



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Letterkenny General Hospital, Letterkenny, Co Donegal**

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

**Date of on-site inspection: 8 May 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.

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## 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*.<sup>1</sup>

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](http://www.hiqa.ie) – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*<sup>2</sup> – 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 Standards<sup>1</sup> 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.<sup>2</sup>

This report sets out the findings of the unannounced inspection by the Authority of Letterkenny General Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by an Authorised Person from the Authority, Sean Egan, on 8 May 2014 between 08:30hrs and 15:15hrs.

The areas assessed were:

- Medical 4 Ward (Medical, Haematology and Oncology)
- Surgical 2 Ward, incorporating the 4-bedded Surgical High Dependency Unit

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

## 2. Letterkenny General Hospital Hospital Profile<sup>‡</sup>

Founded – September 1960	Number of Beds – 320 (Pre-flood – 299 Aug 2013)
Catchment Population – Circa 160,000	Staffing – 1,348 WTE
In-patient discharges 2013 – 19,885	Day case discharges – 17,709
No of OPD Attendances – 60,233	Annual Budget - €100.4m
ED Attendance 2014 (to date) – 8,380 (Jan to Mar)	
General Manager – Mr Sean Murphy	

### Introduction

Letterkenny General Hospital (LGH) is a 314 inpatient bedded Acute General Hospital providing a broad range of acute services on an in-patient, out-patient and day case basis including:

■ Intensive Care	■ Emergency Department
■ Coronary Care	■ General Medicine
■ General Surgery	■ Urology
■ Orthopaedics	■ Obstetrics and Gynaecology
■ Paediatrics (Inc neo-natal services)	■ Renal Services – Regional Centre (inc dialysis)
■ Oncology	■ Haematology
■ Pathology	■ Radiology
■ Visiting: Neurology; Dermatology; Oral Maxillo Facial; Paediatric Cardiology; ENT; and Ophthalmology	

The hospital serves a catchment population of circa 160,000 encompassing the County of Donegal and the surrounding environs.

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

There are also a full range of clinical and non-clinical support services available on site including theatres; pathology; radiology; pharmacy; physiotherapy and occupational therapy. The radiology unit has CT, MRI scanning and DEXA scanning, and an integrated PACS/RIS system installed.

Other services provided;

- Symptomatic Breast Cancer – Satellite centre of GUH designated centre
- Rectal Cancer Surgery – as per National Cancer Strategy
- Interventional Radiology
- Interventional Cardiology
- Sexual Assault Treatment Unit
- PCCC Acute Mental Health Services provided on site
- PCCC Genito Urinary Medicine Services provided on site

The hospital provides an undergraduate Medical Education Program as an academy of National University of Ireland Galway Medical School. Undergraduate Nurse, Midwifery, and AHP training and clinical placements are also provided at LGH. Postgraduate Medical and Nursing education is also delivered within the hospital.

#### Progress Following Hospital Flooding

Extensive flooding occurred at Letterkenny General Hospital in July 2013 due to a nearby river bursting its banks. This resulted in significant damage to large areas of the hospital infrastructure. Whilst the majority of the hospital inpatient services remain in situ, many of the outpatient services provided by the hospital have been located off site. Moreover, additional contingency services such as a mobile radiology unit have been utilised to mitigate the impact for patients during the period of refurbishment.

At the time of writing this report, work is ongoing in the hospital to refurbish; the Pulmonary Laboratory, the Hospital Kitchen and dining room facilities, the Radiology Department, the Haematology and Oncology Ward, the Coronary Care Unit, the Pathology Department, the Hospital's Chapels, the changing room area, the Mortuary, the Boiler House and accompanying buildings, and additional office areas.

On-site work has commenced to refurbish most of these areas, and whilst not all contractors have been appointed at this stage and finish dates have therefore not been officially confirmed, it is anticipated that work will be fully completed in 2016.

### 3. Findings

On inspection at Letterkenny General Hospital on 8 May 2014, there was evidence of both compliance and non-compliance with some of the criteria in the Infection Prevention and Control Standards.<sup>1</sup> In the findings outlined below, observed non-compliances with some of the criteria in the Standards are grouped and described alongside the relevant corresponding Standard/Criterion.

