



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the announced monitoring assessment at Bantry General Hospital, Bantry, Co Cork

Monitoring Programme for the National Standards for the
Prevention and Control of Healthcare Associated Infections

Date of announced on-site monitoring assessment: 22 January 2013

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Background

The Health Information and Quality Authority (the Authority) has the national statutory role[‡] for developing standards for the quality and safety of healthcare services. The *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI) were approved by the Minister for Health and Children on 26 May 2009. Under the Health Act 2007, the Authority has the statutory responsibility, amongst other functions, for monitoring compliance with National Standards and advising the Minister for Health as to the level of compliance.

The NSPCHCAI provide a framework for health and social care providers to prevent or minimise the occurrence of Healthcare Associated Infections (HCAIs) in order to maximise the safety and quality of care delivered to all health and social care patients in Ireland. The NSPCHCAI aim to drive a culture of responsibility and accountability among all staff involved in the management and delivery of health and social care services – all of whom must play their part in preventing and controlling HCAIs. While services may differ in terms of scale, service-user population, the nature of care provided, staffing levels, location and history, the principles for the prevention and control of HCAIs are applicable to all health and social care services.

The Authority commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This phase of monitoring is a contributory phase towards preparing service providers for the eventual monitoring of services against the *National Standards for Safer Better Healthcare*. In line with this aim, the Authority reviewed the NSPCHCAI and framed them within three themes of the *National Standards for Safer Better Healthcare*. These themes are:

- Theme 1: Leadership, Governance and Management
- Theme 2: Workforce
- Theme 3: Safe Care.

[‡] The Authority is given the remit for setting standards for quality and safety in healthcare services under section 8 of the Health Act 2007.

1.1. Essential elements for safe, high quality care

To facilitate the overall NSPCHCAI monitoring programme, the NSPCHCAI and their respective criteria were reviewed and amalgamated in order to develop **essential elements** which would be representative of what an organisation must have in place as the foundation for the provision of safe, high quality care through the prevention and control of Healthcare Associated Infections (see Appendix 1). Accordingly, the monitoring methodology was developed to assess organisations for their compliance with these overarching essential elements. Therefore it is important to note that the Authority is not assessing against each of the individual standards and their criteria. It should also be noted that hygiene forms only one component of this announced assessment approach.

2. Overview

2.1. Bantry General Hospital[‡]

Bantry General Hospital provides acute general hospital services to the population of the West Cork area extending to locations as distant as the Beara Peninsula and Mizen Head.

Bantry General Hospital is a 118-bedded acute general hospital and provides within available resources a comprehensive range of inpatient, outpatient and day case services in response to identified needs and in accordance with the principles of equity, people centeredness, quality and accountability.

Services currently provided:

- general medicine, which includes coronary, Medical Assessment Unit, endocrinology and HDU
- general surgery, which includes casualty services
- old age medicine
- 12-bedded Rehabilitation and Assessment Unit and four acute stroke beds
- care of the elderly and respite care
- radiology
- palliative care
- Outpatient Department.

Day surgery provided by outreach consultants in the following specialities:

- laparoscopic surgery
- gynaecology
- plastics.

[‡] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

The following additional specialist outpatient services are provided by visiting consultants:

- orthopaedic
- paediatric
- maternity
- orthoptic
- gynaecology
- laparoscopic surgery
- plastic surgery.

Support services are provided as follows:

- Medical Assessment Unit in keeping with the National Acute Medical Programme
- Endoscopy Suite
- Physiotherapy Department
- Laboratory Department
- Outpatient Department.

A 24-bed continuing care unit for older people serving the catchment area is also located in the Hospital, with five beds allocated to respite care and one designated Palliative Care Suite.

An 18-bedded Acute Psychiatric Unit serving the catchment area is also located in the Hospital grounds.

3. Findings

The findings of the announced monitoring assessment at Bantry General Hospital are described below.

Authorised Persons from the Authority, Naomi Combe and Breeda Desmond, carried out the on-site component of the monitoring assessment on 22 January 2013 between 08:30hrs and 14:30hrs.

The areas assessed were:

- Medical ward
- Surgical ward
- Endoscopy Unit
- Intensive care Unit.

3.1. Risks identified

The Authority identified no specific issues that they believed may have presented immediate serious risks to the health or welfare of patients.

