Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of inspections at South Tipperary General Hospital, Clonmel

Monitoring programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections

Date of on-site inspections: 2 and 16 March 2016, and re-inspection on 27 April 2016

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. 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 health and social care and support services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information –** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and support services.

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1. Introduction

The Health Information and Quality Authority (HIQA, or the Authority) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.[1] The inspection approach taken by HIQA is outlined in guidance available on HIQA's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*.[2]

The aim of unannounced inspections is to assess hygiene in the hospital as observed by the inspection team and experienced by patients at any given time. They focus specifically on the observation of the day-to-day delivery of services and in particular environment and equipment cleanliness and compliance with hand hygiene practice. In addition, following the publication of the 2015 *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*,[2] HIQA assesses the practice in the implementation of infection prevention care bundles. In particular this monitoring is focused upon peripheral vascular catheter and urinary catheter care bundles, but monitoring of performance may include other care bundles as recommended in prior national guidelines[3-4] and international best practice.[5]

Assessment of performance is focused on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene and the implementation of care bundles for the prevention of device related infections under the following Standards:

- Standard 3: The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.
- Standard 6: Hand hygiene practices that prevent, control and reduce the risk of spread of Healthcare Associated Infections are in place.
- Standard 8: Invasive medical device related infections are prevented or reduced.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a Standard which was observed during an inspection. HIQA uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital.

HIQA's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2016, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2015.

Timeline of unannounced inspections:

An unannounced inspection was commenced at South Tipperary General Hospital on 2 March 2016. An immediate high risk was identified at the beginning of the inspection. The risk was such that the decision was made by HIQA to defer the unannounced inspection to a later date to allow the hospital to urgently mitigate the immediate high risk. This immediate high risk will be discussed further in this report.

Poor performance observed during this inspection prompted a follow-up unannounced inspection which was carried out at the hospital on 16 March 2016. A re-inspection on 27 April examined the level of progress which had been made regarding infection prevention and control risks identified during the 16 March inspection. This report was prepared after the re-inspection and includes the findings of the March and April inspections and any improvements observed between the two inspections in March and the re-inspection in April.

A summary of these inspections is shown in Table 1.

Table 1: Summary of inspections carried out at South Tipperary General Hospital.

Date of Inspection	Authorized Persons	Clinical Areas Inspected/Visited	Time of Inspection
2 March 2016	Katrina Sugrue Kathryn Hanly Noreen Flannelly-Kinsella	Inspection deferred due to identified immediate high risk	10.10hrs – 14.15hrs
16 March 2016	Katrina Sugrue Kathryn Hanly Noreen Flannelly-Kinsella Shane Walsh	Surgical B Ward Paediatric Ward Theatre Department revisited Day Ward revisited	10.15hrs – 17.30hrs
27 April 2016	Katrina Sugrue Kathryn Hanly Noreen Flannelly-Kinsella	Surgical B Ward Paediatric Ward Medical 2 Ward visited Oncology Day Ward visited Maternity Ward visited	10.20hrs – 16.30hrs

The HIQA would like to acknowledge the cooperation of staff during both unannounced inspections.

2. Findings

This section of the report outlines the findings of the inspections undertaken at South Tipperary General Hospital on 02 March 2016, 16 March 2016 and re-inspection on 27 April 2016**.**

Overview of areas inspected

Surgical B Ward is a twenty bed surgical ward with patient accommodation comprising two six-bedded rooms, one three-bedded room, one two-bedded room and three single rooms with ensuite facilities. At the time of the inspection, an extra patient was accommodated on the ward as the hospital was in escalation.

Paediatric Ward comprises 15 inpatient beds and an additional two beds are allocated to the day ward services. Patient accommodation consists of five single rooms, a two-bedded room and two four-bedded rooms. In addition, the paediatric emergency room and patient waiting area were situated in the Paediatric Ward.

Structure of this report

The structure of the remainder of this report is as follows:

- **Section 2.1** describes the immediate high risk finding identified during the initial unannounced inspection on 02 March 2016 and the mitigating measures implemented by the hospital in response to the finding. Copies of the letter sent to the hospital regarding the finding and the Quality Improvement Plan (QIP) prepared by the hospital in response are shown in Appendices 1 and 2 respectively.
- **Section 2.2** describes the immediate high risk finding identified during the unannounced inspection on 16 March 2016 and the mitigating measures implemented by the hospital in response to the finding. Copies of the letter sent to the hospital regarding the findings and the response received from the hospital are shown in Appendices 3 and 4 respectively
- **Section 2.3** summarises the key findings relating to areas of non-compliance observed during the inspection on 16 March 2016 and the level of progress made by the hospital in response to these findings at the time of the re-inspection on 27 April 2016.
- **Section 2.4** outlines the progress made by the hospital following the unannounced inspection by HIQA on 6 February 2015.
- **Section 2.5** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy[6] during the inspections on 16 March 2016 and 27 April 2016.

- **Section 2.6** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 16 March 2016.

This report outlines HIQA's overall assessment in relation to the inspections and includes key findings of relevance. In addition to this report, a list of additional low-level findings relating to non-compliance with the standards has been provided to the hospital for completion. However, the overall nature of all of the findings are fully summarised within this report.

2.1 Immediate high risk findings during unannounced inspection on 2 March 2016

Introduction

On commencement of an unannounced inspection on 2 March 2016, an immediate high risk finding was identified that posed a potential serious risk to the welfare of patients, staff and visitors to South Tipperary General Hospital. Details of this risk were communicated to the Chief Executive Officer of the South/ Southwest Group and hospital (see Appendix 1) and in response (see Appendix 2) a Quality Improvement Plan (QIP) was prepared by the hospital to address the finding. The level of progress made in the implementation of the QIP was assessed during the follow-up unannounced inspection on 16 March 2016 and is outlined below.

Inspection on 2 March 2016

HIQA observed five in-patients receiving clinical care accommodated inappropriately on trolleys in a non-clinical reception space. This space was a thoroughfare for patients, visitors and staff. A coffee dock was also situated in this open reception area. In addition these patients were accommodated without adequate access to oxygen ports, monitoring equipment or other standard facilities that would be found in a clinical area. The absence of an appropriate clinical setting and facilities compromised the quality and care and posed an immediate high risk to the health and welfare of these patients. The use of the reception area to accommodate patients admitted to hospital did not provide an acceptable level of safety, privacy or dignity for patients and was unacceptable to HIQA.

Immediate mitigation of this risk by the hospital was sought, and the risk was immediately escalated to the appropriate senior management in HIQA and the Chief Executive Officer of the South/Southwest Group. HIQA considered the risks to the health and welfare of these patients and took the decision to cease the unannounced inspection to facilitate the hospital in addressing the patient safety concerns identified as a priority.

The hospital fully acknowledged the issue of overcrowding and inappropriate accommodation of patients in a non-clinical setting. It was reported that significant overcrowding was experienced in the weeks and months preceding the inspection due to increased demand on emergency care services. At the time of the observation of the risk, the hospital had been in a continuous state of escalation, in line with its full capacity protocol[*] in response to overcrowding at the hospital

[*] The Full Capacity Protocol is a protocol put in place to ease overcrowding in Emergency Departments and to help mitigate the negative impact of Emergency Department overcrowding as part of a system-wide response to the problems of the hospital and beyond. National Escalation Directive 27/11/2015 [Online]. Available from: http://www.hse.ie/eng/services/news/media/pressrel/hospitalgroupceos.pdf

Emergency Department since 12 January 2016. Further exploration of the hospital's management of the overcrowding issue indicated that there was poor adherence to the full capacity draft HSE escalation protocol and a lack of urgency and prioritisation of this risk over other competing demands.

