



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of inspections at Wexford General Hospital

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

Date of on-site inspections: 12 February 2013, 4 March 2014 and 17 April 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

The Standards are referred to in this report as the Infection, Prevention and Control Standards. Monitoring against the Standards began in the last quarter of 2012 and initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection, Prevention and Control Standards.

The Authority's monitoring programme for 2014 is focusing on unannounced inspections. The inspection 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

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 Standards 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 journey through the hospital.

In line with the inspection programme for 2014, the Authority may re-inspect a hospital in some circumstances. The aim of the re-inspection is to rapidly drive improvement at the hospital. Where a re-inspection occurs, a single report is prepared following the second inspection and includes the findings of both inspections and any improvements observed between the first and second inspections. An inspection was carried out in Wexford General Hospital in March 2014 followed by a re-inspection in April. The following sections present the findings from these inspections, and also refers to a previous inspection undertaken in February 2013.

1.1 Timeline of inspections at Wexford General Hospital February 2013 - April 2014

Announced inspection on 12 February 2013

An announced inspection was carried out at Wexford General Hospital on 12 February 2013.³ The aim of the announced inspection was to gather evidence of compliance with the essential elements of the wider themes in the National Standards for Safer Better Healthcare. Assessment of environmental and hand hygiene forms only one component of the announced inspection approach.

Following the announced inspection, a total of 13 recommendations were made by the Authority (Appendix 1). In response to the findings of the announced inspection, a Quality Improvement Plan (QIP)⁴ was prepared by Wexford General Hospital and published on the Health Service Executive (HSE) website outlining the actions to be taken by the hospital to address the recommendations made by the Authority.

Unannounced inspection on 4 March 2014

An unannounced inspection was carried out at Wexford General Hospital on 4 March 2014. During this inspection, specific issues which were deemed to present a high risk to the health or welfare of patients and which required mitigation measures to be implemented were identified by the Authorised Persons. The hospital's 2013 QIP was also reviewed as part of the inspection and the Authorised Persons observed that there was a lack of progress in implementing this QIP. The issues identified during the inspection and in relation to the 2013 QIP were such that the General Manager of Wexford General Hospital was informed by the Authorised Persons during the inspection, and in writing following the inspection, that a re-inspection would be carried out within six weeks of the first inspection. The issues were also communicated to the National Director of Quality and Patient Safety, the National Director of Acute Hospitals and the Regional Director for Performance and Integration, HSE South. A copy of this communication is shown in Appendix 2.

Unannounced re-inspection on 17 April 2014

In line with the Authority's inspection programme for 2014, a re-inspection was carried out at Wexford General Hospital on 17 April 2014. The re-inspection examined the level of progress which had been made in relation to environmental hygiene on one of the clinical areas that was inspected during the March inspection where environmental hygiene was observed to be poor. During the re-inspection, hand hygiene training and auditing was also assessed from a hospital wide governance perspective. Findings from both inspections necessitated further escalation, in writing, to the National Director of Acute Services (Appendix 3).

A summary of the announced and unannounced inspections carried out by the Authority at Wexford General Hospital in 2013 and 2014 are shown in Table 1.

Table 1: Summary of inspections carried out at Wexford General Hospital in 2013 and 2014.

Date of Inspection	Authorised Persons	Clinical Areas Inspected	Time of Inspection
12 February 2013	Breeda Desmond Naomi Combe Catherine Connolly Gargan	St Bridget's Ward St Patrick's Ward Maternity Ward	08:35hrs - 15:00hrs
4 March 2014	Alice Doherty Katrina Sugrue Sean Egan	St Mary's Ward St Joseph's Ward	11:45hrs - 15:25hrs
17 April 2014	Alice Doherty Katrina Sugrue	St Joseph's Ward	08:35hrs - 14:30hrs

Section 3 of this report sets out a high level summary of the findings of the announced inspection carried out in Wexford General Hospital in 2013. Section 4 contains a detailed description of the findings of the two unannounced inspections undertaken by the Authority in 2014. The progress in relation to hand hygiene training and auditing since the announced inspection in 2013 is also discussed.

The Authority would like to acknowledge the cooperation of staff with all inspections.

2. Wexford General Hospital Profile[‡]

Wexford General Hospital provides acute services to the county of Wexford and also provides services to the adjoining counties of Waterford, Kilkenny, Carlow, South Tipperary and, particularly, maternity services to Wicklow.

Wexford General Hospital's Emergency Department processed 40,311 attendances in 2012 and has the second largest maternity unit in the southeast with 2,173 births in 2012.

Services provided at Wexford General Hospital:

<ul style="list-style-type: none">▪ Anaesthetics▪ Ear Nose and Throat Clinic▪ Cardiology▪ Chest Pain Assessment▪ Chronic Obstructive Pulmonary Disease▪ Cardiac Rehabilitation▪ Chaplaincy▪ Day Hospital for the Elderly▪ Medical Admission Unit▪ Day Surgery Unit▪ Pre-admissions Assessment Clinic for general and gynaecological surgery▪ Pre-assessment Anaesthetic Clinic▪ Dermatology Clinic▪ Dietetic Department▪ Discharge Liaison Service▪ Emergency Medicine▪ Endocrinology / Diabetes Medicine▪ Respiratory Department▪ General Internal Medicine▪ General Surgery including Breast Care▪ Radiology▪ Endoscopy▪ Laboratory	<ul style="list-style-type: none">▪ Gynaecology▪ Palliative Care▪ Medicine for the Elderly▪ Occupational Therapy▪ Oncology▪ Pastoral Care▪ Pharmacy▪ Phlebotomy▪ Physiotherapy▪ Early Pregnancy Assessment▪ Colposcopy service▪ Urodynamics▪ Surgical Site Surveillance▪ Dental Surgery▪ Intensive Care▪ Coronary Care▪ Physiology Studies▪ Orthopaedic Outpatient Clinic▪ Paediatrics▪ Maternity inclusive of Domino▪ Central Sterile Services Department▪ Speech and Language Service.
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[‡] 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. Overall findings from inspections

The following section outlines an overview of the findings from the inspections undertaken by the Authority at Wexford General Hospital. Further detail in relation to the announced inspection carried out on 12 February 2013 can be found at www.hiqa.ie. Specific details regarding the unannounced inspections carried out on 4 March and 17 April 2014 are contained in this report. The extent of the progress made by the hospital regarding hand hygiene training and auditing since the announced inspection in 2013 is discussed at the end of this section and provides a measure for overall performance against the Infection, Prevention and Control Standards in relation to governance in particular.

