



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the announced inspection of University Hospital Waterford**

Monitoring programme against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* during the COVID-19 pandemic

Date of inspection: 16 September 2020



## **About the Health Information and Quality Authority (HIQA)**

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.



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## 1.0 Information about this monitoring programme

Under the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare among other functions. In light of the ongoing COVID-19 pandemic, HIQA has developed a monitoring programme to assess compliance against the *National standards for the prevention and control of healthcare-associated infections in acute healthcare services*<sup>1</sup> during the COVID-19 pandemic.

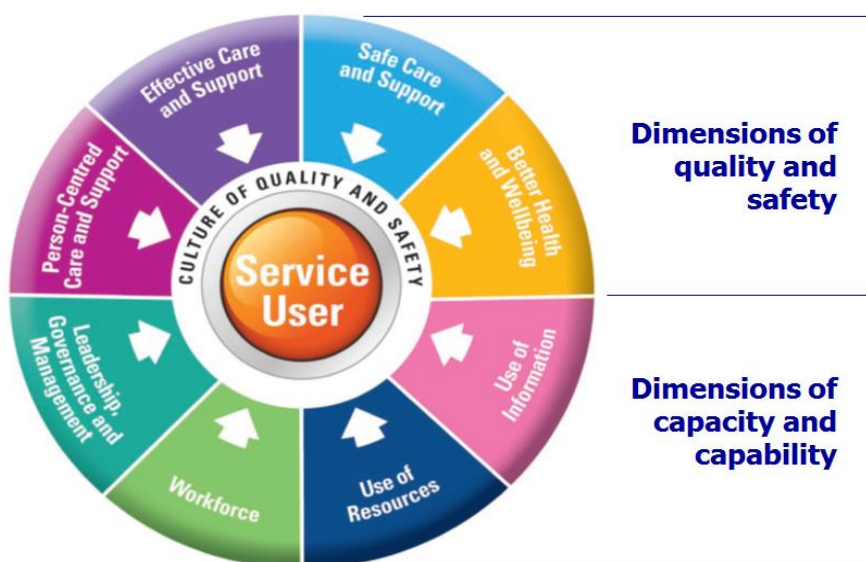
The national standards provide a framework for service providers to assess and improve the service they provide particularly during an outbreak of infection including COVID-19.

Inspection findings are grouped under the national standards dimensions of:

1. **Quality and safety**
2. **Capacity and capability**

Under each of these dimensions, the standards\* are organised for ease of reporting.

**Figure 1: National standards for infection prevention and control of healthcare-associated infections in acute healthcare services (2017)**



*National standards for the prevention and control of healthcare-associated infections in acute healthcare services* 2017

## Report structure

The lines of enquiry for this monitoring programme of infection prevention and control in acute healthcare services focus on six specific national standards within four of the eight themes of the standards, spanning both the capacity and capability and quality and safety dimensions.

This monitoring programme assesses acute hospital’s **capacity and capability** through the following standards:

<b>Capacity and Capability</b>	
<b>Theme</b>	<b>Standard</b>
<b>5: Leadership, Governance and Management</b>	<b>Standard 5.3:</b> Service providers have formalized governance arrangements in place to ensure the delivery of safe and effective infection prevention and control across the service
<b>6: Workforce</b>	<b>Standard 6.1:</b> Service providers plan, organise and manage their workforce to meet the services’ infection prevention and control needs.

HIQA also assesses acute hospital’s service provision under the dimensions of **quality and safety** through the following standards:

<b>Quality and Safety</b>	
<b>Theme</b>	<b>Standard</b>
<b>2: Effective Care &amp; Support</b>	<b>Standard 2.6:</b> Healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare-associated infection. <b>Standard 2.7</b> Equipment is cleaned and maintained to minimise the risk of transmitting a healthcare-associated infection.
<b>3: Safe Care and Support</b>	<b>Standard 3.1.</b> Service providers integrate risk management practices into daily work routine to improve the prevention and control of healthcare-associated infections. <b>Standard 3.8</b> Services have a system in place to manage and control infection outbreaks in a timely and effective manner.

## Judgment Descriptors

The inspection team have used an assessment judgment framework to guide them in assessing and judging a service’s compliance with the national standards. The assessment judgment framework guides service providers in their preparation for inspection and support inspectors to gather evidence when monitoring or assessing a service and to make judgments on compliance.

