



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Beaumont Hospital, 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: **30 October 2014**

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.

Table of Contents

1. Introduction	1
2. Beaumont Hospital Profile	3
3. Findings	4
3.1 Key findings relating to non-compliance with Standards 3 and 5	5
3.2 Hand Hygiene.....	8
4. Summary	14
5. References	15
6. Appendix 1 - Detailed description of findings from the unannounced inspection at Beaumont Hospital on 30 October 2014.....	17

1. Introduction

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, 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 – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular 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. 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's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

This report sets out the findings of the unannounced inspection by the Authority of Beaumont Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Alice Doherty, Katrina Sugrue, Leanne Crowe and Noelle Neville on 30 October 2014 between 09:00hrs and 16:10hrs.

The areas assessed were:

- St Mary's Ward (Medical)
- St Brigid's Ward (Neurology)
- St Martin's Ward (Room 1) (Chronic Outpatient Renal Dialysis Unit).

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

2. Beaumont Hospital Profile[‡]

Beaumont Hospital is a large academic teaching hospital 5km north of Dublin City Centre. The hospital provides emergency and acute care services across 54 medical specialties to a local community of some 290000 people. It is the national referral centre for neurosurgery, renal transplantation, and cochlear implantation. In addition, it is a designated cancer centre and the regional treatment centre for ear, nose and throat, and gastroenterology.

It is the lead Level 4 hospital in the new Royal College of Surgeons in Ireland (RCSI) Hospitals Group, which includes Connolly Hospital, Rotunda Hospital, Cavan/Monaghan hospitals, Louth/Meath hospitals, and RCSI. It employs approximately 3000 staff and has 820 beds. It is the principal teaching hospital for the RCSI and has close links with Dublin City University, especially in the area of nurse training, and with other academic institutions in respect of training and research.

St Joseph's Hospital, Raheny is under the management of the Beaumont Hospital Board since 6 August 2004. St Joseph's is an acute hospital which can accommodate 69 patients. It provides both medical and surgical inpatient care, rehabilitation services, day care services, and radiology services. Beaumont Hospital also manages a 100-bed community nursing unit on the St Joseph's campus.

[‡] 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

Overview

This section of the report outlines the findings of the unannounced inspection at Beaumont Hospital on 30 October 2014. The clinical areas which were inspected were St Mary's Ward, St Brigid's Ward and St Martin's Ward (Room 1).

St. Mary's Ward is a 16-bedded medical ward and consists of two six-bedded bays, a two-bedded room and two single rooms. At the time of the inspection, there was an extra bed situated in one of the 6-bedded wards as part of the hospital's bed escalation policy.

St Brigid's Ward is a 34-bedded ward. It comprises a 10-bedded stroke unit, a four-bedded epilepsy monitoring unit, a six-bedded neurology/neurosurgical area, a six-bedded increased observation/high dependency area, a three-bedded low dependency area and five single rooms. Four of the single rooms are ensuite. All of the single rooms may be used for the isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. One patient was isolated at the time of the inspection.

St Martin's Ward (Room 1) is an out-patient dialysis unit with 12 dialysis stations. It is open 24 hours each day, Monday to Saturday. The ward also operates one shift on a Sunday evening. At the time of the inspection, there was an extra patient accommodated on the ward, who was awaiting admission to an in-patient bed elsewhere in the hospital.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliances with Standards 3 and 5 of the Infection Prevention and Control Standards¹ at Beaumont Hospital. In addition, a detailed description of the findings of the unannounced inspection undertaken by the Authority is shown in Appendix 1.
- **Section 3.2** presents the findings relating to hand hygiene at Beaumont Hospital under the headings of the five key elements of a multimodal hand hygiene improvement strategy.
- **Section 4** provides an overall summary of findings.

3.1 Key findings relating to non-compliance with Standards 3 and 5

The Authority found evidence during the inspection of both compliance and non-compliance with Standards 3 and 5 of the Infection Prevention and Control Standards.¹ An overview of the most significant non-compliances relating to these Standards is discussed below. Please see Appendix 1 for further details of findings.

Patient equipment

There were some opportunities for improvement in the management of patient equipment on St. Mary's Ward. A small area of red staining was observed on a blood glucose monitor and varying levels of dust were present on several items of patient equipment. The Authority was informed that patient equipment is cleaned on a daily basis. However, a cleaning checklist viewed by the Authority for the week of the inspection was not dated and it was noted that all patient equipment was not included on the checklist. During the inspection, several items of patient equipment were stored in the patient bathroom. The Authority was informed that these items are usually stored in the dayroom but are moved into the bathroom when the dayroom is used for meetings.