3.1 Announced inspection on 12 February 2013

The essential elements of **Leadership, Governance and Management, Workforce** and **Safe Care**, and their application to the prevention and control of healthcare associated infections were assessed during the announced inspection on 12 February 2013. A total of 13 recommendations were made by the Authority following the inspection. The recommendations are listed in Appendix 1 and include five recommendations under **Leadership, Governance and Management**, four recommendations under **Workforce** and four recommendations under **Safe Care**.

The Authority reported that the evidence reviewed during the inspection did not demonstrate an executive commitment to reducing the risk to patients of acquiring healthcare associated infections or executive leadership championing the prevention and control of healthcare associated infections. It was found that the accountable person was informed of activity regarding the prevention and control of healthcare associated infections in the hospital. However, it was not clear to the Authority how the Executive Management Team, the accountable person and in turn the HSE, assured themselves and the public that the arrangements for the prevention and control of healthcare associated infections in Wexford General Hospital were effective.

The Authority's observations during the inspection, combined with discussions in meetings with hospital staff, suggested that a culture of hand hygiene best practice was not embedded at all levels and that there was a resistance to attendance at educational sessions.

The Authority emphasised the importance of Wexford General Hospital's executive management in prioritising issues such as a clean environment and best practice in hand hygiene and directing resources towards their implementation in order to prevent and control the risk of healthcare associated infections to patients in Wexford General Hospital. Overall, the Authority found that Wexford General

Hospital was partially compliant with the Infection, Prevention and Control Standards.

3.2 Unannounced inspection on 4 March 2014

During this inspection, specific issues were identified by the Authorised Persons which were deemed to present a high risk to the health or welfare of patients and which required mitigation measures to be implemented. The Authorised Persons also observed that the hospital's QIP which was prepared and published in response to the announced inspection carried out in 2013 was not fully implemented. Issues identified during the inspection were outlined to the hospital management team and were also escalated nationally (see Appendix 2). The following is a list of issues following the unannounced inspection in March 2014:

- **Inaction in implementing Wexford General Hospital's 2013 QIP with respect to hand hygiene and environmental hygiene** - Wexford General Hospital published a QIP following the announced inspection carried out by the Authority on 12 February 2013. The hospital's progress against the QIP and risks raised as part of the announced inspection with respect to hand hygiene and environmental hygiene had not been mitigated.
- **Hand hygiene** – according to Wexford General Hospital's QIP published in November in 2013, 'Annual hand hygiene training and education has been made mandatory for all disciplines at Wexford General Hospital' with the completion date shown as 30/05/2013. However, during the inspection on 4 March 2014, the Authority was informed that only 52% of nurses and health care assistants in one of the clinical areas inspected were up-to-date with hand hygiene training. In addition, the Authority was informed that hand hygiene training had been inactive of late due to a lack of resources.

In 2013, Wexford General Hospital reported a hand hygiene audit compliance rate of 71.9% in the national benchmark audit⁵, 18% less than the HSE national target of 90%.⁶ Worryingly, Wexford General Hospital did not report results in the national hand hygiene audit for October 2013.

- **The disposal of clinical waste in isolation rooms** – segregation of clinical risk waste was observed not to be in line with best practice. For example, in a five-bedded isolation room in one of the clinical areas inspected, a waste bin was observed to be incorrectly labelled as a domestic non-risk waste bin but had a clinical waste bag inserted into it. In addition, it was evident that there were no clinical waste disposal bins in single rooms being used as isolation rooms.

- **Environmental hygiene** – environmental hygiene in one of the clinical areas inspected was noted to be very poor.

The issues identified above during the inspection and in relation to a lack of progress against the QIP were such that the Authority deemed it necessary to carry out a re-inspection of Wexford General Hospital within six weeks of the first inspection.

3.3 Follow-up re-inspection on 17 April 2014

Overall, the cleanliness of the environment in the clinical area inspected particularly in relation to dust levels had improved since the March inspection. However, the Authority found that further improvements in the cleanliness and maintenance of the environment and patient equipment were required. It was observed that many of the non-compliances and maintenance issues which were observed during the March inspection were still evident during the re-inspection in April.

3.4 Current status of recommendations made by the Authority in relation to hand hygiene

Recommendations in relation to hand hygiene made by the Authority after the announced inspection carried out on 12 February 2013 are listed below. The following sections provide details of the current status of these recommendations. This has been included in this section as it succinctly highlights the concerns the Authority has in relation to governance of Infection, Prevention and Control at Wexford General Hospital in the period between the announced inspection of 2013 and the more recent unannounced inspections in 2104. Poor governance in this case manifests itself in poor hand hygiene practice as experienced by patients.

Hand hygiene training

Recommendation 7 Hand hygiene training should be made mandatory for all staff.

The 2013 QIP stated that 'Annual hand hygiene training and education has been made mandatory for all disciplines at Wexford General Hospital' with a completion date of 30 May 2013. Based on a review of documentation provided by the hospital, the Authority was unable to verify during the course of the unannounced inspections in 2014 the exact numbers of staff who had completed hand hygiene training. In other documentation reviewed by the Authority, it was noted that the hospital had aimed for 80% of staff at a minimum to have completed training prior to the re-inspection in 2014. The Authority was informed that the hospital planned for all staff to have completed hand hygiene training by the end of 2014.

The infection prevention and control team raised concerns during the announced inspection in 2013 about the low attendance of staff at hand hygiene training and the levels of compliance with hand hygiene. The Authority reported at that time that

there was no evidence of an effective executive response and resultant action plan to manage this risk and it would appear, based on the findings of the two inspections carried out in 2014, that this is still the case.

Hand hygiene strategy

Recommendation 11 *A specific, targeted, hand hygiene strategy should be developed and implemented.*

Recommendation 12 *There should be clear and visible support from the Wexford General Hospital's board of management, including senior clinicians, to drive the hand hygiene campaign and ensure compliance from all levels of seniority and disciplines.*

These recommendations were based on conclusions from the announced inspection in 2013 that the poor level of hand hygiene training in Wexford General Hospital suggested that a culture of hand hygiene best practice was not operationally embedded throughout the hospital.

