



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Ennis Hospital, Ennis, Co Clare

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

Date of unannounced on-site monitoring assessment: 4 September 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 HIOA) 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 Ennis 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, Breeda Desmond and Catherine Connolly Gargan carried out the unannounced assessment at Ennis Hospital on 4 September 2013 between 12:00hrs and 16:00hrs.

The Authorised Persons from HIQA commenced the monitoring assessment the Local Injuries Unit.

The areas assessed were:

- Fergus ward (medical ward)
- Burren ward (medical ward).

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

2. Ennis Hospital's profile[†]

Ennis Hospital was officially opened on 4 October 1940, and is part of the University of Limerick Hospitals Group serving the County of Clare in addition to many patients from other parts of the midwest attending there for ambulatory services. Under the Acute Medicine Programme, Ennis Hospital's Local Emergency Centre (12-hour emergency department service) has evolved into an Urgent Care Centre comprising a Local Injuries Unit and a Medical Assessment Unit since 8 July 2013.

The services provided at Ennis Hospital are appropriate for the hospital and for the local population, delivering non-complex care as close as possible to patients' homes. The vast majority (more than 85%) of patients currently attending Ennis Hospital continue to receive treatment in the Local Injury Unit (LIU), the Medical Assessment Unit (MAU) or by direct admission to the medical ward. Overall patient attendances at Ennis Hospital are rising with an increase in day surgery and outpatient services.

Site governance on a day-to-day basis is provided by the Operational Director of Nursing, while the Site Administrator works with the individual directorates within UL Hospitals to ensure the achievement of the UL Group objectives.

Bed Complement

A new 50-bed unit was opened in April 2013 and all patient rooms in this unit are single en suite bedrooms. This is the latest in a series of developments. As well as 50 inpatient beds there are also 12 day beds, seven endoscopy beds, eight MAU trolleys and six LIU trolleys.

Services currently provided at Ennis Hospital include:

- inpatient medicine
- endoscopy
- theatre/general surgery
- pre-op Assessment
- OPD
- Medical Assessment Unit
- Local Injuries Unit
- Surgical Day Ward
- cardiology services including cardiac rehab
- X-ray

[†] 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.

- laboratory
- physiotherapy
- pharmacy
- respiratory services including pulmonary function testing, sleep apnoea testing and respiratory clinics
- palliative care
- diabetic services.

3. Findings

The findings of the unannounced monitoring assessment at Ennis Hospital on 4 September 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.

Overall, the physical environment in both wards assessed was very clean, with very few exceptions.

Environment and equipment

There was evidence of good practice which included the following:

- The patient areas were tidy, well maintained, free of rust, blood or body substances, dust, dirt, debris, spillages and clutter.
- Upon discharge of a patient, rooms are cleaned and a tag placed on the door handle identifying date, time and signature of the person responsible for cleaning.
- All patient rooms had full en suite facilities and these, as well as the assisted bathroom assessed, were very clean.
- There was a large designated area for storage of large patient equipment such as hoists, wheelchairs and weighing scales. These were all clean.
- There was a separate secure store room for near patient equipment. This room was clean and tidy and all equipment was appropriately placed within the Kanban Storage System.

- The clean utility was secure with swipe card access only. This room was very clean.
- Hand-wash sinks throughout were compliant with national standards.

Personal protective equipment such as disposable gloves and aprons were available throughout the ward. White disposable aprons were in place as standard and those rooms which required isolation had yellow disposable aprons in place.

- The World Health Organisation hand hygiene advisory signage was displayed outside each patient room. All signs were covered with an impermeable material to enable effective cleaning.
- The 'dirty'* utility room was secure and accessible only by swipe card.
- The frequency of environmental audits undertaken was directly related to the assessed risks of each area – that is, if an area was assessed to be very high risk, audits were completed monthly; environmental audits were undertaken two-monthly in high risk areas; in areas deemed a lesser risk, audits were completed three- or four-monthly. Action plans were developed following each audit with responsibility assigned to the appropriate manager.

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:

In Fergus ward:

- The temporary closure mechanism was not in place in the three sharps bins in the clean utility, in line with best practice to mitigate sharps injuries.
- The points of joining of wall covering underneath the sink and sluice hopper in the dirty utility were unclean.
- While rooms with isolated patients had colour-coded advisory signage outlining protocols to be adhered to before entering the room and upon leaving the room, this signage was on the wall rather than on the door of the room and therefore was easily missed. This was brought to

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

the attention of the management in order to review placement of signage.

Burren ward:

- While some advisory signage was laminated to ensure effective cleaning, not all signage was covered with an impermeable material.
- In the drugs room, three boxes of intravenous fluids were stored on the floor, impeding effective cleaning.

Waste segregation

There was evidence of good practice which included the following:

- There were two separate rooms for temporary storage of clinical/hazardous waste and domestic and recycling waste.
- Clinical waste was tagged and labelled at source to ensure traceability. Clinical waste bags were filled no greater than two-thirds in line with best practice.

Linen

There was evidence of good practice which included the following:

- Clean linen was segregated appropriately in a clean designated room.
- Unclean linen was also segregated appropriately with colour-coded linen bags and alginate bags for soiled or infected linen.

Cleaning equipment

There was evidence of good practice which included the following:

- Authorised persons spoke with cleaning staff and they were very knowledgeable regarding environmental hygiene as well as standard precautions to be undertaken.
- Records were demonstrated for weekly cleaning of equipment such as wheelchairs, clinical and non-clinical waste bins.

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:

Fergus ward:

- The hand hygiene signage and waste segregation advisory signage was detached from the wall in the cleaners' room.

Conclusion

Overall, the physical environment was effectively managed and maintained to protect service-user dignity and privacy and to reduce the risk of the spread 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 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.

Hand hygiene

There was evidence of good practice which included the following:

- The Hospital demonstrated that hand hygiene practices were monitored through internal audits and national hand hygiene compliance audits.
- Hand hygiene training and monitoring was reported to be provided by the Infection Control Nurse. It was reported that a database was maintained which recorded names of staff on completion of training which was communicated to ward managers. Hand hygiene training records were demonstrated in each area assessed and ward managers were notified when staff were overdue this mandatory training.

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:

- While hand hygiene gel dispensers were available in each patient bedroom, there were very few such dispensers along corridors. This was identified during the monitoring assessment and staff were advised to undertake a risk analysis.
- While there was a compliant hand-wash sink in the clean utility room, hand hygiene gel was not in place.

Observation of hand hygiene opportunities

The Authority observed 14 hand hygiene opportunities throughout the monitoring assessment, comprising:

- five before touching a patient
- three after touching a patient
- six after touching the patient's surroundings.

Ten of 14 hand hygiene opportunities were taken. Those 10 were observed to comply with best practice hand hygiene technique. It was difficult to assess hand hygiene practices as all patient bedrooms were single rooms. As such, hand hygiene performed in patient bedrooms could not be observed by Authorised Persons as this could compromise patient privacy and dignity.

Conclusion

While hand hygiene training is mandatory and regular hand hygiene audits are undertaken in the hospital, some opportunities for hand hygiene were missed. All opportunities taken were in line with best practice.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HAIs) 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, both areas assessed in Ennis Hospital were very clean with very few exceptions.

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

Ennis 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.

The unannounced monitoring assessment at Ennis Hospital on 4 September 2013 was a snapshot of the hygiene levels in some areas of the Hospital at a point in time. The Authority will undertake a follow-up assessment against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

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.hiqa.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.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associ>.

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