



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Croom Hospital, Croom, Co Limerick

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

Date of on-site monitoring assessment: 11 December 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.

Table of Contents

1. Introduction	4
2. Croom Hospital Profile.....	5
3. Findings.....	7
3.1 Standard 3. Environment and Facilities Management	7
3.2 Standard 6. Hand Hygiene.....	10
4. Overall conclusion.....	11
Appendix 1. NSPCHCAI Monitoring Assessment	13

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 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 Croom 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. 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 Croom Hospital by Authorised Persons from the Authority, Naomi Combe and Alice Doherty on 11 December 2013 between 09:00hrs and 12:30hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Outpatient Department.

The areas subsequently assessed were:

- St Patrick's Ward (Orthopaedics)
- The Outpatient Department.

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

2. Croom Hospital Profile[†]

CH is a standalone specialty hospital focusing on Orthopaedics, Pain and Rheumatology services. The building which currently houses Croom Hospital was erected in 1852 as a workhouse and continued in this capacity until 1921 when it was closed. In 1924 the building was reopened as the Limerick County Hospital and incorporated a general hospital, fever hospital and maternity hospital.

This Hospital which is situated 20km from Limerick City forms part of UL Hospitals which comprises of:-

- University Hospital Limerick (UHL) 438 beds & 76 day beds
- Ennis Hospital (EH) 50 inpatient & 16 day beds
- Nenagh Hospital (NH) 46 inpatient & 25 day beds
- Croom Hospital (CH) 37 inpatient, 13 day & 4 Rheumatology beds
- University Maternity Hospital Limerick (UMHL) 83 inpatient beds and 19 cots
- St John's Hospital Limerick (SJH) (Voluntary) 69 inpatient & 10 day beds

CH is a dedicated elective Orthopaedic centre for adults and children. It also accepts the transfer of Orthopaedic patients from UHL for post acute care. In addition to Orthopaedic services, Rheumatology and Pain Management services are provided. Site governance on a day to day basis is provided by the Clinical Nurse Manager and Site Administrator who operate as part of the Peri-Operative Care Directorate governance structure at UL Hospitals.

[†] 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.

The following services are provided at Croom Hospital.

- Grade 1 to Grade 4 Orthopaedic surgery
- Out Patient services
- Pre-Assessment
- Day care surgery
- X-Ray services
- Physiotherapy services
- Rheumatology Infusion service & OPD clinic
- Day care Pain Management
- Ponsietta Serial Casting Service for Children
- Musculoskeletal (MSK) Triage Programme
- Prosthetic/Orthotic and footwear service (Cappagh Hospital led service)
- Bone Bank Service in collaboration with Cappagh Hospital

3. Findings

The findings of the unannounced monitoring assessment at Croom Hospital on 11 December 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 HCAs.

Outpatient Department

Environment and equipment

There was evidence of some good practice which included the following:

- The patient area assessed was generally clean, tidy and well maintained with some exceptions.
- Surfaces of equipment assessed, for example, a dressing trolley, were clean 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*:

- A light layer of dust was visible on a bedframe.
- A moderate to heavy layer of dust was visible on the wheel areas of a bed.
- A green coloured stain was visible on a pillow.
- There was chipped paint on a radiator.
- A light layer of dust was visible on a blood pressure recorder.

Waste segregation

There was evidence of good practice which included the following:

- Foot-operated clinical and non-clinical waste disposal bins were available.

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

- A non-clinical waste disposal bin in the patient area was more than two thirds full.

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.

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

- There was paint peeling from the ceiling at the entrance to the cleaning room.

St Patrick's Ward (Orthopaedics)

Environment and equipment

There was evidence of some good practice which included the following:

- The patient area assessed was generally clean, tidy and well maintained with some exceptions.
- The washroom assessed was clean, tidy and well maintained.
- Surfaces of equipment assessed, for example, blood pressure cuffs, oxygen saturation probes, temperature probes and suction apparatus were clean and well maintained.
- The dirty* utility room was tidy and well maintained.
- The clean utility room was tidy and well maintained.

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

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

- Dust was visible on the base underneath a bed and on the wheels of the bed.
- Dust and grit were visible on the floor of the ward.
- Dust was visible on the base of intravenous stands.
- A light layer of dust was visible on the surface of a resuscitation trolley and a moderate layer of dust was visible on the metal crossbars of the resuscitation trolley.
- Rust coloured staining was visible on the wheel areas of a dressing trolley.
- A light layer of dust was visible on the rack at the bottom of a patient warming system.
- A moderate layer of dust was visible on the base of mobile electronic observation monitoring equipment and a light layer of dust was visible on the surface of the equipment.
- Windows in the 'dirty' utility room were unclean at the openings.

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 two thirds full.
- Clinical waste was tagged and secured before leaving the area of production.
- 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.
- Clean linen examined by the Authority was found to be free of stains.
- The Authority observed records of curtain changing, which is carried out every six months or more frequently if necessary.

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:

- The designated area for the storage of clean linen was also used for the storage of cleaning products and other supplies.
- Part of a floor tile in the linen room was missing, hindering effective cleaning.

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.

Water outlet flushing

- The Authority reviewed weekly records of water outlet flushing.

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 HCAs.

Hand hygiene

There was evidence of good practice which included the following:

- Hand hygiene advisory information was appropriately displayed in the areas assessed.
- Liquid soap, warm water, paper hand towels and alcohol-based hand rubs were widely available.
- Mandatory hand hygiene training was up to date for all 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* including:

- The taps on the hand-wash sink in the dirty utility room in St Patrick's Ward were discoloured and were not hands free.
- A black mould-like substance was visible at the joint between the hand-wash sink and the wall in the 'dirty' utility room in St Patrick's Ward.

Observation of hand hygiene opportunities

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.

- The Authority observed 11 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - four before touching a patient
 - two after touching a patient
 - five after touching a patient's surroundings.

Of the 11 hand hygiene opportunities, eight were taken and the hand hygiene technique used in the eight was observed to comply with best practice. However, during hand hygiene preparation, one employee was observed to be wearing long sleeves and a wrist watch and another employee was wearing a wrist watch, which is not in line with best practice.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAIs) 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.

Overall, the physical environment and patient equipment were 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. Of the 11 hand hygiene opportunities, eight were taken and the hand hygiene technique used in the eight was observed to comply with best practice.

Croom Hospital 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 *National Standards for the Prevention and Control of Healthcare Associated Infections* 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>.

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

© Health Information and Quality Authority 2014