Despite these recommendations, it is of concern that the hospital's 2014 hand hygiene strategy provided to the Authority was still in draft format at the time of the re-inspection on 17 April 2014. The strategy states that local hand hygiene audits will be conducted in addition to national hand hygiene audits 'as needs arise and resources are available'. Wexford General Hospital achieved 71.9% compliance in the national hand hygiene audit carried out in May/June 2013 which is below the HSE national target of 90% for 2013 and the overall compliance for all hospitals of 85% in this period. There was no data available for the national audit carried out in October 2013. The Authority was informed that the audits did not take place due to a lack of resources. In view of the hospital's performance to date it is of concern that this is the extent of the action proposed by the hospital in response to this matter.

4. General findings from unannounced inspections

During the unannounced inspections at Wexford General Hospital on 4 March and the re-inspection on 17 April 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 for St Mary's Ward and St Joseph's Ward observed non-compliances are grouped and described alongside the relevant corresponding Standard/criterion.

4.1 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 Mary's Ward

St Mary's Ward has multi-bedded wards, day care units and five single rooms which are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required.

Environment and equipment

Overall, St Mary's Ward was generally clean with some exceptions and did not require re-inspection on 17 April 2014. However, the Authority found that improvements in maintenance of the environment were required.

- Paintwork on walls throughout the wards and in the day care units was scuffed and chipped, hindering effective cleaning.

- There was chipped paint on radiators, beside tables, patient screens and stands, hindering effective cleaning. Radiators were also observed to be unclean.
- Brown stains were observed on a curtain in room 7.
- There was a crack in the hand wash sink in room 7, preventing effective cleaning.
- There was some discoloration in a shower tray, rust-coloured staining on the shower seat and the call bell cord was unclean in a patient washroom. There was waste paper on the floor, behind a radiator and at the sink in a patient toilet.
- The wheels areas of intravenous stands were unclean.
- The resuscitation trolley was dusty and cluttered.
- A brown/red stain was observed on the outer surface of the storage case for a glucometer. This finding was brought to the attention of ward staff at the time of the inspection and the storage case was cleaned immediately.
- There was adhesive tape wrapped around an oxygen saturation probe, hindering effective cleaning.
- A telephone at a workstation was unclean.
- The hand wash sink in the clean utility room was unclean. While the majority of signage in the clean utility room was laminated, some paper notices were not laminated, hindering effective cleaning.
- The joint between the worktop and the wall behind the hand wash sink in the 'dirty'[±] utility room was not completely sealed, hindering effective cleaning. The interior surfaces of cupboards in the 'dirty' utility room were dusty and unclean.
- The foot operated levers on the clinical and non-clinical waste disposal bins in the clean utility room were not operating correctly and as a result, the lids had to be manually closed, which is not in line with best practice as it increases the chance of microbial contamination of workers hands. There was rust-coloured staining on the foot lever of the clinical waste disposal bin in the 'dirty' utility room.
- Brown staining was observed on the underside of a bar on a commode.
- The store room was unlocked potentially allowing unauthorised access to syringes and hypodermic safety needles. There was dust and debris on the floor in the store room.

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

St Joseph's Ward

St Joseph's ward is a 34-bedded acute medical unit. It has multi-bedded wards and one single room. The Authority was informed that a €5 million 'life safety systems' project which will take place over 18 months and will include a range of works such as fire safety and electrical upgrades is due to commence on 14 May 2014. St Joseph's Ward will be refurbished in the latter phases of this project.

Environment and equipment

First inspection - 4 March 2014

Overall, St Joseph's ward was generally unclean during the inspection on 4 March 2014 and required considerable improvement in the cleanliness and maintenance of the environment. The extent of non-compliance with the criteria selected in the Infection, Prevention and Control Standards meant that re-inspection was required.

- Dust was observed in areas inspected. For example,
 - A heavy layer dust was observed on the radiator and piping under the window, and on the top of cupboards and shelving in the clean utility room.
 - A heavy layer of dust was observed on the skirting board behind a sanitary waste disposal bin in a patient toilet and there was dust and grit in the corners of the floors in patient bathrooms.
 - Moderate layers of dust were observed on bed frames, high and low surfaces, such as, ledges above patient beds, curtain rails and skirting boards.
 - Light layers of dust were observed on patient equipment such as intravenous stands, suction apparatus, wheelchairs, a shower chair and the resuscitation trolley.
 - Light layers of dust were observed on some electrical fixtures and on a computer keyboard in one of the ward work stations.
 - Light dust and two areas of brown-coloured residue were observed on shelving in the cleaning room. The skylight was also visibly dusty.
- Paintwork on walls throughout the ward was scuffed and chipped. There was also chipped paint on radiators, bedside tables and intravenous stands, hindering effective cleaning.
- Brown splash staining was observed on wall tiles in the shower room and there was rust-coloured staining on the shower seat.
- Orange-coloured tape was observed on a cardiac monitor machine and on the resuscitation trolley, hindering effective cleaning.
- The wheels areas of intravenous stands, dressing trolleys and a large wheelchair were unclean.
- A sticky residue was observed on an intravenous pump, hindering effective cleaning.

- A plastic covering which was stained around the edges was in place on the underside of the bottom shelf on a dressing trolley, hindering effective cleaning.
- While the clean utility room was lockable with a keypad, it was unsecured at the time of the inspection potentially allowing unauthorised access to syringes and hypodermic safety needles. There was also an intravenous antibiotic in a sharps tray on a worktop.
- While the majority of signage observed during the inspection was laminated, some paper notices in the clean utility room were not laminated, hindering effective cleaning. Signage in other areas within the ward such as hand hygiene and waste management posters were faded and difficult to read.
- The seal between the wall and a sink in the clean utility room was not fully intact, hindering effective cleaning.
- Rust-coloured staining was observed on a non-clinical waste disposal bin, hindering effective cleaning.
- Personal protective equipment was not disposed of correctly as used gloves were observed sitting on top of a toilet roll holder in a patient bathroom.

Environment and equipment

Re-inspection - 17 April 2014

The cleanliness of the environment on St Joseph's Ward, particularly in relation to dust levels, had improved at the time of the re-inspection. However, the Authority found that further improvements in the cleanliness and maintenance of the environment and patient equipment were required.

