



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at St Columcille's Hospital, Loughlinstown, Dublin

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

Date of unannounced on-site monitoring assessment: 7 August 2013

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction

The Health Information and Quality Authority (the Authority or HIOA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This report sets out the findings of the unannounced monitoring assessment by the Authority of St. Columcille's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced monitoring assessment is to assess the hygiene as experienced by patients at any given time. The unannounced assessment focuses specifically on the observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and compliance with hand hygiene practice.

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

- Standard 3: Environment and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1.

The Authority used hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The emergency department (ED) is usually the entry point for patients who require emergency and acute hospital care, with the outpatient department (OPD) the first point of contact for patients who require scheduled care. In Irish hospitals in 2011, there were over 1 million attendances at EDs and over 3 million outpatient attendances.

Accordingly, the monitoring assessment will generally commence in the ED, or in the OPD and follow a patient's journey to an inpatient ward. This provides the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority uses hygiene observation tools to gather information about the cleanliness of at least two

clinical areas. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient journey through the hospital. The monitoring approach taken is outlined in Appendix 1.

Authorised Persons from the Authority, Breeda Desmond and Catherine Connolly Gargan carried out the unannounced assessment St Columcille's Hospital on 7 August 2013.

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

The areas assessed were:

- St Anne's ward (acute medicine)
- Lourdes ward (acute surgery).

The Authority would like to acknowledge the cooperation of staff at St Columcille's Hospital with this unannounced monitoring assessment.

2. St Columcille's Hospital profile[†]

St Columcille's Hospital was built in 1841. The hospital provides a 24/7 accident and emergency service together with extensive outpatient services and inpatient services for patients requiring medical and surgical treatment. The hospital also has a three-bedded intensive care unit. The hospital has a bed complement of 106 beds.

[†] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

3. Findings

The findings of the unannounced monitoring assessment at St Columcille's Hospital on 7 August 2013 are described below.

3.1 Standard 3. Environment and Facilities Management

Standard 3.

Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection (HCAI).

Criterion 3.6.

The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAIs.

Overall, the Authority found the areas assessed to be generally clean, with a few areas for improvement identified.

Lourdes Ward

Environment and equipment

There was evidence of good practice which included the following:

- Bedrails, pillows, mattresses, bedside tables and curtain rails assessed were clean, intact and free of dust
- high and low surfaces were generally clean
- Chairs in clinical areas were covered with an impermeable material and were clean and intact
- in the clean utility room, which was secured with a keypad locking mechanism, all equipment was clean and well maintained. The environment was tidy and appropriate hand wash sinks were available.
- signage was appropriate, laminated, intact and clean. Signage for isolation rooms was comprehensive
- hand-wash sinks were compliant with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005) and were clean.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Over-bed electrical fixtures' casements were unclean
- in the clean utility room the temporary closure mechanism for protection was not in place on two sharps bins, putting staff at risk of needlestick injury. This was brought to the attention of hospital management during the course of the assessment
- one wall-mounted hand gel dispenser was broken
- while the 'dirty' utility¹ room was lockable it was not locked, allowing unauthorised access to this room. Cleaning chemicals were stored in a secure cupboard here. However, the key for this cupboard was in the door. This was brought to the attention of ward management as well as hospital management as a health and safety risk
- the nurses' station work area was cluttered, impeding effective cleaning
- the water outlet of the hand wash sink in the nurses' station was visibly stained.

Waste segregation

There was evidence of good practice which included the following:

- Hazardous waste was labelled at source
- clinical waste and domestic waste are collected in a designated trolley twice a day. Waste from isolation rooms is collected separately. Staff with responsibility for waste segregation and collection from isolation rooms were knowledgeable regarding best practice standard precautions associated with isolation procedures.

¹ A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- while clinical and domestic waste bins were visibly clean, two bins were full to the brim. Best practice states that bins should be filled no greater than two thirds to enable secure closure.

Linen

There was evidence of good practice which included the following:

- The Authority was informed that, as standard, curtains were changed on a two-monthly basis and when necessary. Local records of curtain changing were demonstrated
- clean linen was stored appropriately in a dedicated linen cupboard. The linen cupboards were found to be clean and free of dust, dirt, grit or inappropriate equipment. Linen examined was free of stains and was intact
- used linen was segregated in line with best practice, evidenced by colour-coded linen bags.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Linen trolleys for collecting soiled/unclean linen were stored on the main corridor when not in use, causing the corridor to be cluttered. A clean linen trolley was also stored on the corridor.

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols
- cleaning equipment was clean, with an established cleaning process evident. A colour-coded system was in place and demonstrated in the area assessed.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- The housekeeping room had one sink. There was hand-wash soap over the sink but there was no hand hygiene reminder signage. This was brought to the attention of hospital management.

