# Report of the unannounced inspection of South Tipperary General Hospital

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

Date of inspection: 5 November 2020

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

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

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

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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## 1.0   Information about this monitoring programme

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

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

Inspection findings are grouped under the National Standards dimensions of:

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

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

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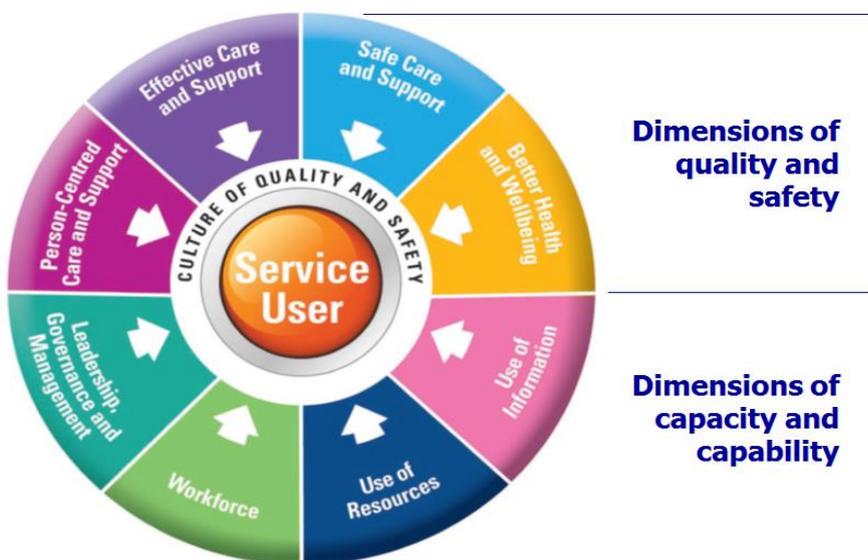


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**Report structure**

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

This monitoring programme assesses acute healthcare services' **capacity and capability** through the following standards:

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

HIQA also assesses acute healthcare services' provision under the dimensions of **quality and safety** through the following standards:

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

**Judgment Descriptors**

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

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

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

## 1.1 Hospital Profile

South Tipperary General Hospital is a model 3 acute hospital which is owned and managed by the Health Services Executive (HSE) and is part of the South/Southwest Hospital Group.[†] The hospital provides a range of services including acute, general, maternity and paediatrics. The hospital has a bed capacity of 206 beds.

## 1.2 Information about this inspection

This inspection report was completed following an unannounced inspection carried out by Authorised Persons, HIQA; Bairbre Moynihan, Siobhan Bourke and Kay Sugrue, on 4 November 2020 between 09.15 hrs and 15.18 hrs.

HIQA's focus during this inspection included a detailed evaluation of how, on the day of the inspection, the hospital organised themselves to minimise the spread of healthcare-associated infections; with a particular focus on systems to prevent, detect and manage COVID-19.

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

- Medical 3 (non COVID-19 pathway)
- Surgical 3 (COVID-19 pathway)

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

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

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

## 2.0 Inspection Findings

The following sections present the general findings of this unannounced inspection. To present the general findings the report is structured as follows:

- Section 2.1 High risks identified during the unannounced inspection
- Section 2.2 Capacity and Capability
- Section 2.3 Quality and Safety

### 2.1　High risks identified during the unannounced inspection

Consultant Microbiologist

HIQA identified that the current allocated level of onsite consultant microbiologist cover at South Tipperary General Hospital was 0.1 whole-time equivalent (WTE).[‡] Hospital management stated the availability of this resource was dependent on the workload of consultants working to fulfil other commitments at University Hospital Waterford. HIQA identified through inspection that since the onset of the pandemic, this onsite cover had not been available to South Tipperary General Hospital. This deficit had been highlighted during HIQA's inspection in June 2017[2] and more recently in the HIQA's desktop analysis of infection prevention control preparedness for COVID-19[3], which was conducted at the request of National Public Health Emergency Team (NPHET) in April of this year.

This risk was escalated to the Chief Executive Officer of the South/South West Hospital Group on 11 November 2020. Following the response further clarification was sought around the short-term interim arrangements for consultant microbiologist cover and the timeframe for the recruitment of consultants to the approved posts on 18 November 2020.

