



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Waterford Regional Hospital, Waterford

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

Date of unannounced on-site monitoring assessment: 25 June 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 throughout 2013 and 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 Waterford Regional 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 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.

Authorised Persons from the Authority, Catherine Connolly-Gargan, Breeda Desmond and Naomi Combe carried out the unannounced assessment at Waterford Regional Hospital on 25 June 2013 between 09:15hrs and 14:30hrs.

The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas assessed were:

- Emergency Department
- Surgical 7 Ward
- Medical 2 Ward.

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

2. Waterford Regional Hospital profile[‡]

Waterford Regional Hospital provides Regional Surgical and Medical services to the HSE South East area, population 500,000 and covers the counties Waterford, South Tipperary, Wexford, Carlow and Kilkenny.

Regional services include a 24/7 Trauma Orthopaedics, Elective Orthopaedics based in Kilcreene Hospital, ENT, Ophthalmology, Vascular Surgery, Cardiology (including Cardiac Cath. Laboratory), Radiology (including MRI, CT and Intervention Radiology), Nephrology, Haematology, Oncology, Dermatology, Rheumatology, Neurology, Palliative Care, Microbiology, Neonatology, Pain and Regional Pathology Laboratory.

In addition the hospital is the designated cancer centre and provides surgery for breast and colorectal patients and critical care. Rapid Access Prostate and Lung cancer out-patients service is provided

In tandem with the provision of regional services the hospital provides a wide range of medical and surgical services for the population of Waterford City and County including 24/7 Emergency Medicine, General Medicine, Respiratory, Gastroenterology, Care of the Elderly, Endocrinology, Acute Medicine, Paediatrics, Obstetric, General Surgery, Urology and Gynaecology Services.

A full range of inpatient care, day-case procedures, outpatient and consult services are provided in addition to consultant led out-reach out-patient clinics.

General Information

Waterford Regional Hospital has 401 in-patient beds (excluding 45 acute psychiatry beds) and 103 Day beds. The hospital is one of the largest employer in the south east employing 1649 whole time equivalents including 89 consultants.

2012 Activity Information:

- Emergency Department Attendances – 57,399
- Out-Patient Attendances – 144,016
- Admissions – 23,284
- Inpatient – 22,835
- Day Case – 20,317
- Average length of Stay – 5.97
- Births - 2,250

[‡] 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 Waterford Regional Hospital on 25 June 2013 are described below.

During the course of the monitoring assessment, the Authority identified specific issues that they believed may have presented immediate serious risks to the health and welfare of patients receiving care at Waterford Regional Hospital. These issues were brought to the attention of the Hospital Manager during the monitoring assessment who agreed to put in place the actions necessary to mitigate immediate serious risks.

3.1 Risks Identified

Authorised Persons identified a serious risk due to non-compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI) including:

- Hand hygiene of staff assessed in the Emergency Department was not in line with best practice guidelines or Standard 6 of the NSPCHCAI.

The Authority observed 23 hand hygiene opportunities throughout the monitoring assessment, comprising:

- 11 before touching a patient
- 12 after touching a patient

Five of the twenty three hand hygiene opportunities were taken and were observed to comply with best practice hand hygiene technique. Non-compliance related to failure of nursing and medical staff to take hand hygiene opportunities. Some staff wore sleeves to their wrists and wrist watches, which is not best practice as it prevents adequate hand washing. These findings posed a risk of spread of Healthcare Associated Infections (HAIs) to patients in the ED. Training records available and reviewed by the Authorised Persons confirmed that hand hygiene training was up to date for most nursing staff.

In line with the Authority's Risk Escalation Process¹, the Authorised Persons brought this risk to the immediate attention of the Hospital Manager during the monitoring assessment, who agreed to put in place the actions necessary to mitigate this immediate serious risk. The Authorised Persons also notified the persons accountable for the services at Waterford Regional Hospital (the hospital's General Manager and the HSE South Regional Director of Operations) in writing on 4 July

¹ Further information in relation to the Authority's Risk Escalation Process can be found in our Guide to the monitoring programme at <http://www.higa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>

2013 of the identified risk and requested details of actions taken to mitigate the serious risk identified.

3.2 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.