Following a review of the evidence gathered during the inspection a judgment has been made on how the service performed. The following judgment descriptors have been used:

<b>Compliant</b>	<b>Substantially compliant</b>	<b>Partially compliant</b>	<b>Non-compliant</b>
A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant National Standards.	A judgment of substantially compliant means that the service met most of the requirements of the National Standards but some action is required to be fully compliant.	A judgment of partially compliant means that the service met some of the requirements of the relevant National Standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for patients over time if not addressed.	A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant standard has not been met, and that this deficiency is such that it represents a significant risk to patients.



## **1.1 Hospital Profile**

University Hospital Waterford is a model 4 tertiary referral hospital which provides a range of services including general medical, surgical, maternity and specialist care. The hospital is part of the South/South West Hospitals Group.<sup>†</sup>

The hospital had an available bed capacity of 436 beds. Of these, there were 120 single rooms with ensuite toilet facilities, 72 of which were located in a new five storey block which was fully operational at the time of the inspection. Within the hospital's allocation of single rooms, 18 of which had ventilation systems.

## **1.2 Information about this inspection**

This inspection report was completed following an announced inspection carried out by Authorised Persons, HIQA; Kay Sugrue, Kathryn Hanly and Siobhan Bourke on 16 September 2020 between 09:15 hrs and 14:50 hrs. The hospital manager was notified by HIQA of the intention to conduct the inspection 48 hours before the inspection.

Inspectors spoke with hospital managers, staff, representatives from the Infection Prevention and Control Committee and patients. Inspectors also requested and reviewed documentation, data and observed practice within the clinical environment in a sample of clinical areas which included:

- Pine Ward (COVID pathway)
- Medical 5 ward (non COVID pathway).

In addition, inspectors conducted a walkthrough of the Emergency Department.

HIQA would like to acknowledge the cooperation of the hospital management team and staff who facilitated and contributed to this inspection.

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<sup>†</sup> Hospital groups: The hospitals in Ireland are organised into seven hospital groups. 1. Ireland East Hospital Group. 2. Dublin Midlands Hospital Group. 3. South/South West Hospital Group. 4. Saolta University Health Care Group. 5. University of Limerick Hospitals Group. 6. RCSI Hospitals Group. 7. National Children's Hospital Group.

## 2.0 Inspection Findings

The following sections present the general findings of this announced inspection as follows:

- Section 2.1 Capacity and Capability
- Section 2.2 Quality and Safety

### 2.1 Capacity and Capability

This section describes arrangements for the leadership, governance and management of the service at this hospital, and HIQA's evaluation of how effective these were in ensuring that a high quality safe service was being provided. It includes how the service provider is assured that there are effective governance structures and oversight arrangements in place for clear accountability, decision-making, risk management and performance assurance. This includes how responsibility and accountability for infection prevention and control is integrated at all levels of the service. This is underpinned by effective communication among staff. Inspectors also reviewed how service providers plan, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise and have the necessary resources to meet the service's infection prevention and control needs.

### **Theme 5: Leadership, Governance and Management**

**Standard 5.3:** Service providers have formalized governance arrangements in place to ensure the delivery of safe and effective infection prevention and control across the service

#### **Judgment Standard 5.3: Substantially compliant**

- The Quality, Audit, Patient Safety and Risk Committee had not met since February 2020. This committee needs to be fully functioning in line with documented governance structures and as the overseeing body for infection prevention and control and risk management.

### Corporate and Clinical Governance

Corporate and clinical governance arrangements including lines of communication for infection prevention and control at the hospital were outlined in an organogram provided to HIQA (Appendix 1). The hospital's Infection Prevention and Control Committee reported into the overarching Quality, Audit, Patient Safety and Risk Committee and upwards to the Executive Management Team. However, inspectors were informed that the Quality, Safety Audit and Risk Committee had only convened

once since the beginning of 2020. This was mainly due to a vacancy in the quality risk and patient safety manager role which was due to be filled by the 23 September 2020. Hospital management described interim arrangements in place which ensured that issues relating to infection prevention and control were appropriately managed, communicated and if needed escalated via the general manager upwards to the Executive Management Team and to the CEO of the South/Southwest Hospital Group.

The hospital had a multidisciplinary infection prevention and control committee. The support services manager was delegated the chair of this committee by the general manager. Inspectors noted that terms of reference for this committee had not been updated since 2016 and therefore should be reviewed to reflect revised governance structures.