3.2. Theme 1: Leadership, Governance and Management

Theme 1: Leadership, Governance and Management

Robust leadership, governance and management structures and processes underpin what hospitals should have in place to assure the public and themselves that the arrangements for the prevention and control of Healthcare Associated Infections (PCHCAI) are effective.

There are robust local, monitoring and reporting arrangements in place thereby ensuring infection control is managed at a consistently high level of quality with minimal variation in the delivery of that care. There are effective regional and national PCHCAI reporting arrangements in place, infection control activities provided are compliant with the relevant legislation, clinical care programmes and evidenced-based practice, and the organisation is acting on national standards and recommendations from statutory bodies.

Essential Element 1(a). A comprehensive corporate and PCHCAI governance structure supported by an integrated organisational framework is in place. The governance arrangements will include PCHCAI specific strategies, aligned cost effective initiatives and defined responsibilities for externally contracted services.

Findings Essential Element 1(a).

At the time of the inspection, Bantry General Hospital was a stand-alone hospital with informal working arrangements with Cork University Hospital Group (CUHG).

PCHCAI Governance

The Hospital's governance structure includes a general manager, a hospital manager, a director of nursing and a clinical director (who is also the Clinical Director for Cork University Hospital Group). The Hospital Manager and Director of Nursing report to the General Manager, who reports to the Area Manager, HSE South. The Clinical Director reports to the Area Manager, HSE South.

Infection Prevention and Control Team

An Infection Prevention and Control Team (IPCT) is in place, which is accountable to the Hospital Infection Control Committee, as documented in the submitted terms of reference. The team comprises the Infection Control Nurse, a nursing representative and a consultant physician.

Infection Prevention and Control Committee

Bantry General Hospital has an Infection Prevention and Control Committee (IPCC), with terms of reference in place. The IPCC met six times last year, as evidenced by minutes provided to the Authority. Membership of the Committee includes corporate and clinical representation. As per the submitted reporting structure diagram, this IPCC reports to the Executive Management Board through its chair, the Interim Director of Nursing. In the absence of an on-site microbiologist, the consultant microbiologist in Cork University Hospital is consulted when necessary.

Drugs and therapeutic committee

There is no drugs and therapeutic committee in place in Bantry General Hospital. In its absence the Authority was informed that medication issues relating to the prevention and control of HCAs are brought to the IPCC and dealt with by the Committee.

There is a clearly documented structure relating to the prevention and control of HCAs in place in Bantry General Hospital, with individuals aware of their roles and responsibilities. However, there is neither a named accountable person for the coordination of the prevention and control of HCAs surveillance programme, nor an antimicrobial liaison pharmacist in the Hospital. There are several key positions unfilled without which, adequate HCAI-prevention-and-control-specific strategies, aligned cost effective initiatives and defined responsibilities for externally contracted services are not being achieved. The lack of a named accountable person for the coordination of the PCHCAI surveillance programme, in conjunction with the dearth of a drugs and therapeutic committee and the absence of an antimicrobial liaison pharmacist, poses a serious risk of HCAs to patients.

Essential Element 1(b). There is clear monitoring and reporting of defined PCHCAI performance metrics, with trend analysis, reciprocal quality improvement initiatives and reporting at a local, regional and national level.

Findings Essential Element 1(b).

Care bundles are audited and reported on regularly. Regular audits of environmental hygiene are undertaken by members of the IPCC. The Authority was informed in discussions with members of the IPCC that the green flag system – an alert on the computer system which identifies individuals who have previously tested positive for Methicillin-resistant *Staphylococcus aureus* (MRSA) – is utilised effectively. This was supported by submitted documentation. Audit is undertaken for blood culture response times and false positives. Audit of the efficacy of the provision of maintenance services at the Hospital was undertaken in 2012; results showed an 80% to 90% compliance rate. The Authority was informed by members of the IPCC that audits will be undertaken quarterly throughout 2013.

However, no audit of surgical site infections was undertaken in 2012; no audit of the use of antimicrobials was undertaken in 2012; no audit of the administration of

surgical antimicrobial prophylaxis was undertaken in 2012. Audit facilitates decision making regarding the prevention and control of HCAIs ensuring that the accountable person can be confident that the prevention and control of HCAIs is being managed effectively and thus be able to make a judgment on the level of risk to patients. This dearth of audit poses a potential risk of HCAIs to patients in Bantry General Hospital.

