



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Roscommon Hospital

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

Date of on-site inspection: 25 June 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 Roscommon Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by an Authorised Person from the Authority, Alice Doherty on 25 June 2014 between 10:25hrs and 15:50hrs.

The area assessed was:

- St Coman's Ward.

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

2. Roscommon Hospital Profile[‡]

Roscommon Hospital is part of the West North West Hospitals group and serves a population of approximately 65,000 in county Roscommon and further populations in adjoining counties.

The hospital is located on a 5.45 hectare site south east of Roscommon town on the N61 Athlone road. The hospital buildings consist of the original three storey core block built in the 1940's with a number of more recently constructed separate and interlinked blocks.

Roscommon Hospital is a Model 2 hospital within the West North West Hospitals group, and provides the majority of hospital activity including extended day surgery, selected acute medicine, local injuries, a large range of diagnostic services (including endoscopy, laboratory medicine, point of care testing and radiology) specialist rehabilitation medicine and palliative care. The hospital has 86 in-patient beds (including the Acute Psychiatric Unit). The construction of a new Endoscopy Unit was due to commence on the 30th June 2014.

Services available include:

Medical Ward	46 beds	24/7	
Surgical Ward	17 beds	Mon - Fri	Closed at weekends
Day Case Surgery / Endoscopy beds	15 beds	Mon - Fri	08.00am to 20.00pm
Ambulatory Care & Diagnostic Centre (ACAD)	9 beds/chairs	Wed - Thu	08.00am to 18.00pm
Urgent Care Centre accommodates:	Minor Injuries Unit	Mon - Sun	08.00am to 20.00pm
	Medical Assessment Unit	Mon- Fri	09.00am to 17.00pm
	Medial Day Services	Mon - Fri	09.00am to 17.00pm
	Rapid Access Medical Clinic	Mon - Fri	09.00am to 17.00pm daily
Radiology			
Laboratory			
Cardiac Rehabilitation			
Cardiac Investigations Unit			
Out-patients Department			
Heath & Social	Physiotherapy		Occupational Therapy

[‡] 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.

Care Professionals Speech & Language Therapy

Dietetics

Roscommon Hospital activity for 2013

	Inpatient Discharges	Day Cases	Outpatients	Urgent Care/Minor Injuries only
2013	2,011	5,337	15,455	4,261

3. Findings

On inspection at Roscommon Hospital on 25 June 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 Coman's Ward

St Coman's Ward is a 46-bedded ward comprising multi-bedded wards and six single rooms which are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. One of the single rooms is ensuite. A four-bedded room on the ward is also generally used for cohorting patients for isolation purposes. At the time of the inspection, patients were isolated in some of the single rooms, a four-bedded ward and a two-bedded ward. St Coman's Ward has been participating in the national Productive Ward Programme since 2010.³

Overall, the environment and patient equipment on St Coman's Ward was generally clean with some exceptions.

Environment and equipment

- Dust was observed in some areas. For example,
 - Heavy dust was visible on the under-surfaces of beds.
 - Light layers of dust were observed on patient bedside lockers, on the floor in a patient area and on the floor in a patient toilet.
 - The ventilation grille in a patient shower room was dusty.
 - Dust was observed on the floors in the clean utility room and in store rooms 1 and 4. The floor in store room 4 was also unclean and part of the floor covering was incomplete, hindering effective cleaning.
 - Dust was observed on the floor in cleaning store room 1 and the bottom shelf in the room was dusty.
- The doors to three rooms where patients were isolated were open during the inspection, which is not in line with best practice.
- Tape on the legs of a patient hoist was observed to be peeling and, black scuff marks and chipped paint were observed on the legs of a second hoist, hindering effective cleaning.
- Chipped paint was observed on some patient bedside tables and the edges of some tables and bedside lockers were chipped, hindering effective cleaning.
- Staining was observed on the sealant behind a hand wash sink in the main ward corridor and on the splash back under the sink. Staining was also observed on the sealant behind a hand wash sink in a patient area.
- Sticky residue was visible on the top shelf of a dressing trolley, hindering effective cleaning.
- The following non-compliances were observed in patient sanitary facilities:
 - Rust-coloured staining was observed on a handrail in a shower room.
 - The paintwork in a patient bathroom was badly chipped and sticky tape residue was visible on a wall, hindering effective cleaning.
- The following non-compliances were observed in the clean utility and treatment rooms:
 - Staining was observed on the splash back and around the hand wash sink in the clean utility room. There were no hand hygiene posters at the sink.
 - Sticky tape residue was observed on the fridge door in the clean utility room and the edge of a worktop was chipped, hindering effective cleaning.
- There was a sticky residue on the floor at the entrance to the treatment room and sticky tape residue on the walls, hindering effective cleaning. The outer surfaces of cupboards and drawers in the room were chipped, also hindering effective cleaning.

