



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Mallow General Hospital.

Monitoring programme undertaken against the National Standards for the prevention and control of healthcare-associated infections in acute healthcare services

Date of on-site inspection: 18 July 2018

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 services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care 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 engaging with the Minister for Children and Youth Affairs, HIQA 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 services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality 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 services.

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1.0 Introduction

HIQA monitors the implementation of the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*¹ in public acute Hospitals in Ireland to determine if Hospitals have effective arrangements in place to protect patients from acquiring healthcare-associated infection. The *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* will be referred to as the National Standards in this report.

In 2017, HIQA commenced a revised monitoring programme against the National Standards. The aim of this revised monitoring programme is to assess aspects of the governance, management and implementation of designated programmes to prevent and control healthcare-associated infections in Hospitals. This monitoring programme comprises Phases One, Two and Three which will be described next.

The National Standards were updated in 2017 and therefore supersede the previous version. Hospitals should work towards implementing these revised National Standards.

Phase One

All public acute Hospitals were requested to complete and return a self-assessment tool to HIQA during April and May 2017.

Phase Two

Using the revised assessment methodology HIQA commenced a programme of unannounced inspections against the National Standards in public acute Hospitals in May 2017. The lines of enquiry which are aligned to the National Standards are included in this report in Appendix 1.

Further information can be found in the *Guide to the monitoring programme undertaken against the National Standards for the prevention and control of healthcare-associated infections*² which was published in May 2017 and is available on HIQA's website: www.hiqa.ie

In October 2017, the Minister for Health activated a Public Health Emergency Plan^{*} and convened a National Public Health Emergency Team as a public health response

^{*} A National Public Health Emergency Plan was activated on 25 October 2017 by the Minister for Health in response to the increase and spread of Carbapenemase Producing *Enterobacteriaceae* (CPE) in Ireland. As a result a National Public Health Emergency Team was convened and they have been meeting on a weekly basis since 02 November 2017. Please refer to the Department of Health webpage for further details: <http://health.gov.ie/national-patient-safety-office/patient-safety-surveillance/antimicrobial-resistance-amr-2/public-health-emergency-plan-to-tackle-cpe/nphet-press-releases-minutes-of-meetings/>

to the increase of Carbapenemase Producing *Enterobacteriales* (CPE)[†] in Ireland. In light of the on-going national public health emergency the focus of inspections in 2018 will be on systems to detect, prevent and respond to healthcare-associated infections and multidrug-resistant organisms in line with national guidelines.

Phase Three

Phase Three of this monitoring programme will focus on the reprocessing of reusable medical devices and HIQA will commence onsite inspections in this regard in 2018.

Information about this inspection

This inspection report was completed following an unannounced inspection carried out at Mallow General Hospital by Authorised Persons from HIQA; Kathryn Hanly and Noreen Flannelly-Kinsella. The inspection was carried out on 18 July 2018 between 09.00 hrs. and 14.00 hrs.

The inspection team used designed monitoring tools and focused specifically on aspects of the prevention and control of transmission of antimicrobial-resistant bacteria and healthcare-associated infections.

During this inspection inspectors spoke with hospital managers and staff, and the acting infection prevention and control nurse. Inspectors requested and reviewed documentation and data and observed practice within the clinical environment in St. Mary's Ward.

All low level findings observed in the areas inspected were reported to the local ward manager to inform ongoing improvement measures.

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

[†] Carbapenemase-Producing *Enterobacteriales* (CPE), are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are therefore much more difficult to treat.

2.0 Findings at Mallow General Hospital

The following sections 2.1 to 2.4 present the general findings of this unannounced inspection which are aligned to monitoring lines of enquiry. The report is structured as follows:

Section 2.1 outlines a risk identified during this unannounced inspection.

Sections 2.2 to 2.4 present the general findings of this unannounced inspection which are aligned to the lines of inquiry.

2.1 Risk identified during this unannounced inspection

Inspectors identified that Mallow General Hospital was not in full compliance with the national screening guidelines³ in relation to Carbapenemase-Producing *Enterobacteriaceae* (CPE). Specifically, the hospital was not routinely screening all patients who were transferred from nursing homes.