Water outlet flushing

There was evidence of good practice which included the following:

- The Authority was informed that regular water sampling is undertaken to mitigate the risk associated with impurities including Legionella. This was confirmed by supporting documentation. Water flushing regimens include flushing of all outlets three times a week and this was discussed with Authorised Persons during the monitoring assessment. This practice was under review in line with evidence-based best practice which stipulates that outlets are flushed once a week.

St Anne's Ward

Environment and equipment

There was evidence of good practice which included the following:

- Bedrails, pillows, and bedside tables assessed were clean, intact and free of dust
- over-bed electrical fixtures were clean and intact
- low surfaces were generally clean
- chairs in clinical areas were covered with an impermeable material and were clean and intact
- in the clean utility room, which was secured with a keypad locking mechanism, all equipment was clean and well maintained. The environment was tidy and an appropriate hand wash sink was available
- signage was appropriate, laminated, intact and clean
- the dirty utility was secure, clean and dust free.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Grit and dust was observed at the corners of the metal bed-frames underneath mattresses
- the surface of one mattress assessed was perished and cracked
- light dust was observed on high surfaces and curtain rails
- moderate amounts of dust were observed on high surfaces in bathrooms assessed
- a mould-like substance was observed on the metal grid in the hand-wash sink in a bathroom
- the area around the shower base and underneath the waste bin was heavily stained
- paint was eroded from the area in front of the radiator in the male shower room
- the interior of a large blue bin used for transporting bagged waste was unclean.

Isolation

There was evidence of good practice which included the following:

- Patients were cohorted appropriately on this ward. Protective personal equipment was available and was used and disposed of appropriately
- signage indicating appropriate precautionary measures were displayed on isolation rooms.

Waste segregation

- Waste was segregated appropriately, tagged at source with twice daily collections to prevent storage on the ward.

Linen

- Best practice was demonstrated regarding management of linen.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Some wall tiles in the linen room were loose and partially detached from the wall
- dust was observed at the floor edges.

Conclusion

Overall, the Authority found the areas assessed to be generally clean, with a few areas for improvement identified.

3.2 Standard 6. Hand Hygiene

Standard 6.

Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Criterion 6.1.

There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of HCAs.

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

Hand hygiene

There was evidence of good practice which included the following:

- The hospital demonstrated that hand hygiene practices were monitored through internal audits.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

During the monitoring assessment external contractors for fire safety were observed on St Anne's ward. The following was observed:

- Contract staff spoken with were unaware of hand hygiene safety precautions as well as standard precautions even though they were in patient areas throughout the day
- Ceiling tiles were removed by the external contractors and safety measures were not in place to prevent debris from falling on to the floor in the main corridor. This was brought to the attention of ward management as well as hospital management during the monitoring assessment.

Observation of hand hygiene opportunities.

The Authority observed 24 hand hygiene opportunities throughout the monitoring assessment, comprising:

- four before touching a patient
- nine after touching a patient
- nine after touching the patient's surroundings
- one before clean/aseptic procedure
- one after body fluid exposure

Seventeen of 24 hand hygiene opportunities were taken. Of those, 15 were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice hand-washing technique, wearing a wristwatch and length of time taken to complete hand hygiene.

Conclusion

The observations by the Authority regarding hand hygiene compliance indicate that a culture of hand hygiene is not yet operationally embedded throughout the hospital.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAIs) is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The Authority found that the clinical area assessed was generally clean. However, there were opportunities for improvement in practice including:

- In the clean utility room the protective temporary closure mechanism on two sharps bins was not in place, putting staff at risk of needlestick injury
- some areas observed had dust and grit
- external contractors were not trained in hand hygiene best practice or standard precautions.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels. The Authority found that hand hygiene practices in St Columcille's Hospital were not consistent with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

St Columcille's Hospital must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the Hospital on its website within six weeks of the date of publication of this report.

The Authority will continue to monitor the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that the Hospital is implementing and meeting the NSPCHCAI and is making quality and safety improvements that safeguard patients.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of NSPCHCAI together with the Health Information and Quality Authority's monitoring programme is to contribute to the reduction and prevention of Healthcare Associated Infections (HCAIs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.hiqa.ie/standards/health/healthcare-associated-infections>.

Unannounced monitoring process

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

Standard 3: Environment and Facilities Management, Criterion 3.6

Standard 6: Hand Hygiene, Criterion 6.1

The Authorised Persons use hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The Authority reports its findings publicly in order to provide assurances to the public that service providers have implemented and are meeting the NSPCHCAI and are making the quality and safety improvements that prevent and control HCAIs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associ>.

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