



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at Letterkenny General Hospital, Letterkenny, Co Donegal**

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

Date of on-site unannounced monitoring assessment: 27 February 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.

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 of Letterkenny 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, 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 records are reviewed during the 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. HIQA 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, the Authority also observes 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 Letterkenny General Hospital by Authorised Persons from the Authority, Breeda Desmond, Naomi Combe and Catherine Connolly Gargan on 27 February 2013 between 08:30hrs and 14:00hrs. The HIQA Authorised Persons commenced the monitoring assessment in the Emergency Department (ED).

The areas subsequently assessed were:

- Surgical 1 (medical ward)
- Maternity ward
- Emergency Department (ED).<sup>^</sup>

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

## 2. Letterkenny General Hospital Profile<sup>‡</sup>

Number of beds	- 318
Catchment population	- circa 160,000 (within County Donegal)
Staffing (whole-time equivalent)	- 1360 WTE
Inpatient discharges 2012	- 21311
ED attendances 2012	- 33342
ED attendance 2013 (to date)	- 8146 (Jan to Mar)
OPD attendances 2012	- 64379 (consultant-led)
OPD attendance 2013 (to date)	- 15996 (consultant-led)
Annual budget 2013	=€100.4 million

### Introduction

Letterkenny General Hospital was established in 1960. The hospital is a 318-bed acute general hospital providing services to the catchment area of County Donegal, population of approximately 160,000. Letterkenny General Hospital

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<sup>^</sup> A new Emergency Department was opened in March 2013, subsequent to this monitoring assessment.

<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.

provides a broad range of acute services on an inpatient, day case and outpatient basis including:

- intensive care
- emergency department
- coronary care
- general medicine (including respiratory med/cardiology/gastrology/endocrinology)
- geriatric medicine (including a 19-bed rehabilitation unit)
- general surgery (including breast and colorectal surgery)
- urology
- orthopaedics
- obstetrics and gynaecology
- paediatrics (including neo-natal service)
- renal services – Regional Centre (including renal dialysis)
- oncology
- haematology
- pathology
- radiology
- visiting: neurology; dermatology; oral maxillo facial; paediatric cardiology; ENT; and ophthalmology.

Other services provided:

- symptomatic breast cancer – satellite centre of GUH designated centre
- rectal cancer surgery – as per National Cancer Strategy
- interventional radiology
- interventional cardiology
- Sexual Assault Treatment Unit
- PCCC acute mental health service provided on site
- PCCC genito-urinary medicine service provided on site.

The hospital provides an undergraduate medical education programme as an academy of NUIG Medical School. Undergraduate nurse, midwifery, and allied health professional (AHP) training and clinical placements is also provided at LGH. Postgraduate medical and nursing education is also delivered within the hospital.

### 3. Findings

The findings of the unannounced monitoring assessment at Letterkenny General Hospital, Letterkenny, Co Donegal, on 27 February 2013 are described below.

During the course of the monitoring assessment, the Authorised Persons did not identify any immediate serious risks to the health and welfare of patients receiving care at Letterkenny General Hospital.

#### 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.

The Authority found that while there was evidence of good practice, overall, the three areas assessed were unclean.

Evidence of non-compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* included the following:

##### **Surgical 1 (medical ward):**

- The Authority observed that while the workstation was clutter free, there was a sticky residue on its surface and it was dusty and chipped, impeding effective cleaning.
- HIQA observed light dust on bed frames, bedrails, and electrical fixtures, and on high and low surfaces.
- Light dust was observed on a cardiac monitor, resuscitation trolley and on the base of stands containing blood pressure monitoring equipment.
- There was light dust on the top edges of the borders between the floor edgings and walls.