In response to the risks identified, the hospital took immediate action. Inspectors remained onsite until they were fully assured that the hospital had addressed the immediate risks to patient safety. Ward rounds were immediately carried out which identified patients fit for discharge home. This resulted in an increase in the number of available beds in clinical areas thereby facilitating the transfer of patients accommodated in the reception area to appropriate clinical settings.

Measures initiated since 2 March inspection

In response to the risks identified on 2 March 2016, the hospital prepared detailed plans which were reported to have been commenced to address patient safety concerns identified (see Appendix2).

It was reported that recruitment of key personnel such as a second permanent Emergency Medicine Consultant, a Quality and Risk Manager and an Assistant Director of Nursing was in progress at the time of the re-inspection. Capacity and infrastructural issues remained unchanged. An external consultant was appointed to review patient pathway processes across the hospital. HIQA acknowledges that such a review will take time and it was too early in the process to determine if any progress had been made.

Inappropriate accommodation of in-patients in non-clinical areas was not observed during the follow up inspections of South Tipperary General Hospital.

The hospital as a member of the South/Southwest group needs to be supported within the group and national structures to effectively address capacity challenges and issues relating to infrastructure and resources in a timely manner that fully prioritises patient safety.

2.2 Immediate high risk findings related to Infection Prevention and Control identified during unannounced inspection on 16 March and the progress made by the hospital by the time of the 27 April re-inspection.

Introduction

During the inspection on the 16 March, a number of high infection prevention and control related risks were identified. The composite of these risks presented an immediate high risk finding which required immediate mitigation measures to be put in place. Risks were identified regarding:

- environmental and patient equipment hygiene
- Paediatric Ward infrastructure and maintenance
- the control measures in place in relation to the risk of invasive aspergillosis
- the control measures in place in relation to the risk of legionellosis

The findings identified were such that HIQA deemed that a re-inspection was necessary within six weeks.

Details of these risks were communicated to the hospital. The key findings relating to areas of non-compliance observed during the March inspection and the level of progress that was evident during the re-inspection in April are discussed below. Copies of the high risk letter sent to the hospital regarding the findings and the response received from the hospital are shown in Appendices 3 and 4 respectively.

Unannounced inspection on 16 March 2016

Environmental and patient equipment hygiene

The standard of environmental and patient equipment hygiene observed by inspectors at the time of the unannounced inspection was not in line with national infection control standards,[1] national best practice guidelines for hospital cleaning[7] and international guidelines for hospital hygiene.[5] Overall, the quality of environmental and patient equipment cleaning in both areas inspected was very poor. There were unacceptable levels of dust on most surfaces in the areas inspected. Multiple surfaces including ledges, ventilation grilles, floor edges and flooring underneath beds, skirting boards, tops of wardrobes and radiators were dusty. Heavy dust was present on the upper surface of patient lockers, the undercarriage of most beds and legs of bed tables. Organic matter was present on both drug administration trolleys in Surgical B Ward and they were visibly unclean.

The majority of non-clinical healthcare risk waste bins were stained, dusty and rusty in both areas inspected. The inside of the bin lids were visibly dirty with a pungent odour noticed from some bins in Surgical B Ward. The lids of some bins were broken thereby preventing the use of the foot-operated mechanism present.

The standard of hygiene in toilets and bathroom facilities on Surgical B Ward was particularly poor. Fixtures and fittings were unclean, inappropriate placement of toilet brushes and sanitary bins on high shelving and radiators was evident. Organic contamination was observed on a handle of one toilet brush and on a radiator control knob in a toilet in a patient ensuite. This issue was brought to the attention of the unit manager at the time of inspection for immediate cleaning. Inspectors were informed that bathrooms were cleaned once a day and not generally cleaned until after lunchtime. HIQA found that the frequency of cleaning and checks for bathrooms and toilet facilities was inadequate particularly in the context of the increased ward activity and occupancy levels.

Insufficient and inappropriate storage of sterile supplies was evident in the clean utility room on Surgical B Ward. This room was cluttered and generally unclean. There was no designated hand hygiene sink in this room. The surface dedicated for the preparation of intravenous medications was located on a work top directly underneath wall mounted open storage units for sterile supplies such as syringes and needles. These storage containers were extensively stained and unclean potentially increasing the risk of inadvertent contamination of these supplies.

Insufficient cleaning of patient equipment was observed on both Surgical B Ward and the Paediatric Ward during the March inspection. Frequently used patient equipment such as mobile observation monitoring equipment, temperature probe holders, commodes, patient hoists and intravenous administration stands were either dusty or unclean.

The non-compliances observed during the inspection showed that in both areas inspected all equipment, particularly frequently used patient equipment, was not being fully cleaned in accordance with national minimum cleaning frequencies.[7] Fundamentally how often an item or area needs to be cleaned is defined by how often it is used and in what risk category the item belongs. Daily cleaning routines are an essential requirement. The more confined the work area, the greater the risk of equipment being shared between patients with the potential for further cross infection.[8]

Auditing and monitoring of patient equipment and environment

HIQA was informed that ward assessments which include environmental and equipment hygiene audits are carried out by a multidisciplinary audit team on a weekly basis. However, ward assessments had not been carried out in the hospital since December 2015. Issues identified during audits were not consistently followed up and actioned. In addition, the environmental and patient equipment hygiene elements were not consistently audited during these ward assessments. Evaluation of individual elements of ward assessments was dependant on staff tasked with auditing of these elements. For example, two ward assessments were carried out on

the Paediatric Ward in April and October 2015. The ward achieved 68% compliance in a patient equipment audit in April 2015. The National Cleaning Audit Tool requires a score of 85% or more to achieve the required level of compliance that demonstrates the importance placed on controlling infection within healthcare environments. There was no evidence that the team re-audited patient equipment following the low compliance rating achieved. An audit of environmental hygiene was not undertaken in April. Neither the environment nor patient equipment elements were audited in the October assessment.

Similarly, an audit of environmental hygiene on the Gynaecology and Surgical B Wards demonstrated 62% compliance. Although other elements assessed achieved higher compliance, re audit of environmental hygiene was not carried out. Inspectors were informed that ward assessments occur twice a year in each area.

At local level, weekly and daily cleaning checklists for the wards and sanitary facilities were inconsistently completed in both areas inspected. Daily and weekly patient equipment checklists were not kept on Surgical B Ward or the Paediatric Ward. It was reported that it was the responsibility of nurses and healthcare staff to clean equipment after each use; however, there was no clearly defined schedule for the cleaning of equipment in either of the wards inspected in line with national guidelines.[7]

The findings and deficiencies identified in the cleanliness of the wards inspected did not provide assurances that the quality of the hygiene services is effectively monitored and evaluated. There was a need for more oversight of environmental hygiene by middle and senior management, in addition to improved local ownership relating to ward cleanliness.

Paediatric Ward infrastructure and maintenance

It has been identified by the hospital that the infrastructure of the Paediatric Ward is not fit for purpose and does not facilitate effective prevention and control. HIQA was informed that this has been a longstanding issue over a number of years, and has been placed on the hospital's risk register. HIQA notes that the major infrastructural weaknesses identified by HIQA, including severe space constraints and lack of both isolation facilities and parent facilities were also highlighted in 2013 following an onsite visit by the National Leads of the National Clinical Programme for Paediatrics and Neonatology.[9]

The following issues were identified by HIQA during the 16 March inspection:

- Insufficient spatial separation in multi-bedded rooms did not facilitate ease of movement of staff, patients, parents or visitors. Minimal spatial separation between beds did not comply with best practice guidelines [1,8,10,] which was insufficient to enable the carrying out of clinical activities without

compromising infection prevention and control practices. Limited accessibility and space in patient rooms increases the risk of cross infection and likely contributed to overall poor environmental hygiene compliance in the Paediatric Ward.