Patient equipment was generally clean and well maintained on St Brigid's Ward with some exceptions. The Authority viewed a stained kidney dish on a phlebotomy trolley and the frame of the trolley was also dusty. The Authority was informed that the kidney dish was used to hold phlebotomy equipment required for individual patient blood sampling when taken to the patient bedside. The information received by the Authority suggested that this dish was not always cleaned after each use. Adherence to recommended standard precautions and fundamental infection-control principles such as the safe management of sharps and waste, effective cleaning of equipment, hand hygiene and education are essential in preventing transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus.³

The Authority was also informed that equipment used for patient monitoring on St Brigid's Ward such as blood pressure cuffs, temperature probes and oxygen saturation probes were not always cleaned after each patient use, which is not in line with best practice. In accordance with national and evidence-based guidelines, direct contact patient equipment should be clean⁴ and equipment which is shared by patients should be cleaned and decontaminated between each use.⁵ The Authority recommends that the hospital review the systems and processes in place to assure itself that patient equipment is maintained, cleaned and decontaminated between each use.

Environment and facilities management

Opportunities for improvement in the management of patient areas were observed on St. Mary's and St Brigid's Wards. Heavy dust and grease were visible on the undercarriages of two beds inspected on St Mary's Ward and the ends of beds were also dusty. Varying levels of dust were present on some edges and corners of floors on St Brigid's Ward, on the undercarriages of beds and on some bedside lockers.

The medication preparation area in the clean utility room on St Brigid's Ward raised a concern for the Authority. The area was small, cluttered with documentation which was visibly stained, and the surface of the work top was unclean. The Authority observed staff drawing up medication on the worktop at the time of the inspection, where the surface was not cleaned before or after the procedure in line with best practice. The failure to clean the surface of the area in which medications are prepared has the potential to increase the risk of transmission of Healthcare Associated Infections.

Staining was observed on mattresses inspected on St Brigid's Ward and St Martin's Ward (Room 1). Two mattress covers on St Brigid's Ward were also torn. In addition, fans were in use in the clinical areas on St Brigid's Ward and St Martin's Ward (Room 1) which is not recommended.

The accommodation of an extra patient on St Martin's Ward (Room 1) at the time of the inspection raised a concern for the Authority in terms of infection, prevention and control in a dialysis setting, where the risk of inter-patient transmission of infection is higher than on other wards. The Authority was informed that the patient was accommodated on the ward for 48 hours prior to admission. The Authority recommends that the hospital reviews its policy on spacing between patients' stations in this area in accordance with national guidelines⁶ to ensure that adequate controls are in place to reduce the risk of transmission of Healthcare Associated Infections.

Some opportunities for improvement were noted in general maintenance of St Martin's Ward (Room 1). For example, the wall behind a patient bed was damaged and two computer socket outlets on the wall were not fully secured. A section of the skirting material was also missing on this wall. The Authority notes that the hospital is planning to construct a new dialysis unit with a capacity for 34 stations (including four isolation stations) which is expected to be open in Quarter 4, 2015.

Isolation rooms

The Authority observed a sign on the door of an isolation room on St Brigid's Ward which directed individuals to contact the nurses' station prior to entering the room. However the room door was open at the time of the inspection, which did not make

the sign clearly visible to persons entering the room. The Authority was informed that a patient management decision had been made to keep the isolation room door open based on a risk assessment of the patient's needs. The lack of clearly displayed precautionary signage which indicates the precautions required prior to entering the isolation room was a concern for the Authority. The Authority recommends that the hospital reviews the current signage in use, particularly where the signage is displayed when the door of an isolation room is kept open, to ensure that the spread of communicable/transmissible diseases is prevented, managed and controlled.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.⁷ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.2.1 System change⁷: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice 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 Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
- the number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

- The design of some clinical hand wash sinks in the three areas that were inspected did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁸

3.2.2 Training/education⁷: *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.*

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

Hospital training

- Staff in Beaumont Hospital are required to attend hand hygiene training every year. Training consists of face-to-face education sessions, 'blitz' days of training and the hospital's own e-learning programme which is accessible on every computer within the hospital. The e-learning programme has two modules; one on hand hygiene and the other on standard precautions.
- Records viewed by the Authority showed that 94%* of staff who interact with patients in Beaumont Hospital were up-to-date with hand hygiene training at the end of October 2014.

Local area training

- Documentation viewed by the Authority showed that the majority of staff on St Mary's and St Brigid's Wards were up-to-date with hand hygiene training at the end of October 2014. Similarly, on Martin's Ward (Room 1), all staff were up-to-date with hand hygiene training at the end of August 2014.

