



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Cavan General Hospital, part of the Cavan Monaghan Hospital Group

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

Date of unannounced on-site monitoring assessment: 8 November 2012

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 Cavan General 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 one million attendances at EDs and over three 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 Authorised Persons from the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority use 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 HIQA also observe general levels of cleanliness as they follow the patient journey through the hospital.

The monitoring approach taken is outlined in Appendix 1.

Authorised Persons from the Authority, Margaret Cahill and Naomi Combe carried out the unannounced assessment at Cavan General Hospital on 8 November 2012 between 09:10 hrs and 12:45 hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas assessed were:

- Emergency Department
- Children's Ward.

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

2. Cavan General Hospital profile[‡]

Cavan General Hospital and Monaghan Hospital are 45km apart and they operate as a single hospital, with an integrated managerial and clinical governance system, care pathways and support functions. Cavan General Hospital opened in 1989 and with Monaghan Hospital formed Cavan Monaghan Hospital Group in 1998.

Cavan General Hospital (CGH) has 233 beds (181 public, 33 private/semi-private and 19 non-designated bed (CCU, ICU, HDU). The total number of attendances to the Emergency Department (ED), including the Medical Assessment Unit, in 2011 was 31,547. The number of attendances to Outpatients Department was 38,960.

Under the national emergency clinical care programme, the CGH ED forms part of the North East Emergency Clinical Care Network. The Medical Assessment Unit, opened in March 2009, operates from 9am to 9pm from Monday to Sunday. CGH provides a range of services, including:

- emergency medicine
- general medicine
- short-stay unit
- general surgery
- obstetrics / gynaecology including midwifery-led unit
- paediatrics
- acute psychiatry
- day services
- outpatient services
- renal dialysis services
- pathology services
- radiology services
- physical medicine services
- ICU/CCU
- anaesthesia
- oncology – outreach service from Mater Hospital, Dublin
- dermatology (sessional one day per week – visiting consultant)
- orthopaedics (sessional one day a week – visiting consultant)
- palliative care.

[‡] 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 Cavan General Hospital on 8 November 2012 are described below.

During the course of the monitoring assessment, the Authority did not identify any immediate serious risks to the health and welfare of patients receiving care at Cavan General Hospital, in the areas assessed. The Authorised Persons from HIQA observed a used needle on a work surface; this was judged to be an immediate high risk to staff. This risk was brought immediately to the attention of the ED Clinical Nurse Manager, the needle safely disposed of and the risk mitigated.

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.

Environment and equipment

- The general environment, including the main entrance, the stairwells and the hospital corridors, was observed by the Authority to be clean and free from visible dirt.
- The hospital reported that it had a hygiene continuous quality improvement programme in place. The findings of the audits, which are carried out on a two-monthly basis, inform the quality improvement plans.
- The Authority observed the Children's Ward to be generally tidy, clean and free of dust, dirt and debris. Two chairs were observed to have torn vinyl. Not all signage was observed to be laminated.
- In the Emergency Department (ED), some bed tables were observed by the Authorised Persons from HIQA to be stained and dusty; the vinyl was ripped on two pillows; a mattress on a trolley ready for use was stained and unclean; tables were unclean; high and low surfaces were dusty and there were splashes and stains on the radiators.
- One of the patient toilets in the ED was observed to be unclean and stained.

- Light to moderate dust was observed on medical equipment such as cardiac monitors, the neonatal resuscitator and blood pressure cuffs. A number of the dressing trolleys had stained and damaged surfaces. Phlebotomy trolleys were very stained and damaged.
- Light dust, sticky residue and multiple splash marks were observed on the resuscitation trolley and splashes of blood were observed on a drug fridge. It was noted that construction work was in progress in the department adjacent to the ED and that dust covers were in use.
- The Authorised Persons from the Authority observed appropriate laminated infection control signage at assigned patient isolation rooms, and personal protective equipment was available in both the ED and the Children's Ward.
- Work station equipment including telephones and keyboards were observed to be clean and free of dust, dirt and debris in both clinical areas.
- In both the ED and the Children's Ward, the 'dirty' utility rooms* were observed to be clean with separate hand-wash facilities in both areas assessed.
- In the ED, two bedpans stored ready for use were observed to be lightly soiled and the vinyl cover of one commode was torn and the seat was slightly soiled.

Waste segregation

- The HSE Dublin North East 2011 Guidelines for the Management of Clinical Risk Waste in Acute Hospitals policy was available. The Authority spoke with staff, in the clinical areas assessed, who demonstrated their knowledge regarding safe segregation of waste.
- Foot operated clinical and non-clinical waste disposal bins were available in the clinical areas assessed. Clinical sharps bins were available with a locked yellow storage wheeled bin for healthcare risk waste outside the ED.
- The Authorised Persons from HIQA observed that a used needle was left exposed on a work surface in the resuscitation room in the ED. This risk was brought immediately to the attention of the ED Clinical Nurse Manager, the needle safely disposed of and the risk mitigated.