- There was a lack of en-suite isolation rooms. Cohorting of patients in multi-bed rooms without ensuite facilities is not in line with best practice.
- The design and finish of shared patient toilets/showers did not facilitate effective cleaning.
- There was lack of storage space in the department with inappropriate storage of equipment and supplies resulting in clutter on corridors and in the emergency room.
- Ancillary areas such as the clean utility room, the 'dirty' utility room and cleaning store cupboard were poorly maintained, unclean with inadequate facilities. There was no door on the clean utility room. The lack of a fluid disposal unit in the 'dirty'[±] utility room and cleaning store resulted in inappropriate disposal of fluids down the equipment sink in the 'dirty'[±] utility room.
- Poorly maintained infrastructure in which the majority of surfaces and finishes throughout the ward, including wall paintwork, wood finishes and flooring were damaged and poorly maintained and as such did not facilitate effective cleaning.

Aspergillus Control

Building works were underway at the hospital at the time of the March and April inspections. It was reported that construction permits were reviewed by the Infection Prevention and Control team prior to commencement of work for the purpose of risk assessment. However, poor adherence to *Aspergillus* control measures was observed on the Paediatric Ward during the March inspection as follows;

- windows were not all sealed and some were open
- day-to-day monitoring of adherence to *Aspergillus* controls was not evident
- lack of clarity as to who was responsible for monitoring compliance with *Aspergillus* controls was reported
- a lack of education of relevant staff regarding *Aspergillus* control was identified
- a lack of daily evaluation of the hospital's at-risk population on admission and appropriate placement of patients to minimise risk of invasive aspergillosis
- patient information leaflets were not available.

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

Additionally, the 2014 and 2015 Infection Prevention and Control Programme Reports indicated that construction permits were not received in a timely manner by the infection control team prior to the commencement of construction or renovation works and work had commenced on some projects prior to the construction permit being agreed and signed. National Guidelines recommend that construction permits should be used to ensure that construction, ventilation and infection control measures are appropriately instituted.[11]

The Environmental Monitoring Committee with responsibility for the governance and management of *Aspergillus* control last met in 2014. The findings relating to *Aspergillus* control did not provide assurance that the risk of invasive aspergillosis was not being managed in line with Criteria 3.4 and 7.6 of the Infection Prevention and Control Standards.[1]

Legionella risk assessment

In Ireland, under occupational health and safety legislation[12,13,14,15] there is a legal obligation on employers to carry out a risk assessment in relation to *Legionella* prevention and control in the workplace and where a risk is identified the appropriate control measures should be put in place and a risk management plan adopted. National guidelines[16] recommend that all hospitals have a *Legionella* risk assessment which is reviewed on an annual basis and independently reviewed every two years. At the time of the March and April 2016 inspections, the hospital did not have an up-to-date *Legionella* risk assessment to demonstrate compliance with national guidelines. HIQA was informed that *Legionella* control measures were in place.

Governance and oversight of *Legionella* control comes under the responsibility of the Environmental Monitoring Committee which was not active at the time of the March inspection.

The findings relating to *Legionella* control did not provide assurance that the risk of legionellosis was being fully managed at the hospital in line with best practice and the Standards.[1]

Re-inspection on 27 April 2016

A re-inspection took place six weeks following unannounced inspection on 16 March. This re-inspection examined the level of progress which had been made regarding infection prevention and control risks identified during the March inspection.

Environmental and patient equipment hygiene

Some improvement in environmental and equipment hygiene was evident during the re-inspection of the Paediatric Ward and Surgical B Ward in April 2016. It was reported that the following measures were implemented:

- A deep clean had been completed in both areas following the March inspection.
- Revised cleaning schedules and check lists had been developed for both areas inspected (it is planned to introduce these schedules to remaining wards in due course).
- The Household Services Manager assesses hygiene levels on four clinical areas each week and agrees required improvement measures with ward managers.
- Governance of hospital hygiene services was reviewed resulting in an amalgamation of the Hospital Hygiene Services Committee and the Hospital Hygiene Governance Committee. A first meeting of this newly formed committee was held on the Monday prior to the re-inspection.
- Reassessments which included environmental and equipment audits were performed in both areas.
- Revised patient equipment cleaning checklists were introduced on Paediatric Ward and Surgical B Ward.
- Dedicated cleaning resource was allocated for patient equipment on Paediatric Ward two days a week.
- A review of 2016 audits was undertaken and resulting recommendations and actions required are now being prioritized to be addressed.
- A planned maintenance programme is to be rolled out once funding approved.

While some improvement was identified by HIQA on the re-inspection scope for further improvement in the cleaning, management and maintenance of the general environment is still required in both areas.

Hospital hygiene plays an important role in the prevention and control of Healthcare Associated Infections and should be a key priority for all healthcare organisations.[5] A clean environment not only reduces the risk of acquiring an infection but also promotes patient and public confidence and demonstrates the existence of a positive safety culture. It is clear from the findings of this report that improvements are required in the management of the cleanliness of the physical environment across

the hospital and in how the quality of the hygiene services are monitored and evaluated.

Improvements in the cleanliness of patient equipment were observed during the re-inspection of the both wards. However further scope for improvement in the management of patient equipment was identified. Similar to the March inspection, HIQA found that the cleaning of patient equipment was not in line with national guidelines.[7] Although a comprehensive check list for the cleaning of equipment was developed since the March inspection, the checklists viewed were not consistently completed. There was a lack of clarity as to the correct cleaning frequency and responsibility for patient equipment which more than likely contributed to the findings of both inspections. In addition, deficiencies in equipment cleaning resources on the Paediatric Ward were acknowledged by the hospital during both inspections. However, these resource deficiencies were not fully addressed at the time of the re-inspection.

Surgical B Ward

Standards of cleanliness had improved since the March inspection. Dust control in patient areas had improved, and waste bins inspected were clean. Significant improvement was seen in the cleanliness of the sanitary facilities which was attributed to increased frequency in cleaning. It was reported that cleaning in sanitary facilities on the ward had increased to twice a day; however this was not indicated on the cleaning checklists. Similar to the March inspection, cleaning check lists were still not consistently completed. Regular checks of sanitary facilities specified in the revised cleaning schedules were not documented.

Storage units for sterile equipment in the clean utility room were replaced and the room was cleaner. The lack of a designated hand hygiene sink remains a concern. Access to the hand hygiene sink in the 'dirty' utility room was still obstructed by several commodes, one of which was unclean. Additionally, personal protective equipment was not available in this room.

Mattress bases and covers inspected were found to be compromised at the time of the April inspection. HIQA was informed that comprehensive checks which involved inspection of mattress bases and internal covers were not routinely carried out.

Inspectors were informed that information was given to cleaning staff on Surgical B Ward regarding the revised cleaning schedules and check lists, however training on cleaning processes was not provided. This was a concern given the poor environmental hygiene identified during the March inspection. To ensure that staff with responsibility for cleanliness have the ability and support to carry out the cleaning function, they should be adequately and appropriately trained.

It was a concern that a ward meeting to discuss the findings of the March inspection did not take place on Surgical B Ward. Although, HIQA was informed that staff were aware of the findings of the March inspection, the ward communication book did not show any evidence to support this.

