



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Kerry General Hospital, Tralee

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

Date of unannounced on-site monitoring assessment: 22 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 Kerry General Hospital'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 Naomi Combe carried out the unannounced assessment at Kerry General Hospital on 22 August 2013 between 10:00hrs and 13:30hrs.

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

The areas assessed were:

- Gallarus ward (Post Natal)
- Aghadoe ward (Surgical)

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

2. Kerry General Hospital profile[†]

Overview

Kerry General Hospital provides Acute General Hospital services to the population of Co. Kerry (145,000) and additionally to a proportion of the populations of West Limerick & North Cork. Kerry General Hospital is a Level 3 Hospital with service links to Cork Hospitals, particularly CUH.

Hospital Activity

The hospital treats over 14,000 inpatients per annum, approx 10,000 day cases and approximately 53,000 out patients. Additionally, the Emergency Department manages attendances in the region of 36,000 per annum. Activity levels in 2012 can be seen hereunder:

Year	Inpatient Discharges	Day Cases	Emergency Presentations	Emergency Admissions	Outpatients
2012	14,256	9,843	36,610	10,906	53,173

Bed Capacity & Workforce

The hospital bed capacity is presently 226 inpatient beds in addition to 12 day beds. Excluded from this figure are 38 Mental Health beds which come under the remit of Kerry Community Services.

Our workforce at KGH presently comprises 939 WTEs including 35 Consultant staff and 83 NCHDs.

New / Ongoing Developments at the Hospital

- New Emergency Department
- Endoscopy New 2 roomed suite in process of being built
- Plans for reconfiguration of Medical Floor to include hybrid unit, short stay unit and acute stroke unit
- Plans for Education Centre
- Additional Consultant posts (ED/Rheumatology/General Medicine)

Performance Monitoring

Kerry General Hospital participates in Regional/National Performance Management Framework which includes metrics around health care acquired infections (HCAIs). Kerry General Hospital consistently out-performs the national targets around HCAIs.

Service Profile

[†] 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.

The Full range of Specialties provided at KGH and Specialist Services provided by visiting Consultants include:

- ◆ Emergency Medicine
- ◆ Acute Medical Assessment Unit
- ◆ General Medicine including Medicine of the Elderly & Endocrinology
- ◆ General Surgery
- ◆ Gynaecology (Colposcopy & Urodynamics)
- ◆ Obstetrics
- ◆ Rheumatology
- ◆ Orthopaedics
- ◆ Ear, Nose & Throat Services
- ◆ Paediatric including Special Baby Care Unit
- ◆ Pathology
- ◆ Psychiatry
- ◆ Radiography including C.T. Scanning Service.
- ◆ Renal Dialysis Satellite Unit
- ◆ Oncology Satellite Unit
- ◆ Palliative Care

The following additional Specialist Out-Patient Services are provided by Visiting Consultants: -

- ◆ Cardiology
- ◆ Dermatology
- ◆ Nephrology
- ◆ Neurology
- ◆ Oncology
- ◆ Ophthalmology
- ◆ Plastic Surgery

3. Findings

The findings of the unannounced monitoring assessment at Kerry General Hospital on 22 August 2013 are described below.

During the course of the monitoring assessment, the Authority identified a specific issue that they believed may have presented a serious risk to the health and welfare of patients receiving care at Kerry General Hospital.

The Authority observed that:

- Hand hygiene practices of staff were not in line with best practice guidelines or Standard 6 of the NSPCHCAI.

In line with the Authority's Risk Escalation Process¹, the Authorised Persons brought this risk to the attention of the Hospital Manager during the monitoring assessment who agreed to put in place interventions to mitigate this risk. The Authorised Persons also notified the persons accountable for the services at Kerry General Hospital in writing of the identified risk and requested details of actions taken to mitigate the serious risk identified.

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 both areas assessed to be clean, with some exceptions identified to ensure compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

¹ Further information in relation to the Authority's Risk Escalation Process can be found in our Guide to the monitoring programme at <http://www.hiqa.ie/publications/guide-monitoringprogramme-national-standards-prevention-and-control-healthcare-associa>.