Essential Element 1(c). A clear PCHCAI communication strategy, supported by robust operational arrangements, to assure the effective communication of appropriate and timely information throughout the service, to service providers and appropriate agencies is in place.

Findings Essential Element 1(c).

There is no PCHCAI communication strategy in place in Bantry General Hospital. While the Hospital Manager gave a comprehensive description, in discussions with the Authority, of multidirectional PCHCAI information communications, this process has not been formalised. A PCHCAI communication strategy ensures that information relating to Healthcare Associated Infections is communicated and responded to in an efficient, timely, effective and accurate manner. Therefore, the absence of a formal, written PCHCAI communication strategy poses an indirect risk of HCAIs to patients.

Theme 1: Leadership, Governance and Management – Conclusion

The absence of adequate audit renders it impossible for the accountable person to be confident that PCHCAI is being managed effectively. The dearth of several pivotal roles to the prevention and control of HCAIs, such as a named accountable person for the coordination of the PCHCAI surveillance programme, an antimicrobial liaison pharmacist, and a drugs and therapeutics committee, combined with the absence of PCHCAI-related audit and a formal PCHCAI communication strategy, poses a serious risk of HCAIs, both directly and indirectly, to patients in Bantry General Hospital.

Theme 1: Leadership, Governance and Management – Recommendations

Recommendation 1. Arrangements should be put in place to form a drugs and therapeutics committee.

Recommendation 2. There should be a named accountable person for the coordination of the PCHCAI surveillance programme.

Recommendation 3. An efficient antimicrobial stewardship programme should be developed and implemented.

Recommendation 4. A formal and more comprehensive system of monitoring and reporting of defined PCHCAI metrics should be implemented in Bantry General Hospital.

Recommendation 5. A formal system of communication regarding PCHCAIs should be developed and implemented in Bantry General Hospital.

3.3. Theme 2: Workforce

Theme 2: Workforce

The hospital should always be in a position to assure patients, the public and themselves that everyone working in the service is contributing to the prevention and control of Healthcare Associated Infections. The individual members of the workforce must be skilled and competent, they must be supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in contractual employment.

Essential Element 2(a). Members of the core PCHCAI team must have the appropriate qualifications, specific training, skills and competencies in infection control, antimicrobial stewardship and HCAI surveillance. They must undergo continuing professional education and development on a regular basis.

Findings Essential Element 2(a).

The Authority was assured in discussions with members of the executive team that members of the PCHCAI team are appropriately qualified and attend continuing professional education regularly. This was supported by submitted documentation.

Essential Element 2(b) All hospital staff receive mandatory theoretical and practical training in relation to the prevention and control of Healthcare Associated Infections.

The Authority confirmed that hand hygiene education sessions for all disciplines are held in Bantry General Hospital monthly, that there are regular information sessions on Methicillin-resistant *Staphylococcus aureus* (MRSA) and Clostridium Difficile (C. Diff.), and that PCHCAI training is undertaken at non-consultant hospital doctors' inductions. This was supported by submitted documentation. However, attendance for some groups at hand hygiene education sessions has been low. The Authority was informed in discussions that these groups have been targeted by the Infection Control Nurse and the PCHCAI lead physician, and that attendance for all groups is now at 100%. Documentation submitted to HIQA supported this reported level of compliance.

Essential Element 2(c) There are arrangements are in place to ensure visiting clinical, undergraduates and agency staff are competent in the core principles for the prevention and control of HCAIs.

Findings Essential Element 2(c).

There are adequate arrangements in place.

Agency nurses must present a certificate of competency in the core principles for the prevention and control of HCAIs before commencing work in the Hospital. Student nurses and work experience students must also present a similar certificate. Locum clinicians are asked to attend hospital hand hygiene educational sessions. The Authority was informed in discussion with the IPCC that the Infection Prevention and Control nurse follows up with those clinicians who do not attend these sessions, as a control.

Theme 2: Workforce – Conclusion

Documentation supplied and discussion with members of the Hospital's executive team indicate that members of the core PCHCAI team are appropriately qualified. There is no microbiologist on site. However, Bantry General Hospital medical staff have 24-hour, seven-days-a-week access to specialist microbiological services at Cork University Hospital (CUH). Arrangements are in place for staff, both permanent and temporary, to receive mandatory theoretical and practical training in relation to the prevention and control of Healthcare Associated Infections. Documentation submitted to the Authority confirms that attendance is audited and follow up undertaken as necessary to ensure compliance.