Paediatric Ward

Similar to the findings of the March inspection, dust, dirt and debris were present on floor corners and edges in all patient and ancillary rooms inspected. It was reported that cleaning resources allocated to the Paediatric Ward deep clean did not provide assurance that the cleanliness of the physical environment has been fully addressed.

HIQA notes that the age and limited footprint of the hospital building is a key barrier to improvement in the Paediatric Ward infrastructure. The current infrastructure and design of the ward is not fit for purpose and does not meet international best practice guidelines. Notwithstanding the challenges posed by the infrastructure, the implementation of effective infection prevention and control measures should be a priority for this area. Any changes and measures that can be implemented to address the issues identified and to enhance infection prevention and control practices should be instigated and reviewed regularly.

Auditing and monitoring of patient equipment and environment

Environmental hygiene audits were carried out in both areas following the March inspection. It was reported that senior management walkabouts had also taken place in both wards.

While South Tipperary General Hospital demonstrated that an audit schedule was in place, the deficiencies relating to the standards of cleanliness within the areas inspected and the ineffective auditing process indicate that there is significant room for improvement. Areas for improvement identified through audits must be followed up and actioned in accordance with their risk classification.

It was reported to inspectors that regular hygiene spot checks are now carried out in the Paediatric Ward.

In response to the deficiencies highlighted in relation to patient equipment hygiene, staff in the Paediatric Ward had reviewed some local processes. Checklists for patient equipment had been developed. However all items listed were scheduled to be cleaned on a weekly basis. National guidelines recommend that minimum cleaning frequencies should be defined by how often the item is used and by what risk category the item belongs.[7] The hospital should evaluate cleaning frequencies to ensure they are sufficient.

Paediatric Ward infrastructure and maintenance

The infrastructural issues identified during the April inspection remained unresolved with no changes in ward configuration to address the issues identified during the March inspection. There were no plans or agreed timeframe for the issues to be addressed. Infrastructural maintenance, technical services and facilities management play an important role in enabling acceptable hygiene standards. As buildings and fixtures age they become more difficult to clean and maintained to an acceptable condition.

Ongoing ward wide deficits identified during the March inspection in relation to maintenance of the Paediatric Ward were again observed upon re-inspection. Inspectors were informed that the Paediatric Ward was due to be repainted in the coming weeks. The relationship between the infrastructure and the cleaning function must be recognised and be a proactive one, and maintenance and other facilities management issues must be prioritised.[7]

HIQA acknowledges that the hospital has faced many challenges relating to ongoing capacity and staffing issues in the hospital. However acute healthcare facilities need to be continuously maintained and care should be provided in a safe environment. It is therefore imperative that the resources required to facilitate the implementation of a proactive preventative maintenance programme are allocated and protected to achieve and sustain improvements within the hospital.

Aspergillus control

The Environmental Monitoring Committee had not met for a considerable length of time and reconvened on 11 April following the March inspection. Minutes of this meeting indicated that issues relating to *Aspergillus* control were discussed. HIQA notes that the responsibility for ensuring compliance with *Aspergillus* control measures was assigned at this meeting. Twice weekly documented checks of measures in place including monitoring of sealed windows were to be implemented. These checklists were not evident at the time of the re-inspection.

It was reported that draft *Aspergillus* control guidelines were circulated and windows were resealed in at-risk clinical areas following the March inspection. Inspectors were informed that the ward manager in the Paediatric Ward now carries out daily spot checks to ensure windows are closed. Formal training on *Aspergillus* control for hospital staff had not been provided in the interim between inspections; however discussions on *Aspergillus* control had taken place with ward managers. HIQA was informed that planned infection prevention and control education sessions are due to take place in May 2015 which will include training on *Aspergillus.*

It was reported that allocation of patient accommodation is based on daily risk assessments of at-risk patients conducted by a member of the infection prevention and control team during patient flow meetings which occur each morning.

Notwithstanding the measures implemented, HIQA found a more comprehensive systematic approach to *Aspergillus* control within the hospital is required. Better oversight and monitoring of compliance with control measures is needed which should include regular review of risks associated with construction on an ongoing basis. Records of relevant training, communication and monitoring of control measures should be kept and patient education and information leaflets should be provided at ward level.

Legionella **risk assessment**

HIQA was informed that a *Legionella* site risk assessment was to be commissioned. A timeframe for this risk assessment was not provided as approval for funding was awaited. The hospital's continued non compliance with national standards[1] is of significant concern.

2.3 Key findings of the 2016 inspections

South Tipperary General Hospital reports local incidence of *Clostridium difficile* infection on a quarterly basis in line with national Health Service Executive (HSE) requirements. The desirable HSE key performance indicator (KPI) for *Clostridium difficile* infection is less than or equal to 2.5 cases per 10,000 bed-days used.[17] Notable progressive increases in *Clostridium difficile* Healthcare Associated Infection rates at the hospital were identified since 2013. Data viewed showed that the number of *Clostridium difficile* cases had increased from year to year. Seven cases were identified in 2013, 19 in 2014 and 26 cases in 2015. The rates seen in the hospital indicated that the incidence of *Clostridium difficile* infection had been significantly above the national average and Health Service Executive (HSE) target rates for both 2014 and 2015. The hospital reported that cross infection had been excluded as a contributing factor relating to this increased incidence which was more than likely due to antibiotic consumption volumes and patterns of usage.

Documentation provided by the hospital showed that the threshold for the activation of the *Clostridium difficile* infection trigger tool for the hospital and individual wards was not defined. Reports viewed by HIQA acknowledged the increased incidence of *Clostridium difficile* which are above the national target and also state that each *Clostridium difficile* infection is investigated and appropriate infection prevention and control measures are put in place. However, the rates of *Clostridium difficile* infection at the hospital have continued to increase which is a concern.

Clostridium difficile infection can have serious outcomes for patients resulting in increased length of stay, higher costs and increased morbidity and mortality. The

hospital has indicated that antimicrobial consumption has contributed to the incidence of *Clostridium difficile* infection rates and therefore antimicrobial stewardship should be an important focus of any quality improvement plan to be implemented.

On the background of an overcrowded hospital with persistently high activity levels and within the context of poor standards of cleanliness identified in the areas inspected; environmental contamination should also be considered as a possible contributory factor to the increased *Clostridium difficile* infection rates. Where a high incidence of this infection is detected and where the rate is consistently above the national target set by the HSE, it needs to be effectively managed. HIQA recommends that the hospital reviews the deficiencies identified during the unannounced inspections regarding hand hygiene, the management of patient equipment and the environment in the context of controlling the spread of *Clostridium difficile* infection and other Healthcare Associated Infections.

2.4 Progress since the unannounced inspection on 6 February 2015

HIQA reviewed the QIP published by South Tipperary General Hospital following the 2015 inspection.[18] Of the 14 issues listed in the QIP, seven were documented as completed. Many of the outstanding issues were related to refurbishment works. The QIP indicated that funding had been approved for minor capital works but some of the works had yet to be completed or progressed.

Inspectors visited Theatre Department and Day Ward which were inspected during the unannounced inspection in 2015. A standard operating protocol relating to drawing up of anaesthetic medications in Theatre was developed and implemented. HIQA was informed that compliance with this protocol is monitored and is a work in progress.

Flushing records for water outlets were maintained on the Day Ward at the time of the April inspection. Health care assistants now have responsibility for cleaning patient bays following each patient discharge. In addition, a labelling system to identify equipment that had been cleaned was in place.

HIQA was informed that the standard of cleaning in Theatre Department has improved since the 2015 inspection. Deep cleaning of all operating theatres occurs each weekend and cleaning is monitored by theatre managers.

