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UltraNews newsletter is intended for circulation among staff members of the four maternity units of the Maternity Directorate. Extracts from UltraNews should not be published without the permission of the editor.



CUMH Ideas Forum 2018



Spotlight on UHW



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New Staff



STGH Care



Awards





Welcome to the first edition of our new Maternity Directorate Staff Newsletter

I hope you enjoy reading the first edition of our newsletter for all maternity staff in the South/ South West Hospital Group - namely Cork University Hospital (CUMH) and the maternity units of University Hospital Waterford (UHW), University Hospital Kerry (UHK) and South Tipperary General Hospital (STGH). I am sure you will find it an interesting read as we share news from all four maternity units that will soon join what is known as the Maternity Directorate. We aim to officially launch this Maternity Directorate in 2019.

We are excited about the opportunities the new organisational structure and governance will bring. We are clinically led which has not always been the norm. We believe effective clinical leadership is critical to achieving real change and improving patient outcomes. Our aim is to provide the highest possible standard of care to our patients. We believe that this is best achieved when the three pillars of clinical service, education/ training and research/innovation are closely integrated.

We seek to operate as one team and are currently forging bonds between our four maternity units via daily hub calls covering clinical matters such as patient transfers, regular meetings between consultants and meetings between directors of midwifery. Every two weeks we also host an Executive Management Committee (EMC) meeting involving a wide representation of key areas such as research, clinical service, health and social care professionals, administration and others. This is a much bigger canvas than before and ensures expertise and data is shared in the delivery of excellent clinical service. We are also aiming to modernise our approach to Grand Rounds to bring clinically useful information to even more health professionals in our region. It is worth noting that while we have identified ourselves as a Maternity Directorate, we will of course always remain closely linked to our main hospitals.

As an emerging Maternity Directorate, we are open to change and new ideas. This newsletter is a result of an idea that came out of the CUMH Ideas Forum earlier this year. We welcome your ideas and stories for future editions. If you have any suggestions that would improve our service, do speak up! Please consider joining the multidisciplinary staff 'Ideas Forum' that is currently at CUMH and will roll out to other locations in due course (find out more on **page 10**). I aim to increase my visits to all maternity units in 2019 and I look forward to meeting and speaking with as many of you as I can.

There are many articles in our first edition and I would like to draw your attention to our next piece on the 32 new staff that are currently in the pipeline. Much needed additional midwives, consultants, administrative staff, HSCPs and others are coming our way soon.

Finally I would like to take this opportunity to thank you for the hard work and dedication I witness every day. It's a true honour and privilege to work alongside such committed people and we in turn are privileged to provide care to the mothers and infants of our region.

A handwritten signature in black ink, appearing to read 'John R. Higgins', written over a horizontal line.

John R. Higgins
Clinical Director Maternity Services
Professor of Obstetrics and Gynaecology
South/Southwest Hospital Group

32 new staff for the Maternity Directorate in 2018



In March 2018, the National Women and Infants Health Programme (NWIHP) confirmed funding for the recruitment of staff in maternity services in the South/South West Hospital Group. This is in line with the National Service Plan 2018 that sets out the type and volume of health and social care services to be provided by the HSE, within the funding available.

Additional, vitally needed staff – midwives, consultants, administrative staff and health and social care professionals (HSCPs) – are coming to our maternity units soon. Recruitment will be ongoing during 2018 and 2019 for these 32 new posts.

The full breakdown of staff approved for each unit in 2018 is listed opposite.

1. Consultant Obstetrician/Gynaecologist

• Cork University Maternity Hospital:	2
• University Hospital Waterford:	1
Total	3

2. Model of Care (Registered Midwives)

• University Hospital Kerry:	1
• University Hospital Waterford:	2
• South Tipperary General Hospital:	4
Total	7

3. Perinatal Mental Health (Clinical Midwife Specialist)

• Cork University Maternity Hospital:	1
• University Hospital Kerry:	1
• South Tipperary General Hospital:	1
Total	3

4. Clinical Midwife Manager II

• South Tipperary General Hospital:	1
Total	1

5. Anomaly Scanning

• Cork University Maternity Hospital:	3
• University Hospital Kerry:	1
• University Hospital Waterford:	2
• South Tipperary General Hospital:	1
Total	7

6. MN-CMS

• Cork University Maternity Hospital:	2
• University Hospital Kerry:	2
Total	4

7. Network Posts

• Consultant Pathologist:	1
• Dietician (Senior):	1
• Social Worker (Senior):	1
• Quality & Safety Manager (Grade VIII):	1
• Data Analyst (Grade VII):	1
• General Manager:	1
• Administrative Officer (Grade IV):	1
Total	7

Grand Total 32

Spotlight on UHW Maternity & Neonatal Services

Director of Midwifery, Paula Curtin talks us through the achievements of the unit, and the work that goes on there...

Welcome to Maternity Services University Hospital Waterford. We have been busy delivering babies as a unit in UHW since 1995 and delivered 1842 babies in 2017!

We have four delivery rooms as well as a three bedded 1st stage room, an obstetric theatre and recovery room within the delivery suite. We also have a 32 bedded antenatal and gynaecology breast care / surgical ward. Alongside this, there is the Early Pregnancy Unit - a midwife-led private scanning space that deals with early pregnancy issues. The postnatal ward is a 24 bedded area that also has the office for the Newborn Hearing Screening Service and the office area for the Integrated Hospital and Community Midwifery Service (IHCMS). The maternity service has a standalone Maternity and Gynaecology Outpatients which is adjacent to the maternity unit for convenience. The Neonatal Intensive Care Unit (NICU) and Special Care Baby Unit (SCBU) have 18 cots caring for babies requiring intensive and special care. These babies are born in UHW or transferred in from the region. We aim to be as family friendly as possible, offering private facilities for meetings with families should this be required.

There are 3 Obstetrician/Gynaecologists in the service. Dr Eddie O'Donnell, Dr John Stratton and Dr John Bermingham. There will be a 4th Consultant in place later in the autumn to complete the team.

Midwifery Led Care

We provide midwifery led care for low risk women through our Integrated Hospital and Community Midwifery Services (IHCMS). This is a team of 4 midwives with Victoria Byrne as clinical midwifery manager 2. Established in 2000, this service offers a home birth service and has delivered 121 home births for Waterford city and county to date. While the demand for home births has varied over the years, it is increasing steadily in 2018.

We also offer a DOMINO model to encourage and support normal childbirth with minimum intervention in line with 2016-2026 Maternity Strategy recommendations; a woman's choice is facilitated where it is safe to do so. Midwifery staff rotate into the IHCMS to gain experience of caring for women in the community and this rotation evaluates very well.

There is a midwife led antenatal clinic in Dungarvan, Co. Waterford to support women in the West of the county and to minimise journeys into the hospital.

We are especially fortunate as a service to have a 7 year established advanced practice pathway of care led by Janet Murphy, registered advanced midwife practitioner (RAMP). Janet was the first RAMP in midwifery care in Ireland and this role has brought huge benefits to education, staff development and clinical supervision of midwifery led services.





Baby Friendly Hospital Initiative (BFHI)

Our ongoing status as a BFHI hospital since 2017 is one of our proudest achievements. The Baby Friendly Hospital Initiative (BFHI) is a Unicef/WHO award that recognises practices that protect, promote and support breastfeeding. All credit to the midwifery, nursing, medical and support staff led by Linda O'Callaghan CMM1/CPC postnatal ward, who joined forces to be successful with this initiative. This accreditation is maintained both by the hard working staff of the delivery suite ensuring skin to skin contact and by the early breastfeeding and the postnatal ward staff led by Martina Evans CMM2 for ongoing breastfeeding support and education.



Waterford Healing Arts Trust (WHAT)

Many people who visit our hospital comment on the wonderful variety and quality of art on display.

We have a longstanding and productive history with the Waterford Healing Arts Trust (WHAT) and believe that the arts contribute to the wellbeing of our staff, patients and visitors. Our work with WHAT includes the curating of exhibitions and collaboration on the provision of art that brings a warm environment to the unit. The antenatal class programme is also facilitated in the purpose built WHAT building for which we are very grateful. We are currently collaborating on improvements in our family room environment for bereaved parents.