* This percentage includes staff at St Joseph's Hospital, Raheny which is under the management of the Beaumont Hospital Board.

3.2.3 Evaluation and feedback⁷: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

- Beaumont Hospital participates in the national hand hygiene audits which are published twice a year.⁹ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an overall compliance of 82% in 2013. While compliance increased to 86% in the first half of 2014, it was still below the Health Service Executive's (HSE's) national target of 90%.¹⁰

Period 2-7	Result
Period 2 Oct/Nov 2011	79.3%
Period 3 May/June 2012	75.7%
Period 4 Oct/Nov 2012	86.2%
Period 5 May/June 2013	82.4%
Period 6 Oct/Nov 2013	82.6%
Period 7 May/June 2014	86.2%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁹

Hospital-wide hand hygiene audit results

- In addition to the national hand hygiene audits, the Authority was informed that hospital-wide hand hygiene audits are carried out by a hand hygiene audit team on a quarterly basis. Spot checks on hand hygiene practice are also carried out. The Authority was informed that there are local hand hygiene auditors on each ward and many hand hygiene champions who are mostly nurses. Invitations have been extended to other disciplines. However, there was no hand hygiene champion representative from the medical staff group at the time of the inspection.

- Documentation viewed by the Authority showed that overall compliances of 87.9% and 85.7% were achieved in hand hygiene audits carried out in the hospital in Quarters 1 and 2 of 2014 respectively.

Local area hand hygiene audit results

- Documentation provided to the Authority showed that St Mary's Ward achieved 93% compliance in a hand hygiene audit carried out between April and June 2014.
- Hand hygiene audit results for St Brigid's Ward demonstrated that compliances of 91%, 87% and 87% were achieved in July, August and September 2014 respectively. The Authority was informed that audit results are presented using a traffic light system. The colour indicates the level of compliance and the follow-up frequency of re-auditing that will be required until the desired compliance of 90% is achieved. Audit results are displayed on a notice board on the corridor of the ward, and are also discussed in the quarterly meetings of the Audits and Standards Committee. Hand hygiene champions come onto wards to address non-compliances, and escalate the actions taken if necessary.
- On St Martin's Ward (Room 1), 90% compliance was achieved in a hand hygiene audit carried out at the end of August 2014. The Authority was informed that an action plan was prepared to improve compliance on the ward, which increased to 93.3% in a follow-up audit carried out the following week.

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 of 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 WHO¹¹ and the HSE.¹² 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^Y 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

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

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

- The Authority observed 41 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - seven before touching a patient
 - one before clean/aseptic procedure
 - three after body fluid exposure risk
 - nine after touching a patient
 - eighteen after touching patient surroundings
 - three hand hygiene opportunities where there were two indications for one hand hygiene action (after touching a patient and before touching the next patient (one) and after touching patient surroundings and before touching the next patient (two)).
- Thirty of the 41 hand hygiene opportunities were taken. The 11 opportunities which were not taken comprised the following:
 - three before touching a patient
 - one after body fluid exposure risk
 - one after touching a patient
 - four after touching patient surroundings
 - two hand hygiene opportunities where there were two indications for one hand hygiene action (after touching patient surroundings and before touching the next patient (two)).
- Of the 30 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 24 opportunities. Of these, the correct technique was observed in 17 hand hygiene actions.

In addition the Authorised Persons observed:

- Twenty-nine hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.
- Hand hygiene compliance on St Martin's Ward (Room 1) on the day of the inspection was 91%.

3.2.4 Reminders in the workplace⁷: *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 Beaumont Hospital.

3.2.5 Institutional safety climate⁷: *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.*

- Beaumont Hospital achieved 86% compliance in the national hand hygiene audit in May/June 2014, which is an improvement on recent prior results recorded at the hospital but is still below the HSE's national target of 90%. Similarly, the hospital achieved an overall compliance of 87% in hospital audits carried out in the first and second quarters of 2014. A 'snap shot' observation of a sample of hand hygiene practices by the Authority during the inspection showed that 73% (30 out of 41) of hand hygiene opportunities were taken. Beaumont Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and maintained across the hospital, and that national targets are attained.

4. Summary

The risk of the spread of Healthcare Associated Infections 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, opportunities for improvement were identified in the management and maintenance of some patient equipment and the patient environment on both St Mary's and St Brigid's Wards. Patient equipment and the environment on St Martin's Ward (Room 1) were generally clean. However, opportunities for improvement were noted regarding maintenance of this ward. In addition, the accommodation of an extra patient in the dialysis unit raised a concern for the Authority in terms of the risk of transmission of Healthcare Associated Infections, such as blood borne viruses in this setting. The Authority notes that the hospital is planning to construct a new dialysis unit with a capacity for 34 stations which is expected to be open in Quarter 4 2015.

