Dear all,

The National Clinical Programme for Anaesthesia (NCPA), along with College of Anaesthetists (COA) and the Irish Standing Committee of the Association of Anaesthetists of Great Britain & Ireland (AAGBI) identified a significant patient safety issue in 12 hospitals in Ireland with a co-located maternity unit. This was verified by a survey of all 19 maternity units carried out by NCPA at the request of the Acute Hospitals Division, HSE. In these hospitals, the out of hours and weekend anaesthesia cover is often made up of one consultant and one or two NCHDs. The on-call work extends to the areas of Critical Care, Emergency Department, Maternity Unit, including an Epidural service, transfer of the critically ill and other general theatre emergencies.

The survey confirmed that double emergencies requiring an immediate response from Anaesthesia e.g. a category one Caesarean section do occur. The frequency of double emergencies is variable, but ranges from one per week to significantly more frequent than that. Hospitals that are operating as trauma units place further demands on the anaesthesia resource.

Current cover is not adequate to deal with two concurrent emergencies requiring immediate and sustained anaesthesia response. In hospitals with a separate dedicated anaesthesia cover for obstetrics, this is rarely an issue. Units with the level of activity described above require enhanced anaesthesia cover with two consultants and two NCHDs (the ‘two plus two model’). This model is recommended in ‘The National Maternity Strategy’ published in February 2016 (1) (pg.106 section 6.9 – attached for convenience).

It is now important that each Hospital Group (HG) examines the current level of out of hours anaesthesia cover in constituent hospitals with maternity units and seek advice from the NCPA on the standard of cover that should prevail using the “Providing Quality, Safe and Comprehensive Anaesthesia Services in Ireland and Manpower Recommendations” from the Irish Standing Committee of the AAGBI. The AAGBI also

| DATE:     | 12/04/2016 |
| TO:       | Hospital Group CEO’s Chief Clinical Directors |
| FROM:     | Dr Colm Henry, National Clinical Advisor & Group Lead Acute Hospital Division |
| RE:       | Anaesthetic Cover in Hospitals with Co-Located Maternity Units |
states that a duty Anaesthetist must be immediately available for emergency work on the delivery suite 24 hours a day. (2)

Hospitals and HG’s need to respond immediately to this safety issue. This deficit can be addressed by recruitment of Consultants and NCHD’s. Acknowledging the current difficulties in recruitment, other options which would assist with an incremental approach towards compliance with the required standard of cover include the following:

a. Reconfiguration of services with a smaller number of centres providing 24 hour unscheduled care.
b. Extension of the normal working day for theatre staff.
c. Utilisation of Group-wide anaesthesia resources
d. Consideration of dedicated all day emergency theatre 7 days a week including trauma lists to reduce workload for on-call staff.
e. Outside of the normal working day, only life or limb threatening emergencies to be performed
f. Expansion of National Retrieval Service (NRS) will reduce the demand on the referring hospital. However, out of normal working hours, time sensitive transfers will still have to be undertaken by the on-call team in the referring hospital

References

   - Section 5.6.3 Intra Partum Care
   - Section 6.9 Building Capacity

With Kind Regards

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Dr. Colm Henry
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