



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Cappagh National Orthopaedic Hospital, Finglas, Dublin 11.

Monitoring Programme for the National Standards for the
Prevention and Control of Healthcare Associated Infections

Date of on-site monitoring assessment: 01 October 2013

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction

The Health Information and Quality Authority (the Authority or HIQA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This report sets out the findings of the unannounced monitoring assessment by the Authority of Cappagh National Orthopaedic Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced monitoring assessment is to assess the hygiene as experienced by patients at any given time. The unannounced assessment focuses specifically on the observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and compliance with hand hygiene practice.

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

- Standard 3: Environment and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1.

The Authority used hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The emergency department (ED) is usually the entry point for patients who require emergency and acute hospital care, with the outpatient department (OPD) the first point of contact for patients who require scheduled care. In Irish hospitals in 2011, there were over 1 million attendances at EDs and over 3 million outpatient attendances.

Accordingly, the monitoring assessment will generally commence in the ED, or in the OPD and follow a patient's journey to an inpatient ward. This provides the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority uses hygiene observation tools to gather information about the cleanliness of at least two clinical areas. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised

Persons from the Authority also observe general levels of cleanliness as they follow the patient journey through the hospital.

The monitoring approach taken is outlined in Appendix 1.

The unannounced assessment was carried out at Cappagh National Orthopaedic Hospital by an Authorised Person from the Authority, Naomi Combe, on 1 October 2013 between 10:00hrs and 15:15hrs.

Cappagh National Orthopaedic Hospital does not have an emergency department. The areas assessed during this monitoring assessment were:

- St Teresa's Ward (Orthopaedic)
- St Paul's Ward (Single/Paediatric/Isolation rooms)

The Authority would like to acknowledge the cooperation of staff with this unannounced monitoring assessment.

2. Cappagh National Orthopaedic Hospital Profile[¥]

Cappagh National Orthopaedic Hospital is Ireland's major centre for elective orthopaedic surgery. Cappagh National Orthopaedic Hospital is a voluntary hospital established in 1908 under the auspices of Sr Catherine McAuley and the Sisters of Charity.

The hospital provides the full range of orthopaedic services including major joint replacement (ankle, hip, knee, shoulder, elbow, and wrist), spinal surgery, primary bone tumour service, paediatric orthopaedics and sports injuries.

Since August 2012 Cappagh has a dedicated active rehabilitation unit to manage patients following an acute episode to sustain independent living.

The hospital has links with St. Vincent's University Hospital, Mater Misericordiae University Hospital, Beaumont Hospital, Children's University Hospital Temple Street, Connolly Hospital, Blanchardstown, St. Michael's Hospital, Dun Laoghaire, St. Columcille's Hospital, Loughlinstown and St James' Hospital.

[¥] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

3. Findings

The findings of the unannounced monitoring assessment at Cappagh National Orthopaedic Hospital on 1 October 2013 are described below.

3.1 Standard 3. Environment and Facilities Management

Standard 3. Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection (HCAI).

Criterion 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAs.

St Teresa's Ward (Orthopaedic)

Environment and equipment

There was evidence of good practice which included the following:

- bed frames, bedrails, pillows, mattresses, lockers, tables, floors, high and low surfaces and curtain rails assessed were clean, intact and free of dust
- chairs and stools assessed in clinical areas were covered in an impermeable material and were intact
- personal protective equipment was available, appropriately used and disposed of by staff
- the washrooms assessed were clean, tidy and well maintained
- surfaces of equipment observed were clean, for example, blood pressure cuffs, oxygen equipment, suction apparatus, wheelchairs and cushions
- the clean utility rooms were generally tidy and well maintained
- the 'dirty'[±] utility room was generally tidy and well maintained.

[±] A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- there was exposed wiring from a disused telephone cable at the entrance to St Teresa's Ward near the area marked 'oxygen isolation point' (the oxygen isolation point was in a secure enclosed box)
- the surface of the floor in the patient area was eroded in places
- there was chipped paint on walls and radiators in the patient area
- a thick layer of dust was visible on the tray at the bottom of a resuscitation trolley and a light layer of dust was visible on the surface of the trolley
- a workstation in a clinical area was observed to be cluttered
- of a total of five intravenous stands stored adjacent to each other (in one of the clean utility rooms), three were labelled as clean and ready for use and two were unlabelled. Of the three stands labelled as clean, there was a light layer of dust on the bases. A sticky residue was visible on the bases of some of the stands, hindering effective cleaning
- brown staining was visible at the joints of some of the wall panels in the washrooms assessed
- while the majority of signage was laminated, a number of paper notices fixed to a notice board in the patient area were not laminated.

The following was observed in the clean utility rooms:

- while one of the clean utility rooms was lockable with a keypad, it was not locked on two occasions during the monitoring assessment
- a light layer of dust was present on top of a cupboard and inside a cupboard in one of the clean utility rooms
- the surface of a countertop was chipped, hindering effective cleaning
- while the surfaces of four trolleys which had been labelled as clean and ready for use were visibly clean, light to moderate layers of dust were visible on heavy plastic fittings attached to the trolleys, on metal bars and on the wheels. Rust coloured staining was visible on the wheel areas of a trolley
- a sticky residue was visible on the doors of a medication fridge/freezer, hindering effective cleaning and a light layer of dust was visible in the groove of the fridge door.

The following was observed in the 'dirty' utility room:

- bed urinals were not inverted while being stored
- rust coloured staining was visible at the base of the sluice hopper.