Screening[‡] for CPE is considered an essential infection prevention and control strategy. Considering this in the context of the activation of the National Public Health Emergency Plan to address CPE in our health system, HIQA sought assurance regarding arrangements that are in place to ensure compliance with the national guidelines on screening for CPE at Mallow General Hospital

In response the hospital provided assurances to HIQA that in order to address the risk they were pursuing a number of potential solutions including:

- requesting additional resources to facilitate CPE screening within Cork University Hospital
- outsourcing CPE screening to other hospitals within the region
- insourcing on-site molecular testing for CPE screening.

A copy of the letter issued to the hospital manager of Mallow General Hospital to seek further assurance regarding the risk identified and a copy of the response and associated assurance and action plan received from the hospital manager are shown in Appendices 2 and 3 respectively.

[‡] Performing active surveillance cultures, active screening tests or contact screening of at-risk patients to detect colonisation with Carbapenemase Producing *Enterobacteriaceae*.

2.2 Governance and Risk Management

Progress since the 2016 HIQA inspection

The fabric and infrastructure of the hospital continued to present ongoing challenges to the maintenance and upkeep of the building. Minor capital renovations had been undertaken following the 2016 HIQA inspection. However, it was reported that budget constraints remained a challenge for the hospital and the majority of infrastructural works identified during the 2016 inspection remained outstanding. HIQA acknowledges that these issues had been highlighted as an area of concern by local hospital management and escalated accordingly.

At the time of the 2018 inspection informal over the phone arrangements remained in place for access to specialist advice from medical microbiologists based in Cork University Hospital. However, it was explained at interview that the HSE had approved and were progressing the recruitment of a permanent consultant microbiologist which included an eight hour per week formalised commitment to Mallow General Hospital.

Governance arrangements

Mallow General Hospital is a Model two⁴ statutory hospital, owned and managed by the Health Service Executive (HSE), and a member of the South/South West Hospital Group.⁵ The hospital is linked, through shared senior management, with Cork University Hospital Group. This management arrangement also includes Cork University Hospital, Cork University Maternity Hospital and Bantry General Hospital.

Mallow General Hospital had formalised governance arrangements and organisational structures in place to support infection prevention and control. It was explained that the infection prevention and control service at the hospital was overseen by the local Infection Prevention and Control and Hygiene Committee. This committee in turn reported into the Quality, Safety and Risk Committee. The Quality, Safety and Risk Committee reported into the hospital's local management team.

The hospital was also formally represented on the Cork University Hospital Group Infection Prevention and Control Committee and had established links in relation to infection prevention and control which facilitated oversight of the hospital's infection prevention and control programme.

The hospital did not have an antimicrobial stewardship programme in place in line with national standards.¹ The ongoing issues relating to microbiological cover had also impacted on the hospital's ability to provide a structure that could effectively

⁵ The South/ Southwest Hospital Group comprises nine hospitals operating across the counties Cork, Kerry, Waterford, Tipperary and Kilkenny. This group is led by a Group Executive Officer with delegated authority to manage statutory hospitals within the group under the Health Act 2004.

support the implementation of a stewardship programme. Inspectors were informed by management that limited clinical pharmacy services also hindered the effective implementation of an antimicrobial stewardship programme in the hospital. However, in line with national guidelines⁵ inspectors were informed that the hospital had successfully introduced restricted antimicrobial prescribing rights for the broad-spectrum carbapenem antibiotic meropenem; a last line antibiotic used to treat serious Gram-negative infection.

Inspectors also identified that governance and management arrangements in relation to environmental monitoring were not aligned to the Cork University Hospital Group or the South/South West Hospital Group structures. It was explained at interview that governance and management of water supply and quality at the hospital were overseen by an external contractor and aligned with local community hospitals and services. The hospital had identified infection prevention and control risks within the hospital water systems and had escalated such risks within the HSE risk management system. Inspectors were informed that a number of control measures in relation to legionella prevention such as routine flushing had been implemented however there was no oversight from the South/South West Hospital Group Environmental Control Group.

