Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at St. Luke's Hospital, Highfield Road, Rathgar, Dublin 6

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

Date of on-site monitoring assessment: 08 October 2013

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 St. Luke's 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 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 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.

The monitoring approach taken is outlined in Appendix 1.

The unannounced assessment was carried out at St. Luke's Hospital, Rathgar by Authorised Persons from the Authority, Naomi Combe and Catherine Connolly Gargan on 08 October 2013 between 10:40hrs and 12:30hrs.

The areas assessed were:

- Ward D (Oncology)
- Ward B (Oncology)

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

2. St. Luke's Hospital, Rathgar Profile[1]

St Luke's Hospital, established in 1954, along with Radiation Therapy centres on the sites of St James and Beaumont Hospitals, forms part of St Luke's Radiation Oncology Network which provides a comprehensive Radiotherapy and Oncology service to patients from Dublin area and referrals from all over Ireland. St Luke's has 132 beds, made up of three in-patient acute wards, one of which is a 5-day ward, a busy day unit and a five day unit (Oaklands Lodge), which facilities independent patient receiving treatment. St Luke's provides post-graduate training in Radiation Oncology to a wide range of disciplines including doctors, nurses and physicists. St Luke's provides clinical education facilities for Specialist Registrars, Radiation Therapists and Oncology Nurses, amongst others. St Luke's also has an active research and development programme. Its current portfolio includes trials in prostate, lung, endometrium and breast cancer. We also conduct translational and palliative studies.

[1] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

3. Findings

The findings of the unannounced monitoring assessment at St. Luke's Hospital, Rathgar on 08 October 2013 are described below.

3.1 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 HCAIs.

Ward D (Oncology)

Environment and equipment

There was evidence of good practice which included the following:

- Bed frames, bed rails, pillows, mattresses, tables, floors, walls, high and low surfaces, radiators, curtain rails and stairs/steps in patient areas assessed were clean, intact and free of dust
- signage was laminated, clean and well maintained
- high and low surfaces, wall tiles, floors, hand washing facilities, baths, sinks, showers and accessories were clean and well maintained in the washrooms assessed
- surfaces of equipment assessed, for example, intravenous stands, a resuscitation trolley, blood pressure cuffs, oxygen saturation probes, temperature probes, oxygen equipment and suction apparatus were clean
- work station surfaces were free of clutter and equipment assessed was clean.
- the clean utility room and the equipment in the room were clean, tidy and well maintained
- the 'dirty'[2] utility room was tidy and well maintained

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

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

- the vinyl covering on a chair located in a single room was torn, hindering effective cleaning
- a light layer of dust was visible on electrical fittings
  rust coloured staining was visible at the areas where the handrail attached to the shower wall in the ensuite of room 12A
- dark staining was visible around the grouting at the base of the shower in the washroom assessed
- rust coloured staining and dust were visible on the wheel areas of a dressing trolley
- a layer of dust was visible on the tracks used to hold the drawers on a phlebotomy trolley
- a moderate layer of dust was visible on the base of Stryker beds in equipment room II

The following was observed in the clean utility room:

- While the clean utility room was lockable with a keypad, the door was ajar at the time of the monitoring assessment
- the safety locking mechanisms on five sharps waste disposal bins stored in the clean utility room were not engaged

The following was observed in the 'dirty' utility room:

- The 'dirty' utility room was unlocked, allowing unauthorised access to chemicals, which were stored in a lockable cupboard. However the key to unlock the cupboard was in the keyhole
- patient washbowls and bed pans in the 'dirty' utility room were not inverted while being stored

Waste segregation

There was evidence of good practice which included the following:

- Foot operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than 2/3 full
- clinical waste was tagged and secured before leaving the area of production
  Cytotoxic waste was disposed of in a special cytotoxic bin at the patient bedside and removed by porters to the waste disposal area.
- clinical waste advisory posters informing of waste segregation best practice procedures were displayed

Linen

There was evidence of good practice which included the following:

- Linen was segregated into appropriate colour coded bags. The bags were less than 2/3 full and capable of being secured
- clean linen was stored in a designated area. Clean linen examined by the Authority was found to be free of stains

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols in relation to their role
- cleaning equipment was clean and a colour-coded cleaning system was in place and demonstrated
- appropriate advisory signage was displayed for the use of cleaning and disinfection products
- personal protective equipment was available and appropriately used by staff

Water outlet flushing

- Records of water outlet flushing were demonstrated

Ward B (Oncology)

Environment and equipment

There was evidence of good practice which included the following:

- Pillows, mattresses, lockers, floors, walls, and high and low surfaces in patient areas assessed were clean, intact and free of dust
- chairs and stools assessed in clinical areas were covered in an impermeable material and were intact
- signage was laminated, clean and well maintained
- high and low surfaces, wall tiles, floors, hand washing facilities, sinks and accessories were clean and well maintained in the washrooms assessed
- surfaces of equipment assessed, for example, intravenous stands and pumps, cardiac monitors, a resuscitation trolley, near patient testing equipment, dressing trolleys, blood pressure cuffs, oxygen saturation probes, temperature probes, oxygen equipment and suction apparatus were clean
- the clean utility room and the equipment in the room were clean, tidy and well maintained
- the 'dirty' utility room was tidy and well maintained

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- There was some paint missing from the wall and radiator surface on the main ward corridor
- while the bed frames assessed were clean and dust free, there was paint missing from some bed frames
- there was paint missing from small areas on the bases of patient bedside tables assessed
- patient towels and a facecloth were stored on the radiator in the six-bedded area
- a moderate layer of dust was visible on curtain rails
- a small amount of black matter was visible between the base of the shower and the wall in the washroom assessed
- access to the washroom assessed was partly obstructed by equipment such as a used linen collection trolley and large clinical waste collection bins
- there was paint missing from small areas at the base of a hoist and a spill stain was visible on the surface of the hoist
- adhesive tape residue was visible on the handset of a telephone at a workstation

The following was observed in the clean utility room:

- The door to the clean utility room was not secured and was wide open at the time of the monitoring assessment

The following was observed in the 'dirty' utility room:

- The door to the 'dirty' utility room was not secured and was wide open at the time of the monitoring assessment. Patients were required to pass the open door of the 'dirty' utility room in order to access the washroom
- a light layer of dust was visible on the surface of disposable glove holders in the 'dirty' utility room
- a spray bottle containing liquid (dated 8/10/2013) in the 'dirty' utility room did not have a label showing its contents
- a container of washing fluid was stored on the floor beside the bed pan washer, hindering effective cleaning

Waste segregation

There was evidence of good practice which included the following:

- Foot operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than 2/3 full
- clinical waste was tagged and secured before leaving the area of production

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- Clinical waste posters identifying waste segregation were not available in all areas

Linen

There was evidence of good practice which included the following:

- Linen was segregated into appropriate colour coded bags. The bags were less than 2/3 full and capable of being secured
- clean linen was stored in a designated area. Clean linen examined by the Authority was found to be free of stains

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols in relation to their role
- cleaning equipment was clean and a colour-coded cleaning system was in place and demonstrated
- personal protective equipment was available and appropriately used by staff

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- Spray bottles containing cleaning products were not signed and dated
- dressing tape was used to secure three mop handle extensions and a duster

Conclusion

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions.

3.2 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 HCAIs.

Hand hygiene

There was evidence of good practice which included the following:

- Liquid soap, warm water, paper hand towels and alcohol hand rubs were located within easy access of sinks designated for hand hygiene
- hand washing facilities were clean and intact
- the Authrority was informed that two types of hygiene audits are carried out by cleaning and hygiene services. Action plans are prepared following the results of these audits

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- While hand hygiene advisory posters were clean and appropriately displayed at most hand-wash sinks in the areas assessed, there was no signage in the 'dirty' utility room in Ward B

Observation of hand hygiene opportunities

The Authority observed 33 hand hygiene opportunities across staff grades in total during the monitoring assessment. Hand hygiene opportunities observed comprised:

- 12 before touching a patient
- six after touching a patient
- one before clean/aseptic procedure
- one after body fluid exposure risk
- 13 after touching a patient's surroundings.

Of the 33 hand hygiene opportunities, 27 were taken and were observed to comply with best practice hand hygiene technique. Non-compliance related to failure to

take opportunities to perform hand hygiene, wearing of sleeves to the wrist and wearing of a shoulder bag.

Authorised persons observe hand hygiene opportunities using a small sample of staff in various locations throughout the hospital. It is important to note that the results may not be representative of all groups of staff within the hospital and hand hygiene compliance across the hospital as a whole. Observations reported represent a snapshot in time. The underlying principles are based on the detection of the five moments for hand hygiene that are promoted by the World Health Organization.

Conclusion

The level of hand hygiene compliance observed across staff grades at the time of the monitoring assessment was 82%.

4. Overall Conclusion

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 physical environment and patient equipment at St. Luke's Hospital, Rathgar was clean and well maintained, with some exceptions.

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

The level of hand hygiene compliance observed across staff grades at St. Luke's Hospital, Rathgar at the time of the monitoring assessment was 82%, indicating that a culture of hand hygiene practice is becoming embedded amongst staff in the hospital.

St. Luke's Hospital, Rathgar 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 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 Authority will continue to monitor the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that the Hospital is implementing and meeting the NSPCHCAI and is making quality and safety improvements that safeguard patients.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of the 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.hiqa.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.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa.

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