremony

Attending the ceremony were Ms Mary Wynne, Director, Office of Nursing & Midwifery Services Directorate. Ms Una Quill, Programme Manager, National Clinical Programme for Anaesthesia, Dr Jeremy Smith, Clinical Lead, National Clinical Programme for Anaesthesia. Ms Aileen O Brien, Nurse Lead, National Clinical Programme for Anaesthesia. Dr Fintan Sheerin, Course Coordinator, School of Nursing & Midwifery TCD. Dr Fiona Timmins, Associate Professor/Director of Post Graduate Teaching and Learning, School of Nursing & Midwifery, TCD. Mr. Frank Cotter, Course Facilitator, TCD. Dr. Geraldine Shaw, Area DON &M, Office of Director of Nursing & Midwifery. Ms. Eileen Whelan, Chief Director of Nursing & Midwifery, DMHG
Feedback - Year one (3 Cohorts)

The feedback from students, nurse managers and anaesthetists has been very positive following Year one. Outlined below are some of the student evaluation results for the content and delivery of study day, simulation and workshop training.

- 96.77% of students agreed that the module provides a good overview of the Foundation Principles of Anaesthesia / Recovery Room Care.
- 70.97% of students stated that they understood all of the material covered in this module.
- 100% of students reported that the clinical skills day helped them to think critically about their clinical practice.
- 83.87% of students said that their overall level of satisfaction with study day 1 (face to face lectures) was very high/high.
- 93.55% of students said that their overall level of satisfaction with study day 2 (Simulation & Clinical skills) was very high/high.

36 Nurses/Midwives commenced the module in January 2018 with a further 48 Nurses/midwives currently registered to commence on 20th March 18. This module will also be delivered in September 2018 completing year 2.

Some of the students comments following completion of module

- I enjoyed the opportunity to further my knowledge.
- Practical workshops were excellent.
- Very informative and really interesting.
- More study days.
- Very intense with a lot of information covered.
- Simulation was a bit stressful however realistic to real world situations.
Pre Admission Unit Education Module for Nurses/Midwives.

Following completion of HSE tender process, the contract to accredit, deliver and evaluate this education programme has been awarded to Waterford Institute of Technology. This is currently on track to commence in September 2018. This is a first step in the development of a standardised education pathway for nurses/midwives working in Pre admission units nationally.

One of the key priorities of the national clinical programmes in the HSE service plan 2016 was to provide education and competency development for health care staff. This education programme which offers a standardized and structured approach to learning and skills attainment will provide the basic essential theoretical and clinical knowledge. The programme will combine Theory and Clinical Practice Elements with continuous competency assessment in the clinical area. The NCPA recommend that this education programme which underpins the minimum competencies expected of a nurse/midwife working across the national system is adopted nationwide.

3rd National Pre Admission Unit Conference 2018

This year the staff in University Hospital Kerry organised the national Pre admission unit conference on 13th April in The Rose Hotel Tralee Co Kerry with keynote speaker: Dr Jennie Reihner, Consultant Anaesthetist, Royal Berkshire Hospital, UK. The title of this year’s conference was “Managing Risk”. This was very well attended by delegates from various Hospitals nationally. Dr Colm Henry, Interim Chief Clinical Officer opened the conference.

Fifteen multi-disciplinary team members from UHK were awarded certificates in quality and process improvement in healthcare as part of the Theatre Quality Improvement Programme (TQIP).

Members of UHK Executive Management Team along with members of TQIP Steering Committee and some of the recipients following presentation of certificates