

COMHAIRLE NA N-OSPIDEAL

REPORT OF THE COMMITTEE ON

NEONATAL CARE SERVICES

PHASE 11 - CORK AND LIMERICK

September, 1988.

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PHASE II - CORK AND LIMERICK.

[Adopted by the Comhairle at its meeting on the 16th September, 1988].

- September 1988.

1. Introduction

- 1.1 This report represents Phase II of an examination of neonatal care services in the country as a whole. The initial phase involved an examination of the services in the Dublin area. The report of the committee on the Dublin neonatal care services is contained at Appendix I to this document. It was adopted by the Comhairle in April 1988 and forwarded to the Minister for Health and to all of the interests concerned. As far as the committee can glean, it seems to have been well received - in particular, the Faculty of Paediatrics of the Royal College of Physicians of Ireland has written to the committee to express its general satisfaction with the conclusions and recommendations.
- 1.2 The terms of reference and the membership of the committee are set out in paragraphs 1.2 and 1.3 of the Dublin report respectively. In paragraph 5.4 of the same report, the committee recommended that a more extensive study of intensive/special neonatal care throughout the remainder of the country should be undertaken. The Comhairle accepted this recommendation. However, since the term of office of the Comhairle was due to expire in September 1988, the time available did not permit of a study embracing all of the country outside the Dublin area. The committee was requested, within the few months available, to continue with a second phase of the review which should relate to the larger maternity units outside of Dublin. Subsequently, the committee met and agreed that, having regard to the time constraints and the time of year involved, it should concentrate its activities in relation to the two areas where the largest concentration of births outside of Dublin occurs i.e. Cork and Limerick.

- 1.3 Extensive information was sought from the Southern Health Board in relation to the maternity/neonatal units at Erinville Hospital and St. Finbarr's Hospital in Cork City and from the Mid-Western Health Board in relation to St. Munchin's Regional Maternity Hospital in Limerick City. The consultation process involved visiting the hospitals to see the neonatal care facilities and holding a discussion with representatives of the health boards including the consultant paediatricians.
- 1.4 The visit to St. Munchin's Regional Maternity Hospital in Limerick took place on the 15th July. A dossier of information was supplied in advance by the Health Board, further information was supplied on the day; and a full discussion involving senior management and the consultant paediatricians took place. The information furnished and a report of the discussion thereon is contained at Appendix 3 to this report.
- 1.5 The visit to Cork took place on the 10th August. It involved a meeting with the consultant paediatricians and the hospital administrators which was held at Cork Regional Hospital and was followed by visits to Erinville Hospital and St. Finbarr's Hospital which are on separate sites. Subsequent to the visit, a full dossier of information was furnished to the committee. This, along with the report of the discussion, is contained at Appendix 2 to this report.
- 1.6 The position relating to neonatal care in Cork and Limerick has been considered by the committee in the context of the information, conclusions and recommendations set out in its initial report on the Dublin services (Appendix 1).

2 - General Considerations relating to
existing Neonatal Care Services

2.1 There are some general considerations which apply to both Cork and Limerick which need to be looked at bearing in mind the Dublin situation described in Appendix 1.

2.2 Falling Birth Rate: The steady decline in the national birth rate - 17% between 1980 and 1986 - is reflected in the Cork and Limerick situations. In Cork, the number of births in public hospitals dropped from 6,590 in 1980 to 5,532 in 1987 - a diminution of 16%. In Limerick, the Regional Maternity Hospital experienced a drop from 4,469 in 1983 to 3,888 in 1987 (13%). Births in the three Dublin maternity hospitals dropped by 18% between 1980 and 1987. The indications are that the birth rate is likely to continue to decline, perhaps at a slower rate, over the coming years. However, as indicated in the Dublin report, (par.3.1), the continuing steady decline in the birth rate is unlikely to have a significant impact on the overall need for intensive/special neonatal care resources.

2.3 Viability of Intensive/Special Care Units: In 1987 there were 1998 births in St. Finbarr's Hospital; 3,197 births in Erinville Hospital and 337 births in the Victoria Hospital which is now associated with the health board service. The larger centralised unit in Limerick catered for 3,888 births. By the standards of minimum viability suggested in the Dublin report (par.3.4), the unit in Limerick is at present viable as an intensive care unit but the centralisation in Cork of the units at St. Finbarr's and Erinville Hospitals (currently in planning locally) would be essential to produce a unit catering for about 5,000 births thus justifying in the region of 4 - 6 intensive care beds which are necessary for viability

2.4 Special Maternity Hospitals: While the existence of special maternity hospitals, physically separated from the general hospitals, is a common feature between Dublin, Cork and Limerick, there are important differences in the latter two areas which are

conducive to the proper organisation of neonatal care. Firstly, the general paediatric services are located in the general hospitals (as distinct from Dublin, where there are separate children's hospitals). Secondly, there is a common management system in both Cork and Limerick resulting in the existence of joint departments of paediatrics/neonatology with collective responsibility for catering for the needs of the maternity and the general hospitals. Thus the organisational problems stemming in Dublin from the existence of separate specialist hospitals and general hospitals under separate managements, do not arise in either the Cork or Limerick situations. A further feature in Cork and Limerick is that, despite the distance factor between the two cities, both are constituent teaching hospitals of University College, Cork. This contrasts with the Dublin scene where each of the three maternity hospitals, though physically close to each other, are linked to separate medical schools as well as being under separate managements.