The dedicated endoscopy room in Theatre Department remains unchanged since the 2015 inspection. Separation of clean and dirty functions cannot be facilitated in the current footprint of this room. HIQA was informed that the automated endoscope reprocessor machine used to decontaminate endoscopes is near its end of life cycle and needs to be replaced. It is planned that when the automated endoscope

reprocessor is replaced, it will be fitted in the central sterile services department. However, there is no agreed timeframe for this to be completed. HIQA recommends that this issue is prioritized to ensure compliance with national standards. [1,19]

2.5 Key findings relating to hand hygiene

2.5.1 System change[6]: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene*.

- The design of clinical hand wash sinks in both areas did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[20]
- Alcohol gel dispensers were not available at each point of care Surgical B Ward during the March inspection but this was not an issue during the re-inspection.
- Alcohol gel dispensers assessed in all areas inspected and visited were sticky and unclean during both inspections. A clear line of responsibility for cleaning dispensers was not defined.
- Access to the hand hygiene sink in Surgical B Ward 'dirty' utility room was obstructed by commodes.
- Due to space constraints within patient rooms on the Paediatric Ward hand towel dispensers were located within the patient zone.

2.5.2 Training/education[6]: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers*.

- The majority of staff were up-to-date with hand hygiene training in both areas inspected.
- HIQA was informed that 83% of hospital staff had attended mandatory hand hygiene training within the last two years. Hand hygiene training for 2016 within the hospital had not yet begun at the time of the April inspection.

2.5.3 Evaluation and feedback[6]: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff*.

National hand hygiene audit results

South Tipperary General Hospital participates in the national hand hygiene audits which are published twice a year. Results contained in Table 1 are publically available on the Health Protection Surveillance Centre's website.[21] Compliance however, remains just below the current required compliance target of 90% set by the HSE.[17] The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching the national target of 90% hand hygiene in both the national and local audits. An overview of South Tipperary General Hospital national hand hygiene audit results are presented in Table 1 overleaf.

Table 1: South Tipperary General Hospital national hand hygiene audit results.

Period 1-9	Result
Period 1 March/April 2011	71.9%
Period 2 Oct/Nov 2011	72.9%
Period 3 May/June 2012	86.7%
Period 4 Oct/Nov 2012	84.3%
Period 3 May/June 2013	88.6%
Period 5 Oct/Nov 2013	90.0%
Period 6 May/June 2014	86.2%
Period 7 Oct/Nov 2014	89.0%
Period 8 May/June 2015	93.3%
Period 9 Oct/Nov 2015	88.6%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.[21]

Local hand hygiene audits

In addition to national hand hygiene audits undertaken twice a year, regular local hand hygiene audits are also carried out across the hospital by the Infection Prevention and Control Team on a quarterly basis. Records viewed indicated that most areas are audited twice a year. Both Paediatric Ward and Surgical B Ward achieved compliance above the 90% HSE target in hand hygiene audits conducted in 2015.

Authorized persons were informed that Paediatric Ward achieved 93% compliance in an audit carried out in March 2016. Surgical B Ward achieved 87% compliance in a hand hygiene audit conducted following the March inspection.

Observation of hand hygiene opportunities

Authorized persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the

hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspection are based on guidelines promoted by the WHO[22] and the HSE.[23] In addition, authorized persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique[ϒ] and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

HIQA observed 37 hand hygiene opportunities in total during the March and April inspections. Hand hygiene opportunities observed comprised the following:

- six before touching a patient
- one before clean/aseptic procedure
- four after body fluid exposure risk
- seven after touching a patient
- 18 after touching patient surroundings
- one which combined a number of indications

- Twenty five of the 37 hand hygiene opportunities were taken. The 12 opportunities which were not taken comprised the following:
  - one before touching a patient
  - one after touching a patient
  - 10 after touching patient surroundings

- Of the 25 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the authorized persons for 18 opportunities and the correct technique was observed in 12 hand hygiene actions.

2.5.4 Reminders in the workplace[6]: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it*.

- Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed.

ϒ The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

2.5.5 Institutional safety climate[6]: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels*.

- South Tipperary General Hospital has demonstrated a commitment to improving hand hygiene practice across the hospital.
- Compliance with national hand hygiene audits has fluctuated to date and sustained compliance has not yet been achieved.
- HIQA was informed that activity levels within the hospital have impacted on the infection prevention and control link nurse programme resulting in a temporary hiatus in activity. Resources such as link nurses schemes, hand hygiene champions and trained hand hygiene auditors have the potential to promote awareness of infection control issues, improve hand hygiene compliance, increase local ownership and motivate staff to improve practice. Ward based education sessions delivered by such informed and trained resources can be of value especially in situations where activity levels are high and can facilitate training for staff in the clinical area.
- The hospital needs to build on the achievements attained to date to ensure that hand hygiene compliance is achieved and sustained.

2.6 Key findings relating to infection prevention care bundles[†]

Care bundles to reduce the risk of different types of infection have been introduced across many health services over the past number of years, and there have been a number of guidelines published in recent years recommending their introduction across the Irish health system.

Authorized persons reviewed documentation and practices and spoke with staff relating to infection prevention care bundles in the areas inspected and visited. Overall, peripheral vascular catheter care bundles and urinary catheter care bundles have been well advanced in the hospital which is commendable.

HIQA viewed peripheral vascular catheter care bundle record sheets on the wards inspected. Compliance with all the elements of this care bundle were not documented in all cases viewed on Surgical B Ward. It was reported that monthly audits of peripheral vascular catheter bundle compliance were performed as part of the nursing metrics. Paediatric ward achieved 100% compliance in audits carried out between January and March 2016. On Surgical B Ward, 67% compliance was achieved in January and February 2016 and 100% was achieved in an audit in March 2016.

Care bundles for urinary catheters were also in place in both areas inspected. However, inspectors on the Paediatric Ward were unable to determine if all elements of urinary catheter care bundles were being implemented daily due to the absence of patients with a urinary catheter insitu on the day of inspection. Urinary catheter care bundles viewed on Surgical B Ward indicated that improvements are required in completing daily reviews of all elements of the care bundle.

Records viewed indicate that all device related bacteraemia are reviewed by the Infection Prevention and Control Team in the hospital and a systems analysis is carried out. However it was reported that surveillance of catheter associated urinary tract infections (CAUTI) is not routinely undertaken.

Overall, HIQA found that the hospital is working towards compliance with Standard 8 of the Infection Prevention and Control Standards and is committed to improving the management of invasive devices.

[†] A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

3.0 Summary

Hospital hygiene and maintenance plays an important role in the prevention and control of Healthcare Associated Infections and should be a key priority for all healthcare organisations. A clean environment not only reduces the risk of acquiring an infection but also promotes patient and public confidence and demonstrates the existence of a positive safety culture.[24]

The deficits in environmental auditing and the findings identified relating to poor hygiene and maintenance issues during the March inspection were symptomatic of the lack of a robust environmental and equipment auditing programme.

HIQA found that progress had been made relating to patient equipment and environmental hygiene in both areas inspected between the March and April inspections. However, despite measures taken by the hospital, significant improvement is still required. At an operational level hospitals should ensure that each staff member with responsibility for cleaning has the right level of training and knows what needs cleaning and how often and is properly supervised to ensure that things are done correctly in accordance with the standard as laid down. It should also be documented as to who has responsibility for cleaning for every item requiring cleaning in the hospital.