Theme 2: Workforce – Recommendations

No recommendations arising.

3.4. Theme 3: Safe Care

Theme 3: Safe Care

The hospital recognises that the prevention and control of Healthcare Associated Infections is paramount. The cleanliness of the physical environment and equipment is effectively managed and maintained. The hospital learns from all information relevant to the provision of safe PCHCAI services, in addition to when things go wrong.

There is an embedded focus on quality and safety improvement, evidence-based decision making and active engagement in local, national and international initiatives to minimise the risk of HCAs.

Essential Element 3(a). There is 24-hour seven-days-a-week access to specialist microbiological advice and services.

Findings Essential Element 3(a).

There is no microbiology laboratory in Bantry General Hospital. Staff at the Hospital have 24-hour, seven-days-a-week access to specialist microbiological services at Cork University Hospital (CUH). Samples are sent to CUH for analysis and advice is regularly sought from the microbiologist in CUH, over the telephone by physicians. However, this system is not supported by formal policies, procedures and guidelines. Informal arrangements may risk sustainability of good practice, and lead roles may be undefined and lack accountability. Formalisation facilitates audit, information sharing and quality assurance. Thus, lack of formal arrangements between Cork University Hospital and Bantry General Hospital may pose a risk of patients at Bantry General Hospital receiving less than optimal care.

Essential Element 3(b). There are specific care bundles and/or policies and procedures developed, communicated, implemented and their efficacy monitored with the use of:

- peripheral intravenous catheter
- urinary catheter
- central venous catheter.

Findings Essential Element 3(b).

Care bundles for central venous catheters (CVC), peripheral venous catheters (PVC), urinary catheters (UC) and percutaneous endoscopic gastrostomy (PEG) tubes were developed and are implemented in Bantry General Hospital. The Consultant Physician discussed his initiative regarding development of a care bundle for antimicrobial prescribing in the Hospital. Care bundle development and implementation was led by the Infection Control Nurse (ICN) and Clinical Development Coordinator. There are policies in place to support care bundle process.

The Authority reviewed the use of peripheral venous catheter (PVC), urinary catheter (UC) and PEG (percutaneous endoscopic gastrostomy) care bundles on the Medical ward and CVC care bundles on the Intensive Care Unit (ICU).

There are daily checklists as part of all care bundles, which are included in the patient's end-of-bed documentation. These are completed by the assigned nurse on duty. Items to be completed on PVC care bundles are: date and time of insertion, reason for insertion, type/gauge, daily inspection signature, removal date, reason for removal and signature of staff removing device. Date of insertion of PVCs is documented on the dressing. PVC devices are checked daily. The Authority reviewed documentation of inpatients with PVC care bundles, which was comprehensive. Some of the patients were admitted via the ED and documentation reviewed demonstrated that care bundle records started there, as is appropriate. The Ward Manager discussed care bundle documentation and outlined that as part of new doctors' induction programme, care bundle rationale is outlined to ensure compliance with both care and documentation.

Urinary catheter (UC) care bundles were assessed. Daily checks in place for UC included: daily patient hygiene, UC continually connected, empty bag often, hand hygiene, request removal or leave UC in situ. While this documentation was comprehensively completed for some care bundles, it was not accurately completed for one. The indication for insertion of one urinary catheter was for urinary output monitoring. However, when the Authority reviewed the associated fluid balance chart, frequent emptying of the catheter bag to enable monitoring was not undertaken. This could pose a risk of HCAI to patients, and was highlighted to the Ward Manager.

CVC care bundles in ICU were reviewed by the Authority. While there was no patient receiving care for a CVC, the Ward Manager outlined the documentation to support effective CVC management. In conjunction with Bantry General Hospital's CVC care bundle policy, there is the 'mandatory transfer policy' which indicates factors for initiation. Placement of a CVC in a patient is one of those factors that indicates that patients should be transferred to Cork University Hospital.

The Authority observed records of weekly reporting of all care bundle compliance submitted from each ward to the Infection Control Nurse (ICN). Overall, compliance has improved and staff on each ward outlined positive outcomes for patients including a decrease of insertion of IV lines in the ED and timely removal of devices, which should decrease risk to patients of HCAs in Bantry General Hospital.