- A moderate amount of dust was noted on pipes behind the sink and toilet.
- There was a mould-like substance visible on the wall tiles, around the lower edges of the shower and around the insertion point of sink taps.
- One isolation room had a poster displaying caution regarding entry into this room and the door was ajar. Upon enquiry, the Authority determined that the patient occupying this room was not in 'isolation' and the caution poster was not removed when the previous patient was discharged.
- The Authority observed a nurse carrying two uncovered used urinals from a bedroom to the 'dirty'\* utility room.
- The treatment room was unlocked. This room was used to store intravenous (IV) antibiotics and other IV drugs and solutions (which were not in a locked cupboard) as well as needles and syringes. There was a separate clean utility room which was also unlocked. Cupboards containing IV fluids, chemical solutions such as bethadine and potassium chloride, antibiotics, anti-epileptic drugs and painkillers were all stored in unsecure cupboards. Both medication fridges, containing items such as insulin and other drugs, were unsecured, enabling unobstructed public access. This poses a health and safety risk and was brought to the attention of the ward's clinical nurse managers.
- While there was designated hand-wash sink in the treatment room, access to this was obstructed by a non-clinical waste bin.
- While hand-wash sinks were hands free as required, the water jet was directly over the water outlet aperture and there was a metal grid in situ, which is not compliant with HBN 95 standards.‡
- Parts of the floor surfaces throughout the ward were completely eroded, thus impeding effective cleaning.
- The following was noted in the 'dirty' utility room:
  - it was unlocked

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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.

‡ \* Health Building Note (HBN) 95 i.e. no plugs or overflows and the water jet must not flow directly into the plughole.



- patient wash bowls seen were not effectively cleaned or dried
- mould-like substance was visible behind the sink and around the insertion point of taps
- there was staining on tiles on the lower aspect of the walls
- dust and debris was observed on the floor edges and under the sink.

The following was noted in the cleaners' room:

- it was unlocked, accessible to the public and therefore a health and safety risk as there were open shelves contained cleaning chemicals
- hand-wash cleaning solution was not wall mounted; hand soap was placed on the sink and wet wipes were placed on the other side of the sink; both containers obstructed the hands free lever
- there was a basket of fruit on an open shelf over the sink.

### **Maternity ward:**

- The workstation was cluttered and dusty.
- The Authority observed that the surfaces of hand-gel dispensers at the entrance to each room had visible dust on them.
- Dust was observed on bed frames, bedrails and high and low surfaces.
- There was visible debris and dust on floors, including edges and corners.
- Paintwork was damaged on walls in bedrooms, bathrooms and the antenatal room 5.
- Some radiators were scratched and dented.
- Dust was apparent on the lower surface of intravenous stands, dressing trolleys and resuscitation trolley.
- Baby baths were stored along the corridor and light dust was noted on the surface and under-surface of these baby baths. There was no system for cleaning the baby baths and therefore there was no way of knowing whether or not baby cots in the corridor had been adequately cleaned following use, or whether they awaited cleaning. As mothers took a baby bath from the corridor when required, this posed a risk to newborns of acquiring a HCAI and was brought to the attention of the Clinical Nurse Manager on the ward.

- Effective cleaning was not possible as all signage was not laminated and some signage was in poor condition.
- The 'clean' utility was cluttered and signage here was not laminated to ensure effective cleaning.
- The room used by patients, post-caesarean section, was assessed. There was a moderate amount of dust on the baby resusitaire. Dust was also observed on the bed frame, mattress, fixed lampshade and baby cot. The frame for the baby scales was rusty. There was visible debris on the floor. There were no gloves in the glove holder.
- The storage room was cluttered. Items such as IV fluids were stored on the ground. The window ledge was covered with boxes, equipment, water bottles and magazines. The floor was unclean with visible debris such as paper, safety pins and other such items.
- Clean baby blankets were stored in bags on the floor of the linen room and this was cluttered.

The following was noted in the 'dirty' utility in the Maternity ward:

- The 'dirty' utility was unlocked, with easy access to clinical waste and cleaning solutions.
- This room was cluttered. While there were hand-washing facilities, access to the sink was impeded by bins and stored sharps bins.
- Access to the sluice hopper was blocked by cleaning trolleys. The sluice hopper was chipped and visibly unclean. The cleaning trolley was dusty with visible grit and was cluttered.
- While clinical waste was tagged at source, it was left in the unlocked dirty utility room. There were nine bags of used linen and waste plus six large healthcare risk waste bins on the floor awaiting collection.
- There was no macerator or facility for cleaning bedpans on this ward. Staff had to go to the gynaecology ward to use their facilities for disposal of waste and cleaning of bedpans. Bedpans were not inverted while being stored.
- There was visible dust and grit on flooring and dust on walls.
- An electrical socket fixture was loose in the wall.

- Signage was in bad repair which hindered effective cleaning.

