Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at the Coombe Women & Infants University Hospital, Dublin

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

Date of on-site inspection: 20 March 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.

Table of Contents

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[1].

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 Standards[1] 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[1] 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 the Coombe Women and Infants University Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Katrina Sugrue and Alice Doherty, on 20 March 2014 between 09:45hrs and 12:10hrs.

The areas assessed were:

- St Gerard's Ward
- Our Lady's Ward.

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

2. The Coombe Women and Infants University Hospital Profile[‡]

Established in 1826, the Coombe Women and Infants University Hospital is one of the largest providers of women and infant healthcare in the Republic of Ireland. It is a recognised centre for tertiary services including maternal and fetal medicine, neonatology, gynaecology and peri-operative medicine. In 2012, 9,175 mothers attended the hospital with 8,419 delivering 8,585 infants. Within these numbers were 155 sets of twins and 6 sets of triplets. Over 1,000 infants are admitted to the Neonatal Unit and over 5,500 gynaecology operations are performed each year.

Over the past three years, significant infrastructural developments have been completed on the hospital campus including the re-development and expansion of the Neonatal Intensive Care and Special Care Baby Units and the opening of a new Department of Perinatal Ultrasound, and a dedicated colposcopy Unit.

In early 2013 the hospital will complete a capital project in the Delivery Suite including the development of a suite of new Labour Delivery Rooms and a purpose-built Emergency Obstetrical Theatre and Adult High Dependence Unit.

The hospital employs over 700 medical, midwifery, and nursing staff, research scientists and professionals allied to medicine.

[‡] 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

On inspection at the Coombe Women and Infants University Hospital on 20 March 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.

St Gerard's Ward

St Gerard's Ward is a 33-bedded gynaecology ward consisting of four six-bedded wards and nine single rooms, three of which are en-suite and used for isolation purposes. At the time of the inspection, there was one patient isolated.

Overall, St Gerard's Ward was observed to be generally unclean on the day of the inspection and there were opportunities for improvement identified.

Environment and equipment

- Dust was observed in all areas inspected. For example,

  - Moderate dust was observed on the floor corners and edges of two of the six-bedded patient areas. Moderate dust was also observed in the 'dirty'[±] utility room and patient bathrooms.
  - Moderate dust was visible on the skirting board behind a patient locker.
  - Patient equipment such as a resuscitation trolley was observed to have moderate levels of dust on the lower ledge and on top of the trolley.
  - Light dust was observed on oxygen equipment beside the resuscitation trolley, suction apparatus, a commode, equipment trolley shelving and patient record trolley in the office. A blood pressure equipment stand was visibly dusty.
  - Light dust was observed on window sills, curtain rails and ledges above beds in patient areas inspected. Dust was also visible on the frame of armchairs in two of the patient areas inspected.
  - Black coloured debris was visible on the window sill in room 7.

- Paint work was visibly chipped in some areas inspected, hindering effective cleaning. For example,

  - Paint work was chipped on the main corridor walls and skirting boards of the ward.
  - There was chipped paint on the wall beside the patient trolley in the clean utility. Yellow staining was also observed on the walls inside the door.
  - There was paint and plaster missing from the wall under the sinks in the main patient toilet area.
  - Paintwork was chipped on skirting boards and on a ledge below the radiator in room seven. Paintwork was cracked and stained grey around the extractor fan above the window.
  - There was chipped paint on an intravenous drip stand.
  - There was chipped paint on the foot pedals of both bins inspected in the 'dirty' utility.
  - Paint was chipped on the end of bed tables.
  - The door of a cupboard in the clean utility room was chipped, hindering effective cleaning.

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

- The Authorised person observed a member of staff transporting a patient in a wheelchair, placing the wheelchair back in storage without cleaning it after use and therefore not ensuring the wheelchair is clean for the next patient.
- The wheel area of an intravenous drip stand observed in the patient area was unclean. Orange tape was visible on another intravenous stand which could hinder effective cleaning.
- Rust coloured staining was visible on the wheel area of a dressing trolley observed in the clean utility room and a radiator in a patient toilet area.
- The skirting board was loose and not adhered to the wall inside the door of the clean utility room. Floor covering was also observed to be missing under the work top area which could hinder effective cleaning.
- Sticky residue was visible on the arms and frame of a chair inspected in the patient area, hindering effective cleaning.
- The following were observed as part of the inspection of the sanitary facilities:
  - A black mould-like staining was visible on the sealant between the wall and the shower tray in the patient shower room.
  - The shower tray and sink in the shower room was unclean.
  - The joint between the unit and the wall above the toilet in the shower room was not completely sealed, hindering effective cleaning.
- The draining area beside the equipment sink was visibly stained with soap residue.