A local legionella risk assessment was carried out in 2016. National guidelines⁶ recommend that legionella risk assessments be reviewed on an annual basis and independently reviewed every two years. However, details of the most recent legionella external risk assessment were not provided to inspectors on the day of the inspection.

Inspectors noted that the hospital had an up-to-date suite of infection prevention and control policies procedures and guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak management. Policies procedures and guidelines were developed and approved by the Cork University Hospital Group Infection Prevention and Control Committee.

Infection Prevention and Control Education

The Infection Prevention and Control Team provided a range of both formal and informal ongoing educational sessions to personnel on infection prevention and control programme, procedures and practices. Documentation reviewed indicated that training in relation to infection prevention and control was aligned to the national framework for such knowledge and skills.⁷

Documentation provided by the hospital showed that hand hygiene training was mandatory for staff at induction and every two years thereafter.⁸ At the time of the inspection, 90% of hospital staff had attended hand hygiene training in the previous two years. However a breakdown of hand hygiene training attended for each staff

group showed that only 76% of medical staff had attended hand hygiene training within the past 12 months which was considerably lower than other staff groups. Inspectors were informed that this may be an underestimation of overall compliance as it includes staff that may be on leave and records may not have been updated to include recent training sessions delivered in 2018.

The hospital participated in national hand hygiene audits, the results of which are published twice a year. The hospital achieved 90% compliance rate in the national hand hygiene audit in May 2018 which meets the required compliance target of 90% set by the HSE.

Risk Management

Management explained that high-rated risks were regularly reviewed and escalated for discussion at the Quality and Patient Safety Committee. Inspectors were informed by management that high risks were escalated to the South/South West Hospital Group through corporate risk management processes.

Infection prevention and control risks were amalgamated into three overarching risks and escalated to the hospitals' corporate risk register. These included:

- healthcare-associated infections
- infrastructural deficits
- water supply and quality.

Documentation reviewed showed that a number of the infrastructural issues including bed spacing in the large multi-occupancy nightingale-style** room were included in the hospital risk register. However there were no plans or agreed timeframes for these issues to be addressed. Management also reported that infrastructural and maintenance issues impacted on the overall compliance rating in environmental hygiene audits. A review of bed spacing in the 10 bedded nightingale-style rooms on St Mary's Ward had been completed by the infection prevention and control nurse in 2014 and a number of control measures had been recommended. However, inspectors identified that this issue remained unresolved at the time of the 2018 inspection. These findings are significant in the overall context of multidrug-resistant organism prevention and control and will be further discussed in section 2.3 of this report.

** A nightingale-style room consists of one long ward with a large number of beds arranged along the sides, without subdivision of the room into bays. From an infection prevention and control perspective, the higher number of patients accommodated in nightingale wards increases the risk of infection transmission, especially if beds are spaced too close together.

It was reported that the hospital had recently commenced reporting hospital acquired infections incidents within the hospital to the National Incident Management System (NIMS).^{††}

2.3 Infection Surveillance

The infection prevention and control programme included an infection surveillance programme which included surveillance of:

- 'alert' organisms and 'alert' conditions^{‡‡}
- multidrug-resistant organisms and healthcare-associated infection
- clusters or outbreaks of infection
- hospital-acquired bloodstream infections.

Hospital management monitored and regularly reviewed performance indicators in relation to the prevention and control of healthcare-associated infection in line with HSE national reporting requirements⁹ and the HSE's Business Information Unit.¹⁰

National guidelines recommend healthcare-associated infection surveillance in relation to surgical site infection, central venous access device-related infection and urinary catheter-associated urinary tract infection.^{11,12} It was reported that a device-related infection surveillance programme had not been established at the hospital. However, it was noted that there had been no catheter-related blood stream infections reported to date in 2018.

