

ITS Business Meeting Agenda

Friday 28th March 2025,

Spring Meeting – Europa Hotel Belfast

17.30 – 18.30

Attendees: Marcus Kennedy, Eddie Moloney, Karen Redmond, Nazia Chaudhuri, Katherine Finan, Sonya Murray, Silke Ryan, Dan Ryan, Parthiban Nadarajan, Abhilash Sahadevan, Melissa McDonnell, Emmet O'Brien, Brian Kent, Aidan O'Brien, Orla Veale, Pinar Rossiter.

Apologies: None

Item No.	Agenda Item	Minutes
1.	Register any Conflict of Interest	No Conflict of Interest.
2.	Draft Minutes of ITS Business Meeting – 24.01.2025	Minutes of Business Meeting (24.01.2025) approved with no amendments proposed.

3.	President's Update	<ul style="list-style-type: none"> • MK Presented President's Update on ILD Education Day which was successful with positive feedback. It will remain an online event. • ERS Satellites Meeting chaired by NC as ITS representative and attended by 3500. • ITS Podcast is going well and we will apply to AZ for more funding • World Tobacco Conference is in June and MK will attend as ITS representative.
4.	Speciality and Affiliate Updates	<ul style="list-style-type: none"> • Updates have been circulated prior to the meeting.
5.	Annual Scientific Meeting 2025/2026 Spring Meeting 2026 – Expressions of Interest	<ul style="list-style-type: none"> • ASM 2025 will be in Galway, Melissa McDonnell is the organising committee. • ASM 2026 will be in Leinster. • Structure of the ASM, meaning full day Thursday and Friday vs the current 3 day structure will be discussed at the AGM in Galway. • Expression of interest to be on the organising committee for ASM 2026 will be circulated.
6.	AOB	<ul style="list-style-type: none"> • NC proposed this joint meeting of ITS/BTS/UTS to be a regular one, eg a 3 year cycle, this will be discussed in the coming AGM in November. • AO suggested to put the newly appointed consultants onto the ITS website. They will be ITS members, encouraged to be an ITS member.

		<ul style="list-style-type: none">• NC proposed to have a trainee rep on the ITS Council, this will be added to the agenda of the AGM in November with the proposal of having a GP on the ITS Council.• DR gave an update on the roadshow of the systems for bronchoscopy, to explain how this cloud based system will work, it will be rolled out in Sligo and then in St James's, the plan is eventually to have all hospitals to be using the unified system. They are looking for a name to explain how the system works in ITS and OV suggested to be contacted.• EO gave an update on the Bronchoscopy Study Day which will be rolled out to SpRs as part of the RCPI Study Day.
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Irish Thoracic Society

Speciality and Affiliate Updates:

ANÁIL Respiratory Nurses Association of Ireland

Irish Thoracic Society Spring Meeting

Report March 2025

Current Committee:

Sonya Murray, Chair of ANAIL

Karolina Glomba. Secretary

Diane Moran, Treasurer

Donna Langan, Educational Officer

Lisa Farrell, Educational Officer and respiratory Paediatric Nursing representative

Niall Kennedy, Website Coordinator

Priyanka Thitme, Media Officer

Sub-Committee:

Olivia Quinn, Sub-Chair

Elizabeth Kavanagh, sub-Treasurer

Helen Mulryan, Sub-Educational Officer

Lisa Egan, Educational Officer and respiratory Paediatric Nursing representative

Current Membership: 167 ANÁIL Members

Job titles: 31 ANP, 100 CNSp, 26 RGN/CNM/Other

Employment areas:

- Acute/Secondary Care.....89
- Respiratory Integrated Care.....51
- Paediatric Respiratory Nurses.....9
- Private.....6
- Other.....12

Qualifications:

- Nurse Prescribers.....80



Irish Thoracic Society

- Nurse prescribers Ionising Radiation.....37

ANÁIL Website: www.anail.ie

- Membership registration
- Online platform to share information and education

ANÁIL email : respiratorynursingireland@gmail.com

Linkedin: <https://www.linkedin.com/in/an%C3%A1il-ireland-456b3125>

ANÁIL offer one bursary per year, (1,500 Euro), Competition now open for 2025 selection.