Linen

Linen was observed to be stored in a designated linen cupboard, at the time of the inspection. The linen cupboard was observed to be full and additional linen was stored in an open, uncovered linen trolley outside the linen cupboard. The storage of extra linen outside of the designated storage area is not in line with best practice, as it may increase the risk of linen contamination prior to use. In addition, light dust was visible on the door frame of the linen cupboard.

Cleaning equipment

- A cleaning cupboard used to store the vacuum cleaner and floor buffer in the 'dirty' utility had heavy dust visible on the floor and floor edges.

Our Lady's Ward

Our Lady's Ward is a 31-bedded unit which includes three single rooms which are used for isolation purposes if required. There were no patients isolated at the time of the inspection.

Overall, Our Lady's Ward was found to be clean and well maintained with some exceptions at the time of the inspection.

Environment and equipment

- The edges of some bedside lockers were chipped, hindering effective cleaning.
- Black staining was visible between wall tiles in the showers and on the sealant around shower trays.
- There was chipped paint and plasterwork on the wall at floor level in the 'dirty' utility room and one of the border floor tiles was cracked, hindering effective cleaning.
- Shelving in the 'dirty' utility room was chipped, hindering effective cleaning.
- Whilst the 'dirty' utility room door was lockable with a keypad, it was open during the inspection, potentially allowing unauthorised access to chemicals which were stored in an unlocked cupboard. A combination padlock was observed inside the cupboard. In addition, an inappropriate item (soft drink can containing liquid) was stored in the cupboard.
- Dust was visible on the floor in the linen store and the floor was unclean.

3.2 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.

- A yellow rigid clinical waste bin was observed in the dirty utility room but was labelled as assembled in 'theatre' and not St Gerard's Ward. National guidelines state that "all waste packages must be tagged with a unique reference number which is traceable to the point of production" (pg 27) [3].

- In addition, waste bins are labelled to identify the location in which the waste bin is assembled and the waste is generated. The tagging system and location should represent the same point of generation.

Summary of environmental findings from areas inspected

Hospital Management

The Authority was informed that weekly, monthly and quarterly environmental audits are carried out. Hygiene 'walkabouts' are carried out by a multidisciplinary senior management team. Hygiene 'walkabouts' were routinely conducted on a Monday morning but this has recently changed as the scheduled day for audit was found to be too predictable. This has now changed to unannounced hygiene 'walkabouts'.

Weekly hygiene audit scores from each area audited along with overall percentages achieved by the hospital each week was viewed by the Authority. High compliance was consistently demonstrated in the results viewed by the Authority during 2013 and the first three months of 2014. The Authority was informed that a recent spot check audit used to validate prior results for one ward demonstrated a much lower compliance. This issue was addressed with staff at ward level by the hygiene Services Manager.

The Authority was informed that environmental hygiene audit results are discussed at the Hospital Hygiene Committee who meet on a quarterly basis in advance of the Infection Control Committee (ICC) meeting. The hygiene audit results are then reported to the ICC meeting. Hygiene audit results are used as a key performance indicator (KPI) by the ICC.

St Gerard's Ward

The Authority was informed by the ward manager that she carries out weekly environmental audits. Results from audits were reviewed at the time of the inspection. These audits were carried out on 21 and 28 February and 7 March 2014. The compliance viewed was 88%, 93% and 86% respectively which demonstrated a high level of compliance. These results are communicated to the hygiene services manager. Results are regularly collated to give a total weekly hygiene score achieved by the hospital. The Authority was informed that issues requiring further action identified during the weekly environmental audits are addressed where possible at the time of the audit. For example, an audit completed at the beginning of February highlighted that black staining was visible on sealant around a shower tray. The ward manager explained to the Authorised person that the technical services manager was informed verbally of this issue on 4 February. A written maintenance request for addressing this issue was not used and therefore not available to view at the time of the inspection. On the day of the inspection by the Authority, black

staining was still visible on the sealant around the shower tray and had not been addressed.

Our Lady's Ward

On Our Lady's Ward, weekly, monthly and quarterly environmental audits are carried out by midwives. Household staff carry out weekly environmental audits. An environmental audit record which was carried out on 12 March 2014 was viewed by the Authority and demonstrated 89% compliance. The Authority was informed that patient equipment is cleaned after each use, when visibly dirty or on a scheduled basis. External cleaners are responsible for dusting high areas which are out of reach.

