



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at the Mater Misericordiae University Hospital, Dublin

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

Date of on-site inspection: 20 February 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's 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 is 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 – and will include scope for re-inspection within six weeks should any high infection prevention and control risks be identified 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 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 the Mater Misericordiae University Hospital's compliance with criteria relating to the standards inspected against the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Naomi Combe, Alice Doherty and Katrina Sugrue, on 20 February 2014 between 09:10hrs and 13:45hrs.

The areas assessed were:

- St John's Ward (Renal and Respiratory)
- St Vincent's Ward (Oncology and Haematology).

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

2. The Mater Misericordiae University Hospital Profile[†]

The Mater Misericordiae University Hospital is the main charitable and voluntary general hospital serving Dublin's north inner city. It is a university teaching hospital providing acute and tertiary specialist services. The population of its local catchment area is approximately 185,000. The hospital was established in 1861 under the auspices of Sr Catherine McAuley and the Sisters of Mercy. At full capacity it has approximately 600 beds including day beds. Approximately 18,000 patients are admitted annually, including 12,000 emergencies. Approximately 49,000 patients annually attend for day cases and 50,000 attend the Emergency Department each year. Outpatient attendances exceed 215,000 per annum. The Mater is a designated cancer care centre and is the national centre for:

- cardiac thoracic surgery
- heart and lung transplantation
- extra corporeal life support (ECLS)
- spinal injuries
- pulmonary hypertension
- National Isolation Unit
- bone anchored hearing aid
- Adult Congenital Heart Disease (ACHD) Service.

Other specialties include but are not limited to: cardiology, ophthalmology, haematology/oncology, nephrology, urology, infectious diseases, psychiatry, ear nose and throat, rheumatology, diabetes and endocrinology, neurology and stroke care, a multidisciplinary breast care centre, respiratory medicine, vascular surgery, interventional radiology, emergency and intensive care medicine, plastic surgery, general and colorectal surgery, orthopaedics, medicine for the elderly, pain and palliative care medicine.

In addition to medical and nursing training and its link with the postgraduate colleges and faculties it has significant teaching and research commitments in association with the largest university in Ireland, University College Dublin. The teaching and research commitments range from diagnostic radiology, oncology, cardiology and other clinical specialties to healthcare informatics.

[†] 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

On inspection at the Mater Misericordiae University Hospital on 20 February 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards. In the findings outlined below, observed non-compliances are grouped and described alongside the relevant corresponding Standard/ criterion.

3.1 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.

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.

St John's Ward

St John's Ward is one of the older wards in the hospital. It has multi-bedded wards as well as five single rooms. Two of the single rooms do not have en-suite facilities. At the time of the inspection, there were no patients isolated. Overall, St John's Ward was observed to be clean with some exceptions on the day of the inspection by the Authority

Environment and equipment

- Paintwork on radiators, ledges above beds, walls and equipment (such as a patient hoist) was chipped, hindering effective cleaning.
- Light dust was observed on some furniture in patient areas such as bedframes, ledges over beds and on shelving in the clean utility room. Patient equipment such as a cardiac monitor, an electrocardiogram (ECG) machine, a resuscitation trolley and a bath hoist, were also observed to have light levels of dust. A moderate layer of dust was visible on a patient hoist. Some sticky residue and splash marks were also visible on various surfaces in the patient areas assessed. Dust was also observed in the floor corners of the clean and 'dirty'[±] utility rooms.
- Rust-colour staining was visible on the wheels of trolleys and commodes hindering effective cleaning. Some wheel areas on equipment observed during the inspection such as patient beds, intravenous stands, dressing trolleys and commodes were visibly unclean.
- The following were observed as part of the inspection of the sanitary facilities:
 - Inappropriate storage of medical supplies was observed in a cupboard in the patients' bathroom. The inside and outside of cupboard doors were unclean. A sticky residue was observed on the shelves, while the frame of the cupboard had areas of rust, hindering effective cleaning. The Authority was informed that there is a lack of adequate storage space on the ward.
 - A bath hoist had two pieces of orange tape on the seat to cover damaged areas on the seat. The base and the wheels of the hoist were unclean. The Authority was informed that a new seat for the bath hoist had been ordered six months' previously but as yet it had not been replaced.
 - The seal between the bath and the wall in the patient bathroom was stained black. The side panel of the bath was observed to be unclean and part of the side panel was not fully attached. A sticky residue was visible on the side of the bath.
 - Part of the covering on a shelving unit in the patient bathroom was missing, hindering effective cleaning.
 - A paper towel dispenser was in place in the patient bathroom but extra towels were inappropriately stacked on the sink.

