CMO MEETING with MEDICAL DIRECTORS / DIRECTORS OF PUBLIC HEALTH 19 MAY 2008 D2 LECTURE THEATRE, CASTLE BUILDINGS, STORMONT

PRESENT

Dr Tony Stevens
Dr Peter Flanagan
Mr Charlie Martyn
Dr Paddy Loughran
Dr Anne Kilgallen
Dr David McManus
Dr Janet Little
Dr John Watson
Dr Anne Marie Telford
Dr Bill McConnell
Dr David Stewart
Dr Terry McMurray

Belfast HSC Trust
Northern HSC Trust
South Eastern HSC Trust
Southern HSC Trust
Western HSC Trust
NI Ambulance Service
Eastern HSS Board
Northern HSS Board
Southern HSS Board
Western HSS Board
RQIA
NIMDTA

DEPARTMENT

Dr Michael McBride (Chair)
Mr Martin Bradley
Dr Carolyn Harper
Dr Elizabeth Mitchell
Dr Lorraine Doherty
Dr Maura Briscoe
Dr Liz Reaney
Mr David Galloway
Ms Heather O'Neill

1 Welcome and Apologies

Dr McBride welcomed all to the meeting and advised that apologies had been received from Professor Johnston and Dr Jenkins.

PART 1 - STRATEGIC ISSUE

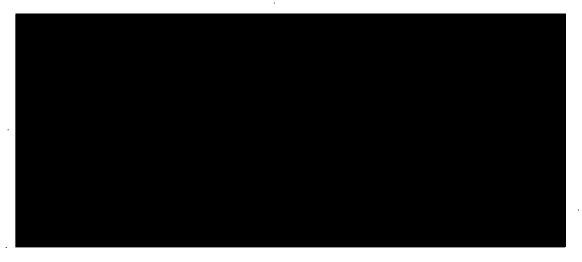
2 Healthcare Associated Infections (HCAIs)





Improvement Team Visits

PART 2 - REACTIVE ISSUES



4 Matters Arising





4.2 Hyponatraemia

Dr Briscoe commented that most Trusts had provided additional information on the implementation of NPSA Alert 22 on prescribing fluids to children. These returns would be shared with RQIA.

RQIA had completed visits to units treating children to assess fluid prescribing.

Action Point: Medical Directors were asked to present details of local audits at the next meeting

4.3 Appraisal of Doctors in Training



4.4 NCEPOD

Paper 28/08

5 Incident Reporting in Critical Care – Critical Care



6 Redress



7 Out of Hours Management Emergency Upper GI Bleeding





Strategic / Agenda Items for Future Meetings 12



Next Meeting 15 September 2008 1pm

CMO MEETING with MEDICAL DIRECTORS and DIRECTORS OF PUBLIC HEALTH 19 May 2008 ACTION POINTS

_	ITEM	ACTION	LEAD	
	4.2 Hyponatraemia	Medical Directors to present	Medical Directors	
	- in in police dolling	details of local audits at the next	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		meeting.	,	
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•	5 Incident Reporting in	Critical Care Network NI and Dr	CCNNI and	
	Critical Care – Critical Care	McAllister to discuss further how to take project forward.	Dr McAllister	
	Juic	to take project forward.		
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Belfast Health and Social Care Trust

35.C

Chief Executive William McKee, CBE BSc (Hons) MBA

Chairman Mr Pat McCartan

17 July 2008

Dr Michael McBride Chief Medical Officer DHSSPS Castle Buildings Stormont Estate Belfast BT4 3SQ

RECEIVED

2 2 JUL 2008

CMO'S OFFICE

Dear

REDUCING THE RISK OF HYPONATRAEMIA WHEN ADMINISTERING IV

The Belfast HSCT has expended considerable time and energy trying to develop a policy which will fulfil the requirements of:-

- NPSA Alert 22 Reducing the risk of hyponatraemia when administering intravenous infusions to children
- Regional Paediatric Fluid Therapy Working Group Wallchart

Compliance with most of the requirements has been met, except where they apply to adolescents being cared for in adult wards. Patients who are in the transitional zone between being a child and an adult will always provide a problem for those planning healthcare provision. There isn't a simple age, weight, height rule that we can apply. Even the upper range of 16 years does not always delineate children from adults. This issue was highlighted in my letter of 2 May.

The dilemma, which has been pointed out forcibly by adult clinicians, is that we are asking them to apply two different treatment regimes (1 paediatric: 1 adult) in the one clinical area. This opens up the possibility of confusion which increases the risk to the patient.

We have debated this issue at length with those clinicians involved and believe this whole complex area needs further work carried out to bring clarity. We would ask you to consider working towards a single regional policy document which provides good practice guidance for fluid management of all ages. We might suggest that such a policy could outline two approaches to fluid management, primarily determined by weight:

1,	Below 13	years <u>and / c</u>	or under 40 kg.	Follow paediat	ric guidance
2. Beifast Health a	Above 13 nd Social Care	years <u>and</u> at	oove 40 kgs.	n Healthcare Park, S	guida,,00
Belfast BT8 8BH	f Tel:	Fax:	www.be	n Healthcare Park, S elfasttrust.hscni.net	aintfield Road,

We believe the policy for the first section is complete and that work could be carried out regionally to build on the paediatric work and develop an integrated policy which covers all ages. Such a policy would address the needs of adolescents and detail any factors, other than weight, which may influence the approach taken.

With regards to developing competency, it is felt that the provision of BMJ elearning as the main training mode in the management of this problem will not be backed up by the necessary experience due to the limited number of paediatric cases in many adult areas. In addition, the e-learning module is not a sustainable approach for future staff as it we understand it will be no longer available. In these circumstances it would be more appropriate to have a single fluid management policy which raises awareness of hyponatraemia and provides an avenue for accessing the appropriate support from paediatric colleagues. We could then develop a local training module, tailored to our needs.

I hope you will consider these comments helpful. We would be happy to discuss these further.

Yours sincerely

DR A B STEVENS MEDICAL DIRECTOR