Infection Prevention and Control (IP&C) Update

Alert! Norovirus Season
There is currently an outbreak of Norovirus, in the MWRH Limerick affecting a number of wards and clinical areas. Visiting restrictions have been put in place due to an escalation of the winter vomiting disease. In order to control transmission and stop further spread the following measures are advocated:

1. Suspect Norovirus in all cases of diarrhoea, vomiting or both
2. Prompt isolation/segregation of symptomatic cases (do not wait for laboratory results)
3. Screen suspect cases for Norovirus (send faecal specimen to Serology)
4. Hand hygiene is the single most important procedure for preventing infection
5. Enhanced environmental cleaning
6. Prompt waste removal
7. Inform IP&C nurse or Assistant Matron out-of-hours
8. Outbreak packs are available in the ADoN office out-of-hours
9. Staff with symptoms should notify Occupational Health

Norovirus is highly infectious and warrants a team approach to prevent and control outbreaks

Please refer to the Norovirus outbreak pack/guideline issued by the Infection Prevention and Control Staff (IP&C)
New website on both intra- and internet for IP&C

Intranet Website- [http://www.hse.ie/go/MWHC/ifc/](http://www.hse.ie/go/MWHC/ifc/)
The Infection Prevention & Control Team (IPCT) at the Mid-West Regional Hospital (MWRH) has developed intra and internet websites. The site hosts information on a variety of topics: general information for patients coming into hospital, information for all healthcare staff, downloadable fact sheets on multiple infections and up-to-date surveillance data on MRSA bloodstream & Clostridium difficile infection (CDI) rates.

The IPCT at the MWRH Limerick. From left: Ms Barbara Slevin and Ms Liz Boyle (CNM11 Infection Prevention & Control- bleep 164 and bleep 022), Ms Regina Monahan and Mr James Powell (Surveillance Scientists – ext 2447), Dr Nuala O’Connell (Consultant Microbiologist – ext 5099), Ms Siobhán Barrett and Ms Susan Stack (Antimicrobial Pharmacists- bleep 344 and bleep 345).

Infection Control incidents MUST be reported to the appropriate manager; i.e. attending consultant and/or ward manager. An incident form (hardcopies located on all the wards and electronically on request) MUST be completed and sent to the Risk Management office. A member of the team MUST complete all incidents relating to healthcare associated infections (e.g. C. difficile infections, IV cannula phlebitis, etc.). Consult the risk advisor on extension 5291 for further information/advice.

Infection Control incidents include:

- Healthcare associated Infections
- Inadvertent exposure to infectious disease
- Needle-sticks, Sharps (excluding needle), Body -Fluid Splash Exposure
- Incorrect disposal of clinical waste,
- Equipment/ Instrument Contamination – unsterilized
- Non-compliance with infection control procedures, e.g. hand-washing, unable to isolate

Ms. Marie Louise Sheehy
Risk Advisor
The Health Information and Quality Authority (HIQA) launched their new “National Standards for the Prevention and Control of Healthcare Associated Infections (HCAIs)” in May 2009. The Minster for Health, Ms Mary Harney, expects these standards to be fully implemented by June 1st 2010 except for infrastructural deficiencies which must be addressed within a three year timeframe.

Mr Mark Sparling, A/General Manager is accountable for the overall management and monitoring of the prevention and control of HCAIs and the implementation of the National Standards for the Prevention and Control of HCAIs. He is the chair of the Infection Prevention & Control Committee for the MWRHospitals Complex (Regional, Maternity and Orthopaedic Hospitals).

Self-assessments of compliance with these new standards, using a HSE gap-analysis tool, were carried out by all acute hospitals and submitted to the National Hospitals Office in Dec 2009 and most acute hospitals have undergone a peer review by teams from hospitals of similar case-mixes. Ms Lourda Flanagan (A/CNM II) is collating all the evidence to support our self-assessment score. HIQA will commence official inspections of all hospitals in June 2010. All results will be available to the public.