Overall, the Authority found that the environment and equipment in areas assessed were generally unclean, placing patients at significant risk of HCAs.

Environment and equipment

There was evidence of good practice which included the following:

- High and low surfaces, floors, electrical fixtures and patient call bells assessed were clean, intact and free of dust in the ED. Trolley rails and mattresses assessed were clean, intact and dust free.
- Patient washroom/toilet facilities assessed were clean, tidy, well maintained free of rust, stains, debris, spillages and clutter in the ED and Surgical 7 ward.
- Patient equipment in the ED, including cardiac monitors, blood pressure cuffs, oxygen monitoring and administration equipment, suction and temperature probes was found to be clean and intact.
- Work station equipment, including telephones and work surfaces, was observed to be clean and free of dust, dirt and debris in all three areas assessed.
- Seating was covered with an impermeable material facilitating effective cleaning in the ED and on Medical 2 ward.
- Intravenous stands, cardiac monitors, dressing trolleys and blood pressure cuffs were clean in all areas assessed.

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:

- There was a heavy sticky residue on the exterior surface of a patient's wardrobe and on the handles of some lockers in Medical 2 ward, the top surface edges of which were chipped. The surface edges of some lockers assessed on Surgical 7 ward were chipped and a locker door was disconnected from a hinge.
- There was light to moderate dust in crevices and corners of bed frames and bed rail clamps assessed in Surgical 7 ward. Light dust and a heavy sticky residue were found on the surface of bed frames assessed in Medical 2 ward. A patient trolley assessed in the ED had evidence of staining on the surface of its frame.
- On Medical 2 ward, the paintwork on parts of the surfaces of some radiators and on walls was chipped and missing. Paint was chipped and peeling and there was a moderate amount of dust on the surfaces of pipe work at the base of radiators on Medical 2, as well as on window ledges on Surgical 7 wards. Radiators were used by patients to dry personal towels; four towels were observed covering the radiators in Surgical 7 ward, which poses a risk of cross infection.
- The covering on three chairs assessed on Surgical 7 was badly torn and in one case was missing, exposing the internal upholstery which was heavily stained. This hindered effective cleaning and posed a risk of spread of HCAs to patients.
- The edges of some bed table surfaces tops were chipped; paintwork was also chipped on the surface along the edges of the bed table bases and there was visible grit in the corners of the frames on both wards assessed.
- On Medical 2 ward, a bedside suction canister holder was empty. The suction canister unit was resting on the floor and tubing was not attached. In addition, bedside oxygen administration tubing was uncovered and on the floor in Surgical 7 ward.

Authorised Persons from HIQA observed the following on Medical 2 ward:

- The floor area directly around the toilet and the base of a toilet cistern for patient use was heavily stained with a mould-like substance. A mould-like substance was also present around the water outlet grid of an adjacent hand-wash sink, the base of the wall around the shower, around the point where shower outlet was fixed to the wall and in a soap holder. The shower chair was unclean; grit and a mould-like substance was visible on its surface.
- There was visible dust on the top surface of the resuscitation trolley. The contents of the resuscitation trolley drawers, including emergency supplies of needles, syringes and medications were unsecured. The trolley was located on the main corridor of the ward and presented a health and safety risk if accessed by unauthorised persons.
- There was moderate dust visible on the wheel areas of mobile vital-sign monitoring equipment, the bases of hoists and stand aids in Medical 2 ward.

- A patient equipment room in Medical 2 ward was cluttered with numerous items stored directly on the floor, including office supplies, patient property and a wheelchair pressure relieving cushion. Seven boxes of disposable incontinence wear were placed directly on the storeroom floor of Surgical 7 ward, hindering effective cleaning. In addition, an open-shelved mobile unit contained needles and syringes, among other equipment. The door was unlocked and posed a health and safety risk to unauthorised persons entering the room. A sticky residue was evident on a syringe driver pump.
- Access along the Emergency Department corridor was hindered due to cluttering with trolleys, items of patient medical equipment, bed tables, waste collection bins and chairs,
- A cupboard surface assessed in the ED cubicle five was unclean.