**Response to high risks identified by HIQA**

The Chief Executive Officer of South/South West Hospital Group responded to HIQA on 16 November 2020 and 3 December 2020 outlining that funding for two consultant microbiologists had been approved for the South/South West Hospital Group. Additionally three consultant microbiologists for University Hospital Waterford were to go to the Consultant Application Advisory Committee in January 2021 of which a sessional commitment would be to South Tipperary General Hospital.

Correspondence from 3 December further outlined that the replacement for the consultant microbiologist was going through the recruitment process but in the

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[‡] Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

interim locum cover had been secured by University Hospital Waterford with the current onsite sessional arrangement for South Tipperary Hospital to continue.

## 2.2 Capacity and Capability

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

## Theme 5: Leadership, Governance and Management

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| **Standard 5.3:** Service providers have formalized governance arrangements in place to ensure the delivery of safe and effective infection prevention and control across the service |
| **Judgment Standard 5.3**:**Partially compliant**<ul><li>Antimicrobial stewardship activities were curtailed due to staffing constraints.</li><li>The hospital guidance on the management of COVID-19 had not been ratified by senior management within the hospital.</li><li>Review of the governance structures at South Tipperary Hospital was not completed within the timeframe indicated.</li></ul> |

Corporate and Clinical Governance

The general manager held overall accountability and responsibility for the prevention and control of healthcare-associated infection at the hospital.

Inspectors were informed that the general manager was a member of all committees ensuring that any infection prevention and control related issues were promptly communicated and appropriately escalated to the Executive Management Team as required. These included the following:

- Hospital Hygiene Governance Committee.
- Environmental Monitoring Committee.
- Infection Prevention and Control Committee.

- Quality Risk and Patient Safety Committee.
- South/South West Hospital Group Healthcare Associated Infections/Antimicrobial Stewardship Steering Committee.

The infection prevention and control team were also members of the South East Regional Infection Prevention and Control Team. This team included representation from hospitals from within two hospital groups and a community health organisation: South/South West Hospital Group and Ireland East Hospital Group and Community Health Organisation 5. This team met monthly but meetings had ceased at the onset of the COVID-19 pandemic and had recommenced in September 2020.

A multidisciplinary Crisis Management Team was established at the onset of the COVID-19 pandemic. Membership included the general manager, director of nursing and clinical director. This team met daily and items discussed included clinical services, critical care capacity, estates including infrastructure changes and equipment and supplies. As the number of patients with COVID-19 decreased in South Tipperary General Hospital and nationally the Crisis Management Team ceased but hospital management continued to meet weekly at an Operational Meeting. Issues relating to COVID-19 were discussed at this meeting including COVID-19 contingency plans, COVID-19 swabbing and personal protective equipment. COVID-19 preparedness and outbreak management will be further discussed under Theme 3: Safe Care and Support.

Overall, inspectors found the governance structures of the hospital complex with multiple committees. This was previously identified in two previous HIQA inspections.[2,4] Following the inspection of maternity services in 2019[4] HIQA were advised through correspondence from the South/South West Hospital Group that a review of the governance structures at the hospital was to be undertaken with an expected completion date of September 2019. Inspectors were informed that this review had been delayed due to COVID-19 and the redeployment of key staff. To ensure optimal use of resources and a more streamlined approach to governance HIQA recommends that this should be progressed following this inspection.

Antimicrobial Stewardship Programme

Documentation reviewed indicated that the Antimicrobial Stewardship programme had been curtailed due to pharmacy and clinical microbiology staffing constraints. The hospital aimed to have weekly antimicrobial stewardship rounds but due to staffing deficits this had not always occur. Antimicrobial stewardship rounds had taken place via teleconference since the onset on the COVID-19 pandemic with the antimicrobial pharmacist and clinical microbiologist in attendance where updates were provided on patients in the Intensive Care Unit.

National guidelines[5] recommend that hospitals have a process in place to facilitate pre-authorisation of restricted antimicrobials by an infection specialist (consultant or specialist registrar in clinical microbiology or infectious diseases). It was stated in documentation reviewed that due to lack of resources the hospital was unable to fully enforce a system of pre-authorisation. However, following this inspection, HIQA were informed that there was a system in place to prompt early review of restricted and reserve antimicrobial prescriptions by the antimicrobial stewardship pharmacist with input from off-site clinical microbiology services in University Hospital Waterford when required.