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

- The national guidance for healthcare risk waste management (Healthcare Risk Waste Management, Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste, HSE/DOHC, 4th Edition, 2010) recommends that dedicated rooms with coded access should be available for the short-term storage of waste in all areas.
- However, the Authority found that the healthcare waste was not managed in line with this guidance. This may pose a moderate risk to the spread of HCAs. In particular, HIOA found:
 1. Non-clinical waste and used linen bags, including red linen bags with infected linen, in an alcove on an open corridor adjacent to the ED.
 2. Healthcare risk waste was left for collection in an open cage in an alcove outside the back entrance to the Children's Ward. Access to this area was limited to staff only.

Linen

- The Authorised Persons from HIOA observed that the segregated colour coded linen bins for used and contaminated linen were stored in the 'dirty' utility rooms in both clinical areas.
- The linen room, on the Children's Ward, was observed to be clean and free from inappropriate items. Access to the linen room in the ED was restricted at the time of the assessment.
- Curtain changing records were demonstrated by the Children's Ward. The Authority was informed that the records for the Emergency Department were maintained by the Laundry Department. Curtains were changed on a two-monthly basis as standard, or following management of an infectious patient. It was reported that a trial of disposable curtains was in progress in the isolation rooms in the ED.

Cleaning equipment

- Cleaning equipment in the areas visited was clean and a colour coding system was demonstrated. Appropriate signage was available for the use of products for cleaning and disinfection. Cleaning products were stored in coded access rooms.

Water outlet flushing

- The Authority was informed that water outlet flushing was managed centrally by the contracted cleaning company and records of outlet flushing were demonstrated.

Conclusion

The Authority found the general environment, including the main entrance, the stairwells and the hospital corridors and the Children's Ward, clean and free from visible dirt. However, there were opportunities for improvement identified in the ED.

HIQA found that the healthcare waste was not managed in line with the national guidance for healthcare risk waste management and that this may pose a moderate risk to patients of HCAs.

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

- The clinical hand-wash sinks in the areas assessed complied with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene (2005)*.
- Alcohol-based hand gel was widely available for use.
- Posters to demonstrate appropriate hand-hygiene technique were widely displayed throughout the hospital. This included large banners on the walls and floors particularly at the main hospital entrance and entrances to wards.
- The Authorised Persons from HIQA spoke with staff, in the clinical areas assessed, who demonstrated their knowledge regarding hand hygiene best practice.
- Hand hygiene training was reported to be undertaken by the Infection Control Nurse. It was reported that a database is maintained on each ward with information regarding mandatory training for individual staff members. However, it was reported to the Authority that due to a lack of resources some hand hygiene training sessions had been cancelled.
- The Hospital demonstrated that hand hygiene practices were monitored through internal audits and the national hand hygiene compliance audits.

Observation of hand hygiene opportunities

- The Authority observed 29 hand hygiene opportunities during the monitoring assessment. These hand hygiene opportunities comprised 13 before touching a patient, eight after touching a patient and eight after touching the patient's surroundings.
- However, the Authorised Persons from the Authority observed that only 19 of the 29 hand hygiene opportunities were taken. Of those, only three were observed to comply with best practice hand hygiene technique. Non-compliance related to not following the best practice technique for hand washing or use of alcohol gel and/or to the length of time taken to complete hand hygiene.

Conclusion

The Authority's observations suggested that a culture of hand hygiene practice was not embedded at all levels. This poses a risk to patients of HCAs.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAs) 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.

The Authorised Persons from HIQA observed that the general environment, including the main entrance, the stairwells and the hospital corridors and the Children's Ward, clean and free from visible dirt. However, there were opportunities for improvement identified in the ED.

The Authority found that the healthcare waste was not managed in line with the HSE national guidance for healthcare risk waste management and that this poses a moderate risk to patients.

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

The Authority found that there was a high profile given to the importance of hand hygiene practice at Cavan General Hospital. However, the observations suggested that a culture of hand hygiene practice was not embedded at all levels. HIQA was concerned that the level of compliance with hand hygiene practice in Cavan General Hospital poses a risk to patients. The Authority observed 29 hand hygiene opportunities during the monitoring assessment. However, only 19 of the 29 hand hygiene opportunities were taken. Of those, only three were observed to comply with best practice hand hygiene technique. The Hospital must evaluate the level of hand hygiene compliance

in the context of infection rates in order to assess the impact on patients and implement the required improvements.

Cavan General 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 Hospital Manager and HSE Regional Director of Operations. The QIP must be published by the Hospital on its individual webpage on the HSE 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 it is implementing and meeting the NSPCHCAIs and is making quality and safety improvements that safeguard patients.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of 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>.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400
Email: qualityandsafety@hiqa.ie
URL: www.hiqa.ie

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