Challenges

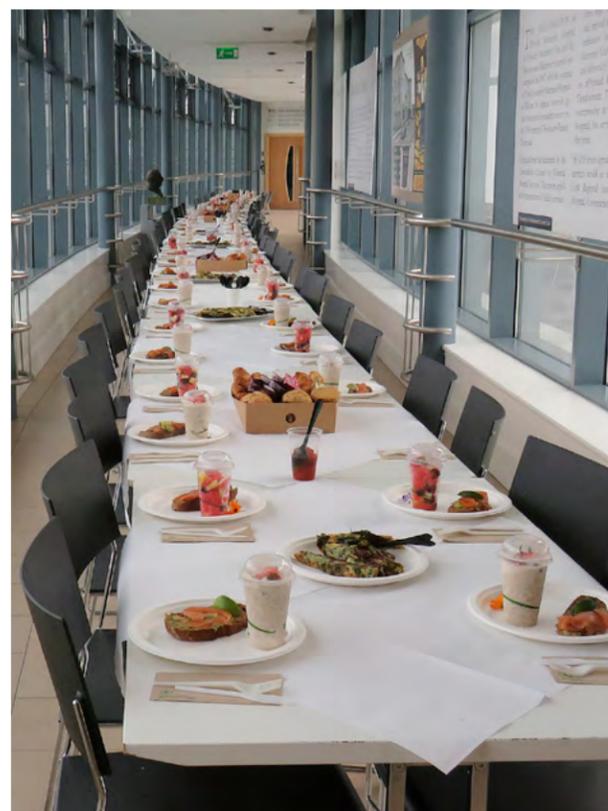
The landscape of maternity case mix has changed, and as a service our challenge is to match this mix

with an experienced workforce. Midwifery staffing remains a challenge for us in UHW, with ongoing recruitment throughout the year.

Perinatal mental health issues remain a challenge that as a service we continually monitor and hope to have a clinical midwife specialist (CMS) for this service in the coming year.

We are hugely proud of our staff who work hard to maintain services and are very adaptable in their approach to the daily working environment. There is a 'can-do' attitude from the entire multidisciplinary team in Waterford and their passion for the work they do is clear. As part of a wider Maternity Directorate we will have the opportunity to share learning in a cohesive way and develop our educational potential. A united maternity services for SSWHG will bring a strong voice to the national agenda and we are committed to the changes in the coming years.





Welcoming New Doctors to CUMH in 2018

A new tradition was born on 9 July 2018 to welcome the new non-consultant hospital doctors (NCHDs) joining CUMH on their induction day. Their special breakfast was laid out on a long table that stretched across the glass corridors of the 5th floor where the Department of Obstetrics & Gynaecology, UCC and the Centre for Midwifery Education is located.

Professor John R. Higgins welcomed the new team alongside Olive Long, Director of Midwifery CUMH and Miriam Lyons, Business Manager CUMH:

“We’re delighted to welcome our new doctors to CUMH. Together with our multidisciplinary team, we are privileged to provide care to the women and infants of our region.”



Farewell to CUMH 2017/18 Doctors in Training

To thank the leaving non-consultant hospital doctors (NCHDs) for their dedication and hard work over the past year, a farewell breakfast was held in CUMH in July.

We wish them all the best in their future careers, whether that is continuing in CUMH, in another maternity hospital, in another speciality, or in Primary Care, or indeed in their travels and adventures further afield!



CUMH Doctors in Training 2018/19

Another new tradition was born on 9 July 2018, the day the new non-consultant hospital doctors (NCHDs) joined CUMH. A group photo was taken of the new NCHDs alongside the CUMH Maternity Directorate including Professor John R. Higgins, Clinical Director, Olive Long, Director of Midwifery and Miriam Lyons, Business Manager and a number of consultants and senior midwifery staff.

Mum-to-be Wellbeing Group in Tipperary

By Emma Maloney, Senior Medical Social Worker, South Tipperary Maternity Services



We are all aware that pregnancy is an emotional time for women, with anxiety being just one of the many feelings experienced. As the medical social worker attached to the South Tipperary Maternity Services, I am excited to announce a new initiative; A four week 'Mum-to-be Well Being' programme focusing on emotional and social wellbeing during pregnancy.

An opportunity arose to work collaboratively with the Mental Health Services and Primary Care to evaluate the needs of pregnant women (antenatal and postnatal) living in South Tipperary and to devise a plan to further develop the service. A working group was established with representation from the Maternity Services, Mental Health Services and Primary Care.

We decided to focus initially on the emotional and social needs of pregnant women by facilitating a 4 week psychoeducational programme delivered in a group setting. The aim of the programme is to reduce anxiety by providing information and education on the emotional aspect of pregnancy in a supportive, non-judgemental forum. Emphasis will also be placed on recognising early warning signs for those women who require input from the specialist mental health services. This will ensure a comprehensive care plan is in place with the woman and the services involved in her care, including post-natal follow up.

Our mantra is: **'Take care of you, take care of baby.'**

Mindful of the value of patient input, we are delighted to have Ms Carrie Donnelly involved in the co-production and co-facilitation of the programme. Carrie is a mum of one, who has experienced post-natal depression. Her inclusion ensures we keep the needs of pregnant women and mothers at the very core of what we are delivering.

This September's roll out will be a pilot study. Following an evaluation, it is hoped the programme will be facilitated throughout the year and will be an option to any woman attending South Tipperary Maternity Services who is interested in attending.

If you have asked yourself these questions
YOU ARE NOT ALONE
 There's a group that can help.
"MUM - TO - BE WELL BEING"
 Thursday 13th/20th/27th September & 4th October
 10:00am - 12:30pm
 Clonmel Resource Centre, Kikham St, Clonmel.
Take care of you, take care of baby.



Full Access to 20-Week Anatomy Scans Across The Region

The Maternity Directorate of South/South West Hospital Group (SSWHG) have announced that all pregnant women across the four maternity units will have equal access to 20-week fetal anatomy scans from October 2018.

This is significant progress as up until now not all locations had the required number of trained sonographers available. In CUMH less than half of pregnant women had access to an anatomy scan last year, while in UHW all pregnant women have always had full access. In STGH pregnant women have had full access since 2017 and in UHK every woman has been offered one since July 2018.

It has taken considerable time to train and recruit sonographers to ensure an equal service is in place across the region; it takes 2 years for a midwife to complete the required Masters in Ultra Sonography. The Maternity Directorate is committed to an ongoing training and development programme to ensure sustainable service provision.

Thanks to the Leadership Team of SSWHG, the National Women and Infants' Health Programme and most of all, the sonographers across the Maternity Directorate for facilitating this landmark development.



KERRY CARE CALLS

by Carrie Dillon, CNM II, Kells Ward, University Hospital Kerry

Pictured: Deirdre Moss and Carrie Dillon, Kells Ward, UHK

They say necessity is the mother of invention, and this is very true in the case of Care Calls in UHK.

These calls were born out of the fact that there was no midwife bereavement specialist in post in Kerry. As a result, Carrie Dillon and Deirdre Moss got together to address what could be done with the resources available given the often profound emotional needs following pregnancy loss. Thereafter, 'Care Calls' were born.

Care Calls are offered to provide reassurance in the early weeks following a loss. The objective is to provide support to the woman, assess how she is coping with her grief and to provide an opportunity to meet in person if appropriate.

All women are asked for their verbal consent for receiving such a call prior to discharge. The actual care call is

undertaken in a quiet space with access to the patient's chart and time is allocated according to the patient's needs. These calls identify whether further referral is required, for example to support groups or counselling.

"Deirdre and I have really embraced the opportunity to offer the women in our care access to care calls. It is hugely satisfying to see the difference a call can make to a woman. They really appreciate the opportunity to have their loss acknowledged. We have plans in the pipeline on how to improve our service"
Carrie Dillon, CNM II, Kells Ward UHK

An overwhelming majority of 93% of women accepted the offer of a care call – clearly demonstrating the demand for such an important service. Future plans include access to a midwife bereavement specialist once one is appointed in UHK.



