



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

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

Date of on-site inspection: 11 March 2015

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction

The Health Information and Quality Authority (the Authority) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹ The inspection approach taken by the Authority is 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

The purpose of the unannounced inspection is to assess hygiene as experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene under the following standards:

- Standard 3: Environment and facilities management
- Standard 6: Hand hygiene.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a 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. The Authority's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2015, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2014.

An unannounced inspection was carried out at Bantry General Hospital on 11 March 2015 by Authorised Persons from the Authority, Sean Egan and Noelle Neville between 08:35hrs and 12:25hrs. The area assessed was:

- The **Rehabilitation Unit** including an acute stroke unit which is a 16-bedded unit comprising of four four-bedded rooms.

In addition, the Medical Ward, which was inspected during an unannounced inspection by the Authority on 2 April 2014, was re-visited to assess the level of progress which had been made after the 2014 inspection.

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

2. Bantry General Hospital Profile[‡]

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

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

Services currently provided:

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

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

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

[‡] 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

This report outlines the Authority's overall assessment in relation to the inspection, and includes key findings of relevance. A list of additional low-level findings relating to non-compliance with the standards has been provided to the hospital for completion. However, the overall nature of all of the findings are fully summarised within this report.

The report is structured as follows:

- **Section 3.1** outlines the level of progress made in the implementation of the Quality Improvement Plan (QIP)³ after the unannounced inspection on 2 April 2014.
- **Section 3.2** presents the key findings of the unannounced inspection on 11 March 2015.
- **Section 3.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy⁴ during the unannounced inspection on 11 March 2015.

3.1 Progress since the last unannounced inspection on 2 April 2014 against the *National Standards for the Prevention and Control of Healthcare Associated Infections*

Prior to the most recent inspection, the Authority reviewed Bantry General Hospital's QIP³ which was published in June 2014 following an unannounced inspection on 2 April 2014. On review, the Authority noted that several proposed actions contained in the QIP were due to be completed by the the end of 2014. During the most recent inspection, the Authority were provided with an updated version of this QIP which had not at that time been published. It was identified by the Authority that only two of the actions had been completed since June, and that the suggested close out date for several of the other identified actions had been extended beyond their initial target date.

An announced inspection at Bantry General Hospital against the *National Standards for the Prevention and Control of Healthcare Associated Infections* in January 2013 identified that there was no dedicated Consultant Medical Microbiologist resource at the hospital. Since that inspection, Bantry General Hospital has formally joined the Cork University Hospital (CUH) Group. However, it was explained to the Authority by Bantry General Hospital during the most recent inspection that the hospital's Infection Prevention and Control Committee (IPCC) currently remains stand alone with no formal link to CUH. In addition, it was further explained to the Authority that while clinical microbiology telephone advice is readily provided to the hospital by Medical Microbiologists located at CUH, the lack of a dedicated onsite resource

hinders formal Microbiologist Infection Control support to Bantry General Hospital. During the 2015 inspection, staff at the hospital informed the Authority that although a business case for a dedicated Medical Microbiologist has been formulated and submitted to senior management, this position remains unfilled. A business case has also been submitted for the recruitment of a part-time Antimicrobial Pharmacist which has also yet to be filled.

The Medical Ward was inspected during an unannounced inspection on 2 April 2014. The Authority was informed by the Ward Manager that significant improvements have taken place since the previous inspection. For example, several new items of equipment have been purchased including new dressing trolleys, drugs trolleys, commodes and manual handling equipment. Patient equipment is covered in plastic sheeting following cleaning. Mattress audits are conducted on a monthly basis and staff remain vigilant with regard to the need for adequate flushing showers and water outlets. Clinical hand wash sinks have been upgraded on the Medical Unit and conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁵

During the 2014 inspection, equipment that had been used to undertake a liver biopsy was observed in a dish on top of the bedpan washer in the 'dirty'¹ utility. The equipment was unclean and visibly stained with blood which posed a risk of the spread of transmissible disease. Since that inspection, the Authority was informed that a new policy and procedure regarding the use of liver biopsy equipment has been implemented. This policy requires that it is only used in a designated area, and that it is immediately sent for reprocessing following use.

The Authority acknowledges that the hospital and the Medical Ward have taken on board and enacted many of the recommendations of the 2014 unannounced inspection. However, it is imperative that the hospitals acts to further progress the outstanding elements of the QIP it first published in June 2014.

3.2 Key findings of the unannounced inspection on 11 March 2015

Patient environment

The Rehabilitation Unit was clean and well maintained on the day of the inspection. However, the door to the 'dirty' utility room was not secure. The Authority was informed that a swipe access system which would secure this room was nearing completion. The Authority was also informed that environmental audits are conducted on a monthly basis. If an area achieves less than 85% compliance, an action plan is created and the area is re-audited. The Rehabilitation Unit achieved 86% and 100% in October and November 2014 audits respectively and 86% in January 2015. A management walkabout is also conducted in each area of the

¹ A 'dirty' utility is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

hospital at least once annually. The walkabout team consists of a member of the Infection Prevention and Control Committee or the Executive Management Board, alongside a member of the hospitals Hygiene Team. If the area inspected is not satisfactory a QIP is generated and the area is re-visited within six to eight weeks to ensure that outstanding issues have been remedied.