In conclusion, the Authority found that Our Lady's Ward was clean and well maintained with some improvements required. St Gerard's' ward was generally unclean with many opportunities for improvement identified.

3.3 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards[1] and the World Health Organization (WHO) multimodal improvement strategy.[4] Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.3.1 System change[3]: *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.

- Whilst designated hand hygiene sinks were observed by the Authority in the dirty utility rooms of both wards inspected, access to the designated hand hygiene sink in the dirty utility room of St Gerard's ward was obstructed by a linen trolley stored there at the time of the inspection. The hand hygiene soap dispenser was empty at the hand hygiene sink and there were no hand towels located beside this sink. The Authorised Person observed hospital staff carrying out hand hygiene at the other sink which was adjacent to the sluice hopper and not designated for hand hygiene purposes. Hand towels and the soap dispenser were located beside the sink adjacent to the sluice hopper. Hand hygiene signage was also located at this sink. The soap dispenser was also positioned beside the sink adjacent to the sluice hopper on Our Lady's Ward.
- The design of some clinical hand wash sinks on both wards inspected did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[5] However, the Authority was informed that a facilities audit carried out by the hospital showed that approximately 68% of clinical hand wash sinks are compliant and that sinks are being replaced as areas are being renovated.
- Waste disposal bins for used paper towels were not available by the hand wash sinks in the store room or in the paediatric room in Our Lady's Ward. However the Authority was informed that bins have been ordered and the hospital is awaiting delivery of them.

3.3.2 Training/education[3]: *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.

- Up-to-date hand hygiene staff training records were not available at the time of the inspection. The Authority was informed that the hospital is in the process of setting up a database which shows the training records of all staff. This has been completed for 501 staff out a total of 890. On the day of the inspection, the hospital was only able to identify staff members who had attended hand hygiene training and was unable to identify staff members who had not attended training. The hospital is aiming to achieve 100% compliance with hand hygiene training by June 2014. The Authority was informed that hand hygiene training courses are carried out monthly by the Infection Control Nurse. The hospital is beginning to use the HSELanD e-learning training programme[6] (the HSE's online resource for learning and development) for hand hygiene training.
- On Our Lady's Ward, the Authority was informed that one staff member has not completed hand hygiene training since October 2011. All other staff members on Our Lady's Ward have completed hand hygiene training in the last two years.
- Hand hygiene training records were viewed by the Authority on St Gerard's Ward which demonstrated that 12 out of 14 staff on the ward were up-to-date with hand hygiene training. The two staff members who were not listed as having attended hand hygiene training had recently joined the organisation and it was indicated to the Authority that they had attended hand hygiene training in their previous place of employment.
- Overall, the hand hygiene training in both areas inspected viewed by the Authority, showed that the majority of staff were up-to-date with hand hygiene training. The evidence presented also demonstrated that in both areas the ward

managers were committed to ensuring staff attended hand hygiene training at least every two years.

3.3.3 Evaluation and feedback[3]: *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

The Coombe Women and Infants University 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 in hand hygiene compliance from period five (May/June 2013) to period six (October 2013). The results also demonstrate a significant improvement in hand hygiene compliance in the first three periods (June 2011 to June/July 2012) to period four in October 2012. The overall compliance for 2013 is in line with the Health Service Executive's (HSE's) national target of 90%.[8]

Period 1-6	Result
Period 1 June 2011	83.3%
Period 2 October 2011	82.4%
Period 3 June/July 2012	80.9%
Period 4 October 2012	89.8%
Period 5 May/June 2013	89.8%
Period 6 October 2013	91.4%

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

Corporate hand hygiene audit results

The Authority was informed that a recent hand hygiene audit was carried out by an external company on behalf of the hospital on 27 February 2014. The audit was unannounced and the main focus was the 'My 5 Moments for Hand Hygiene'. The results showed that the hospital had an overall compliance of 84%.

Local area hand hygiene audit results

On Our Lady's Ward, the result of the external audit on 27 February 2014 was 81%. Staff were informed about the results of the audit and the 'glo box'[‡] test was used to demonstrate good hand hygiene technique.

St Gerard's Ward achieved 81% in the audit on 27 February 2014. The Authority was informed that the ward manager on St Gerard's ward is trained as a lead auditor for hand hygiene and carries out hand hygiene audits twice a month. Feedback relating to non-compliance with hand hygiene audits is given at the time of the audit and below target compliance is addressed by re-emphasising good practice at ward level. The Infection Prevention and Control Nurse disseminates hand hygiene audit results to the ward manager and these results are displayed on the ward notice board.