First Gold and Scholar Anu Undergraduate Medals in Obstetrics and Gynaecology

At the Department of Obstetrics and Gynaecology in UCC, excellence is rewarded and celebrated. Professor John R. Higgins presented final medical year students Sinéad Flanagan and Sinéad O’Riordan, with the first Anu undergraduate gold and scholar medals in obstetrics and gynaecology in June 2018.

John R. Higgins, Professor of Obstetrics and Gynaecology at UCC was effusive in his praise of the exceptional high standards of the students:

“It’s our first year awarding these new undergraduate gold and scholar medals to outstanding final year medical students. We wish to recognise the exceptional performance of both Sinéad Flanagan and Sinéad O’Riordan and we are hopeful such high calibre professionals may consider a career in obstetrics and gynaecology in due course.”

Pictured: Sinéad O’Riordan (Anu Undergraduate Scholar Medal), Professor John R. Higgins, Sinéad Flanagan (Anu Undergraduate Gold Medal), Mary Morrison (Undergraduate Co-ordinator)



IDEAS IDEAS IDEAS: CUMH IDEAS FORUM 2018



One of the first key initiatives set up by the Maternity Directorate is the CUMH Ideas Forum. The newly formed Directorate in CUMH wanted to take time to focus on what's going well and how best to work together to make changes to improve the experiences of staff members and those who use CUMH services.

Supported by the Quality Improvement Division and led by Dr Nóirín Russell, consultant obstetrician and gynaecologist, the first ideas forum was mainly set up to look at ideas that could improve workflow, use of space and patient care on the CUMH ground floor.

This first forum in January 2018 saw a great turnout from multidisciplinary staff in CUMH. Staff identified 'people' and 'patients' as the most positive things about

working there. Colleagues were described as 'dedicated', 'great', 'amazing', 'hard-working', 'wonderful' and 'supportive' to mention a few. When asked what CUMH do well, 'patient care' and 'teamwork' came through strong, especially in a crisis.

Everyone has been inspired by the enthusiasm and engagement to date. The plan for the next stage, the action planning session to put ideas into practice, had to be cancelled due to the unprecedented hot weather in June. This has now been rescheduled to 6 September to progress the top ideas that staff selected to work on, with the agreement of the Maternity Directorate. These are as follows, and many more not listed here are already in progress in other forums. We're delighted that no. 9 below has already been implemented with this first edition of the newsletter.



JOIN US on 6th Sept for CUMH 'Action Planning' Ideas Forum

1. Induction of Labour: Designated person in charge to ensure oversight and balancing of numbers on a daily basis
2. Induction of Labour: Reviewing the location/use of space for inductions
3. Support for efficient patient transfers between wards and departments in CUMH
4. Waiting room for ERPC and gynaecology pre-operative patients
5. Transforming/redesigning birthing suite rooms
6. Avoiding prolonged pre-operative fasting (gynaecology patients)
7. Improving the patient experience of lifts (e.g. feet first to preserve dignity)
8. Educating staff about benefits of laboratory chutes (PODS) for transfer of specimens
9. Newsletter to share information with staff
10. Promoting staff wellbeing



“Working in maternity and gynaecology services is interesting, exciting and sometimes incredibly challenging. The last few years have been particularly difficult for our service locally and nationally. I became interested in the principles of staff engagement and front line ownership because I kept on hearing brilliant suggestions for change from staff working on the front line here at CUMH who felt that no-one was listening. The Ideas Forum was a giant listening experience and I look forward to the action planning session on September 6th where we will start working on some of these great ideas.”

Dr Nóirín Russell, Consultant Obstetrician & Gynaecologist, CUMH

“The Maternity Directorate aims to roll out further Ideas Forums in all Maternity Units in due course. Taking the time to attend is very worthwhile. All ideas will be reviewed by the Directorate and feedback will be made available about whether an idea will/ will not be implemented in this or other forums. Staff will be supported to participate in working groups to implement change. A huge thanks to the CUMH Ideas Forum team, led by Dr Nóirín Russell and the Quality Improvement Division, for their ongoing work: Juanita Guidera, Katie Bourke, Lorraine O’Connor, Claire Everard, Fidelma Harrington, Úna Cahill, Claire McCarthy and Donna Burtchaell.”

Professor John R. Higgins, Clinical Director Maternity Services

“Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.”

National Staff Engagement Forum 2016

Minister Coveney opens new €5million UCC Paediatric Academic Unit at CUH

Tánaiste Simon Coveney, T.D. officially opened the first integrated paediatric academic unit in Ireland on Monday 18th June. The unit is based in Cork University Hospital, serving CUH, UCC and CUMH and was funded by a multi-million euro investment by University College Cork, Science Foundation Ireland and a generous philanthropic donation.

The paediatric unit is the first of its kind and focuses on improving health outcomes for children, from infancy through to adolescence. The research there will tackle clinical problems such as newborn brain injury, infant seizures, allergy, and eczema, and explore ways of improving the long-term wellbeing and development of children.

Professor of Paediatrics and Child Health, Jonathan Hourihane noted: *“This facility in the School of Medicine is integrated with the Cork University Hospital paediatric outpatient departments on the floor below it and integrated with Cork University Maternity Hospital. This integration will allow tomorrow’s doctors, midwives and staff to see research-led healthcare being developed and delivered and will make patient research more understandable and accessible for children – which will make better healthcare across all our hospital sites.”*

Professor Geraldine Boylan, Director of the INFANT Centre, highlighted: *“The development of clinical research facilities and research studies for children and infants is absolutely vital and will result in better outcomes for Irish children. Recruitment and retention of patients to clinical studies here leads the way in Europe and we are incredibly grateful to the Irish families who participate in our research and would like to take this opportunity to thank them sincerely for their dedication and support.”*



ANSeR Project: Using Artificial Intelligence (AI) to Detect Seizures in Newborns

by Dr Ria O'Sullivan Lago, Marketing & Communications Manager, INFANT



Some babies have a difficult start in life and may need to be admitted to the neonatal intensive care unit and treated by medical experts. The ANSeR research study at the INFANT Centre, a world leading perinatal research centre in Cork, is focused on diagnosing when babies are suffering from brain injuries and creating algorithms that can detect seizures.

One in every 500 babies are at risk of developing seizures when they are born, which need urgent treatment. Unlike adults, newborn infants often don't show any visible signs that they are having a seizure. As a result, the only way to reliably detect seizures in newborns is to use an EEG monitor.

EEG records the tiny electrical impulses from the baby's brain using small sensors applied to the scalp. The equipment and expert knowledge needed to interpret EEG signals are simply not available in many hospitals. Researchers at

the INFANT Centre in Cork, used artificial intelligence (AI) to develop algorithms that can monitor and interpret brain signals. The algorithm can then alert medical staff if there is a problem. Eight centres across Europe have trialled the program and found that it is easy to use and helps the teams detect seizures much quicker. By detecting seizures quickly, babies are treated faster with medication. These treatments improve the long term outcomes for these babies who have had a difficult start in life.

Having been recently licenced, the technology has ambitions of being present at every cot-side in every maternity unit as an early alarm system to help medical staff interpret EEGs and respond immediately.

For further information on ANSeR, please visit:

www.infantcentre.ie/our-research/research-studies/anser

Spotlight on the National Perinatal Epidemiology Centre (NPEC)

The mission of the National Perinatal Epidemiology Centre (NPEC) is to collaborate with Irish maternity services in order to translate clinical audit data and epidemiological evidence into improved maternity care for families in Ireland. The NPEC has a national focus, working in collaboration with all 19 of Ireland's maternity units: it audits and reviews the practice of the Irish maternity services with a view to deriving learning and making recommendations based on that learning. The NPEC is directed by Professor Richard Greene and are a team of midwives, researchers, epidemiologists, administrators and clinicians. The NPEC is funded by the Health Service Executive (HSE) and is based at Cork University Maternity Hospital in the UCC Department of Obstetrics and Gynaecology. Maternal Death Enquiry (MDE) Ireland is a stand-alone office, based in the NPEC, and is funded by the HSE.