- Dust was observed in the following areas:
 - A heavy layer of dust was observed on a resuscitation trolley under the oxygen cylinder, on the top shelf of the trolley and on the ledge at the bottom. On a second resuscitation trolley, dust was observed underneath the top plastic cover which was cracked, and a heavy layer of dust was observed on the ledge at the back of the trolley.
 - A light layer of dust was observed on curtain rails in room 1 and cobwebs were observed on the ceiling in the patient toilet attached to this room.
 - Dust was observed on patient equipment such as suction apparatus, a wheelchair and an electrocardiograph machine. In addition, residues of labels were visible on the wheelchair, hindering effective cleaning.
 - A computer keyboard in one of the ward work stations was dusty.
 - A heavy layer of dust was observed on top of a radiator in the clean utility room, debris and dust were observed in drawers and on the base of cupboards in the room and light dust was observed on the floor. A red stain

and sticky tape residue were also observed on a cupboard door, hindering effective cleaning.

- Dust was observed in a cupboard, a drawer and on the interior surfaces of the clinical and non-clinical waste disposal bins the in the 'dirty' utility room. Sticky tape residue was also observed on a cupboard door, hindering effective cleaning.
- A heavy layer of dust was observed on the base of a cleaning trolley in use on the corridor. A light layer of dust was observed on the base of a cleaning trolley stored in the cleaning room and a mop head holder stored in the cleaning room was dusty.
- Chipped paint in the environment and on patient equipment, which was observed during the first inspection were also evident during the re-inspection.
- Similar to the first inspection, the wheel areas of equipment such as intravenous stands, dressing trolleys and a linen trolley were unclean.
- The coating on a bed rail and the base of an intravenous stand were chipped, hindering effective cleaning. A white stain was also visible on the base of an intravenous stand.
- The bases of two mattresses were visibly stained and pinprick holes were visible on the cover of one of the mattresses. The Authority was informed that the integrity of mattresses including checks for holes and staining are carried out on the ward every 6-8 weeks. In a mattress audit carried out in 2013, 16 mattresses on the ward failed to meet the required standard but only three mattresses were replaced.
- Red stains were observed on a curtain in ward 6.
- A patient washbowl was inappropriately stored on the floor under a chair at a patient's bedside.
- There was grit on the floor in a patient toilet. The water outlets in another patient toilet and a patient shower room were unclean. In addition, the floor covering in the toilet was not fully flush with the skirting board leaving a gap between the floor covering and the wall, hindering effective cleaning.
- Rust-coloured staining was observed on the wheel areas of patient equipment, on a foot stool, on the legs of a raised toilet seat frame and on a linen trolley.
- A plastic covering which was stained was in place on the underside of the bottom shelf on a dressing trolley, hindering effective cleaning. The shelves on the trolley were unclean.
- The interior surface of a temperature probe holder was unclean.
- The cover on the numerical display of a weighing scales was missing, hindering effective cleaning.
- Similar to the first inspection, the door of the clean utility room was not secured potentially allowing unauthorised access to syringes, hypodermic safety needles and medications which were stored in an unlocked cupboard. Although there was

a sign on the cupboard door stating 'keep locked', it was unlocked during the inspection.

- Discolouration was visible around the grate in the hand wash sink in the 'dirty' utility room.
- A stainless steel measuring jug in the 'dirty' utility room was unclean.
- Similar to the first inspection, rust-coloured staining and chipped paint were observed on non-clinical waste disposal bins.

Isolation room (St Joseph's Ward)

Patients were cohorted together for isolation purposes (i.e. patients infected or colonised with the same infection were accommodated in the same room) during both inspections of St Joseph's Ward.

First inspection - 4 March 2014

- Staff exiting the isolation room did not remove their personal protective equipment in the correct sequence.
- The signage displayed on the isolation room was generic and did not indicate the infection prevention and control precautions that were required prior to entering the room. The signage was fixed to the door with sticky tape, hindering effective cleaning.
- An empty urinal was observed on the floor inside the door of the isolation room and on shelving in the corridor between two toilets adjacent to the ward.
- The integrity of a pressure relieving cushion in use in the isolation room was not intact, hindering effective cleaning.

Re-inspection – 17 April 2014

- Similar to the first inspection, staff exiting the isolation room did not remove their personal protective equipment in the correct sequence.
- The Authority observed the correct sequence for donning personal protective equipment and appropriate hand hygiene by a staff member prior to entering the isolation room. However, the staff member subsequently opened the door of the isolation room using a gloved hand, thus negating the benefit of the hand hygiene action.
- The Authority observed that there was no personal protective equipment provided inside a five-bedded isolation room, thus the ability of staff to attend to more than one patient during a single visit to the room was not easily facilitated.

Linen (St Joseph's Ward)

First inspection - 4 March 2014

- A used pillow cover was observed on top of a domestic waste disposal bin in a patient bathroom and therefore not managed in line with best practice.
- Inappropriate items were stored in the linen room e.g. a box with clothing was stored on the floor and incontinence wear was stored on the shelving.

Re-inspection 17 April 2014

Non-compliances regarding the management of linen were not observed on St Joseph's Ward during the re-inspection on 17 April 2014.

Cleaning equipment (St Joseph's Ward)

First inspection - 4 March 2014

- The cleaning room was unlocked at the time of the inspection potentially allowing unauthorised access to cleaning products.
- There was dust and grit visible on the floor of the cleaning room.
- There was one sink in the cleaning room which had a multi-purpose function and was unclean.

Re-inspection 17 April 2014

While there was an improvement in the condition of the cleaning room on St Joseph's Ward, the following non-compliances were evident:

- White and brown residues were observed inside the bins of a cleaning trolley stored in the cleaning room.
- The extractor fan and skylight in the cleaning room were unclean.

Environmental audits

First inspection - 4 March 2014

The Authority was informed that environmental audits were carried out on St Mary's Ward every two months. At the time of the inspection, the most recent audit was carried out on 27 January 2014. The Authority was informed that the ward manager was responsible for following-up on actions from the audit. Actions which could not be rectified at ward level were escalated to the infection control team or maintenance.

On St Joseph's Ward, the Authority was informed that environmental hygiene audits were carried out by the ward manager and other staff members. The results of environmental audits carried out on the 26 November 2013 and 4 February 2014

were viewed at the time of the inspection. The Authority was informed that issues highlighted from the audit were dealt with on the day of the audit or communicated to the household manager if required. However, the Authority did not view a system that ensured the issues identified as the result of an audit are closed out. An overall compliance rate for each audit was not available so it was not possible to determine on the day of the inspection the level of compliance the ward achieved with environmental hygiene.

