



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at South Tipperary General Hospital, Clonmel**

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

Date of unannounced on-site monitoring assessment: 6 November 2012

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services 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.
- **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

The Health Information and Quality Authority (the Authority or HIQA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This report sets out the findings of the unannounced monitoring assessment by the Authority of South Tipperary General Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced monitoring assessment is to assess the hygiene as experienced by patients at any given time. The unannounced assessment focuses specifically on the observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and compliance with hand hygiene practice.

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

- Standard 3: Environment and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1

The Authority used hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The emergency department (ED) is usually the entry point for patients who require emergency and acute hospital care, with the outpatient department (OPD) the first point of contact for patients who require scheduled care. In Irish hospitals in 2011, there were over 1 million attendances at EDs and over 3 million outpatient attendances.

Accordingly, the monitoring assessment will generally commence in the ED, or in the OPD and follow a patient's journey to an inpatient ward. This provides the Authorised Persons from the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority

uses hygiene observation tools to gather information about the cleanliness of at least two clinical areas. Although specific areas are assessed in detail using the hygiene observation tools, Authorised Persons from HIQA also observe general levels of cleanliness as they follow the patient's journey through the hospital.

The monitoring approach taken is outlined in Appendix 1.

Authorised Persons from the Authority, Breeda Desmond, Catherine Connolly Gargan, Ide Batan and Emily McLoughlin carried out the unannounced assessment at South Tipperary General Hospital (STGH), Clonmel on 6 November 2012 between 12:20hrs and 17:30hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas subsequently assessed for compliance with the NSPCHCAI were:

- Medical 3
- Maternity ward.

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

## **2. South Tipperary General Hospital, Clonmel, profile<sup>†</sup>**

South Tipperary General Hospital was established in 2007. The hospital is a 193-bed (168 inpatient and 25 day patient) Level III acute general hospital providing emergency department, general medicine, general surgery, obstetrics/gynaecology, paediatrics and day case oncology services to the catchment area of South Tipperary, West Waterford and part of North Tipperary. Thus individual speciality catchment population varies from 92,000 to 134,000. Outreach clinics are provided at several locations including Thurles, Tipperary Town and Cashel.

## **3. Findings**

The findings of the unannounced monitoring assessment at South Tipperary General Hospital, Clonmel, on 6 November 2012 are described below.

During the course of the monitoring assessment, the Authority identified immediate serious risk related to NSPCHCAI at South Tipperary General Hospital, Clonmel.

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<sup>†</sup> 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.

### 3.1 Immediate serious risks identified

The Authority identified specific risks due to non-compliance with the NSPCHCAI.<sup>‡</sup>

It was reported to the Authorised Persons from the Authority that **the corridor adjacent to the ED, which is used as a patient thoroughfare from the main hospital entrance to the ED, could be used to accommodate and cohort patients with communicable diseases.**<sup>‡</sup>

This practice is directly non-compliant with Standard 7 of the NSPCHCAI, and would pose a serious risk to patients. This practice is not acceptable and should cease immediately.

In line with the Authority's Risk Escalation Process,<sup>‡</sup> the Authority brought this risk to the immediate attention of the Hospital's General Manager. This was to allow the Hospital to put in place the actions necessary to mitigate this risk as a matter of urgency. Subsequently, the Authority also formally notified the persons accountable for the services at South Tipperary General Hospital: the Hospital's General Manager and the Health Service Executive (HSE) South Regional Director of Operations.

As required, the persons accountable for the services formally reported back to the Authority with an action plan to reduce and effectively manage the risk.

### 3.2 Standard 3. 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 (HCAI).

**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 HCAs.

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<sup>‡</sup> Additional non-NSPCHCAI risks were identified during the monitoring assessment and brought to the attention of Hospital management.

<sup>‡</sup> At the time of assessment, there were no patients with communicable diseases accommodated on the corridor adjacent to the ED.

<sup>‡</sup> Further information in relation to the Authority's Risk Escalation Process can be found in our Guide to the monitoring programme at <http://www.higa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associ>.