In addition as part of the role of the antimicrobial pharmacist all cases of *Clostridioides difficile* were required to be reviewed to ascertain the antimicrobial history and the appropriateness of the antimicrobial choice. This did not occur. These issues are of concern in a hospital that had a *Carbapenemase-Producing Enterobacteriales* (CPE)[§] outbreak on the day of inspection and intermittent cases of *Clostridioides difficile*.

Quarterly reports in relation Antimicrobial Stewardship were provided to the Drugs and Therapeutics Committee and the Infection Prevention and Control Committee.

Overall the antimicrobial stewardship programme needed to be further developed, strengthened, resourced and supported in order to progress and should be a focus for improvement going forward.

Emergency Department and Hospital Capacity

South Tipperary General Hospital had established pathways in place for the assessment, care and management of suspected and positive cases of COVID-19 patients.

The hospital had allocated Surgical 3 and Medical 4 ward as the designated COVID-19 wards for suspected and positive COVID-19 patients. These wards were a new modular build which opened in 2020 and consisted of 20 single rooms each. Four rooms in Surgical 3 were dedicated to the Respiratory Assessment Unit and were under the governance of the Emergency Department. Hospital management had identified single rooms in a number of wards should a surge in COVID-19 numbers occur.

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[§] 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.

At the time of the inspection a further 30 beds were being refurbished onsite which were available as a field hospital during the initial phase of COVID-19. Inspectors were informed that this was due to be completed mid-2021.

Monitoring, Audit and Quality assurance arrangements

The infection prevention and control surveillance programme included surveillance of 'alert' organisms[**], 'alert' conditions,[††] and Notifiable Diseases including COVID-19, hospital-acquired *Staphylococcus aureus* bloodstream infections, hospital-acquired *Clostridioides difficile* infection.[6]

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

- Donning and doffing of PPE in the identified COVID-19 pathway wards and intensive care unit.
- Infection prevention and control training and education delivered.
- Hand Hygiene audits.
- Number of patients with newly detected CPE from screening.
- Number of CPE screens taken per month.
- Number of patients tested for COVID-19 including the number of positive patients.

Environmental hygiene audits had stopped at the onset of the COVID-19 pandemic but had recommenced in May 2020. Up until August 2020 the hospital had used a paper-based system but had recently introduced an electronic system ward assessment process for the monitoring of environmental and equipment hygiene, hand hygiene facilities, sharps, waste and linen. Senior management reported that the system was not fully functioning at the time of the inspection and documentation reviewed identified governance issues with the new system. In the interim of the transition from the paper-based system to the electronic system hospital management need to be assured of the environmental and equipment hygiene in the hospital.

Policies, Procedures and Guidelines

The hospital had a suite of infection prevention and control guidelines which covered aspects of standard precautions, transmission-based precautions and outbreak

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[**] Alert organisms are identified in the microbiology laboratory and include organisms such as CPE and other antibiotic resistant organisms
[††] Alert conditions include physical symptoms such as skin rashes, vomiting, diarrhoea, respiratory illness that could be due to an infectious illness

management which had been approved by the South East Regional Infection Prevention and Control Team. The most recent infection prevention and control quarterly report to the Infection Prevention and Control Committee outlined that review of policies and sign off in conjunction with the South East Regional Infection Prevention and Control Team had been impacted by the lack of consultant microbiologist, and the cessation of meetings at the onset of the COVID-19 pandemic.

In addition inspectors were provided with up-to-date local hospital guidance on the management of COVID-19. However, the guidance on the management of COVID-19 had not been ratified by senior management within the hospital. Guidance should be approved and signed off by senior management and or relevant governance process, confirming that the guidance meets the standard required.[7]

Influenza Vaccination

Uptake rates for influenza vaccine amongst staff in South Tipperary General Hospital in the 2019/2020 influenza season was 58%. This was below the national uptake target of 60%.[8] However the hospital had improved considerably from the 2018/2019 season of 34% and had received a "Best Improver Award". The 2020/2021 vaccination programme was being led by the director of nursing. Vaccinations were administered by a team of peer vaccinators which included retired members of staff. Senior management had reported good uptake of the vaccine at the time of inspection with approximately 70% of staff vaccinated.

