



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at Coombe Women & Infants University Hospital, Dublin**

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

Date of unannounced on-site monitoring assessment: 12 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 the Coombe Women & Infants University 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.

Authorised Persons from the Authority, Margaret Cahill, Catherine Connolly Gargan and Kelly Jones carried out the unannounced assessment at the Coombe Women & Infants University Hospital on 12 November 2012 between 13:30hrs and 15:40hrs. The Authorised Persons from HIQA followed a patient's pre-delivery journey to the pre-delivery assessment unit which is located on St Monica's Ward. The labour ward annexed the pre-delivery assessment unit.

The areas assessed were:

- Our Lady's Post Natal Ward
- St Monica's Ante Natal Ward.

The Authority would like to acknowledge the cooperation of staff of the Coombe Women & Infants University Hospital with this monitoring assessment.

## **2. Coombe Women & Infants University Hospital profile<sup>†</sup>**

Established in 1826, the Coombe Women & Infants University Hospital is one of the largest providers of women and infant healthcare in the Republic of Ireland. It is a recognised centre for tertiary services including maternal and foetal medicine, neonatology, gynaecology and peri-operative medicine. In 2011, 9,315 mothers attended the Hospital with 8,536 delivering 8,709 infants. Within these numbers were 157 sets of twins, seven sets of triplets and one set of quadruplets. Over 1,000 infants are admitted to the Neonatal Unit and over 5,500 gynaecology operations are performed every year.

Over the past three years, significant infrastructural developments have been completed on the hospital campus including the re-development and expansion of the Neonatal Intensive Care and Special Care Baby Units and the opening of a new Department of Perinatal Ultrasound, and a dedicated Colposcopy Unit.

In early 2013 the Hospital will complete a capital project in the Delivery Suite including the development of a suite of new Labour Delivery Rooms and a purpose-built Emergency Obstetrical Theatre and Adult High Dependence Unit.

The Hospital employs over 700 medical, midwifery, and nursing staff, research scientists and professionals allied to medicine.

## **3. Findings**

The findings of the unannounced monitoring assessment at Coombe Women & Infants University Hospital, Dublin on 12 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 the Coombe Women & Infants University Hospital, in the areas assessed.

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<sup>†</sup> 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.

### 3.1 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 main entrance, stairs, stairwells, corridors and the areas immediately external to the wards were observed by the Authority to be visibly clean and tidy; floors therein were free from grit and dirt.
- The Authority found that both Our Lady's and St Monica's wards were generally unclean. Light to heavy dust was observed in both wards on most high surfaces in patient and non-patient areas assessed. Dust in moderate amounts was also observed on curtain rails in Our Lady's ward and on two call bells in St Monica's ward.
- The Authorised Persons from HIQA observed exposed wires at one side of an electrical socket on a corridor in St Monica's ward. This was brought to the attention of Hospital staff, who informed the Authority that the issue had been reported to the maintenance department.
- On assessment of Our Lady's ward, the Authority observed that paintwork on some walls was chipped and missing; stale food particles were observed on the floor of a room ready for use and an area on the front of a radiator in a patient area was observed to be soiled.
- The bed frames beneath the mattresses on three beds assessed in Our Lady's ward – one of which was ready for a new admission – was observed by the Authority to be unclean. Pieces of dark fluff and dust in moderate amounts were observed at the base of the footboards on two beds in Our Lady's ward.
- Light dust was observed on a resuscitation trolley stored on the foyer outside but available to Our Lady's ward; a torn protective dustsheet was in place over it.

- The Authority viewed cleaning schedules for all medical equipment in both wards assessed; this equipment was observed to be clean.
- Work-station equipment was assessed in both wards; a telephone handset was observed to be unclean in Our Lady's ward.
- In Our Lady's and St Monica's wards, the 'dirty' utility\* rooms were not free of dust on shelving and high surfaces. Separate hand-washing sinks were available in both areas assessed. In the 'dirty' utility on St Monica's ward, Authorised Persons from HIQA observed dust in a corner, what appeared to be a blood stain on a wall and unavailability of liquid soap at the separate hand-washing sink. One bedpan stored ready for use was observed to be slightly soiled.
- Personal protective equipment dispensers were observed in both areas assessed: a dispenser on Our Lady's ward did not contain gloves.
- The Authority observed that the area between the shower tray, the door and surrounding surfaces in a shower on Our Lady's ward was visibly unclean; silicone sealant was missing or flaking in a number of areas.
- The Hospital demonstrated a hygiene auditing programme carried out on a monthly basis.

### **Waste segregation**

- A waste management policy dated August 2012 was available. The Authorised Persons from the Authority spoke with staff, in the clinical areas assessed, who demonstrated their knowledge regarding safe segregation of waste.
- Foot operated non-clinical waste disposal bins were available in both clinical areas assessed.
- Yellow clinical waste disposal bins were located in the treatment and 'dirty' utility rooms in both wards assessed and in the nursery room in Our Lady's ward.
- The Authority observed that a sharps disposal bin in the 'dirty' utility room on Our Lady's ward did not have the temporary closure procedure actioned.