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

Beaumont Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and maintained across the hospital and national targets are attained.

Beaumont Hospital must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control 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 Beaumont 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 Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[‡]

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6. Appendix 1 - Detailed description of findings from the unannounced inspection at Beaumont Hospital on 30 October 2014

In this section, non-compliances with Standards 3 and 5 of the Infection Prevention and Control Standards¹ which were observed during the inspection are listed below.

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.

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 Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

St. Mary's Ward

Opportunities for improvement were noted in the management and maintenance of some patient equipment and the patient environment on St Mary's Ward.

Patient equipment

- A small area of red staining was visible on a blood glucose monitor.
- Varying levels of dust were present on several items of patient equipment including the bases of blood pressure monitoring equipment, oxygen equipment, suction apparatus, a patient hoist and a wheelchair. The cushion on the wheelchair was also stained.
- Splash marks were visible on the base of an intravenous stand at a patient bedside and the wheel areas were unclean.
- Wheelchairs, walking aids, a blood pressure monitor and hoist straps were stored in the patient bathroom. The Authority was informed that these items are usually stored in the dayroom but are moved into the bathroom when the dayroom is used for meetings.

General cleanliness and maintenance

- Varying levels of dust were present in some patient areas including floor edges, the undercarriages of two beds inspected and on the ends of beds. Grease was also present on the undercarriages of the beds.
- Sticky residue was visible on the frame of a bed.
- The end covers on the legs of some bedside tables were missing and as a result, the interior surfaces of the legs which were exposed were dusty and unclean. The wheel areas of some tables were also dusty and unclean, and splash stains were visible on the base of one bedside table.
- Staining was observed on a patient curtain.
- The ridge in a splash back under a hand wash sink was unclean.

Ward facilities

- The following non-compliances were observed in the treatment room:
 - The room was not secured, potentially allowing unauthorised access to various types of needles which were stored on open shelving. A non-clinical waste disposal bin was used to hold open the door during the inspection.
 - Dust was present in storage containers and sticky residue was present on the surface of the containers. Sticky residue was also present on the surface of a cupboard door and the edge of the door was chipped. The interior surfaces of metal drawers and cupboards were unclean.
 - Brown residue was present in the plug hole of the hand wash sink and the taps were unclean. Pink residue was visible on the nozzle of the soap dispenser.
 - Dust was present on the floor.
 - The interior surface of a hypoglycaemic kit box was dusty.
 - Some paper-based signage was not laminated.
 - The wheel areas of a drug trolley were unclean and hair was entangled in a wheel. Staining was visible on the bottom shelf of the trolley.
- The following non-compliances were observed in the 'dirty'[±] utility room:
 - The room was not secured potentially allowing unauthorised access to chemical agents, which were stored in unlocked cupboards.
 - Brown residue was visible in the sluice hopper.
 - Dust was present on the floor around the bed pan washer and in a ceiling vent.
 - A section of a wall tile was missing.
 - Patient washbowls were stored wet on top of each other.

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

- Rust-coloured staining was observed on commodes and a small amount of chipped paint was observed on the frame of one commode.
- Some paper-based signage was not laminated.

Sanitary facilities

- The overflow at the front of a toilet bowl was unclean and the coating on the taps at the hand wash sink was worn. Staining was observed in the corners of the shower unit and there was a small amount of chipped paint on the wall above the toilet. Light dust was observed on floor edges in a second patient washroom.
- Moderate dust was present on the bathroom floor even though the cleaning checklist had been signed for the day of the inspection. Access to the non-clinical waste disposal bin was blocked by patient equipment stored in the bathroom.

Linen

- Sticky residue was observed on the interior surfaces of the doors of the linen cupboards, and label residue was visible on the shelves. Dust was present on the floor under the bottom cupboards.

St Brigid's Ward

Opportunities for improvement were noted in the management and maintenance of some patient equipment and the patient environment on St Brigid's Ward.

Patient equipment

- One blood pressure cuff was stained.
- There was rust-coloured staining on the wheel areas of four commodes, and the vinyl cover on the backrest on one commode was torn.
- Dust and grime were observed on the wheels of two intravenous stands.
- Heavy dust was observed on the top of an oxygen tank and on two keyboards. Light dust was observed on the resuscitation trolley.