The following was observed in the clean utility/drugs rooms:

- Access to this room in both Medical 2 and Surgical 7 was not secured. There was no door fitted to the clean utility/drugs room on Surgical 7 ward and the door on Medical 2 ward was held ajar by a non-clinical waste bin, enabling unobstructed access by unauthorised persons, which is not in keeping with best practice. The Authorised Persons brought this finding to the attention of the unit managers during the onsite assessment.
- The Authorised Persons from HIOA found that a medication fridge on Medical 2 ward containing, for example, insulin and antibiotic solutions and a cupboard containing medicated sprays, were unlocked and as such accessible to unauthorised persons.
- During assessment of Medical 2 ward, a disposable kidney dish containing used surgical instruments and a used disposable tracheotomy tube were stored on top of one of two large trays containing disinfectant fluid. There was no indication what the solution was, when it was constituted or when it should be discarded. These findings were not in line with infection prevention and control or health and safety best practice procedures.
- While there was a designated hand wash sink in the clean utility drug rooms on both wards assessed, they did not comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005). In Surgical 7 ward, the designated hand wash sink contained a tray with pieces of equipment soaking in a solution. Hand washing was carried out without removing the tray from the sink. An overflow and bung were in place and both were heavily soiled. There was a metal grid, also heavily soiled located in the water outlet.
- Light dust was found on most high and low surfaces in this clean utility drugs room in Medical 2 ward. In addition, medical equipment was stored on a window shelf; a worktop was cluttered and included a keyboard and weighing scale.

The following was observed in the 'dirty'² utility rooms:

- Although reported by staff to the Authority that closed circuit television (CCTV) monitoring of the Emergency Department was in place, the 'dirty' utility room was not secure and therefore could be accessed by unauthorised persons which was not in line with health and safety best practice precautions. Hazardous chemicals were stored on an open shelf.
- The doors to the 'dirty' utility rooms in both wards assessed were not secure. They were held ajar by a non-clinical waste bin enabling unobstructed access by unauthorised persons, which is not in keeping with best practice. The Authority brought this to the attention of the unit manager during the onsite assessment.
- A separate sink for washing patient equipment was available in neither Medical 2 nor Surgical 7 wards. A domestic type stainless steel sink doubled as a hand washing and patient equipment cleaning sink. Two empty intravenous solution bags were inside the sink in Medical 2 ward. A patient washbowl soaking in the sink on Surgical 7 ward was not removed while a handwashing procedure was carried out by a staff member. A paper hand towel dispenser was not within close access to the sink and was partially obstructed by plastic boxes stored on the worktop.
- Grouting between tiles located behind the sink in Medical 2 ward was unclean.
- In the 'dirty' utility in the ED, two sharps waste containers hindered effective cleaning as they were stored directly on the floor. There was grit in the corners and paper debris on the floor surface. Floors including edges and corners were unclean in both ward areas assessed.
- Although covered with a non-permeable surface, displayed signage surfaces were unclean in both wards assessed and not adequately secured in Surgical 7. Some signage displayed in the ED did not have a laminated or sealed surface, hindering effective cleaning.
- On Medical 2 ward, HIQA observed that the surfaces of two commodes assessed were stained; a member of staff was observed by the Authority failing to clean a used commode after use. A commode on Surgical 7 had visible soiling on the seat, lids of two commodes were unclean; in one commode a decontaminated bedpan was heavily stained and should be withdrawn from use. Two other bedpans assessed were also stained. In the ED, commode wheels were dusty and rusted; areas of the frames were stained and had a sticky residue on their surface.
- Some bed urinals assessed in both wards were not stored inverted following decontamination.
- The 'dirty' utility room in the ED was cluttered, hindering ease of access. The worktop was also cluttered with point of care testing equipment and

² A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

samples of body fluid. This finding did not meet best practice infection prevention and control precautions.

- There were two large pieces of metal stored on the floor in the 'dirty' utility area of the ED; these constituted inappropriate items.
- The interior surface of a fridge in the ED used for storage of cardiac investigation strips was unclean and there was a sticky residue on the exterior surface of the door.

Cleaning Equipment

There was evidence of good practice which included the following:

- A specific member of the cleaning staff was designated responsibility for cleaning of isolation facilities on each level.
- A colour cleaning system was in operation for cleaning surfaces and flat mopping of floors; mops were changed following cleaning in each room or area of the wards assessed.