Daily cleaning records for patient equipment viewed by the Authority on St Joseph's Ward were not completed. The Authority was informed that the staff member with responsibility for the daily cleaning of patient equipment had been absent for the periods of the records which were not completed.

Re-inspection - 17 April 2014

An environmental audit was carried out by the ward manager on St Joseph's Ward on 4 April 2014. The results of the audit were viewed by the Authority. An overall compliance rating was not assigned to the audit.

The daily cleaning schedule for patient equipment on St Joseph's Ward was viewed and it was observed that records were still not completed for some equipment.

Following the inspection carried out by the Authority on 4 March 2014, a 'Special Hygiene Meeting' was convened at the hospital on 10 March 2014 and an action plan was developed to address the findings from the inspection. A 'Quality and Safety Walkabout' by senior management teams in the hospital was planned for 12 March 2014 but this was subsequently cancelled due to an outbreak and carried out at a later date. A 'walkabout' was conducted on 12 March 2014 by the chair of the hygiene committee and an infection control nurse. An extensive programme of cleaning, including steam cleaning where required, and maintenance was put in place and an equipment audit was carried out. In addition, all areas of the hospital were requested to carry out an environmental audit. The results of audits carried out in early April in wards other than St Mary's and St Joseph's were viewed by the Authority. Overall compliance ratings had been assigned to these audits. The Authority noted that the audit findings, particularly in relation to dust were similar to the Authority's findings from both inspections which suggests that this may be a wider problem in the hospital and not just in the areas inspected by the Authority.

Documentation viewed by the Authority showed that the hospital's maintenance department was notified of issues that required attention after the first inspection carried out on 4 March 2014. These included maintenance issues observed by the Authority during both inspections in 2014 indicating that as of the day of the re-inspection on 17 April 2014, they had not been addressed.

Summary of environment and equipment findings

In conclusion, St Mary's Ward was generally clean with some exceptions but required improvement in maintenance of the environment. St Josephs Ward was generally unclean during the first inspection and required considerable improvement in maintenance of the environment. The cleanliness of St Josephs Ward had improved at the time of the re-inspection, however improvements were required in both the cleanliness and maintenance of the environment, which as witnessed during both inspections, were not managed or maintained in line with criterion 3.6 of Standard 3 of the Infection, Prevention and Control Standards.

4.2 Waste

Criterion 3.7. The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

First inspection - 4 March 2014 (St Mary's and St Joseph's Wards)

- The Authority observed that there were no clinical waste disposal bins in single rooms used as isolation rooms on St Mary's Ward or in the room where patients were cohorted on St Joseph's Ward.
- The door of the 'dirty' utility room on St Joseph's Ward was unlocked during the inspection potentially allowing unauthorised access to the clinical waste sub-collection storage area.
- A sharps bin used for cytotoxic waste in the clean utility room on St Joseph's Ward was more than two thirds full, which is not in line with best practice. In addition, the lid was not in place and assembled in accordance with best practice.
- Two waste disposal bins in the isolation room on St Joseph's Ward were labelled as domestic waste, however one of them had a clinical waste bag inserted which is not in line with best practice.

Re-inspection - 17 April 2014 (St Joseph's Ward)

- Similar to the first inspection, the door of the 'dirty' utility room was unlocked during the inspection potentially allowing unauthorised access to the clinical waste sub-collection storage area.
- A non-clinical waste disposal bin behind the nurses' station was more than two thirds full, which is not in line with best practice.
- The temporary closing mechanisms on four sharps waste disposal bins stored in the clean utility room were not engaged.
- The assembly details were not recorded on a sharps box observed in the clean utility room which was tagged and secured.
- There was no clinical waste disposal bin in a five-bedded isolation room used for cohorting patients with a history of meticillin-resistant *Staphylococcus aureus*. A nurse was observed carrying a small yellow bag from the isolation room into the 'dirty' utility room where the yellow bag was disposed of into a clinical waste disposal bin. This was the only clinical waste disposal bin observed on the ward on the day of the re-inspection.

Summary

The management of healthcare risk waste in isolation rooms raised a concern for the Authority. The operational norm observed by the Authority in the majority of hospitals inspected is to have a clinical/healthcare risk waste bin in every isolation room to facilitate the correct segregation of waste at the point of generation, and to ensure that the risk of transmission of healthcare risk waste is mitigated. In the absence of clear national guidance on this issue, the Authority has written to the Royal College of Physicians of Ireland, Clinical Advisory Group on the Prevention and Control of Healthcare Associated Infection and Antimicrobial Resistance to seek clarification on this matter. The Authority was informed that Wexford General Hospital has sought guidance and consensus from the Infection Prevention Society on the disposal of healthcare risk waste in isolation rooms and is currently awaiting a response on this issue.

4.3 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.⁷ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

4.3.1 System change⁷: *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.

- The design of some clinical hand wash sinks in both St Mary's and St Joseph's Wards did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁸ Documentation (dated July 2013) provided to the Authority showed that 114 hand wash sinks need to be upgraded to meet current standards of design. The Authority was informed that the sinks would be up-graded as part of the 'life safety systems'[≡] project due to commence on 14 May 2014.

[≡]A €5 million project which will take place over 18 months and will include a range of works such as fire safety and electrical upgrades.

4.3.2 Training/education⁷: *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.

Local area training

- The Authority was informed on St Mary's Ward that hand hygiene training had been inactive recently due to a lack of resources and that only 52% of nurses and health care assistants on the ward were up-to-date with training on 4 March 2014.
- On St Joseph's Ward, the Authority was informed during the first inspection on 4 March 2014 that 82% of staff had completed hand hygiene training in the preceding two years. Two staff members were out-of-date since 2008 and a third staff member was out-of-date since 2007. The Authority was informed that staff on St Joseph's Ward were encouraged to complete the HSELand e-learning training programme (the HSE's online resource for learning and development)⁹ on hand hygiene. Records of hand hygiene training records were kept at ward level and the ward manager was responsible for overseeing the training of all staff on the ward.
- At the time of the re-inspection on 17 April 2014, the Authority was informed that all staff on St Joseph's Ward were up-to-date with hand hygiene training.

