



Policy Group on Healthcare-Associated Infection (HCAI)

**A Response to the Health Information and Quality Authority  
National Standards for the Prevention and Control of Healthcare  
Associated Infections**



F PHYSICIANS OF IRELAND

## Executive Summary

Healthcare-associated infection (HCAI) affects between 1 in 10 and 1 in 20 patients admitted to acute hospitals. These infections cause significant mortality and morbidity and result in additional health care costs, such as prolonged hospital stay. It is believed that at least 1 in 5 HCAIs may be preventable<sup>1</sup>. Preventing HCAIs involves a multi-disciplinary approach, with interventions at a number of different levels.

There is no one single or simple solution for reducing HCAIs, but education, accurate and up-to-date surveillance data, the provision of expertise in acute hospitals and in other healthcare settings, high standards of professional practice, such as in hand hygiene, cleaner healthcare environments and better facilities for patients, such as the provision of isolation rooms and more space between patients, are all important factors in reducing HCAI to an irreducible minimum.

The Royal College of Physicians of Ireland (RCPI) is committed to the highest standards of medical practice and training of doctors. It is committed to the maintenance of the very highest standards of medical practice amongst its trainees, Members and Fellows. As part of its efforts in the area of HCAI prevention and control it has established a Policy Group to issue key statements of relevance in the area of HCAI. Therefore RCPI welcomes the publication of the Health Information and Quality Authority (HIQA) Infection Prevention and Control Standards that apply to all healthcare facilities.

---

<sup>1</sup> Harbarth S, Sax S, Gastmeier P. The preventible proportion of nosocomial infections: An overview of published reports. *Journal of Hospital Infection* 2003; 54: 258-66.

## Health Information and Quality Authority (HIQA) National Standards for the Prevention and Control of Healthcare Associated Infections

These national standards, the first of their kind, represent a significant milestone in our efforts to tackle HCAI in Ireland and improve the quality of patient care. Their implementation will require commitment from all professional groups. These standards also represent a statement of intent by our health service to prioritise this area of health care. RCPI welcomes these standards and compliments HIQA on the significant work involved in their preparation and the wide consultation exercise undertaken as part of their development.

The standards outline 12 key areas in relation to improving the care of patients and preventing infection. These are -

### 1. Governance and Management

RCPI endorses the statement that responsibility and accountability are required at both corporate and strategic level, but also recognises the role of individual healthcare professionals, in terms of their practice and its impact on infection prevention. RCPI believes that the establishment of clinical directorates and the National Directorate of Clinical Care and Quality will enhance lines of accountability and responsibility.

### 2. Structures, Systems and Processes

Structures need to be put in place to provide infection prevention and control services in acute hospitals and other health care facilities such as nursing homes, day centres, etc. However, greater support for the non-acute sector is required. There needs to be a seamless interface between the acute and the non-acute sector, as infections spread between the community and the acute hospital sector and *vice versa*. Information and services for these units need to be provided on a 24-hour basis.

### 3. Environment and Facilities Management

Many of our acute hospitals were built decades ago and do not reflect the needs of the current patient population, which is older, more vulnerable to infection and more heavily immunosuppressed than previously. In particular, the absence of adequate numbers of single rooms, both for isolation and to enhance the dignity and privacy of patients, remains a concern. A recent survey indicated that the ratio of single rooms to the total number of hospital rooms available was 1.16<sup>2</sup>. RCPI welcomes the recommendation that all newly built acute hospitals must target 100% single rooms as recently recommended in national guidelines<sup>3</sup>. RCPI also endorses the recommendation that in the acute setting, a refurbishment programme should provide the maximum number of single rooms with ensuite shower and toilet facilities within three years. In multiple bed units, there is also a need for adequate bed spacing to prevent the transmission of infection.

<sup>2</sup> Cunney R, Humphreys H, Murphy N: *Strategy for the control of antimicrobial resistance in the Republic of Ireland. Survey of acute hospital infection control resources and services in the the Republic of Ireland. Journal of Hospital Infection 2006; 64: 63-8.*

<sup>3</sup> *Strategy for the control of Antimicrobial Resistance in Ireland. Infection prevention and control building guidelines for acute hospitals in Ireland. Health Protection Surveillance Centre, Dublin 2008.*

#### 4. Human Resource Management

Timely access to expert advice from microbiologists, infection prevention and control nurses, infectious disease physicians, and others is a key aspect of improving the prevention and management of infection, locally and nationally. There is a lack of such expertise in many areas of our health service. Such personnel need to work closely with occupational health physicians, public health doctors and others to prevent infection amongst patients and to prevent and safeguard the health of all healthcare staff. All healthcare staff must undergo mandatory training in the prevention and control of HCAI and this must be updated regularly and documented.

#### 5. Communication Management

The timely availability of data is a fundamental component of all effective infection prevention systems and also maximises patient safety. Consequently, there is a need for a national surveillance system of HCAI, as recommended by the European Union and endorsed in these standards, to build upon initiatives taken to date such as the notification of *Clostridium difficile* and the mandatory reporting of all *Staph. aureus* bloodstream infections as part of the European Antibiotic Resistance Surveillance System<sup>4</sup>. Surveillance data should be available locally, regionally and nationally, and should identify where there may be potential problems, so that these can be tackled early to prevent further infections. Patients with HCAI must be informed about their infection by the appropriate healthcare professional as soon as possible.

