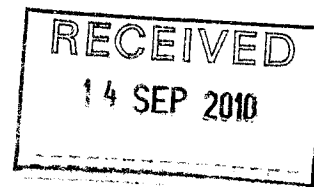


WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF
CLOSTRIDIUM DIFFICILE IN NORTHERN TRUST HOSPITALS

WITNESS NAME: MRS AUDREY JUNKIN



STATEMENT OF EVIDENCE

I, Mrs Audrey Junkin, say as follows:

1. My name is Mrs Audrey Junkin and I live at an address which is known to the Inquiry Team.
2. I am the daughter of Mrs Marion Jane Mawhinney who died on 17th April 2008 at Antrim Area Hospital.

Pre-existing medical history

3. My mother suffered from osteoporosis and osteoarthritis. She also had a heart condition from about 1997 up until the day she died. She was 77 years of age when she died and had become rather immobile in that she needed a wheelchair outside and a walking frame inside the house.
4. My father died in 2001 and since then my mother had been living on her own. She had a stair lift in the house to help her up and down the stairs. A care team also came into the home four times a day. She went to a day centre two days a week and her food was also brought into the house. I visited every day and attended to her washing, ironing and other household chores. I also looked after her on Saturday and Sunday.
5. She would have suffered from bouts of diarrhoea over the years and about two years prior to her death she was admitted to Ward 6, Mid-Ulster Hospital where she had tests taken at that time but nothing was found.

Admission to Antrim Area Hospital

6. She was admitted to Mid-Ulster Hospital, Magherafelt on four occasions during the last few months of her life.
7. The first time was on 16th November 2007 when she was admitted for about three weeks. She was then home for about two weeks but readmitted in the early part of December. She got home again on 21st or 22nd December for about two or three days but was then readmitted on 24th December for about five weeks. She was then home again until Easter but was readmitted to Mid-Ulster Hospital for five days and then transferred to Antrim Area Hospital for about three weeks. She died there on 17th April 2008.

All of these admissions were to do with her heart condition and on each occasion she was admitted by ambulance.

First Admission

8. She was admitted to Ward 3, Mid-Ulster Hospital on 16th November 2007 where she stayed in a 3-bedded bay for approximately three weeks. I do not recall her having any symptoms of diarrhoea on that occasion.

Second Admission (early December 2007)

9. She was admitted to Ward 3, but on this occasion she was in a 2-bedded bay. She had diarrhoea on this occasion and was with another lady who was suffering from similar symptoms.
10. She was discharged from the hospital after about two weeks but I do not think that her symptoms had completely cleared up. They had reduced and her symptoms were improving but she was still having some diarrhoea. We carried out a strict regime at home because of her diarrhoea in that we kept

her washing separate from our own and made sure that we wore gloves and washed our hands after dealing with her.

Third Admission (24th December 2007)

11. She was only home for about two or three days before she had to be readmitted again and on this occasion she was taken to the High Dependency Unit. She was vomiting and had also suffered from another heart attack. The High Dependency Unit is downstairs whereas Ward 3 is upstairs. She was initially put in an open ward for maybe one night and then transferred to the isolation room where she stayed over the Christmas period. She was there for about one week and then transferred to Ward 2 but she did not stay overnight there as when they discovered that she was suffering from diarrhoea she was immediately transferred to a single-bedded room in Ward 3. It was an isolation room but the door was never closed. She was there for approximately three weeks. She was quite ill at that time and although she still had her heart condition to deal with, I think her bigger problem was the diarrhoea.
12. There was a terrible smell of diarrhoea and my sister, who has some medical experience, thought it might be C-Difficile and so she asked the staff for confirmation and was told that my mother did in fact have C-Difficile. I also noticed that her night clothes were badly soiled at this time
13. She was very weak at that time and had to use a bedpan and sometimes a commode whenever the staff could get her out of bed.
14. She was then transferred from the High Dependency Unit to Ward 3 and after a period of time she was sent home.

Fourth Admission (mid-March 2008)

15. She was home from January until the middle of March 2008. I had been looking after her along with the GP and the care team. Swabs were still being taken from her on a regular basis and I was told that they were clear. However

on Easter Friday she had to be readmitted again as she had become so weak. She was still having bouts of diarrhoea last thing at night and first thing in the morning. We were having to change her all the time. She had been eating better and was getting stronger but she then had another attack on Easter Friday and had once again to be admitted to Ward 3 Mid-Ulster Hospital. She was very unsettled and did not recognise people at this time. Her heart was deteriorating and she was still suffering with C-Difficile. She had diarrhoea and a foul smell at that time. She was in Ward 3 for five days before she was transferred to Antrim Area Hospital.

