



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at UL Hospitals, Ennis Hospital, Co Clare

Monitoring programme for unannounced inspections undertaken
against the National Standards for the Prevention and Control of
Healthcare Associated Infections

Date of on-site inspection: 7 August 2014

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, 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.
- **Supporting Improvement** – Supporting services to implement standards by providing education in quality improvement tools and methodologies.
- **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

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*² – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. 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's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

This report sets out the findings of the unannounced inspection by the Authority of Ennis Hospital's compliance with the Infection Prevention and Control Standards.¹ It was undertaken by Authorised Person from the Authority, Kay Sugrue, on 7 August 2014 between 10:40hrs and 14:30hrs.

The area assessed was:

- The Endoscopy Unit

The Authority would like to acknowledge the cooperation of staff with this unannounced inspection.

2. Profile

Ennis Hospital was officially opened on the 4 October 1940, and is part of the UL Hospitals Group serving the County of Clare in addition to many patients from other parts of the Mid West attending there for ambulatory services. Under the Acute Medicine Programme, Ennis' Local Emergency Centre (12 hr A&E) has evolved into an Urgent Care Centre comprising a Local Injuries Unit and a Medical Assessment Unit since 8th 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 the increase in day surgery and outpatient services.

Site Governance on a day to day basis is provided by the operational Director of Nursing supported by the Site Administrator who both work with the individual directorates within UL Hospitals to ensure achievement of the UL Group objectives.

Bed Complement

A new 50 bed unit was opened in April, 2013 and in this unit all patient rooms are single en suite bedrooms and it is the latest in a series of developments.

As well as 50 in-patient beds there are also 12 Day Beds, 7 Endoscopy Beds, 8 MAU Trolleys and 6 LIU Trolleys.

Services Currently Provided at Ennis Hospital include:

- In-patient 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

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at Ennis Hospital on 7 August 2014. The clinical area which was inspected was the Endoscopy Unit.

The Endoscopy Unit has six trolleys, four of which are in the recovery bay and one in each of the two endoscopy procedure rooms. Patients requiring isolation are admitted toward the end of a list to reduce the risk of transmission of infections.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliance with the Standards which include environment and facilities management at Ennis General Hospital. In addition, a detailed description of the findings of the unannounced inspection undertaken by the Authority is shown in Appendix 1.
- **Section 3.2** presents the findings relating to hand hygiene at Ennis General Hospital under the headings of the five key elements of a multimodal hand hygiene improvement strategy.
- **Section 4** provides an overall summary of findings

3.1 Key findings relating to non-compliance with Standard 3

The Authority found evidence during the inspection of both compliance and non-compliance with Standards 3, and 6 of the Infection Prevention and Control Standards.¹ An overview of the most significant non-compliances relating to these Standards is discussed below. Please see Appendix 1 for further details of findings.

Environment and Facilities Management

The Authority found that the Endoscopy Unit was generally clean which included patient areas and patient equipment. The 'clean room' where the processed scopes are stored was the only exception. Unacceptable levels of dust was present along floor edges, above the drying cabinet and other high surfaces, on ceiling vents and on the edges of a trolley used to store processed scopes prior to use. The Authority was informed that this issue has been highlighted previously through internal environmental audit. Whilst there were completed cleaning records available to view for other areas in the Endoscopy Unit, there was no cleaning record for the 'clean room' at the time of the inspection.

The Authority viewed daily and weekly checklists relating to the equipment used to decontaminate and store the scopes after use. The weekly checklists were not

completed in a regular consistent way. For example, inconsistencies were observed in the water sampling which should be completed on a weekly basis in accordance with the hospital's own policy. The records also demonstrate that protein residue tests and automated control tests were not completed in line with hospital policy. The deficits noted indicate that the maintenance and monitoring of the equipment in the 'clean room' requires improvement to provide assurance that the equipment is maintained in accordance with the manufacturers recommendations, is functioning effectively and complies with hospital policy.

There were also an insufficient number of hard lids available. The hard lids are required for movement of rigid containers containing scopes outside the unit.