#### 3.1 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.

**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.

#### **Medical 4 Ward (Medical, Haematology and Oncology)**

Medical 4 Ward is a 24-bedded ward, consisting of 16 en-suite single rooms, and two four-bedded bays. Four of the single rooms are negative pressure rooms, and the remainder of the single rooms are also used for accommodating patients requiring isolation as required. Following the flooding of the haematology/oncology ward in the hospital in July 2013, the haematology/oncology patient cohort were transferred into Medical 4 Ward which was subdivided into two. Fourteen beds have been allocated to the care of general medical patients, and the remaining ten have been allocated to haematology/oncology patients. Medical 4 Ward is on the fourth floor of a new hospital block which was officially opened in September 2012. On the



day of the inspection, Medical 4 Ward was found to be clean with a small number of exceptions.

## **Environment and equipment**

- A small amount of grit was noted on the floor in the 'dirty'<sup>±</sup> utility room, and a light layer of dust was noted on some of the curtain rails and on the resuscitation trolley.
- The storage area for reusable bed-pans and urinals was cluttered, with bed pans stacked on top of each other faced up rather than being stored side by side, and in the inverted position.
- Whilst the underside of the commodes were clean, some of the wheel areas of the commodes required additional cleaning.
- On inspection, one of the mattress covers was noted to be compromised.
- The hand wash sinks were of a high specification, readily cleanable and activated by sensors to avoid the touching of taps. However, the presence of a grid around the plughole, and direct flow of water into the grid meant that they were not fully compliant with Health Building Note 00-10 Part C: Sanitary assemblies standard.<sup>3</sup>

## **Surgical 2 Ward, incorporating the Surgical High Dependency Unit (HDU)**

Surgical 2 Ward is a 35-bedded general surgical ward, with 10 single en suite rooms which can be used as isolation rooms. In addition, it contains two two-bedded rooms which can also be used for cohorting of infected patients should the need arise. A four-bedded surgical High Dependency Unit (HDU) is also located in a room adjacent to Surgical 2 Ward. It was explained to the Authorised Person that this unit operates independently from Surgical 2 ward from a governance perspective. However, for the purpose of this inspection both areas were assessed together as many of the facilities used were common to both units. Unlike Medical 4 Ward, the main body of Surgical 2 ward was older, having been built in the 1980's. Of note, Surgical 2 ward was inspected by the Authority during the announced inspection at the hospital on 5 June 2013.

On the day of the inspection, Surgical 2 ward and the Surgical HDU were found to be generally clean with some exceptions. Improvement in the general maintenance on the ward was noted to be required, especially with respect to the doors, doorframes, the linen room and some of the flooring on the ward.

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

## **Environment and equipment**

- The majority of the doors and doorframes on the ward were badly damaged from repeated collision with beds and trolleys, and in need of repair.
- There was paint missing from walls and radiators, hindering effective cleaning. In addition there were scuffmarks on many of the walls.
- There was chipped paint observed on bedframes and bed rails, hindering effective cleaning. In addition, the edges of some of the bedside tables used by patients for eating food from had damaged edges, making them difficult to clean effectively.
- A light layer of dust was observed on curtain rails, radiators and the resuscitation trolley. Moreover, some of the electric switches and sockets were unclean.
- Hand wash sinks were noted to be readily available. However they were not compliant with Health Building Note 00-10 Part C: Sanitary assemblies standards.<sup>3</sup>
- The cleaning room was lockable but unlocked at the time of the inspection. However the cleaning materials in the room were locked away. There was also some grit noted on the floor, and some of the signage in the room was not laminated and could therefore not be effectively cleaned. It was observed that the flooring in this room had been replaced since the last inspection by the Authority. Staff explained that this floor was now much easier to clean.
- Whilst the underside of the commodes were clean, some of the wheel areas of the commodes required additional cleaning.
- Some of the flooring in the single rooms and en-suite bathrooms was observed to be in a poor state of repair and needed to be replaced.
- The horizontal surfaces at the staff workstation of the ward was observed to be dusty. Moreover the keyboard of the computer was unclean. Computer keyboards are a frequently touched piece of equipment on wards, and have been implicated in the transmission of resistant organism in clinical settings<sup>4-6</sup>. It was explained that a member of staff has not been assigned to clean keyboards, and this needs to be addressed to ensure its ongoing cleanliness of this frequently touched surface.

