Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

WORKED EXAMPLE

HOSPITAL ACQUIRED INFECTION

REVIEW TOOL- CONFIDENTIAL

(THE PURPOSE OF THIS REVIEW IS TO IDENTIFY WHAT HAPPENED, WHY IT HAPPENED AND TO IDENTIFY RECOMMENDATIONS TO REDUCE THE RISK OF SIMILAR INCIDENTS OCCURRING IN THE FUTURE. REVIEWS MUST BE CARRIED OUT IN LINE WITH THE HSE INCIDENT MANAGEMENT FRAMEWORK AND GUIDANCE: VERSION 2

PART A – CASE REPORT

(I) [CONSULTANT WITH PRIMARY RESPONSIBILITY FOR PATIENT CARE **OR NOMINEE** TO COMPLETE THIS SECTION]

NIMS REFERENCE NUMBER	REF NUMBER X	HOSPITAL GROUP	HOSPITAL GROUP C
DATE REPORT COMPLETED	01/11/2020	NAME OF ACUTE HOSPITAL	HOSPITAL C

DETAILS OF PATIENT	PATIENT NAME AND MRN: JACK SMITH 0123789 RESPONSIBLE CONSULTANT: DR. C.NOTHER

BRIEF CLINICAL BACKGROUND: 64 M, ADMITTED 30 SEPT FROM HOME WITH MEDICAL XX; ADMISSION PCR COVID19 NOT DETECTED; REPEAT TEST D5 ALSO NOT DETECTED

WARD(S) [THIS ADMISSION] (LIST ALL UNIT/WARDS IN CHRONOLOGICAL ORDER)	ADMISSION DATE	TRANSFER DATE IF APPLICABLE
WARD A	30/09/2020	01/10/2020
WARD B	01/10/2020	07/10/2020
WARD C	07/10/2020	16/10/2020
WARD ICU	16/10/2020	30/11/2020
WARD C	30/11/2020	

DATE OF ONSET OF THE CLINICAL SIGNS OF INFECTION? 11/10/2020

DESCRIPTION OF INFECTION: ADMITTED VIA ED FROM HOME, AND ADMISSION AND REPEAT TEST COVID 19 NOT DETECTED (D0 AND D5); MANAGED ON NON COVID PATHWAY WARDS. ADMISSION COMPLICATED BY XX LEADING TO PROLONGED ADMISSION; REPEAT TEST AS PART OF SCREENING AROUND UNEXPECTED POSITIVE PATIENT IN ADJACENT BED IN 6-BED BAY. COVID19 DETECTED ON D9 OF ADMISSION WHILE ON WARD C. CLINICAL DETERIORATION WITH INCREASED FIO2 REQUIREMENTS; ICU ADMISSION ON D XX OF ADMISSION. INTUBATED AND VENTILATED X 12 DAYS IN ICU; WEAN, EXTUBATION AND STEP DOWN. SIGNIFICANTLY DECONDITIONED AND IN NEED OF REHABILITATION.

MEETS DEFINITION FOR HOSPITAL ASSOCIATED COVID19; PART OF WARD CLUSTER (3 STAFF AND 5 OTHER PATIENTS FROM SAME 6 BED BAY) PRESUMED RELATED TO UNEXPECTED INTRODUCTION

(2) Laboratory Information (to be completed by surveillance scientist or microbiologist)
SARS-CoV-2 ND – 30/09/2020; 04/10/2020 SARS-CoV-2 detected – 08/10/2020; 16/10/2020; 23/10/2020; 30/10/2020

(3) Clinical assessment of likely source of infection [multidisciplinary team members with responsibility for patient care or nominee to complete this section]		
No respiratory viral infection symptoms on admission; admission and D5 COVID19 tests not detected; repeat testing while asymptomatic as part of investigation of ward case of COVID19 – meets definition for Hospital associated COVID19		
Assessing Impact of Infection		
Estimated date of discharge was delayed due to hospital acquired COVID19; ICU admission including CVC insertion, intubation and ventilation; arterial puncture for monitoring; systemic antibiotics; therapeutic anticoagulation in line with COVID19 protocol; enrolment in clinical trial xx tocilizumab vs PBO		

(4) Factors relating to the Environment & Equipment [ward manager and IPC Team to complete]		
Were there any deficiencies with the ward/unit Environment & Equipment infrastructure likely to have contributed to this episode of infection?	Yes☒	No☐
If yes please give a brief indication of issues: multi-occupancy bay; small changing facilities for staff		

(5) Factors relating to Staffing [ward manager to complete]		
Have there been any issues in relation to staffing/skill mix in week prior to onset of this episode of infection that are likely to have contributed to the episode of infection?	Yes ☒	No ☐
If Yes please give brief indication of issues: SHARED STAFF WITH ANOTHER WARD DUE TO SHORTAGE OF STAFF DUE TO staff sickness absence (cases and contacts of COVID19);		