Surveillance of alert organisms and alert conditions were carried out daily. Monthly infection control newsletters, which included a breakdown of cases of infection in the hospital were circulated to clinical areas by the infection prevention and control nurse.

Care bundles

A care bundle is a group of evidence-based practices that improves the quality of care when consistently applied to all patients. The hospital had successfully introduced care bundles for peripheral venous catheter and urinary catheter care. Similar to the 2016, HIQA inspection, care bundles implementation had been well advanced and embedded in the hospital.

Compliance with care bundle compliance was formally audited in clinical areas. Documentation reviewed indicated that care bundle practice compliance was consistently high in 2018.

^{††} National Incident Management System (NIMS) is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation to the State Claims Agency (Section 11 of the National Treasury Management Agency (Amendment) Act, 2000).

^{‡‡} Alert conditions include physical symptoms such as skin rashes, vomiting, diarrhoea, respiratory illness that could be due to an infectious illness.

2.4 Prevention and control of healthcare-associated infections and multidrug-resistant organisms

As with the control of all potentially transmissible infectious diseases in healthcare settings, hospital adherence to best practice in relation to transmission-based precautions is critical to protect patients and staff from colonisation and infection from such organisms. The inspection team focused on measures to prevent the spread of multidrug-resistant organisms and implementation of aspects of transmission-based precautions during this inspection.

Outbreak Management

An outbreak of seasonal influenza was declared and an outbreak control committee was convened in January 2018. The outbreak was attributed to a marked increase in the number of patients presenting to the hospital with flu-like symptoms in January 2018. The outbreak report reviewed by inspectors showed that this outbreak was effectively contained and managed. However, the report did not provide descriptive epidemiology or outcomes of influenza cases in line with best practice. It was therefore unclear if there was sustained transmission of influenza within the hospital.

The hospital had surpassed the target of 40% flu vaccination uptake among health care workers set by the HSE for the seasonal influenza vaccine period of 2017-2018.

Screening and microbiological testing

Screening of patients admitted to the hospital for multi-drug resistant organisms was not fully aligned with national guidelines.¹³ Management stated that this was attributed to microbiology laboratory staffing and resource deficiencies.

It was reported to inspectors that specimens for microbiological testing from the hospital were sent to the microbiology laboratory in Cork University Hospital. It was also reported to inspectors that the slow sample turnaround times potentially delayed the identification of infectious patients. The hospital reported that patients with potentially transmissible infections were isolated with transmission-based precautions while awaiting test results.

Infrastructure

The fabric and infrastructure of the hospital continued to present ongoing challenges to the maintenance and upkeep of the building. Similar to findings in HIQA inspections undertaken in 2014, 2015 and 2016 the infrastructure was outdated and was not in line with recommended specifications and standards of a modern patient care facility. For example:

- bed spacing in multi-bedded wards was not in compliance with best practice guidelines

- the hospital did not have a neutral pressure isolation room for the management of patients with airborne infection
- lack of storage space with inappropriate storage of equipment and supplies resulting in clutter
- the design of 'dirty' and clean utility rooms in the ward did not facilitate effective infection prevention and control measures; there was insufficient space to separate clean and dirty functions
- insufficient toilet and shower facilities to meet the needs of patients and staff
- hand hygiene facilities throughout the ward were less than optimal
- exposed pipe work and radiator design did not facilitating effective cleaning
- adequate facilities for cleaning and disinfection of reusable supports between uses were not available.

Environmental Hygiene

Overall, the general environment in St Mary's ward was clean with some exceptions. Local and peer environmental hygiene audits were performed on a cyclical basis whereby each clinical area was audited every six months. Results of these audits were tracked and trended by management and this information was used to identify and address any deficiencies. However, on the day of the inspection audit reports were not available at ward level and awareness of audit results at ward level was poor. In addition, the frequency of audit for very high risk functional areas such as operating theatres was not in line with national guidance¹⁴ or best practice.¹⁵

Inspectors were informed that the dual role of support staff who are responsible for cleaning and catering was under review. In the interim, multi-task attendants were assigned separate cleaning and catering roles daily. It was also reported that staff responsible for cleaning had undertaken a recognised cleaning training course

Patient equipment

Improvement of the oversight of cleaning of some equipment was needed as some items were evidenced as requiring more detailed cleaning. A local equipment cleaning checklist viewed was not comprehensive and cleaning duties were not clearly allocated. Designated patient equipment was not available for isolation rooms.