## **Linen**

- At the time of the inspection, the Authority found that the linen room on the ward was cluttered and contained non-linen items such as fold up beds, pillows, a mattress and Christmas decorations. The presence of additional items such as these increases the risk of contamination of linen and should therefore be avoided. Of note, the room was observed to be in a very similar condition during the inspection of 5 June, 2013, with the additional non-linen contents still in situ.

- The flooring in the linen room was cracked and in a generally poor condition, and needs to be replaced.
- The room itself was also small relative to the size of the ward, and was therefore heavily stocked with linen which is not optimal as it increases the risk of contamination.

### **3.2 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.

- Access to appropriate waste disposal bins was evident in both clinical areas.
- On Medical 4 Ward, the ward was designed so that the waste sub-collection point was away from the general ward thoroughfare, but adjacent to the dirty utility room. The waste sub-collection point room was locked. A locked entrance door to this room was also found next to the main entrance of the ward allowing easy access for portering staff who were responsible for waste disposal.
- The Authorised Person was informed that the portering staff also had responsibility for waste audits which were conducted on a monthly basis. Evidence was provided on both wards to demonstrate the results of feedback from these audits to ward managers and staff.

### **Summary**

On the day of inspection, the environment in both clinical areas inspected was generally clean. Medical 4 Ward in particular was in a good state, in fitting with its status as a new ward. It was noted by the Authorised Person that in addition to the location of the waste sub-collection point, there were a number of design features on the ward which were conducive to improved safety and good infection prevention and control practice, namely;

- The ward contained both a bed-pan washer and macerator for the disposal of human waste.
- The ward was especially spacious, with ample floor space between beds and in single rooms
- The ward had greater than 50% single rooms facilitating ready patient isolation if required. Moreover the ward had four negative pressure rooms which is a high number relative to most older wards. Each isolation room had a large ante-room which allowed for easy donning and removal of personal protective equipment

- Hand washing sinks were sensor operated, thereby removing the risk of hand contamination in the act of turning off taps
- All areas which were not for patient access had a swipe access system in place. Moreover, all medicines were stored in electronically accessed medicine storage systems or electronic drug trolleys, preventing unauthorised access.

Surgical 2 Ward was an older ward and therefore did not benefit from many of these design features. Nevertheless, many of the maintenance issues identified during the inspection on this ward could be readily rectified with a systematic programme of works.

The Authority observed evidence that environmental audits are conducted by the cleaning supervisor every three months. The results of these audits are reviewed by the Infection Control Team, and the Ward Manager and actioned as appropriate. In addition, the Authority was informed that Infection Control Nurses carry out random spot checks of environmental hygiene.

Inspection of one of the mattresses on Medical 4 ward revealed that the cover was compromised. Letterkenny General Hospital needs to ensure that all mattresses in service are fit for use, and capable of being appropriately cleaned. Patient equipment on both wards was observed to be clean. It was evident during the inspection that there were a number of equipment cleaning checklists in operation which were signed off by the relevant member of staff on completion on a daily basis. This system was also accompanied by a process whereby a green tag is placed onto an item following cleaning to signify that the equipment is ready to be reused. The green tag includes the date and time of cleaning.

### 3.3. Hand Hygiene

The Authority assessed performance in the promotion of hand hygiene best practice using the Infection Prevention and Control Standards<sup>1</sup> and the World Health Organization (WHO) multimodal improvement strategy.<sup>7</sup> Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

#### WHO Multimodal Hand Hygiene Improvement Strategy

**3.3.1 System change<sup>7</sup>:** *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 on both Medical 4 Ward, Surgical 2 Ward and the HDU did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.<sup>3</sup> However it is acknowledged that the hand wash sinks on Medical 4 ward were of a higher specification as outlined previously.

**3.3.2 Training /education<sup>7</sup>:** *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for hand-rubbing and hand-washing, 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.

