



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Bantry General Hospital, Bantry Co Cork

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

Date of on-site inspection: 02/04/2014

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 Bantry General Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Katrina Sugrue, on 2 April 2014 between 10:00hrs and 13:40hrs.

The area assessed was

- Medical Ward

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

2. Bantry General Hospital Profile[‡]

Bantry General Hospital provides acute general hospital services to the population of a unique, rural, very large geographical area encompassing West Cork and South Kerry. The area extends from the Beara and Sheep's Head Peninsulas in the south to Kenmare in the west, Macroom and Clonakilty in the north and Timoleague in the east and includes several inhabited islands. Travel times to Cork city are up to three hours by car from parts of the mainland catchment area of the hospital.

The hospital is a 118-bedded acute general hospital and provides, within available resources, a large range of inpatient, outpatient and day case services.

Services currently provided:

- Department of Medicine
- High Dependency Unit
- Medical Assessment Unit and Step-down beds
- Endoscopy Services
- Day Surgery Services
- Local Injury Unit
- Rehabilitation unit
- Acute Stroke Unit
- Cardiology Services
- Radiology Services
- Laboratory Services
- Out-patient Services
- St. Joseph's Care of Elderly Unit
- Palliative Care Bed
- Physiotherapy, Occupational Therapy, Speech & Language Therapy and Dietetic services

[‡] 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.

Support services are provided as follows:

- Medical Assessment Unit in keeping with the National Acute Medical Programme
- Endoscopy Suite
- Physiotherapy Department
- Laboratory Department
- Outpatient Department.

A 24-bed continuing care unit for older people serving the catchment area is also located in the hospital, with five beds allocated to respite care and one designated Palliative Care Suite.

An 18-bedded acute psychiatric unit serving the catchment area is also located in the hospital grounds.

3. Findings

On inspection at Bantry General Hospital on 2 April 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards.¹ 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.

Medical Ward

Medical Ward is a 33-bedded medical unit which consists of multi bedded units and four single rooms with en suites facilities which were in use for isolation purposes on the day of the inspection.

Overall, Medical Ward was clean, but improvement is required to ensure the ongoing cleanliness of patient equipment.

Environment and equipment

- A light layer of dust was present on a casement over a patient bed, on cardiac monitors and a locker in a patient area inspected. A moderate layer of dust was visible on the high surface of a dividing wall in a patient bathroom.
- There was chipped paint on a wall in a patient area and the wall beside the window in the clean utility room. Paint was also chipped on the legs of a dressing trolley inspected and the pedal of a domestic waste bin in the clean utility, hindering effective cleaning.
- The following were observed as part of the inspection of the clean utility room
 - At the time of the inspection the double doors into the clean utility room were open; this finding presented a risk of unauthorised access to drawers containing needles, syringes and to an unlocked cupboard containing intravenous medications.
 - While most of the signage observed was laminated, some paper-based signage was not laminated, hindering effective cleaning. The standard precaution signage was curled at the edges and needs to be replaced.
 - Two small ladders stored beside the radiator under the window were visibly unclean.
 - A moderate layer of dust was present on a ledge adjacent to the hand hygiene sink.
 - One ceiling tile was visibly stained.
 - A light layer of dust was visible on the bases of intravenous drip stands
 - Residue was present on a syringe driver, hindering effective cleaning.
- The following were observed as part of the inspection of the 'dirty'[±] utility room
 - The dirty utility room was unlocked, allowing unauthorised access to chemicals, which were stored in an unlocked cupboard in the cleaning storage room located there. There was signage observed that instructed staff to keep the storage cupboard locked which was not adhered to at the time of the inspection.

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

- A moderate layer of dust was visible on the surface of shelving inspected. A light layer of dust was visible on the window sill and dust and grit was observed on floor edges.
- While the tap on the hand hygiene sink was hands free, the hand hygiene sink did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.³
- The signage above the hand hygiene sink was visibly water stained and not laminated, hindering effective cleaning.
- A bedpan filled with water was observed in the sink used for cleaning patient equipment and another bedpan was in a low level sink under the window. One urinal was visibly unclean and stored inappropriately on its side among other clean urinals. Racks were available to store clean urinals but were not in use on the day of the inspection. These issues were of concern to the Authorised Person who brought it to the attention of the ward manager at the time of the inspection. These issues were addressed and resolved immediately.
- Rust coloured staining was visible on the wheel areas of two of the commodes stored in the dirty utility room. Brown staining was present underneath the seat of two of the commodes and was brought to the attention of the ward manager at the time of the inspection. The Authority viewed daily sign off sheets for cleaning commodes which were completed on the 29, 30, and 31 March and 1 April 2014 but were not signed for on the 24, 25 and 27 March. It was explained to the Authorised Person that in addition to the daily cleaning schedule for commodes, commodes are cleaned after each patient use however on the day of the inspection two commodes were visibly unclean.

