



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at Mercy University Hospital, Cork**

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

Date of unannounced on-site monitoring assessment: 20 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 Mercy 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, Ide Batan and Emily McLoughlin carried out the unannounced assessment at Mercy University Hospital on 20 November 2012 between 10:15hrs and 13:30hrs. The Authority commenced the monitoring assessment in the Emergency Department (ED) and followed the patient's journey to the wards. The Authorised Persons from HIQA concluded the assessment in the OPD.

The areas assessed were:

- St. Anne's Ward
- St. Patrick's Ward

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

## 2. Mercy University Hospital profile<sup>†</sup>

The Mercy University Hospital is a 319-bed acute general teaching hospital providing inpatient, day patient, outpatient services, emergency department and urgent care centre secondary and tertiary services in a wide range of specialties. It is the second largest hospital in Cork, playing an important role in the delivery of acute hospital care in Cork and in the Health Service Executive Southern Region.

Located in the busy centre of Cork City since 1857, Mercy University Hospital employs approximately 950 staff. In 2012 approximately 10,300 inpatients, 21,000 day patients, 42,000 outpatients and 39,000 emergency and urgent care patients were expected to have been treated. The number of patients treated by the Mercy University Hospital has risen substantially in the last decade and will continue to do so as new facilities are brought on stream.

The Hospital will shortly become the Regional Centre for Gastroenterology and a recognised site for the National Colon Cancer Screening Service.

## 3. Findings

The findings of the unannounced monitoring assessment at Mercy University Hospital Cork on 20 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 in the areas assessed at Mercy University Hospital, Cork.

### 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.

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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.

## **Environment and equipment**

- The Authority observed that the general environment including the main entrance, the stairwells, Hospital corridors were clean.
- The Authorised Persons from the Authority observed light dust on floors including edges and corners in the areas assessed. There was sticky residue present on the bathroom floor in St. Anne's Ward.
- In St. Patrick's Ward, which is situated in the new wing of the Hospital, black residue was observed between the shower tray and wall in a patient shower area. An unidentified specimen bottle which contained pink coloured fluid was also observed in this area. Black residue was observed in toilet bowls of two toilets.
- In both clinical areas assessed paintwork was flaking on some walls. The cover on a radiator was observed to be dusty and light dust was observed on the curtain rails in St. Patrick's Ward.
- Cleaning schedules were observed in both clinical areas. However completion of cleaning tasks was not consistently recorded on the cleaning schedule in St. Anne's Ward.
- The Authority observed appropriate laminated infection control signage at assigned patient isolation rooms. However, in a clinical area the external door to an occupied isolation room was not closed in line with best practice infection control procedures. HIQA brought this to the attention of Hospital staff during the assessment.
- 'Dirty' utility rooms\* in both areas assessed were generally observed to be clean, with separate hand-washing sinks available. However, in St. Patrick's Ward some fittings were not well maintained in this area. The Authorised Person observed that doors were not secure on cupboards, and walls were stained and chipped.
- Although cleaning records were maintained, medical equipment in both areas assessed was observed not to be free of dust, rust, dirt and debris.
- Chairs and cushions were covered with a material that could be cleaned. However, two chairs in use in the reception area in St. Anne's Ward were torn.

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

- In St. Anne's Ward, two televisions, a baby buggy, baby seats and sensory trolley were stored on a corridor which was used as a thoroughfare to the patients' shower, toilet and playroom facilities. Medical equipment such as thermometers and blood pressure cuffs were stored on the windowsill outside the clean utility area.
- In St. Anne's Ward, the door to the 'clean' utility area did not close properly. This posed a risk to service users and visitors as it was accessible.

### **Waste segregation**

- The HSE waste management policy was in evidence in clinical areas assessed. Authorised Persons from HIQA found staff that they met during the monitoring assessment were informed regarding safe segregation of healthcare waste.
- Foot operated non-clinical waste disposal bins were available. However, the Authority observed that the foot pedal on two of these bins were not functioning and one bin was overflowing. Clinical sharps bins were available and in use. The Authority observed an open sharps bin in St. Patrick's Ward, which posed a risk of injury to staff. A staff member mitigated the risk by closing the sharps bin.
- 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. Only in St. Patrick's Ward was there a dedicated room available for the short-term storage of waste. St Anne's ward did not have such a facility.
- In St. Anne's ward the collection point for clinical waste was in the 'dirty' utility room. This room was not secure, and was therefore accessible to the public.
- Clinical waste posters identifying waste segregation were observed in the 'dirty' utility areas in both clinical areas assessed.