Quality Improvement Plan (QIP)

The hospital had implemented a quality improvement plan to address the findings of a HIQA inspection undertaken on the 29 June 2017.[2] On review of this plan it was noted that a number of findings were addressed for example lack of isolation facilities and hospital beds with the opening of the 40 bedded modular build in 2020.

However, the lack of a formalised contractual arrangement for a consultant microbiologist which was identified in the 2017 inspection was noted in the quality improvement plan to have been completed but as discussed in section 2.1 this was not the finding on the day of inspection. No dates were identified in the quality improvement plan for completion of the remaining plans.

Coordination of care within and between services

An inspector reviewed the nursing, surgical and medical hospital discharge/transfer forms. All forms included a section for identifying if a patient required isolation during admission and the reason for isolation. Inspectors were informed that swab results of COVID-19 were printed off and attached to the nursing form. The nursing

discharge/transfer form provided to inspectors was due for review in June 2018. This form should be reviewed following this inspection.

Management informed inspectors that patients for transfer to long-term care facilities were tested for COVID-19 within 72 hours prior to transfer in line with national guidelines.[9]

## Theme 6: Workforce

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

**Judgment Standard 6.1: Non-compliant**
- Onsite consultant microbiology cover consisted of 0.1 WTE. The position was not a formalised contractual arrangement.
- Low numbers of staff uptake of infection prevention and control training in 2020.

Deficiencies relating to the consultant microbiologist have been discussed in section 2.1 and remain a risk until the position is filled. Outside of the onsite cover microbiology advice was provided 24 hours a day/seven days a week by consultant microbiologists in University Hospital Waterford.

Inspectors found that infection prevention and control nursing resources had increased by 0.7 WTE to 2.7 WTE since the onset of the COVID-19 pandemic. On the day of the inspection inspectors were informed that this resource had been further increased to a total of 3.0 WTE. In addition clerical staff resources was increased by 0.5 WTE to 1.3 WTE.

Occupational Health support was provided onsite. This service covered all of South Tipperary.

Infection Prevention and Control Education

Mandatory training for staff offered weekly included hand hygiene, standard and transmission based precautions, and education on COVID-19. The hospital had devised online infection prevention and control training for staff which included six modules including standard and transmission based precautions. This was due to be launched at the time of the inspection. Staff could complete HSELand[10] as an alternative to the online training. Videos were provided to staff on the donning and doffing of PPE.

Infection prevention and control training records were reviewed. Inspectors were informed that these were maintained on an education database. Records reviewed indicated that hand hygiene training uptake was only 47% for nursing staff, 43% for medical staff and 51% for health care assistants within the last year. In addition a low uptake of numbers of staff trained in standard and transmission based precautions was noted in documentation with 38% of medical staff and 45% of nursing staff having completed the training. This low uptake is a concern and should be addressed by management at the hospital.

Fit testing[‡‡] FFP2 facemasks[§§] to avoid COVID-19 transmission was provided to all clinical staff likely to undertake procedures that involve or may involve the generation of aerosols (aerosol generating procedures (APGs)) within the Emergency Department and Intensive Care Unit. Management reported that the hospital had experienced difficulty in accessing appropriately fitting FFP2 masks. This is of concern in the context of the COVID-19 pandemic.

## 2.1 Quality and Safety

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

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

**Theme 2: Effective Care and Support**

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

**Judgment Standard 2.6: Partially complaint**

- Building work had commenced without input from the infection prevention and control team or completed permits which was not in line with national guidelines.[11]
- An updated aspergillosis risk assessment had not been completed prior to the commencement of the current building works.

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[‡‡] Tight-fitting facemasks rely on having a good seal with the wearer's face. In order to be effective the mask must fit tightly to the wearers face, fit testing should be undertaken by a trained professional.
[§§] An FFP2 facemask is recommended for patients with respiratory symptoms or suspected or confirmed COVID-19 who require an aerosol generating procedure.