#### 6. Hand Hygiene

RCPI endorses the importance of hand hygiene and, through training and education, is committed to improving compliance amongst medical practitioners where hitherto, compliance has been sub-optimal.

#### 7. Communicable/Transmissible Disease Control

Preventing the spread of transmissible disease must be of prime importance in all healthcare facilities, especially in units where the risk to patients is highest, e.g. intensive care. Procedures, consistent with national and local guidelines, must be put in place to ensure prevention. Access by visitors to hospitals and other healthcare premises must be controlled and managed, while allowing for humane considerations in the case of close family members.

#### 8. Invasive Medical Device Related Infections

Infections associated with devices, e.g. bloodstream infection secondary to an infected central intravascular catheter or 'drip,' are amongst the most preventable of infections. All staff must be competently trained in the insertion, routine maintenance and removal of devices, and this must be documented and regularly updated. In particular, all devices designated for single-use must never be re-used.

<sup>4</sup> [www.hpsc.ie/hpsc/A-Z/Microbiology Antimicrobial Resistance/European Antimicrobial Surveillance System EARSS/](http://www.hpsc.ie/hpsc/A-Z/Microbiology%20Antimicrobial%20Resistance/European%20Antimicrobial%20Surveillance%20System%20EARSS/)

**9. Microbiological Services**

RCPI welcomes the requirement for access to an accredited microbiology laboratory service on a 24-hour basis. All laboratory services must be clinically orientated and must be patient centered. This will facilitate the provision of up-to-date epidemiological data but also assist in the management of the individual infected patient.

**10. Outbreak Management**

RCPI supports the importance of the investigation and management of outbreaks and believes that such outbreaks can provide important information for the future management of infection prevention programmes.

**11. Surveillance Programmes**

The rapid and timely provision of surveillance data on HCAI to all healthcare staff is a key component of prevention that must be implemented and suitably resourced.

**12. Antimicrobial Stewardship**

RCPI endorses the principles of antimicrobial stewardship i.e. the rational and appropriate use of antibiotics, and has already commented on this in an earlier document from the Policy Group on HCAI<sup>5</sup>.

---

<sup>5</sup> RCPI Policy Group on HCAI. *Antibiotic use and the implication for healthcare-associated infections*. Royal College of Physicians of Ireland, Dublin, February 2009.

## Conclusion

RCPI welcomes these standards, published by HIQA, and commends them to all healthcare staff. Many of the standards can, and must, be implemented in the short term and are relatively cost neutral, e.g. enhanced hand hygiene. However other standards, such as the requirement for 100% of all new acute beds to be in single rooms require greater time and significant investment but such investment will result in cost savings to the entire healthcare service, even in a resource constrained environment.

Through its commitment to maintaining the highest standards of medical practice, training of doctors and the health of the nation, RCPI will support the implementation of these standards, thereby improving the quality of patient care. Fewer HCAIs will result in improved quality of life, reduced patient suffering and death, enhanced professional satisfaction and fulfillment and reduced healthcare costs.

## RCPI Policy Group on Healthcare-Associated Infection (HCAI)

As part of The Royal College of Physicians of Ireland's (RCPI) aim to play a proactive role in the development of healthcare policy, it is convening a number of issue-focused policy groups that will allow medical experts to meet and discuss healthcare matters of concern to health professionals, healthcare providers and the general public. These policy groups will produce evidence-based position papers that outline the issue and propose specific steps to address the issue.

The RCPI Policy Group on Healthcare-Associated Infection was established in 2008. It intends to publish individual position papers on contributory factors and other topics related to HCAI over the next 12 months.

### Members

**Professor Hilary Humphreys (Chair)** - Professor of Clinical Microbiology, based at Beaumont Hospital and recently stood down as Chairman of the National Committee for the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI).

**Dr Mary Horgan** - Infectious Disease Physician, based at Cork University Hospital and has a long-standing interest in antibiotic use and resistance.

**Dr Brian O'Connell** - Consultant Microbiologist at St James's Hospital and Medical Director of the National MRSA Reference Laboratory.

**Dr Ciarán Donegan** - Consultant Physician in Healthcare of the Elderly at Beaumont Hospital. Many HCAI disproportionately affect the elderly.

**Dr Phil Jennings** - Public Health Specialist, Director of Public Health with the HSE and active in regional and national committees relating to the Strategy for SARI.

**Ms Máire Beckett** - Senior Infection Prevention and Control Nurse in the Rotunda Hospital.

**For more information contact:**

Joanna Holly  
Royal College of Physicians of Ireland  
Frederick House  
19 South Frederick Street  
Dublin 2

Direct Ph: 01 8639743  
Mobile Ph: 087 212 0245  
Main Ph: 01 8639700

[joannaholly@rcpi.ie](mailto:joannaholly@rcpi.ie)  
[www.rcpi.ie](http://www.rcpi.ie)



ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

FREDERICK HOUSE, 19 SOUTH FREDERICK STREET, DUBLIN 2

TEL: +353 1 863 9700 FAX: +353 1 672 4707 EMAIL: COLLEGE@RCPI.IE WEB: WWW.RCPI.IE