Membership Representation:

- COPD Support Ireland- TBC
- Asthma Society of Ireland, Johanna O'Callaghan & Paula Hallahan
- Digital Health, Antoinette Doherty
- ERS/International Core Curriculum for Respiratory Nurses, Bridget Murray
- National Clinical Programme, Respiratory- TBC
- ILD, Carmel McInerney PPPG's and National Guidelines:

PPPG's and National Guidelines:

While ANÁIL continue to develop our own committee guidelines, we also support the development of respiratory PPPG's at a national level.

ICRN:

ANÁIL supports the International Core Curriculum for Respiratory Nursing (ICRN).

The aim of ICRN is to develop a standardised curriculum for respiratory nursing at a national level.

Bridget Murray PhD, ANÁIL member, is our Irish representation

Spirometry: No further training through the NCP Respiratory planned. ANÁIL members were advised they could access training through ARTP and look for local funding.

Severe Asthma: ANÁIL were invited by the Asthma Society of Ireland, to contribute to the conversation and help develop a better understanding of severe asthma in Ireland, and thus improve the lives of people affected by this illness.

First meeting took place on October 15th 2024

National Oxygen Tender:

National transition of oxygen providers continues.

HOOF form has not been user friendly.

12th Annual ANÁIL Conference was held in Athlone 13th March 2025:

- 103 attendees
- 12 Industry/Pharma exhibitors
- 4 key note speakers; Sleep disordered breathing in children with complex needs transitioning to adult services, Primary Ciliary Dyskinesia, pleural effusion management and entitlements for patients with chronic respiratory conditions.
- Wellness presentation

Sharing of Initiatives:

- Acute Virtual ward, Limerick
- Post asthma exacerbation
- Fellowship application process
- Poster presentations

Previous bursary recipient's presentations:

- Paediatric Asthma Camp
- Sleep service initiative

Main Issues highlighted by members:

- The provision of co-ordinated services and the transferring of information for children with complex needs transitioning to adults services.
- Services for patients with ILD
- Staffing for the implementation of respiratory services, including oxygen services, sleep services
- The unequitable services for patients with chronic respiratory disease throughout Ireland

**National Bronchoscopy Quality Improvement Programme
Update for Irish Thoracic Society Spring Meeting 2025**

Prepared by

Dr Dan Ryan, NBQI Working Group Chair and
Sarah McChrystal, NBQI Programme Manager

28 March 2025

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1. Introduction

Work is ongoing for the National Bronchoscopy Quality Improvement (NBQI) Programme on the development of a quality framework for each hospital to routinely review standards and to drive improvement in key quality areas locally and against national targets, devising a robust, safe, consistent, and accurate service nationally which will translate into a quality patient experience. Systems and technology requirements are the main workstream currently for the programme.