- Hand hygiene sinks were not compliant with HBN 00-10 Part C: Sanitary assemblies.
- Both antimicrobial soap and soap was located at a number of hand hygiene sinks in Medical 3 ward.
- There was a lack of storage space in the Medical 3 ward resulting in the inappropriate storage of equipment and supplies on the corridor and on floors.

Emergency Department Environment and Infrastructure

The Emergency Department had parallel patient pathways to help ensure patients were effectively streamed into possible COVID-19 and non-COVID-19 streams. The Emergency Department was designated for non COVID-19 and four single rooms in the Respiratory Assessment Unit were designated for possible COVID-19 cases. However, patients who had an Irish National Early Warning System Score (INEWS)[***] of greater than seven[†††] remained in the Emergency Department. The Respiratory Assessment Unit was located in Surgical 3 ward. The Respiratory Assessment Unit was under the governance of the Emergency Department and was staffed by Emergency Department staff.

Patient waiting areas had been divided into possible COVID-19 and non COVID-19 streams. Patients on the non COVID-19 stream waited on a corridor which was a thoroughfare to the hospital. This is not ideal from an infection prevention and control point of view. Physical distancing was facilitated in the seating area. Three additional prefabricated buildings had been inserted beside the Emergency Department as waiting areas to aid with streaming. Two of these were allocated for patients who were identified as being possible COVID-19.

The Emergency Department was originally built in 2000 with a further modular build in 2016. The Emergency Department consisted of 11 bays, two single rooms and two bays that had been reconfigured to create additional temporary single room capacity. Inspectors were informed that the remaining 11 bays were to be reconfigured in mid-November 2020 creating additional single room capacity. In addition, the Emergency Department had an adult and paediatric resuscitation room. The paediatric resuscitation room was noted to be small and could accommodate a

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[***] The Irish National Early Warning System Score (INEWSS) is a product of the aggregated weight assigned to each of the seven physiological parameters. The INEWS score is captured on the INEWS observation chart, a track and trigger tool which is in addition to clinical judgement for the purposes of assisting the identification of the acutely unwell patient.
[†††] A patient with a score greater than 7 requires immediate review, continuous monitoring and a plan to transfer the patient to a higher level of care.

limited number of staff. Physical distancing could not be maintained within this room.

Patients were assessed using a COVID-19 "forward triage questionnaire" at a pre triage area at the entrance to the hospital. Inspectors noted that during the winter months that patients may have to wait outside to be assessed. This should be reviewed. Following assessment patients were streamed into possible COVID-19 and non COVID-19 pathways.

Surgical 3 Ward

Surgical 3 ward was one of two wards identified for patients admitted under the COVID-19 pathway. The ward had 16 single en-suite rooms. None of the single rooms contained ante rooms or had negative pressure ventilation systems suitable for the management of patients with airborne infections. All staff were noted to be wearing the appropriate personal protective equipment in patient rooms.

The ward had been built to a modern specification with surfaces, finishes and furnishings that readily facilitated effective cleaning. Overall, on the day of inspection the general environment in the unit was visibly clean. The last environmental hygiene audit was completed in May 2020 with a result of 94%. As Surgical 3 ward was a high risk area accommodating COVID-19 patients the frequency of environmental and equipment monitoring should be reviewed.

Inspectors were informed that cleaning resources on the ward had increased since the onset of the COVID-19 pandemic.

Medical 3 Ward

Medical 3 ward comprised 21 beds but capacity could be increased to 23 beds if required. The ward contained two single en-suite rooms, one of which had a negative pressure ventilation system. Two of the multi-occupancy rooms had decreased the number of beds from six to five to allow for physical distancing.

In general the ward was clean with few exceptions. COVID-19 signage was evident throughout the ward including the donning sequence for personal protective equipment. Alcohol hand-rub was readily available. Local management reported that quarterly environmental audits were undertaken with the most recent audit in July 2020 with an overall score of 86%.

Overall, the inspector noted that there was lack of storage space in the ward resulting in the inappropriate storage of equipment and supplies on the corridor and on floors. A fridge designated for staff food was inappropriately located in the clean utility room. Failure to appropriately segregate functional areas poses a risk of cross

contamination and requires review. Improvements were also required in the following areas:

- Hand hygiene sinks were not compliant with HBN 00-10 Part C: Sanitary assemblies.
- A hand hygiene sink was observed to be obstructed by cleaning equipment in the cleaner's store room.
- Antimicrobial soap and soap was located at a number of hand hygiene sinks which should be reviewed in line with national guidelines.[12]
- Management of soiled linen at the point of care.

