



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght**

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

Date of on-site monitoring assessment: 14 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 HIQA) 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 the compliance by the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght 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.

The unannounced assessment was carried out at the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght by Authorised Persons from the Authority, Catherine Connolly-Gargan and Breeda Desmond, on 14 August 2013 between 08:30hrs and 13:00hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department.

The areas subsequently assessed were:

- Lane Ward
- Osborne Ward

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

## 2. The Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght Hospital Profile<sup>†</sup>

Tallaght Hospital is open 15 years. It is a public voluntary hospital with its own Board. Following an inquiry by HIQA in 2011/2012, Tallaght Hospital has updated its governance structure, changed its management structure and implemented further changes in quality, patient safety and financial management.

The hospital serves a catchment area of 450,000 people, covering Tallaght, Clondalkin, Firhouse, Rathfarnham, Terenure, Templeogue, West Wicklow and parts of Kildare. The hospital is part of the Dublin Mid Leinster network within the Health Service Executive (HSE). Tallaght Hospital forms part of Trinity Health Ireland, an academic healthcare centre alliance with the School of Medicine, Trinity College Dublin and St James's Hospital.

Activity	Adults 2012*	Paediatrics 2012	Total 2012
Inpatients	18,661	7,178	25,839
Day cases	31,026	2,947	33,973
OPD	203,163	29,810	232,973
ED attendances	41,169	31,825	77,199

*\*Excludes Mental Health Services, South Dublin Mental Health services based at Tallaght Hospital.*

<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 is currently capacity for 615 inpatient and day care beds at Tallaght Hospital. These figures do not include South Dublin Mental Health services at Tallaght Hospital which has an additional capacity of 46 public beds. The current workforce at Tallaght Hospital is just under 2,250 whole-time equivalents.

Tallaght Hospital provides a wide range of secondary and tertiary services across the medical, surgical, paediatric and diagnostic spectrum. It is also the regional centre for orthopaedics, urology and renal medicine/dialysis. Tallaght Hospital is known for its management of complex orthopaedic trauma particularly pelvic and acetabular fractures, Ilizarov leg lengthening programme, as well as, the management of pancreaticobiliary diseases, acute medicine, nephrology and gastroenterology services, and for its work in paediatric endocrinology and growth problems in children.

### 3. Findings

The findings of the unannounced monitoring assessment at the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght on 14 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 HCAs.

Overall, the Authority found that improvements were required in the cleanliness of the environment in both areas assessed with some exceptions.

#### **Lane Ward**

##### **Environment and equipment**

There was evidence of some good practice which included the following:

- Notices were displayed in pictorial and written format in lifts and in the main reception area requesting readers to ask staff if they had performed hand hygiene.
- Work station equipment, including telephones and keyboards were observed to be clean and free of dust, dirt and debris. A protective cover was placed over keyboards.
- Bedframes, rails, pillows mattresses and patient lockers assessed were found to be clean, intact and free of dust, rust and grit.
- Intravenous (IV) stands, pumps, blood pressure cuffs, temperature probes and oxygen equipment were clean.
- All equipment in the clinical area was found to be appropriate.
- High and low surfaces in a patient shower and toilet were free of dust. Sinks and accessories were also 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*:

- The edges of some patient bedside tables were broken and worn. Paint was missing in some areas on the bases of some bedside tables assessed.
- Paint on parts of the walls in patient and non-patient areas was cracked, peeling or missing.
- There was a light to moderate level of dust on high surfaces in the patient areas assessed.
- Intermittent light dust was found along the edges of some floor-covering in patient areas.
- Some radiators had evidence of splash stains on their surface.
- There was a light level of dust on curtain rails.
- The step surface of a step-ladder in the treatment room was heavily soiled.
- The vinyl covering on chairs along the corridor and in a staff office were torn, hindering effective cleaning.
- The surfaces of two work desks placed along the corridor were heavily worn.
- A black mould-like substance was found along the edges of some protective wall borders and along the wall covering joints in the corners of some shower rooms.
- An assisted bathroom no longer used by patients was utilised as an equipment storage room. The Authority found that this room was heavily cluttered. Two bed mattresses were resting on the floor. The assisted bath was still fitted and was filled with equipment.
- A patient bathroom in use was assessed and was found to be clean. Some damage was visible to the surface of the wall by the sink. A non-clinical waste disposal bin in the room was broken and was coming apart at the edges; the lid was ill-fitting and was open.
- Light dust was found on the surface of the resuscitation trolley.
- The treatment room was assessed and was found to be non-compliant with the National PCHCAI Standards due to the following findings:
  - The door to the treatment room was closed but was unlocked which posed a potential health and safety risk to unauthorised persons accessing this room.
  - The surface of one door on a portable drug trolley containing patient medications was heavily damaged, with large parts of the protective covering missing, exposing the base wooden surface and hindering effective cleaning taking place.
  - The brake pedal surfaces over each wheel on both portable medication trolleys were heavily soiled.
  - A black mould-like substance was found in the area between the sink and the splash back.
  - The surface of the frame of a dressing trolley assessed was heavily damaged with rust and missing paint