2. Implementation Plan

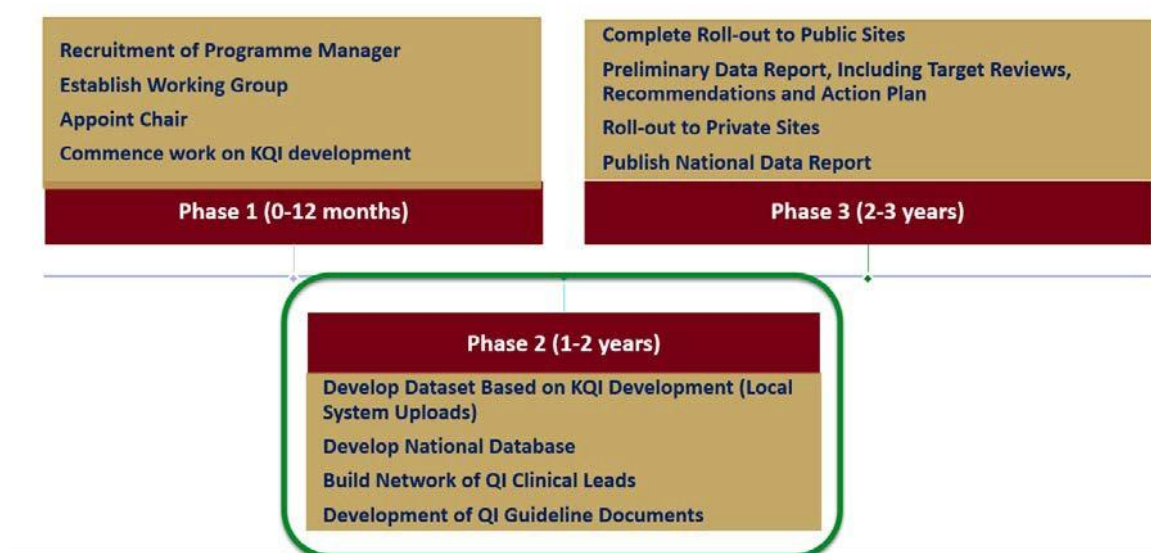


Figure 1: NBQI Implementation Plan

The NBQI Programme is currently in phase 2 of the implementation plan. The introduction and development of a new endoscopy reporting system (ERS) will result in significant benefits for the programme such as a higher quality data extract from each participating hospital, with the potential to develop more detailed KQIs that would not have been possible without this new system. However, any delays experienced in the roll-out of this new system will have unavoidable impact on the NBQI Programme implementation plan. Communication is being maintained with the HSE teams responsible for the roll-out of the new ERS and the NBQI programme management and working group are managing any issues as they arise.

KQI Development Update.

There are five key quality areas in focus, 1) access, 2) safety, 3) complication rates, 4) indicators of a successful procedure and 5) patient experience. Each key quality area has or will have several associated KQIs and targets, each will be recorded for both adult bronchoscopy and EBUS procedures and be focussed on suspected cancer cases.



Figure 2: NBQI Key Quality Areas

The KQIs being developed by the working group will be used as metrics for local and national reporting. Local clinical audits are currently being conducted by working group members hospitals which will continue to inform development of KQIs. Please see Table 1. for a summary of these KQI's and corresponding provisional recommended targets.

Rate of Repeat Procedure KQI:

The rate of repeat procedure template was developed by NBQI programme management to inform the rate of repeat procedure KQI as an indicator of procedure success. In the absence of outcome and diagnostic data the rate of repeat procedure is considered by the working group to be a good alternative. As previously reported the working group agreed that the rate of repeat procedure KQI would focus on **suspected lung cancer cases only**.

A clinical audit template was developed by the programme management to assist sites in carrying out this clinical audit and is intended to also inform the data points needed for this and other KQIs across working group member hospitals.

SpRs from these hospitals are in contact with the programme manager and have started collecting data. It was agreed to use a 3-month period from April to June 2024 for data collection. Data collection has been completed by Galway University Hospital, Beaumont Hospital and Saint James Hospital so far.

Working group members have shared their varied experiences collecting data whether via ERS, EPR and /or charts. This information is important to understand so that the programme can understand the level of variances nationally.

3. Stakeholder Engagement

The National Bronchoscopy QI Programme has met 18 times to date since November 2022 with focus primarily on key quality indicator (KQI) development.

In addition to KQI development the working group have also focused on various other topics relevant to the programme's development ranging from systems and technology, information governance, data quality, best practice for data sharing and the impact of the Patient Safety Act for the programme.

4. Systems and Technology

This workstream is vital in ascertaining the common data points that exist across the two dominant endoscopy reporting systems that will be used in hospitals across the country, EndoRAAD and Solus. The programme must build a picture of the data points that can be extracted from these systems and used for data analysis of the agreed KQIs.