In conclusion, ward managers on both the Medical ward and the ICU who were spoken with by the Authority were knowledgeable about the principles and use of care bundles. Daily checklists were in place; patient care bundle documentation reviewed and the results of the audit would indicate that care bundles are embedded into the management of invasive devices at operational level.

Essential Element 3(c). There are defined PCHCAI performance metrics and audit process in place with a particular emphasis on:

- surgical site infection rates
- environmental and equipment hygiene
- antimicrobial prescribing
- hand hygiene
- infection related to the use of invasive medical devices
- HCAI trend rates and analysis.

Findings Essential Element 3(c).

Surgical site infection rates

Surgical site infections (SSIs) are infections that occur in a wound created by an invasive surgical procedure. They are a risk associated with any surgical procedure. Audit of SSIs facilitates monitoring of, and subsequent attempts to reduce, levels of infection.

There were no audit results submitted on surgical site infection rates in Bantry General Hospital. This was confirmed in meetings with staff. Without audit, the Hospital's management team is not in a position to monitor surgical site infection rates. Audit provides a useful key quality indicator to enable adequate monitoring of infection rates and lack of audit is not compliant with the Standards.

Environmental and equipment hygiene

Environmental and equipment hygiene audits are undertaken regularly. Staff in each area self-audit once a month. The Hygiene Team selects an area within the Hospital each month to audit also. These audits are circulated to staff and reflect ongoing improvements.

Antimicrobial prescribing feedback

There is no antimicrobial prescribing feedback in Bantry General Hospital. Antimicrobial prescribing feedback is a significant strategy that has shown demonstrable benefits in the prevention and control of HCAs. The absence of such practice is non-compliant with the Standards and poses a risk of HCAs to patients in Bantry General Hospital.

Hand hygiene

There was evidence of good practice which included the following:

- Alcohol-based hand gels and foams were widely available for use throughout the Hospital.
- Laminated posters to demonstrate appropriate hand hygiene technique were displayed throughout. The Authority observed reminder hand hygiene notices at various high visibility points throughout the patients' journey from the Outpatients Department and Emergency Department to inpatient accommodation.
- The Authority spoke with staff in the areas assessed, who demonstrated their knowledge verbally and in practice regarding hand hygiene best practice.
- Hand hygiene training for all disciplines of staff was discussed during the monitoring assessment, as the Authority noted, following review of documentation submitted prior to the on-site visit, that some disciplines had very poor attendances. Those disciplines with poor attendances were targeted and this has resulted in 100% compliance with hand hygiene training to date.

Observation and hand hygiene opportunities

The Authority observed 16 opportunities during the monitoring assessment:

- five before touching a patient
- one after touching a patient
- 10 after touching a patient's surroundings.

All of the hand hygiene opportunities were taken. Of those, 15 of 16 were observed to comply with best practice hand hygiene technique. Non-compliance related to one occurrence of incorrect technique.

Conclusion

The high level of hand hygiene compliance and hand hygiene practices observed by the Authority in Bantry General Hospital on the day of the monitoring assessment was commendable and suggests that a culture of hand hygiene best practice is operationally embedded throughout the Hospital.

Essential Element 3(d). There is proactive reporting, identification, evaluation and management of information to include PCHCAI-related adverse events, risks, patients' complaints, audits and satisfaction surveys.

Findings Essential Element 3(d).

Documentation submitted to the Authority indicated that no HCAI-related adverse incidents or complaints were documented in the Hospital in 2012. On discussion with staff members it was clarified that no HCAI-related incidents or complaints were received in that period.

Patient satisfaction surveys are undertaken each month and it was reported in discussions with the PCHCAI team that there had been no negative feedback in relation to hygiene issues via this forum and that some positive feedback has been received in relation to same.

In discussion with the Hospital's executive management team, members described proactive reporting, identification, evaluation and management of HCAIs. However, these systems were not formalised and there was little documentation to support the systems described. Informal arrangements may risk sustainability of good practice, and lead roles may be undefined and lack accountability. Formalisation facilitates audit, information sharing and quality assurance. Thus, the absence of formal systems poses a potential risk of HCAIs to patients.

Essential Element 3(e). The cleanliness of the physical environment and equipment is effectively managed and maintained.

Findings Essential Element 3(e).

Overall, the Authority found that all areas assessed were clean.

