



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at St Luke'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: 8 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.

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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*.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 Luke'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 8 September between 09:30hrs and 13:50hrs.

The area assessed was:

- D Ward (Oncology and Radiology).

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

2. St Luke's Hospital Profile

St Luke's Hospital, established in 1954, along with Radiation Therapy centres on the sites of St James's and Beaumont Hospitals, forms part of St Luke's Radiation Oncology Network which provides a comprehensive Radiotherapy and Oncology service to patients from Dublin area and referrals from all over Ireland. St Luke's has 159 beds, made up of four in-patient acute wards, a busy day unit and a five day unit (Oaklands Lodge), which facilities independent patients receiving treatment. Two of these wards facilitate transition (step down) patients from Tallaght and St James's Hospitals respectively. St Luke's provides post-graduate training in Radiation Oncology to a wide range of disciplines including doctors, nurses and physicists. St Luke's provides clinical education facilities for Specialist Registrars, Radiation Therapists and Oncology Nurses, amongst others. St Luke's also has an active research and development programme. Its current portfolio includes trials in prostate, lung, endometrium and breast cancer. They also conduct translational and palliative studies.

3. Findings

Overview

This section of the report outlines the findings of the unannounced inspection at St Luke's Hospital on 8 September 2014. The clinical area which was inspected was D Ward. This is a 29-bedded ward and consists of three four-bedded wards and 17 single ensuite rooms which are used for neutropenic patients and for the isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. Three 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 Luke'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 Luke'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 Overall, the environment on D Ward was clean and well maintained. With the exception of two commodes where staining was observed on a bar and under a seat, patient equipment was clean and well maintained. A detailed list of findings is shown in Appendix 1.

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.

- The design of some clinical hand wash sinks in D Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁴ The Authority was informed that a number of sinks in the hospital have been replaced and other sinks will be replaced as refurbishment work is carried out. Hand wash sinks were recently installed in two of the single rooms on D Ward. The Authority was informed that all other rooms on the ward are scheduled to be refurbished to the same standard.

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.

Hospital training

- Since 2014, staff in St Luke's Hospital are required to attend hand hygiene training every two years. Training sessions are carried out by the Infection Control Manager or staff may complete the HSELandD e-learning training programme⁵ (the Health Service Executive's (HSE's) online resource for learning and development). Hand hygiene training is also included as part of induction training.
- As of the end of July 2014, the Authority was informed that 86% of staff have completed hand hygiene training in the previous two years. However, it was suggested that this is an underestimation as it includes staff on long term leave and up to 92% of staff may have received training in this period.

Local area training

- Records viewed by the Authority on D Ward showed that 81% of staff (13 out of 16) attended hand hygiene training in the last four months.

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 Luke's Hospital participates in the national hand hygiene audits which are published twice a year.⁶ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an increase in compliance from Period 4 (Oct/Nov 2012) to Period 6 (Oct/Nov 2013). Compliance in 2013 was above the HSE's national target of 90%.⁷ However, in the national hand hygiene audit carried out in the first half of 2014, a decrease in compliance, which was below the HSE's national target, was observed.
- Five wards were included in the 2014 audit. Of these, two out of the five wards achieved 95-97% compliance and the other three wards achieved 80-87% compliance. Of the four staff groups included in the audit, nursing staff achieved 93% compliance, medical and auxiliary staff achieved 84% compliance and 'other' staff achieved 75% compliance.

Period 1-7	Result
Period 1 March/April 2011	79.5%
Period 2 Oct/Nov 2011	86.7%
Period 3 May/June 2012	85.7%
Period 4 Oct/Nov 2012	84.8%
Period 5 May/June 2013	91.9%
Period 6 Oct/Nov 2013	93.3%
Period 7 May/June 2014	88.1%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁶

Hospital hand hygiene audit results

- In the last two years, hand hygiene audits in St Luke's Hospital have been carried out as part of national audits in ward areas only. The Authority was informed that the hospital is now planning to carry out more frequent audits and to include other areas of the hospital, for example, the out-patient department.
- Following the national hand hygiene audit carried out in May/June 2014, an audit was carried out in the hospital in July 2014. The overall compliance in this audit was 99%. All five wards included in the audit achieved 98-100% compliance.
- In the national hand hygiene audit carried out in May/June 2014, 82% compliance was achieved in D Ward. Compliance on the ward increased to 98% in the follow-up audit carried out in July 2014.

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 WHO⁸ and the HSE.⁹ 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^r 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 seven hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - one after touching a patient
 - six after touching patient surroundings.
- All seven hand hygiene opportunities were taken. Of these, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised

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

Persons for five opportunities and the correct technique was observed in the five hand hygiene actions.

In addition the Authorised Person observed:

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

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.*

- There were no posters demonstrating the correct handwash technique or the WHO 'My 5 Moments for Hand Hygiene' at some of the hand wash sinks on D Ward.

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.*

- Compliance in the national hand hygiene audits at St Luke's Hospital decreased from 2013 to May/June 2014 where compliance was below the HSE target of 90%. In this audit, three out of five wards did not achieve 90% compliance and nursing staff were the only group, out of the four staff groups included in the audit, who achieved 90% compliance. However, overall compliance in the same five wards increased to 99% in a follow-up audit carried out in July 2014 with all five wards achieving 98-100% compliance. St Luke's Hospital needs to continue to build on compliances achieved to date, to ensure that good hand hygiene practice is improved and maintained across all wards and staff groups, and 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, the environment and patient equipment on D Ward was clean and well maintained with some exceptions.

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.

St Luke's Hospital has demonstrated a commitment to promoting good hand hygiene practices and needs to maintain the compliance achieved in the most recent audit carried out in July 2014.

St Luke'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 Luke'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 Luke's Hospital, Dublin on 8 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.

D Ward

D Ward was clean and well maintained with some exceptions as listed below.

Patient Equipment

- Staining was visible on the underside of the bottom bar on one commode which was labelled as clean, and under the seat on a second commode.
- Rust-coloured staining was visible at the wheel areas of two dressing trolleys. On a third dressing trolley, the wheel areas under the plastic covers were unclean. Plastic covers were adhered to the underside of the top shelves on two dressing trolleys.

General cleanliness and maintenance

- A light layer of dust was observed under one patient bed and the corners of some bed frames were dusty/unclean.
- Dust was observed at a door frame in one of the patient areas assessed and the edge of the floor covering beside the door was missing.

- Sticky residue was observed on the wall beside one patient bed and the wall behind the bed was unclean.
- Small amounts of chipped paint were observed in some areas of the ward. The Authority was informed that the hospital has a painting schedule and areas are prioritised for painting.

Sanitary Facilities

- Black staining was visible on the sealant at the shower tray in the shower-assisted facility. Rust-coloured staining was visible at the handrails in the shower and there was a black stain at the bottom of the shower curtain. The edge between the floor covering and the wall beside the toilet was missing.
- Dust was observed above the grids in the ceiling in an ensuite and in the shower assisted facility.

Ward facilities

- Some of the paper notices on the notice board in the clean utility room were not laminated.
- A small amount of chipped paint was observed on the wall above the hand wash sink in the 'dirty'[±] utility room, on the wall beside the notice board and on the window ledge.

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

Published by the Health Information and Quality Authority.

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