



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at Midlands Regional Hospital, Mullingar, Co Westmeath**

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

Date of unannounced on-site monitoring assessment: 14 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 Midlands Regional Hospital, Mullingar'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, Naomi Combe, Breeda Desmond, Catherine Connolly Gargan and Anne O'Connell, carried out the unannounced assessment at the Midlands Regional Hospital, Mullingar on 14 November 2012 between 10:15hrs and 14:45hrs.

The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED) and the Outpatient Department (OPD).

The areas subsequently assessed were:

- Surgical 1
- Surgical 2
- Medical 2.

The Authority would like to acknowledge the cooperation of staff at the Midlands Regional Hospital, Mullingar with this unannounced monitoring assessment.

## **2. Midlands Regional Hospital, Mullingar, profile<sup>†</sup>**

The Midland Regional Hospital, Mullingar is part of the Dublin/Midlands Hospital Group. The aim of the Hospital is to deliver a quality-driven, people-centred service to the population of Dublin/Midlands and in particular the Longford/Westmeath area.

In 2012, the Budget for the Hospital was €57.132 million. The Hospital has 204 beds (186 inpatient, 12-day beds and a six-bedded Medical Assessment Unit). The Hospital provides a range of services, on a 24-hour basis.

Services provided are:

- emergency medicine
- radiology
- general medicine including endoscopy, gerontology, respiratory medicine, endocrinology and cardiology
- general surgery
- obstetrics and gynaecology
- paediatrics
- pathology
- dermatology
- outpatient services including ophthalmology.

The Hospital also provides radiological and pathology services as well as physiotherapy, occupational therapy, speech and language therapy, cardiac diagnostic and rehabilitation services, pulmonary function laboratory and respiratory services. The Hospital is the dedicated stroke centre for the Midlands area.

In 2011, the Hospital had 19,360 inpatient discharges with an average length of stay of 3.43 days and dealt with 7,403 day case procedures. There were 2,782 deliveries recorded and 31,339 ED attendances.

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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. Findings

The findings of the unannounced monitoring assessment at the Midlands Regional Hospital, Mullingar on 14 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 Midlands Regional Hospital, Mullingar, in the areas assessed.

#### 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 Authority observed that the general environment including the main entrance, the stairwells and the Hospital corridors, ED, OPD and X-ray Department were clean and free from visible dirt and clutter.
- The Authorised Persons from HIQA observed appropriate laminated infection control signage at assigned patient isolation rooms. Personal protective equipment was available in clinical areas assessed.
- Work station equipment including telephones and keyboards were observed to be clean and free from dust, dirt and debris in clinical areas assessed.
- 'Dirty' utility\* rooms were observed to be clean with separate clinical hand-wash facilities in areas assessed.

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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.

### **Waste segregation**

- The HSE waste management policy was demonstrated by management and in clinical areas assessed. Authorised Persons from the Authority met with staff in the clinical areas assessed and those staff demonstrated their knowledge regarding safe segregation of waste.
- Foot operated non-clinical waste disposal bins were available in the clinical areas assessed and clinical waste bins were available in 'dirty' utility rooms. Clinical sharps bins were available.
- In accordance with the Health Service Executive (HSE) national guidance for healthcare risk management, dedicated rooms with coded access were available for the short-term storage of waste in all areas assessed. Clinical waste posters identifying waste segregation were observed by the Authority.

### **Linen**

- Best practice was observed by the Authorised Persons from the Authority regarding the segregation of linen with colour coded linen trolleys and alginate bags in 'dirty' utility rooms.
- Linen storage rooms, in the areas assessed, were observed to be clean and tidy. However, there were inappropriate items stored in linen rooms in Surgical 2 and Medical 2 wards, for example, three walking sticks and an electric fan.
- Curtain changing schedules and records were examined by the Authority in each area assessed. The records demonstrate that curtains are changed three-monthly and when necessary, for example, after discharge of a patient from isolation.

### **Cleaning equipment**

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

### **Water outlet flushing**

- HIQA was informed by staff that a water flushing schedule was undertaken by cleaning staff and records of outlet flushing were demonstrated.



## Conclusion

In conclusion, the Authority found that the high level of cleanliness observed would suggest that the physical environment and equipment was effectively managed and maintained to protect patients and reduce the risk of 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

- Clinical hand-wash sinks were available in the areas assessed and 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 hand hygiene technique were displayed throughout the hospital.
- It was reported that hand hygiene training was provided by the Infection Control Nurse. Authorised Persons from HIQA viewed documentation maintained on each ward regarding records of mandatory training for individual staff members including hand hygiene training.
- The Authority reviewed internal audits monitoring hand hygiene practices which demonstrated that these audits were undertaken on a monthly basis.

#### Observation and hand hygiene opportunities

- The Authority observed 21 hand hygiene opportunities during the monitoring assessment. These hand hygiene opportunities comprised:
  - seven before touching a patient
  - seven after touching a patient
  - one after touching the patient's surroundings
  - one before clean/aseptic technique
  - five after touching the patient's surroundings.

However, the Authority observed that only 13 of the 21 hand hygiene opportunities were taken. Of those, eight were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice 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 in relation to hand hygiene practice in the Midlands Regional Hospital, Mullingar, 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 Authority found that the high level of cleanliness observed would suggest that the physical environment and equipment was effectively managed and maintained to protect patients and reduce the risk of 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.

The Authority found that a culture of hand hygiene practice was not embedded at all levels in the Midlands Regional Hospital, Mullingar. HIQA was concerned that the level of compliance with hand hygiene practices poses a risk to patients. The Authorised Persons from the Authority observed 21 hand hygiene opportunities during the monitoring assessment. However, only 13 of the 21 hand hygiene opportunities were taken. Of those, eight 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.

The Midlands Regional Hospital, Mullingar 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* particularly in relation to hand hygiene. 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 website of the HSE 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 (HCAs) 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 HCAs 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-associ>.



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