Antrim Area Hospital

16. She was admitted to Ward A1 where she died three weeks later on 17th April 2008. She was initially put into an isolation room for about six days and then transferred to an open ward with four other patients.

Toilets

17. On the first occasion in Ward 3 Mid Ulster Hospital she was able to use the toilet if she was assisted by a member of staff. On the second occasion she used a commode. In the High Dependency Unit in Mid Ulster she was so weak that she had to use a bed pan and sometimes a commode.
18. Some toilets were in the corridor and some of them were en suite. The commode and bed pans were cleaned and taken away after use but I would say that the toilets could have done with a good clean up.

Transfer

19. Transfers were not discussed with me but my mother was aware of where she was being moved to but no explanation was given. Even when she was transferred from Mid-Ulster Hospital to Antrim Area Hospital she was just told that she was being transferred and not why she was being transferred. No reasons were ever given.

Visits

20. I visited her in hospital once and sometimes twice a day. Other members of the family visited regularly. We would normally visit at regular visiting hours but when she was very ill and unable to feed herself I used to go in at tea time and help her to eat.

Symptoms

21. She was getting thinner in hospital and her general health was deteriorating. She was dehydrated and needed fluids. I also thought that her general appearance was untidy and that she needed more personal attention.

C Difficile

22. I knew nothing about C Difficile but I was not only concerned about the effect that the infection was having on my mother but also I was very concerned about the other members of the family being affected by it. I have a daughter with a severe learning difficulty and autism and I was very worried about her catching it.
23. My sister was also unable to see my mother for six months before she died because she lives in supported housing with some very vulnerable people and could not take the risk of spreading the infection to them.
24. I did not receive any information about C Difficile from Mid-Ulster Hospital but Antrim Area Hospital did give me some information about the laundry, hand washing and general cleanliness issues.
25. There was quite a lot of information on the television and radio at that time and I also looked it up on the internet.

Care

26. The nurses and other staff did the best they could for her. I was reasonably happy with the general care given to my mother. The nurses were good in both hospitals but I do think that Antrim Area Hospital seemed to be more aware of the situation and what to do about it. I also felt that the staff in Antrim Area Hospital were more approachable.
27. All the nurses were attentive and had a good bedside manner but Antrim seemed more clued in.
28. In Mid-Ulster Hospital I was not really getting answers to my questions. At Mid-Ulster Hospital they always seemed too busy and under too much stress. They were very good at giving out medication and keeping the bed clean but not so good at keeping the dirty clothes away from the clean clothes and making sure that they always wore gloves.
29. My mother was in hospital over the Christmas period and I do not feel that the care at that time was of the same standard that she had received previously.
30. The nurses did not have time to talk to me or it may have been that they knew that she had C Difficile and did not want to talk about it to me.
31. I am not sure but there was definitely a change of attitude at that time and I felt that they were holding back information from me. My mother was becoming very confused and although I was asking questions, I was getting very few answers.
32. I never saw any doctors at Mid-Ulster Hospital.
33. Antrim Area hospital was a completely different place to Mid-Ulster Hospital. Even though there were lots of C Difficile patients there I found the doctors and nurses to be much more approachable and I understood the situation

much better. I felt that she was being cared for to a much higher standard in Antrim Area Hospital.

Cleanliness

34. I saw domestics cleaning the wards in Mid-Ulster Hospital with a mop and bucket but I never saw them changing their water or changing their mops. I would describe the cleanliness in Mid-Ulster Hospital as basic and not up to the standards that they once had.
35. The lockers were grubby, the trays were grubby, sometimes there was no hand-cleanser gel in the dispensers and no towels to use, and the windowsills and floors were grubby and not up to the standard that I would have expected.
36. I felt that the floors were sticky on occasions, there was quite a lot of dust lying around, the bins were not emptied on occasions and I would have expected a higher standard of cleanliness for a hospital.
37. One thing that did really annoy me at Mid-Ulster Hospital was the fact that they were handing out bread and cake at tea time by hand rather than using tongs or gloves.
38. At Mid-Ulster Hospital you quite often got a heavy urine smell in the ward and I also remember being appalled at the fact that I found my mother's slippers lying under a chair on one occasion and covered in faeces. No one had even put them in a bag and they were just thrown underneath her chair beside the bed.
39. Antrim Area Hospital was much cleaner, much fresher and my mother's personal hygiene and presentation was much better. Everything in Antrim Area Hospital was meticulously clean. There were always enough towels and gel dispensers. Everything was of a much higher standard. Gloves and aprons were always worn by the staff at Antrim Area Hospital and the visitors were

also told to wear gloves by the staff. They were also meticulous at handing out the food to the patients.