Every time a mother gives birth in Ireland, the important interventions, the good outcomes and the complications are recorded and analysed at a national specialist centre¹. The NPEC produces annual audit reports on perinatal mortality, maternal morbidity, home births and very low birth weight babies in Ireland, subject areas which constitute key indicators of quality of maternity and neonatal care. These national clinical reports make a difference to how health services are delivered to the health user: clinical audit and ongoing monitoring of quality and safety data is essential to continually drive improvements in the quality of the care provided within the maternity services. At local hospital level, the NPEC provides customised feedback to individual hospitals on how they compare against the national average.

¹health.gov.ie/blog/press-release/tanaiste-announces-new-national-perinatal-epidemiology-centre-in-cork-university-hospital/

In the past year, the NPEC has commenced a number of exciting new projects with further potential to improve perinatal outcomes in Ireland. These include:

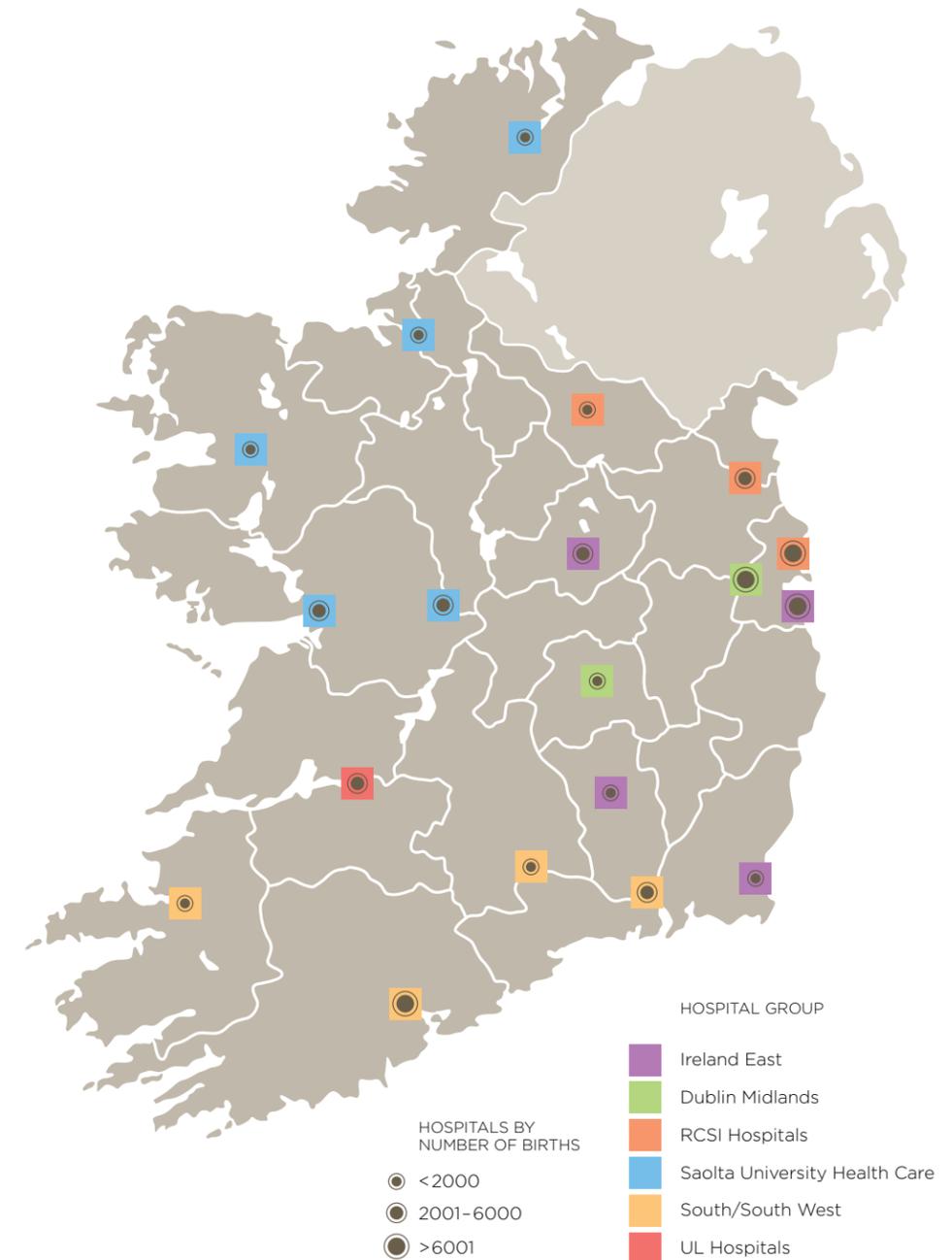
- the National Neonatal Therapeutic Hypothermia E-Register Project, which aims to improve outcomes for babies who suffer brain asphyxia at birth, and identified by the HSE as a national priority;
- the Maternity Evaluation Review Tool, a root-cause analysis of adverse perinatal events which occur in the intrapartum period, in collaboration with the HSE National Women and Infants Health Programme;
- the Robson Ten Groups Classification System (TGCS) website <http://robson10gcs.ucc.ie/>. The TGCS is a tool used to assess, monitor and compare caesarean section rates and may be used as a classification model for all perinatal outcomes.

The NPEC recognise the commitment of the busy Irish maternity units as they go above and beyond their clinical care commitments to collaborate with the NPEC: we thank all involved for their drive to improve processes, data, care and the workplace environment.

In 2019 NPEC will mark 10 years of data collection in Ireland. Details about the event will be available on the NPEC website in the coming weeks.

To ensure you receive all up to date information email npec@ucc.ie to join our mailing list.

Check out our website www.ucc.ie/en/npec/ for further information or follow us on twitter [@NPEC_UCC](https://twitter.com/NPEC_UCC).

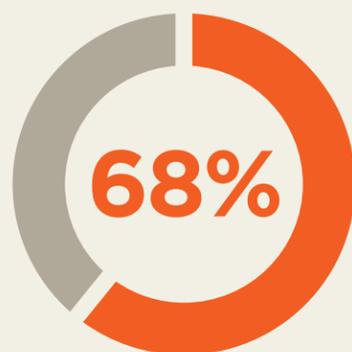


**NATIONAL PERINATAL
EPIDEMIOLOGY CENTRE**

62,871 MATERNITIES IN IRELAND IN 2016

406 WOMEN EXPERIENCED A SEVERE MATERNAL MORBIDITY DURING OR SHORTLY AFTER PREGNANCY IN 2016

The number of women experiencing one or more Severe Maternal Morbidities was 6.46 per 1,000 maternities or one in 155 maternities in 2016.



68% INCREASE IN NUMBER OF WOMEN WHO EXPERIENCED A SEVERE MATERNAL MORBIDITY IN IRELAND SINCE 2011

1,812 VLBW INFANTS BORN IN IRELAND IN 2014-2016

Of 1,765 with complete data, 298 (one in six) died.

Following adjustment for differences in the profile of VLBW infants born in Ireland, the standardised mortality ratio (SMR) indicated that their mortality risk was 1.17 times higher than expected and represented a statistically significant excess mortality (95% CI: 1.05, 1.29).

0.3% of births occur at home in Ireland

In Ireland, 0.3% of births occur at home. In 2016, there were 192 mothers out of a total of 64,133 who intended on having a home birth.

Planned Home Births

Almost half of all planned home births were arranged in the South home birth service.

407 PERINATAL DEATHS

250 STILL BIRTHS

124 EARLY NEONATAL

33 LATE NEONATAL

64,133 BABIES BORN IN IRELAND IN 2016

Perinatal Mortality Rate: 5.8/1,000 births or 1 in 172 births

LOW BIRTHWEIGHT ASSOCIATED WITH PERINATAL DEATH



47.2% OF ALL STILLBIRTHS CLASSIFIED AS SEVERELY SMALL FOR GESTATIONAL AGE

NPEC Team

Professor Richard Greene, Director

Paul Corcoran, PhD, Perinatal Epidemiologist

Linda Drummond, PhD, NPEC Centre Manager/VON Project Manager

Sara Leitao, PhD, Research Officer – Epidemiology

Edel Manning, Project Manager: Perinatal Mortality and Severe Maternal Morbidity audits, MDE Ireland Co-ordinator

Audrey McCarthy, Research Officer – Administration

Joye McKernan, Research Officer – Information

Sarah Meaney, PhD, Research Officer – Social Sciences

Irene O'Farrell, PhD, Research Officer – Epidemiology



NATIONAL PERINATAL EPIDEMIOLOGY CENTRE

The Anu Research Medal 2018

The Anu Research Centre is based within the Department of Obstetrics and Gynaecology, UCC and is located on the 5th floor of CUMH. Research is focused on the mother and the unborn baby and brings together expert academic and clinical staff. The Anu Research Centre is comprised of the National Perinatal Epidemiology Centre (NPEC), the Pregnancy Loss Research Group and The Centre for Research and Innovation in Gynaecological Surgery.