- Access was not controlled to the 'dirty'<sup>\*</sup> utility room as the door was closed but unlocked throughout the monitoring assessment by the Authority. Potentially hazardous cleaning chemicals were stored in an unlocked cupboard and on a worktop. This finding posed a health and safety risk if the room was accessed by unauthorised persons. The following findings were non-compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:
  - There was no hand hygiene advisory signage displayed by the designated hand hygiene sink advising on when surgical scrub solution should be used versus soap.
  - The foot-operated lid on a non-clinical waste disposal bin was not functioning and the lid was disengaged.
  - There was a moderate amount of dust on high surfaces.
  - The areas over the wheels of three commodes were rusted, hindering effective cleaning.
  - Eight bags of non-clinical waste, a hazardous sharps disposal bin and a moderate amount of loose cardboard was placed on the floor awaiting removal to the hospital waste compound area.
- A storeroom accessible from the 'dirty' utility room was found to be heavily cluttered and inaccessible due to multiple cardboard boxes on the floor. Packs of incontinence wear were stored on a worktop. A ceiling tile was missing.

## **Waste segregation**

There was evidence of good practice which included the following:

- Waste was tagged with unique identification numbers at the point of generation facilitating tracking to source if required.
- A waste management policy was available, approved for staff reference in November 2012 and due for review in September 2014.

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

- Two tagged bags of waste stored in the 'dirty' utility room were overfilled.

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

- While waste was segregated, it was not safely stored in a locked area, inaccessible to unauthorised persons.
- The foot-operated mechanisms for opening lids on many non-clinical waste disposal bins were not functioning. The lids of some of these disposable bins were not in position when the bin was closed.

### **Isolation rooms**

There was evidence of good practice which included the following:

- The door from the isolation room to the main ward corridor was closed at all times during the monitoring assessment by the Authority.

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 there was advisory signage displayed on the isolation room doors advising the making of contact with staff before entering the room, best practice isolation procedures to be followed were not displayed. The Authority was advised that this information was on the back of the sign on the door advising contact with a staff member before entering the room. The Authority found that the door to one isolation room accommodating a patient with a communicable infection was not maintained in a closed position in line with best practice isolation procedures. Personal protective equipment was not available outside another room in use for infection control purposes on the ward.
- No hand hygiene advisory signage was displayed by the sink in the isolation ante-room.
- The temporary locking mechanism on a sharps waste disposal bin in the isolation ante-room was not engaged. Assembly details were not completed.

### **Cleaning equipment**

There was evidence of good practice which included the following:

- The door to the cleaners' room was locked and inaccessible to unauthorised persons.
- A designated sink was in use for hand hygiene only, according to a member of ward cleaning staff.
- A member of the ward cleaning staff spoken with by the Authority was well informed of best practice cleaning procedures on the ward.
- All cleaning equipment was clean, free of rust, dust and grit.

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

- A staff locker for personal clothing was stored in the cleaners' room.
- A ceiling tile in the cleaners' room was missing.
- Cardboard boxes of cleaning supplies were stored directly on the floor of the room, hindering effective cleaning.