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 WHO[9] 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[ϒ] 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

[‡] The 'glo box' test uses a box with a UV light and a special hand cream which can simulate the appearance of bacteria when poor hand hygiene technique is applied.
[ϒ] The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

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:
  - nine before touching a patient
  - one after body fluid exposure risk
  - four after touching a patient
  - five after touching patient surroundings.
- Fifteen of the 19 hand hygiene opportunities were taken. The four opportunities which were not taken comprised of the following:
  - four after touching patient surroundings.
- Of the 15 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for seven opportunities. Of these, the correct technique was observed in the seven hand hygiene actions.
- In addition the Authorised Persons observed:
  - ten hand hygiene actions that lasted greater than or equal to (≥) 15 seconds as recommended
  - barriers to hand hygiene actions such as sleeves to the wrist and wearing a wrist watch were not observed at the time of the inspection, however a hospital staff member was observed with a shoulder bag at a patient's bedside.

3.3.4 Reminders in the workplace[3]: *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 throughout the Coombe Women and Infants University Hospital.

3.3.5 Institutional safety climate[3]: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels*.

- The Authority was informed that hand hygiene is regularly discussed at clinical meetings. Hand hygiene audit results are discussed at monthly multidisciplinary meetings and are posted on a notice board for staff to view. In addition to audit scores, the numbers of staff who have done hand hygiene training is discussed. In future, the percentage of staff who have completed hand hygiene training will be included for discussion at these meetings.
- The Authority was informed that an external company has been engaged by the hospital to assist them in implementing the WHO multimodal strategy.

The Coombe Women and Infants University Hospital has demonstrated a commitment to improving hand hygiene compliance at local and corporate level. The hospital's national hand hygiene audit results for 2013 demonstrated compliance with the HSE's national target. However, recent hand hygiene audits for both wards inspected demonstrate 81% compliance in both areas. The hospital therefore needs to build on the compliances achieved to date, to ensure that good hand hygiene practice is improved and sustained.

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 improvements in the maintenance and management of patient equipment and environment is required to facilitate effective cleaning and minimise any risk to people using services, staff and visitors of acquiring a Healthcare Associated Infection.

Frequent environmental hygiene audits are carried out in the hospital; however an ongoing assurance mechanism is required to ensure that results presented on a weekly basis give a true reflection of the hygiene within the hospital.

A robust assurance system should also be instituted to ensure maintenance requests are followed up and closed out in a timely manner.

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 over the past 18 months there has been a general improvement in hand hygiene performance in the hospital in response to a sustained effort at both local and management levels to improve practice. The hospital needs to build on that improvement to continue to achieve and sustain national targets.[9]

The Coombe Women and Infants University Hospital must now revise and amend its quality improvement plan (QIP) [11] 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 the Coombe Women and Infants University 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[1] and is making quality and safety improvements that safeguard patients.

5. References

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections.* Dublin: Health Information and Quality Authority; 2009. Available online from: http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections
2. Health Information and Quality Authority. *Guide: Monitoring programme for unannounced inspections undertaken against the national standards for the prevention and control of Healthcare Associated Infections.* Dublin: Health Information and Quality Authority; 2014 Available online from: http://www.hiqa.ie/publications?topic=17&type=All&date%5Bvalue%5D%5Byear%5D=
3. The Health Service Executive. Healthcare risk waste management segregation packaging and storage guidelines for healthcare risk waste. Available online from: http://www.dohc.ie/publications/pdf/healthcare_waste_packaging2010.pdf?direct=1
4. World Health Organization. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. Revised August 2009. Available online from: http://www.who.int/gpsc/5may/tools/system_change/en/
5. Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. Available online from http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf
6. Health Service Executive: HSELanD. Available online from: http://www.hseland.ie/tohm/portal/learning-home.asp
7. The Health Protection Surveillance Centre. National Hand Hygiene Audit Results. Available online from: http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/
8. Health Service Executive – National Service Plan 2014. Available online from: http://www.hse.ie/eng/services/Publications/corporate/serviceplan2014/nationalserviceplan2014.pdf
9. World Health Organization. Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual. Available online from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1.
10. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure April 2013. Available online from: http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf.
11. The Coombe Women and Infants University Hospital. Hygiene Quality Improvement Plan (QIP). Available online from: http://www.coombe.ie/content/files/Hygiene_QIP.pdf

* All online references were accessed at the time of preparing this report

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie