Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Roscommon Hospital

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

Date of on-site inspection: 16 September 2015

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered and promote person-centred care for the benefit of the public.

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

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

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1. Introduction

The Health Information and Quality Authority (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 the Authority is outlined in guidance available on the Authority'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. It focuses 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] the Authority will assess the practice in the implementation of infection prevention care bundles. In particular this monitoring will focus 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 will focus 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. The Authority 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. The Authority'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 2015, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2014.

An unannounced inspection was carried out at Roscommon Hospital on 16 September 2015 by Authorised Persons from the Authority, Aileen O' Brien and Rachel Mc Carthy between 10.40hrs and 20.00hrs. The areas assessed were:

- The Operating Theatre Department which comprises two operating rooms and a two bay recovery room.

St Coman's Ward, which was inspected during an unannounced inspection by the Authority on 25 June 2014, was re-visited to assess the level of progress which had been made since the 2014 inspection. In addition the newly built but as yet unopened Endoscopy Unit was visited.

The Authority would like to acknowledge the cooperation of staff with this unannounced inspection.

2. Roscommon Hospital Profile ≠

Roscommon Hospital is part of the Saolta University Health Care Group and serves a population of approximately 65,000 in county Roscommon and further populations in adjoining counties. The hospital is located on a 5.45 hectare site south east of Roscommon town on the N61 Athlone road. The hospital buildings consist of the original three storey core block built in the 1940's with a number of more recently constructed separate and interlinked blocks.

Roscommon Hospital is a Model 2 hospital within the Saolta University Health Care Group, and provides the majority of hospital activity including extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point of care testing and radiology) specialist rehabilitation medicine and palliative care. The hospital has 86 in-patient beds (including the Acute Psychiatric Unit under the management of Community Health Organisation Area 2). A new €5.5m Endoscopy Unit has just been constructed (substantial completion 15 January 2015) and commissioning is about to commence.

≠ The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority

Services available include:

Medical Ward	46 beds	24/7	
Surgical Ward	17 beds	Mon - Fri	Closed at weekends
Day Case Surgery / Endoscopy beds	15 beds	Mon - Fri	08.00am to 20.00pm
Ambulatory Care & Diagnostic Centre (ACAD)	9 beds/chairs	Wed - Thu	08.00am to 18.00pm
Urgent Care Centre accommodates:	Minor Injuries Unit	Mon - Sun	08.00am to 20.00pm
	Medical Assessment Unit	Mon- Fri	09.00am to 17.00pm
	Medial Day Services	Mon - Fri	09.00am to 17.00pm
	Rapid Access Medical Clinic	Mon - Fri	09.00am to 17.00pm daily
Radiology			
Laboratory			
Cardiac Rehabilitation			
Cardiac Investigations Unit			
Out-patients Department			
Heath & Social Care Professionals	Physiotherapy Speech & Language Therapy		Occupational Therapy Dietetics

Roscommon Hospital activity for 2014

	Inpatient Discharges	Day Cases	Outpatients	Minor Injury attendances
2014	1,979	6,129	15,437	4,650

3. Findings

This report outlines the Authority's overall assessment in relation to the inspection, and includes key findings of relevance. 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 the key areas of non-compliance are within this report.

This report is structured as follows:

- **Section 3.1** outlines the level of progress made by St. Coman's Ward after the unannounced inspection on 25 June 2014.
- **Section 3.3** presents the key findings of the unannounced inspection on 16 September 2015
- **Section 3.4** 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 unannounced inspection on 16 September 2015.
- **Section 3.5** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 16 September 2015.

3.1 Progress since the last unannounced inspection on 25 June 2014

The Authority reviewed the QIP[7] published by Roscommon Hospital following the June 2014 inspection. The majority of actions identified in the QIP had been addressed.

St Coman's Ward had been fully repainted and a wider hospital repainting programme was in progress. Flooring just outside the ward had been replaced. It was reported that cleaning processes, resources and audit practice had been revised. Environmental hygiene audit records for August 2015 showed that scores greater than the desirable score of 85% were achieved on St Comans's Ward.

Improvements in the cleanliness of patient equipment were observed during the re-inspection. However, opportunities for improvement were identified in audit documentation showed that blood glucose meters and the boxes used to store them were not consistently clean. Parts of some commodes were non intact or worn and as these cannot be effectively cleaned they increase the risk of infection with organisms such as *Clostridium difficile*. Issues in relation to procurement should be addressed so that damaged essentials can be replaced as required.

Opportunities for improvement in relation to environmental hygiene were observed. Dust was present on some surfaces including the undercarriage of a bed that had just been cleaned, on work stations, soap and alcohol gel dispensers, floor edges and radiators. One patient toilet was malodorous, this should be reviewed and

addressed as necessary. Dust control measures observed on St Coman's Ward were not in line with good practice guidelines.[8]

Cleaning equipment was stored alongside hand hygiene supplies and a stock of waste bins. Failure to appropriately segregate functional areas poses a risk of cross contamination. Cleaning equipment should be stored in a secure room with hand hygiene facilities and a low level sink for filling and emptying cleaning buckets. The room should be equipped such that mop handles and vacuum cleaner handles can be stored off floor level.

It was reported that an audit of hospital mattresses was performed in 2014 and in 2015 following which compromised mattresses were replaced. It is recommended that a regular more frequent scheduled system of mattress inspection is implemented which includes checking mattress cores.

3.2 Key findings of the unannounced inspection on 16 September 2015

Clostridium difficile infection

Roscommon Hospital reports local incidence of *Clostridium difficile* infection on a quarterly basis in line with national Health Service Executive (HSE) requirements. The desirable national key performance indicator for *Clostridum difficile* infection is less than or equal to 2.5 cases per 10,000 bed days. HSE key performance indicator data for the hospital was viewed by the Authority and a sharp increase in the incidence of *Clostridium difficile* in the hospital was noted in the third quarter of 2014. This increase was attributed to an outbreak of *Clostridium difficile* infection. Documentation submitted to the Authority demonstrated that this outbreak was effectively managed by the hospital and that the current incidence of *Clostridium difficile* infection is in compliance with the desirable key performance indicator.

At the time of the outbreak a multidisciplinary outbreak control team was convened by the hospital. Root cause analyses were performed in respect of cases, specimens were sent to a United Kingdom reference laboratory for ribotyping and therapeutic and control measures were instituted to control and terminate the outbreak. Enhanced education in respect of hand hygiene, infection prevention and control and cleaning was provided. A comprehensive outbreak report was written following the outbreak identifying contributory factors and the related control measures that were successfully implemented. Reports viewed showed that *Clostridium difficile* infection rates are continuously monitored by the hospital and are presented monthly in reports to both the hospital management team and the Saolta Group management team.

Based on the findings of this inspection and discussion with the hospital management team it is recommended that environmental hygiene in clinical areas

should be the focus of ongoing improvement measures in respect of attention to detail during cleaning, in addition to local supervision and audit. Patients who develop potentially infectious diarrhoea should be promptly isolated followed by appropriate diagnostic testing.

Lack of isolation facilities

Deficiencies in respect of isolation facilities for inpatients have been identified by the hospital and are included in the infection control risk register. A key component in the prevention of outbreaks of infection in hospitals is the provision of sufficient appropriate isolation facilities for patients suspected of or known to have transmissible infection. St. Coman's ward is a large 46 bed ward which has six single rooms of which only one single room has an ensuite toilet/shower. In addition, not all multi-occupancy rooms on the ward have an ensuite toilet/shower. In line with current national guidelines the hospital has introduced enhanced screening for multidrug resistant organisms.[9] It is likely that such screening may result in an increased rate of identification of patients colonised with microorganisms of concern thus increasing isolation facility requirements. Deficiencies in respect of ensuite isolation facilities should therefore be addressed.

Bed spacing

Bed spacing in some multi-occupancy rooms on St Coman's Ward was not ideal in that there was limited space for patients to sit out or for staff to circulate. The staff work station was located in close proximity to a patient bed in a cardiovascular monitoring area of the ward. Treatment of patients in close proximity to each other increases the risk of spread of many infections including bacterial infections and seasonal influenza. Bed arrangement in multi-occupancy wards did not facilitate effective cleaning. It is recommended that bed spacing on inpatient wards be re-evaluated in consideration of infection prevention and control risks.

Reprocessing of reusable invasive medical devices.

The infrastructure of current facilities for the reprocessing of reusable invasive medical devices in Roscommon Hospital is not in line with current good practice guidelines and standards.[10,11] The location and infrastructure of endoscope decontamination areas in the Theatre Department was not in line with best practice guidelines for such facilities. The dirty endoscope decontamination area was small in size and could only be accessed through an operating room and included a door to a surgical instrument decontamination area.

Deficiencies in respect of appropriate facilities for patients undergoing endoscopy and related equipment management have been addressed by the hospital and will be successfully rectified as soon as the newly built Endoscopy Unit is opened.

Roscommon Hospital is currently accredited by the Joint Advisory Group for gastrointestinal endoscopy to carry out endoscopies and is an approved national centre for colorectal cancer screening. The hospital has recently built a state of the art facility for patients undergoing gastrointestinal endoscopy. The patient pathway has been carefully designed in line with relevant accreditation guidelines. It was reported that the new unit is in the final stages of commissioning and will be ready to open shortly. It is recommended that the opening of this new Endoscopy Unit is progressed without unnecessary delay.

Review of documentation indicated that the hospital had also identified a potential risk in respect of the decontamination process for a reusable endoscope used in the Outpatients Department. This risk has also been included in the hospital risk register.

Facilities within the Operating Theatre Department for the decontamination of surgical instruments were not in accordance with national standards or good practice guidelines.[10,12] Decontamination of reusable surgical instruments is performed within the Operating Theatre Department by theatre staff rather than in a central sterile supply department. There was no one designated person with overall responsibility for reusable invasive device decontamination. The area used for decontamination of surgical instruments is located within the Operating Theatre Deapartment in a lobby/annex which can only be accessed through an operating room or a combination of an operating room and the dirty endoscope decontamination area. A fire exit and a staff toilet are located inappropriately at the distal end of this lobby meaning that staff must walk through an operating room and dirty endoscope decontamination area to gain access. The surgical instrument decontamination area is small in size, does not have separate clean and dirty areas and has very limited space for instrument inspection and packing. Wall and floor finishes in this area were damaged and as such did not facilitate effective cleaning.

Documentation reviewed showed that the the lack of appropriate facilities for surgical instrument decontamination was included in the hospital risk register and that the hospital has made a high priority capital funding submission to the HSE in relation to surgical instrument decontamination facilities.

It is recommended that current facilities and processes for reprocessing reusable medical devices are brought into line with good practice guidelines or that this service is performed off site in an appropriate decontamination facility. There should be a designated person responsible for reusable invasive medical device reprocessing.

Operating Theatre Department infrastructure and facilities

Overall the environment and equipment in the Operating Theatre Department was generally clean. However, the infrastructure and design of the Department is outdated and not in line with good practice guidelines for surgical facilities.[13] As outlined above, facilities for reprocessing of surgical instruments located within the Operating Theatre Department are not in line with recommended standards. The Operating Theatre Department has a single entrance/exit so there is no separate exit access for waste generated in theatres. There is no appropriately located reception area to afford privacy to patients or a patient toilet. Ancillary rooms normally located adjacent to operating rooms for equipment preparation and storage are not available as these spaces are currently utilised for reusable invasive medical device decontamination. There is very little storage space for equipment and supplies. The Operating Theatre Department does not have a designated 'dirty' [*]utility room or waste holding facility. Although a designated cleaning equipment room was available this was not conveniently located. Changing facilities for staff were cramped and cluttered.

Safe injection practice

Unsafe injection practices were identified in an operating room. Anaesthetic drugs were drawn up for one elective surgical case in advance of the patients' arrival into the Operating Theatre Department. These medications were labelled with the name of the drug only and were stored on a medication tray on an anaesthetic trolley. The practice of pre preparing intravenous medication may pose an increased risk of infection for patients. It is recommended that such medications are prepared as close to administration as feasible.[14]

Legionella Management

Documentation reviewed showed that a *Legionella* site risk assessment performed in 2014 recommended remedial works in respect of the water management system. The hospital should assure itself that all necessary works have been completed.

3.3 Key findings relating to hand hygiene

3.3.1 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 the Operating Theatre Department and St Coman's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[15] In the past the hospital had replaced the majority of clinical hand wash sinks but national guidelines in this regard have since been updated. The

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

hospital has initiated a clinical hand wash sink replacement programme in consideration of most recent recommendations.
- Alcohol gel was available at points of care in St Coman's ward.
- Alcohol gel was not available at the point of care within operating rooms.

3.3.2 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 hand rubbing and hand washing, to all healthcare workers*.

- Roscommon Hospital provides mandatory hand hygiene training to all staff on a yearly basis over and above the national recommendation of two yearly training.
- Documentation viewed by the Authority indicated that 93% of staff had received hand hygiene training in the past two years.

Local Area Training

- 100% of staff in the Operating Theatre and 94% of staff in St Coman's Ward were up-to-date with hand hygiene training.

3.3.3 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 audits

- Roscommon Hospital participates in the HSE national hand hygiene audits which are published twice a year.[16] Results contained in Table 1 are publically available on the Health Protection Surveillance Centre's website. In general the hospital's compliance rate has improved year on year. The hospital exceeded the HSE's national 90% target[17] in October/ November 2014 and achieved a compliance rate of 92.5%. However, the latest results for May/June 2015 show a decrease to 86.7%. The Hospital needs to continue to improve hand hygiene compliance in order to again meet and maintain the HSE's national hand hygiene.