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

- Portions of plaster and paint were missing at the towel rail in the patient bathroom, hindering effective cleaning.
- A pink/brown coloured mould-like staining was visible in the shower tray and brown staining was observed between some tiles in the patients' en-suite area in room 7. The seal between the base of the shower and the floor covering was not completely sealed. Grit was visible on the floor.
- In the clean utility room:
 - The weighing scale had no plastic casing, hindering effective cleaning.
 - While the majority of signage was laminated, some paper-based signage was not laminated making it uncleanable.
- In the 'dirty' utility:
 - The door was unlocked at the time of the inspection, allowing unauthorised access to chemicals and cleaning agents which were stored on open shelving.
 - Rust-coloured staining was visible on the underside of commode frames, hindering effective cleaning.

Cleaning equipment

- The wall surfaces of the cleaning room were damaged with portions of plaster and paint missing, hindering effective cleaning.
- A mop-head holder on the ward corridor was visibly stained.

St Vincent's Ward

St Vincent's Ward is a new ward, opened in 2012. It consists of all single rooms, four of which are neutral pressurised rooms which have specific ventilation systems which can be used to isolate patients with airborne infections. There were three patients isolated at the time of the inspection. Overall, St Vincent's Ward was found to be generally clean on the day of the unannounced inspection by the Authority.

Environment and equipment

- The wheel area of a dressing trolley observed in the corridor was unclean.
- A light layer of dust was visible on two computer keyboards and on the shelving of a storage unit in the clean utility room.

- There was paint chipped on the base of an oxygen saturation monitor, hindering effective cleaning.
- The designated waste sub-collection area was unsecured at the time of the inspection. The area was cluttered and access to the waste storage units was obstructed by equipment stored in the area. The Authority was informed that on the day of the inspection, the hospital was in the process of transferring patients and equipment from the old part of the hospital campus to the newer portion. Authorised Persons were informed that this equipment was being stored only temporarily in this area as part of this process.
- Generic signage was displayed on isolation room doors. However, the signage did not indicate the type of precautions that needed to be taken by staff and visitors prior to entering the room of the patients who were isolated at the time of the inspection. The Authority viewed new signage due to be introduced shortly which contained the necessary precautionary details.

Summary of environmental findings from areas inspected

The Authority was informed that the hospital hygiene coordinator has overall responsibility for planning and implementing the programme of environmental hygiene audits. It was explained to the Authority that members of the executive team carry out regular cross functional environmental and hand hygiene audits and hand hygiene facilities are included in these audits. An action plan with a close-out time frame is developed and implemented following the walkabout and re-audits are undertaken if the area does not get an 'A' rating. The Authority was informed that a member of the infection control team will be part of the environmental hygiene audit team for 2014 and hand hygiene observation audits will be conducted as part of this programme. In addition, quality and safety walkabouts led by the chief executive officer (CEO) are conducted monthly, which include feedback on hygiene from patients directly to the CEO.

The hospital informed the Authority at the time of the inspection that it was in the process of transferring ward locations from the older part of the hospital to the new wing. Once this transfer has been completed, the Authority was informed that there are plans to renovate and refurbish some of the wards in older parts of the hospital.

St John's Ward

The Authority was informed that weekly/monthly environmental audits are completed by the ward manager on St John's ward and annual audits are carried out by the hospital's hygiene services coordinator. A recent environmental hygiene audit for January 2014 was viewed by the Authority and showed 94% compliance.

St Vincent's Ward

The healthcare assistant on St Vincent's ward was the responsible person for checking patient equipment has been cleaned on a daily basis. Daily cleaning records for St Vincent's ward were reviewed by the Authority and were not completed, as the designated person was unavailable for two of the days reviewed. The Authority was informed that another responsible person was not nominated for cleaning patient equipment when the healthcare assistant is not on duty or not available.

In conclusion, the Authority found that both areas inspected were generally clean with some improvements required to the sanitary facilities in St John's ward. St Vincent's ward was found to be clean overall. Patient equipment was clean with some exceptions in both areas assessed. It should be noted that St Vincent's Ward has been open for less than two years. It has therefore been designed to a higher specification than older units, and this design makes maintenance of a clean environment somewhat less challenging than on older wards. Nevertheless, many of the environmental hygiene issues identified on St John's Ward were independent of ward age or design.

3.2 Hand Hygiene

The Authority assessed performance in the promotion of hand hygiene best practice using both the Infection Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.³ Findings are therefore presented under each multimodal strategy component, with the relevant National Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.2.1 System change: *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.