The risk of the spread of HCAs is reduced when the physical environment is clean and decontaminated. It is therefore important that the physical environment is planned, provided and maintained to maximise patient safety.

### **Environment and equipment**

- Overall, the Authority found that the environment and equipment assessed in both Medical 3 and the Maternity ward was unclean.
- In the 'dirty' utility\* of the Maternity ward, there was visible dirt on flooring with high concentrations of dirt in edges and corners. There was visible staining and residue from spillages on the floor, in particular under the sink areas. Storage facilities were not used to their optimum, for example, cleaning products were stored on open shelves in an unsecured area with unobstructed public access. In addition it was observed that patient clinical supplies were inappropriately stored, for example, new anti-embolism stockings were stored on a window sill alongside the 'dirty' utility room.
- In the Medical 3 'dirty' utility, the Authorised Persons from the Authority observed that some bedpans were not clean and were not stacked appropriately. This was evidenced by visible cream residue on some bedpan surfaces.
- In the 'clean' utility room in the Maternity ward, two baby cots awaited cleaning. Unclean linen was stored in the 'clean' utility. In accordance with best practice, only clean equipment should be stored in the 'clean' utility. Also, whilst infected linen was in alginate bags, it was stored on the main corridor outside a patient room. This is not in line with best practice, and was brought to the attention of ward staff on the day of the assessment.
- Clean linen was stored appropriately in both areas assessed.
- In the patient ward areas assessed, tiles and the adhesive around the base of showers were unclean with a visible mould-like substance. Surfaces of many of the bedside lockers and bed tables were worn away which prevented effective cleaning thereby posing a hygiene risk to patients. There were dark stains visible on one curtain in Medical 3. There was general dust observed in all patient areas assessed, for example, above curtain rails and above electric panels behind patient beds.
- Surfaces of equipment observed, for example, intravenous stands, wound dressing trolleys and baby cots were not clean. There was evidence of a

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

sticky residue from adhesive materials on the equipment which would indicate cleaning was inadequate.

- The nurses' work station in Medical 3 was cluttered and untidy thereby inhibiting thorough cleaning which was evidenced by telephones, keyboard and fax machines being dusty and unclean.
- The cleaning trolley on the ward in Medical 3 was unclean. Unclean mop-heads were observed on top of the cleaning trolley.
- In Medical 3, one five-bedded ward was used to accommodate and cohort patients with similar infections. The Authorised Persons from HIQA observed that the majority of staff used the personal protective equipment available at the entrance to this ward. However, this practice was not consistent across all staff. This was brought to the attention of the ward manager at the time of the assessment.
- There was one negative-pressure isolation room in Medical 3. At the time of the assessment this room was in use. It was observed that the rubber seal at the base of the entry door was protruding and prevented the door from closing properly. This was brought to the attention of the ward manager who immediately contacted maintenance who remedied the problem before the monitoring assessment was complete.

## Conclusion

In conclusion, the Authority found that in the areas observed at South Tipperary General Hospital were generally unclean. The lack of cleanliness observed would suggest that the physical environment was not being effectively managed and maintained to protect service users and reduce the risk of the spread of HCAs.

### 3.3 Standard 6. 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 HCAs.



## Findings

- The Authority reviewed the hygiene training records and hygiene audits. It was reported to the Authority that the infection control Clinical Nurse Specialist (CNS) attends wards every Tuesday to facilitate hand hygiene training. Trending of attendance at hand hygiene training was in place to ensure all staff attend training on an annual basis. Results from these audits are relayed back to each unit to facilitate further learning.
- While hand hygiene signage was present, all signs were not laminated, and therefore could not be effectively cleaned. Hand hygiene gels were available at the main hospital entrance as well as throughout the areas assessed. However, at the time of assessment, some of the hand hygiene gel dispensers tested by the Authorised Persons from HIQA were found to be empty.
- There was a clinical hand-wash sink in each patient area with clear hand-washing signage and liquid soap. However, in Maternity ward, the hand-wash sink was not appropriately separated from patient accommodation. This resulted in the patient situated alongside the hand-wash sink using the sink for personal use with toothbrush, toothpaste, shower wash and face cloth stored on the sink. This meant that there was no dedicated hand-wash sink available in this ward. This was brought to the attention of ward staff at the time of assessment. In addition, in one 'dirty utility room', chlorhexidine surgical scrub was in place for hand washing rather than an approved hand-wash liquid soap and the nozzle was observed to be dry and crusted.

