



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at St Columcille's 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: 2 September 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. St Columcille's Hospital Profile.....	3
3. Findings	4
3.1 Key findings relating to non-compliance with Standard 3.....	4
3.2 Hand Hygiene.....	5
4. Summary.....	10
5. References	11
6. Appendix 1 - Detailed description of findings from the unannounced inspection at St Columcille's Hospital on 2 September 2014	12

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 St Columcille's Hospital's compliance with the Infection Prevention and Control Standards.¹ It was undertaken by an Authorised Person from the Authority, Alice Doherty, on 2 September between 09:20hrs and 13:00hrs.

The area assessed was:

- St Joseph's Ward (Geriatric).

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

2. St Columcille's Hospital Profile

St Columcille's Hospital was built in 1841. The hospital provides extensive outpatient and inpatient services for patients requiring medical and surgical treatment. The hospital also has a three-bedded Medical Observation Unit. The hospital has a bed complement of 106 beds.

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at St Columcille's Hospital on 2 September 2014. The clinical area which was inspected was St Joseph's Ward which is a 29-bedded ward. It consists of two six-bedded wards, four four-bedded wards and one single room which is used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. One of the four-bedded wards is also used for cohorting patients for isolation purposes when required. Two patients were isolated at the time of the inspection.

This report is structured as follows:

- **Section 3.1** of the report outlines the key findings relating to non-compliance with the Standards which include environment and facilities management at St Columcille's 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 St Columcille's 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 Standard 3

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

Environment and Facilities Management

The Authority found that St Joseph's Ward was generally clean and well maintained with some exceptions. Dust was observed on the undercarriages of two beds that were inspected.

Patient Equipment

Opportunities for improvement were noted in the management of some patient equipment. For example, brown staining was visible under the seat on one commode which was labelled as clean, and on the surface of a seat on a second commode. In addition, two temperature probe holders were observed to be unclean. A ward cleaning schedule for medical equipment was viewed by the Authority and it was noted that some cleaning records were not completed.

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.³ 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 change³: *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.

- There were no issues identified which needed to be addressed on St Joseph's Ward during the inspection regarding system change.

3.2.2 Training/education³: *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.

Hand hygiene training

- Staff in St Columcille's Hospital are required to attend hand hygiene training annually. The training is carried out by the Infection Control Clinical Nurse Manager and it is the responsibility of staff to attend as required. Training may also be included as part of study days and staff may complete the HSELand e-learning training programme⁴ (the Health Service Executive's (HSE's) online resource for learning and development). The Authority was informed that the majority of staff (>90%) in the hospital are up-to-date with hand hygiene training.

Local area training

- Documentation viewed by the Authority on St Joseph's Ward showed that 13 out of 22 staff members on St Joseph's Ward have attended hand hygiene training in 2014. Three staff members on the ward have not attended hand hygiene training since 2012 and a further two staff members are out-of-date since July 2013. The remaining four staff members last attended training in October 2013. The Authority was informed that some staff members on the ward are due to attend training in October.

3.2.3 Evaluation and feedback³: *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

- St Columcille's Hospital participates in the national hand hygiene audits which are published twice a year.⁵ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate a general increase in compliance from Period 2 until Period 5. There was a decrease in compliance in Period 6 in October/November 2013. Compliance increased in the national audit for May/June 2014, however, it is still below the HSE's national target of 90%.⁶

Period 1-7	Result
Period 1 March/April 2011	74.8%
Period 2 Oct/Nov 2011	73.8%
Period 3 May/June 2012	82.9%
Period 4 Oct/Nov 2012	85.2%
Period 5 May/June 2013	86.2%
Period 6 Oct/Nov 2013	81.9%
Period 7 May/June 2014	87.6%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁵

Local area hand hygiene audit results

- The Infection Control Clinical Nurse Manager carries out hand hygiene audits in every clinical area on a six monthly basis or more frequently if required. Results of hand hygiene audits carried out on St Joseph's Ward showed compliances of 80% and 70% in quarter 2 and quarter 4 of 2013 respectively. There was no change in compliance from quarter 4 in 2013 to quarter 1 in 2014. Compliance

on the ward increased to 83% in quarter 2 of 2014, however, this is below the overall compliance achieved by the hospital in the national hand hygiene audits in 2014. In this audit, doctors achieved 50% compliance, nurses achieved 80% compliance, auxiliary staff achieved 83% compliance and other healthcare workers achieved 100% compliance. Documentation was viewed by the Authority which showed that the results of the audit were communicated to the Ward Manager on St Joseph's Ward by the Infection Control Clinical Nurse Manager. An appropriate action plan was to be put in place to address deficiencies and staff were to be facilitated to attend hand hygiene training.