Waste segregation

There was evidence of good practice which included the following:

- foot-operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than two thirds full
- clinical waste was tagged and secured before leaving the area of production.

Linen

There was evidence of good practice which included the following:

- clean linen was stored appropriately in dedicated storage areas which were clean and free of dust. Clean linen examined by the Authority was found to be free of stains
- used linen was stored appropriately in dedicated storage areas and segregated in line with best practice, evidenced by colour-coded linen bags
- the Authority was informed that disposable bed curtains are changed every six months and more frequently if necessary in St Teresa's Ward. It was reported to the Authority, and observed, that disposable shower curtains are changed at the beginning of each month.

Cleaning equipment

There was evidence of good practice which included the following:

- the cleaning rooms were locked and/or coded
- cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols
- cleaning equipment was clean and a colour-coded system was in place and demonstrated
- appropriate advisory signage was observed for use of products used for cleaning and disinfection
- personal protective equipment was available, appropriately used and disposed of by staff.

Water outlet flushing

- Records of water outlet flushing were demonstrated.
- The Authority was informed that shower heads which were not in use in the day ward had been removed.

St Paul's Ward

Environment and equipment

There was evidence of good practice which included the following:

- patients were managed appropriately in the isolation rooms
- the bed frame, bedrail, pillows, mattress, locker, table, floor, walls and low surfaces in the patient area assessed were clean, intact and free of dust
- the en-suite washroom in the patient area assessed was clean, tidy and well maintained
- the clean utility room was tidy and well maintained
- the 'dirty' utility room was tidy and well maintained.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- a light layer of dust was present at high levels in the patient area assessed
- while the clean utility room was lockable with a keypad and while there was a notice on the door stating that it should be kept closed at all times, it was held open by a doorstop at the time of the monitoring assessment
- patient washbowls, bed pans and bed urinals in the 'dirty' utility room were not inverted while being stored.

Waste segregation

There was evidence of good practice which included the following:

- foot operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than two thirds full
- clinical waste was tagged and secured before leaving the area of production.

Linen

There was evidence of good practice which included the following:

- Clean linen was stored appropriately in dedicated storage areas which were clean and free of dust. Clean linen examined by the Authority was found to be free of stains.
- Used linen was stored appropriately in dedicated storage areas and segregated in line with best practice, evidenced by colour-coded linen bags.

Cleaning equipment

There was evidence of good practice which included the following:

- storage facilities for cleaning equipment were clean and secure.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- inappropriate items (shampoo and talcum powder) were stored in the cleaning/housekeeping room.

Conclusion

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions.

3.2 Standard 6. Hand Hygiene

Standard 6. Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Criterion 6.1. There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of HCAs.

Hand hygiene

There was evidence of good practice which included the following:

- hand hygiene advisory information was appropriately displayed in the areas assessed
- liquid soap, warm water, paper hand towels and alcohol-based hand rubs were widely available
- hand washing facilities were clean and intact.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Records kept locally at ward level and reviewed by the Authority showed that hand hygiene training was out of date for 6 out of 22 employees. The Authority was later informed that it is hospital policy that all records are maintained centrally within the human resources (HR) management system and that the records provided were not an accurate reflection of the actual training status.

Observation of hand hygiene opportunities

The Authority observed 17 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:

- three before touching a patient
- four after touching a patient
- 10 after touching a patient's surroundings.

All of the 17 hand hygiene opportunities were taken. Of the 17, 16 were observed to comply with best practice hand hygiene technique. Non-compliance related to wearing a ring with a stone.

Authorised persons observe hand hygiene opportunities using a small sample of staff in various locations throughout the hospital. It is important to note that the results may not be representative of all groups of staff within the hospital and hand hygiene compliance across the hospital as a whole. Observations reported represent a snapshot in time. The underlying principles are based on the detection of the five moments for hand hygiene that are promoted by the World Health Organization

Authorised persons observe hand hygiene opportunities using a small sample of staff in various locations throughout the hospital. It is important to note that the results may not be representative of all groups of staff within the hospital and hand hygiene compliance across the hospital as a whole. Observations reported represent a snapshot in time. The underlying principles are based on the detection of the five moments for hand hygiene that are promoted by the World Health Organization.

Conclusion

The level of hand hygiene compliance observed at the time of the monitoring assessment was 94%.

4. Overall Conclusion

The risk of the spread of Healthcare Associated Infections (HCAIs) is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

The level of hand hygiene compliance observed at the time of the monitoring assessment was 94%, indicating that a culture of hand hygiene practice is well embedded amongst staff in the hospital.

Cappagh National Orthopaedic Hospital must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the Hospital on its website within six weeks of the date of publication of this report.

The Authority will continue to monitor the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to

the public that the Hospital is implementing and meeting the NSPCHCAI and is making quality and safety improvements that safeguard patients.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of the NSPCHCAI, together with the Health Information and Quality Authority's monitoring programme, is to contribute to the reduction and prevention of Healthcare Associated Infections (HCAIs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.higa.ie/standards/health/healthcare-associated-infections>.

Unannounced monitoring process

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

Standard 3: Environment and Facilities Management, Criterion: 3.6

Standard 6: Hand Hygiene, Criterion 6.1.

The Authorised Persons use hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The Authority reports its findings publicly in order to provide assurances to the public that service providers have implemented and are meeting the NSPCHCAI and are making the quality and safety improvements that prevent and control HCAIs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.higa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>.

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