Gallarus ward (Post Natal)

Environment and equipment

There was evidence of good practice which included the following:

- Bed rails, pillows, mattresses, bed tables, radiators, and electrical fixtures assessed were clean
- patient equipment, including near patient equipment was clean. Cleaned patient equipment was tagged with date of cleaning and signature of staff member responsible for its cleaning.

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:

- Rubber stoppers at the ends of beds assessed were engrained with grit
- surface edging was missing from lockers so effective cleaning was not possible
- a heavy layer of dust was observed behind pipes by the radiators underneath the windows in the six-bedded room assessed
- a moderate layer of dust was noted on curtain rails assessed
- while patient chairs assessed were covered with an impermeable material, the covering on three chairs was not intact, thus impeding effective cleaning. The protective paintwork on the arms and legs of one chair was almost completely eroded
- the surfaces of wardrobes were partially eroded and unclean
- a light layer of dust was noted on the metal carriage underneath the plastic baby cribs. The paint surface was eroded off several baby carriages, impeding effective cleaning
- most sinks in clinical areas were non-compliant in that the water jet flowed directly into the plughole which contained a metal grid
- the nurses' station area was cluttered, making effective cleaning difficult

- while hand gel dispensers were available throughout the ward, some hand hygiene gel dispensers were empty and the nozzle of one was partially blocked.

The following was noted in the physiotherapy room:

- Sticky residue and another adhesive substance were apparent on the tiles beside the hand wash sink.
- There was a heavy layer of dust on the frames of wheelchairs stored here. The footrests of these wheelchairs were visibly unclean.

The following was noted within three shower rooms that were assessed:

- Some tiles within the showers were in a poor state of repair with several holes drilled in the tiles.
- There was a black mould-like substance visible between the junction of the shower tray and wall tiles in one shower.
- The flooring underneath one hand wash sink was detached from the wall.
- Sticky tape and another adhesive substance were visible on tiles above non-clinical waste bins. One sign was detached from the wall and had been placed on the sanitary bin.

The following was noted in the clean utility room:

- This room was neither locked nor lockable, enabling unauthorised access.
- Clinical equipment was stored in this room in open storage units.
- Two boxes of intravenous fluids (IV) and a third box were stored on the floor, impeding effective cleaning.
- Tiles and grouting behind the hand wash sink were unclean and discoloured.
- The glass door to this room was unclean.

Waste segregation

There was evidence of good practice which included the following:

- Clinical and non-clinical waste was segregated in accordance with best practice. Clinical waste was tagged at source in line with best practice
- the temporary closure mechanism was in place in sharps bins to mitigate the risk of needlestick injuries
- there were no chemicals stored here.

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 'dirty'² utility room was the temporary holding area for clinical and non-clinical waste as well as laundry and was unsecured, enabling unauthorised access to hazardous waste.

Linen

There was evidence of good practice which included the following:

- Linen was segregated in line with best practice with the use of colour-coded bags and alginate bags for soiled or infected linen.
- There was a designated linen room for storage of clean 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:

- While most items were stored on the shelves in the linen room, clean laundry bags were stored on the floor underneath the shelving, impeding effective cleaning.
- It was reported to the Authority that curtain changing routinely occurred six-monthly and as necessary. While a schedule of curtain changing was available at a corporate level, it was not in place on this ward. Also, new recording sheets for curtain changing had been introduced. However, these were not ward specific leading to confusion regarding documentation of recordings of completed curtain changing as the layout of Gallarus ward differs from other hospital wards.

² A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

Cleaning equipment

There was evidence of good practice which included the following:

- Authorised Persons from HIQA observed that the 'household' cupboard containing potentially hazardous cleaning solutions was locked and inaccessible to unauthorised persons in line with best practice
- cleaning equipment was clean. Cleaning staff spoken with by the Authority were knowledgeable regarding the colour-coded system, routine cleaning chemicals' usage and cleaning chemicals used for infections.

Water outlet flushing

There was evidence of good practice which included the following:

- Records of weekly flushing of outlets were demonstrated.