2.5 Level of Care Available:

Despite the organisational advantages described in the preceding paragraph, the facilities for neonatal care available in both Limerick and Cork lag considerably behind the facilities in Dublin. Even a cursory examination of the resources - medical and nursing staff, equipment, space and a range of other facilities - would indicate that the level of investment compares very unfavourably with what has been developed in the Dublin maternity hospitals. It would be reasonable to conclude, from the information and opinion available, that the level of neonatal care being provided in Cork and Limerick is more special than intensive (see definitions in par. 3.2 of the Dublin report).

2.6 Transfers Out: The urgent need for further investment to increase the quality and the intensity of care available in the neonatal units in Cork and Limerick becomes evident when reference is made to the relatively small number of babies who are

transferred elsewhere. As in the case of Dublin, the main valid reasons for transferring such neonates are for (i) neonatal surgery, (ii) cardiological investigation and (iii) inborn errors of metabolism all of which is undertaken solely in Dublin. In 1987, there were 17 neonates transferred out of Limerick of whom 15 went to Our Lady's Hospital for Sick Children, Crumlin, Dublin. It emerged during discussion that these statistics may not be wholly accurate and it was indicated that occasionally in 1987 and 1988 it has been necessary to transfer such neonates and babies in-utero to either Cork or Galway simply because enough ventilators were not available in Limerick. In Erinville Hospital, there were 14 transfers out in 1986 of whom 7 went to Our Lady's Hospital, the remainder going to Cork Regional Hospital; in 1987, there were only 10 transferred out with 4 going to Our Lady's Hospital and 6 to the Cork Regional Hospital. Figures relating to St. Finbarr's Hospital, have not been supplied. Therefore, the majority of sick neonates are entirely dependent on the resources available locally.

- 2.7 Transfers In: In Limerick, there were 38 babies admitted to the neonatal unit who were born elsewhere - 18 of these were born in Cahercalla, Ennis which has since closed. In Cork, there were only 7 outborn babies admitted and, in addition, there were 11 transferred in-utero mainly from the Victoria Hospital. In the same year, there were only 8 outborn admissions to St. Finbarr's Hospital. Since the births occurring in the mid-Western area are now centralised in St. Munchin's Hospital (with the exception of 450 in a private nursing home) the small number of outborn admissions (excluding these from Cahercalla) is to be expected. However, in the southern area, there was a total of 8,698 births in Cork and Kerry, of which 5,195 occurred in either Erinville or St. Finbarr's Hospitals. The small number of outborn admissions accruing from the balance of 3,503 births (mainly in the Bon Secours and Tralee General Hospitals) indicates that sick infants are either not receiving an appropriate level of care or are being referred out of the area probably to Dublin. There is therefore no significant dimension of regional

neonatal care being provided by either Erinville or St. Finbarr's Hospitals which are the two largest maternity units in the southern health board area.

2.8 In summary, there is a largely centralised unit in the mid-western area attempting to provide, with inadequate resources, regional special/intensive neonatal care for a population of 315,000. In Cork, there is a decentralised system with each maternity unit providing neonatal care to the best of its ability and with limited resources mainly for outborn admissions. There is no regional intensive care dimension to the overall services being provided for a population of 536,000 in the southern health board area.

2.9 Nursing: The role of the nurse in the provision of special/intensive care for sick neonates is vital and this was evident during the discussions in both Cork and Limerick. To a large extent, in both areas, the neonatal units are staffed by nurses who have valuable experience in the nursing of very sick babies. The availability of such nurses and in sufficient numbers coupled with flexible deployment to cope with the inevitable peaks and valleys of demand is an essential element in the delivery of high quality care with maximum efficiency. In order to ensure that this objective is being met, the committee recommends that there should be an in-depth review of the nurse staffing levels in neonatal care in both Cork and Limerick. In particular, it was noted in Limerick that the nurse staffing level seemed to be more geared to the normality of special care than the peaks/valleys of intensive care which demands more flexible deployment of nursing staff. The committee also recommends that, in both areas, encouragement should be given to nursing staff to acquire formal training in neonatal care and the health boards should make the necessary arrangements to facilitate nursing staff in undertaking such training.

