



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Mid Western Regional Maternity Hospital Limerick, part of the Mid Western Regional Hospital Group

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

Date of unannounced on-site monitoring assessment: 7 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 Mid Western Regional Maternity 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 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, Breeda Desmond, Ide Batan and Emily McLoughlin carried out the unannounced assessment at Mid Western Regional Maternity Hospital on 7 November 2012 between 11:00hrs and 15:30hrs.

The areas assessed were:

- Maternity 1
- Maternity 2.

The Authority would like to acknowledge the cooperation of staff at the Mid Western Regional Maternity Hospital with this unannounced monitoring assessment.

2. Mid Western Regional Maternity profile[†]

The Mid Western Regional Maternity Hospital, Limerick is a stand-alone Maternity Hospital and is the sole provider of obstetric/midwifery and neonatology services in the Midwest region. The Hospital serves the counties of Limerick, Clare and Tipperary North Riding, catering for a population of approximately 360,000 people.

The Hospital, which opened in 1960, has 83 obstetric beds and 19 neonatal cots, and is a tertiary referral unit. There are seven birthing rooms, two operating theatres, a 24-hour admission room, two post-natal wards and one antenatal ward. In addition there are outpatient facilities including antenatal clinics, outreach antenatal clinics, ultrasonography services, physiotherapy services, parent education classes and a colposcopy service. A post-natal community midwifery service facilitates early discharge and selective visiting up to eight days post-discharge within a confined catchment area.

In 2011, there were 5,135 live births, 6,293 obstetric admissions and 983 admissions to the neonatal unit. In addition, there were 3,559 new 14,816 review outpatient attendances respectively in 2011.

The Hospital is a clinical placement site for midwifery and medical training and is affiliated to the University of Limerick.

3. Findings

The findings of the unannounced monitoring assessment at Mid Western Regional Maternity Hospital Limerick on 7 November 2012 are set out in this section.

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 Mid Western Regional Maternity Hospital.

The Authorised Persons from the Authority observed unlocked and accessible clinical waste bins under the stairwell which was used as a thoroughfare for patients attending outpatient clinics. This was judged to be an immediate risk and was brought to the attention of the Hospital who initiated a process to mitigate the risk immediately.

[†] 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 general environment, including the main entrance, the stairwells and hospital corridors was observed to be clean.
- The Authority observed that ward areas were generally tidy, clean, free of dust, dirt and debris.
- Light to moderate dust was observed on medical equipment such as cardiac monitors and a resuscitation trolley. In Maternity 2 ward, electric fans were observed to be very dusty. A number of dressing trolleys were stained and had rusty wheels.
- In the OPD there was a high level of dust visible on low surfaces. Two chairs were observed to have torn vinyl covering.
- In both patient areas assessed some lockers were observed to have exposed surfaces such as timber/chipboard.
- Appropriate laminated signage was visible in all areas. Protective personal equipment was readily available in the clinical areas.
- Work station equipment including telephones and keyboards were observed to be clean and free of dust in clinical areas.

- 'Dirty' utility* areas in both wards were observed to be tidy and in general well maintained. However, floors, including edges and corners, were not free of dust and grit in the areas assessed.
- The hospital demonstrated a programme of hygiene audits carried out on a regular basis.

Waste segregation

- A waste management policy was demonstrated by the hospital. However, the review date had expired since September 2012. Authorised Persons spoke with staff who demonstrated their knowledge regarding appropriate waste management.
- Clinical waste posters identifying waste segregation were prominently displayed.
- Foot operated clinical and non-clinical bins were available in the areas assessed. Clinical sharps bins were available.
- The Authorised Persons observed clinical waste bins unlocked under the stairwell which was used as a thoroughfare for patients attending outpatient clinics. This was judged to be an immediate risk to patients. The risk was brought to the attention of the Hospital Manager, during the monitoring assessment, who initiated a process to mitigate the risk immediately.

Linen

- Authorised Persons observed best practice regarding appropriate segregation in colour coded linen trolleys in both clinical areas.
- Clean linen was stored in a separate designated area which was observed to be clean and tidy.
- Curtain changing records were demonstrated in both clinical areas. It was reported that curtains were changed on a three-monthly basis, or following management of an infectious patient.

Cleaning equipment

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

- Cleaning equipment in the areas assessed was clean and a colour coding system was demonstrated. Appropriate signage was available for the use of products and disinfection.
- The Authorised Persons observed an accessible stocked cleaning trolley with chemicals and dirty water in both buckets on a corridor leading to the OPD. The Authorised Persons brought this to the attention of the Hospital Manager at the closing of the monitoring assessment.

Water outlet flushing

- The Authorised Persons were informed that water outlet flushing was managed at area level and records of outlet flushing were demonstrated in the clinical areas assessed.

Conclusion

The Authorised Persons observed that the general environment including the main entrance, the stairwells, and hospital corridors to be visibly clean.

However, there were opportunities identified for improvement in both clinical areas as outlined in the main body of the report.

The Authorised Persons found that while healthcare risk waste was managed effectively at ward level, healthcare risk waste was not managed centrally in line with HSE national guidance which poses a moderate risk to service users.

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 some patient areas assessed did not comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005).
- Hand-washing facilities were clean and intact. However, not all taps were hands free or thermostatically regulated.

- Alcohol-based hand gel was widely available for use.
- Laminated posters which demonstrated appropriate hand hygiene techniques were widely displayed throughout the hospital.
- Staff who spoke with Authorised Persons from HIQA were informed regarding hand hygiene practices.
- The hospital demonstrated that hand hygiene practices were monitored through internal audits.

Observation of hand hygiene opportunities

- The Authority observed 20 hand hygiene opportunities during the monitoring assessment. Of those 20 hand hygiene opportunities, 13 were taken.
- Hand hygiene opportunities taken comprised:
 - six after touching a patient
 - six before touching a patient
 - one after touching a patient's surroundings.
- Of the 13 hand hygiene opportunities that were taken, only five were observed to comply with best practice hand hygiene techniques. Non-compliance related to not following best practice for hand washing or use of alcohol gel.

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 main entrance, stairs, stairwells, both clinical areas assessed and the areas immediately external to the wards were observed to be clean. However, there were opportunities for improvement identified in both clinical areas and the OPD.

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

The Authority found that the hand hygiene observations suggested that a culture of hand hygiene practices was not embedded at all levels at Mid Western Regional Maternity Hospital. HIQA was concerned that the level of compliance with hand hygiene practices in Mid Western Regional Maternity poses a risk to patients. The Authority observed 20 hand hygiene opportunities during the monitoring assessment. However, only 13 opportunities were taken and of those, only five were observed to comply with best practice hand hygiene techniques. 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.

Mid Western Regional Maternity 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 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 NSPCHCAI and is making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at the Mid Western Regional Maternity Hospital on 7 November 2012 was a snapshot of the hygiene levels in some areas of the hospital at a point in time. Based on the findings of this assessment the Authority will, within the next six months, undertake an announced 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-associat>.

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