Hospital training

- According to the QIP, 'Annual hand hygiene training and education has been made mandatory for all disciplines at Wexford General Hospital' with the completion date shown as 30 May 2013. The QIP was developed in response to the findings of an announced inspection carried out by the Authority on 12 February 2013. Following this inspection, the Authority specifically recommended that 'hand hygiene training should be made mandatory for all staff' at the hospital. The Authority was, due to conflicting information, unable to verify

during the course of the unannounced inspections the exact numbers of staff who had completed hand hygiene training. For example, it was reported in the minutes of the hospital's Hygiene Services Committee meeting held on 8 April 2014 that over 300 staff, which was stated to represent approximately 33% of all staff, had completed hand hygiene training in the past 1-2 years. In the hospital's 'Infection Prevention and Control Report' 2013, it was recorded that 391 staff (which represents approximately 40% of all staff based on figures provided to the Authority), attended hand hygiene training in the first quarter of 2014. It was also recorded that 17 hand hygiene sessions were held in 2013 and 78 staff attended (8% of all staff). According to the 'Infection Prevention and Control Team Report March 2014', nine hand hygiene education sessions were held after the first inspection on 4 March 2014 and 215 staff attended this training. It was also reported that 25 staff completed the HSE LanD e-learning training programme on hand hygiene. According to minutes of the 'Special Hygiene Meeting' convened after the first inspection on 4 March 2014, the hospital had aimed for 80% of staff at a minimum to have completed training prior to the re-inspection. The Authority was informed that the hospital planned for all staff to have completed hand hygiene training by the end of 2014.

- The infection prevention and control team raised concerns during the announced inspection carried on 12 February 2013 about the low attendance of staff at hand hygiene training and the levels of compliance with hand hygiene. The Authority reported at that time that there was no evidence of an effective executive response and resultant action plan to manage this risk and it would appear, based on the findings of the two inspections carried out in 2014, that this is still the case.
- The Authority viewed copies of two letters (dated 8 April 2014) from the hospital's General Manager to all staff and non-consultant hospital doctors stating that annual hand hygiene training was mandatory in the hospital. Staff were advised to complete the HSE LanD e-learning training programme and provide a copy of the certificate to their line manager and the infection control department if they were unable to attend training in the hospital. They were also advised that failure to attend hand hygiene training may result in disciplinary procedures and sanctions being applied as appropriate. The nature of the disciplinary procedures had not been determined at the time of the re-inspection on 17 April 2014.

4.3.3 Evaluation and feedback⁷: *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

- Wexford General Hospital participates in the national hand hygiene audits which are published twice a year.⁵ The results below taken from publically available data from the Health Protection Surveillance Centre website demonstrate that compliance increased from 2011 to 2012. However, the hospital's overall compliance for 2012 was still considerably lower than the HSE's national target of 85% for 2012.

Periods 1-6	Result
Period 1 - June 2011	59.2%
Period 2 - October 2011	No data available
Period 3 - June/July 2012	70.3%
Period 4 - October 2012	75.6%
Period 5 - May/June 2013	71.9%
Period 6 - October 2013	No data available

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

- There was a decline in hand hygiene compliance in Wexford General Hospital between 2012 and the first half of 2013. The hospital was still considerably lower than the HSE national target of 90% for 2013 and the overall compliance of 85% in the first half of 2013.
- Wexford General Hospital did not report results in the most recent national hand hygiene audit in October 2013 which is unusual relative to practice in most other hospitals. The Authority was informed that the audits did not take place due to a lack of resources.

Hospital hand hygiene audit results

- Documentation provided to the Authority of hand hygiene audit comparisons for different staff groups in 2013 showed a compliance rate of 72.2% for all staff. Data for individual staff groups showed compliance rates of 92.5% for nurses,

40% for auxiliary staff, 58.3% for medical workers and 76.9% for other healthcare workers.

- Hand hygiene audits were not carried out in the first quarter of 2014. Audits were planned for April 2014 prior to the national audits but these were cancelled due to an outbreak. The Authority was informed that the hospital intended to carry out these audits in the weeks following the re-inspection.

Local area hand hygiene audit results

St Marys Ward

- In the national hand hygiene audit carried out in May/June 2013, the overall result for hand hygiene compliance for St Mary's Ward was 70% with nursing staff achieving 90% compliance. The Authority was informed that hand hygiene audits on St Mary's Ward were included as part of environmental audits which are carried out every 2 months. In an audit carried out on 27 January 2014, hand hygiene compliance on the ward was 60%. This figure was based on three hand hygiene actions that were taken, out of a total of five hand hygiene opportunities that were available which is a very small sample size in terms of providing a reliable and valid picture of hand hygiene compliance.

St Joseph's Ward

- In the national hand hygiene audit carried out in May/June 2013, the overall result for hand hygiene compliance for St Joseph's Ward was 60% with nursing staff achieving 87.5% compliance. During the first inspection on 4 March 2014, a letter from the Director of Nursing to the ward manager on St Joseph's Ward was viewed by the Authority which referred to this result and highlighted the need to improve compliance with hand hygiene practice.
- The Authority was informed that the infection prevention control team gave immediate feedback about the results of hand hygiene audits to staff on St Joseph's Ward and audit results were circulated to the management team. An action plan addressing low compliance achieved during hand hygiene audits was not available to review at the time of the inspection. The Authority was informed that an infection control link nurse on the ward also carried out hand hygiene observations of technique on the ward. However records reviewed by the Authority demonstrated that these audits were last carried out in 2012.
- The Authority was informed that hand hygiene audits were not carried out on St Joseph's Ward between the first inspection on 4 March 2014 and the re-inspection on 17 April 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 World Health Organization¹⁰ and the Health Service Executive.¹¹ 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 a total of 37 hand hygiene opportunities between the first inspection on 4 March 2014 and the re-inspection on 17 April 2014. During the first inspection, 9 out of 15 opportunities (60%) were taken by staff. In the re-inspection, 14 out of 22 opportunities (64%) were taken by staff, indicating that there was very little difference in compliance between the two inspections. Due to this the results for hand hygiene opportunities observed at both inspections are grouped below.

- The Authorised Persons observed 37 hand hygiene opportunities in total during the two inspections. Hand hygiene opportunities observed comprised the following:
 - nine before touching a patient
 - four before clean/aseptic procedure
 - three after body fluid exposure risk
 - six after touching a patient
 - 13 after touching patient surroundings
 - two hand hygiene opportunities were observed where there were two indications for one hand hygiene action. For example, one after body fluid exposure risk and before touching the next patient and one after touching a patient's surroundings and before touching the next patient.