Hand Hygiene

The Authority observed inappropriate use of personal protective equipment such as gloves and aprons, during observation of hand hygiene practice when there was no indication for use. For example, staff wore gloves and aprons while performing patient observations, and gloves were worn when delivering food on a tray to patients and pushing patient trolleys.

Communicable/Transmissible Disease Control

A risk assessment for the prevention and control of *Legionella* has not been carried out at Ennis General Hospital since 2011 which is not in line with National Guidelines for the Control of Legionellosis in Ireland, 2009.³ Documentation viewed by the Authority shows that the hospital has identified that a risk assessment is required and has plans to complete one in 2014.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.⁴ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.2.1 System change⁴: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice 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 Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
- the number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

3.2.2 Training/education⁴: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.*

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

Hospital training

- Staff in Ennis General Hospital are required to attend hand hygiene training every two years. The Authority viewed documentation showing that 80% of staff attended hand hygiene training between January 2013 and 22 July 2014. The records viewed demonstrate that each staff group has a good compliance with attendance with hand hygiene training.

Local area training

- The Authority was informed that 90% of staff in the Endoscopy Unit have attended hand hygiene training.

3.2.3 Evaluation and feedback⁴: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

- Ennis Hospital is a member of the University of Limerick Hospitals Group (UL Hospitals). There are six hospitals in this group which include the three Mid Western Regional Hospitals in Limerick, Ennis and Nenagh. The UL Hospitals Group commenced reporting data as a group in the national hand hygiene audits

in October 2013. The national hand hygiene audits are published twice a year.^{5 5} Since October 2013, Ennis Hospital submits its hand hygiene data as part of the UL Hospitals Group. The results below taken from publically available data from the Health Protection Surveillance Centre’s website demonstrate a general increase in compliance for Ennis Hospital up to May/June 2013. The compliance for Ennis Hospital for May/June 2013 and the UL Hospitals Group for October 2013 was below the Health Service Executive’s (HSE’s) national target of 90%.⁶

Period 1-6	Result
Period 1 June 2011(Ennis Hospital)	72.7%
Period 2 October 2011 (Ennis Hospital)	88.5%
Period 3 June/July 2012 (Ennis Hospital)	89.9%
Period 4 October 2012 (Ennis Hospital)	93.8%
Period 5 May/June 2013 (Ennis Hospital)	87.6%
Period 6 October 2013 (UL Hospitals average of data received from three Directorates)	87.8%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁵

- The Authority viewed documentation showing that Ennis Hospital’s Surgical Day Ward achieved 96.7% compliance in audits carried out in June 2014 as part of the national hand hygiene audits for Period 7. The overall compliance for Period 7 for the Peri-Operative Directorate of the UL Hospitals was 87.6% which is a decrease from October 2013 and is below the HSE’s national target of 90%. However, it was noted that four out of the seven clinical areas which were included in these results achieved $\geq 90\%$ compliance. It was also noted that three out of the four staff groups included in the audit achieved compliances between 90% and 100%.

Hospital hand hygiene audit results

- The Authority was informed that hand hygiene audits are completed in Ennis Hospital if an area is randomly selected for inclusion in the national hand hygiene audits. Evidence of regular internal hand hygiene audits were not available for viewing at the time of the inspection, however hand hygiene practice is observed as part of the environmental audits. There are six lead auditors in the Group and it is planned to introduce regular internal hand hygiene audits from September 2014.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO⁷ and the HSE.⁸ In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique^γ and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

- The Authority observed nine hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - six after touching patient surroundings
 - three after body fluid exposure risk
- Seven of the nine hand hygiene opportunities were taken. The two opportunities which were not taken comprised of the following:
 - one after touching patient surroundings
 - one after body fluid exposure risk
- Of the nine opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for eight opportunities. Of these, the correct technique was observed in seven hand hygiene actions.

In addition the Authorised Persons observed:

- Seven hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.