Isolation Rooms

- A light layer of dust was present on the floor edges and casement above the bed in one of the isolation rooms inspected. A moderate layer of dust was visible on the floor edges behind the door. Three ceiling tiles were visibly stained.
- The door to the occupied isolation room was open which is not in line with best practice.

Linen

- Linen was observed to be inappropriately stored in a small store room, at the time of the inspection. The area allocated for the storage of clean linen was also used for the storage of patient observation equipment. Other medical supplies were observed such as intravenous fluids, catheter bags and needles which were stored in accessible drawers. The door of the store room was open at the time of the inspection which may pose a low risk of linen contamination. Overall, at the time of the inspection the storage of linen on Medical Ward was observed not to be in line with best practice.⁴
- A ceiling tile was visibly stained in the room used for the storage of linen.

Cleaning equipment

- Liquid residue was present on top of a storage cupboard in the cleaning room.
- The Authority was informed by hospital staff that they were unaware of a process for cleaning spray bottles used for holding detergents after use each day. It was explained that spray bottles are refilled only when empty, rather than every 24 hours which is best practice.⁴

Summary

The Authority was informed that hygiene audits are carried out by members of the multidisciplinary hygiene team on a monthly basis. Results of audits are reported to the hygiene committee and the infection control committee. If an aspect of environmental hygiene such as waste is audited and achieves less than 85% compliance, an action plan is developed. For example, the Physiotherapy Outpatient Department was audited in September 2013 and achieved below 85% compliance. It was re-audited in December 2013, and greater than 85% compliance was achieved. Issues highlighted through audit are communicated to the department manager.

The Authority viewed documentation relating to hygiene audits and management walkabouts carried out in 2013 throughout the hospital. Stand-alone audits of different aspects of environmental hygiene are carried out regularly which are given a percentage compliance rating. The Authority viewed reports of some stand-alone audits which related to the management of waste and hand hygiene facilities. An audit of isolation precautions carried out in the Medical Ward in October 2013 demonstrated 93% compliance. However, the overall compliance of the areas audited was difficult to ascertain on the day of the inspection as a compliance rate for all aspects audited was not applied. For example, the Authorised person viewed a hygiene audit carried out on the Medical Ward in September 2013 which did not have a compliance rate applied; it was therefore difficult to determine how compliant an area or the hospital was in relation to hygiene audits on the day of the

inspection. Furthermore, the action plans developed in response to issues identified during hygiene audits did not have a date of completion. The Authority was informed by the Director of Nursing that the hospital has identified this as an issue and is planning to implement a six-weekly review of critical issues identified in each audit during 2014 to ensure issues are addressed and closed out.

The Authority viewed records of cleaning schedules on Medical Ward such as bed cleaning records, patient equipment cleaning records, daily sign off sheets for cleaning of commodes and sluice room cleaning records. The healthcare assistant on night duty was responsible for cleaning patient equipment. Daily monitoring sheets were also viewed in the patient bathrooms inspected. The ward manager was responsible for reviewing these records.

In general, the environment in the Medical Ward was clean with some exceptions. However improvements are required in the management and cleaning of patient equipment which, as witnessed at the time of the inspection, were not managed or maintained in line with criteria 3.6 of Standard 3 of the Infection Prevention and Control Standards¹.

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.⁵ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.3.1 System change³: 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 clinical hand wash sinks in the clean and 'dirty' utility rooms did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.³