40. Antrim Area Hospital smelt fresher and my mother's personal hygiene was much better. They washed her hands and cleaned her private areas and were more attentive to her needs.

Washing

41. When she was at home she was able to get to the bathroom and she always washed her hands. However, when she was in hospital she required assistance and on her third admission when she was in the intensive care unit she could not get out of bed and required bed baths.
42. As far as I am aware she was only ever given one shower in Mid-Ulster Hospital and only after I requested it. I think it was when she was leaving hospital on the second occasion. I do not think she ever got her hair washed in Mid-Ulster Hospital but it was much better in Antrim Area Hospital where she seemed to be much cleaner and fresher. They looked after her personal hygiene to a much higher standard.

Laundry

43. In Mid-Ulster Hospital the laundry was usually left for me in a plastic bag. It might have been in the drawer, in the locker or under the bed. Sometimes I even found her dirty clothing lying in the drawer alongside her clean clothes and so I had to take everything home and clean it. I was quite annoyed about this.

Visits

44. Mid-Ulster Hospital could have done with more gel dispensers and should have told the visitors to use them. An awful lot of visitors did not do so.

45. On one occasion in Mid-Ulster Hospital as there were no gels available, I had to go out and find a pair of rubber gloves to put on before I dealt with my mother. I was always very careful with hand washing and my own personal cleanliness when visiting her. Other casual callers were not so careful. I noticed some visitors speaking to two or three different patients and not washing their hands or using the gel dispenser between visits which I thought was wrong.
46. Antrim were much more strict regarding the visiting procedures and Mid-Ulster Hospital were more free and easy.
47. I also noticed that there were plenty of chairs for visitors to sit on in Antrim but in Mid-Ulster Hospital there were never enough and I even saw visitors sitting on beds when I was there.

Communication

48. I never received any written pamphlets or leaflets from either hospital but the communication and advice was much better in Antrim Area Hospital.
49. I was more aware of the cleanliness side of things in order to help to prevent the infection from spreading. At Antrim I could ask questions and would always receive answers, help and advice about the situation. They told me to wash her laundry separately and at high temperatures. They also asked about my own family circumstances and took more interest in giving us personal advice not only about my mother's condition but for our own protection. The social worker at Antrim Area Hospital was particularly helpful to us.
50. There was certainly no information given at Mid-Ulster Hospital. No one even told me that my mother had C Difficile when I was there.
51. Even when my mother was first admitted to Antrim Area Hospital they approached me and asked me to go through the procedures of washing my hands, putting on an apron and gloves before visiting. There were also plenty

of signs up around the hospital giving advice. I would describe the information being given at Antrim Area Hospital as very sensitive and informative. They were open and straightforward about the situation. The nurses were all very communicative in Antrim Area Hospital. They always gave me a daily report about my mother's condition. It was a much freer and more friendly atmosphere with more interaction between the staff and visitors.

52. Other hospitals should follow the example set in Antrim Area Hospital and I think that if the Trust itself were more open then it would filter through to the staff.
53. I felt that the staff in Mid-Ulster Hospital was holding back with the information. They knew something and were not telling me what was happening. I think that it would have been much better to have been more open with the information. They should have given the visitors and public more information and this might have helped the infection from spreading.
54. The family have a right to know what is happening and what is going on. I would have liked more information about her condition, the diagnosis and prognosis.

Death Certificate

55. At Antrim Area Hospital they even explained to us why C Difficile was being written down as one of the causes of her death on the Death Certificate. I knew that her heart was not good and that the C Difficile was not helping the situation.

Food

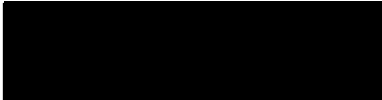
56. The hygiene re: food at Mid-Ulster Hospital was not particularly good in that they handed the food out with their bare hands and did not use gloves and aprons. It annoyed me that the infection could have been spread by this lack of hygiene.

Conclusions

57. If there is another outbreak then the community should be informed immediately so that everyone including visitors and staff can take appropriate action.
58. The care at Mid-Ulster Hospital was basic whereas the staff at Antrim seemed to be more geared up towards the situation.
59. The hospital and the Trust should be more open. It is better to have more knowledge and information rather than to treat visitors as if they had leprosy. You always felt as if you were being pushed away and not being informed of the situation. If my sister had not had a medical background I would not have known to take the precautions that I did but I should have been given this information by Mid-Ulster Hospital. Instead of trying to avoid me I would have preferred that they had spoken to me and been more open and proactive.
60. I should have been told that my mother had C Difficile. They should have told me about the tests and also about her results. They should not hide the situation from the family but should be more open and forthcoming with the communication and information.

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

Dated *10 September 2010*

Signed .. 
Mrs Audrey Junkin