Table 1: Roscommon Hospital hand hygiene audit results

Period	Result
Period 1 March/April 2011	63.6%
Period 2 October/November 2011	72.2%
Period 3 June/July 2012	73.3%
Period 4 October/November 2012	85.0%
Period 5 May/June 2013	83.5%
Period 6 October/November 2013	78.6%
Period 7 May/June 2014	85.8%
Period 8 October/November 2014	92.5%
Period 9 May/June 2015	86.7%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.[16]

Local hand hygiene audits

- The Hospital informed the Authority that local hand hygiene audits are carried out regularly. The Authority was informed that the most recently available hand hygiene audit result for the Operating Theatre was 86.7% for June 2015 which is less than the HSE's national target of 90%.
- The most recent hand hygiene audit result for St Coman's Ward was 90% in July 2015 which is in compliance with the national target.
- A July 2015 audit identified opportunities for improvement in respect of hand hygiene technique and duration.

Observation of hand hygiene opportunities

Authorised 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 inspections are based on guidelines promoted by the WHO[18] and the HSE.[19] In addition, Authorised 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.

The Authority observed eight hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:

- two before touching a patient
- one after touching a patient
- three after touching a patient surroundings
- two which were a combination of after touching a patient and after touching patients' surroundings.

- Five of the eight hand hygiene opportunities were taken. The three opportunities which were not taken comprised the following:
  - two after touching a patient surroundings
  - one a combination of after touching a patient and after touching a patient surroundings

- Of the five opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for five opportunities and the correct technique was observed in all five hand hygiene actions.

3.3.4 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 that were in place were up-to-date, clean and appropriately displayed in the areas inspected. However, a number of clinical hand wash sinks in the areas inspected did not have hand hygiene posters available. It was reported that hand hygiene posters are currently being replaced as required throughout the hospital.

3.3.5 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*.

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

- Hand hygiene compliance by staff discipline and staff hand hygiene training uptake is included in hospital governance reports. Audit information is also provided in respect of hand hygiene technique, hand hygiene action duration and barriers to effective hand hygiene.
- Dress code policy audits are performed regularly in Roscommon Hospital. Five audits performed indicated that there was 100% compliance among staff in respect of keeping nails short and unvarnished and not wearing hand jewellery with the exception of one plain ring.

3.4 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.

Authorised Persons looked at documentation relating to peripheral vascular catheter care in St Coman's Ward. Peripheral vascular catheter management was included in individualised care plans for patients in line with evidence based practice guidelines. Individual patient records reviewed showed that the date of device insertion was recorded and the absence of site infection was recorded in subsequent progress notes viewed. Audit of care bundle compliance was reported to be carried out twice a month. Overall compliance with the parameters audited was consistently good. Documentation reviewed indicated that the hospital policy for intravascular device management has been revised recently but this did not fully detail peripheral venous catheter care bundle application as outlined in national guidelines. The number of *Staphylococcus aureus* blood stream infections is reported monthly through hospital governance structures. Root cause analyses are performed when such blood stream infections are identified, and this information is included in hospital management team accountability reports.

The hospital is in the process of reviewing care bundle implementation and related documentation. Review of documentation and policies associated with peripheral vascular catheter care bundle application is recommended so that bundle components and their application is clear. Audit of care bundle compliance should include all the bundle elements that should be implemented. It was reported to the Authority that a nurse practice development facilitator position is due to be filled in the hospital shortly therefore additional resources will be available to progress care bundle implementation and staff education. Patients should be provided with information regarding device related infection prevention. On the basis of

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

discussions with the hospital during this inspection, it is anticipated that care bundles will be fully embedded going forward and that metrics in relation to device related infection are used to guide improvement.

4. Summary

The Authority acknowledges the improvements and progress made by the hospital management team and staff since the last inspection.

The hospital needs to continue to improve hand hygiene compliance in order to again meet and maintain the HSE's national hand hygiene target of 90%. Ongoing improvement in respect of cleaning of patient equipment and environment is recommended in order to prevent cross infection and outbreaks of infection.

The infrastructure of current facilities in use for the reprocessing of reusable invasive medical devices in Roscommon Hospital is not in line with current good practice guidelines and standards. It is recommended that the opening of the new Endoscopy Unit which has appropriate decontamination facilities in place is progressed without unnecessary delay. Reprocessing of reusable surgical instruments in the hospital needs to be revised as a matter of priority.

Deficiencies in relation to the cleanliness of St Coman's Ward inspected indicated that there were opportunities for improvement in respect of attention to the quality and supervision of environmental cleaning.

Deficiencies in respect of bed spacing and isolation facilities in the hospital should be re-evaluated and addressed. The implementation of care bundles should be further embedded and expanded to include urinary catheter care bundle implementation as planned.

Roscommon Hospital, as a member of the wider Saolta Hospital Group, needs to be supported within the group structure to in order to facilitate compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

5. Next steps

Roscommon Hospital must now revise and amend its quality improvement plan (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 Roscommon Hospital to formulate, resource and execute its QIP to completion. The Authority 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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