## **Linen**

There was evidence of good practice which included the following:

- Documentation demonstrated that ward curtains were changed every six months as standard or as required. Curtains were also changed on each patient discharge from isolation rooms.
- Clean linen was stored in an appropriate designated linen room separate from used linen.
- Used linen was segregated in colour-coded canvas 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:

- There were inappropriate items stored in the clean linen room including blanket elevation frames and pressure relieving cushions on a shelf. Two intravenous poles and an assistive lifting frame were stored on the floor. Five boxes of enteral feeding fluid were stored in the linen room, two of which were stored on a ledge and three of which were stored directly on the floor. Cardboard boxes containing supplies of incontinence wear were also stored on the floor.

## **Water outlet flushing**

- The Authority found that a water flushing schedule was in place for water outlets identified as not in regular use. A sink and a bath in an unused assistive bathroom were found to be inaccessible due to equipment storage arrangements in the room. However, appropriate flushing records were demonstrated.

## Osborne Ward

### Environment and equipment

There was evidence of some good practice which included the following:

- Bedrails, pillows and mattresses in both patient areas assessed were found to be clean, intact and free of dust, rust and grit.
- IV pumps, resuscitation trolley and emergency equipment, blood pressure cuffs, oxygen equipment, temperature probes and hoists were clean in both areas assessed.
- All equipment in the clinical area was found to be appropriate.

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

- Some parts of the paint on the bases of patient bedside tables assessed were chipped.
- Some paint on walls in patient areas assessed was chipped and missing; in addition some parts of the walls were unclean.
- A raised toilet seat fitting was inappropriately stored underneath the hand hygiene sink in a shower and toilet area.
- A black mould-like substance was found in heavy amounts between the shower base and the wall covering. The protective wall covering was detached from an area at the base of the wall and was unclean.
- The door to the treatment room was unsecured and was held ajar by a non-clinical waste disposal bin. The floor surface was unclean. Grit was found along the edges of floor covering.
- There were inappropriate items stored in the treatment room including two dressing trolleys, with numerous packs of cellophane-wrapped linen on them, and three chairs. The protective surface was worn and missing in a number of places on the frames of dressing trolleys assessed. In addition, adhesive tape was also stuck on parts of the surface of the frame, hindering effective cleaning taking place. There was grit and debris found on the floor surface.
- The door to the clean utility room was unlocked allowing unauthorised access. A medication fridge and a large medicine cupboard with drawers storing multiple medications were also not secured.
- Controlled access was not in place to the 'dirty' utility room, as the door was closed but unlocked throughout the monitoring assessment by the Authority. Potentially hazardous cleaning chemicals were stored on an open shelf at the entrance to the 'dirty' utility. This finding posed a health and safety risk if the room was accessed by unauthorised persons. The following was also found to be non-compliant with the National Standards

- The room was heavily cluttered.
  - The foot-operated lid on a non-clinical waste disposal bin was not functioning.
  - Some parts of the wall surfaces were unclean. Paint was chipped and missing.
  - A border between the floor and the wall was detached from the wall at the entrance to the room.
  - A large black unsecured bin was found to contain nine hazardous sharps disposal containers. This finding was not in line with best practice waste management procedures.
  - The frames of commodes assessed were heavily rusted; the protective paint coating on them was worn. The vinyl covering on one commode seat was not intact, hindering effective cleaning.
  - Hazardous clinical waste, non-clinical waste, bags of used linen and cardboard paper waste were placed on the floor awaiting transportation to the hospital waste compound area.
- An unlocked cupboard under a sink unit in an additional unsecured room accessible from the 'dirty' utility contained multiple potentially hazardous cleaning detergent solutions and powders. Two wheelchairs and two canvas bags of clean linen bags were inappropriately stored in this room.

### **Waste segregation**

There was evidence of good practice which included the following:

- Clinical and non-clinical waste was tagged with unique identification numbers at the point of generation facilitating tracking to source if required.

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

- The locking mechanism was not functioning on a large clinical waste disposal bin, placed outside the ward. This contained several tagged bags of clinical waste and therefore the hazardous contents were accessible to unauthorised persons.
- The foot-operated lid mechanism on some non-clinical waste disposal bins were not in working order.

### **Cleaning equipment**

There was evidence of good practice which included the following:

- Access to the cleaners' room was controlled; the door was locked at all times during the monitoring assessment by the Authority.

- Appropriate advisory signage was in place for products used for cleaning and disinfection.
- All cleaning equipment was clean and free of rust and dust.