Inspectors were informed that the Infection Prevention and Control Committee had last met in December 2019 but was due to reconvene on 30 September 2020. Temporary suspension of the infection prevention and control committee's quarterly meetings had occurred due to the onset of COVID-19 pandemic. In its place, a multidisciplinary Crisis Management Team (CMT) had been established in March 2020. The CMT had temporarily taken responsibility and operational oversight for COVID-19 preparedness and management at the hospital. This included infection prevention and control oversight for the hospital.

Membership of the CMT included representation from hospital senior management, nurse managers, clinical leads from three directorates and consultant microbiologists. Initially during the acute first phase of the COVID-19 pandemic, the CMT met each morning at 7am but the frequency has since reduced to three times a week. Minutes reviewed by inspectors from recent meetings held in September 2020 demonstrated a comprehensive oversight of all COVID-19 related issues and day-to-day operations. The information and advice discussed at these meetings was then cascaded down via appropriate line management structures to clinical areas and to medical teams within the hospital. Inspectors were informed that a representative from the South/Southwest Hospital Group joined the CMT on a weekly basis via teleconference.

The hospital had assigned a consultant microbiologist as the infection prevention and control lead for the hospital for purposes of COVID-19. In addition, a consultant microbiologist also sat on national forums and acted as a link to share updates and relevant information locally.

Overall, discussions with staff indicated general satisfaction with governance structures that had been instigated in response to COVID-19. Staff consistently articulated that they felt supported by hospital management and that COVID-19

pathways implemented were understood locally, were seamlessly applied and working very well.

An outbreak control committee was established at the hospital. Terms of reference for this committee reviewed by inspectors indicated that its membership was multidisciplinary. The outbreak control committee had been functioning up until recently and had overseen and managed a prolonged outbreak of Carbapenemase Producing Enterobacteriaceae (CPE). This outbreak had been declared over on 4 August 2020. Outbreak preparedness and management will be discussed further under Standard 3.8.

Inspectors reviewed the quality improvement plan developed following the November 2019 unannounced inspection.<sup>2</sup> It was evident from this plan that the hospital had taken on board the findings of the 2019 inspections with many of the identified actions completed. Inspectors were informed that the issue relating to the facility for reprocessing reusable cleaning textiles was unlikely to be fully addressed before the end of 2020.

#### Infection prevention and control team

University Hospital Waterford's Infection Prevention and Control Team had responsibility for implementing the annual infection prevention and control programme. The team produced quarterly reports for submission to the Infection Prevention and Control Committee and upwards to the Quality Safety and Risk Committee and the Executive Management Board. A fourth consultant microbiologist had been appointed and was in place since January 2020. Inspectors were informed that the position of a surgical site surveillance nurse specialist had been filled and was due to take up the position in October 2020.

Inspectors were informed that the infection prevention and control team continued to balance the implementation of the annual infection prevention and control programme in addition to prioritising extra workload associated with COVID-19.

The Infection Prevention and Control team were supported in their roles by a number of groups and sub-committees that reported into the Infection Prevention and Control Committee including:

- Decontamination Committee
- Environmental Monitoring and Water Safety Committee (not functioning at the time of the inspection)
- Hygiene Services
- Antimicrobial Stewardship Team
- Influenza preparedness group
- Transmission Based Precautions Steering Committee convened as needed

- 40 Infection prevention and control link practitioners.†
- 36 peer influenza vaccinators (increased from 18 in 2019)

### Antimicrobial Stewardship Programme

Management stated that much progress had been made to address deficiencies identified relating to the hospital antimicrobial stewardship programme. Staffing resources which previously had been identified by the hospital as limiting the advancement of the programme had been addressed. Since the 2019 HIQA inspections,<sup>2,3</sup> a consultant microbiologist was assigned as the hospital antimicrobial lead and an antimicrobial pharmacist had been appointed. The antimicrobial pharmacist was due to commence in the role by mid October 2020. Additional pharmacy resources had been acquired.

The hospital should continue to build on the progress it has achieved to date and continue to expand its antimicrobial stewardship programme in line with national standards<sup>1</sup> and guidelines.<sup>4</sup>

### Monitoring, Audit and Quality assurance arrangements

The infection prevention and control surveillance programme included surveillance of:

- 'alert' organisms<sup>§</sup>, 'alert' conditions<sup>\*\*</sup> and Notifiable Diseases<sup>5</sup>
- hospital-acquired *Staphylococcus aureus* bloodstream infection
- hospital-acquired *Clostridium difficile* infection
- COVID 19.