There are 12 standards and the HIQA document is available via the weblink:

http://www.hiqa.ie/media/pdfs/National_Standards_Prevention_Control_Infections.pdf

1. Governance and Management
2. Structures, Systems and Processes
3. Environment and Facilities Management
5. Communication Management
6. Hand Hygiene
7. Communicable /Transmissible Disease Control
8. Invasive Medical Device Related Infections
9. Microbiological Services
10. Outbreak Management
11. Surveillance Programme
12. Antimicrobial Resistance
Surveillance data for the MWRH 2009

Surveillance is performed on all hospital cases of *Staphylococcus aureus* (MRSA and MSSA) bacteraemia, *Clostridium difficile* infection (CDI), Norovirus infection, Vancomycin resistant *Enterococcus* species (VRE) and Extended Spectrum Beta Lactamase Producing Coliforms. This information is circulated to the Infection Prevention & Control Committee. MRSA bacteraemia and CDI surveillance rates can be viewed on both websites and are also displayed in glass cabinets in the hospital reception area and on the wards. These rates are updated on a regular basis.

See below for a chart showing *S. aureus* bacteraemia rates which have been increasing since 2008.

Enhanced surveillance on *S. aureus* bacteraemia was undertaken to determine which infections are healthcare- or community-associated, patient risk factors and the related source of infection. Below is a chart showing the primary sources identified for *S. aureus* bacteraemia cases in 2009. The IP&C team would like to express acknowledgement to Dr. E. Lambe SHO Anaesthetics for his help in collating this information. The IPCT plan to introduce care bundles for intravascular catheter care as an intervention to achieve a reduction in infection related to central (CVC) & peripheral (PVC) catheters.

The following shows the CDI rates for recent years from 2002 to 2009:

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Mr. James Powell and Ms. Regina Monahan
Surveillance Scientists Department of Microbiology
### Presentation of Cleanpass Certificates

On 13th June 2010, a presentation of cleanpass Fetac level 3 certificates was made to ward attendants and Health Care attendants by Eileen Ronan A/Assistant Director of Midwifery and Eamon Leahy, Hospital Administrator.

The presentation was made to acknowledge and congratulate staff on successful completing a Fetac level 3 component certificates in “cleaning skills”

Cleanpass is a training programme which was developed in 2008; it was designed to train non-clinical staff in cleaning skills from a range of perspectives which included cleaning methods, health and safety, infection control, chemical safety, hygiene standards and auditing.

Training was funded by HSE; this was welcomed especially in light of budget restrictions. The course was completed successful by all 30 staff and 100% attendances at each course, which reflected the commitment of the hospital support staff to hygiene services.

The certificate presented to staff was to recognise staffs commitment and work to help prevent the spread of infection by recognising, evaluating and controlling health hazards.

Ms. Eileen Ronan  
A/Assistant Director of Nursing/Midwifery

### Hygiene Services Update

#### Hospital Visiting Policy

The HSE national visiting policy is being adopted at the Mid-West Regional Hospital, Dooradoyle as the hospital recognises the importance of patient rest periods to assist recovery during a patient’s illness as well as permitting healthcare workers time to treat patients in a safe and clean environment.

The new visiting policy will be available to view on the intranet.

Over the coming weeks visiting hours will change.

Visiting will only be permitted from 2pm to 4pm and 6.30pm to 8.30pm.

These visiting times will be strictly enforced and hospital management would appreciate your assistance in this regard.

Staff, patients and the public will be informed when the new policy is being implemented through a media campaign.

Ms Sinead Finucane  
A/General Services Manager
Clearing the air-------------------The No-Smoking Policy 2010

The No-smoking policy 2010 will be launched in the next few weeks. According to this policy the Mid-Western Regional Hospital will be a smoke-free environment except in designated areas.