It is acknowledged that increased activity levels, high occupancy levels and resource issues can impact negatively on standards of cleaning, if tolerated. In many cases, poor performance in relation to hospital hygiene is a wider management issue and is not just the responsibility of hospital cleaners. In order to promote high levels of cleanliness within the hospital and address the deficiencies seen by HIQA, better monitoring of standards of hygiene is essential and effective leadership is required at all levels.

HIQA recommends that South Tipperary General Hospital reviews the deficiencies identified during the unannounced inspection regarding the management of patient equipment and the environment in the context of controlling the spread of Clostridium difficile infection and other Healthcare Associated Infections.

Significant infrastructural deficiencies were observed in the Paediatric Ward which is not fit-for-purpose. Issues relating to layout and infrastructure of the unit are such that the risk of transmission of infection cannot be fully mitigated and therefore should be addressed as a priority. HIQA notes that the fabric and infrastructure of the Paediatric Ward presents ongoing challenges to the maintenance and upkeep of the ward. Notwithstanding this, it is essential that hospital environments are maintained at a high standard to ensure the effectiveness of infection control practices and prevent the transmission of infection.

The hospital has experienced high occupancy rates since January 2016, which has necessitated the continuous activation of a full capacity protocol. South Tipperary General Hospital, as a member of the wider South/Southwest Hospital Group, needs to be supported within the group structure to better address the identified risks in order to facilitate compliance with the Standards.[1] Immediate action is required to address these issues in order to ensure patient safety.

HIQA was not assured that risks relating to *Aspergillus* control were effectively managed during construction works which were ongoing at the hospital. While there were some controls in place to mitigate the risk of invasive aspergillosis, not all required measures were in place. The hospital needs to review its approach to the management of *Aspergillus* control to provide assurance that it is compliant with national guidelines and to mitigate risks to patients.

HIQA also recommends that the hospital should review the management of *Legionella* to assure itself that the risk to the patient of acquiring Legionellosis is fully mitigated and ensure compliance with national guidelines[16] and the Infection Prevention and Control Standards.[1]

A review of the reprocessing of endoscopes in the Operating Theatre is recommended to ensure that the hospital is compliant with the HSE's Standards[19] and to minimise the risks of infection to patients and staff.

The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching the national target of 90% hand hygiene in both the national and local audits.

Overall, the Authority found that the hospital is working towards compliance with Standard 8 of the Infection Prevention and Control Standards and is committed to improving the management of invasive devices.

4.0 Next steps

The South Tipperary General Hospital must now revise and amend its QIP that prioritises the improvements necessary to fully comply with the Standards. This QIP must be approved by the service provider's identified individual who has 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 website within six weeks of the date of publication of this report and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of the South Tipperary General Hospital to formulate, resource and execute its QIP to completion. HIQA will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the hospital is implementing and meeting the Standards, and is making quality and safety improvements that safeguard patients.

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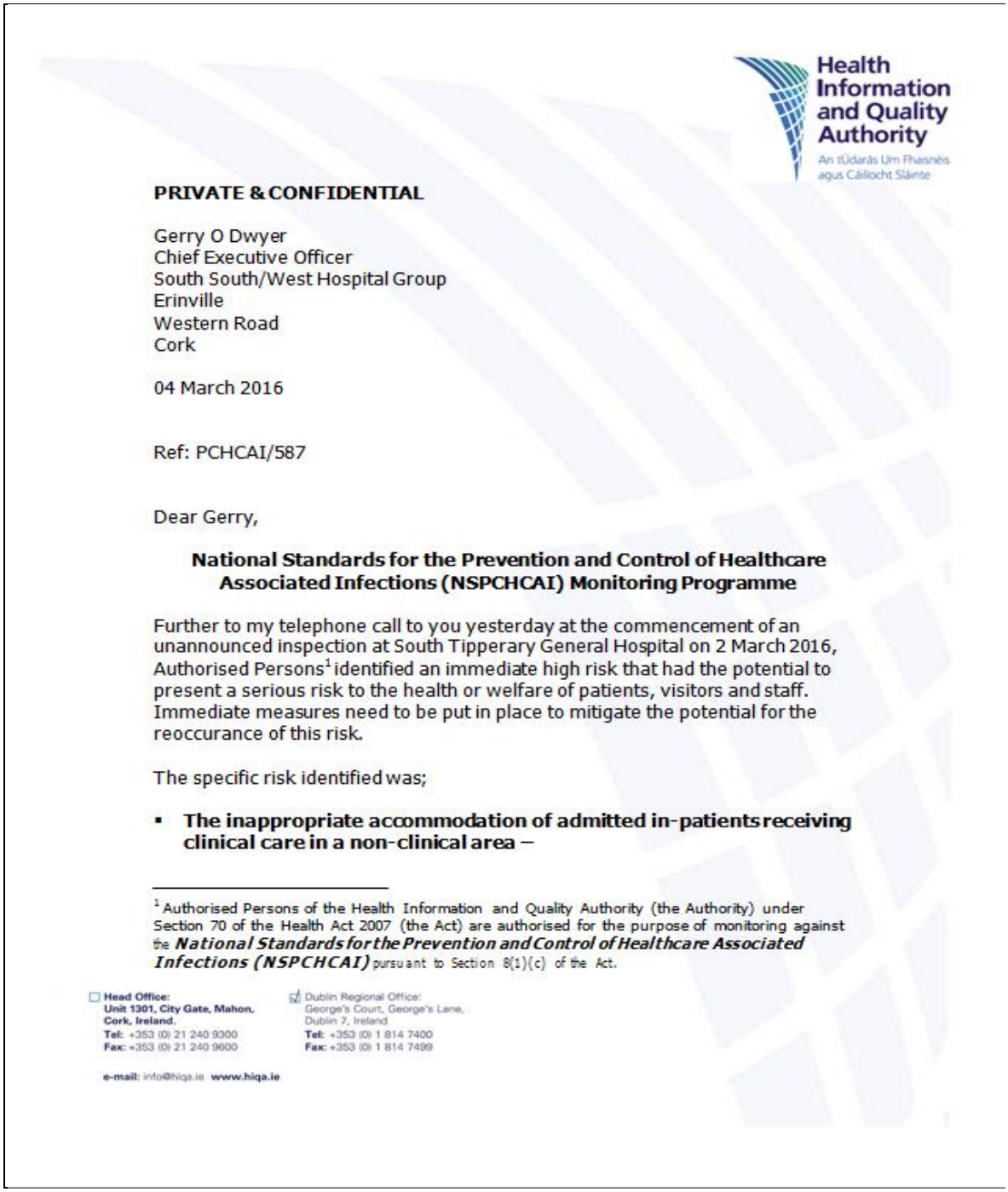
6.0 Appendix

Appendix 1 - Copy of letter issued to CEO of South/Southwest Group following deferring of unannounced inspection at South Tipperary General Hospital on 2 March 2016



Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

PRIVATE & CONFIDENTIAL

Gerry O Dwyer
Chief Executive Officer
South South/West Hospital Group
Erinville
Western Road
Cork

04 March 2016

Ref: PCHCAI/587

Dear Gerry,

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

Further to my telephone call to you yesterday at the commencement of an unannounced inspection at South Tipperary General Hospital on 2 March 2016, Authorised Persons[1] identified an immediate high risk that had the potential to present a serious risk to the health or welfare of patients, visitors and staff. Immediate measures need to be put in place to mitigate the potential for the reoccurance of this risk.

The specific risk identified was;

- **The inappropriate accommodation of admitted in-patients receiving clinical care in a non-clinical area –**

[1] Authorised Persons of the Health Information and Quality Authority (the Authority) under Section 70 of the Health Act 2007 (the Act) are authorised for the purpose of monitoring against the ***National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI)*** pursuant to Section 8(1)(c) of the Act.