Solus ERS update

Dr Dan Ryan, NBQI Working Group Chair and Sarah McChrystal, Programme Manager continue to work with the HSE Endoscopy Project Team and the Solus service provider, HD Clinical on the development of the Solus bronchoscopy module providing and reviewing updates to the Solus Bronchoscopy test site.

The NBQI Programme made 23 recommendations to amend the Solus Bronchoscopy module, to meet NBQI programme data requirements and day to day needs of respiratory consultants. This was sent on 26th April 2024. Many of these recommendations are not yet built into the new platform as development is work in progress. Additional development work to the Solus test site to ensure suitability for the bronchoscopy specialty is also

underway. Post-review the working group chair and the programme manager sent a follow-up recommendations document to the HSE Endoscopy Project Team and HD Clinical. There are further recommendations to be made to the newly added Nursing and Pre assessment modules. It will be important to include working group member's input on these modules also.

The HSE Endoscopy Project Team have suggested a Solus endoscopy roadshow and requested suggestions from the NBQI Programme for opportunities to present and exhibit to raise the profile, to increase awareness of Solus and engage with potential users.

Data Collection Repository and Data Extracts

The NBQI programme management team developed a proposal outlining requirements to develop a suitable data collection tool similar to the one used for the National GI Endoscopy QI Programme, NQAIS-Endoscopy. The purpose of this tool is to facilitate collection, extraction, repository and reporting of QI data locally and nationally. The programme management team are in the process of developing a data dictionary that will specify the data fields necessary to be extracted from local systems and submitted to a national dataset. The proposal was sent to HSE Tech and Transformation (T&T, formally eHealth) who have met the NBQI programme manager to discuss next steps.

The programme management team continues to explore and understand better what exactly is required regarding testing and implementation for each participating hospital to ensure a data file can be produced and appropriate data extracts uploaded to a national dataset.

Points to note and key concerns for the NBQI Programme

1. The plan is to get an extract from both Solus and EndoRAAD V4 and V5 to enable initiation of data extract file development with the service providers.
2. The programme intends to commence with hospitals using EndoRAAD initially. Once sites are fully live on Solus, the programme can then acquire data from those sites.
3. An EndoRAAD extract encompassing available fields in V4 and V5 is required to facilitate inclusion of all hospitals as some voluntary hospitals may not opt-in to use Solus. Some private hospitals are also using EndoRAAD.
4. The NBQI Programme is working to ensure the data extract from both EndoRAAD and Solus provides comparable data entries and quality levels.

- Solus and EndoRAAD systems are different, but work is ongoing to try and ensure that certain new data fields can also be added to EndoRAAD V5.1

5. Table 1: NBQI Key Quality Indicators and Corresponding Provisional Recommended Targets.

Key Quality Indicator	Recommended Key Quality Target		Additional Information
	Bronchoscopy	EBUS	
Sedation			
Midazolam	Age < 70: Median dose 5mg Age ≥ 70: Median dose 3.5mg	Age < 70: Median dose 6mg Age ≥ 70: Median dose 4mg	
Fentanyl/ Alfentanyl	Age < 70: Median dose ≤50mcg /500mcg Age ≥70: Median dose ≤37.5mcg /375mcg	Age < 70: Median dose ≤75mcg/750mcg Age ≥70: Median dose ≤50mcg/500mcg	
Use of Reversal Agent			
Naloxone/Flumazenil	≤1%	≤1%	
Sedation Levels			
	90% Conscious sedation using available sedation scale.	90% Conscious sedation using available sedation scale.	Not all systems provide an appropriate scale currently.
Complication Rates			
Serious Complications/ Serious Adverse Events	≤1%	≤1%	Serious Adverse Events Severe Bleeding (Nashville score 3/4 - Placement of balloon blocker/Resuscitation/Transfusion/ICU admission or death) Cardiac Arrhythmia requiring treatment. Seizure Pneumothorax requiring intervention. Oversedation requiring Ventilatory support or reversal. Hospitalisation ICU admission Death



Comfort Score			
Gloucester Scale	90% score 1-3	90% score 1-3	