Designated smoking areas include the following:

Gazebo for staff - ------------adjacent to Canteen
Gazebo for staff - ------------adjacent to C.S.S.D
Gazebo for patients- ---------adjacent to canteen corridor
Gazebo for out-patients------adjacent to Accident and Emergency
Visitors are not allowed to smoke on the grounds of the Mid-Western Regional Hospital.

Many customers and staff members have been upset, and complained about smoking behaviour at entrances and exits to the Hospital. Concerns include: the temptation to ask a person seen smoking for a cigarette(for those who quit smoking), inhaling second-hand smoke, litter at doorways, fire hazard of butts near flammable materials, smoking and cigarette butts in view of children’s ward.

According to the policy Department Managers have responsibility for the implementation, compliance, and monitoring, of the No-smoking policy. They are also responsible to provide information for all staff on their role in the implementation and monitoring of the policy. All staff must comply with the smoke free policy to ensure a safe and healthy workplace, and must notify the appropriate line manager of any breaches of the policy by patients, staff or visitors. Admission staff should inform patients of the hospital policy on all patient correspondence. Security staff will support staff and advise patients in accordance with this policy as require.

In the coming weeks ashbins will be removed from the grounds, and will only be available in the designated areas. Any comments or suggestions regarding the No-Smoking policy, please direct to Mary T Burke, Secretary to Smoking Policy Working Group, e-mail: maryt.burke@hse.ie, Your co-operation is greatly appreciated in implementing this policy.

Are you worried about your smoking?

Smoking Cessation Group Course
Mid-Western Regional Hospital
Limerick
Booking: Phone 061-482729
E-mail: maryt.burke@hse.ie

One to one private smoking cessation facilitation also available, booking as above

Ms. Mary T. Burke
Smoking Cessation Facilitator
Quality Update

Summary Note on the Report of the Commission on Patient Safety & Quality Assurance

Background
The Commission on Patient Safety and Quality Assurance was established in January 2007 and reported to the Minister in July 2008. The report was considered by government in January 2009 which agreed the implementation process. The overall objective of the Commission was to develop clear and practical recommendations to ensure that safety and quality of care for patients is paramount within the healthcare system. The Commission’s report set out a wide range of policy measures that will drive the safety and quality agenda in Irish healthcare in the coming years. The establishment of the Commission was prompted by an increasing awareness of patient safety issues in general and high profile health service system failures at home and abroad and in particular by the Lourdes Hospital Inquiry. These have underlined the need for an increased focus on patient safety and quality.

Consultation Process
The Commission undertook a public consultation exercise to gather information from those working in the healthcare system, patients, service-users and any member of the public with views on the issues within its Terms of Reference. Submissions were received from 59 groups/organisations and individuals (listed at the back of the report) which the Commission classified as follows: risk licensing; clinical governance and leadership; evidence-based practice; collaboration between healthcare regulators; medication safety; use of information technology; education and continuing professional development; physical environment and resources; and some others. These submissions are summarised in the Report.

Commission’s Recommendations
The Commission made 134 recommendations concerning the provision of a high-quality health service delivered in an effective way in a safe environment. The recommendations may be grouped as follows:

- Involvement of Patients, Carers and Service-Users (25) Includes communications and open disclosure
- Leadership and Accountability in the system (27) Includes governance, management and reporting structures, education, training and research
- Organisational & Professional Regulatory Framework (24) Includes licensing of healthcare facilities, regulation of healthcare professionals and credentialing
- Quality Improvement and Learning Systems (55) Includes evidence-based practice, clinical audit, adverse event reporting, medication safety, health information and technology
- Implementation (3)

A national level, the key recommendations include the following:

- Licensing Legislation should be enacted to introduce a mandatory licensing system in Ireland to cover both public and private healthcare providers, to be operated by HIQA and to apply to existing and new bodies, with time being given for compliance.