^γ The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Inappropriate use of personal protective equipment was observed when there was no indication for use. For example, staff were observed pushing trolleys with gloves on, taking patient observations wearing gloves and an apron and delivering tea and toast to a patient while wearing gloves.

3.2.4 Reminders in the workplace⁴: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

- Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in the areas inspected at Ennis Hospital.

3.2.5 Institutional safety climate⁴: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

The Surgical Day Ward at Ennis Hospital achieved 96.7% compliance as one of the seven randomly selected areas audited during the national hand hygiene audits in June 2014. The overall compliance achieved by the University Limerick Hospitals Peri-Operative Directorate, for Period 7(June 2014) was 87.6% which is below the HSE's national target.⁶ The lack of regular internal hand hygiene audits and the participation of only the randomly selected areas in the national hand hygiene audits would indicate that there is an opportunity for improvement in the overall monitoring of hand hygiene compliance within Ennis Hospital. The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching the national target of 90%⁶ hand hygiene in both the national⁵ and local audits.

4. Summary

The risk of the spread of Healthcare Associated Infections 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, the Endoscopy unit was clean and well maintained with the exception of the 'clean room' which requires improvement in the management of environmental hygiene and the weekly checklists to ensure compliance with the Hospital's own policies.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections 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 an opportunity for improvement in the overall monitoring of hand hygiene compliance in Ennis Hospital. Internal regular hand hygiene audits were not evidenced at the time of the inspection. In addition, inappropriate use of personal protective equipment by staff was observed when there was no indication for use. The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching the national target of 90%⁶ hand hygiene in both the national⁵ and local audits.

A risk assessment for the prevention and control of *Legionella* has not been carried out at Ennis Hospital since 2011. This matter needs to be addressed so that the hospital can be assured that the risks relating to the prevention and control of Legionellosis are fully mitigated.

Ennis Hospital must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control Standards. 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 and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of Ennis Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key

performance indicators. Such an approach intends to assure the public that the Hospital is implementing and meeting the Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[‡]

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009. Available online from: <http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections>
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[‡] All online references were accessed at the time of preparing this report.

6. Appendix 1 - Detailed description of findings from the unannounced inspection at Ennis General Hospital on 10 July 2014

In this section, non-compliances with Criterion 3.6 of Standard 3 and Criterion 7.6 of Standard 7 of the Infection Prevention and Control Standards¹ which were observed during the inspection are listed below.

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.

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 Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

Endoscopy Unit

The Endoscopy Unit was generally clean with few exceptions as listed below.

General cleanliness and maintenance

- Moderate to heavy dust levels were observed along floor corners and edges, a ceiling vent, on high and low surfaces, on the outside of a trolley used to store decontaminated endoscopes and a trolley used for storing personal protective equipment.
- Cleaning records for the drying cabinets used to store processed endoscopes indicate that they were not cleaned on a weekly basis in accordance with local policy.
- Weekly checklists were not completed in line with hospital policy. For example, water sampling, protein tests and automated control tests were not completed on a weekly basis.
- There was a shortage of hard lids required for movement of rigid containers which are used to transport endoscopes outside the unit.

- Cleaning records for the 'clean room' were not available for viewing at the time of the inspection but were available and completed for other areas in the Endoscopy Unit.
- The floor of a public toilet viewed at the beginning of the inspection was unclean. However the hospital demonstrated a prompt response to address this issue once it was raised by the Authority.

Communicable/Transmissible Disease Control

Standard 7. Communicable/Transmissible Disease Control

The spread of communicable/transmissible diseases is prevented, managed and controlled.

Criterion 7.6. Evidence-based best practice, including national guidelines, for the prevention, control and management of infectious diseases/organisms are implemented and audited. These include but are not limited to

- *The National Guidelines for the control of Legionellosis in Ireland, 2009.*

- A risk assessment for the prevention and control of *Legionella* has not been carried out at Ennis Hospital since 2011 which is not in line with National Guidelines for the Control of Legionellosis in Ireland, 2009.³ However, the Authority was informed that the Hospital had identified this issue and plan to carry out a Legionella risk assessment in quarter four 2014.

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