There was evidence of good practice, such as the following:

- The environment in the four areas assessed was well maintained and free of dirt, dust, debris or spillages, with a few exceptions.
- Displayed information was appropriate, up to date and laminated or covered with a washable surface for effective cleaning in all areas throughout the environment and patient areas assessed.
- Work station equipment in all areas assessed including telephones and keyboards were observed to be free of dust and clutter.
- Utility rooms were observed to be mainly clean.
- 'Dirty'* utility rooms on the medical ward were clean.

* A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, such as:

- There was evidence of dust and grit on the lower surface at the junction between the flooring and wall covering in the 'dirty' utility opposite the Intensive Care Unit (ICU).
- The cleaners' room located near the Endoscopy Unit was cluttered, making adequate cleaning difficult.
- The sink in the clinical area of the Endoscopy Unit was non-compliant with HBN 95 standards.⁺ There was a metal grid in the plug-hole which was almost directly underneath the water flow. While the taps were hands-free, the lever was stiff and difficult to access as it was positioned under a low placed cupboard. Some sinks on the medical ward were non-compliant with HBN 95 standards.
- While the flooring in the Endoscopy Unit was clean, the surface was worn and this may impede effective cleaning.
- Light to moderate amounts of dust was noted on some high and low surfaces in the patient areas on the medical ward.
- The covering on one chair was damaged on the medical ward and this would impede effective cleaning.
- Part of the work surface in the clinical area of the medical ward was damaged.
- There was a sticky residue on the surface of the resuscitation trolley on the surgical ward.

Waste segregation

There was evidence of good practice, such as the following:

- Clinical waste information posters identifying waste segregation were observed in the 'dirty' utility and waste segregation areas in each area assessed.

⁺ Health Building Note (HBN) 95 i.e. no plugs or overflows and the water jet must not flow directly into the plughole.

- Foot operated clinical non-risk and clinical risk waste bins were in place and appropriately used. Clinical risk waste bins were appropriately placed to collect waste from occupied isolation rooms in line with best infection control and prevention practices. Appropriate use and disposal of personal protective equipment by staff was observed.

Cleaning equipment

There was evidence of good practice, such as the following:

- Cleaning staff spoken with on wards assessed were knowledgeable regarding infection prevention and control protocols.
- The Authority observed that rooms containing potentially hazardous cleaning solutions were locked in all areas assessed and were inaccessible to the public.
- Cleaning equipment in the areas assessed was clean and a colour-coded system was in place and demonstrated in each area assessed.
- Appropriate advisory signage was observed for use of products used for cleaning and disinfection. Safety data sheets were accessible within the clinical areas.

Patient isolation rooms

There was evidence of good practice, such as the following:

- Appropriate signage was in place identifying isolation rooms on both the surgical and medical wards which described the precautionary measures to be undertaken.
- Single en suite rooms are available on each ward. Patients requiring isolation due to infection are prioritised regarding bed allocation. Signage with this notification is on display in single rooms.

Linen

There was evidence of good practice, such as the following:

- Clean linen was stored appropriately. Used linen was segregated in line with best practice, evidenced by colour-coded linen bags and alginate bags used in the clinical areas.
- Clean linen assessed by the Authority was found to be free of stains and tears. Clean linen was stored in dedicated linen cupboards in the areas assessed.

- Curtains are changed weekly and more often if necessary. Patient-area screens are in place in the ED and the Authority reviewed records showing regular cleaning of these screens.

Water outlet flushing

There was evidence of good practice, such as the following:

- The Authority were informed that a water flushing schedule was undertaken by household staff and records of flushing were demonstrated.
- A standard operating procedure (SOP) to inform the flushing process was available.

Conclusion

Overall, the Authority found that all areas assessed were generally clean, with the exception of some pieces of equipment which were unclean, and a moderate amount of dust noted on occasional surfaces. Clinical and non-clinical waste was dealt with appropriately.

There was evidence of good practice in the area of cleaning equipment and cleaning protocols. There was evidence of good practice with regards to information displayed outside isolation rooms. Linen was stored and segregated appropriately. Good practice was demonstrated regarding water outlet flushing.

Where evidence of non-compliance with the Standards was noted by the Authority, improvements are needed.