Aghadoe ward (Surgical)

Environment and equipment

There was evidence of good practice which included the following:

- Bed frames, bed rails, pillows, mattresses, bed-side lockers, bedtables, radiators, curtain rails, electrical fixtures, internal signage, hoists and accessories, high and low surfaces assessed were clean
- bathrooms assessed 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:

- Paintwork on walls was damaged and chipped
- window blinds were badly frayed and damaged, thus impossible to clean
- some tile grouting in bathrooms assessed was damaged, impeding effective cleaning
- wooden panelling behind the hand wash sink in the mens' ward was badly damaged with the inner chipboard exposed, making effective cleaning impossible

- a light layer of dust was observed on the base of intravenous (IV) stands, IV pumps, dressing trolleys and oxygen equipment
- a heavy layer of dust was noted on an ECG machine (machine for recording heart rhythm)
- the desk at the nurses' station was chipped with a sticky residue evident
- the storage room was very cluttered with items stored on the floor including several boxes, patient belongings in bags and decontaminated mattresses

The following was noted in the clean utility room:

- While there was keypad in place to ensure security and safety, the door to this room was ajar, enabling unauthorised access
- while the equipment in situ was clean and free of dust, this room was cluttered with 17 boxes of supplies stored on the floor
- access to sharps bins was hindered by dressing trolleys
- There were moderate amounts of dust in the drawers of the storage units
- advisory signage was laminated but some signage was torn and unclean.

The following was noted in the dirty utility room:

- This room was the temporary holding area for clinical and non-clinical waste as well as laundry and was unsecured, enabling unauthorised access to potentially hazardous waste
- the flooring was damaged in several areas making effective cleaning difficult.
- some commodes were poorly maintained with the protective covering material ripped and damaged, making effective cleaning impossible.

The following was noted in the cleaners'/housekeeping room:

- While there was keypad access for security, the door to this room was ajar, enabling unauthorised access
- the cleaners' room was clean with appropriate advisory signage in place. Cleaning equipment was clean
- cleaning staff spoken with by the Authority were knowledgeable regarding the colour-coded system, routine cleaning chemicals' usage and cleaning chemicals used for infections.

Waste segregation

There was evidence of good practice which included the following:

- Waste was segregated appropriately and tagged at source in line with best practice.

Linen

There was evidence of good practice which included the following:

- Linen was segregated into appropriate colour coded bags. The storage area for clean linen was clean and free from dust and inappropriate items.

Conclusion

Overall, issues were identified to ensure compliance with the NSPCHCAI.

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:

- Yearly hand hygiene training was mandatory for all staff. Records reviewed by the Authority demonstrated that monthly training was facilitated by the Infection Prevention and Control Nurse
- the Hospital demonstrated that hand hygiene practices were monitored through internal audits and national hand hygiene compliance 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:

- Authorised Persons observed that the hand hygiene training records demonstrated hand hygiene compliance averaged 60% for one discipline of staff. This was highlighted and discussed with hospital management during the on-site monitoring assessment.

Observation of hand hygiene opportunities.

The Authority observed 22 hand hygiene opportunities throughout the monitoring assessment, comprising:

- Eight before touching a patient
- six after touching a patient
- one before clean/asceptic procedure
- seven after touching the patient's surroundings.

Eleven of the 22 hand hygiene opportunities were taken. Those 11 were observed to comply with best practice hand hygiene technique. Other non-compliances related to wearing sleeves to the wrist and wearing a wristwatch.

Conclusion

While the Authority recognises that the Hospital had implemented a number of initiatives to improve hand hygiene, the observations by the Authority regarding hand hygiene compliance indicate that a culture of hand hygiene is not yet operationally embedded within all staff specialities as described above, where just half of the hand hygiene opportunities available were taken.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAs) 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 areas assessed were generally clean but areas were identified which require attention to ensure compliance with the National Standards including:
 - light to moderate amounts of dust
 - clutter in areas assessed
 - unsecured chemical storage, clinical waste and clinical equipment
 - unsecure medications.

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. The Authority found that hand hygiene practices were inconsistent with the National Standards and this poses a clear risk to patients of contracting a HCAI.

Kerry General 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.

The unannounced monitoring assessment at Kerry General Hospital on 22 August 2013 was a snapshot of the hygiene levels in some areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will undertake an announced 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 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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