Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Connolly Hospital, Blanchardstown, 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: 08 March 2016

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. 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 health and social care and support services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information –** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and support services.

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1. Introduction

The Health Information and Quality Authority (HIQA) 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 HIQA is outlined in guidance available on HIQA'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 aim of unannounced inspections is to assess hygiene in the hospital as observed by the inspection team and experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of services and in particular environment and equipment cleanliness and compliance with hand hygiene practice. In addition, following the publication of the 2015 *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*,[2] HIQA will assess the practice in the implementation of infection prevention care bundles. In particular this monitoring will focus upon peripheral vascular catheter and urinary catheter care bundles, but monitoring of performance may include other care bundles as recommended in prior national guidelines[3,4] and international best practice.[5]

Assessment of performance will focus on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene and the implementation of care bundles for the prevention of device related infections under the following Standards:

- Standard 3: 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.
- Standard 6: Hand hygiene practices that prevent, control and reduce the risk of spread of Healthcare Associated Infections are in place.
- Standard 8: Invasive medical device related infections are prevented or reduced.

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. Authorised Persons use 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.

HIQA'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 2016, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2015.

An unannounced inspection was carried out at the Connolly Hospital on 08 March 2016 by authorised persons from HIQA, Katrina Sugrue, Kathryn Hanly, Shane Walsh and Noreen Flannelly-Kinsella between 10.20hrs and 18.20hrs. The areas assessed were:

- The Intensive Care Unit
- Rowan Ward
- In addition, Cherry Day Ward and Elm Ward, which were inspected during an unannounced inspection by HIQA on 12 February 2015, were revisited to assess the level of progress which had been made after the 2015 inspection.

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

2. Findings

This report outlines HIQA'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 inclusion in local quality improvement plans. However, the overall nature of the key areas of non-compliance are within this report.

Overview of areas inspected

- The Intensive Care Unit which comprises four bays and one ensuite single room.
- Rowan Ward which is a 27-bedded ward for care of the elderly and stroke patients comprising five single ensuite-rooms, two three-bedded rooms and four four-bedded rooms.

This report is structured as follows:

- **Section 2.1** outlines the level of progress made by both Cherry Day Ward and Elm Ward after the unannounced inspection on 12 February 2015.
- **Section 2.2** presents the key findings of the unannounced inspection on 08 March 2016.
- **Section 2.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy[6] during the unannounced inspection on 08 March 2016.
- **Section 2.4** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 08 March 2016.

2.1 Progress since the last unannounced inspection on 12 February 2015

HIQA reviewed the quality improvement plan (QIP)[7] published by Connolly Hospital following the February 2015 inspection. Inspectors visited Cherry Day Ward and Elm Ward which were inspected during the unannounced inspection in 2015. Individual QIPs were developed for each ward to address the findings of the 2015 inspection. It was evident that progress has been made in both areas.

A hand hygiene interdisciplinary task force was established to promote a culture of hand hygiene best practice in the hospital. Leadership 'walkabouts' by members of the senior management team have continued. To ensure hospital-wide compliance with hand hygiene training, staff members are required to produce evidence of up-to-date hand hygiene training in order to obtain a pass for a car park space on the hospital grounds.

HIQA observed improvements in the environment and facilities in Cherry Day Ward during the 2016 inspection. It was reported that protected time has been allocated to healthcare assistants to allow for cleaning of patient equipment. In response to the findings of the 2015 inspection, this unit was reconfigured to include an addition of four extra patient bays, a designated phlebotomy bay and a new patient waiting area. It was reported to HIQA that patient flow through the unit had improved as a result of changes made. An additional administration area for staff was also established. A daily and weekly cleaning schedule was in place. The clean utility room had been decluttered. However, there is no dedicated medication preparation area in this room which is required.

Regular environmental hygiene audits are carried out on Cherry Day Ward and Elm Ward. Authorised persons were informed that the most recent environmental hygiene audit result in Cherry Day Ward showed 82% and 88% compliance in November 2015 and January 2016 respectively. Elm Ward achieved 88% compliance in a hygiene audit carried out in January 2016.

On Cherry Day Ward, it was explained to authorised persons that medication injection practices have been revised since the last inspection. Reconstituted medication vials are now designated single use only, syringes are not pre-filled with sterile water in advance of patient admission and intravenous medication administration sets are not primed at the start of the day. A draft protocol for medication injection practice is in place.

Connolly Hospital provides mandatory hand hygiene training to all staff on a yearly basis over and above the national recommendation of two yearly training. This is coupled with staff training in relation to standard precautions. Ward based training on hand hygiene technique is facilitated using an electronic training unit rotated between the wards. Connolly Hospital has achieved the Health Service Executive (HSE) target of 90% for October/November 2015.[8]

The waste subcollection area located on the ground floor of the hospital was found to be unsecured at the start of the inspection allowing unauthorised access to this area. One of the healthcare risk waste collection bins was unlocked in this area. This is a similar finding to the 2014 and 2015 inspections and is not in line with best practice.[9] This was highlighted to the Senior Management Team at the start of the inspection. The issue was resolved by the end of the inspection.

2.2 Key findings of the unannounced inspection on 08 March 2016.

Blood glucose monitoring practice

On both Rowan Ward and Intensive Care Unit, staff spoken with explained that blood glucose monitors and their holders were brought to the patient bedside when taking blood samples for monitoring a patient's blood sugar levels. It is recommended that only an integrated sharps tray containing the blood glucose monitor and items required for a single fingerstick procedure are brought to the point of care and then appropriately cleaned following the procedure. This is in line with best practice as it reduces the risk of equipment contamination and potential transmission of blood borne viruses. This is a similar finding to the 2015 inspection and was highlighted in the QIP published by Connolly Hospital following the 2015 inspection. HIQA recommends that this practice should be reviewed and monitored to ensure that the risks to the patient of acquiring a healthcare associated infection are fully mitigated.

In the Intensive Care Unit red staining was visible on both the inside and outside surface of the blood glucose monitor holder and also on the blood glucose monitor within the holder. This practice increases the risk of transmission of blood-borne viruses and is not in line with best practice. These issues were reported to staff at the time of the inspection for immediate mitigation.

Patient equipment

Overall the patient equipment in both areas inspected was generally clean with some exceptions. For example, on Rowan Ward authorised persons observed that portable patient monitoring equipment was not cleaned between patient use at the time of inspection. Patient equipment should be cleaned between patients as specified in the ward cleaning schedule. There should be an assurance mechanism in place to verify that cleaning of all patient equipment has been performed in line with best practice.

In addition, on Rowan Ward, four temperature probe holders assessed were unclean and used disposable probe covers were visible in the bottom of one of the holders. HIQA recommends that the procedure for disposing of used probe covers should be reviewed. Authorised persons also observed a white injection tray being cleaned directly under running water. This practice poses a risk of splashing of blood and body fluids onto staff. At an operational level, the hospital should ensure that responsibility for scheduled cleaning of communal patient equipment is clearly defined with systems in place to ensure consistency and clarity regarding lines of responsibility, time schedules and procedures to be followed.[10]

It was reported that the bed pan macerator in the Intensive Care unit was out of order. Assurances were not provided at the time of the inspection that the

decontamination of urinals and bedpans was being managed in line with best practice. HIQA recommends that this is repaired as a matter of priority. This issue was brought to the attention of the unit manager at the time of inspection.

Infrastructure and facilities

Overall the environment on Rowan Ward and the Intensive Care Unit were generally clean and well maintained with some exceptions. For example, on Rowan Ward the undercarriage of beds had unacceptable levels of heavy dust and staining. Dust on the undercarriage of beds was also observed during the 2015 inspection. The integrity of some of the arm rests on armchairs were visibly compromised and therefore require re-upholstering or replacement. In addition, in both areas inspected, non-clinical healthcare risk waste bins assessed were visibly stained and dusty and the inside of bin lids were visibly dirty with a pungent odour noticed from some bins. The date on one set of curtains on Rowan Ward indicated that the curtain had not been changed since March 2015. National guidelines[10] recommend that curtains should be laundered at least 6 monthly and when visibly soiled. Some curtains may need to be laundered more regularly as per local isolation policy. Responsibility and scheduling of these issues require inclusion in local cleaning specifications for this ward.

Some aspects of the Intensive Care Unit were not optimal from an infection prevention and control perspective. For example, there was no patient bathroom available in the unit. There was an en-suite bathroom attached to the isolation room, however this was not suitable for use by any other patients who may be receiving treatment in the unit. In addition, storage space was limited in the unit; items of patient equipment were stored along corridors. HIQA was informed that there are no negative or neutral pressure airborne isolation facilities in the hospital. The hospital management team explained that the hospital was developing a business case for airborne isolation facilities. HIQA recommends that this needs to be progressed as a matter of priority for the hospital.

In the room identified as the 'Blood Gas Analysis Room' red staining was visible on several surfaces adjacent to the blood gas machine. Red staining was also observed on a sharps bin beside the blood gas machine. In addition, a used blood gas syringe containing blood had not been disposed of correctly. Consumables were stored on open shelving above and beside the blood gas machine. This poses a possible risk of contamination of consumables with blood. There should be clear separation of functional activity and between clean and potentially contaminated items or equipment. A risk-based approach should be taken to ensure that there is sufficient space for clinical activities to take place while avoiding contamination of the environment, supplies and equipment stored in the area. These issues were reported to staff at the time of the inspection for immediate mitigation.

As part of the Productive Ward programme,[11] Rowan Ward was redesigned using leaner processes and as a result it was generally well-ordered, organised and free from clutter. Regular environmental hygiene audits were carried out in both areas. Rowan Ward achieved 89% and 84% compliance in the environmental hygiene audits in November 2015 and March 2016 respectively. The Intensive Care Unit achieved 91% compliance in the most recent environmental audit carried out in August of 2015. Hospital hygiene plays an important role in the prevention and control of healthcare associated infections and should be a key priority for all healthcare organisations. A clean environment not only reduces the risk of acquiring an infection but also promotes patient and public confidence and demonstrates the existence of a positive safety culture.[12]

During the inspection of Rowan Ward, an ancillary treatment room on the ward was used for patient accommodation in accordance with the hospital escalation policy. This should not be regarded as a suitable long-term arrangement for patient accommodation. In this treatment room, sterile supplies were stored in open storage units and carts and were located adjacent and within the patient area which potentially increases the risk of inadvertent contamination of these supplies. Authorised persons also noted that plastic bags containing sterile respiratory equipment in excess of what a patient may require during their hospital stay were stored within each patient zone on Rowan Ward. It is recommended that the storage of these sterile supplies should be reviewed to reduce the risk of contamination of clean items.

In the clean utility room on Rowan Ward, there was no dedicated surface for the preparation of intravenous medications. HIQA recommends that a clearly defined space for medication preparation is identified.

Legionella control

HIQA was informed that a *Legionella* control committee and a monitoring and surveillance programme by an external contractor are in place in Connolly Hospital. In the past year, a new water treatment system had been installed in the main building with plans to extend to all areas in the hospital. National guidelines recommend that risk assessments are reviewed on an annual basis and independently reviewed every two years. The hospital should ensure that any risk in relation to control measures are effectively monitored to ensure *Legionella* control is managed in line with current Irish national guidelines.[13] It was reported to HIQA that an external risk assessment was performed and is reviewed annually in Connolly Hospital.

Transmission based precautions

On Rowan Ward, there appeared to be some lack of clarity regarding the infection status of a patient at the beginning of the inspection. However, it was confirmed later that the patient did not require transmission based precautions. HIQA recommends that patients requiring transmission based precautions should be clearly identified and communicated to all staff members. In addition, authorised persons observed that two of the isolation room doors were ajar at the time of inspection which is not in line with best practice. In cases where there is concern regarding patient safety in closed isolation rooms, a risk assessment should be performed.

Safe injection practice

Inspectors observed that both safety needles and needles without safety mechanisms were available in the clinical areas inspected. HIQA recommends that the hospital review compliance with European Union Sharps Directive and Regulations 2010/32/EU.[14]

Storage of parenteral nutrition

Authorised persons observed a fridge containing intravenous parenteral nutrition located beside public lifts in a main thoroughfare of the hospital. The fridge was unlocked potentially allowing unauthorised access. Assurance could not be provided that the integrity and sterility of these intravenous products were maintained. Senior management were informed of these findings at the time of the inspection. Authorised persons were notified by the senior management team after the inspection that mitigation measures were put in place to address these risks. The products were removed from the unlocked fridge with plans to provide an appropriate secure storage facility.

2.3 Key findings relating to hand hygiene

2.3.1 System change[15] : *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene*.

- The design of some clinical hand wash sinks on Rowan Ward and the Intensive Care Unit did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.[16]
- The majority of alcohol gel and soap dispenser nozzles in both areas were unclean.
- There was no designated clinical hand wash sink in the 'Blood Gas Analysis Room' in the Intensive Care Unit. An equipment sink in this room was used

for both washing of hands and cleaning of equipment. Clinical hand hygiene sinks should be dedicated to that purpose only.

2.3.2 Training/education[15] **:** *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 are required to attend hand hygiene training on an annual basis in Connolly Hospital. Overall, on Rowan ward 100% of staff attended hand hygiene training in the past twelve months. In the Intensive Care Unit 90% of staff had attended hand hygiene training within the previous 12 months.
- Hand hygiene training records were viewed by HIQA which showed that 84.6% of hospital staff had attended hand hygiene training in the previous 12 months.

2.3.3 Evaluation and feedback[15] **:** *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 audits: Connolly Hospital participated in the national hand hygiene audits which are published twice a year. The hospital achieved compliance with the HSE target of 90% in October / November 2015.

Table 1: National hand hygiene audit results.

Period 1-7	Result
Period 1 May/June 2012	89.5%
Period 2 October/November 2012	80.5%
Period 3 May/June 2013	91.0%
Period 4 October/November 2013	91.9%
Period 5 May/June 2014	87.6%
Period 6 October/November 2014	81.4%
Period 7 May/June 2015	88.1%
Period 8 October/November 2015	90%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.[17]

Local hand hygiene audits

Local hand hygiene audits conducted in Intensive Care Unit in April 2015 showed low compliance of 35%. Audits was undertaken in May and October with showed improved compliance of 93% and 90% respectively. The results of hand hygiene audits are discussed at unit meetings and hand hygiene champions address non-compliance on an ongoing basis.

Authorised persons were informed that Rowan Ward achieved 65% compliance in April 2015 and 90% compliance in May 2015. HIQA recommends that corrective action and follow-up audits are undertaken immediately when poor compliance is discovered.

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[6] and the HSE[18]. 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:

- two before touching a patient
- three before clean/aseptic procedure
- three after touching a patient
- nine after touching patient surroundings.

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

- Seven of the 17 hand hygiene opportunities were taken. The 10 opportunities which were not taken comprised the following:

    - two before touching a patient
    - one before clean/aseptic procedure
    - one after touching a patient
    - six after touching patient surroundings

- Of the seven opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the authorised persons for four opportunities and the correct technique was observed in all four hand hygiene actions.

In addition authorised persons observed:

- Hand hygiene was not being carried out in line with best practice during patient mealtime at the time of the inspection.

2.3.4 Reminders in the workplace[6]: *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 Rowan Ward. However, only two hand hygiene posters were observed in the Intensive Care Unit.
- Signage promoting 'bare below elbow' attire were displayed at the entrance of the isolation rooms in Rowan Ward to prompt staff to comply with the hospital's 'bare below elbow' policy.

2.3.5 Institutional safety climate[6]*: 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 hospital has local hand hygiene auditors and hand hygiene champions to drive hand hygiene at ward level and to challenge poor practice when required**.**
- On Rowan Ward, hand hygiene education and hand hygiene results are disseminated to staff during ward meetings. Local hand hygiene audits were carried out by the infection prevention and control team and by the ward manager.

2.4 Key findings relating to infection prevention care bundles*

Care bundles to reduce the risk of different types of infection have been introduced across many health services over the past number of years, and there have been a number of guidelines published in recent years recommending their introduction across the Irish health system.

Authorised persons reviewed documentation and practices and spoke with staff relating to infection prevention care bundles in the areas inspected and visited. Overall, peripheral vascular catheter care bundles have been well advanced and embedded in the hospital which is commendable. Care bundles for urinary catheters were also in place however, inspectors were unable to determine if all elements of urinary catheter care bundles were being implemented daily due to the absence of a urinary catheter specific record of daily practice.

HIQA viewed peripheral vascular catheter care bundle record sheets on the wards inspected which demonstrated good compliance with all the elements of this care bundle. It was reported that weekly audits of peripheral vascular catheter bundle compliance were performed. On Rowan Ward, recent audit results demonstrated 97% compliance with peripheral vascular catheter care bundles for quarter four, 2015. Results of audits are communicated to staff through team meetings held daily on Rowan Ward. Connolly Hospital needs to continue to build on the progress to date to fully embed infection prevention care bundles into routine practice in the best interest of patients.

Authorised persons were informed that the SSKIN care bundle[19] is being piloted on Rowan Ward. The bundle aims to reduce the number of pressure ulcers and improve patient outcomes by providing a standardised process of pressure ulcer prevention during the provision of patient care. The bundle includes a check of the surface on which the patient is lying or sitting, frequent skin inspection, ensuring the patient is regularly moving or changing position, assessment of incontinence and nutrition and hydration.

Catheter related bloodstream (CRBSI) infection surveillance is conducted in the Intensive Care Unit. Results showed a decrease in catheter related bloodstream infections recorded in 2015 compared to 2014 figures. Surveillance reports are presented at Intensive Care multidisciplinary team meetings. Connolly Hospital also reports local rate of MRSA bloodstream infection on a quarterly basis in line with national Health Service Executive (HSE) requirements. The desirable HSE key performance indicator (KPI) for MRSA bloodstream infection is less than 0.057 cases

* A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

per 1,000 bed-days used. The hospital's KPI data for MRSA bloodstream infection in quarter four 2015 was 0.048 cases per 1,000 bed-days used.

Surveillance of healthcare-associated infection (HCAI) is a key requirement under national standards.[1] Surgical site infections represent one of the most common categories of healthcare associated infections (HCAI). Surveillance with feedback of information to surgeons and other relevant staff followed by initiation of reciprocal quality improvement initiatives has been shown to be an important element in the overall strategy to reduce the incidence of surgical site infections.[20] Surgical site surveillance is also important to identify emerging resistance in common pathogens or multi resistant organisms. Connolly Hospital are undertaking surveillance of post-operative surgical site infection in orthopaedic patients undergoing hip procedures.

It was reported that no patient developed a surgical site infection following a hip procedure in Connolly Hospital for July to December 2015.

Overall, the Authority found that the hospital is working towards compliance with Standard 8 of the Infection Prevention and Control Standards and is committed to improving the management of invasive devices.

3. Summary

HIQA found that progress has been made on Cherry Day Ward and Elm Ward since 2015 inspections. Regular environmental audits were being conducted and improvements in environmental hygiene was observed by authorised persons.

The patient areas on Rowan Ward and the Intensive Care Unit were generally clean, uncluttered and well maintained with some exceptions. HIQA recommends that the hospital reviews cleaning specifications for curtain changes, undercarriage of beds and both healthcare risk waste and non-healthcare risk waste bins. In addition, staff roles and responsibilities, frequency and methodology of environmental hygiene and patient equipment is required to provide assurance that all elements of patient environment and patient equipment are cleaned completely in line with best practice.

The average attendance at hand hygiene training overall for the hospital was 84.6% in 2015. Compliance in national hand hygiene audits for October/November 2015 achieved the HSE national target of 90%. Most issues in relation to the 2015 inspection were being addressed through QIP seen on inspection however audit of blood glucose monitoring practice and unauthorised access to waste management areas need to be reviewed and monitored.

4. Next steps

Connolly Hospital must now revise and amend its quality improvement plan (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 Connolly 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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