## Observation of hand hygiene opportunities

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

- The Authority observed 25 hand hygiene opportunities during the monitoring assessment. These hand hygiene opportunities comprised:
  - 10 opportunities before touching a patient
  - four after touching a patient
  - four before clean/aseptic procedure
  - two after bodily fluid exposure risk, for example, emptying urinary catheter bags
  - five after touching the patients' surroundings.

However, the Authority observed that just 15 of the 25 hand hygiene opportunities were taken. Of the 15 opportunities taken, 10 complied with best practice hand hygiene technique. The remaining five opportunities that were taken were found to be non-compliant due to not following best practice technique for hand washing or use of alcohol gel and/or length of time taken to complete hand hygiene.

## **Conclusion**

The Authority found that efforts were being made to put the necessary procedures and systems in place for hand hygiene at South Tipperary General Hospital. However, the hand hygiene practices observed by the Authorised Persons from the Authority suggested that a culture of hand hygiene practice was not yet operationally embedded at all levels.

## **4. Overall Conclusion**

During the course of the monitoring assessment, the Authority identified an immediate serious risk to the health and welfare of patients receiving care at South Tipperary General Hospital, Clonmel. This immediate serious risk pertained to cohorting of patients with communicable diseases on the main corridor adjacent to the ED which is used as a main thoroughfare.

In line with the Authority's Risk Escalation Process, the Authority brought this risk to the immediate attention of the Hospital's General Manager. This was to allow the Hospital to put in place the actions necessary to mitigate this risk as a matter of urgency.

In addition, the Authority also formally notified the persons accountable for the services at South Tipperary General Hospital: the Hospital's General Manager and the Health Service Executive (HSE) South Regional Director of Operations.

In the areas assessed at South Tipperary General Hospital for compliance with the NSPCHCAI, the Authority observed a lack of cleanliness of both the physical environment and equipment. This included visible dirt in patient and non-patient areas, inappropriate storage of unclean infected linen and evidence that equipment was not being cleaned properly. This suggests that STGH do not have systems and processes in place for effective environment and facilities management.

The Authorised Persons from HIQA found that while hand hygiene posters had a high profile throughout the hospital, hand hygiene practices observed would indicate that a culture of hand hygiene practices is not operationally embedded at all levels.

Whilst this unannounced assessment was limited to two patient areas and the ED of STGH, it would be of concern to the Authority if these areas were reflective of the hospital in its entirety. As such, STGH should instigate a hospital-wide review of its compliance with the NSPCHAI and the findings of this report in order to assure itself of the quality and safety of the hygiene services that it is providing to patients.

South Tipperary General Hospital, Clonmel must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This QIP must be approved by the service provider's identified individual who has the 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.

The Hospital should ensure the continued monitoring of the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that they are implementing and meeting the NSPCHAI and are making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at South Tipperary General Hospital on 6 November 2012 was a snapshot of the hygiene levels in some areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will, within the next six months, undertake an announced follow-up assessment against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

## **Appendix 1. NSPCHCAI Monitoring Assessment**

### **Focus of monitoring assessment**

The aim of NSPCHCAI together with the Health Information and Quality Authority's monitoring programme is to contribute to the reduction and prevention of Healthcare Associated Infections (HCAIs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.higa.ie/standards/health/healthcare-associated-infections>.

### **Unannounced monitoring process**

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

Standard 3: Environment and Facilities Management, Criterion 3.6

Standard 6: Hand Hygiene, Criterion 6.1

The Authorised Persons use hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The Authority reports its findings publicly in order to provide assurances to the public that service providers have implemented and are meeting the NSPCHCAI and are making the quality and safety improvements that prevent and control HCAIs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.higa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>.



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