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:

- A central cleaners' room was located on each level in a common, public lobby area, used by cleaning staff from all the wards on the corresponding level. Doors to the cleaners' rooms on level two and three were closed shut but not locked while unsupervised. Cleaning solutions and chemicals were not stored in locked cupboards and presented a health and safety risk if the room was accessed by unauthorised persons.
- Not all cleaning equipment was clean; for example, mop head holders used in both wards assessed were dusty. Mop trays were soiled around the rims in Surgical 7 ward.
- Clean and used mop heads were delivered and collected in the same transport trolley, which posed a risk of spread of healthcare associated infections (HCAs).

Isolation

There was evidence of good practice which included the following:

- Patients with communicable infection were isolated, from other patients, to prevent spread of HCAs in both wards assessed.
- Hand gel and personal protective equipment dispensing units were located outside each isolation room and at intervals throughout the wards.

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:

- Although isolation rooms were available, a patient with a suspected communicable infection was accommodated in a bay in the main area of the Emergency Department. One single isolation room was used as a storeroom. Another isolation room was used for Ear, Nose and Throat consultations. Staff reported to HIQA that these single rooms were not used due to staffing level challenges.
- There were four single rooms for isolation purposes on each ward assessed, all of which had ensuite washing and toilet facilities. On each ward, one single room had an ante-room with hand hygiene facilities. The remaining three rooms had no hand wash sink located in the room, staff reported that they used the sink in the patient's ensuite, a sink in an adjacent six bedded room or in the clean utility room located behind the nurses' station to wash their hands. This finding was not in line with best practice and posed a risk of spread of HCAs.
- Precautionary signage displayed on isolation room doors in Surgical 7 was not consistent. While one sign informed of precautions to take and PPE to be worn, signage displayed on the other three doors did not, but advised making contact with ward staff prior to entering the room.

Waste segregation

- There were no clinical waste segregation advisory posters displayed in the 'dirty' utility room on Medical 2 ward.
- As standard practice, there were no clinical waste bins located inside the isolation or ante rooms. The hospital reported that clinical waste is discarded into small yellow bags and transferred to a clinical waste bin in the 'dirty' utility room. Two clinical waste bags were on the floor of the 'dirty' utility room awaiting collection. Both bags were tagged. The Authority observed a waste operative transporting a large mobile clinical waste collection bin through Surgical 7 ward, the lid of which was held ajar by overfilled contents. The exterior surface of the bin was damaged and worn, hindering effective cleaning taking place.
- In Medical 2 ward, the protective temporary closure mechanism was not engaged on a sharps waste disposal bin in the 'dirty' utility room. The tagging procedure was not completed and the label recording assembly and final closure details was blank on a large sharps waste bin awaiting collection in Surgical 7 ward, resulting in ineffective traceability procedures.
- The waste management policy demonstrated at hospital corporate level was approved in January 2013 and due for review in January 2015; however a waste management plan demonstrated at clinical level was out of date. It was approved in January 2008 and was due for review in January 2009. There was no reference in the policy or the plan reviewed by the Authority, to the

arrangements for clinical waste removal procedures as reported to the Authority during the monitoring assessment.

Linen

- The Authority was informed that, as standard, curtains were changed every six months on wards assessed and when necessary, by laundry staff.
- Used linen was segregated at source and this was evidenced by colour-coded linen bags. However, a bag containing contaminated linen fitted on a linen trolley stored in the 'dirty' utility room in Surgical 7 ward was overfull.
- Some surfaces at the edges of a sliding door over the linen cupboard were damaged and missing.

Water outlet flushing

- Cleaning staff reported to the Authority that they a flushing regimen was carried out on all water outlets.
- Although precautionary signage was displayed, water from a hot tap in Medical 2 was found to be very hot. This posed a scald risk to vulnerable patients.

