



Witness Statement Reference No.

**WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF
CLOSTRIDIUM DIFFICILE IN NORTHERN TRUST HOSPITALS**

WITNESS NAME: ANNE-MARIE KILLOUGH

STATEMENT OF EVIDENCE

I, Anne-Marie Killough, say as follows:

1. My name is Anne-Marie Killough and I live at an address which is known to the Inquiry Team. I am the daughter of Mrs Kathleen Killough who was a patient at Antrim Area Hospital during the time of the C diff outbreak.
2. I am a Staff Nurse at Altnagelvin Hospital and have been involved in nursing for over 20 years. At the present time I am working in the Cardiology Department.

Interview

3. I have sat through my mother's interview and I would like to make my own comments to the Inquiry Team in relation to my mother's treatment and care at Antrim Area Hospital.

Visits

4. I visited my mother once or twice a day during her two admissions to Antrim Area Hospital. Other members of the family would also have visited her there.

Care

5. I felt that she did not get as much care in the isolation room as she got in the ward.
6. I felt that sometimes the nursing care was a bit lacking in that they did not give her a lot of basic nursing care, like helping her to wash, dress and taking her to the bathroom. I had to help her a lot as she was quite weak and needed assistance.
7. It appeared as if certain nurses were allocated to look after certain patients or wards and they would not go outside this remit. On one occasion when my mother needed paracetamol for pain I asked one of the nurses who said that she would arrange it but 20 minutes later as the tablets had not arrived, I had to ask her again and was told that my mother was not one of her patients and that she would have to speak to another one of the nurses before it could be given. This was only a request for paracetamol and my mother needed it there and then, not 45 minutes later.
8. I also felt that the bed linen was not changed often enough, especially when you were dealing with someone who had C difficile. I remember one occasion coming onto the ward and her pillow slip was disgustingly dirty. So I went out of the room and got a pillow slip and changed it myself. I left the dirty pillow slip on the top of the bin as it was infected and needed to be washed. However when I came back to the ward the next day, the pillow slip was still on top of the bin and had not been moved. I put it in the bin but it should not have been left there for over 12 hours. This suggested to me that no-one had been in to see or attend to my mother for over 12 hours as surely they would have noticed the dirty pillow slip and taken it away.
9. My mother is the sort of person who will not ask for help. But she was very weak and needed help to the bathroom. She would buzz but if help did not arrive quickly enough she would try and take herself to the bathroom. I had to

help her with personal hygiene and changed her nighties every night. I just felt that the nursing staff should have helped her more with these basic requirements.

10. In one of the single rooms they did not have an en suite toilet and so a commode was provided. My mother was a very private person and did not like the commode sitting in the room after use. We had asked the staff to move and change the commode but this was not always done and I sometimes had to change the commode myself.
11. She was initially on intravenous antibiotics but she might have been changed to oral antibiotics later on.
12. She was sometimes on a drip and on one occasion when I called she had been buzzing for the nurse to come and switch it off but they had not come and so I had to switch it off myself.
13. I never saw any doctors attending to her and only occasionally did I see her being attended to by the nurses.
14. She received some physiotherapy which helped to mobilise her.
15. Her symptoms at this stage would have been that she was very weak and lethargic. She was not eating and was losing weight.
16. I would say that she was also anxious and upset.
17. The staff did not really communicate with us. I did not tell them that I was a nurse but they might have guessed that I was.
18. The staff did not volunteer any information but it was only through speaking to them that I discovered that she had C difficile but I was not given any further information or advice about it.

Wards

19. My mother was initially in a general ward and was then transferred to a single room on more than one occasion while she was in C5 and C6. The transfers were not discussed with the family.

20. When I questioned the staff on one occasion I was told that she had MRSA and when I asked if she was going to be moved to a single room I was told that there was no need as all of the patients in that ward had MRSA. I felt that she should have been moved to a single room and it was interesting to note that later on that day she was in fact moved to a single room.