### **Emergency Department:**

- The Authority observed that at the 'fire point' three wheelchairs obstructed fire fighting equipment. This was brought to the attention of ED management, who immediately removed the obstruction. Later during the monitoring assessment, the Authority rechecked the fire point and wheelchairs were again obstructing the fire fighting equipment. This is a health and safety risk, and management were alerted to this.
- The Authority observed light dust on patient trolleys and trolley rails.
- Parts of the floor covering were damaged and this prevented effective cleaning.
- Wall surfaces in two areas were not filled/sealed following removal of equipment.
- While the large assistive patient slide was clean and in good condition, the small slide was in poor condition and this poses a safety risk.
- Not all signage was laminated to enable effective cleaning and some was not securely fixed to walls.
- Commodes were stored in the dirty utility room. Some were dusty and visibly soiled. This was reported to the Emergency Department Clinical Nurse Manager.
- While used linen was appropriately segregated, linen bags were overfull making them difficult to secure.

### **Water outlet flushing**

- There was a water flushing schedule in place to reduce the risk of waterborne infection; this was undertaken by household staff and records of flushing were demonstrated.
- A standard operating procedure (SOP) to inform the flushing process was available.

## **Waste segregation**

Evidence of practice that was non-compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* included:

- The holding area for clinical waste was not secure, enabling unobstructed public access which poses a health and safety risk. This is not in keeping with evidence-based best practice or the hospital waste management policy.

## **Conclusion**

In conclusion, the Authority found that while there was some evidence of good practice in the three areas assessed, overall, the three areas assessed were unclean. Hospital policies demonstrated best practice regarding security to areas requiring restrictions. However, clean utility rooms, treatment rooms, cleaners' room and 'dirty' utility rooms were not secure, enabling free public access. This would suggest that the physical environment was not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections. This poses a significant risk to patients.

### 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**

- Hand hygiene of staff on the areas assessed was not in line with best practice guidelines and Standard 6 of the NSPCHAI. Training records reviewed by the Authority confirmed that hand hygiene training was not up to date for many staff. Hand hygiene practice observed by the Authority posed a potential risk of spread of Healthcare Associated Infections (HCAs) to patients.
- There was no system in place to follow up non-attendance of staff to hand hygiene training.
- Hand-wash sinks in some clinical areas were not compliant with the Health Service Executive's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005), for example, the water jet was directly located over the plughole and the plughole had a metal grid in situ.

#### **Observation and hand hygiene opportunities**

The Authority observed 40 hand hygiene opportunities throughout the monitoring assessment.

Hand hygiene opportunities taken comprised:

- 16 before touching a patient
- 6 after touching a patient
- 1 after body fluid exposure
- 17 after touching a patient's surroundings.

Eleven of those 40 opportunities were taken. Eight of those 11 were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice hand-washing technique, wearing sleeves to the

wrist, wearing a wristwatch and the length of time taken to complete the hand hygiene procedure.

## **Conclusion**

The Authority found that while endeavours were made to put the necessary procedures in place for hand hygiene at Letterkenny General Hospital, hand hygiene practices observed would suggest that a culture of hand hygiene best practices is far from operationally embedded at all levels. The low level of hand hygiene compliance observed by the Authority was brought to the attention of hospital management. This poses a clear and significant risk to patients of contracting HCAs.

## **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.

The Authority found that the three clinical areas assessed in Letterkenny General Hospital were unclean. The Authority notes the infrastructure challenges of an older building. Notwithstanding, the degree of clutter observed in some areas, as well as the overall level of dust, would suggest that the physical environment was not effectively managed and maintained to protect patients and reduce 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.

The Authority found that while endeavours were made to put the necessary procedures in place for hand hygiene at Letterkenny General Hospital, hand hygiene practices observed by the Authority were inconsistent with the National Standards and clearly suggest that a culture of hand hygiene best practice was not operationally embedded throughout the hospital. This poses a clear and significant risk to patients of contracting a HCAI.

Letterkenny 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 QIPs must be published by the Hospital on its individual webpage on the website of

the Health Service Executive (HSE) 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 service provider is implementing and meeting the *National Standards for the Prevention and Control of Healthcare Associated Infections* and is making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at Letterkenny General Hospital on 27 February 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, within the next six months, 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 (HCAs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.higa.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 HCAs and safeguard service users.

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





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