The licensing system should commence with application to the acute hospitals and other facilities based on analysis of potential risk to patient safety. This list should include facilities where the following treatments are provided:

- Medical treatment under anaesthesia or sedation
- Dental treatment under general anaesthesia
- Obstetric services
- Cosmetic surgery
- Other techniques/technologies such as laser and intense pulse light therapy, hyperbaric oxygen chambers, private dialysis, In Vitro Fertilisation and endoscopies and any others to be prescribed by the Minister for Health and Children.
Licences should apply to healthcare facilities and also service-specific licences within the facility e.g. cancer services, radiotherapy, cardiology services.

**Governance of Healthcare Organisations**
The minimum governance arrangements envisaged by the Commission for licensed healthcare organisations include a Board of Management with representatives from the medical, nursing and other professions, patients and the public on it. The CEO and Board should be made legally accountable for Patient Safety and a senior Clinical Leader at Clinical Director level or equivalent should be given specific delegated responsibility for all matters relating to patient safety and quality.

**Clinical Audit**
The Commission recommends that all clinicians, both as individuals and as members of teams or networks, must actively participate in clinical audit in compliance with national standards and priorities. As part of the licensing process, all licensed healthcare facilities must demonstrate active participation in local and national clinical audit as appropriate to their services. The Commission is also recommending the establishment of a group to develop national programmes of standards for clinical and other forms of audit which support the safety and quality of health services and are linked to national health priorities.

**Adverse Event Reporting**
The Commission concluded that adverse event reporting systems that rely wholly on spontaneous or voluntary reporting are ineffective and result in underreporting. It believes that a mandatory system will improve patient safety and ensure greater accountability by requiring specific reports of serious injury to be made by healthcare providers, and disseminating lessons to be learned throughout the system. The development of a complementary voluntary system of reporting of close calls or near-misses will contribute to further learning and dissemination of best practice.

**Protection from Disclosure for Patient Safety Data**
The Commission recommends the introduction of an exemption from Freedom of Information legislation and the granting of legal protection from disclosure to data related to patient safety and quality improvement that are collected and analysed by healthcare organisations for internal use or shared with others solely for purposes of improving safety and quality.

**Credentialing**
Credentialing is a process whereby healthcare organisations review the qualifications and track record of doctors and other professionals. The Commission recommends the establishment of a group to implement a system of credentialing, initially on a pilot basis. The Commission recognises the need for international collaboration for optimum efficacy.

**Patient Advocacy**
The Commission report points to the advantages of a system of patient advocacy and recommends that a national network of patient advocates be established to work in partnership with healthcare organisations.

**Professional Regulatory Bodies**
The Commission recommends a group be established through which the professional regulatory bodies will collaborate on areas of common interest including matters relating to fitness to practise and in that context to develop plans to achieve greater separation between their investigation and adjudication functions. It will also consider the establishment of a first point of contact for patient concerns about clinical care.

**Education, Training and Research**
The Commission recommends that an active research programme on patient safety related issues be undertaken. It recommends the development of education and training suites and modules at undergraduate and postgraduate level for all healthcare workers. It also recommends a skilled vocational management training programme which will become a prerequisite for appointment to management positions.
Implementation
The implementation plan endorsed by the Commission recommends the immediate establishment of an Implementation Steering Group (ISG) with clear and regular reporting obligations to the Minister for Health and Children regarding progress on the implementation of the recommendations of the report. This also requires the establishment of expert sub-groups comprised of representatives of relevant stakeholders, each of which will be required to report to the ISG on the practical and detailed implementation of the recommendations within their remit.

The 5 sub-groups recommended by the Commission are:
- Credentialing sub-group
- Patient Safety Audit sub-group
- Adverse event reporting sub-group
- Professional regulatory bodies sub-group
- Advocacy sub-group

The Commission sets out proposed terms of reference for each of the groups as well as the bodies which should be represented on the sub-groups. Depending on the sub-group, the composition would be drawn from the HSE, independent hospitals, professional regulatory bodies, Clinical Indemnity Scheme and professional indemnity providers, training bodies, the Higher Education Authority, patients, the Irish Medicines Board, the Mental Health Commission and the Irish Blood Transfusion Service.