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

- Twenty-three of the 37 hand hygiene opportunities were taken. The 14 opportunities which were not taken comprised the following:
 - three before touching a patient
 - two after body fluid exposure risk
 - two after touching a patient
 - six after touching patient surroundings
 - one after touching a patient’s surroundings and before touching the next patient.
- Of 23 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for four opportunities and it was noted that the correct technique was practiced in one of these opportunities.
- In addition the Authorised Persons observed:
 - five hand hygiene actions that lasted ≥ 15 seconds as recommended
 - one hand hygiene action where there was a barrier to the correct technique (wearing sleeves to the wrist).

4.3.4 Reminders in the workplace⁸: *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. However, on St Joseph’s ward, hand hygiene signs posted to the windows behind the hand hygiene sinks were faded and poorly displayed.
- The Authority did not observe patient information leaflets on hand hygiene displayed during the inspections.

4.3.5 Institutional safety climate⁷: *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.*

- Wexford General Hospital achieved 71.9% compliance in the national hand hygiene audit carried out in May/June 2013 which is below the HSE national target of 90% for 2013. By way of comparison, the mean compliance for all hospitals that reported data was 85% in this period. There was no data available for the national audit carried out in October 2013. Despite the recommendations made by the Authority following the announced inspection on 12 February 2013, it is of concern to the Authority that there has not been a significant improvement in the hospital’s performance in national hand hygiene audits.

- Following the announced inspection on 12 February 2013, the Authority recommended that 'A specific, targeted hand hygiene strategy should be developed and implemented.' The draft strategy document developed by the hospital for 2014 states that local hand hygiene audits will be conducted in addition to national hand hygiene audits 'as needs arise and resources are available'. In view of Wexford General Hospital's performance in national audits to date, it is of concern to the Authority that this is the extent of the action proposed by the hospital in response to this matter.

Summary of findings for hand hygiene between inspections

The Authority was unable to verify during the course of the unannounced inspections the exact numbers of staff who had completed hand hygiene training. The performance of Wexford General Hospital in the national hand hygiene audits is considerably lower than the HSE targets set for each year and also considerably lower than the overall compliance across all hospitals who participate in the audits. Based on observations of hand hygiene opportunities by the Authority, there was very little difference in compliance between the first inspection (60%) and the re-inspection (64%). Given that the hospital was informed in advance of the re-inspection, it is significant that even under these circumstances there was very little difference in observed performance or internal audit undertaken in the period between the two inspections.

5. 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.

St Mary's Ward was generally clean with some exceptions but improvement was required in maintenance of the environment. St Josephs Ward was generally unclean during the first inspection and required considerable improvement in maintenance of the environment. The cleanliness of the ward had improved at the time of the re-inspection, however improvements were required in both the cleanliness and maintenance of the environment on this ward, which as witnessed during both inspections, were not managed or maintained in line with criterion 3.6 of Standard 3 of the Infection, Prevention and Control standards.

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 performance of Wexford General Hospital in national hand hygiene audits is considerably lower than the targets set by the HSE each year, and also considerably lower than the overall compliance across all hospitals who participate in the audits. It is of concern to the Authority that, unlike the majority of Irish public acute hospitals, Wexford General Hospital did not submit data for the October 2013 national audit. It is also of concern that the hospital did not carry out any local hand hygiene audits between the first inspection on 4 March 2014 and the re-inspection on 17 April 2014, despite the fact that the hospital was notified that a re-inspection would be carried out within six weeks of the first inspection.

According to the 2013 QIP published by Wexford General Hospital, annual hand hygiene training has been mandatory since May 2013. However, the Authority was unable to verify due to conflicting evidence during the course of the unannounced inspections the exact numbers of staff who completed hand hygiene training. In addition, the Authority notes that the hospital does not plan to complete hand hygiene training for all staff until the end of 2014.

Concerns around the effectiveness of the governance arrangements for Infection, Prevention and Control at Wexford General Hospital were raised by the Authority following the announced inspection conducted in 2013. The findings from both unannounced inspections conducted thus far in 2014, and the relative lack of improvement between unannounced inspections, indicates that the deficit in governance of the Prevention and Control of Healthcare Associated Infection at

Wexford General Hospital remains an issue, and manifested itself in this case during the inspection process as poor environmental and hand hygiene as experienced by patients. On the basis of the Authority's findings, the Authority escalated the ongoing lack of compliance with the Infection, Prevention and Control Standards at Wexford General Hospital to the National Director of Acute Hospitals following the re-inspection on 17 April 2014. A copy of this communication is shown in Appendix 3.

Wexford General Hospital must now revise and amend its 2013/2014 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 Wexford General Hospital to formulate, resource and execute their QIP to completion. The Authority will continue to monitor the hospital's progress in implementing their 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.

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[‡] The URLs referenced here were inserted at the time this document was being created.

7. Appendix 1 – Recommendations made by the Authority following the announced inspection at Wexford General Hospital on 12 February 2013.

Theme 1: Leadership, Governance and Management

Recommendation 1 *The governance arrangements will include PCHCAI specific strategies and aligned cost-effective initiatives.*

Recommendation 2 *The corporate and clinical governance arrangements at Wexford General Hospital should be reviewed in order to ensure compliance with the National Standards for Prevention and Control of Healthcare Associated Infections.*

Recommendation 3 *A formal system of communication regarding PCHCAIs should be developed and implemented in Wexford General Hospital.*

Recommendation 4 *There should be a named accountable person for the coordination of the PCHCAI surveillance programme.*

Recommendation 5 *An efficient antimicrobial stewardship programme should be developed and implemented.*

Theme 2: Workforce

Recommendation 6 *PCHCAI staff should be facilitated to attend ongoing professional development.*

Recommendation 7 *Hand hygiene training should be made mandatory for all staff.*

Recommendation 8 *Wexford General Hospital must put in place arrangements to ensure that all staff receive mandatory theoretical and practical training in relation to the prevention and control of Healthcare Associated Infections.*

Recommendation 9 *Arrangements should be put in place for all visiting clinicians and undergraduates to ensure that they are competent in the core principles for the preventions and control of HCAs.*

Theme 3: Safe Care

Recommendation 10 *Wexford General Hospital must put in place arrangements to ensure that specific care bundles and/or policies, procedures and guidelines are developed, communicated, implemented and their efficacy monitored.*

Recommendation 11 *A specific, targeted, hand hygiene strategy should be developed and implemented.*

Recommendation 12 *There should be clear and visible support from the Wexford General Hospital's board of management, including senior clinicians, to drive the hand hygiene campaign and ensure compliance from all levels of seniority and disciplines.*

Recommendation 13 *Wexford General Hospital should review placement of clinical waste bins in isolation rooms in order to minimise the risk of the spread of communicable/transmissible diseases.*

8. Appendix 2 - Copy of letter issued to Wexford General Hospital following the unannounced inspection carried out on 4 March 2014.