The prestigious Anu Research medal is awarded at the end of each academic year to doctors in training who present their research at the Anu Research meeting. Consultants vote on the best presentation and the winner receives the prestigious Anu Research medal.

Dr Karen McNamara beat 9 other entrants with her research titled 'Serious Adverse Events in Obstetrics and Subsequent Effects on Clinical Activity and Health Care.' Professor John R. Higgins presented Karen with the Anu Medal, as well as a financial prize of €500.

"Congratulations to Karen McNamara for winning the hotly contested and highly prized Anu Research medal 2018. This is a great scientific and social opportunity for us to get together and celebrate the research activity of our trainees and meet with colleagues from all over the region." Professor John R. Higgins.



Pictured left: Professor John R. Higgins with Anu Research Medal winner, Dr Karen McNamara

Pictured above: Dr Manal Younis, Dr Ike Uzochukwu, Dr Claire McCarthy, Dr Deirdre Hayes-Ryan, Dr Karen McNamara, Dr Jennifer Enright, Dr Michelle McCarthy, Dr Adriana Oлару, Dr Fadi Salameh, Dr Oana Grigorie, Dr Ruth Roseingrave, Dr Andreea Pavel, Dr Rupak Sarkar

UHK's Theatre Quality Improvement Programme (TQIP)

On-time theatre starts, improved theatre utilisation, risk management

By Caitriona Hayes, TQIP Co-ordinator, UHK



Pictured: TQIP team picture taken at National PAU conference in 2018

What is TQIP?

In Feb 2017, University Hospital Kerry was chosen as the national pilot site for the Theatre Quality Improvement Programme or TQIP. It was facilitated by the Royal College of Surgeons in Ireland (RCSI) and was a collaboration with HSE Integrated Care flow Programme, National Clinical Programme for Anaesthesia and National Clinical Programme for Surgery.

What impact has TQIP made?

It has been a wonderful learning opportunity for staff and enabled the building of quality systems and pathways to support quality care delivery for patients. One and a half years later, the achievement of UHK TQIP teams is obvious: theatre utilisations have increased by over 10%, theatre schedules have been revised and the management of access to emergency caesarean sections has been improved.

How did TQIP come about?

UHK proactively sought the programme which required a huge multidisciplinary collaboration, alongside clinical leadership and a gargantuan frontline investment in data collection and analysis. This was all underpinned by quality improvement education, certification & RCSI support.

Why is data so key to success of TQIP?

Measurement and data analysis is central to TQIP projects providing baseline data to assess performance as well as providing data to guide discussions, enabling project teams to reflect on and implement improvement cycles.

Who is Mrs Perfect and what is her role in TQIP?

Mrs Perfect is the profile of the ideal first patient to ensure Obs/Gynae theatre start times are on-time. Her profile was born in June 2017 as a result of work undertaken by a multidisciplinary UHK TQIP team. The goal was to aim to schedule the appropriate first patient on 90% of Obs/Gynae lists by 1st July 2017.

Appropriate First Patient



Photo by Ger Roche (Theatre Porter at UHK)

Meet Mrs Perfect:

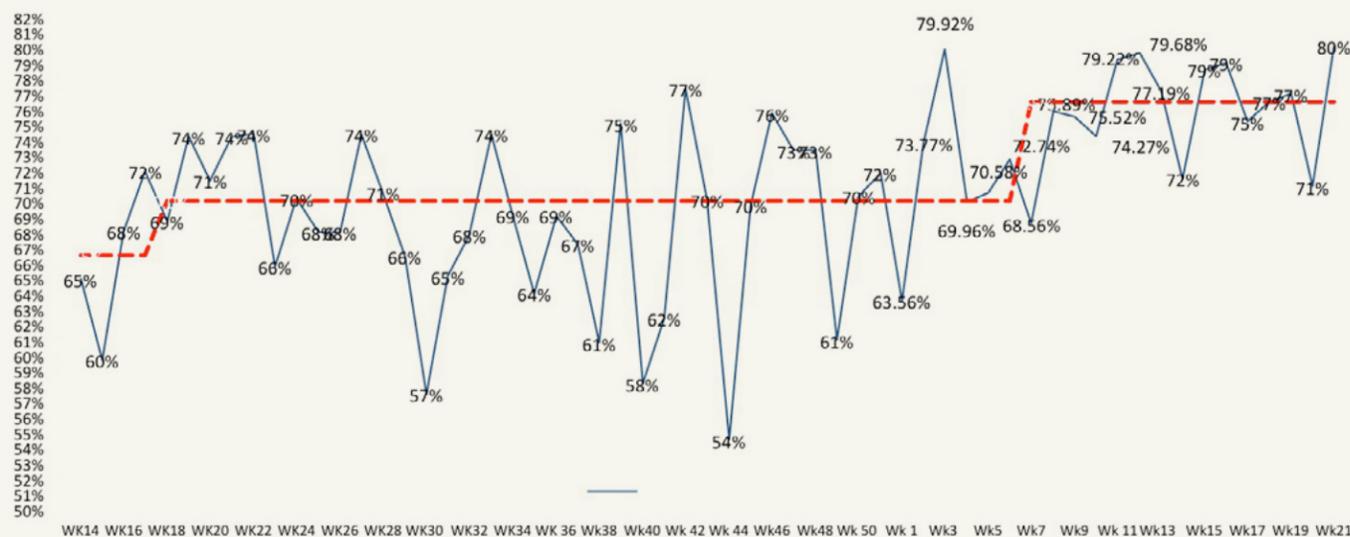
- Gynaecology patient, has gone through the pre-admission process and is a day case public patient
- Able to walk to theatre (no pre-medication required)
- Not surgically complex, so the registrar can start if the consultant is not immediately available
- She is always scheduled first unless cancelled or does not attend (DNAs).

Focusing on and scheduling the most appropriate first patient on theatre lists last year has led to improved theatre utilisation and on-time theatre starts. For example, in week 23 of 2017 on-time starts were at 71% versus 80% for the same week in 2018. The use of Mrs Perfect is a collaborative initiative supported by the UHK theatre manager, consultants and clerical staff to enable these on-time starts.

What has been the biggest learning?

This is difficult to answer as there have been so many learning opportunities for the team under the TQIP umbrella.

Elective Theatre Utilisation Weeks 14 2017 - Week 21 2018



General UHK consensus is that a shared understanding of a problem's root cause, coupled with an ability to quantify it and a collaborative, systematic approach will achieve a stated goal. Secondly as preached at every available opportunity by RCSI facilitators:

"...the solution is in the room"

Who would you like to thank?

On behalf of the TQIP team, I would like to thank UHK hospital management for supporting the programme, UHK front line theatre nursing staff for data collection, UHK theatre management for supporting this and for bringing Mrs Perfect to life. In addition, UHK clinical leads for leadership, and many multidisciplinary project team members without whose commitment there would have been no projects.

Finally I would like to thank national clinical programme leads for their support and the RCSI who have been exceptional in facilitating sessions, helping with the right project methodology and for their investment in UHK.