3.3.2 Training/education³: *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.

- Hand hygiene training records provided to the Authority showed 93% of nursing staff, 100% of care assistants and 67% of porters, 89% of attendants and 96% of allied health staff were compliant with hand hygiene attendance up to December 2013. The records indicated that only 40% of consultants have attended hand hygiene in the last two years. The Authority was informed that this percentage has increased since January 2014. Hand hygiene training records for non consultant hospital doctors (NCHDs) within the hospital were not provided to the Authority.
- It was explained to the Authorised person that non consultant hospital doctors (NCHDs) rotate from Cork University Hospital to Bantry General Hospital and it can be difficult to ensure all new NCHDs attend hand hygiene within the time allocated for their placement. The Authority was informed that all new NCHDs must now complete the e-learning programme on HSELand (the Health Service Executive's (HSE's) online resource for learning and development) on hand hygiene training before commencing their rotation to the hospital. The certificate issued on completion of the e-learning training must be presented at the hospital as proof of attendance on commencing their placement. Hand hygiene technique will then be assessed by the infection control nurse on the wards during the NCHD placement. A letter was viewed by the Authority which was sent on 29 January 2014 to inform all new NCHDs about the requirement to attend the e-learning programme who are due to commence placement in the hospital during 2014.

- The hand hygiene training records provided on Medical Ward for the Authority to view demonstrated that 100% of staff had attended hand hygiene training in the previous two years.

3.3.3 Evaluation and feedback³: *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

- Bantry General Hospital participates in the national hand hygiene audits which are published twice a year.⁷ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an increase from May/June 2013 to October 2013. The overall compliance for 2013 is 84.7% which is below the Health Service Executive's (HSE's) national target of 90%.⁸

Period 1-6	Results
Period 1 June 2011	69%
Period 2 October 2011	77.0%
Period 3 June/July 2012	82.4%
Period 4 October 2012	83.3%
Period 5 May/June 2013	83.3%
Period 6 October 2013	86.1%

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

Local area hand hygiene audit results

- Local hand hygiene audits were not carried out in Bantry General Hospital in 2013.

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 WHO⁹ and the HSE.¹⁰ In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique^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 19 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - five before touching a patient
 - one after body fluid exposure risk
 - two after touching a patient
 - 11 after touching patient surroundings.
- Sixteen of the 19 hand hygiene opportunities were taken. The three opportunities which were not taken comprised of the following:
 - two before touching a patient
 - one after touching patient surroundings.
- Of the 16 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 10 opportunities. Of these, the correct technique was observed in 10 hand hygiene actions.

In addition the Authorised Persons observed:

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

- eleven hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended
- one hand hygiene action where there was a barrier to the correct technique, as a staff member was wearing a wrist watch.

3.3.4 Reminders in the workplace³: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

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

3.3.5 Institutional safety climate³: *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.*

- Bantry General Hospital achieved 84.7% compliance in 2013 in the national hand hygiene audits which is below the HSE's national target.⁷ The hospital has demonstrated a commitment to hand hygiene training and has demonstrated an improvement in performance since the first national audit in June 2011.⁷ Nevertheless, improvement is still required in hand hygiene practices to ensure that compliance increases in line with the national target.⁸

3.4 Communicable/Transmissible Disease Control

Standard 7. Communicable/Transmissible Disease Control

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

Criterion 7.5. All areas and medical equipment contaminated or suspected of being contaminated with a communicable/transmissible organism undergo environmental decontamination in accordance with evidence-based best practice guidelines.

- Equipment that had been used to undertake a liver biopsy was observed in a dish on top of the bedpan washer in the dirty utility. The equipment was unclean and visibly stained with blood which posed a risk of the spread of transmissible disease and was not managed in accordance with evidence-based best practice.¹ This issue raised significant concern to the Authority who brought it to the attention of the Ward Manager at the time of the inspection and was addressed immediately. This issue was also communicated to the Hospital Manager on completion of the inspection.

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.

The Authority found that Medical Ward was generally clean; however findings in the dirty utility relating to the cleaning of patient equipment raised a concern for the Authority. Although these issues were addressed at the time of the inspection, the Authority recommends that the processes around the maintenance and management of patient equipment be reviewed to ensure that the risk of transmission of healthcare associated infections to patients, staff and visitors is minimised.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

The Authority found that improvements in hand hygiene are required in particular, regarding auditing to improve hand hygiene practices and to meet the national target⁸ in national hand hygiene audits.⁷

The Authority has monitored the quality improvement plan (QIP)¹¹ developed and published by Bantry General Hospital following the announced inspection on 22 January 2013. The QIP was last updated on 28 November 2013. Only one of the issues raised by the Authority in the announced inspection has been addressed which were due to be completed by the end of December 2013. The Authority was informed by the Hospital Manager that the hospital expects to close out the outstanding issues in the QIP in the next six months.

Bantry General Hospital must now revise and amend its QIP that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control Standards.¹ 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 Bantry General 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.

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

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