(6) Factors relating to Policies and procedures [infection prevention and control team to complete]		
Does the service have relevant local infection control policy in place?	Yes ☒	No ☐
If yes, is this accessible to all relevant staff?	Yes ☒	No ☐
Is this policy in line with current HSE Guidelines on Healthcare Associated Infections?	Yes ☒	No ☐

(7) Factors relating to Staff Training and Education [Ward Manager and Consultant or nominee to complete]		
Is hand hygiene training up to date for all nursing and support staff working in the area? [ward manager]	Yes ☒	No ☐
Is hand hygiene training up to date for all medical staff working in the area? [Consultant or nominee]	Yes ☒	No ☐
Is training on application of intravenous line care bundles up to date for all nursing staff?	Yes ☒	No ☐
(8) factors relating to Communication [Consultant with primary responsibility for patient care **or nominee** To complete]		
Is there evidence that the patient/ Relevant person was informed that the patient had an Healthcare associated infection?	Yes ☒	No ☐
Is there evidence that the patient was informed that this was a hospital acquired infection and given information on the likely source of infection?	Yes ☒	No ☐

PART B – REVIEW [CONSULTANT WITH PRIMARY RESPONSIBILITY FOR PATIENT CARE OR NOMINEE TO COMPLETE THIS SECTION]

(9) PLEASE INDICATE THE DECISION IN RELATION TO THE LEVEL OF REVIEW TO BE CONDUCTED

COMPREHENSIVE [PLEASE REFER TO HSE IMF]	YES ☒	NO ☐
CONCISE [PLEASE REFER TO HSE IMF]	YES ☐	NO ☐

WHAT IS THE STATEMENT OF FINDINGS REGARDING CAUSE OF THE INFECTION?

(*FINDINGS ARE GENERALLY EXPRESSED AS STATEMENT OF FINDINGS WHICH DESCRIBE THE RELATIONSHIPS BETWEEN THE CONTRIBUTING FACTORS AND THE INCIDENT AND /OR OUTCOME. THE STATEMENT FOCUSES ON THE CONTRIBUTING FACTORS AND SHOULD BE AS SPECIFIC AS POSSIBLE. THE SUGGESTED STATEMENT FORMAT IS AS FOLLOWS: THE CONTRIBUTING FACTOR(S), WITHIN THE CONTEXT OF THE INCIDENT, INCREASED/DECREASED THE LIKELIHOOD THAT THIS OUTCOME WOULD OCCUR).*

COMPREHENSIVE REVIEW FINDINGS

CASE LINKED TO ANOTHER PATIENT IN MULTI BEDDED WARD WITH MOST LIKELY COMMUNITY ACQUIRED COVID-19 (DETECTED D03). SHARED WASH FACILITIES USED BY BOTH PATIENTS. STAFF ADHERED TO GOOD IPC PRACTICES. EFFORTS TO MINIMISE RISK OF TRANSMISSION IN MULTI BEDDED WARDS COULD BE IMPROVED BY ENHANCED COHORTING WHERE POSSIBLE INCREASING CLEANING SERVICES AND ASSIGNING CLINICAL TEAMS TO DEDICATED WARDS.

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(10) WERE THERE ANY INCIDENTAL FINDINGS? (IF YES PLEASE PROVIDE DETAIL)

NCHDS COVERING SEVERAL WARDS AT NIGHT, ALTHOUGH NO LINK ESTABLISHED WITH PATIENT TRANSMISSION

(11) RECOMMENDATIONS

1	REINFORCE IPC PRACTICES FOR ALL WARD STAFF
2	ENCOURAGE MASK WEARING BY ALL PATIENTS IN NON COVID WARDS
3	IMPROVE NATURAL VENTILATION IN WARDS
4	ENHANCED CLEANING PROGRAMME FOR SHARED WASH FACILITIES
5	ANTIGEN TESTING IN MULTI BEDDED UNITS
6	ASSIGN NCHDS TO LIMITED NUMBER OF WARDS (TEAM BASED) ON ALL SHIFTS

(12) INFORMATION CONTAINED WITHIN THIS DOCUMENT HAS BEEN SHARED WITH:

PATIENT/ GUARDIAN	YES☒	NO☐
RELEVANT PERSON (SUBJECT TO PATIENTS CONSENT UNLESS THE PATIENT IS MINOR OR UNABLE TO CONSENT)	YES☐	NO☐
HOSPITAL STAFF & HOSPITAL MANAGER	YES ☒	NO☐

(IF YES PLEASE PROVIDE DETAILS OF TYPE OF STAFF HERE) WARD MEDICAL AND NURSING TEAM; QUALITY AND SAFETY COMMITTEE; GENERAL MANAGER		
CONTRIBUTORS TO THIS REVIEW	YES ☒	NO☐
SIGNED BY: (CONSULTANT OR NOMINEE)		