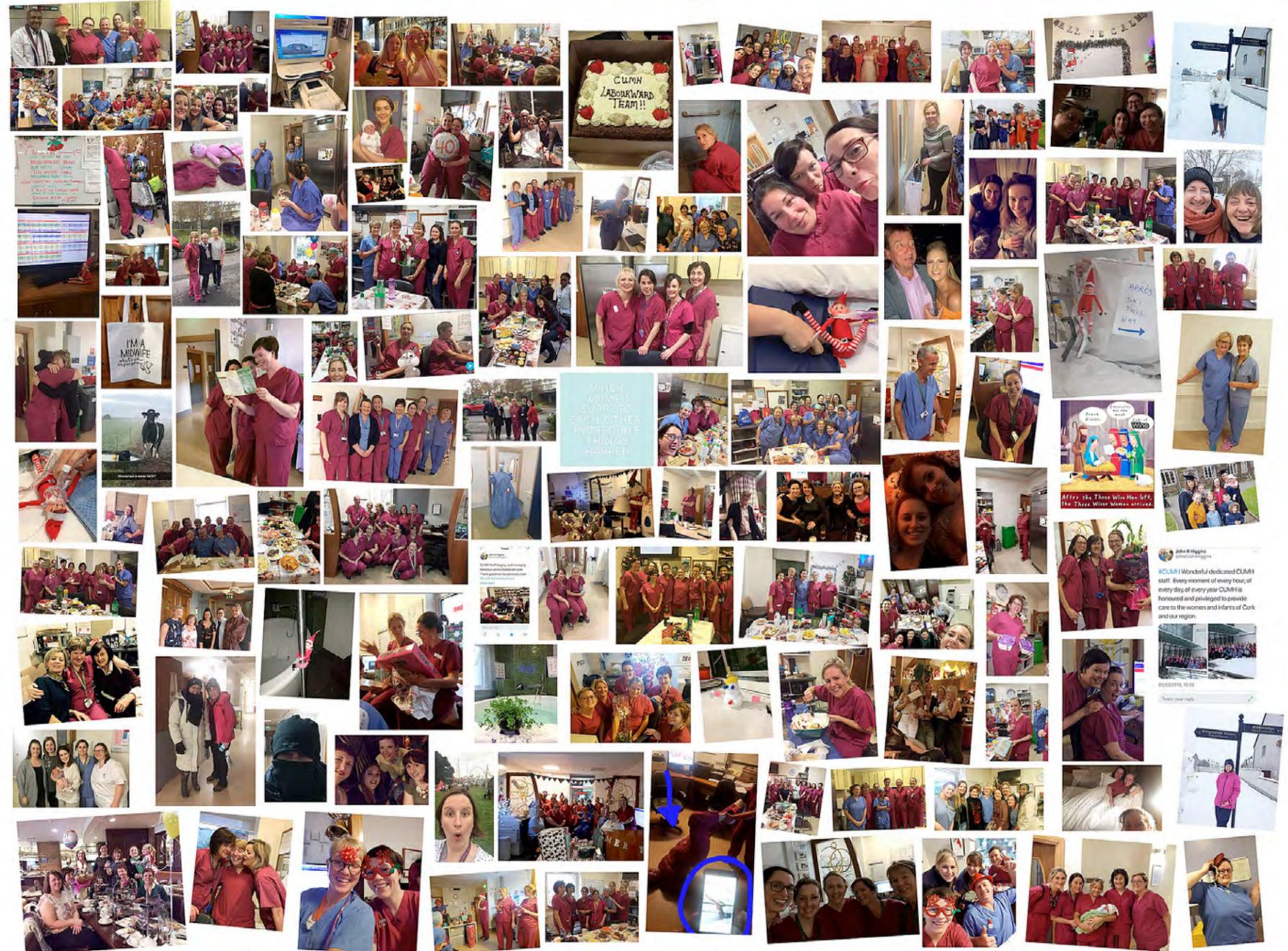
International Day of the Midwife 2018

To celebrate International Day of the Midwife in May 2018, Emma Cummins, CMM2 CUMH created a wonderful collage that is proudly displayed in the birthing suite. Emma shares with us what motivated her to create such an artwork:

“The collage embodies the passion birthing suite staff have for birth and providing safe, woman-centred care. I wanted to remind staff of the reasons we are here, to boost morale and to have fun! I also wanted to demonstrate how important relationships are, whether professional or personal and to depict the different varieties in the poster.

‘Midwives leading the way with quality care’ was the theme for International Day of the Midwife; This is also something that I am very passionate about as it embodies our future as we move forward with the help of the National Maternity Strategy. Exciting times ahead!’

Happy International Day of the Midwife 2018



Midwives leading the way with quality care



Neonatal Pharmacist and the impact on medication safety culture in Waterford

By David Lumsden, Neonatal and Paediatric Pharmacist, UHW

A dawn chorus of newborns was not advertised in the college prospectus when I was at school; today I welcome this as I arrive on the neonatal unit.

Since starting as neonatal pharmacist in UHW, there has been a positive shift in medication safety culture. Neonatal units are high risk for medication incidents due to small dose differences resulting in large difference in effect so I volunteered to deliver clinical pharmacy services. Before long, our paediatricians and CNMs had welcomed me aboard and put me to work.

Babies are not little adults. Their absorption, metabolism, and excretion of meds vary week on week depending on gestational age. The 'mg/kg' dose for an adult could be too high or low in a baby. Thankfully, fewer meds are used in babies. I review all of these medication charts daily to ensure they are appropriate in every way for the patient.

Several ingredients used in liquids are unsuitable for use in babies e.g. alcohol. Swapping such products for those containing none or less of the ingredients has reduced the chance of adverse reactions from the ingredients.

As part of the Maternity Directorate of the SSWHG, CUMH guidelines are followed. Improving adherence to these has helped standardise care and ensure that when patients are transferred between UHW and CUMH, processes are similar e.g. using the same infusion concentrations reduces the risk of babies receiving inappropriate doses when transferred.

With all the guidelines and training in the world, medication incidents do occur. Identifying them and putting in corrective action has become the unit's culture. HIQA have noted incident reporting is poor in Ireland: our unit was no different. Traditional underreporting of incidents had prevented us from identifying poor practices. By reporting we can identify an incident's root causes and put in supports. Armed with my yellow medication incident report forms, I recorded every incident I found from day 1. Incidents are discussed with the staff involved to encourage them to learn from their error. Reporting has increased markedly since I promoted this on the unit and errors appear to be reducing.

To promote learning and improvement amongst unit staff, a drug safety huddle (DRUG-GLE) was initiated and welcomed, which involves a newsletter detailing a regular and/or problematic error and how to prevent it, plus updates on important medication topics. Nurses read and can discuss this with me on the unit and at handover, and I discuss the DRUG-GLE with doctors at the morning update. This initiative has helped share learning across neonates and paediatrics where similar issues occur.

Optimising the clinical pharmacy service required the help of many other people including our pharmacy technician, nurses, dietitian, and paediatricians, and support received from CUMH pharmacists Joan and Amelia. I applaud the unit staff for taking medication safety so seriously and improving patient care.

"David has been a hugely valuable addition to the neonatal and paediatric teams. In the neonatal unit his input is evident on a daily basis. He has been the driving force behind our guideline for preterm formula and supplementation use, which has just been approved. His pharmaceutical knowledge and experience has proved useful in reducing medication errors, counselling staff and parents on safe medication administration, rationalising antibiotic use and dosage and guidance regarding parenteral nutrition availability. Staff and patients alike are benefitting from his presence in the neonatal unit."

Aoife Carroll, Paediatric Consultant, UHW

"Staff saw error reporting as a punitive process before: now it is seen as a positive way of learning. Our pharmacist is welcome on our unit now."

Audrey Comerford, CNM, UHW

The Importance of Bereavement Care Services at Maternity Hospitals

By Edel Ryan, newly appointed Clinical Midwife Specialist in Bereavement and Loss at STGH

As we celebrate the centenary of midwifery as a profession in Ireland, we must not forget those who are deeply saddened by the loss of a baby at any stage during pregnancy or childbirth. This can be one of the most difficult experiences for parents, often with lifelong impacts.

In 2016 the HSE launched the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, involving the voices of parents and their experiences. The National Implementation Team for the standards is headed by Dr Keelin O’Donoghue and Riona Cotter, both who are based in CUMH.

As a newly appointed clinical midwife specialist in bereavement and loss, I see the standards as an invaluable resource to implementing change and ensuring that bereavement care at STGH is of an excellent standard.