3 - LIMERICK

- 3.1 The overall situation at St. Munchin's Regional Maternity Hospital is reflected in the report of the discussion during the visit there (Appendix 3). As already indicated, neonatal care for the mid-west is centralised and the unit is well placed to provide regional intensive and special care. The committee was pleased to note that plans have already been drawn up by the Health Board to re-vamp the unit. A programme of re-equipping has already commenced and will be accomplished within a matter of months.
- 3.2 There is scope for better deployment of nursing staff within the neonatal unit as indicated in paragraph 2.9 above. A new Matron is about to be appointed for the hospital - this should facilitate an early review of the arrangements for the staffing of the unit at nursing level.
- 3.3 The major need, as perceived by the committee, is in relation to medical staffing especially at consultant level. At present, there is a complement of three General Paediatricians who, between them, cover the general paediatric unit at Limerick Regional Hospital, Dooradoyle and the neonatal unit at St. Munchin's Regional Maternity Hospital which is three miles away on the Ennis Road. The most urgent requirement is for the addition of a fourth paediatrician to the team who would be a wholetime neonatologist. Such an appointment was, in fact, approved by the Comhairle some years ago but, for various local reasons, the appointment did not materialise. The committee is firmly of the view that the appointment of a wholetime neonatologist is now an urgent and essential component in the improvement of neonatal care for sick neonates in the mid-western area. Without such an appointment, it is unlikely that the maximum potential of the investment in re-vamping and re-equipping the unit can be exploited or that the objective of providing regional intensive care can be achieved. The appointment of a neonatologist will, in turn, lead to good quality non-consultant hospital doctors being attracted to the unit for training purposes.

- 3.4 The appointment of a wholetime neonatologist will not obviate the necessity for the continued involvement of the three General Paediatricians in the provision of neonatal services at consultant level. On the contrary, it will be essential that such an appointee should function as part of a four-consultant team with full support of his colleagues and an equitable sharing of the emergency cover demands inherent in the provision of high quality special/intensive neonatal care.

4 - CORK

4.1 As already stated in par. 2.8, the neonatal service in Cork is decentralised with no significant regional dimension to the special/intensive care being provided. However, plans are under active consideration locally to integrate the maternity/neonatal units at St.Finbarr's Hospital and the Erinville Hospital as a single unit on the latter site. From the viewpoint of neonatal care, the centralisation of the 5,000 births on to one site is an essential prelude to the development of a viable regional intensive care unit to serve the needs of the southern health board area. The committee therefore, strongly supports such centralisation with the objective of providing high quality regional intensive care to cater for the needs associated with close to 9,000 births. The development of full regional intensive care services at Erinville Hospital will enable sick neonates to be transported - in-utero, if possible - from Tralee General Hospital and the Bon Secours Hospital for appropriate care locally.

4.2 At present there is a complement of four General Paediatricians to service the needs of the general paediatric unit at Cork Regional Hospital and the neonatal units at St. Finbarr's and Erinville Hospitals. Because of the divided nature of the service they have had to organise themselves into two teams of two - each team looking after a neonatal unit. At St. Finbarr's Hospital, the neonatal workload is shared on an equal basis by the two paediatricians. At Erinville Hospital, one of the paediatricians is virtually wholetime in neonatology while the other concentrates mainly on general paediatrics. Given the need to undertake acute work in three locations within a complement of four paediatricians, obviously the scope for specialisation is limited. In fact, the paediatric scene within Cork City as a whole - involving a total of six paediatricians - features a disappointing lack of sub-specialty development. This is a defect in a major city which is also a university teaching centre. The proposed centralisation of neonatal activity inherent in the amalgamation of the two largest maternity units on to the one site, will not only permit significant improvements in neonatal special/intensive care but will also facilitate the emergence of greater sub-specialisation within paediatrics as a whole in Cork city.

- 4.3 Because the development of a centralised unit at Erinville Hospital is still in the planning stages, the committee feels that, beyond urging that the proposed amalgamation should be implemented and that the provision of full regional intensive care should be an objective, it is not possible to be more definitive in making recommendations at this point in time. However, as soon as the new service becomes a reality, it will be necessary for further discussions to be held in relation to the detailed consultant and other staffing requirements for both neonatology and general paediatrics. This further exercise should include discussions with the Bon Secours Hospital, Tralee General Hospital and the Victoria Hospital on the relationships with the amalgamated unit especially the regional intensive care dimensions, transportation etc. This would form part of phase III of this overall study of neonatal care on a national basis.

5 - CONCLUDING REMARKS

- 5.1 This report covers the committee's examination of neonatal care services in Dublin, Cork and Limerick. As the term of office of the Fifth Comhairle expires in September, 1988, it will be a matter for the incoming Comhairle to undertake Phase III of the national study which - apart from the task which remains in the southern health board area (see par. 4.3) - will involve the neonatal requirements (special and intensive) of the many smaller consultant staffed maternity units around the country. Between them these maternity units cater for close to 30,000 births (about 50% of the total in the country). The committee strongly urges that this important study should be completed.