Conclusion

In conclusion, the Authority found that there was much evidence of practice that was not compliant with the National Standards for the Prevention and Control of Healthcare Associated Infections in all three areas assessed in Waterford Regional Hospital. The Authority found that while the Emergency Department was recently opened, many of the practices observed were not compliant with best practice. The environment and patient equipment in Medical 2 and patient equipment in Surgical 7 were generally unclean with some exceptions. Therefore they were not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

3.3 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

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

There was evidence of good practice which included the following:

- Hand hygiene training and monitoring was reported to be provided by the Infection Control Nurse and infection prevention and control link nurses. A database was maintained that recorded names of staff on completion of training but did not highlight staff that were not trained. Ward managers had access to this database.
- A clear, up to date training matrix for nursing and care assistant staff, maintained by the ward manager on Surgical 7 ward was demonstrated to the Authority. 100% of nursing and care assistant staff on the ward were trained in hand hygiene best practice. This was reflected in the hand hygiene observations of practice on Surgical 7 by the Authority. Ten out of 11 hand hygiene opportunities were taken, of which nine were in compliance with best practice.

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:

- Four hand hygiene gel dispenser units located on the hospital public corridors on the first floor were empty. The nozzles of some wall mounted hand gels in the Emergency Department were clogged.
- While hand-wash sinks were hands-free and substantially complied with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005), there were no hand hygiene advisory posters displayed in the ED.
- Only five of the 23 hand hygiene opportunities observed by the Authority in the Emergency Department were taken and were observed to comply with best practice hand hygiene technique. Non-compliance related to failure of nursing and medical staff to take hand hygiene opportunities. Some staff wore sleeves to their wrists and wrist watches which is not best practice as it prevents adequate hand washing.. Training records available and reviewed by the Authority confirmed hand hygiene training was up to date for most

nursing staff. These findings posed a serious risk of spread of Healthcare Associated Infections (HCAIs) to patients in the ED.

Observation of hand hygiene opportunities.

The Authority observed 45 hand hygiene opportunities in total throughout the monitoring assessment, comprising:

- 18 before touching a patient
- 18 after touching a patient
- one before clean/aseptic procedure
- one after body fluid exposure risk
- seven after touching the patient's surroundings.

Only 20 of the 45 hand hygiene opportunities were taken. Of those 20, 19 were observed to comply with best practice hand hygiene technique. Non-compliance related to wearing of sleeves to wrist, wrist watches and not following best practice hand-washing technique.

Conclusion

While the Authority recognises that the hospital had implemented initiatives to improve hand hygiene, the observations in the Emergency Department in particular but also in Medical 2 ward and the training record review by the Authority regarding hand hygiene compliance indicates that a culture of hand hygiene is not operationally embedded within all staff specialities. The findings in the Emergency Department put patients at serious risk of contracting HCAIs.

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.

The Authority found that there was much evidence of practice that was not compliant with the National Standards for the Prevention and Control of Healthcare Associated Infections in all three areas assessed in Waterford Regional Hospital. The Authority found that while the Emergency Department was recently opened, many of the practices observed were not compliant with best practice. The environment and patient equipment in Medical 2 and patient equipment in Surgical 7 were generally unclean with some exceptions, therefore were not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

During the course of the monitoring assessment, the Authorised Persons identified immediate serious risks to the health and welfare of patients receiving care at Waterford Regional Hospital. Immediate serious risk identified was in relation to observations of non-compliance with hand hygiene practice in the Emergency Department. In line with the Authority's Risk Escalation Process, the Authorised Persons brought this risk to the immediate attention of the Hospital's General Manager. This was to allow the Hospital to put in place the actions necessary to mitigate this risk as a matter of urgency. In addition, the Authority also formally notified the persons accountable for the services at Waterford Regional Hospital: the Hospital's General Manager and the Health Service Executive (HSE) South Regional Director of Operations.

In the three areas assessed at Waterford Regional Hospital for compliance with the NSPCHCAI, the Authority observed a lack of cleanliness of both the physical environment and equipment, with some exceptions in each area assessed. These findings in patient and non-patient areas also included inappropriate waste management practices and evidence that equipment was not being cleaned properly. These findings suggest that Waterford Regional Hospital do not have adequate systems and processes in place for effective environment and facilities management.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAs 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 hand hygiene practices in Waterford Regional Hospital were not in compliance with the National Standards and this poses a clear risk to patients of contracting a HCAI.

Waterford Regional 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 NSPCHCAI and is making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at Waterford Regional Hospital on 25 June 2013 was a snapshot of the hygiene levels in three areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will, within the next six months undertake a follow-up assessment against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of 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 Authority uses 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 patients.

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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