Observation of hand hygiene opportunities

The Authorised Person 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 WHO⁷ and the HSE.⁸ 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, technique⁷ and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

- The Authority observed nine hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - two before touching a patient
 - two after touching a patient
 - five after touching patient surroundings.
- Eight of the nine hand hygiene opportunities were taken. The one opportunity which was not taken was after touching patient surroundings.

⁷ The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

- Of the eight opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Person for the eight opportunities. Of these, the correct technique was observed in seven hand hygiene actions.

In addition the Authorised Person observed:

- Seven hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.
- Two hand hygiene actions where there was a barrier to the correct technique (more than one plain ring).

3.2.4 Reminders in the workplace³: *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 St Columcille's Hospital.

3.2.5 Institutional safety climate³: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

- The compliance achieved by St Columcille's Hospital in the national hand hygiene audit carried out in 2014 is below the HSE target of 90%. However, it is noted that three out of the seven clinical areas included in the audit achieved 90-93% compliance. The other four clinical areas included in the audit achieved 80-87% compliance. St Columcille's Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and maintained in all clinical areas and across all staff groups, and national targets are attained.
- The hospital uses a hand hygiene initiative called 'Amber' which is a code word that staff can use to remind colleagues about hand hygiene where someone has been observed to miss a hand hygiene opportunity.

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, St Joseph's Ward was generally clean and well maintained. Opportunities for improvement were noted in the management of some patient equipment.

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.

Hand hygiene practice at St Columcille's Hospital needs to be improved in some clinical areas and across some staff groups to ensure that compliance is improved and national targets are attained.

St Columcille's 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 St Columcille's 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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[¥] All online references were accessed at the time of preparing this report.

6. Appendix 1 - Detailed description of findings from the unannounced inspection at St Columcille's Hospital on 2 September 2014

In this section, non-compliances with Criterion 3.6 of Standard 3 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 Joseph's Ward

St Joseph's Ward was generally clean and well maintained with a few exceptions as listed below.

Patient Equipment

- Brown staining was visible under the seat of one commode which was labelled as clean, and on the surface of the seat on a second commode. Rust-coloured staining was visible around the wheels and on the frames of some commodes.
- Two temperature probe holders were observed to be unclean.
- Rust-coloured staining was visible at the wheels of a dressing trolley.
- A light layer of dust was visible on the bottom ledge and under the oxygen cylinder on the resuscitation trolley.

General cleanliness and maintenance

- Dust was present on the undercarriages of two beds inspected.

- Staining was observed on the sealant at a hand wash sink in one of the patient areas assessed and at a hand wash sink in a patient shower room.
- Chipped paint was observed in some areas of the ward.
- The floor covering at the entrance to the day room was damaged.

Ward facilities

- The following non-compliances were observed in the clean utility room:
 - Staining was observed on the sealant behind the hand wash sink and between the wall tiles adjacent to the sink. Residue was present on the ridge on the splashback under the hand wash sink.
 - There was a small gap in the floor covering at the wall beside the radiator. A small amount of debris was observed on the floor.
 - The outer surface of some cupboard doors were chipped.
 - Staining was observed on some ceiling tiles and there gaps in the ceiling around pipework.
- The following non-compliances were observed in the 'dirty'[±] utility room:
 - Residue was present on the ridge on the splashback under the hand wash sink and along the bottom of the wall panel beside the hand wash sink.
 - Sticky residue was present on the surface of a bed pan washer.

Linen

- A light layer of dust was observed on the floor in the linen store room.

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

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