Ms Lily Byrnes
Hospital Manager
Wexford General Hospital
Newtown Road
Wexford
Co Wexford

PCHCAI/242

7 March 2014

Dear Ms Byrnes

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

I am writing as an authorised person under Section 70 of the Health Act 2007 (the Act) for the purpose of monitoring NSPCHCAI pursuant to Section 8(1)(c) of the Act. Under section 8(1)(c) of the Act, authorised persons of the Health Information and Quality Authority (the Authority) carried out an unannounced monitoring assessment in Wexford General Hospital on Tuesday March 4 2014 for the purposes of monitoring compliance with the NSPCHCAI.

During the course of the monitoring assessment, the authorised persons identified specific issues that they believe present a high risk to the health or welfare of patients and measures need to be put in place to mitigate these risks. The findings identified were such that a second unannounced re-inspection will be conducted within six weeks. The risks concerned included, but were not limited to;

- **Inaction in implementing Wexford General Hospital's previous quality improvement plan with respect to Hand Hygiene and Environmental Hygiene** – As a general point, it was noted on review of the hospital's quality improvement plan following the last unannounced inspection from the Authority that progress in mitigating findings

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identified at the last inspection with respect to hand hygiene and environmental hygiene has not been achieved. Many of these previous findings have been re-identified, and are outlined below.

- **Hand hygiene** – according to the Quality Improvement Plan published by Wexford General Hospital on the HSE website, dated November 2013 (accessed by the Authority in March 2014), “Annual hand hygiene training and education has been made mandatory for all disciplines at Wexford General Hospital” with the completion date shown as 30/05/2013. However, during the inspection on 4 March 2014, the Authority was informed that only 52% of nurses and health care assistants on St Mary’s Ward were up-to-date with hand hygiene training and that the hand hygiene training had been inactive of late.

In 2013, Wexford General Hospital reported a hand hygiene audit compliance rate of 71.9% in the national benchmark audit - 18% less than the HSE national target. Worryingly, Wexford General Hospital did not report results in the most recent national hand hygiene audit in October 2013.

- **The disposal of clinical waste in isolation rooms** - Segregation of clinical risk waste was observed not to be in line with best practice. For example, in a five bedded isolation room in St Joseph’s ward, a waste bin was observed to be incorrectly labelled as a domestic non-risk waste bin but had a clinical waste bag inserted into it. In addition, it was evident on St Mary’s ward that there were no clinical waste disposal bins in single rooms being used as isolation rooms.

- **Environmental hygiene** – The environmental hygiene on St Joseph’s ward in particular was noted to be very poor.

While these issues and this correspondence will be referred to in the report of the monitoring assessment on its conclusion, the Authority believes it is important that these risks are brought to your attention now, in advance of this. This is being done so that you may act to mitigate and manage the identified risks as a matter of urgency and in preparation for a re-inspection by the Authority within six weeks. Details of the risks identified will be included in the report of the monitoring assessment. This will include copies of the Authority’s notification of high risks and the service provider’s response. Should you have any queries, please do not hesitate to contact me at qualityandsafety@hiqa.ie. Please confirm receipt of this letter by email (qualityandsafety@hiqa.ie).

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Yours sincerely,



Sean Egan
Authorised Person

CC:

Philip Crowley, National Director of Quality and Patient Safety

Ian Carter, National Director Designate of Acute Hospitals

Gerry O Dwyer, Regional Director of Performance and Integration, HSE South

Mary Dunning, Deputy Director of Regulation, HIQA

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9. Appendix 3 – Copy of letter issued to the National Director of Acute Hospitals following the unannounced inspection carried out at Wexford General Hospital on 17 April 2014.



Ian Carter
National Director of Acute Services
Health Service Executive
Dr Steeven's Hospital
Dublin 8

PCHCAI/270

14 May 2014

Dear Ian

National Standards for the Prevention and Control of Healthcare Associated Infections (the Infection, Prevention and Control Standards) Inspection Programme

Under section 8(1)(c) of the Act, authorised persons of the Health Information and Quality Authority (the Authority) carried out an unannounced inspection in Wexford General Hospital on Tuesday 4 March 2014 for the purposes of monitoring compliance with the Infection, Prevention and Control Standards.

During the course of this inspection, the authorised persons identified specific poor performance concerns in relation to environmental and hand hygiene practice at the hospital. Rather than publishing these findings, the Authority gave the hospital a period of time to address these basic environmental and hand hygiene practice concerns. A re-inspection was subsequently conducted on Thursday 17 April 2014. Following this re-inspection, the Authority remains concerned at the level of non-compliance which is still evident with the Infection, Prevention and Control Standards.

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It should be noted that an announced inspection conducted by the Authority at the Hospital in 2013 in relation to the same standards previously highlighted particular concerns around the governance of Infection Prevention and Control in the hospital. The findings of both unannounced inspections in 2014 indicate that improvement in the governance of Infection Prevention and Control has not occurred in the interim period. Ongoing poor governance has continued to manifest as suboptimal performance in environmental and hand hygiene practice as experienced by patients.

The issue of inadequate governance arrangements, the supporting evidence to underpin this assessment and this correspondence will be referred to in the inspection report which will be published shortly. This report will include previous findings from the 2013 announced inspections and both unannounced inspections on its conclusion. However, the Authority believes it is important that the risk presented by the current governance practice at Wexford General Hospital in relation to Infection Prevention and Control is brought to your attention now, in advance of this.

Should you have any queries, please do not hesitate to contact me at qualityandsafety@hiqa.ie

Yours sincerely,



Sean Egan
Authorised Person

CC:

Lily Byrnes, Hospital Manager, Wexford General Hospital
Philip Crowley, National Director of Quality and Patient Safety
Gerry O Dwyer, Chief Executive of Southern Hospital Group, HSE South
Mary Dunion, Deputy Director of Regulation, HIQA

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