Prevention of invasive aspergillosis during construction work

Inspectors were informed during inspection that building and refurbishments were ongoing in the hospital at the time of the inspection. For example, a new office block was being built in addition to ongoing renovation and refurbishment works at a building onsite. Minutes reviewed from the Infection Prevention and Control Committee Meeting from November 2020 identified that building work had commenced without input from the infection prevention and control team or completed permits which was not in line with national guidelines.[11] Management must be assured that the infection prevention and control team including input from a consultant microbiologist are consulted throughout stages of building and refurbishment works onsite.

An updated aspergillosis risk assessment had not been completed prior to the commencement of the current building works. Infection prevention and control must review and update the current risk assessment taking in to account the impact on vulnerable patient populations. The risk assessment should be continuously reviewed and updated throughout all stages of the building works.

Discussion with patients

Patients were complimentary in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene and the care provided within the wards inspected.

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

**Judgment Standard 2.7: Compliant**

Equipment hygiene

Overall, equipment in the both areas inspected was generally clean with some exceptions.

Equipment cleaning checklists were viewed by an inspector on Medical 3 ward. These were noted to be signed daily. Patient equipment audits from Medical 3 in July 2020 showed results of 86% and Surgical 3 in May 2020 with 100%. This was reflected in the findings on the day of inspection.

## Theme 3: Safe Care and Support

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

**Judgment Standard 3.1: Substantially compliant**

- Tracking and trending of incidents was not completed for the majority of incidents, which would be required to derive any learning.
- Incidents and learning from incidents were not an agenda item at the Infection Prevention and Control Committee meetings.

Risk Management

A corporate risk register was in place and was updated at a monthly Risk Register Management Group meeting. Attendance included the general manager and risk manager. The infection prevention and control team informed inspectors that they were invited to the meeting when infection prevention and control risks were being discussed and updated. The Risk Register Management Group reported to the Quality, Risk and Patient Safety Governance Group. Inspectors were informed that risks not managed locally were escalated upwards to the Executive Management Team and to the South/South West Hospital Group.

A number of infection prevention and control risks were on the risk register. For example the risk of harm to patients and health care workers due to shortage of personal protective equipment and the lack of 1 WTE consultant microbiologist.

All identified infection prevention and control risks were placed on the corporate risk register. Inspectors were informed that the infection prevention and control team had a planned meeting with the risk manager to discuss a dedicated infection prevention and control risk register.

Incident Reporting

Hospital management informed inspectors that incidents of healthcare-associated infection were reported on the National Incident Management System (NIMs) ‡‡‡ in line with national standards.[1]

One of the key aims of incident management is learning and improvement.[13] While tracking and trending of infection prevention and control incidents included the number of incidents per month and location, it did not contain the breakdown for the majority of incidents which would be required to review the trends and derive any learning.

While all incidents were discussed at the Quality, Risk and Patient Safety Governance Group inspectors identified from a review of meeting minutes of the Infection Prevention and Control Committee that incidents and learning from incidents were not an agenda item at these meetings.

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| **Standard 3.8** Services have a system in place to manage and control infection outbreaks in a timely and effective manner. |
| **Judgment Standard 3.8: Substantially compliant** |
| ▪ Hospital was not linked with the Health Service Executive National Distribution Centre for personal protective equipment. <br> ▪ An outbreak report was not available following the COVID-19 outbreak among staff. |

COVID-19 Preparedness

The hospital convened a daily Crisis Management Team meeting for COVID-19 escalation from March 2020 – June 2020 which had been reduced to weekly Operational meetings. Following on from these meetings a number of measures were implemented to decrease the potential incidence of COVID-19 outbreaks and staff infection. Measures implemented included but were not limited to:

- Streaming of patients in the Emergency Department or Respiratory Assessment Unit for possible COVID-19 and non COVID-19 streams.
- Identification of wards where bed numbers could be increased in the event of a surge.
- Plan for surge capacity for critical care ventilation from five to 15 beds.
- On the day of inspection the testing of all patients on admission was commencing.