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Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Specifically Authorised Persons observed five in-patients accommodated on trolleys in the reception area of the hospital; a non clinical area that is inappropriate for the accommodation of patients. This situation as observed by inspectors posed an immediate high risk to the safety of those patients.

It was reported to inspectors that the decision to accommodate patients in this area of the hospital was a consequence of overcrowding at the hospital and that, the hospital was in 'step 3 code black' escalation in order to address the situation.

However on further exploration the inspectors observed poor adherence with this protocol and a lack of urgency on the part of the hospital to address such an immediate high risk. Consequently they were not assured that patient safety was being managed or prioritised over other competing demands and in line with hospital policy.

These issues were brought to the attention of you and the Senior Management Team at the hospital during the inspection for immediate mitigation and they are now being escalated to you in your role as Chief Executive Officer of the South South/West Hospital Group. This action is being taken so you can act to mitigate and manage these risks as a matter of urgency.

Due to the serious nature of the risk identified, our inspectors ceased the planned inspection and instead focused on ensuring that the serious safety concerns outlined above were immediately addressed by the hospital. Details of the risk identified during this inspection will be included in the report of a subsequent follow up unannounced inspection that will be conducted on a future date, due to our inability to proceed with the inspection on this occasion.

Given the level of potential risk associated with these findings, please formally report back to the Authority by **2pm on 8 March 2016** to qualityandsafety@hiqa.ie, outlining the measures that have been enacted to prevent such a situation from occurring again.

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Should you have any queries, please do not hesitate to contact me at qualityandsafety@hiqa.ie. Please confirm receipt of this letter by email (qualityandsafety@hiqa.ie).

Yours sincerely

Susan Cliffe
Head of Healthcare

CC: Mary Dunnion, Director of Regulation, HIQA
Mary Burke, Deputy General Manager, South Tipperary General Hospital
Liam Woods, National Director of Acute Services, Health Service Executive

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Appendix 2 - Copy of letter received from CEO of South/Southwest Group following deferring of unannounced inspection at South Tipperary General Hospital on 2 March 2016.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

OFFICE OF THE CEO
SOUTH / SOUTH WEST HOSPITAL GROUP
ERINVILLE
WESTERN ROAD
CORK
Tel: 021-4921509

7th March 2016

Ref: PCHCAI/587

Ms. Susan Cliffe,
Head of Healthcare,
Health Information and Quality Authority,
Unit 1301,
City Gate,
Mahon, Cork

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

Dear Susan,

I refer to correspondence dated 4th March regarding the unannounced HIQA inspection at South Tipperary General Hospital on 2nd March 2016.

The South/South West Hospital Group (SSWHG) acknowledges the risks identified by you in your correspondence and during our telephone conversation on the 2nd March and are working with the Executive Management Team in South Tipperary General Hospital to ensure the safety of all patients attending the Emergency Department. Specifically, the SSWHG is focusing on, strengthening management structures in the hospital, expanding capacity, improving infrastructure, reviewing processes and intensifying relationships with community and primary care colleagues.

Management Structures

The following key actions are in progress

- Appointment of a permanent General Manager who will take up post on the 14th March 2016.
- Interviews for the permanent post Director of Nursing are scheduled to take place on the 8th April.
- Appointment of a second permanent Emergency Medicine Consultant
- Approval of a permanent Quality and Risk Manager
- In line with the Workforce Relations Commission proposals, an ADON for Emergency Department and upgrade of 7 staff to CNM1 grade will be advanced

The Executive Management Board has been reorganised and will be chaired by the General Manager and include the attendance of the Chief Operations Officer SSWHG.

Capacity and Infrastructure

South Tipperary General Hospital has come under sustained pressure over the winter period and is challenged to meet the increasing demand of patient attendances (YTD 10% increase) and complexity. The need to expand capacity and improve infrastructure in the hospital is recognised and in this regard we have expanded the Emergency Department capacity by the addition of 4 bays which were opened in February 2016. Following a meeting in January 2016 between the SSWHG Leadership Team and Hospital Management to urgently discuss capacity and patient safety concerns, we have undertaken an options appraisal in regard to bed capacity and we are engaging with Estates and the Acute Hospitals Office to secure a viable solution.

Process Improvement

The hospital has made great strides in improving discharge planning processes and has established an excellent relationship with community colleagues and primary care. An interim Community Intervention Team commenced at the end of January and although limited to eight hours daily has contributed to assisting with alternative egress pathways. Notwithstanding this, it is acknowledged there are further improvements required in patient flow and internal processes which will enhance the ability of the hospital to respond in a timely and effective manner to increased demand. With this objective, we are urgently progressing with the appointment of an external consultant to carry out a review of the patient pathways processes in the hospital.

On a daily basis we engage with the hospital on operational issues and are assured that patients are risk assessed and are prioritised for inpatient beds according to clinical need. I have attached at Appendix 1 & 2 the current controls in place to manage Emergency Department risks. We will continue to closely monitor the situation while putting in place the above measures.

If you have any further queries in this regard, please do not hesitate to contact me

Yours sincerely,

Gerry O'Dwyer

Mr. Gerry O'Dwyer
Group CEO
South/South West Hospital Group

Email: Gerry.ODwyer@hse.ie

CC: Ms. Mary Dunnion, Director of Regulation, HIQA
Dr. Gerard O'Callaghan, Chief Operations Officer, SSWHG
Ms. Mary Burke, Deputy General Manager, South Tipperary General Hospital
Mr. Liam Woods, National Director Acute Hospitals Division

APPENDIX 1

Risk Assessment Form

Directorate: South Tipperary Area
Location: South Tipperary General Hospital
Section/Ward/Dept: South Tipperary General Hospital
Date of Assessment: November 12
Source of Risk: Risk Register
Risk Unique ID Number: STGH 10

Primary Risk Category: Patient Care & Safety
Secondary Risk Category: Delivery of Care
Tertiary Risk Category: Standards of care
Name of Risk Owner: General Manager
Risk Status: (Circle) **Open** Monitor Closed

RISK DESCRIPTION	IMPACTS/ VULNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk to safety and quality of care provided to admitted patients on trolleys due to unavailability of beds in inpatient areas.	▪ Risk in terms of treatment and care of vulnerable pts. ▪ Increased PET times in ED ▪ Risk in terms of capacity in ED ▪ Risk of adverse events due to health & safety issues, healthcare associated infections. ▪ Lack of privacy & dignity to patients. ▪ Inadequate hygiene facilities. ▪ Non compliance with HIQA 'National Standards for Safer Better Healthcare'. ▪ Poor staff morale	▪ Regular daily meetings & monitoring with GM/ Deputy, Director of Nursing, Bed Manager & Nursing management team incl meetings @ 08:15 ▪ Patients triaged appropriately for placement on corridor using Manchester Triage. ▪ All patients on corridor monitored using National Early Warning Score(NEWS) and Irish Maternity Early Warning Score(iMEWS) ▪ Formal clinical criteria for managing patients on ED corridor available in ED department. ▪ Available beds are assigned to patients. ▪ Opening of closed beds when applicable ▪ Senior Decision Maker on site 24/7 ▪ SSWHG Inflow, Throughput and Egress groups established winter 2015. ▪ Staffing Levels established and in place ▪ Adherence to the National Escalation Plan - Jan 2016 - Additional beds (5) placed on wards when in stage 3 ▪ Placement of medical/surgical patients on Paediatric/ Maternity Units when appropriate ▪ Provision of 4 extra ED trolley spaces in ED.	▪ Identified and readily available Surge Capacity ▪ Minimum of 25 patients daily ▪ Agreed Escalation Plan / Admission avoidance options ▪ Early Consultant rounds to facilitate early discharges ▪ Agreed *slots* for Diagnostics for patients on trolleys ▪ Liaison with GPs regarding appropriateness of referrals to ED ▪ Review of Implementation of Acute Medicine Programme / Rapid Access Clinic ▪ Additional capacity / funding	Department Head Clinical Director General Manager CEO	Ongoing Updated; June 2013 21st Nov 2013 4th June 2014 14th Aug 2014 12th Feb 2015 27th May 2015 12th Nov 2015 14th Jan 2016