Donation of Cuddle Cot from Féileacáin

At STGH the tremendous work and commitment by staff towards perinatal bereavement care is longstanding. Hospital management, including the director of midwifery, Sinéad Heaney and the obstetric lead, Dr Vijayashree Hiremath have always offered support. The availability of my role, a dedicated bereavement support midwife with specialist knowledge and training in bereavement care, is a recent additional benefit for parents. This role involves the coordination of care, liaison with external links, staff training and support and the provision of emotional and practical support to parents and their families who experience a pregnancy loss or perinatal death at any stage. This is of particular importance to ensuring continuity of care beyond their discharge from hospital.

Charities founded by parents provide invaluable resources to maternity services and are paramount in the provision of quality care. These include Féileacáin’s Memory Boxes, A Little Lifetime Packs and Miscarriage Association Booklets, to mention a few. The work by local volunteers who create beautiful garments to facilitate parents dressing their babies, no matter how small they may be, is also precious for parents at this time.

Recently we were extremely fortunate to receive a donation of a community ‘Cuddle Cot’ or ‘Cold Cot’ from Féileacáin. This is a discreet cooling system that helps to regulate the baby’s temperature which allows parents to keep their baby with them that little bit longer. In response to such generosity the staff at STGH held a very successful cake sale and raffle to raise funds for Féileacáin.



Cake Sale

Bereavement care provision is the responsibility of every healthcare professional working in maternity services. Unfortunately we cannot fix the harsh reality of what has happened. However, we can do a lot to influence the grief trajectory of those who endure this devastating loss. Kindness, empathy, acknowledgment of a loss and understanding of the individuality of what they are experiencing are vital to parents that we care for at this sad time. In acknowledging the unique journey of each parent, we aspire to continue to improve and develop our services at STGH.

National Quality Award: Best Improvement in Patient Safety

Use of PICO™ at CUMH to reduce risk of infections



CUMH were delighted to win the “Best Improvement in Patient Safety” award in relation to C-section wound outcomes at the Irish Manufacturing and Surgical Trade Association (IMSTA) awards.

This was a collaboration between CUMH and Smith & Nephew. The project was led by Dr Mairead O’Riordan, Lorraine O’Connor, Claire Everard and Pat McCluskey from CUMH, with support from Nigel Clancy and Susanne Busted of Smith & Nephew.

The project ran from March 2016 to March 2017 looking at the clinical outcomes and cost effectiveness of PICO™ disposable negative pressure wound therapy in high risk C-sections patients. The results were phenomenal. The surgical site infection rate was reduced to 2.51% with a readmission rate of 2.01% with major cost savings and capacity release for CUMH. Smith & Nephew presented the award to CUMH.

“It’s great to have the CUMH team and our focus on quality improvement and enhanced patient outcomes recognised by this award. The introduction of PICO™ dressings was a interdisciplinary quality improvement initiative that has improved C-Section wound outcomes in our larger mothers. This initiative has been given greater credence with recent NICE endorsement of the dressing.”

Dr Mairead O’Riordan, Consultant Obstetrician and Gynaecologist, CUMH

Quality Care-Metrics in CUMH

By Rosaline O'Donovan, ADOM, CUMH

Quality Care-Metrics (QCM) have been established to measure midwifery and nursing processes. Specific, evidence-based QCM, including women's experience, have been developed for midwifery and nursing in Ireland with involvement of midwifery staff in all maternity hospitals. They give visibility to care provided, showcase excellent care and mitigate risk by enabling continuous quality improvement.

Data is collected monthly by frontline staff from midwifery and nursing care process documentation and entered onto www.testyourcarehse.com. Results collate into immediately available reports, displayed through a red-amber-green system. Good practice and areas requiring improvement are evident. Through midwifery teamwork, action plans are devised and improvements implemented. Previous months' trends are analysed, reflecting changes in quality of care processes.

We have implemented Quality Care-Metrics (QCM) in CUMH since April 2018. Led out by myself, Rosaline O'Donovan and Katie Bourke, assistant directors of midwifery, we are pleased to find that managers and midwives have engaged at all levels. Information sessions have been provided by NMPD Officer, Joan Downey, to support the rollout of this national project in CUMH. Some of our colleagues in the Maternity Directorate have already successfully implemented QCM. At the National Launch in UCC in June, we listened with interest to Breda Crotty, ADOM, UHW describing many improvements in care and documentation following implementation.

Our current status on QCM in CUMH is collection of data and examination of reports. Some have commenced developing action plans while others are discussing the findings and any changes required, at clinical handover. Over the coming months we will be moving to action plans and implementation of changes throughout the hospital. The Steering Group will be finalised in September. QCM are supported at all levels of governance and management in CUMH. Managers and staff have been fantastic in their uptake and ownership of QCM to date and are already seeing the benefits.



Pictured: Rosaline O'Donovan, ADOM, CUMH
and Celine O'Keefe, CMM2, 3 East, CUMH

All to complete 'An Introduction to Children First' training

By Maria Leahy, Acting Manager of Social Work Services, CUH, CUMH



The Children First Act was enacted in December 2017, meaning that the wellbeing and safety of children is everyone's responsibility, and certain professionals (known as mandated persons) within a hospital setting are now legally obliged to report any concerns they have in relation to a child to Tusla.

'An Introduction to Children First' is mandatory for all HSE staff (permanent, temporary, agency, locum or visiting), students and volunteers, irrespective of role or grade.

Thank you to everyone across the Maternity Directorate who has completed this training to date. Those who have not yet done so please register for the module via the links below:

- HSE Staff and staff from HSE Funded Services via www.hseland.ie
- Staff from HSE Contracted Services via <http://childrenfirst.hseland.ie>

Further information can be accessed via the HSE website:
www.hse.ie/eng/services/list/2/primarycare/childrenfirst/training.html





Pictured: Cathy O'Sullivan, Interim Director, CME and Claire Delaney, Administrator, CME

The 12th edition of the Prospectus for Continuing Education for Cork University Maternity Hospital (CUMH) is now available! You can find it in the CUH general share folder in a sub-folder called CME Prospectus. This has been developed by the staff of the Centre of Midwifery Education primarily for midwives in Cork and Kerry. We encourage you to review the edition in detail and full details on how to book into these education programmes are found on page 6 of the Prospectus.

All programmes provided by the CME carry Continuing Education Units (CEUs) from the Nursing and Midwifery Board of Ireland (NMBI).

UHW and STGH have access to continuing education through the NMPDU, Kilcreene, Kilkenny and the Regional Centre for Nurse and Midwifery Education (RCNME) based at University Hospital Waterford.

The Centre of Midwifery Education (CME): 2018-2019 Prospectus Out Now!

By Cathy O'Sullivan, Interim Director, CME

SAMPLES OF PROGRAMMES ON OFFER

Basic Life Support (BLS)

The Basic Life Support (BLS) for Healthcare Providers Course is designed to teach healthcare professionals the ability to recognise several life-threatening emergencies, provide Cardiopulmonary Resuscitation - CPR, use an Automated External Defibrillator - AED, and relieve choking in adults and infants in a safe, timely and effective manner. This course is very much in demand and is facilitated by Annette Keating and Fionnuala Hunt in the CME. Full details can be found on page 19 of the Prospectus. If you are interested in this training, please send nominations through your Line Manager to: cme.administrator@hse.ie

Policies Procedures Protocols and Guidelines (PPPGs) Programme

The delivery of healthcare is supported by a series of clinical and non-clinical Policies, Procedures, Protocols and Guidelines (PPPGs). The PPPG framework provides a comprehensive methodology to support the development of PPPGs in meeting a consistent approach via the application of rigorous methodological standards. This training

is facilitated by Annette Keating in the CME. Full details can be found on page 31 of the Prospectus. If you are interested in this training, please send nominations through your Line Manager to: annette.keating@hse.ie

PROMPT PRactical Obstetric Multi-Professional Training

PROMPT (PRactical Obstetric Multi-Professional Training) is an evidence based multi-professional training package for obstetric emergencies. PROMPT courses are run in individual maternity units by multi-professional teams of staff including obstetricians, anaesthetists and midwives. PROMPT is co-ordinated by Deirdre Kelleher in the CME for staff across the Maternity Directorate. Full details can be found on page 34 of the Prospectus. If you are interested in this training, please send nominations through your Line Manager to: cme.administrator@hse.ie

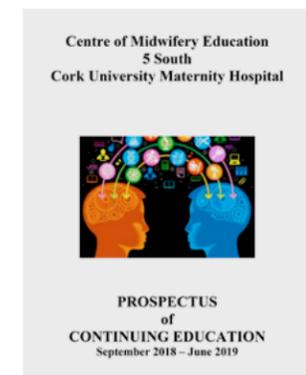
Preparation for Birth and Parenthood Facilitation

This programme is designed for registered midwives, public health nurses and physiotherapists who wish to develop or advance their skills in the provision of antenatal education programmes to prospective parents.

