Results The length of the reports ranged from 11–210 pages (average 86). A definitive purpose for the inquiry was stated in 6/10 reports. Half of the reports explained the inquiry methodology used (including reference to review tools).

The inquiry team was named and multi-disciplinary (MDT) in five reports (4–14 people); four reports described each person’s role, but not their responsibilities. It was clearly stated that affected families were involved in four inquiries and relevant clinical staff in four. The inquiry team commented on good aspects of care provided by clinical staff in only four reports.

In the recommendations four main domains were identified: management of information; pregnancy loss care; maternity services governance; workforce staffing and training. The SMART principle (i.e. specific, measurable, achievable, realistic or time-bound) was not consistently applied to the recommendations in any report, thereby reducing the chance of implementation.

Conclusion This was the first structured review of pregnancy-loss national inquiry reports, highlighting some of the main issues arising from them. The methodology used during the inquiry process was clearly described in only half of reports. Clearly standardising inquiry processes and highlighting all relevant issues is essential. For this purpose, structured national report checklists can be a useful resource. Additionally, a selected external expert MDT, clinical staff and families should always be involved in the inquiry process. Recommendations made within inquiry reports, can have a profound impact on maternity services if implemented appropriately. This will be explored further in an analysis of all implemented recommendations.

P22 USING NATIONAL HOSPITALISATION DATA TO EXPLAIN TRENDS IN INPATIENT ADMISSIONS FOR COPD IN IRELAND

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Background Ireland has the highest rates of hospitalisations for Chronic Obstructive Pulmonary Disease (COPD) of all OECD countries (369/100,000 in 2017, compared with OECD average of 200/100,000). We analysed national hospitalisation data to investigate the characteristics of these hospitalisations and how they have changed over time to assist in programme planning and identify areas for intervention.

Methods Using Hospital In-Patient Enquiry (HIPE), a national discharge database for episodes of admitted care in acute public hospitals, we undertook a longitudinal review of trends in inpatient hospitalisations for COPD between 2009 and 2017. COPD hospitalisations were identifiable by ICD-10-AM codes J40–J44 and J47. We standardised against two populations: 1) sex-specific rates against the OECD pop and 2) age-sex rates for Chronic Obstructive Pulmonary Disease (COPD) of all Ireland has the highest rates of hospitalisations for Chronic Obstructive Pulmonary Disease (COPD) of all OECD countries (369/100,000 in 2017, compared with OECD average of 200/100,000). We analysed national hospitalisation data to investigate the characteristics of these hospitalisations and how they have changed over time to assist in programme planning and identify areas for intervention.

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Results The prevalence of overnight hospitalisations increased for females from an age-standardised rate of 367.5/100,000 in 2009 to 393.0/100,000 in 2017, and declined for males from 391.6/100,000 to 343.5/100,000. Between 2009 and 2017, age-specific rates in males declined across most age categories, with the decline most pronounced in the 80–84 year age group. In contrast, females saw an increase in rates across the majority of age categories.

In 2017, rates were significantly higher amongst women in each 5-year age category ≤70 years, apart from the 55–59...