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



- The HSE national guidance for healthcare risk waste management 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. In particular, the Authority observed that locked yellow storage wheeled bins for healthcare clinical waste were located in the foyer at the entrance to the clinical areas assessed. This may pose a low risk to the spread of Healthcare Associated Infections (HCAI).

### **Linen**

- Good practice was observed of segregated colour coded linen bins for used linen in the 'dirty' utility rooms in both areas and in a patient area.
- The Authority observed clean linen stored in a section of a multipurpose room located outside St Monica's ward. Clean linen was stored unprotected on a trolley on the corridor in both wards assessed. This may pose a low risk to the spread of HCAs.
- The Health Service Executive (HSE) Cleaning Manual for Acute Hospitals recommends that all used linen is segregated and transported in colour coded linen bags which are securely tied. However, the Authority observed untied soiled/used white and soiled/contaminated red linen bags ready for collection in the 'dirty' utility room in Our Lady's ward. The contents were visible in the open bags. HIQA observed that the used linen bags were still not securely tied when collected from the ward. The Hospital was informed of this observation during the assessment. This may pose a low risk of the spread of HCAI.
- The Authority was informed that curtain changing schedules were based on risk assessments in both clinical areas; curtain changing records were demonstrated. Disposable curtains were in use throughout St Monica's ward; were dated and changed annually as standard. Fabric curtains were used in Our Lady's ward and were changed six-monthly as standard. Curtains on both wards were changed following management of a patient with an infection requiring isolation.
- Roller blinds were observed on all external windows. A cleaning schedule was demonstrated in St Monica's ward. The Hospital reported that cleaning procedures were being finalised for blinds in Our Lady's ward.

### **Cleaning equipment**

- Cleaning equipment in the areas assessed was clean and a colour coded cleaning system was demonstrated. However, a buffer pad was observed on a stored floor buffer machine in the 'dirty' utility, contrary to best practice.

- The Authority was informed that cleaning product preparation was completed centrally. Cleaning equipment was stored in a separate locked cupboard in the clinical areas assessed.

### **Water outlet flushing**

- The Hospital reported that water outlet flushing was managed centrally by a contracted water management company and weekly records of outlet flushing were demonstrated.

### **Conclusion**

The main entrance, stairs, stairwells, corridors and the areas immediately external to the wards were observed by the Authority to be visibly clean and tidy; floors therein were free from grit and dirt. However, Our Lady's and St Monica's wards were unclean and there were opportunities for improvement identified in both.

The Authorised Persons from HIQA found that management of clean and used/contaminated linen was not in line with the HSE national guidance for management of hospital linen.

The Authority found that the healthcare waste was not managed in line with the HSE national guidance for healthcare risk waste management and judged that these findings pose a low risk to the spread of HCAs.

## **3.1 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**

- Clinical hand-wash sinks in the areas assessed did not all comply with the Health Service's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005).
- Alcohol-based hand gel was widely available for use.

- Laminated posters to demonstrate appropriate hand hygiene technique were widely displayed throughout the hospital. The Authority also observed reminder hand hygiene notices and prompts displayed at various high visibility points throughout the patient's journey to both of the clinical areas assessed.
- Authorised Persons from the Authority spoke with staff in the areas assessed, who demonstrated their knowledge regarding hand hygiene best practice.
- Hand hygiene training and monitoring was reported to be provided by the Infection Control Nurse. It was reported that a database was maintained that recorded names of staff on completion of training. Hand hygiene training records were demonstrated.
- The Hospital demonstrated that hand hygiene practices were monitored through internal audits and national hand hygiene compliance audits.

#### **Observation of hand hygiene opportunities**

- The Authority observed 16 hand hygiene opportunities during the monitoring assessment of Our Lady's and St Monica's wards. These hand hygiene opportunities comprised of:
  - five before touching a patient,
  - four after touching a patient and
  - seven after touching the patient's surroundings.
- The Authority observed that all 16 hand hygiene opportunities were taken. Of those, only three were observed to comply with best practice hand hygiene technique. Non-compliance was observed to take the form of not following best practice technique for hand washing or use of alcohol-based gel and/or the length of time taken to complete the hand hygiene procedure.

#### **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 hospital environment and equipment can be readily cleaned and decontaminated. It is therefore important that cleaning/decontamination of the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The main entrance, stairs, stairwells, corridors and the areas immediately external to the wards were observed by the Authority to be visibly clean and tidy; floors therein were free from grit and dirt. However, Our Lady's and St Monica's wards were unclean and there were opportunities for improvement identified in both areas.

The Authority found that management of clean and used/contaminated linen was not in line with the HSE national guidance for management of hospital linen and that the healthcare waste was not managed in line with the HSE national guidance for healthcare risk waste management.

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 although hand hygiene opportunities were taken in the areas assessed, non-compliance with best practice hand hygiene technique was observed. This finding suggests that a culture of best practice hand hygiene practice was not embedded at all levels.

HIQA was concerned that the level of compliance with hand hygiene practice observed in the Coombe Women & Infants University Hospital poses a risk to patients. The Authority observed 16 hand hygiene opportunities. However, only three of the 16 hand hygiene opportunities observed complied 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.

The Coombe Women & Infants University 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 it is implementing and meeting the NSPCHAI 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>.



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