Core areas addressed include presentation development, facilitative sessions with multidisciplinary experts and hands on practical workshops. This annual course consistently receives a large number of applications each year. Forthcoming dates are 5th and 6th February, 2019; 4th and 5th March, 2019 and 9th and 10th April, 2019. For further details and to apply, please visit www.ucc.ie/en/nu5081

Leadership and Management Education

The National Leadership and Innovation Centre for Nursing and Midwifery (NLIC) provides a leadership and innovation service on behalf of the Office of the Nursing and Midwifery Services Director (ONMSD), in collaboration with a range of partners. The Clinical Leadership Competency ePortfolio (CLCeP) is a great initiative available to all nurses and midwives to develop their clinical leadership competencies. This and a number of other useful e-learning leadership programmes are available via www.hseland.ie





University Hospital Waterford Maternity Services: Examination of the Newborn Programme

By Paula Curtin, Director of Midwifery, UHW

Victoria Byrne, Clinical Midwifery Manager 2 (CMM2) of the Integrated Hospital and Community Midwifery Services (IHCMS), recently successfully completed Examination of the Newborn Programme in UCD.

This newborn exam involves a full physical assessment of a baby and the aim is screening, health education and parental reassurance.

In Ireland it is common practice for the Paediatric Senior House Officer to complete this routine newborn exam within 24 to 72 hours. However, with expanding roles of midwives, the ability to undertake this examination allows for continuity of care for families and also offers an opportunity to educate parents about postpartum care and preparation for parenthood.

Undertaking this course has allowed Victoria to complete the care of the newborn for babies born under this service, including homebirths. This holistic approach to care offers great satisfaction to families and to the whole team. In line with the National Maternity Strategy (2016-2026), choice and flexibility for women and their families is key to the ethos of the IHCMS.

Thanks is due to Dr D. Bux, Paediatrician and Janet Murphy, AMP who provided clinical supervision for Victoria to attain certification.

Victoria will also be supporting the postnatal ward going forward to facilitate newborn checks whenever needed. This will be a great service enhancement for the entire unit and moving forward it is hoped that further staff will undertake the programme, supported by myself, Paula Curtin, as Director of Midwifery.

Certificate in Nurse/Midwife Prescribing

By Emma Cummins, CMM2, Birthing Suite CUMH



The Certificate in Nurse/Midwife Prescribing is first and foremost about making a difference, and has provided the opportunity for nurses and midwives to expand their roles to meet the needs of patients and service users within their area of expertise.

The Certificate Nurse/Midwife Prescribing is a six-month full-time course consisting of 11 days theory and a practical element of 96 hours achieved through mentorship in the clinical setting. For requirements and how to apply, go to the UCC web site or if based in CUMH, come talk to any of us on the birthing suite. Funding is available from the NMPDU.

We feel that the ability to prescribe is another string to our bow and gives us the ability to perform our jobs more effectively, increasing our authority and autonomy. It has added another layer to our critical thinking in our work practices by broadening our scope of knowledge in relation to medication uses and prescribing in the midwifery setting. Ultimately the care we provide is women-centred so by developing a new skill and incorporating it into our practice we will enhance the continuity of care and holistic approach we provide to the women in our care.

Pictured: Dee Buckley, Emma Cummins and Pamela Evans (all working on the Birthing Suite, CUMH)



Have YOU completed K2?

The importance of training in fetal heart rate monitoring, interpretation and obstetrics emergency management has long been recognised. The K2 Perinatal Training Programme is a web-based, e-learning system that provides comprehensive training in cardiotocograph interpretation, and obstetrics emergency management.

All healthcare professionals (i.e. all doctors and midwives) involved in maternity care in the Maternity Directorate, must complete all modules of the K2 training programme on an annual basis. Certificates of completion are to be submitted to line managers.

The K2 Perinatal Training Programme can be accessed online via the following link: <https://training.k2ms.com>





The CUMH Medication Safety Committee

by Dr Nóirín Russell, Consultant Obstetrician and Gynaecologist, CUMH

The CUMH Medication Safety Committee was established in May 2017. This is a multi-disciplinary committee, chaired by myself Dr Nóirín Russell, with representative members from Pharmacy, Midwifery, Quality and Patient Safety, MN-CMS, Anaesthetics, Neonatology and Obstetrics services. The committee also reports into the Maternity Directorate Executive Management Committee (EMC) on a regular basis.

The key objectives of the Committee are:

- To promote best practice in medication safety at CUMH and develop local processes, policies and guidelines in line with the national HIQA Medication Safety Monitoring Programme.
- To optimise medication prescribing, administration and documentation on the MN-CMS at CUMH.

We believe it is essential to establish effective two way communication between frontline staff and the Medication Safety Committee. The Committee plans to provide regular feedback to staff in CUMH on ongoing projects and new developments. It also acts as a point of contact for local end users for MN-CMS medication related issues.

“The CUMH Medication Safety Committee encourages all staff to not only report medication safety incidents but also to suggest any ‘fixes’ before incidents arise. This allows everyone to proactively identify where there is potential for error as well as reflect on any system errors behind events. This ultimately makes CUMH safer for patients.”

Dr Liam O’Connell, Consultant Neonatologist, CUMH

The Committee completed a Drug Storage Audit at CUMH in April 2018, aimed at establishing baseline compliance with national and local drug storage metrics in the wards and clinical areas. Overall, compliance was found to be excellent with many areas reaching full compliance. Some areas for improvement were identified and work has already started on many of these.

A frontline Staff Safety Attitudes Questionnaire is currently in progress in CUMH. Results of the survey will be shared with staff in the near future.





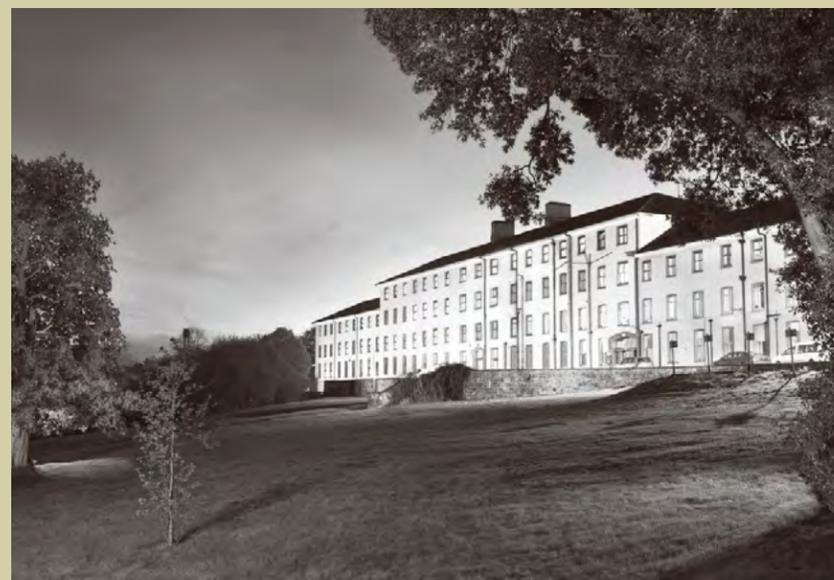
Cork University Maternity Hospital



University Hospital Kerry



University Hospital Waterford



South Tipperary General Hospital

Have you got a story?

If you have a story for a future issue of **UltraNews** we would love to hear from you!

Please contact **Donna Burtchaell**, Communications Project Manager on mobile **087 0962567** or email **donna.burtchaell@ucc.ie**

Articles for inclusion in the next newsletter must be submitted no later than **5 October 2018**

Internal Communications Survey

Thanks to all staff who completed the short internal communications survey this Summer. Results are still being collated and will inform future editions of this newsletter and future communications of the Maternity Directorate.