The Minister has appointed the Department’s Chief Medical Officer, Dr. Tony Holohan, as Chair of the Implementation Steering Group. Minister Harney has also asked him to consult with the sector as a first step and revert to her with recommendations in relation to the wider membership of the Group and the various sub-groups. Implementation process has commenced. This report was taken from http://www.dohc.ie/issues/patient_safety/

Ms. Brid Boyce,
Quality & Accreditation Manager

Occupational Health Update

Feithmeannacht na Seirbhísí Sláinte
Health Service Executive

Occupational Health Department
(OHD)
HSE West

Information Leaflet for Employees

Information Leaflet for Employees

Occupational Health aims to
- Promote and maintain the highest degree of physical, mental and social well being of all employees
- Prevention of ill health of employees
- Protection of employees from factors adverse to health

Employees can self refer or be referred by their line manager.
Occupational Health Department deals with issues that may be impacting on an employee’s health or work such as bereavement, family issues, illness, substance misuse, etc.
Contact OHD by phoning 061-482179
Confidentiality is assured.
Further information, including the employee information leaflet, can be found on our intranet link: http://hsenet.hse.ie/Hospital_Staff_Hub/dooradoyle/Occupational_Health/

Dr Collette MacDonagh-White
Occupational Health Physician

Ms. Brid Boyce,
Quality & Accreditation Manager
Clinical Audit is a quality improvement process that is used to improve outcomes for patients. Processes, practices and outcomes are reviewed against evidence based best practice and change is implemented.

**Definition**

‘Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.’ NICE (2002),

**Topic Selection**

- Topics should fit at least one of the following criteria:
  - High Risk, High Cost, High Volume, Area of concern/quality shortfall, Outcomes and Unplanned outcomes, complaints as a result of a significant incident.
  - National Priority Audits, Network Priority Audits, Hospital Priority Audits, Local Priority Audits

**Audit Registration**

To register a clinical audit, for clinical audit training or assistance with topic selection please contact:
Louise Reid, Clinical Audit Development Officer, 1st Floor Nurses Home, Mid-Western Regional Hospital, Limerick.
Phone 061-485259
Email louise.reid@mailh.hse.ie

Ms. Louise Reid,
Clinical Audit Development Officer
**NCHDs - Key Practice Points in Infection Control and Microbiology**

1. During the Norovirus outbreak, always take a comprehensive gastro-intestinal history regardless of the presenting complaint of the patient. Remember to ask if anyone in the family has had gastro in past 72 hours to ensure a potential case is isolated appropriately.

2. Chart the date of insertion of all peripheral cannula on the Drug Kardex. Remove if not in use and always when>72 hours *in situ*.

3. Always wash your hands before & after every patient contact.

4. Always check a patient’s past microbiological history for *C. diff* or MRSA to ensure that the most appropriate empiric antimicrobial is chosen. Remember to chart the clinical indication and name of the antimicrobial(s) prescribed in the patient notes.

5. If a deceased patient warrants a post-mortem, please notify the Consultant Histopathologist on-call or mortician if the deceased was known to have an infectious condition e.g. HIV, Hepatitis B, etc.

6. The clinical team has a duty to inform a patient when they have been diagnosed with MRSA or any other significant microbe.

7. Please remember to complete specimen request forms with your consultant’s name and your bleep number, particularly when requesting investigations from the Emergency Department. Specimens will not be processed when an accompanying request form lack this information.

8. Take blood cultures aseptically. ~90% of isolates in our microbiology laboratory are contaminants!

*Infection Prevention & Control training last Wednesday of the month*

Dr. Nuala O’Connell  
Consultant Microbiologist

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**INFECTION PREVENTION & CONTROL NEWS**

Welcome all comments and views.

You can feedback your comments or views to any member of the Hygiene Services Committee or the Management Team conducting audits in your area.

If you would like to submit an article for the INFECTION PREVENTION & CONTROL NEWS please submit same to Annette Cotter, Quality Accreditation Department Mid-Western Regional Hospital.