RISK RATING		
Likelihood	**Impact**	**Initial Risk Rating**
5	**Extreme (5)**	**25**

APPENDIX 2

Risk Assessment Form

*** One Risk only per form**

Administrative Area:	South/South West Hospital Group	**Primary Risk Category:**	Patient Care & Safety
Location:	South/South West Hospital Group	**Secondary Risk Category:**	Delivery of Care
Section/Ward/Dept:	South/South West Hospital Group	**Tertiary Risk Category:**	Standards of Care
Date of Assessment:	30th June 2015	**Name Risk Owner: (BLOCKS)**	CHIEF EXECUTIVE OFFICER
Source of Risk:	Risk Register	**Signature of Risk Owner:**	
Unique ID No:	SSWHG 1		

RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Risk of suboptimal care to patients presenting to Emergency Departments at all acute hospitals within the SSWHG, due to reduced access and ineffective patient flow.	1. Risk to quality of the service and service user safety. 2. Impact of poor patient experience time and potential impact on patient outcomes. **3.** Impact on capacity to treat in the physical environment, possible adverse events. 4. Poor working conditions for staff.	**1.** Daily Teleconferences with all hospital within the SSWHG, led by Chief Clinical Director 2.Integrated Acute /Community Group, Meeting with CHOs. 3. Additional Escalation beds open in all hospitals 4. Review of all processes on the patient pathway undertaken 5. Daily ED Teleconferences with the Acute Hospitals Division 6. Designated unscheduled care lead in SSWHG and all hospitals 7. Monthly performance meeting, daily monitoring of metrics. 8. Liaison with the SDU in all locations	**1.** Establish acute/community discharge group for UHW & STGH. 2. Proposals for transitional care unit to be completed and submitted. 3. Review of AMAU functionality 4. Implement a continuous improvement approach across all sites, using learning from exemplar sites within the SSWHG	SSWHG CEO	Bimonthly Review Ongoing

INITIAL RISK			RESIDUAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
5	5	25	5	5	25	OPEN

Appendix 3 - Copy of letter issued to South Tipperary General Hospital following unannounced inspection on 16 March 2016

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Mary Burke
Assistant General Manager South
Tipperary General Hospital
Clonmel
Co Tipperary

21 March 2016

Ref: PCHCAI/591

Dear Mary

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

Under section 8(1)(c) of the Health Act 2007, Authorised Persons[1] of the Health Information and Quality Authority (HIQA) carried out an unannounced inspection at South Tipperary General Hospital on 16 March 2016, in lieu of the deferred inspection of 02 March.

During the inspection of the 16 March, Authorised Persons again identified specific issues that may present a serious risk to the health or welfare of patients, visitors and staff. Immediate measures need to be put in place to mitigate these risks. The findings identified were such that an unannounced re-inspection will be conducted within six weeks.

The risks identified at South Tipperary General Hospital on Surgical B Ward and the Paediatric Ward included, but were not limited to:

- **Poor environmental and patient equipment hygiene**

  The quality of environmental and equipment cleaning in both areas was very poor and below acceptable standards on the day of inspection. Cleaning processes and systems in place were not effective. In addition, there was an identified lack of

[1] Authorised Persons of the Health Information and Quality Authority (the Authority) under Section 70 of the Health Act 2007 (the Act) are authorised for the purpose of monitoring against the *National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI)* pursuant to Section 8(1)(c) of the Act.

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sufficient supervision to ensure cleaning is conducted correctly and in accordance with standards.

- **Assurance regarding environmental and equipment hygiene**

  Auditing and assurance processes and oversight around environmental and equipment hygiene auditing was found to be insufficient in the areas inspected with failure to effectively address deficiencies identified in relation to cleaning standards.

- ***Aspergillus* control measures**

  HIQA was not assured that appropriate control measures and monitoring were fully in place to mitigate the risk of *aspergillus* infection during ongoing hospital construction work.

- ***Legionella* risk assessment**

  HIQA notes the absence of a documented comprehensive site risk assessment for the prevention and control of *Legionella* in line with national guidelines.

- **Paediatric ward infrastructure and maintenance**

  The infrastructure on the Paediatric Ward did not support effective infection prevention and control practices. Notwithstanding the overall physical infrastructure of the Paediatric Ward, the physical environment has not been managed and maintained according to relevant national and international standards and should be addressed as a matter of urgency.

The above issues were brought to the attention of senior management at the hospital during the inspection. While these issues and this correspondence will be referred to in the inspection report on its conclusion, HIQA believes it is important that these risks are brought to your attention now, in advance of this. This is being done so that you may act to mitigate and manage the identified risks as a matter of urgency and in preparation for a re-inspection by HIQA within six weeks.

Please formally report back to HIQA by 4pm on 29 March 2016 to qualityandsafety@hiqa.ie outlining the measures that have been enacted to mitigate the identified risks. Details of the risks identified will be included in the report of the inspection. This will include copies of HIQA's notification of high risks and the service provider's response.

Should you have any queries, please do not hesitate to contact me at qualityandsafety@hiqa.ie. Please confirm receipt of this letter by email (qualityandsafety@hiqa.ie).

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Yours Sincerely

Noreen Flannelly-Kinsella

Noreen Flannelly-Kinsella

Authorised Person

CC:
Mary Dunnion, Director of Regulation, Health Information and Quality Authority
Liam Woods, National Director of Acute Services, Health Service Executive
Gerry O Dwyer, Group Chief Executive Officer, South/South West Hospital Group

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Appendix 4 - Copy of letter received from South Tipperary General Hospital following in response to letter received from HIQA following unannounced inspection on 16 March 2016

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE South,
South Tipperary General Hospital,
Clonmel,
Co. Tipperary.

Telephone 052 6177000
General Office Fax 052 6177196
Personnel Fax 052 6177161

Ms. Noreen Flannelly –Kinsella
Authorised Person
HIQA
Dublin Regional Office
George's Court
George's Lane
Dublin 7

29th March 2016

Dear Ms Noreen Flanelly-Kinsella

A team of six Health Information and Quality Authority (HIQA) Inspectors carried out an unannounced inspection to determine compliance with the 'Standards for the Prevention and Control of Healthcare Associated Infections ' here in South Tipperary General Hospital on Wednesday 16th March, 2016 and I write to you now with regard to the actions STGH has put in place to mitigate these risks(see attached template).

The prevention and control of healthcare associated infection is of paramount importance to us here in South Tipperary General Hospital. The requirement to deliver standards of excellence in hygiene is seen as an integral component of patient care in South Tipperary General Hospital. We welcome all reviews and view same as opportunities to refocus our efforts and seek to continually improve the standards of care we deliver on a daily basis.

Thanking you

Yours sincerely

Maria Barry
General Manager

CC: Mr. Gerry O'Dwyer, CEO SSWHG, Dr. Majeed, Clinical Director, STGH, Mr TJ White, A/Director of Nursing, STGH, Mr Gerard O'Callaghan, COO SSWHG

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