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By Email Only

Mr. Phelim Quinn
CEO
HIQA
Georges Court
Georges Lane
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30th April 2020

Re: HIQA IPC COVID -19 Assessment of Acute Hospitals for NPHET

Dear Phelim,

Thank you providing the Report on *HIQA IPC COVID -19 Assessment of Acute Hospitals for NPHET.*

I am grateful to receive such a comprehensive report and appreciate the short time frame in which it was conducted. The limitations due to time constraints and ability to validate information are noted. It is helpful to have synopsis of recent years HIQA assessments' recommendations included in the report.

I would recommend inclusion of reference to the HCAI/AMR Escalation Policy, Acute Operations performance management of HCAI/IPC in conjunction with NPOG and impact of same on performance over last two years in any further editions of the report.

Please see below comments and suggestions on various sections within the report:

Resources

- The assessment of IPC resources has been calculated in the report using critical care potential capacity as a denominator. It would be practice for acute operations and the AMRIC team to assess resource requirements as a function of all beds within each hospital e.g. 1 IPCN nurse per 75-100 inpatients beds etc. Given that most Covid-19 and suspected Covid-19 patients are treated outside Critical Care unit, comparisons between Hospital Groups based on Critical care capacity only, could underestimate need and deficits.
- The ratio of IPC specialists to critical care beds weights all types of staff equally and a total number of IPC specialists used in the calculation which does not give a view of deficits by discipline. The analysis did not include Antimicrobial pharmacists (key role in IPC/AMS) and medical scientists (many approved to support CPE monitoring in 2018-2019).
- Consultant Microbiologist in CUH currently at early recruitment stage, several other posts (IPCN and Medical scientists) approved in 2019 and recruitment on-going.

- Regarding University Hospital Limerick the report states that "*staffing levels have remained largely static since 2015".* However the hospital have appointed several additional members of the IPC team over the last two years including one consultant Microbiologist, two Microbiology Registrars, one Assistant Director of Nursing and three staff nurse.
- The Report states that ULHG have 2.99 Consultant Microbiologists which appears to be an error as the Group reported only one.
- Addressing current deficits and increasing requirement including additional Microbiology Consultant cover in smaller hospitals, for IPC resources is a priority and would need to be reviewed in conjunction with the Department of Health.

Risks / Areas for improvement

- The supply of PPE and consumables for Covid 19 is an on-going challenge which is being managed by a Strategic planning group within the HSE with support of AMRIC team, INOH and HSE Finance and Procurement.
- The supply/ stocks of gel, cleaning products and disinfectants will be examined.
- Specific issues regarding IPC expertise at SSWHG will be reviewed with the Group
- Specific issues regarding cleaning programmes at ULHG will be reviewed with the Group.
- Updates regarding Laboratory accreditation at ULHG have been forwarded to HIQA from the Group recently.

Infrastructure

- Although poor infrastructure is still an issue that impacts on ability of hospitals to manage IPC, there has been investment in minor capital over last year which has resulted in considerable improvements in hospitals units where is was considered that the environment was a causative factor in infection rates.

CPE Screening

- CPE screening rates have shown significant improvement in most hospitals during 2019, with the number of CPE screens increasing from 178,800 in 2018 to 297,000 in 2019. 100% compliance with all aspects of *Guideline for CPE screening* is now reported in over 70% of hospitals, with remaining hospitals all reporting partial compliance. Therefore several of the specific risks in this regard have been remediated, notwithstanding the potential impact of Covid-19 on current services.

I would be grateful a similar assessment of IPC resources and services could be conducted in the Private Hospitals in light of recent government decisions. I would suggest that such an assessment should include additional questions to establish baseline governance structures and processes for HCAIs and IPC. Members of my team would be happy to assist with development of an audit tool for this purpose.

Yours sincerely,

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Liam Woods
National Director, Acute Operations

cc.

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Prof Martin Cormican, AMRIC Lead
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