### **Linen**

- Best practice was observed by the HIQA regarding the segregation of linen with colour coded linen trolleys.
- Linen storage rooms in the areas assessed were observed to be clean and tidy.
- It was reported that curtains were changed on a weekly basis in St. Anne's Ward as standard and also following management of an infectious patient. However, documented records observed by the Authorised Persons from HIQA did not concur with this.



### Cleaning equipment

- Cleaning equipment in the areas assessed was clean and a colour coding system was in place. Signage was displayed to inform the use of products for cleaning and disinfection.
- Cleaning products were not stored in a locked cupboard in line with best practice. In St. Patrick's Ward the Authorised Person observed cleaning solutions on an unattended trolley in a patient area, in an unlocked store room and in the 'dirty' utility area. In St. Anne's Ward, cleaning products were stored on open shelves in an unlocked room accessible to the public.

### Water outlet flushing

- The Authority was informed that a documented weekly water outlet flushing programme was in place and undertaken by housekeeping staff. In St. Anne's Ward, records demonstrated this. However, records in St. Patrick's Ward did not demonstrate weekly flushing of outlets.

### Conclusion

The Authority observed that the main entrance, stairwells, and Hospital corridors were visibly clean. There were opportunities for improvement for the cleanliness of the environment and equipment identified in St. Anne's Ward and St. Patrick's Ward.

In a clinical area the management of an infectious patient was not in line with best practice, where the external door to an occupied isolation room was not closed. The documentation in relation to water outlet flushing was not managed in accordance with national guidelines for *Legionella* infection prevention and control management.

The Authority judged the overall findings to be as a moderate risk to patients.

## 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 gel was widely available for use. Laminated posters to demonstrate best practice hand hygiene technique were widely displayed throughout the Hospital. Patient and visitor information leaflets in relation to hand hygiene were observed on St. Patrick's Ward.
- Authorised Persons from HIQA found staff they met in the areas assessed to be knowledgeable regarding hand hygiene best practice.
- The Hospital reported that hand hygiene training was mandatory and training records were demonstrated. Monitoring of hand hygiene practices was demonstrated by internal monthly audits and the national hand hygiene compliance audits.

## **Observation of hand hygiene opportunities**

The Authority observed 15 hand hygiene opportunities during the monitoring assessment. Hand hygiene opportunities comprised:

- five before touching a patient
  - eight after touching a patient
  - two after touching patients' surroundings.
- The Authority observed that 14 out of 15 hand hygiene opportunities were taken. Of those, only seven were observed to comply with best practice hand hygiene technique. Non-compliance consisted of not following best practice technique for hand washing or not using a hands-free method to turn off taps.

## **Conclusion**

The Authority's observations suggested that a culture of compliance with hand hygiene was not embedded at all levels. The Authority judged this to be a risk to patients of acquiring HCAs.

#### 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.

The Authority found the general environment, including the main entrance, stairwells, Hospital corridors, and ED to be visibly clean. There were opportunities for improvement for the cleanliness of the environment and equipment identified in St. Anne's Ward and St. Patrick's Ward.

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 Authority found that there was a high profile given to the importance of hand hygiene practice at Mercy University Hospital Cork. However, the observations suggested that a culture of hand hygiene practice was not embedded at all levels. The Authority was concerned that the level of compliance of hand hygiene with best practice at Mercy University Hospital, Cork, poses a risk to patients.

The Authorised Persons from the Authority found that hand hygiene opportunities were taken in the areas assessed. However, hand-washing techniques used did not always comply with best practice. 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.

Mercy 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 NSPCHCAI 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.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 which is available at <http://www.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>.



Published by the Health Information and Quality Authority.

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