Audit Title: Audit of National Infection Prevention and Control Standards of Healthcare Associated Infections (1, 2, 5, 11 & 12)

Audit Number: QPSA0732011

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Source of Evidence
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<td>Pre-site visit questionnaire</td>
<td>Site visits to: Galway University Hospital (GUH)</td>
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<td>On site questionnaire</td>
<td>Cork University Hospital (CUH)</td>
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1. AUDIT BACKGROUND/RATIONALE
The ongoing reduction of healthcare associated infection (HCAI) rates is one of the most important challenges facing our health and social care services. The reduction of infections is vital to improve the quality and safety of care for our service users. As a result, the Health Information and Quality Authority (HIQA) developed National Standards for the Prevention and Control of Healthcare Associated Infections (2009). These standards were launched within the HSE in 2009. The aim of these standards is to provide guidance and direction to all health and social care service providers. They require all staff who manage and provide a service to take responsibility for providing the best and safest service possible.

The HSE is committed to tackling HCAI and has launched the ‘Say No to Infection’ campaign in 2007 and a national HCAI clinical programme in 2011. The core interventions of this programme are:
- Improve hand hygiene by healthcare staff
- Prevent medical device related infections, i.e., intravenous lines and urinary catheters
- Use antimicrobials appropriately (antimicrobial stewardship)

Implementation of National Standards for Prevention and Control of Healthcare Associated Infections
The implementation of the PCHCAI standards in each service area (hospital) required that each service develop implementation plans. Fundamental to the plans was a gap analysis to identify deficits/risks and quality improvement plans to manage the risks identified. A twelve month timescale was laid down for services to comply with the PCHCAI standards.

Self-assessment tool:

The collection of quality information is a fundamental requirement to enable the HSE to plan, monitor, and measure its services within the organisation. Accurate and timely information enables health services to identify the needs of the service user, set specific goals, develop objectives, and plan how these objectives can be achieved.

The former National Hospitals Office (NHO) in collaboration with Primary Community & Continuing Care (PCCC) developed a self-assessment tool for the HSE Quality & Risk Management Standard (2007). This self-assessment tool formed the basis for the current self-assessments across the HSE of which PCHCAI is one. The others include HSE Quality & Risk Management Standard, Code of Practice for Healthcare Records Management, Discharge Planning and Hygiene Standards.

Each hospital was requested to complete a self-assessment against the PCHCAI standards. The baseline self-assessments for all acute hospitals were completed in 2009. The requirement to submit self-assessments was again undertaken by most hospitals in 2011. This information is now collated by the Office of the Assistant National Director for Health Protection, Integrated Services Directorate (ISD). This self-assessment process is currently being upgraded to a web-based system which will form part of a Quality Management System (QMS). This new system includes the following three modules: Standards, Risk and Incidents. Once launched, this web-based system will enable national and regional monitoring teams across the HSE view evidence from each site, where relevant. It is envisaged that this system will be launched in 2012.

2. AUDIT OBJECTIVES

The objective of the audit was to determine, through evidenced validation, the compliance of hospital self-assessment returns on HCAI prevention and control with the PCHCAI national standards by:

- Selecting and reviewing a sample of self-assessment returns from acute hospitals submitted to the HSE National Office of Health Protection.
- Obtaining evidence, through both written requests and on-site visits, from a sample of acute hospitals, in relation to compliance with the PCHCAI national standards.
- Validating this evidence against the PCHCAI national standards.
- Collating the evidence to produce a QPSA report to the audit requester and other key stakeholders by 27th January 2012.

3. SIGNIFICANT FINDINGS

- Within the acute hospitals audited significant progress has been made generally over the last few years with regard to the prevention and control of healthcare associated infection.
- There is clear evidence of a proactive approach from senior management and staff delivering and implementing PCHCAI requirements.
- There is a developing culture whereby the importance of prevention and control of HCAIs is understood at all levels in the acute hospitals audited. This message is also being delivered to patients and service users with a clear focus on concern for patient safety.
- The four hospitals audited have utilised innovative methods of implementing the PCHCAI national standards, despite the current health services system-inherent resource challenges.
- Two of the four hospitals have had a decline in compliance with hand hygiene training over the past two years.
- Antimicrobial stewardship has had a significant impact on reducing antimicrobial consumption and cost in the four hospitals audited.
- Significant progress has been made in surveillance of HCAI. This will need to continue in the future to prevent HCAI or multi-resistant drug organism colonisation.
There are significant challenges for acute hospitals in meeting the PCHCAI national standards and HCAI clinical programme targets, principally due to the aforementioned resource challenges.

There is a potential for inappropriate screening of referrals of potentially colonised/infected persons between the community settings, for example GP referrals, and the acute hospital. The advent of link nurses may be advantageous in this regard as they provide education and information links between the community and hospital sectors with regard to IPC.

4. RECOMMENDATIONS

1. The four acute hospitals included in this audit should continue their current proactive drive towards meeting the PCHCAI standards.

2. Hand hygiene training should be prioritised for all healthcare staff to ensure that measures are being taken to prevent and control HCAI. A “train-the trainer” programme should be implemented to assist infection prevention and control staff with hand hygiene training.

3. Hand hygiene training should be followed up by monitoring and audit involving all healthcare staff.

4. It is recommended that policies, procedures and guidelines aligned to the PCHCAI standards, should be monitored for effectiveness and audited on an annual basis.

5. Diligent antimicrobial stewardship and surveillance processes should continue to take place to further reduce antimicrobial consumption, as appropriate, and to monitor alert organisms.

6. The acute hospitals should strengthen links with the community by developing regional committees, where these are not in place, to endeavour to provide a seamless approach to the prevention and control of HCAI.

7. The HSE should put systems in place to share learning throughout the health services to enhance the implementation of the PCHCAI national standards and the HSE clinical programme implementation nationally.

8. Service user input should be strengthened through IPC committee involvement.

5. CONCLUSION

The four acute hospitals audited are working proactively towards meeting and/or maintaining the requirements of the PCHCAI standards, within the five standards audited. There is a developing culture of awareness with regard to the prevention and control of HCAI.

Two of the four hospitals have had a decline in compliance with hand hygiene training over the past two years. It is suggested that this is prioritised in an effort to prevent and control HCAI.

Implementation of policies, procedures and guidelines (PPGs) was evident in the hospitals audited. Antimicrobial consumption results and surveillance data were evidenced during the audit. The hospitals should continue to strive toward national targets for antimicrobial consumption and surveillance to prevent and control HCAI.

Future target setting and PPG development will need to reflect the three key interventions of the HSE HCAI clinical programme, namely: improving hand hygiene by healthcare staff, prevention of medical device related infections and using antimicrobials appropriately.

Whilst there has been good practice evidenced during this audit generally, the fact that the health service system is not conducive to sharing best practice means that the learning from evidentially effective hospitals may be largely lost to the wider system.

Consideration should be given to repeating this audit process utilising a different sample of hospitals.

6. ACKNOWLEDGEMENT

The audit team wish to acknowledge the cooperation and goodwill afforded them by all persons who participated in the audit.