The MN-CMS project has four high level benefits which are then broken into more detail below. This list of benefits continues to be defined and we would encourage you to add additional ones to the benefits posters in the workstreams over the course of the Future State Review event.

We are particularly interested in benefits that are local to you and your hospital, so please feel free to identify, discuss and write them up in your session.

Improved patient care as a result of better communication, supported decision making and effective planning of care

Easy to access, single record on mother and baby that is accessible from all over the hospital/care setting.

Ability to share information on mother and baby across all maternity hospitals.

Reduction in adverse drug events through clinical decision support and features such as drug interaction and allergy checking.

Alerts can be set up to support clinical decision making e.g. iMEWS.

Real time tracking of all patient requests/orders from placement of order until result is back.

Reduced time chasing results via phone or on paper as results will be in the EHR.

Results can be sent directly to the Midwife/consultant/Consultant team’s Message center for review or consults.

More effective and efficient recording of information reflecting best standards in documentation

No written transcribing from mums chart to babies chart. The ‘Result Copy’ button will allow midwives pick the relevant information in mums chart and copy it immediately to the new baby’s chart.

In the NICU, integrated ventilators and monitors will chart the information directly into the patients chart when the nurse is charting.

Foetal monitoring will also be integrated and viewable in mums chart.

Discharge letters to GPs and PHN will be compiled and can be printed or communicated digitally.

Enhanced clinical audit and research locally as a result of better quality data

Patient information is put into the EHR in real time not retrospectively.

Local reports can be run to pull out relevant audit and research information for use.

The ‘PowerTrials’ functionality can support clinicians to identify suitable patients for inclusion in research trials and manage the trial in the patients electronic chart.

Informed business intelligence that will drive local and national management decisions

Local and national reports can be run to support management decisions.

The Maternal & Newborn Clinical Management (MN-CMS) Future State Validation (FSV) was held during the week 21st - 25th September 2015 in the Hilton Hotel, Kilmainham, Dublin.

The objective of the FSV was for the MN-CMS National Project Team and work stream members to present the system and workflows as has been developed to date. It was also an opportunity for attendees to get some hands on use of the system and gain an understanding of how it will work within their hospital.

The event commenced with opening addresses from Helen Byrne, Chair of the MN-CMS project board, Richard Corbridge HSE Chief Information Officer and Dr Michael Robson, MN-CMS Project Clinical Director. The opening session was chaired by Professor Richard Greene, National Project Team.

There was a large turnout for day one of the event with the presenters providing a system demonstration entitled “Day in the Life”. Day two to day five comprised of breakout sessions with various scenarios been demonstrated to the specific work streams.

Over the course of the five days, attendees were encouraged to tell us their thoughts by posting comments on the “Feedback Wall” at the event. The feedback from those who attended was that they found the event informative and thought provoking. There was a sense of excitement about the system with attendees asking “when it will be deployed to my hospital”.

After a very successful week the main focus of the current phase of the project switches from the build and design to Testing, Training, Change / Adoption and the deployment of the system at the four core sites.

The remaining 15 maternity units who will form part of subsequent phased roll outs now need to consider resourcing their own LIT so they are prepared to fully realise the benefits offered by the MN-CMS.

The NPT look forward to working with all hospitals on the implementation of the new Electronic Health Record (EHR) for all women and babies in maternity services in Ireland.

Do something today that your future self will thank you for. Change what you can't accept. Accept what you can't change.