Theme 3: Safe Care – Conclusion

Staff at Bantry General Hospital have 24-hour, seven-days-a-week access to specialist microbiological services at Cork University Hospital (CUH); samples are sent to CUH for analysis and advice is regularly sought over the telephone by physicians. However, this system is not supported by formal policies, procedures and guidelines, which poses a potential risk of patients at Bantry General Hospital receiving less than optimal care.

Staff at Bantry General Hospital are knowledgeable about the principles of care bundles; documentation reviewed indicates that care bundles are embedded into the management of invasive devices at operational level.

The high level of hand hygiene compliance and hand hygiene practices observed by the Authority on the day of the monitoring assessment suggests that a culture of hand hygiene best practice is operationally embedded throughout the Hospital.

Overall, the Authority found that all areas assessed were generally clean. There was evidence of good practice regarding waste management, cleaning equipment and

cleaning protocols, information displayed outside isolation rooms, linen storage and segregation, and water outlet flushing.

Theme 3: Safe Care – Recommendations

Recommendation 6. Access to microbiology services and advice from Cork University Hospital should be formalised.

Recommendation 7. Formal structures, policies, procedures and guideline should be developed and implemented to demonstrate proactive reporting, identification, evaluation and management of HCAs.

4. Overall Conclusion

4.1. Overview

Bantry General Hospital is a small general hospital where the cleanliness of the physical environment and equipment is effectively managed and maintained. The Hospital's executive team recognises that the prevention and control of Healthcare Associated Infections is paramount. The Authority acknowledges that the full complement of resources cannot always be available to all hospitals. However, arrangements dependent on goodwill and collegial relationships are not sustainable. The Department of Health is currently working towards the establishment of Hospital Groups followed by Hospital Trusts to manage public hospitals. In the interim, the HSE must implement arrangements to support Bantry General Hospital to develop more robust leadership, governance and management structures, and processes to support the arrangements in place for the prevention and control of Healthcare Associated Infections (PCHCAI).

The Hospital was found on assessment to be generally clean and to have a commendable level of hand hygiene compliance and hand hygiene practices. There was evidence of good practice in several areas including the effective use and monitoring of care bundles.

However, the dearth of several pivotal roles around the prevention and control of Healthcare Associated Infections, such as a named accountable person for the coordination of the PCHCAI surveillance programme, an antimicrobial liaison pharmacist, and a drugs and therapeutics committee, combined with the absence of PCHCAI-related audit and a formal PCHCAI communication strategy, poses a serious risk of HCAs, both directly and indirectly, to patients in Bantry General Hospital.

Documentation and discussion indicates that members of the core PCHCAI team are appropriately qualified. Arrangements are in place for staff, both permanent and

temporary, to receive mandatory theoretical and practical training in relation to the prevention and control of Healthcare Associated Infections. Documentation submitted confirms that attendance at such sessions is audited and follow up undertaken as necessary to ensure compliance.

The system to access specialist microbiological services from CUH is not supported by formal policies, procedures and guidelines; this poses a risk of less than optimal care being received by patients at Bantry General Hospital.

Staff at Bantry General Hospital are knowledgeable about the principles of care bundles; documentation reviewed indicates that care bundles are embedded into the management of invasive medical devices at operational level.

The high level of hand hygiene compliance and hand hygiene practices observed by the Authority during the monitoring assessment suggests that a culture of hand hygiene best practice is operationally embedded throughout the Hospital.

Overall, the Authority found that all areas assessed were generally clean. There was evidence of good practice regarding waste management, cleaning equipment and cleaning protocols, information displayed outside isolation rooms, linen storage and segregation, and water outlet flushing.

However, due to the absence of several important roles that are central to the prevention and control of Healthcare Associated Infections, there is a heightened need to have arrangements in place to prioritise the use of available resources. There should be an ongoing, formal decision-making process for allocating limited resources in order to utilise them effectively and to ensure that the risk to patients of HCAIs is being minimised accordingly.

In conclusion, the Authority found Bantry Hospital to be partially compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Bantry Hospital must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This QIP must be approved by the service provider's identified individual who has the overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the Hospital on its webpage on the Health Service Executive's (HSE's) website within six weeks of the date of publication of this report.

The Hospital should ensure the continued monitoring of the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that it is implementing and meeting the NSPCHCAI and is making quality and safety improvements that safeguard patients.

5. Recommendations

Recommendation 1. Arrangements should be put in place to form a drugs and therapeutics committee.

Recommendation 2. There should be a named accountable person for the coordination of the PCHCAI surveillance programme.

