



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of the unannounced monitoring assessment at St John's Hospital, 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.

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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 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 John'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 National 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 John's Hospital by Authorised Persons from the Authority, Naomi Combe and Alice Doherty on 11 December 2013 between 15:10hrs and 17:30hrs.

The area subsequently assessed was:

- Top Floor (includes St Bridget's, St Ita's, St Raphael's, St Philip's, St Anne's, St Mary's and St Paul's) – Surgical and Medical.

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

## **2. St John's Hospital Profile<sup>†</sup>**

Founded in 1780, St John's is an acute general public voluntary hospital in the centre of Limerick city providing a range of in-patient and out-patient services. The hospital is governed under a High Court approved Scheme of Management by a Management Committee appointed by the Board of Governors.

The Hospital has a current bed complement of 89 in-patient beds and 10 day beds. St. John's Hospital is a designated Model 2S hospital under the Smaller Hospital Framework. The hospital carries out elective surgery (Day case and in-patient) but receives no unscheduled, undifferentiated medical or surgical patients.

In-patient consultant services provided include general medicine and elective 5-day non-cancer surgery (breast surgery, general surgery, urology and gynaecology). The hospital has a 10-bedded day care unit for general surgery, general medicine, gynaecology, maxillo-facial surgery, gastroenterology and pain management. St John's provides a range of in-patient and out-patient diagnostic services in pathology, radiology and endoscopy. An Urgent Care Centre containing a Local Injury Unit and a Medical Assessment Unit was opened in September 2013. There are out-patient clinics in general surgery, general medicine, diabetes, gynaecology, ENT and pain management.

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<sup>†</sup> The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

### 3. Findings

The findings of the unannounced monitoring assessment at St John's 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.

#### **Top Floor (includes St Bridget's, St Ita's, St Raphael's, St Philip's, St Anne's, St Mary's and St Paul's) – Surgical and Medical**

##### **Environment and equipment**

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

- The patient area assessed was clean, tidy and well maintained.
- The washroom assessed was clean, tidy and well maintained.
- Surfaces of equipment assessed, for example, intravenous pumps, near patient testing equipment, blood pressure cuffs, oxygen saturation probes, temperature probes, oxygen equipment, suction apparatus, hoists and accessories, stand aids and accessories were clean and well maintained.
- The clean utility room was tidy and well maintained.
- The 'dirty'\* utility room was tidy and well maintained.
- The Authority observed records of hygiene audits which are carried out monthly.

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\* 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*:

- A light layer of dust was visible on the base of an intravenous stand.
- A light layer of dust was visible on the in-tray at the base of a cardiac monitor.
- A light layer of dust was visible on the surface of a resuscitation trolley and there was sticky tape residue on the side of the resuscitation trolley.
- A light layer of dust was visible on the cross-bars underneath a wheelchair.
- A moderate layer of dust was visible on the base of a blood pressure monitor.
- The wheel areas of two dressing trolleys were unclean and there was rust coloured staining on the wheel areas of another trolley.
- Items such as an extension cable, cardboard boxes, sharps boxes and a bag were stored directly on the floors in some of the storerooms, hindering effective cleaning.
- Two cardboard boxes of supplies were stored directly on the floor in the clean utility room, hindering effective cleaning.
- Rust coloured staining was visible on the wheel areas of three commodes stored in the 'dirty' utility room. White coloured staining was visible on the ridges of the covering at the back of a commode. There was a soiled tissue under the seat cover on one commode.

### **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.
- Bags were less than two thirds 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.
- The Authority observed records of curtain changing, which is carried out quarterly, or more frequently if necessary.

## **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.

## **Water outlet flushing**

The Authority observed records of water outlet flushing which is carried out weekly.

## **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.
- Hand washing facilities were clean and intact.
- Annual hand hygiene training is mandatory for staff.

## **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 20 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:
  - 10 before touching a patient
  - eight after touching a patient
  - two after touching a patient's surroundings.

Of the 20 hand hygiene opportunities, 18 were taken and the hand hygiene technique used in all 18 opportunities taken was observed to comply with best practice. However, during hand hygiene preparation, five employees were observed to be wearing long sleeves, 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 20 hand hygiene opportunities, 18 were taken and the hand hygiene technique used in all 18 opportunities taken was observed to comply with best practice.

St John's 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 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 National 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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