



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Louth County Hospital, Dundalk, Co Louth.

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

Date of on-site monitoring assessment: 1 July 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 Louth County Hospitals 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.

The unannounced assessment was carried out at Louth County Hospital, Dundalk by Authorised Persons from the Authority, Catherine Connolly Gargan and Naomi Combe, on 01 July 2013 between 09:00hrs and 12:30hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Minor Injuries Unit in the absence of an Emergency Department.

The areas subsequently assessed were:

- Minor Injuries Unit (MIU)
- Stepdown Ward

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

2. Louth County Hospital Profile[‡]

Louth County Hospital is part of the Louth/Meath Hospital Group in conjunction with Our Lady of Lourdes Hospital, Drogheda and Our Lady's Hospital, Navan.

Bed capacity includes 18 beds (8 stroke rehab beds, 8 clinically discharged beds and 2 overnight surgical beds), 25 Step Down beds, 17 Day Services Unit beds, 8 Endoscopy Day Case beds and 3 Colposcopy Day Case beds.

Services at the hospital are as follows:

- Minor Injury Unit.
- Out-Patients Services (Orthopaedics, Ante-Natal, Medicine, Diabetic, Surgery, Genito-urinary medicine, Urology, Paediatrics, Gynaecology and Cardiology Clinics.
- Day Services - (Geriatric Assessment Unit, Venesection, Endoscopy, Theatre, Regional Colposcopy and Regional Colorectal Screening Service).
- Clinical Nurse Specialists services – Heart Failure, Diabetes, Cardiac Rehab, Smoking Cessation, Pre Assessment, Health Promotion, and Infection Control.
- Allied Health Professional Services – Radiology, Physiotherapy, Occupational Therapy, Speech & Language Therapy, Pharmacy, Cardiac Services.

[‡] 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 Louth County Hospital on 01 July 2013 are described below.

During the course of the monitoring assessment, the Authority did not identify any immediate serious risks to the health and welfare of patients receiving care at Louth County Hospital Dundalk.

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 and of equipment in both areas assessed with some exceptions.

Environment and equipment

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

- Work station equipment, including telephones and keyboards, was observed to be clean and free of dust, dirt and debris in both areas assessed.
- All seating in both areas assessed was covered with an impermeable material facilitating effective cleaning.
- Pillows, mattresses, high and low surfaces, curtain rails and lockers in the patient areas were found to be clean, intact and free of dust, rust and grit.
- IV pumps, blood pressure cuffs, oxygen equipment and suction apparatus were clean in both areas assessed.
- The Authority observed a system where equipment was labelled indicating cleaning had taken place after use.

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

- Bed frames assessed in the Stepdown ward were unclean in bed frame corners and along the base of the footboards; light dust was evident on the surfaces of the undercarriage of beds. Many occupied beds still had a green label attached indicating that they were clean, which the Authority was advised by staff should be removed on use of the beds. Dust was evident on the indented surfaces of all bedrail fixing clamps assessed. There was also light dust found on the surfaces of the undercarriage of trolleys and on window ledges in the Minor Injuries Unit. Large areas of missing paint were observed on the surfaces of some window ledges in the Stepdown ward.
- Varnished surfaces along the edges of the table surface were damaged on some tables assessed. The paint on the surfaces of the base of patient tables in the Stepdown Unit was chipped along the edges; the metal surface beneath was exposed, hindering effective cleaning.
- Paint on walls in clinical areas of the Stepdown ward was chipped or missing and two areas of a wall adjacent to the hand wash sink in the male bay were damaged exposing the masonry underneath. The surfaces of wooden skirting at the base of walls throughout the clinical areas assessed were not conducive to effective cleaning due to extensive areas of missing or chipping paint. Paint was also missing from the floor border surfaces and the surface of some radiators.
- While the surface of seating in the clinical areas on the Stepdown ward were covered with an impermeable material, the mesh material covering the base of patient chairs was torn and hanging down on some chairs assessed. Green labels used to indicate that cleaning was completed on chairs had not been removed from a number of occupied patient chairs.
- Not all patients clothing was placed in the wardrobes provided on the Stepdown ward. Plastic bags and canvas holdalls containing patients' belongings placed on the floor hindered effective floor cleaning.
- Not all paper based signage displayed was laminated in clinical areas or the clean utility room in the Minor Injuries Unit.
- There were stains on the base of the interior surface of the assisted bath; the brake pedal areas over the wheels of the bath hoist chair were unclean on the Stepdown ward.
- There was grit in the floor corners of a shower in the Stepdown ward. Tile grouting was stained and the area underneath the shower seat was soiled. A space created by a missing part on the top of the hot tap on the sink contained solid matter.
- On the Stepdown ward, the bases of some intravenous stands were stained.
- On the Minor Injuries Unit, a moderate amount of dust was found on cardiac monitoring equipment and the wheels of dressing trolleys. A sticky residue was also found on the surface of dressing trolleys. There was a light layer of dust present on the surface of the adult resuscitation trolley. There was dust in moderate amounts on the surface of the paediatric resuscitation trolley and in heavy amounts on the wheels, which also were covered in a sticky substance.
- Some hand wash taps were rusted and had a limescale-like substance on their surface in the Minor Injuries Unit. The lids of some hand wash soap containers

were missing. Not all hand wash sinks in both areas assessed had hand hygiene procedure instructions displayed.

- In the clean utility area of the Stepdown ward, painted borders around the edge of the floor were not intact. Paint was also missing from parts of the radiator, parts of the interior and exterior surface of the door and one wall was stained. Mobile steps were not clean, stains and particles were evident between the grooves of the rubber surface.
- The Authority observed unattended open doors to the 'dirty' utility* rooms on the Minor Injuries Unit and the Stepdown ward'. Although a key code lock was fitted to the 'dirty' utility room door in both areas assessed, it was disengaged and the doors were ajar during most of the monitoring assessment.
- A sticky tape residue was evident on some wall surfaces of the 'dirty' utility room and light dust was visible on commode wheels assessed in the Minor Injuries Unit. Access was hindered as the room was cluttered with waste bags and sharps bins on the floor.
- The following areas of non-compliance with the NSPCHCAI were found in the 'dirty' utility area on the Stepdown ward
 - Access to the designated hand hygiene sink was occluded by commodes
 - The interior surface of the sluice hopper was heavily soiled
 - There was an offensive odour evident in the room
 - Stainless steel shelving and the exterior of the bedpan washer were stained. There was light to moderate dust on some high surfaces
 - There was fluid soakage evident into the base surface of a wooden framed box directly on the floor adjacent to the bedpan washer
 - None of the bed urinals or bedpans assessed were stored in an inverted position
 - The exterior surface of the lid on the used instrument box had a light level of dust on its surface
 - The floor area was heavily stained directly under the sluice hopper
 - Painted borders around the edge of the floor were not intact; paint was also missing from areas of the radiator surface.
- The access pathway through the female bays on the Stepdown ward was hazardous as it was partially obstructed with equipment stored along the external wall of the rooms. Equipment included a television resting on a patient locker, chairs, walking frames and a large clean linen storage trolley.

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

Waste segregation

There was evidence of good practice which included the following:

- Foot operated clinical and non- clinical risk waste disposal bins were available and were appropriately placed in both areas assessed.
- Clinical and non clinical waste was tagged with unique identification numbers at the point of generation facilitating tracking to source if required.
- The waste management policy was available, approved for staff reference in June 2011 and due for review in June 2013.
- Waste collection schedules were displayed in the 'dirty' utility rooms advising collection times.

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

- In both areas of the hospital assessed by the Authority, safe storage of hazardous material/equipment was not in accordance with evidence-based codes of best practice, current legislation and Standard 3 of the National Standards. Access by unauthorised persons to 'dirty' utility rooms containing potentially hazardous chemicals and solutions was not adequately controlled.
- Although displayed in 'dirty' utility rooms, waste management posters were not displayed at all relevant points, advising on best practice throughout the areas assessed.

Cleaning equipment

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

- The floor of the cleaners' room was stained in particular around the sluice hopper, the rim surface of which was heavily soiled. A lockable cupboard was not used to secure cleaning products and chemicals. Although the door to the room was locked, some cleaning products were stored on shelving in the room and others in an unsecure stainless steel cupboard in the 'dirty' utility room.
- The exterior surface of the hand hygiene sink and stainless steel shelving was stained. The room was cluttered and painted borders around the edge of the floor were not intact with numerous areas of missing paint evident.
- Boxes were placed directly on the floor hindering effective cleaning of the flooring.

Isolation rooms

There was evidence of good practice which included the following:

- Precautionary signage displayed on isolation room doors in the Stepdown ward provided pictorial and written advice on precautions to be taken.

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

- Care being provided to patients in isolation rooms in the Stepdown ward was not compliant with Standard 7 of the National Standards. In particular:
 - Two patients with known transmissible infection were being cared for in rooms where the doors were open as standard to where other patients were being cared for.

Linen

There was evidence of good practice which included the following:

- Clean linen was stored in a designated linen room in both areas assessed.
- It was reported to the Authority that curtain changing is the responsibility of the nursing and portering team. Curtains were changed as necessary and every three months as standard in the Minor Injuries Unit and monthly in the Stepdown ward with records maintained locally and demonstrated at assessment. Curtains in the isolation rooms were changed following each patient discharge.

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:

- Inappropriate items were stored in the linen room in the Stepdown ward for example; pressure relieving cushions, a wheelchair gel cushion, roller board and pillows on open shelves. Light dust was evident on the surface of pressure relieving cushions stored on a top shelf.
- Some window curtains in the Stepdown ward were falling down from the rails.

Water outlet flushing

- The Authority found that a water flushing schedule was in place for infrequently used water outlets to reduce the risk of waterborne infection. Records of flushing were maintained and demonstrated to the Authority.

Conclusion

In conclusion, the Authority found that there was much 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 Louth County Hospital. The environment and patient equipment in the Minor Injuries Unit and the Stepdown ward were generally unclean with some exceptions. Therefore they were not effectively 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 HCAIs.

Hand hygiene

There was evidence of good practice which included the following:

- Hand hygiene soap, alcohol gel and hand towels were located within easy access to the sinks designated for hand hygiene.
- Many hand hygiene sinks had taps fitted that were sensor or knee operated.

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:

- Hand hygiene practices of staff observed by the Authority entering and exiting the isolation rooms in the Stepdown ward was not in line with best practice guidelines or Standard 6 of the NSPCHAI. Staff were observed not to consistently perform hand hygiene procedures on removal of personal protective equipment and before leaving the room. Hand wash facilities were not available in these clinical rooms. The Authority was informed that sinks in these rooms were for patient use only and were non-compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005) for example, both sinks had overflow ports, a bung on a chain, taps were not hands free in design and there was no hand hygiene procedure advisory information displayed.
- The Authority observed 21 hand hygiene opportunities in the Stepdown ward during the monitoring assessment, twelve of which were taken and eight of

which were compliant with best practice hand hygiene procedures. There was evidence of overuse of gloves; staff were observed not to remove their gloves between patients and between areas within the ward.

- Advisory signage instructing correct hand hygiene procedures was not displayed at all sinks designated for hand hygiene in the areas assessed.

Observation of hand hygiene opportunities

- The Authority observed 35 hand hygiene opportunities during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - 12 before touching a patient
 - 11 after touching a patient
 - four before clean/aseptic procedure
 - eight after touching a patient's surroundings.
- The Authority observed that 24 of the 35 hand hygiene opportunities were taken, 20 of which were observed to comply with best practice hand hygiene technique.

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)* and some designated hand-wash sinks were unclean. The Authority's hand hygiene observations suggest that a culture of hand hygiene practice is not embedded at all levels. Non-compliant hand washing facilities observed by the Authority also posed a moderate risk of spread of Healthcare Associated Infections (HCAIs) to patients.

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 there was much 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 Louth County Hospital. The physical environment and equipment were generally clean in the Minor Injuries Unit with some exceptions. The physical environment and equipment were generally unclean with some exceptions on the Stepdown ward and therefore were not effectively 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 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 in Louth County Hospital were not in compliance with the National Standards and this poses a clear risk to patients of contracting a HCAI.

During the course of the monitoring assessment, the Authorised Persons identified moderate risks to the health and welfare of patients receiving care at Louth County Hospital. Risks identified were in relation to observations of non-compliance with hand hygiene practice in the Stepdown ward and uncontrolled access to restricted areas by unauthorised persons in both clinical areas assessed in Louth County Hospital.

Louth County 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 Louth General Hospital on 01 July 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, within the next six months 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 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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