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

- Staff trained in the techniques of swab taking for SARS-CoV-2.§§§
- Additional transport to and from University Hospital Waterford containing swabs for SARS-CoV-2 testing.
- Reconfiguration of two bays in the Emergency Department to create single rooms with the plan to reconfigure the remaining bays in November 2020.
- Refurbishment of a unit onsite to create an additional 30 beds.
- Installation of a staff marquee onsite which could facilitate physical distancing for staff breaks.
- Floor and wall signage throughout the hospital to raise awareness of COVID-19.
- Monitoring of access points to the hospital.
- Visitor restrictions.
- Enhanced communication in relation to COVID-19 and infection prevention and control to support hospital staff.

South Tipperary General Hospital had no microbiology laboratory or the facility for testing for SARS-CoV-2 onsite. Testing was carried out in University Hospital Waterford. Turnaround time for testing was reported to be 24 hours. Minutes reviewed identified that the hospital explored the option of rapid testing for SARS-CoV-2 but test kits for rapid testing were in limited supply. However, minutes indicated that testing could be prioritised if required in University Hospital Waterford.

Personal Protective Equipment

Inspectors were informed that South Tipperary Hospital had encountered challenges in sourcing personal protective equipment. The hospital was not supplied with personal protective equipment from the Health Service Executive National Distribution Centre and therefore had to compete with it to source personal protective equipment. Hospital management stated that these concerns were escalated to the South/South West Hospital Group.

Inspectors were informed by staff in the two areas inspected and the Emergency Department that there was no shortage of personal protective equipment at present and it was readily available if and when required.

COVID-19 Outbreak

Documentation reviewed showed there were no hospital acquired cases of COVID-19 to-date. However, the hospital experienced an outbreak among staff in April 2020 with 14 healthcare workers confirmed to be COVID-19 positive. A number of the

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§§§ The virus, which causes COVID-19 infection, is called SARS-CoV-2 and belongs to the broad family of viruses known as coronaviruses.

healthcare workers who were COVID-19 positive were identified as working in two clinical areas.

National guidance recommends that an outbreak report is completed within 12 weeks of the formal closure of an outbreak.[14] An outbreak report for the outbreak was not available for review following this inspection. However outbreak control team minutes identified that in line with best practice a multi-disciplinary outbreak team was convened to oversee and manage the outbreak. A number of actions taken following the outbreak included:

- Communication to staff from senior management on the national guidance on social distancing.
- Hand hygiene, respiratory and cough etiquette.
- Changing facilities were reviewed and alternatives provided to limit the number of employees in one space and advice was reiterated about not working if unwell.

The outbreak was closed on 8 May 2020.

Carbapenemase Producing Enterobacterales (CPE)

Documentation reviewed indicated that South Tipperary Hospital was in full compliance with CPE screening in line with national guidelines.[15] The hospital was experiencing a CPE outbreak**** on the day of the inspection. The outbreak was declared on 17 September 2020 on Medical 1 ward and an outbreak control team meeting convened. The hospital implemented a number of measures including:

- Identification and contacting of patient contacts – 65 in total.
- A deep clean of Medical 1 ward.
- Hand hygiene audit in the ward.
- Review of the dirty utility.

In addition, as discussed in Theme 5: Leaderhip, Governance and Management antimicrobial stewardship activities need to be strengthened to aid in the prevention of future outbreaks.

Inspectors were informed and documentation identified that the outbreak was due to be closed in December 2020 providing there were no new cases of CPE. Although the outbreak had not been declared over an outbreak report was provided to inspectors. This should be revised and updated following the closure of the outbreak with lessons learned disseminated to staff.

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**** An outbreak of CPE should be declared if there are if there are two or more linked cases of CPE or an increase in the incidence of CPE above the background rate for that institution.

## 3.0   Conclusion

Overall this inspection identified that South Tipperary General Hospital was compliant with one of the six of the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services* assessed. A judgment of substantially compliant was made against two standards, partially compliant against two of the standards and non-compliant with one.