### **Isolation rooms**

There was evidence of good practice which included the following:

- All doors to isolation rooms were appropriately closed at all times.
- Waste was appropriately managed in the ante-room to the isolation room.

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

- A mould-like substance was found around the edges of the metal grid located in the water outlet port.
- A non-clinical waste disposal bin for disposal of paper towels used in hand hygiene was not available in the ante room to two isolation rooms assessed.

### **Linen**

There was evidence of good practice which included the following:

- Curtains are changed every six months as standard or as required. Curtains were changed on each patient discharge from isolation rooms. Records of curtain changing were demonstrated.
- Clean linen was stored in an appropriate designated linen room separate from used linen.
- There were no inappropriate items stored in the clean linen room.
- Used linen was segregated in colour-coded canvas bags.

### **Conclusion**

In conclusion, the Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed in the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght. Damaged equipment found in both clinical areas requiring repair or replacement was not in line with best infection control and prevention practice. Access to areas containing potentially hazardous chemicals and medications required improvement to mitigate risk of access to these areas by unauthorised persons. The environment in both areas was generally clean but with a number of exceptions. Patient equipment was generally clean with some exceptions. Environmental cleaning in both areas was not

adequately managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

### 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**

There was evidence of good practice which included the following:

- Hand hygiene soap, alcohol gel and paper towels were located within easy access to the sinks designated for hand hygiene.

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:

- Water was not thermostatically regulated at a safe temperature in hot water outlets assessed in Osborne ward placing patients at risk of scald injury. This finding was brought to the attention of hospital management during the monitoring assessment by the Authority.
- Not all clinical hand-wash sinks were compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005) and some did not have hand hygiene procedure advisory information displayed including appropriate use of available surgical scrub solution versus soap. While water taps fitted were hands free, water poured directly into metal grids located in the water outlet ports of most hand hygiene sinks assessed, contrary to best practice.
- Thirty eight percent of nursing and healthcare assistant staff on Lane ward had not completed hand hygiene training in the year ending 30 June 2013. Although training attendance records were maintained centrally, timely identification of staff who had not attended training was not possible from the central database.



## **Observation of hand hygiene opportunities**

- The Authority observed 23 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:
  - five before touching a patient
  - seven after touching a patient
  - two after body fluid exposure risk
  - nine after touching a patient's surroundings.
  
- The Authority observed hand hygiene practices across staff grades and between the two areas assessed, 14 of the total 23 hand hygiene opportunities were taken, 12 of which were observed to comply with best practice hand hygiene technique. Non-compliance with hand hygiene best practice included failure to take opportunities to perform hand hygiene, wearing of sleeves to the wrist and wearing a wrist watch. Many medical staff wore a shoulder bag while attending to patients which presented risk to patients of cross infection.

## **Conclusion**

The Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Hand-wash sinks in some clinical areas were not compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005). Not all attendance at mandatory hand hygiene training was adequately monitored to ensure each member of staff received training on best practice hand hygiene procedures. Non-compliant hand-washing facilities observed by the Authority also posed a risk of spread of Healthcare Associated Infections (HCAIs) to patients. The Authority's hand hygiene observations suggest that a culture of hand hygiene practice is not embedded at all levels or among all grades of staff.

#### 4. Overall Conclusion

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.

The Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed in the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght. Damaged equipment found in the both clinical areas requiring repair or replacement was not in line with best infection control and prevention practice. Controlled access to areas containing potentially hazardous chemicals and medications required improvement to mitigate risk of access to these areas by unauthorised persons. The environment in both areas was generally clean but with a number of exceptions. Patient equipment was generally clean with some exceptions. Environmental cleaning in both areas was not adequately managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

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 the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght were not in compliance with the National Standards and this poses a clear risk to patients of contracting a HCAI.

The Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght 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.

The unannounced monitoring assessment at the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital Tallaght on 14 August 2013 was a snapshot of the hygiene levels in two areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will undertake a follow-up

assessment against the *National Standards for the Prevention and Control of  
Healthcare Associated Infections.*

## **Appendix 1. NSPCHCAI Monitoring Assessment**

### **Focus of monitoring assessment**

The aim of the 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-associa>.

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