While the multidisciplinary audit tool also included patient equipment, results showed varying levels of compliance throughout 2018. Patient equipment hygiene should be a focus for further improvement.

3.0 Conclusion

A National Public Health Emergency Plan activated on 25 October 2017 by the Minister for Health in response to the increase and spread of Carbapenemase Producing *Enterobacteriaceae* (CPE) in Ireland. The HSE introduced screening guidelines in relation to CPE for the acute hospital sector in June 2017. Inspectors found that the hospital had not successfully ensured that screening patients for CPE was fully embedded in the hospital. In light of the current national public health emergency and a recent CPE outbreak experienced in another hospital within the region, HIQA considered this to be a high risk that required escalation to hospital management following this inspection. In response to HIQA's seek assurance letter, the general manager outlined key actions which would be explored to manage this risk.

HIQA acknowledges the hospital's progress in relation to:

- environmental hygiene standards, despite infrastructural challenges
- hand hygiene standards
- the provision of staff education and the availability of policies for the prevention and control of healthcare-associated infection
- intravascular device and urinary catheter care bundles were embedded in practice
- minor refurbishment works completed with surfaces and finishes that readily facilitated effective cleaning in some ancillary and patient care facilities.

Standard 5.8 of the *National Standards for Safer Better Healthcare*¹⁶ identifies prompt action on recommendations made by a regulatory body as a key feature of effective governance, leadership and management. HIQA identified similar issues during the 2016 unannounced inspection and these issues had yet to be addressed.

In order to comply with national standards, hospital management need to put measures in place to address the following:

- infrastructural deficits as identified in a number of HIQA inspections at the hospital
- recruitment of dedicated consultant microbiologist staffing
- establish, resource and develop the antimicrobial stewardship programme
- screening and microbiological testing arrangements with the CUH to ensure compliance with national screening guidelines in relation to multi-drug resistant organisms
- review of the mechanisms in place to assure management that water supply and systems are developed and managed to minimise the risk of service users, staff and visitors acquiring a healthcare associated infection

- a review of environmental hygiene auditing to ensure consistency of audit processes and scheduling of more frequent hygiene audits of moderate and high risk clinical areas as recommended by national guidance¹⁴
- oversight of equipment hygiene
- compliance with mandatory hand hygiene training among all staff groups.

It was evident that in many instances the hospital had themselves clearly identified areas of concern and had sought external assistance in dealing with many of these risks. Mallow General Hospital, as a member of the Cork University Hospital Group and South/South West Hospital Group, needs to be supported within group and national structures to effectively address issues in relation to hospital infrastructure and resources in order to facilitate compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections¹ and other existing national healthcare standards.

4.0 References

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5.0 Appendices

Appendix 1: Lines of enquiry for the monitoring programme undertaken against the National Standards for the prevention and control of healthcare-associated infections in acute healthcare services

Number	Line of enquiry	Relevant National Standard
1.1	The Hospital has formalised governance arrangements with clear lines of accountability and responsibility around the prevention and control of healthcare-associated infections.	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 5.2, 5.3, 5.4, 6.1, 7.1
1.2	Risks in relation to the prevention and control of infection are identified and managed.	2.1, 2.3, 2.5, 3.1, 3.6, 3.7, 3.8
2	The Hospital has policies, procedures and guidelines in relation to the prevention and control of infection and Hospital hygiene.	2.1, 2.5, 3.1, 3.6, 3.8, 5.4, 7.2
3	Hospital personnel are trained and in relation to the prevention and control of healthcare-associated infection	2.1, 2.8, 3.1, 3.2, 3.3, 3.6, 6.1, 6.2
4.1	The Hospital has implemented evidence-based best practice to prevent intravascular device-related infection and urinary catheter-associated infection, ventilator-associated pneumonia and surgical site infection.	1.1, 2.1, 2.3, 3.5
4.2	The Hospital has systems in place to detect, prevent, and respond to healthcare-associated infections and multidrug-resistant organisms in line with national guidelines.	2.1, 2.3, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.8,