Leadership, Governance and Management

Inspectors found the governance arrangements complex with multiple committees and the general manager was a member of all committees. Following the unannounced inspection of maternity services in 2019[4] at South Tipperary Hospital, the South/South West Hospital Group indicated that a review of governance structures would be completed by September 2019. Inspectors found that this was not completed. To ensure optimal use of resources and a more streamlined approach to governance HIQA recommends that this should be progressed following this inspection.

Antimicrobial Stewardship activities had been curtailed by staffing constraints. Furthermore, due to lack of resources the hospital were unable to review antimicrobial history following cases of *Clostridioides difficile*. This is of concern in a hospital that had identified a number of intermittent cases of *Clostridioides difficile*. The antimicrobial stewardship programme needed to be further developed, strengthened, resourced and supported in order to progress and should be a focus for improvement going forward.

Established pathways were in place for the assessment, care and management of possible cases of COVID-19 patients in the Emergency Department. A number of assurances were in place through audit as to the effectiveness of the infection prevention and control programme. Environmental hygiene audits had stopped on the onset of the pandemic and had recommenced in May 2020. The hospital was in the process of transferring from a paper based auditing system to an electronic system. In the interim of this transition the hospital need to be assured of environmental and equipment hygiene.

The hospital had improved uptake of the influenza vaccine in the 2018/2019 influenza season with a reported further increased number of staff availing of the vaccine in the 2020/2021 season.

Workforce

Onsite consultant microbiologist hours remained at 0.1 WTE. Furthermore the consultant microbiologist had not been onsite since the onset of the COVID-19 pandemic. The lack of an onsite consultant microbiologist had been previously

highlighted in two HIQA reports.[2,3] Following this inspection HIQA wrote to the CEO of South/South West Hospital Group to seek assurances around microbiology cover in South Tipperary General Hospital.

However, inspectors were informed that the hospital had benefitted from increased resources in relation to the number of infection prevention and control nurses which had increased to 3.0 WTE and the increase in administration support hours.

A low staff uptake of infection prevention and control training in 2020 was noted by inspectors. This low uptake is a concern and should be addressed by management following this inspection.

Effective Care & Support

Inspectors assessed two clinical areas one on the COVID-19 pathway (Surgical 3) and one on the non COVID-19 pathway (Medical 3). Overall the environment and equipment on both wards inspected was clean with few exceptions. Environmental and equipment audit results on both wards were reflected in the findings on the day of inspection. Lack of storage was identified in Medical 3 ward resulting in the inappropriate storage of equipment and supplies on the corridor and on floors.

Building and refurbishments were taking place onsite at the time of the inspection. Management must be assured that the infection prevention and control team including the microbiologist are consulted throughout stages of building and refurbishment works onsite. Furthermore, an updated aspergillosis risk assessment must be completed following this inspection taking in to account the impact on the vulnerable patients in the hospital.

Safe care and support

Senior management had good oversight of infection prevention and control risks and these were reviewed monthly at the Risk Register Management Group meeting. Systems and processes were also in place to record and manage infection prevention and control related incidents. However, improvement is required in the tracking and trending of incidents in order to ensure learning.

The hospital had implemented a number of measures to mitigate and manage potential threats posed by COVID-19. Patients were streamed in the emergency department or Respiratory Assessment Unit for possible COVID-19 and non COVID-19 streams, and identification of beds in the event of surge capacity being required. However, the hospital had no facility onsite for the testing of SARS-CoV-2. Testing was carried out in University Hospital Waterford with turnaround times reported to be within 24 hours.

The hospital was not linked with the Health Service Executive National Distribution Centre and therefore has to compete with it to source personal protective equipment.

No hospital-acquired cases of COVID-19 had been identified to date. However, an outbreak was declared amongst staff in April 2020. A number of actions were identified following the outbreak however an outbreak report was not available following the inspection.

The hospital was experiencing a CPE outbreak on the day of the inspection. A number of measures had been implemented to mitigate and manage the outbreak. The CPE outbreak report should be revised and updated following the closure of the outbreak with lessons learned disseminated to staff.

Following this inspection the hospital needs to address the areas for improvement identified in this report and requires the support of the hospital Group to effectively address issues highlighted in order to facilitate compliance with the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*[1] and other existing national healthcare standards.

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