Sufficient hand hygiene facilities were observed at the point of care. Some hand hygiene sinks were not compliant with Health Building Note (HBN) 00-10, Part C, 2013.⁴ However, one of the areas in the hospital's Quality Improvement Plan (QIP) for 2013 is a sink replacement programme which is to be developed by March 2014.⁵

3.2.2. Training/education: *providing regular training on the importance of hand hygiene, based on 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for hand rubbing and hand washing, 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.

The Authority was informed that there are plans to introduce hand hygiene training for all staff using the HSE LanD e-learning programme in 2014 along with real-time audits. (The Health Service Executive (HSE) provides educational programmes and learning tools online which are available for Irish healthcare staff to support them in their professional and personal development. One such available programme is on hand hygiene for clinical staff⁶).

On the day of the inspection, the information system at the Mater Misericordiae University Hospital could only allow for training records to be viewed individually. Therefore, this did not allow for a collective view of hand hygiene training compliance for hospital staff. As a result, the overall up-to-date attendance levels and compliance rate of staff member groups with hand hygiene training could not be easily determined from a local or corporate level during the inspection.

The majority of staff who were asked if they attended hand hygiene training on the day of the inspection stated that they had attended training. However, one member of the medical staff stated that he had not attended hand hygiene training for at least four years.

3.2.3 Evaluation and feedback: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among healthcare 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

The Mater Misericordiae participates in the national hand hygiene audits which are published twice a year.⁷ The results below are taken from publically available data from the Health Protection Surveillance Centre's website and demonstrate an increase in hand hygiene compliance in the first four periods of audit during 2011 and 2012. However, there was a significant decrease in hand hygiene compliance from period five (May 2013) to period six (October 2013). The overall average compliance from both audits for 2013 was 78.2%, which is below the HSE's national target of 90% compliance for 2013.⁸

Period 1	Result
June 2011	55.7%
October 2011	73.3%
June/July 2012	78.1%
October 2012	79%
May/June 2013	81.4%
October 2013	74.9%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁷

Corporate hand hygiene audits

Assurances were given to the Authority by a member of the Infection Prevention and Control Team (IPCT) that results of the national hand hygiene audit results are communicated at ward level to staff. Results are also disseminated to the executive team.

The national audit results for the hospital were disseminated via a PowerPoint presentation in December 2013 and the Authority was informed that all staff were invited to attend by the IPCT. The Authority viewed a hard copy of the December 2013 PowerPoint slides on the day of the inspection.

The Authority was informed that when compliance is less than 50% in hand hygiene audits on a particular ward, the IPCT work with the staff on the ward to improve hand hygiene compliance and carry out monthly audits until compliance improves. However, the Authority was informed that not all monthly audits have been completed recently due to a lack of resources. The hospital therefore should ensure that this deficit is addressed and compliances with hand hygiene best practice are assessed. Moreover, any associated risks identified should be mitigated against in a structured way.

Local area hand hygiene audits

The Authority was informed by both ward managers of the areas inspected that the previous hand hygiene audit was carried out in November 2013. However, the audit results were not reviewed by Authorised Persons on either of the wards on the day of the inspection. The results of hand hygiene audits are presented to ward managers at a meeting held by the IPCT. The results of hand hygiene audits are then relayed to staff on the ward.

Observation of hand hygiene opportunities

Authorised Persons observe 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 statistically not valid enough to draw conclusions on hand hygiene compliance of all groups of staff and across the hospital as a whole. Data 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 World Health Organization⁹ and the Health Service Executive.¹⁰ 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 used^Y and recognised barriers to good hand hygiene practice. Recognised barriers include the presence of a wrist watch, nail varnish, false nails, wearing more than one plain band ring and wearing sleeves covering the wrist area. 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 27 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised:

- eight before touching a patient
- one after body fluid exposure risk
- five after touching a patient
- 13 after touching patient surroundings.

Eighteen of the 27 hand hygiene opportunities were taken. The nine opportunities which were not taken comprised of:

- one before touching a patient
- one after touching a patient
- seven after touching patient surroundings.

Of the 18 opportunities which were taken, the hand hygiene technique was observed by the Authority (uninterrupted and unobstructed) in 14 of the 18 opportunities. Of these, the correct technique was observed in 6 out of 14 hand hygiene actions.