Recommendation 3. An efficient antimicrobial stewardship programme should be developed and implemented.

Recommendation 4. A formal and more comprehensive system of monitoring and reporting of defined PCHCAI metrics should be implemented in Bantry General Hospital.

Recommendation 5. A formal system of communication regarding PCHCAIs should be developed and implemented in Bantry General Hospital.

Recommendation 6. Access to microbiology services and advice from Cork University Hospital should be formalised.

Recommendation 7. Formal structures, policies, procedures and guideline should be developed and implemented to demonstrate proactive reporting, identification, evaluation and management of HCAIs.

Appendix 1 – Themes and Essential Elements

NSPCHAI Standard	Theme	Essential Element
<p>1,2,3, 4,5,6, 7,8,9, 10,11, 12.</p>	<p>Leadership, Governance and Management</p> <p>Robust leadership, governance and management structures and processes underpin what hospitals should have in place to assure the public and themselves that the arrangements for the prevention and control of Healthcare Associated Infections (PCHCAI) are effective.</p> <p>There are robust local monitoring and reporting arrangements in place thereby ensuring infection control is managed at a consistently high level of quality with minimal variation in the delivery of that care. There are effective regional and national PCHCAI reporting arrangements in place; infection control activities provided are compliant with the relevant legislation, clinical care programmes and evidenced-based practice; and the organisation is acting on national standards and recommendations from statutory bodies.</p>	<p>1(a) A comprehensive corporate and PCHCAI governance structure supported by an integrated organisational framework is in place. The governance arrangements will include PCHCAI specific strategies, aligned cost-effective initiatives and defined responsibilities for externally contracted services.</p> <p>1(b) There is clear monitoring and reporting of defined PCHCAI performance metrics, with trend analysis, reciprocal quality improvement initiatives and reporting at a local, regional and national level.</p> <p>1(c) A clear PCHCAI communication strategy, supported by robust operational arrangements, to assure the effective communication of appropriate and timely information throughout the service, to service providers and appropriate agencies is in place.</p>

NSPCHAI Standard	Theme	Essential Element
1, 4, 5, 6.	<p>Workforce</p> <p>The hospital should always be in a position to assure patients, the public and itself that everyone working in the service is contributing to the prevention and control of Healthcare Associated Infections. The individual members of the workforce must be skilled and competent, they must be supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in contractual employment.</p>	<p>2(a) Members of the core PCHCAI team must have the appropriate qualifications, specific training, skills and competencies in infection control, antimicrobial stewardship and HCAI surveillance. They must undergo continuing professional education and development on a regular basis.</p> <p>2(b) All hospital staff receive mandatory theoretical and practical training in relation to the prevention and control of Healthcare Associated Infections.</p> <p>2(c) There are arrangements in place to ensure that visiting clinical, undergraduates and agency staff are competent in the core principles for the prevention and control of HCAIs.</p>

NSPCHAI Standard	Theme	Essential Element
1,2,3, 6,7,8, 9,11,12.	<p>Safe Care</p> <p>The hospital recognises that the prevention and control of Healthcare Associated Infections is paramount. The cleanliness of the physical environment and equipment is effectively managed and maintained. The hospital learns from all information relevant to the provision of safe PCHCAI services, in addition to learning from when things go wrong. There is an embedded focus on quality and safety improvement, evidence-based decision making and active engagement in local, national and international initiatives to minimise the risk of HCAs.</p>	<p>3(a) There is access to specialist microbiological advice and services, 24 hours a day, seven days a week.</p> <p>3(b) There are specific care bundles and/or policies and procedures developed, communicated, implemented and their efficacy monitored with the use of:</p> <ul style="list-style-type: none"> ▪ peripheral intravenous catheter ▪ urinary catheter ▪ central venous catheter. <p>3(c) There are defined PCHCAI performance metrics and audit process in place with a particular emphasis on: surgical site infection rates, environmental and equipment hygiene, antimicrobial prescribing, hand hygiene, infection related to the use of invasive medical devices, HCAI trend rates and analysis.</p> <p>3(d) There is proactive reporting, identification, evaluation and management of information to include PCHCAI-related adverse events, risks, patients' complaints, audits and satisfaction surveys.</p> <p>3(e) The cleanliness of the physical environment and equipment is effectively managed and maintained.</p>

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