- During the previous announced inspection conducted by the Authority on 5 June 2013, it was explained that a new database for tracking hand hygiene training compliance had just commenced in the hospital. It was evident during this inspection that the system was now fully operational, and provided a robust way of tracking training status across all hospital staff members and groups.
- The national minimum standard for hand hygiene training attendance as outlined by the HSE is once every two years. It was explained to the Authorised Person that hand hygiene training is mandatory at Letterkenny General Hospital, and that the hospital aims to train all staff (both clinical and non-clinical) at least annually as part of a rolling programme in line with policy in the West/Northwest Hospitals Group. Training consists of a combination of open classroom based training sessions, onsite training on the ward by Infection Control Nurses, observational audit with feedback, and use of the HSELand e-learning training programme (the Health Service Executive's (HSE's) online resource for learning and development)<sup>8</sup>.
- On the day of inspection, the hospital were able to confirm to the Authority that 86% of staff had undertaken hand hygiene training in the previous 12 months - training rates over the past 2 years were therefore in excess of 90%.
- So far in 2014, 683 staff had been trained in hand hygiene in the hospital, with 248 availing of the HSELand e-learning training programme (the Health Service Executive's (HSE's) online resource for learning and development)<sup>8</sup>.
- The hospital had identified that medical staff were the group with the lowest attendance rates at hand hygiene training, with only 66% of Non-Consultant Hospital Doctors, and 43% of Consultants trained in the previous 12 months on the day of the inspection. Efforts are underway to improve training rates in this

staff cohort – the Authorised Person was informed that the hospital Executive Management Team had just approved a measure to post and update the hand hygiene attendance rates by medical/surgical team at the front entrance of the ward that each team predominantly work in to encourage higher attendance rates. This was due to commence in the following month, to provide medical teams with some time to avail of training in advance of open publication of training rates.

**3.3.3 Evaluation and feedback<sup>7</sup>:** *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among healthcare 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

- Letterkenny General Hospital participates in the national hand hygiene audits which are published twice a year.<sup>9</sup> The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an overall improvement in hand hygiene from Period 1 (June 2011) to Period 6 (October 2013). The results have increased since 2011, with a significant improvement seen in the 2013 results. The overall compliance for 2013 is in line with the HSE's national target of 90%.<sup>10</sup>

Period 1-6	Results
Period 1 June 2011	65.2%
Period 2 October 2011	77.6%
Period 3 June/July 2012	76.6%
Period 4 October 2012	79%
Period 5 May/June 2013	92.4%
Period 6 October 2013	89.5%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>9</sup>

## **Local area hand hygiene audit results**

- The Authority was informed that hand hygiene auditing occurs in all 22 clinical areas in the hospital on a monthly basis. The minimum compliance rate targeted is 90% compliance in line with national targets. Any areas which are found to have results below this target become the focus for more intensive education and re-audit until performance improves.
- Discussion with senior management revealed that the most recent whole hospital result for the 22 clinical areas for April demonstrated 92% compliance.
- It was noted on all of the wards inspected that the monthly hand hygiene audit rates for the previous months were displayed on an Infection Prevention and Control notice board at the entrance to each ward to inform staff, patients and visitors of the wards performance. It was noted that hand hygiene compliance in April on Medical 4 Ward was recorded as being 100% on this board. On Surgical 2 Ward the result for March was displayed which was also 100%. On discussion with the Ward Manager, the Authorised person was informed that there had been a delay in posting the April result due to pressure on staff time, however assurance was provided that the result was in excess of 90%.

## **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<sup>10</sup> and the HSE.<sup>11</sup> 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<sup>r</sup> 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.

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<sup>r</sup> The inspectors observe if all areas of the hands are washed or if alcohol hand-rub is applied to cover all areas of the hands.



- The Authorised Persons observed 22 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
  - eight before touching a patient
  - one before clean/aseptic procedure
  - two after touching a patient
  - 11 after touching patient surroundings.
- Nineteen of the 22 hand hygiene opportunities were taken. The three opportunities which were not taken comprised of the following:
  - one before touching a patient
  - two after touching patient surroundings.
- Of the 19 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 14 opportunities. Of these, the correct technique was observed in all 14 hand hygiene actions.

In addition the Authorised Persons observed:

- 14 hand hygiene actions that lasted greater than or equal to ( $\geq$ ) 15 seconds as recommended

**3.3.4 Reminders in the workplace<sup>7</sup>:** *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 throughout Letterkenny General Hospital. These were supplemented by the hand hygiene audit result data posted on each ward, and a large poster at the front of the hospital demonstrating senior management support for hand hygiene practice.

**3.3.5 Institutional safety climate<sup>7</sup>:** *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.*

- Letterkenny General Hospital achieved 90% compliance in 2013 in the national hand hygiene audits which is in line with the HSE's national target.
- It was explained to the Authorised Person that the hospital has targeted patient safety as its key strategic priority, and hand hygiene performance rates are

reported to senior hospital management and discussed at that level of the organisation on a monthly basis.