Appendix 2: Copy of the letter issued to Mallow General Hospital regarding the high risk identified during HIQA's inspection at Mallow General Hospital



Claire Crowley
Hospital Manager
Mallow General Hospital
Mallow
Cork
claire.crowley@hse.ie

19 July 2018

Ref: PCHCAI 2018/66

National Standards for the prevention and control of healthcare-associated infections in acute healthcare services - monitoring programme

Dear Claire

The Health Information and Quality Authority (HIQA) carried out an unannounced inspection at Mallow General Hospital against the National Standards for the prevention and control of healthcare-associated infections in acute healthcare services on 18 July 2018.

On review of the inspection findings, inspectors identified that the hospital is not in compliance with the Health Service Executive guideline around screening patients for Carbapenemase Producing *Enterobacteriaceae* (CPE). We consider this to be a high risk in light of the ongoing National Public Health Emergency Plan to address CPE in our health system which was activated by the Minister for Health on 25 October 2017.

¹Health Service Executive, Requirements for Screening of Patients for Carbapenemase-Producing *Enterobacteriales* (CPE) in the Acute Hospital Sector February 2018. Available online from: http://www.hpsc.ie/az/microbiologyantimicrobialresistance/strategyforthecontrolofantimicrobialresistanceinireland/sari/carbapenemresistantenterobacteriaceae/guidanceandpublications/Requirement%20for%20screening%20of%20patients%20for%20CPE%2016Feb18_Final.pdf

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Please outline how the hospital intends to address this high risk following this inspection. Details of the risk identified, and proposed mitigating actions will be included in the report of this inspection.

Please provide this information to HIQA by close of business on **26 July 2018** to qualityandsafety@hiqa.ie. Should you have any queries, please do not hesitate to contact me at qualityandsafety@hiqa.ie.

Yours sincerely,



KATHRYN HANLY
Authorised Person

CC: Mary Dunnion, Director of Regulation, HIQA
Gerry O' Dwyer, CEO, South/South West Hospitals Group
Tony McNamara, General Manager, Cork University Hospitals
Liam Woods, National Director of Acute Services, Health Service Executive

Appendix 3: Copy of the response letter received from Mallow General Hospital regarding the high risk identified during the HIQA inspection of Mallow General Hospital



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ms. Kathryn Hanly,
Authorised Person,
Health Information and Quality Authority
City Gate,
Mahon
Cork.

24th July 2018

Re: **National Standards for the prevention and control of healthcare associated infections in acute healthcare services – monitoring programme.**

Dear Ms. Hanly,

Mallow General Hospital welcomes the monitoring programme against the National Standards for the prevention and control of healthcare associated infections in acute healthcare services for the assurances it provides of our on-going commitment to the prevention and control of healthcare associated infections.

We acknowledge and accept the finding that the hospital is not in compliance with the Health Service Executive guideline around screening patients for Carbapenemase producing Enterobacteriaceae (CPE). We have updated the Hospital Risk Register to reflect this.

In order to address this risk we are pursuing the following actions:

- Request submitted through the Estimates process for 2019 for additional resources for CPE screening within Cork University Hospital, as Cork University provide Microbiological services to this hospital.
- Outsourcing CPE screening to other hospitals within the region, we are engaging with the Bon Secours Hospital and Mercy University Hospital in this regard.
- We are also exploring the option of insourcing on-site molecular testing for CPE screening.

Mallow General Hospital is fully committed to full compliance with the National Screening guidelines for CPE and will endeavour to achieve full compliance in the very near future.

I remain,

Yours Sincerely,

Mr. Brendan O'Reilly
Operations Manager, Cork University Hospital Group.

For further information please contact:

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