- There are two 'dirty'[±] utility rooms on St Coman's Ward. The following non-compliances were observed in the 'dirty' utility rooms:
 - The door of 'sluice room 1' was unlocked and a small disinfectant bottle containing liquid, which was not labelled and did not have a lid, was stored in an unlocked cupboard. This matter was brought to the attention of the Ward Manager at the time of the inspection. There was a keypad on the door of the second 'dirty' utility room but this was also unlocked during the inspection.
 - There was sticky tape residue on the surface of a bed pan washer in 'sluice room 1', hindering effective cleaning.
 - There was a damaged floor tile beside the bed pan washer in the second 'dirty' utility room, hindering effective cleaning.
- Paintwork on some walls, skirting boards, door frames and radiators was chipped, hindering effective cleaning. The Authority was informed that the hospital is in the course of completing a tendering process for a painter to be on-site five days/week.
- Materials such as cardboard boxes and plastic bags were stored on the floors in the clean utility room, store rooms 1 and 3, and cleaning store room 1, hindering effective cleaning. Sticky tape residue was observed on the bottom shelf in store room 3, also hindering effective cleaning.
- Chipped paint and rust-coloured staining were observed on the bases and foot levers of some waste disposal bins, hindering effective cleaning.
- Sticky tape residue was observed on a telephone receiver at the nurses' station, hindering effective cleaning.

Linen

- The floor in the linen store room was dusty. Green-coloured labels were observed to be stuck to the floor, and plastic bags and a cardboard box were stored on the floor, hindering effective cleaning.
- The surface of a shelf in the linen store room was damaged and the edge of another shelf was chipped, also hindering effective cleaning.

Summary

A schedule for environmental cleaning audits which are carried out by the Senior Nurse in the area and either the Domestic Supervisor, the Infection Prevention and Control Nurse or another staff member was viewed by the Authority. In each audit, a portion of the ward is audited and a compliance percentage is assigned. Multiple audits are carried out on every ward each month and an average compliance is calculated. For example, on St Coman's Ward this year, 14 audits were carried out in January with an average compliance of 83%. In February, 20 audits (16 audits and

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

four re-audits) were carried out giving an average compliance of 79%. Fifteen audits were carried out in March resulting in an average compliance of 84% and nine audits were carried out in May resulting in an average compliance of 67%. Action plans are prepared after audits and it is the responsibility of the Ward Manager to follow-up on action items. These are addressed at the time of the audit if possible. Maintenance issues are logged electronically and the status of these can be checked by the Ward Manager. The results of audits are included in the Director of Nursing Report and are reported at monthly meetings of the Nursing Quality Board which are attended by the Director of Nursing, Assistant Directors of Nursing, the Risk Manager and the Practice Development Nurse.

The Authority was informed that the cleaning process in the hospital has changed since early May 2014. Staff are now allocated an area in a ward and are responsible for cleaning in this area. Cleaning record books, which list the areas that need to be cleaned in each ward, are signed by the staff member doing the cleaning and the Cleaning Supervisor or Ward Manager. Patient equipment is cleaned after each patient use and by healthcare support staff as resources permit. As part of the changes to the cleaning process, one staff member has been assigned to cleaning all patient equipment throughout the hospital. Patient equipment cleaning records are kept on the ward and there is a weekly sign-off sheet.

A rota for Executive Quality and Safety Walkabouts which are carried out by the Group Executive was viewed by the Authority. Ward areas are visited during these walkabouts and feedback is given to Ward Managers, the Director of Nursing and the General Manager.

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.
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- The design of clinical hand wash sinks on St Coman's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁵

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

- Documentation viewed by the Authority showed that 100% of staff received hand hygiene training between June 2013 and April 2014 in compliance with national standards. Between January 2014 and the day of the inspection, 53% of staff had received hand hygiene training.
- Hand hygiene training is carried out for all staff each year. Two hand hygiene training sessions are held each week by the Infection Prevention and Control Nurse. Training is also carried out in individual departments if required. The Infection Prevention and Control Nurse attends a Hospital Management Team meeting once each year to carry out training and arrangements are in place to ensure that twilight workers and night staff are included in training.

Local area training

- On St Coman's Ward, 100% of staff received hand hygiene training in 2013 and 39% of staff received hand hygiene training between January 2014 and the day of the inspection.

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

- Roscommon Hospital participates in the national hand hygiene audits which are published twice a year.⁶ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate a decrease in compliance from October 2012 to October 2013. The overall compliance for 2013 was below the Health Service Executive's (HSE's) national target of 90%.⁷

Period 1-6	Result
Period 1 June 2011	63.6%
Period 2 October 2011	72.2%
Period 3 June/July 2012	73.3%
Period 4 October 2012	85.0%
Period 5 May/June 2013	83.5%
Period 6 October 2013	78.6%

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

- The results of national hand hygiene audits completed for Period 7 in the first half of 2014 were viewed by the Authority and showed an overall compliance of 86%. While this is below the HSE's national target of 90%, it was noted that two out of the four clinical areas which were included in these results achieved 90% compliance, one of the four staff groups included in the audit achieved a compliance of 91% and a second staff group achieved 100%.

Corporate hand hygiene audits

- Hand hygiene audits are carried out by the Infection Prevention and Control Nurse each month. In a hand hygiene audit report viewed by the Authority, the results were presented for each staff group and showed compliance with the 'My 5 Moments for Hand Hygiene', technique and time duration. Overall compliances throughout the hospital with the 'My 5 Moments for Hand Hygiene' were 82% in January, 85% in February, 76% in March, 81% in April and 86% in May for all staff. The Authority was informed that the manner in which feedback is given after an audit has changed recently with direct feedback now being provided at the time of the audit. Prior to this, generalised feedback was given to the ward. The hospital has noted that audit results have improved as a result of this change.
- In addition to hand hygiene audits carried out by the Infection Prevention and Control Nurse, there are two 'Hand Hygiene Champions', one on St Coman's Ward and the other on St Bridget's Ward, who have been trained as lead auditors. It is planned that monthly hand hygiene audits will be carried out by the 'Hand Hygiene Champions'.

Local area hand hygiene audits

- Results of five hand hygiene audits carried out in St Coman's Ward from January to May 2014 were viewed by the Authority. Overall compliances with the 'My 5 Moments for Hand Hygiene' were 77% in January, 79% in February, 73% in March, 87% in April and 85% in May for all staff. The percentages for January and March were based on 30 or more opportunities which, is the sample size recommended per area for the national hand hygiene audits. In addition to direct feedback being provided at the time of the audit, the results are included in the ward diary.

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 WHO⁸ and the HSE.⁹ 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^Y 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 13 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - four before touching a patient
 - one before clean/aseptic procedure
 - eight after touching patient surroundings.
- All 13 hand hygiene opportunities were taken. The hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Person for eight opportunities and the correct technique was observed in all eight hand hygiene actions.

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 area inspected at Roscommon 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 importance of hand hygiene training and auditing at all levels within the hospital was outlined to the Authority. For example,
 - Records of hand hygiene training and results of hand hygiene audits are included in Accountability Reports which are prepared each month and presented at Hospital Management Team Meetings. Training records are presented for each department and audit results are presented for each staff group.
 - Hand hygiene training is included as a performance indicator in reports for the Group Management Team which meets monthly. Group Management Team Reports are also discussed at monthly meetings of the Executive Council

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

which includes the Chief Executive Officer, Group Clinical Directors, General Managers and the Group Director of Nursing.

- In the hand hygiene audit carried out in May 2014 as part of the national hand hygiene audit for Period 7, the hospital achieved 86% compliance. While this was an improvement from Period 6 in October 2013 where the hospital achieved 78.6% compliance, it is below the HSE's national target of 90%. However, the Authority notes from the General Manager's Performance Report prepared for the Group Management Team meeting in June 2014 that this has been acknowledged as an area of concern at senior management level within the hospital.
- The hospital has implemented a number of initiatives to increase awareness of hand hygiene to patients and visitors to the hospital. For example,
 - A large poster of the west/north west group chief executive officer washing his hands and demonstrating senior management support for hand hygiene practice was displayed outside the Ambulatory Care and Diagnostic Unit.
 - A large poster was displayed beside the reception desk at the main entrance to the hospital showing a picture of staff with the prompt 'Ask us if we have washed our hands!' and also the question 'Have you washed yours?'. The Authority was informed that smaller versions of this poster were laminated and fixed at the entrances to lifts.
 - HSE information leaflets on 'Clean Hands Save Lives' and WHO leaflets on promoting hand hygiene called 'Tips for Patients' were provided beside the reception desk at the main entrance to the hospital. Patient/visitor hand hygiene surveys were also provided in this area including a box where surveys could be returned when completed.
 - As part of the productive ward initiative, visiting times in the hospital have been curtailed. Large posters were displayed in several locations in the hospital informing patients and visitors of the visiting hours. While the main focus of the posters relates to visiting hours, it is noted that they also reference hand hygiene and advise visitors not to visit if they are feeling unwell.

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 environment and patient equipment on St Coman's Ward was generally clean with some exceptions.

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.

Roscommon Hospital has demonstrated a commitment to ensure that all elements of the WHO multimodal strategy to promote hand hygiene practices are in place and needs to build on compliances achieved to date regarding hand hygiene, to ensure that good hand hygiene practice is improved and maintained, and national targets are attained.

Roscommon 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 Roscommon 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[‡]

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[‡] All online references were accessed at the time of preparing this report.

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