- In 2013, the hospital also approved a new uniform policy which was agreed with all stakeholders groups in the hospital. This policy, which was observed by the Authorised Person, included a “Bare Below the Elbow” approach to uniforms which requires all staff members to avoid the wearing of jewellery, or sleeves/short cuffs to the wrist. Watches were allowed to be worn, but staff are expected to remove them prior to any activity involving patient contact. Staff adherence to this policy will ensure that practice is in line with national standards for hand hygiene.

### 3.4 Communicable/Transmissible Disease Control

#### **Standard 7.** Communicable/Transmissible Disease Control

The spread of communicable/transmissible diseases is prevented, managed and controlled.

**Criterion 7.6.** Evidence-based best practice, including national guidelines, for the prevention, control and management of infectious diseases/organisms are implemented and audited. These include but are not limited to the:

- *National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis During Construction/Renovation Activities, National Disease Surveillance Centre, 2002.*

- Following the flooding of the hospital in July 2013, an extensive construction programme has been underway in the hospital to repair the damage caused. This work was still ongoing during the inspection. Whilst the construction work was not extensively viewed by the Authorised Person on the day of inspection, evidence of remedial works to minimise any risks to patients in corridors and other common areas was observed. Moreover, floor B where the majority of work in the hospital was being undertaken appeared to be fully sealed off to minimise the risk of the dissemination of dust into non-construction areas.
- Assurances were given to the Authorised person that both the hospital Infection Prevention Control Team, and external Infection Prevention and Control expertise had been fully utilised to minimise any risks to staff, patients and visitors presented by the challenge of such an extensive construction project in a functioning hospital. This advice included, but was not limited to best practice in relation to the prevention of Aspergillous infection.

## 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 designed and maintained to maximise patient safety.

The Authority found that whilst both areas inspected were generally clean on the day of the inspection, some improvements are required with respect to the maintenance of the environment on Surgical 2 Ward. Medical 4 Ward was generally clean. It should be noted that the Medical 4 has only been open since 2012. It has therefore been designed to a higher specification than Surgical 2 Ward, and this design makes maintenance of a clean environment somewhat less challenging than on older wards. Nevertheless, many of the environmental hygiene issues identified on Surgical 2 Ward were independent of ward age or design.

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. It was evident on inspection at Letterkenny General Hospital that considerable progress has been made with respect to training levels, auditing frequency and hand hygiene performance as experienced by patients since the inspections conducted by the Authority in 2013. This improvement is effectively demonstrated in performance in national hand hygiene audit results which have improved significantly since October 2012, and are in line with national targets. It was also observed that efforts to improve hand hygiene were fully supported at a senior level in the hospital. Moreover there was extensive measurement for assurance conducted by the management team with respect to hand hygiene. The systems to track staff training status, conduct hand hygiene training and audit, disseminate results locally, and the overarching governance support for good hand hygiene practice provide an effective model to promote high performance.

It was evident on inspection that Letterkenny General Hospital had an effective way of publically disseminating and displaying hand hygiene performance by ward, through the use of a frequently updated infection prevention and control notice board located at each ward entrance. In addition to hand hygiene result audits, these boards also contained up-to-date information on the wards compliance with peripheral intravenous catheter care bundles and urinary catheter care bundles. Both boards indicated a high degree of compliance over time. Moreover, these boards also contained information on the number of days since a meticillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infection and a *Clostridium difficile* infection had occurred. Assurances were given that consistent case definitions were

used and clinical evaluation of both infection types occurred. These boards were updated daily by the Infection Prevention and Control Team. By way of example, on Medical 4 ward, for the medical cohort of patients it was reported that it had been 2 years and 126 days since an MRSA blood stream infection had been diagnosed on the ward, and 2 years and 4 days since a *Clostridium difficile* infection had been diagnosed on the ward. It was explained to the Authorised Person that staff awareness for the measures publically posted had improved since the initiative began, and performance had improved. Such an open display of performance demonstrates a clear commitment to patient safety by the hospital, and is to be commended.

On the basis of the findings from this report, Letterkenny General Hospital needs to continue to maintain and improve areas where it performs well, and revise and amend its quality improvement plan (QIP) to prioritise 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 Letterkenny General Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach by the hospital will act 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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