In addition the Authority observed healthcare workers with sleeves to the wrist and wearing a wrist watch, which act as barriers to good hand hygiene practice. A small number of medical staff wore a shoulder bag while attending to patients, which potentially presented a risk to patients of cross-infection. At the time of the inspection the hospital did not have a policy in place which addressed the issue of barriers and handbags observed in the clinical area during the inspection.

^Y The inspectors observe if all areas of the hands are washed or if alcohol hand-rub is applied to cover all areas of the hands.

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

The Authority observed sufficient reminders and prompts in the form of hand hygiene posters and appropriately placed alcohol-gel dispensers to undertake appropriate hand hygiene during the inspection of the Mater Misericordiae University Hospital.

3.2.5. Institutional safety climate: *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 Mater Misericordiae University Hospital achieved an average of 78.2% compliance in 2013 in the national hand hygiene audits, which is below the HSE national target of 90% for 2013. On the day of the inspection, the training information system at the Mater Misericordiae University Hospital could only allow for the training record to be viewed individually. Therefore this did not allow for a collective view of hand hygiene training compliance for hospital staff. As a result, the overall up-to-date attendance levels and compliance rate of staff member groups with hand hygiene training could not be easily be determined from a local or corporate level during the inspection. An assurance mechanism needs to be put in place to ensure that an improvement in hand hygiene compliance is achieved and feedback of audit results are communicated in a standardised way.

3.3 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 Prevention of Nosocomial Invasive Aspergillosis during Construction/Renovation Activities, National Disease Surveillance Centre, 2002.

Construction was evident on the corridor leading into St John's Ward on the day of the inspection. There is an increased risk to some patients of acquiring invasive aspergillosis while in hospital when construction or renovation activities are taking place.¹¹ Certain controls need to be put in place to prevent this from happening.

On the day of the inspection, the Authority observed that an environmental control measure in the form of a barrier was in place to reduce dust emission from the construction site. Assurances were given by a member of the IPCT that other recommended controls were also in place which included air sampling, increased cleaning and daily ward visits by a member of the IPCT. On the day of the inspection, staff on St John's Ward stated they had received no formal education or training on invasive aspergillosis and patient information leaflets were not available on the ward. They stated that there were no formal Aspergillus educational sessions carried out but staff were informed about Aspergillus at ward level by the IPCT.

In conclusion, communication and education are recognised as important infection control measures in preventing the occurrence of invasive aspergillosis during construction in a healthcare setting.¹⁰ Therefore the hospital should ensure that preventative measures include the education of relevant personnel and the provision of patient information leaflets on the control of invasive aspergillosis, in accordance with the national guidelines¹⁰ and best practice, alongside the other measures already instituted.

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.

On the day of the inspection of the Mater Misericordiae University Hospital, Authorised Persons were informed that patients were being transferred from wards in the old part of the hospital to the new part. The transfer of patients was observed by the Authority to be managed in a supervised efficient manner while ensuring patient safety. The Authority acknowledges that the transfer of patients placed additional demands on staff on the day of the inspection and wishes to thank staff for their cooperation.

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions in the areas inspected. The Authority found that improvements in maintenance and management of patient equipment and environment is required to facilitate effective cleaning and minimise any risk to people using services, staff and visitors of acquiring a Healthcare Associated Infection.

The prevention of healthcare associated invasive aspergillosis during construction/renovation activities in the Mater Misericordiae University Hospital at the time of the inspection raised concern for the Authority. While there were some controls in place to mitigate the risk of invasive aspergillosis, comprehensive education of all relevant personnel and the provision of patient information leaflets had not been implemented in line with the national guidelines.

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 improvements in hand hygiene are required, in particular regarding the availability of easily accessible hand hygiene training records, and in performance in national hand hygiene audits. On the basis of observation during this inspection, the Mater Misericordiae University Hospital needs to develop an assurance mechanism to ensure that at a minimum, hand hygiene compliance within the hospital meets the national targets⁷ and all staff attend mandatory hand hygiene training every one to two years in accordance with national guidelines.¹¹

Some of the findings in this report are similar to those observed in the unannounced inspection of the Mater Misericordiae University Hospital on 6 August 2013. The Authority has monitored the quality improvement plan (QIP) developed by the hospital and published on 21 November 2013 and is aware that some of the findings in this report are currently being addressed and are due to be completed by March 2014.

The Mater Misericordiae University Hospital must now review and update its quality improvement plan (QIP) that prioritises the improvements necessary to address the findings in this report against the criteria selected in the Infection Prevention and Control Standards. This revised 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 address to these QIPs.

It is the responsibility of Mater Misericordiae University 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 by the hospital will act 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.

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* All online references were accessed at the time of preparing this report.

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