3.3 Key findings relating to hand hygiene

3.3.1 System change⁴: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- The design of one of the clinical hand wash sink on the Rehabilitation Unit did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁵

3.3.2 Training/education⁴: *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.*

- Staff at Bantry General Hospital are required to attend hand hygiene training once every two years. This is facilitated by hand hygiene training sessions which are conducted twice monthly. If staff cannot attend hand hygiene training in person, they are required to complete the HSELand e-learning training programme (the Health Service Executive (HSE) online resource for learning and development)⁶ and present their certificate to the hospital's Infection Control Nurse to demonstrate attendance.
- The Authority was informed that hand hygiene training and education is facilitated by three in-house hand hygiene educators including the Infection Prevention and Control Nurse.
- Overall, 92% of nursing staff, 88% of medical staff, 96% of multitask attendants, 92% of allied health professionals and 100% of care assistant porters in Bantry General Hospital are up to date in hand hygiene training. All members of staff on the Rehabilitation Unit were trained in hand hygiene to date.

3.3.3 Evaluation and feedback⁴: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

National hand hygiene audit results

- Bantry General Hospital participates in the national hand hygiene audits which are published twice a year.⁷ Compliance at the end of 2014 was 89.2% which is just below the Health Service Executive's (HSE's) target of 90% for 2014.⁸ The results from Period 1 to Period 8 demonstrate sustained improvement in hand hygiene compliance in Bantry General Hospital.

Period 1-8	Result
Period 1 March/April 2011	69.0%
Period 2 October/November 2011	77.0%
Period 3 May/June 2012	82.4%
Period 4 October/November 2012	83.3%
Period 5 May/June 2013	83.8%
Period 6 October/November 2013	86.1%
Period 7 May/June 2014	88.1%
Period 8 October/November 2014	89.2%

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

Local hand hygiene audit results

- Local hand hygiene audits are carried out on a quarterly basis by the Infection Prevention and Control Nurse in all areas of Bantry General Hospital. A hand hygiene audit is currently in progress in the hospital. The Authority was informed that results are sent to hospital line managers and the Executive Management Board. The Ward Manager on the Rehabilitation Unit informed the Authority that these results are displayed on a 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 WHO⁹ and the HSE.¹⁰ In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include

the duration, technique^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 aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

The Authority observed 17 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:

- three before touching a patient
- one after body fluid exposure risk
- thirteen after touching patient surroundings.

Fifteen of the 17 hand hygiene opportunities were taken. The two opportunities which were not taken comprised the following:

- one before touching a patient
- one 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 14 opportunities and the correct technique was observed in all 14 hand hygiene actions.

3.4.4 Reminders in the workplace⁴: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

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

3.4.5 Institutional safety climate⁴: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

- Bantry General Hospital has a regular hand hygiene training programme in place and was close to achieving the HSE compliance target of 90% in both national hand hygiene audits carried out in 2014. The Authority recognises that Bantry General Hospital has demonstrated an ongoing commitment to best practice in hand hygiene compliance.

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

4. Summary

Overall, the Rehabilitation Unit was clean and well maintained. Progress has also been made on Medical Ward in addressing previous findings identified by the Authority during the unannounced inspection in 2014.

The performance of Bantry General Hospital in the national hand hygiene audit at the end of 2014 was just below the HSE's target of 90%. The hospital has demonstrated sustained improvement in national hand hygiene audits from Period 1 to Period 8. Hand hygiene compliance observed by the Authority on the day of the inspection was 88%. The Authority recognises the effort necessary to ensure these high standards and found that Bantry General Hospital has demonstrated a commitment to best practice in hand hygiene compliance.

However, the lack of an onsite Consultant Medical Microbiologist, Antimicrobial Pharmacist and link between Bantry General Hospital's Infection Prevention and Control Committee (IPCC) and CUH's Infection Prevention and Control Committee (IPCC) remains a concern for the Authority. It is recommended that CUH acts to progress the filling of these positions in the short term and puts in place the necessary processes to ensure formal communication between Bantry General Hospital's IPCC and CUH's IPCC. In addition, outstanding elements from the QIP published by the hospital in response to the Authority's 2014 inspection also need to be fully implemented.

It is Bantry General Hospital's responsibility to continue to build on the work done to date in order to build and sustain improvements into the future.

5. Next steps

Bantry General Hospital must now revise and amend its QIP that prioritises the improvements necessary to fully comply with the Standards. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the hospital on its website within six weeks of the date of publication of this report and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of Bantry General Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the hospital is implementing and meeting the Standards, and is making quality and safety improvements that safeguard patients.

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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

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