Assurance as to the effectiveness of the infection prevention and control systems and processes in place was provided through audit and monitoring of multiple elements of the infection prevention and control programme. These included but were not limited to the following:

- national hand hygiene audits conducted twice a year and regular local hand hygiene audits
- audits of hand hygiene facilities such as the availability of alcohol based hand gel at the point of care
- monthly patient equipment audits
- monthly environmental hygiene audits

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†Link practitioners are hospital staff who in addition to performing their own job support the Infection Prevention and Control Team to promote good practice in relation to infection prevention and control.

§ Alert organisms are identified in the microbiology laboratory and include organisms such as CPE and other antibiotic resistant organisms

\*\* Alert conditions include physical symptoms such as skin rashes, vomiting, diarrhoea, respiratory illness that could be due to an infectious illness

- daily COVID-19 compliance audits overseen by ward managers in areas inspected
- environmental sampling as required
- compliance with transmission based precautions
- regular senior management walkabouts.

Inspectors reviewed the results of environmental, patient equipment and hand hygiene hospital wide audits demonstrating that overall high levels of compliance were achieved. There was evidence that the preparedness plan had been recently reviewed on 13 August 2020 and much had been achieved in a relatively short period of time.

#### Policies Procedures and guidelines

The hospital had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and outbreak management. In addition, inspectors were provided with a number of COVID-19 specific infection control policies developed to support and guide staff on the management of scheduled and unscheduled patient care during the pandemic. These supporting documents were made available to staff in hard copy and in electronic format on computer desktops.

#### Influenza vaccination

The hospital reported that an influenza vaccination programme was due to commence with the aim of significantly improving the uptake in line with the 2020 national target.<sup>6</sup> Training was scheduled for peer vaccinators for the end of September 2020. It was evident from CMT minutes, discussions with staff and the number of peer vaccinators that the annual flu campaign was actively promoted at the hospital.

#### Coordination of care within and between services

University Hospital Waterford continued to provide a microbiology service to five hospitals across two hospital groups including twenty four hour/seven day a week microbiological clinical advice.

Hospital management informed inspectors that strong links and agreements were in place with some of the hospitals within these two hospital groups and a local private healthcare facility to help share resources between hospitals where appropriate. For example, these arrangements had enabled the haematology/oncology ward to temporarily decant to one these facilities to create greater capacity at the hospital at the onset of the pandemic. Inspectors were informed that these facilities could provide additional capacity again if needed.

## **Theme 6: Workforce**

**Standard 6.1:** Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

**Judgment Standard 6.1: Compliant**

Inspectors found that the hospital regularly reviewed infection prevention and control staffing resources to ensure the levels required were appropriate to the services provided. For example, since the 2019 HIQA inspection,<sup>3</sup> the hospital had expanded its infection prevention and control team. Furthermore, the addition of a surgical site surveillance nurse specialist to the team was intended to not only enhance current resources, but also facilitate the implementation of a hospital surgical site surveillance programme.

Management stated that in light of the services provided locally and to other hospitals across two hospital groups, the hospital had submitted a business case for an infectious disease consultant which was under review at the time of this inspection. The hospital had also identified through needs assessment of the population it served that more resources would be needed in the future to meet the growing demand on the services being provided.

### Infection Prevention and Control Education

Infection prevention and control training schedule and training records were reviewed by inspectors. While some of the scheduled training sessions had been impacted by COVID-19, a significant number of sessions had been delivered to hospital staff. The records viewed showed that:

- Hand hygiene training was provided across all staff disciplines. Approximately 74% of clinical staff had completed training. Improvements were reported in compliance by medical personnel. However inspectors found that more improvement was needed across most staff disciplines to ensure 100% compliance with mandatory hand hygiene requirement every two years was met.
- 78 infection prevention and control training sessions had been provided including standard and transmission based precautions and training in donning and doffing of personal protective equipment (PPE). 942 staff had been trained in donning and doffing between March and June 2020.
- Between March and June 2020, 636 staff had received infection prevention and control training in 16 sessions. Staff on wards inspected were fully compliant with infection prevention and control training requirements.

- A system was in place to ensure new staff or staff returning to work following extended leave were appropriately trained in infection prevention and control.
- An onsite trainer was available for contracted household cleaning staff.

Evidence of good practice was reported by a lead clinician to inspectors. A system was implemented to rotate non-consultant hospital doctors into the Intensive Care Unit. This process facilitated the training and competency development of junior doctors in donning and doffing of PPE and the positioning and care of ventilated patients with COVID-19. Inspectors were informed that a non-consultant hospital doctor train the trainer programme was also in place.



## 2.2 Quality and Safety

This section looks at how acute healthcare services ensure that infection prevention and control outbreak/s including COVID-19, are managed to protect people using the healthcare service. This includes how the services identify any work practice, equipment and environmental risks and put in place protective measures to address the risk, particularly during a pandemic.

It also focuses on how these services ensure that staff adhere to infection prevention control best practice and antimicrobial stewardship to achieve best possible outcomes for people during the ongoing COVID-19 pandemic.

### **Theme 2: Effective Care and Support**

**Standard 2.6:** Healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare-associated infection.

#### **Judgment Standard 2.6: Substantially compliant**

- Infrastructural and maintenance issues identified on Medical 5 Ward

#### Environment and infrastructure

Pine Ward and Medical 5 Ward were assessed by inspectors. In addition, inspectors conducted a walkthrough of the emergency department.

Overall the general environment in both areas inspected was clean with few exceptions. The emergency department was well maintained, organised and free from extraneous items and clutter.

Inspectors noted that staff were compliant with infection prevention and control practices during assessment of ward areas. In addition, PPE supplies were readily accessible at points of care and applied appropriately in line with national guidelines. Isolation signage was in place as required and COVID-19 signage was visibly displayed in multiple areas and surfaces such as walls and floors.

#### Medical 5 Ward

Medical 5 Ward accommodated 26 patients. Four of the rooms were multi-occupancy; three rooms had six beds and one had five. There were three single rooms with ensuite toilet and shower facilities. Physical distancing was maintained between beds in multi-occupancy rooms in line with national guidelines.<sup>7</sup>

Some infrastructural issues were identified on Medical 5 Ward which had been identified and acknowledged locally. The ward was an older design which was

reflected in the lack of a door separating the clean utility room from the nurses' station which potentially left medical and sterile supplies accessible. The inspector noted that there was evidence of wear and tear on surfaces and finishes throughout the ward which should be addressed. Poorly maintained finishes in the state observed may not support effective cleaning processes. Inspectors were informed that a business plan for refurbishing the ward had been submitted but approval to proceed had not been attained at the time of the inspection.

### Pine Ward

Pine Ward was a 24-bedded designated isolation unit for COVID-19 patients. This unit was located in a newly constructed five storey building which had been recently opened. Pine Ward was finished to modern specifications and high standards and had 24 single ensuite rooms. There were two pressurised isolation rooms with controlled ventilation. The isolation facilities on the ward had significantly boosted the hospital's overall capacity to isolate patients. These facilities were described by staff to inspectors as an important contribution to the management of patients with COVID-19 related issues. Additional isolation capacity meant that the need to cohort patients had reduced and had also positively contributed to the streamlining of COVID and non COVID patient pathways.

### Emergency Department

The main Emergency Department (ED) had 14 separate rooms, three resuscitation bays and two triage rooms. Two of the rooms were designated isolation units with pressurised controlled ventilation systems. One of these rooms was recently upgraded and refurbished to increase isolation capacity in the ED. Where possible, aerosol generating procedures were undertaken in these isolation rooms.

To support capacity requirements and assist with the implementation of COVID-19 and non-COVID-19 streaming processes through the ED, the hospital had added additional throughput capacity to the ED. To facilitate this, Medical 6 Ward had been re-purposed for the management of general practitioner ambulatory non-COVID patient referrals to the ED. These additional assessment bays were open between 7am and 7:30 pm each day.

Inspectors observed separate parallel patient pathways for unscheduled care implemented by the hospital. These pathways were in line with HSE guidelines.<sup>8</sup> Entry points at the ED were restricted and manned 24 hours a day by a member of the medical team or triage staff. Initial risk assessments were completed for each patient presenting to the ED. The patient was then streamed appropriately to either a COVID and non-COVID pathway. Additional separate waiting areas and parallel pathways to enable the streaming process had been allocated outside the ED. Hospital management informed inspectors that it was planned to enclose outdoor

waiting areas and pathways and implement physical distancing measures in these areas in the near future.

Antimicrobial soap was available in addition to plain soap at hand hygiene sinks in the ED. Alcohol-based hand rub was also available at the point of care. The use of antimicrobial soaps is associated with skin care issues and is not recommended for everyday clinical practices and therefore should be reviewed.

#### Environmental hygiene in areas inspected

Inspectors were satisfied through observation, documentation reviewed and discussion with staff that there was good oversight of environmental hygiene in both areas assessed. Daily cleaning logs were consistently recorded in both wards assessed. Monthly environmental audits were completed demonstrating satisfactory levels of compliance.

The hospital had systems and processes in place to ensure that each ward had allocated daily cleaning resources with additional resources available out of hours. Allocated cleaning resources in Medical 5 Ward and the ED were described to inspectors by hospital staff as appropriate, however there was potential to improve the cleaning resources allocated to Pine Ward. Cleaning schedules and frequencies should be regularly assessed and adjusted based on the risk of transmission of infection.<sup>4</sup> Inspectors found that the hospital should review the level of cleaning resources assigned to Pine Ward in the context of the risk of transmission of COVID-19 infection, activity levels and 24 hour patient throughput.

#### Discussion with patients

Inspectors spoke with a number of patients. Overall, patients indicated that they were happy with standards of environmental hygiene they had experienced while being cared for at the hospital. They also indicated satisfaction with staff practices they had observed to reduce the risk of spread of infection.

**Standard 2.7** Equipment is cleaned and maintained to minimise the risk of transmitting a healthcare-associated infection.

**Judgment Standard 2.7: Compliant**

#### Equipment hygiene

Overall, equipment in the both areas inspected were clean and well maintained with few exceptions. Inspectors viewed daily and weekly equipment cleaning checklists

and schedules and noted they were consistently completed and were monitored by Clinical Nurse Managers on an ongoing basis.

Designated patient equipment such as monitoring equipment was available in each of the isolation rooms on Pine Ward. Shared patient monitoring equipment on Medical 5 was assessed and found to be clean. Patient equipment was observed to be stored appropriately in both areas.

### **Theme 3: Safe Care and Support**

**Standard 3.1.** Service providers integrate risk management practices into daily work routine to improve the prevention and control of healthcare-associated infections.

#### **Judgment Standard 3.1: Substantially compliant**

- Improvements were required in risk management processes such as the documentation of risks on the hospital infection prevention and control risk register

#### Risk management

Inspectors viewed both the infection prevention and control risk register and a summary of the infection prevention and control risks on the corporate risk register. Both registers indicated recent review and update. Inspectors were informed that the hospital was transitioning to the HSE risk register template which was ongoing at the time of the inspection. Hospital management acknowledged that there was scope to improve risk management processes which should be progressed once the new risk manager takes up the vacant role.

There were four risks listed on the infection prevention and control risk register. Inspectors found that this did not represent a comprehensive record of relevant infection prevention and control risks in the hospital that were discussed at the time of the inspection. For example, a risk relating to water sampling of water systems in the Neonatal Intensive Care Unit was highlighted but this was not recorded as a risk on the risk register. There was also scope to expand the documentation of existing control measures and additional controls required on the infection prevention and control risk register.

#### Incident reporting

Hospital management informed inspectors that incidents of healthcare-associated infection incidents were reported on the National Incident Management System

(NIMs).<sup>††</sup> However it was acknowledged by hospital management during discussion with inspectors that there was room to improve hospital wide reporting of incidents relating to infection prevention and control.

Overall, while inspectors were satisfied that there was sufficient awareness of risks relating to infection prevention and control at the hospital, improvements were needed in the documenting and updating relevant risks on the hospital infection prevention and control risk register.

**Standard 3.8** Services have a system in place to manage and control infection outbreaks in a timely and effective manner.

**Judgment Standard 3.8: Compliant**

Inspectors noted that the hospital had cared for 30 patients confirmed with COVID-19 between March and July 2020. During this period and up to the time of the inspection there had been no cases of hospital transmission of COVID-19 among staff or patients in the hospital. This was commendable.

In addition to the changes to governance and leadership already mentioned, the hospital had implemented a myriad of measures as part of its COVID-19 preparedness plan. Inspectors noted the extra challenges and workload experienced by hospital staff since March 2020 in achieving and implementing changes made to date. These included but were not limited to:

- increased ICU capacity to 25
- increased capacity in emergency department
- upgrading of facilities in preparation for COVID-19 including installation of an isolation pod in the Emergency Department
- dedicated isolation facilities in the Dunmore Wing for COVID-19 patients
- designated medical staff redeployed to COVID-19 patient pathways
- expanded laboratory capacity to facilitate 1000 tests per day and 24 hour turnaround times
- an onsite pod established for COVID-19 testing of healthcare workers (end of March 2020)
- extensive infection prevention and control training provided across all staff disciplines
- ongoing review of personal protection equipment by the infection prevention and control team

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<sup>††</sup> The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.

- procurement of additional equipment in preparation for increased occupancy
- infection prevention and control team review and advice on social distancing in clinical and non-clinical areas
- regular review of preparedness plans
- daily ward monitoring of compliance with COVID-19 control measures
- surge capacity preparations including outsourcing and preparation of offsite accommodation and for the transfer of services during COVID-19
- COVID-19 related policy procedure and guidance update, review and development
- onsite staff access to occupational health
- visiting restrictions
- collection point at reception for receipt of patient comfort packages
- staff wore badges with “please keep safe distance.”

Inspectors reviewed a summary report of outbreaks and incidences of infections experienced by the hospital in 2020. This report showed that appropriate outbreak control measures were implemented for outbreaks, clusters and incidents. The infection prevention and control team undertook increased auditing to monitor compliance with transmission based precautions during each outbreak period. In addition, staff articulated the learning gleaned from the recent prolonged CPE outbreak which had occurred from 2016 to 2020. This included a need to focus on the management of hospital water systems as a source of transmission of pathogens.

Overall, inspectors were satisfied that the hospital had acted in a proactive way to implement appropriate control measures to manage the threat posed by COVID-19. Hospital management had demonstrated good oversight of COVID-19 related challenges and implemented appropriate control measures in response to other non-COVID outbreaks experienced during 2020.

### **3.0 Conclusion**

Overall this inspection identified that University Hospital Waterford was compliant with three and substantially compliant with three of the six *National standards for the prevention and control of healthcare-associated infections in acute healthcare services* assessed.

#### Leadership, Governance and Management

Hospital management had identified that the Quality, Audit, Patient Safety and Risk Committee, the hospital Infection Prevention and Control Committee and Environmental Monitoring Committee were not functioning at the time of the inspection. This was in part due to vacancies of key personnel which was due to be addressed in the near future and in part due to the COVID-19 pandemic and its challenges and drain on resources. However, despite these disruptions to the normal functioning of documented governance structures, inspectors found that the interim structures implemented for COVID-19 preparedness were effective. The Crisis Management Team provided effective leadership, governance and management arrangements for the prevention and control of healthcare-associated infection at University Hospital Waterford.

Discussions with hospital management and staff at the hospital indicated a cohesive, collective and co-ordinated approach to COVID-19 preparedness planning and implementation of control measures. Staff stated they felt supported in their roles in what has been a very challenging period since the onset of the COVID-19 pandemic.

#### Workforce

The team resources had increased in early 2020 with more resources due to be added in October 2020. While acknowledging the positive benefits that the recently appointed roles in surgical site surveillance and antimicrobial pharmacist should bring to the team, the hospital had identified that more resources were required to support the microbiology and infection prevention and control services provided by the hospital. This assessment was based on the services provided at the hospital and to five other sites across two hospital groups. A business case had been submitted for an infectious disease consultant and was under review at the time of this inspection.

#### Effective Care and Support

Overall, inspectors found that the areas inspected and visited were clean. Newer built clinical areas such as the ED and Pine Ward were well maintained and finished to modern specifications.

Inspectors found infrastructural and maintenance issues on Medical 5 Ward which had also been identified locally and a business case had been submitted by the hospital to the South/Southwest Hospital Group. The physical environment in each clinical area should be maintained to facilitate effective cleaning and compliance with infection prevention and control best practice.

#### Safe care and support

Systems were in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. Inspectors were satisfied that in general, there was good oversight of the infection prevention and control risks. However, inspectors noted that some improvement was needed in the documentation of risks on the infection prevention and control risk register.

The hospital was working towards improving the management of its corporate risk register and the reporting of incidents relating to infection prevention and control. It was anticipated locally that the appointment of a Quality and Safety Risk Manager due to take up the position in October 2020 should greatly enhance risk management processes at the hospital.

Inspectors found that the hospital had implemented a comprehensive preparedness plan for COVID-19 with appropriate oversight and control measures in place. There was evidence to show that hospital management had taken a proactive dynamic approach to addressing the potential and real challenges brought on by the pandemic. While University Hospital Waterford had not experienced a COVID-19 outbreak up to the time of the inspection, recent experiences in CPE and other outbreak provided assurances that the supporting systems and processes in place had been effective.

In an uncertain, evolving climate initiated by this pandemic, hospital management and staff had worked collectively and in the spirit of collegiality towards the implementation of a safe environment in which to care for patients experiencing COVID-19 infection. The hospital should continue to work towards maintaining its record of no cases of hospital transmission of COVID-19 among staff or patients in the hospital.

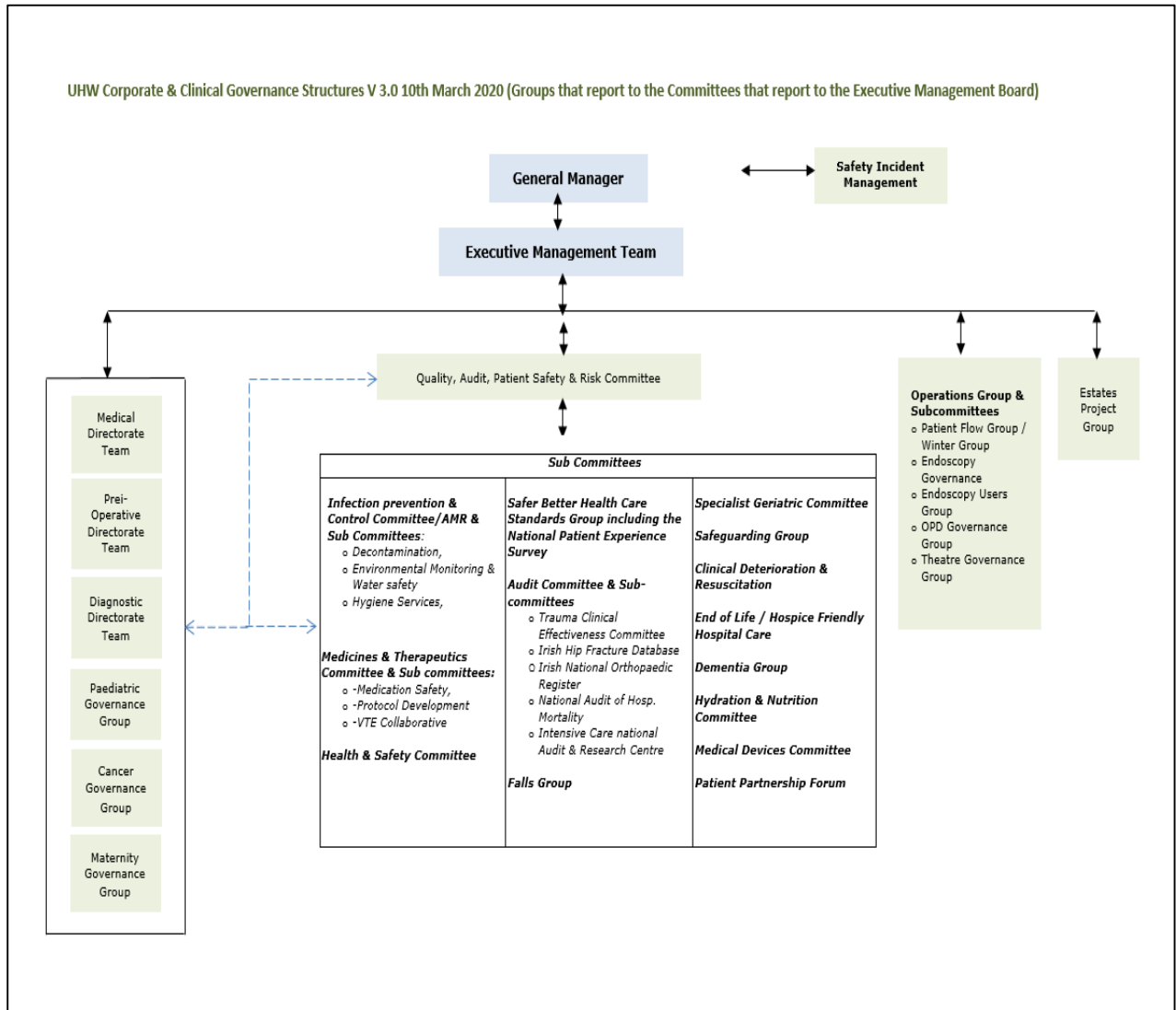
Inspectors were satisfied with infection prevention and control measures that were implemented at University Hospital Waterford at the time of the inspection.



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## 5.0 Appendix 1: University Hospital Waterford corporate and clinical governance arrangements including infection prevention and control reporting structures



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