General cleanliness and maintenance

- Two of out of three mattresses inspected were heavily stained, and two of out three mattress covers were compromised.
- Heavy dust was observed on the top of a patient bedside locker, behind another locker, the base of a light, the undercarriage of two beds and on the shelving and inside the drawers of a storage unit.
- Light dust was observed on a curtain rail, the casing over a patient's bed, a phlebotomy trolley, a storage trolley and a linen trolley.

- Light, moderate and heavy levels of dust were found on floor edges in several areas of the ward that were inspected.
- Sticky residue was observed on a storage trolley and on shelving in the linen cupboard.
- There was chipped paint on a radiator.
- The light fitting above a hand wash sink was not covered, exposing electrical wiring and hindering effective cleaning.

Ward facilities

- The following non-compliances were observed in the clean utility room:
 - There was no door leading into the clean utility room, potentially allowing unauthorised access to needles and syringes.
 - The surface of the work top where medication was prepared was unclean and cluttered with documentation which was visibly stained.
 - The dispenser on a soap container was missing.
 - Signage on folders was partly detached from their surfaces, and one label on a folder was heavily stained.
- The following non-compliances were observed in the 'dirty' utility room:
 - The room was not secured, potentially allowing unauthorised access to chemical agents which were stored in unlocked cupboards.
 - The shelving in a cupboard was unclean.
 - Paint on the wall behind where commodes were stored was bubbled, and a small amount of paint and plaster damage was observed.
 - Light dust was observed on floor edges.

Sanitary facilities

- The wall covering in one patient bathroom had become detached from the wall.
- Brown staining was observed underneath the rim of one toilet seat.
- A call bell cord in one patient bathroom was stained.
- There was staining on two chairs and on the floor in a patient washroom. Grouting in a shower and on several ceiling tiles was also stained.
- Rust-coloured staining was observed on a hand rail in a shower and on three wall vents.
- The wooden border around a patient shower was damaged.
- There was no sanitary waste bin in one patient bathroom inspected.
- A dressing spray was found in one patient bathroom.

St Martin's Ward (Room 1)

Overall, patient equipment and the environment on St Martin's Ward (Room 1) were clean with some exceptions as listed below. Opportunities for improvement were noted regarding maintenance of the ward.

- Light dust was observed on the base of a blood pressure monitor.
- Staining was observed on two mattresses, both of which were replaced during the inspection.
- The wall behind a patient bed was damaged and two computer socket outlets on the wall were not fully secured. A section of the skirting material was also missing on this wall.
- Dust was visible on the undercarriage of a bed and on a floor edge in a patient area.
- The end covers were missing on the legs of some patient bedside tables, potentially exposing the interior surfaces of the legs to dust.
- Rust-coloured staining was visible on the housing of the water outlet units.
- The splash backs under two hand wash sinks were chipped and the floor covering under one of the sinks was stained.
- The following non-compliances were observed in the 'dirty' utility room:
 - The door was unlocked, potentially allowing unauthorised access to chemical agents stored in an unlocked cupboard.
 - The floor was unclean and the floor covering was not fully attached to the wall behind the bed pan washers. Part of a wall panel adjacent to pipe work behind the bed pan washers was missing.
 - The edges of cupboard doors, a shelf inside a cupboard and a worktop were chipped.
- Staining was observed on the floor of the patient toilet and part of the floor covering was not fully attached to the wall. Scuff marks were visible on the wall.
- Chipped paint and rust-coloured staining were visible on the frames of linen trolleys.
- Chipped paintwork was observed in some areas of the ward.

Waste

Criterion 3.7. The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

- The temporary closing mechanisms on a sharps waste disposal box on St Mary's Ward and three boxes on St Martin's Ward (Room 1) were not activated.
- The signage on some waste disposal bins on St Brigid's Ward needed to be updated or replaced.

Standard 5. Communication Management

A communication strategy is in place which ensures information relating to Healthcare Associated Infections is communicated and responded to in an efficient, timely, effective and accurate manner.

Criterion 5.1. A communication strategy is in place to ensure all service users, relatives, carers, visitors and staff are made aware of the importance of the prevention, control and reduction in Healthcare Associated Infections. This includes but is not limited to:

- clear, easy to understand and effective signage relating to the prevention and control of Healthcare Associated Infections.

Isolation facilities

- Signage on the door of an isolation room on St Brigid's Ward did not sufficiently alert staff to contact precautions, instead it only requested people to contact the nurses' station before entering the room. In addition, the room door was open at the time of the inspection which did not make the sign clearly visible to persons entering the room.

Published by the Health Information and Quality Authority.

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