Cleanliness

21. When she was first admitted to Antrim Area Hospital this was when the news broke in the press and television about the outbreak of C difficile in the Antrim Area Hospital. We were given leaflets on arrival at the hospital to inform us about washing our hands and other hygiene issues and precautions.

22. My mother has a stoma bag and she was finding it hard to change it and adjusting to having the bag. She was having to empty and change it herself which was a bit much for a lady of her age. She really needed assistance with this. In any event, during one of our evening visits I noticed a little bit of faeces around the side of the toilet bowl and when I came back the next day it was still there. Consequently I went out and spoke to the nursing staff and told them that the toilet needed cleaning and that something should be done immediately. Whereupon an army of cleaners arrived with a Supervisor, they put everyone out of the room and cleaned the place. Having said that although they cleaned the floors and surfaces I noted that they did not clean the bed, change the curtains or wash the walls. This incident occurred just after my mother had got out of intensive care.

23. I never noticed any smell or odour about the hospital.
24. I did however think that the floor was a bit sticky and I do not feel that the single rooms were getting as much cleaning as the ward areas.
25. One of the cleaners was very good and efficient but if she was off the cleaning was not done as well.
26. I do not remember whether the nurses were wearing protective gloves and aprons when they were dealing with my mother but I was surprised to be told by them that it was not necessary for the visitors to do so. We were actually told that there was no need for us to wear them.
27. I used the gel dispenser at the bottom of her bed.

Staff

28. I would have said that the hospital appeared to be understaffed. They were very busy and there never appeared to be enough staff on duty.

Communication

29. I received a leaflet when my mother was first admitted to Antrim Area Hospital to say there had been an outbreak of C difficile. That would have been in January 2008. I never saw any notices on the notice board or in the ward. I was told by one of the nurses on C5 that she had C difficile. She spoke to me at the nurses' station. I do not consider that I was treated sensitively. The staff did not have a lot of time for us and if you wanted to know something then you had to go looking for them.
30. In my hospital if someone was sick (like my mother was sick) then we would be looking out for the family to speak to them and inform them of what was happening. We would give the family an update and offer them an

appointment with a consultant. This would be standard procedure where I work. I was never given any diagnosis or prognosis and the nature of C difficile was never explained to us.

31. No-one from the hospital has ever contacted the family after her discharge.

32. I was never given any guidance about hygiene or laundry and any information I obtained was done so by my own endeavours.

Laundry

33. It was my responsibility to wash her nighties. I was never given any advice on how to wash them, nor were the nighties taken off her and placed in a laundry bag. I in fact changed my mother's nighties myself every night that I visited her and took them home for cleaning.

Suggestions

34. Communication is a big issue. I feel that patients and relatives are not given enough information. Nobody came looking for me or my brother to inform us of her condition, treatment or prognosis.

35. I think that the hospital should be proactive rather than reactive. They should come to us with the information rather than the families having to seek them out before they get any information. The information should be given to the patients and relatives automatically.

36. I also feel that the staff needed more education and information regarding C difficile and other hospital infections. They need to be instructed on how to treat it, what to do and what to say.

C difficile

37. I had heard of C difficile but I had no firsthand experience of it. I had to ask the Stoma Nurse at Altnagelvin Hospital for information and she provided this to me. I also looked it up on the internet. I also obtained information from the press, radio and TV. I was however very alarmed at what they were saying in the media and it made the family very anxious about my mother's condition.

Food

38. My mother did not eat the food. She was lethargic and weak. She was not interested in food. She was however referred to a dietician who suggested drinks and supplements. The nursing staff were leaving them for her to drink but she would really have needed more encouragement to drink them.

Conclusion

39. I felt that my mother was treated like a leper. She was left in her single room alone for far too long. She needed more care and attention than was being provided.

40. There should really be more communication, education and psychological care.

41. I think that staff should speak personally to the patient and in layman's terms so that the patient can understand the position and not fill their head with medical jargon.

42. The staff also need to be vigilant in their standards.

Hearing

43. I would prefer not to be asked to give evidence at the oral hearing.

I declare that this statement is true to the best of my knowledge and belief.

Signed



Date

05/08/10