Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Mayo General Hospital

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

Date of unannounced on-site monitoring assessment: 8 January 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 Mayo 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, Naomi Combe, Breeda Desmond and Catherine Connolly Gargan carried out the unannounced assessment on 8 January 2013 between 08:45hrs and 11:30hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas assessed were:

- Female medical ward
- Female surgical ward
- Maternity ward.

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

2. Mayo General Hospital Profile[‡]

Mayo General Hospital is an acute general hospital providing for the health care needs of 123,000 people in County Mayo. It has 306 inpatient beds, an annual budget of €75 million and there are 1,200 staff employed at the Hospital.

The following specialities are provided:

▪ General Surgery	▪ Pathology	▪ General Medicine
▪ Anaesthetics	▪ Gynaecology	▪ Obstetrics
▪ Orthopaedics	▪ Palliative Care	▪ Paediatrics
▪ Radiology	▪ Intensive/Coronary Care	▪ Emergency Medicine

Visiting regional services:

▪ Ear, Nose Throat	▪ Radiotherapy	▪ Dermatology
▪ Nephrology	▪ Urology Genital/Urinary Medicine	▪ Haematology
▪ Oncology		

Service departments:

▪ Pharmacy	▪ Dietetics	▪ Physiotherapy
▪ Occupational Therapy	▪ Pathology (Biochemistry, Haematology, Histopathology, Microbiology)	

Activities 2011/2012	**2011**	**2012**
Inpatients	16,593	17,214
Day cases	16,187	15,742
Outpatient	56,847	59,064
Emergency Department	32,732	34,926
Dialysis treatments	7,976	7,201
Births	1,835	1,788

[‡] 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 Mayo General Hospital on 8 January 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 Mayo 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 HCAIs.

Environment and equipment

- Overall, the Authority found that all areas assessed were generally clean.

There was evidence of good practice, such as the following:

- The environment in the three areas assessed was well maintained and free of dirt, dust, debris or spillages, with some exceptions.
- Displayed information was appropriate, up to date and laminated or covered with a washable surface for effective cleaning in all areas throughout the environment and patient areas assessed.
- Work station equipment in all areas assessed including telephones and keyboards were observed to be clean and free of dust.
- Utility rooms were observed to be mainly clean.
- Multisurface wipes were available outside each multi-occupancy 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*, such as:

- 'Dirty'* utility rooms on the female medical and surgical wards were cluttered.
- None of the 'dirty' utility rooms assessed were lockable and therefore were accessible to the public.
- Access to the toilet, shower and hand-washing sink in the multi-occupancy rooms on the female medical ward, was hindered by the double doors, when ajar.
- Storage was limited, leading to inappropriate placement of patient equipment along corridors.
- Rust was noted on the wheels of three commodes on the female medical ward.
- One commode in the female surgical ward was soiled, despite being stored ready for use.
- In a shower cubicle on the maternity ward, the point of attachment of the shower seat to the wall was unclean.
- Rust coloured droplets were noted on the floor of the utility room in the female surgical ward.
- Moderate dust was noted on the underneath of the treatment couch, on the base of equipment such as lamps and IV stands, and on some high surfaces in the clean utility room on the female surgical and medical wards.
- Moderate dust was also noted on curtain rails on the maternity ward.
- Light dust was noted on the wheels of a number of commodes and trolleys.
- A rust coloured substance was observed on an oxygen saturation probe on the female medical ward.
- Authorised persons from HIQA noted grit in the corners of some of the multi-occupancy rooms on the female medical and surgical wards.
- A stained, soiled, raised toilet seat was placed on the floor of the toilet of one of the multi-occupancy rooms on the female medical ward.
- Urinalysis equipment in the female medical ward was unclean.

* 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, such as the following:

- Clinical waste information posters identifying waste segregation were observed in the 'dirty' utility and waste segregation areas in each area assessed.

- Foot operated clinical non-risk and clinical risk waste bins were intelligently placed and appropriately used. Clinical risk waste bins were appropriately placed to collect waste from occupied isolation rooms in line with best infection control and prevention practices. Appropriate disposal of personal protective equipment by staff was observed.

However, there was also evidence of practice that was not compliant with the Standards, such as:

- On the female medical ward, while waste was segregated at ward level, it was stored inappropriately in the sluice, which was accessible to the public.

Cleaning equipment

There was evidence of good practice, such as the following:

- Cleaning staff spoken with on all wards assessed were particularly knowledgeable regarding infection prevention and control protocols.
- Each ward had access to a locked cleaners' room. The Authority observed that rooms containing potentially hazardous cleaning solutions were locked in all areas assessed and were inaccessible to the public.
- Cleaning equipment in the areas assessed was clean and, a colour-coded system was in place and demonstrated in each area assessed.
- Appropiate advisory signage was observed for use of products used for cleaning and disinfection. Safety data sheets were accessible within the clinical areas.

Patient isolation rooms

There was evidence of good practice, such as the following:

- Comprehensive advisory signage in both pictorial and written format, for individual infectious conditions was displayed, which reinforced clearly the precautionary measures to be undertaken.

Linen

There was evidence of good practice, such as the following:

- Clean linen was stored appropriately. Used linen was segregated in line with best practice, evidenced by colour-coded linen bags used in the clinical areas.

- Clean linen assessed by HIQA was found to be free of stains and tears. Clean linen was stored in dedicated linen rooms in the areas assessed.

However, there was also evidence of practice that was not compliant with the National Standards, such as:

- On the female surgical ward, clean curtains were stored in an isolation anteroom.
- On the female medical ward, inappropriate items were observed on shelving within the linen room, for example foam cushions without covers.

Water outlet flushing

There was evidence of good practice, such as the following:

- The Authority was informed that a water flushing schedule was undertaken by household staff and records of flushing were demonstrated.
- A standard operating procedure (SOP) to inform the flushing process was available.

Conclusion

Overall, the Authority found that all areas assessed were generally clean, with the exception of some pieces of equipment which were unclean, and a moderate amount of dust noted on occasional surfaces. Waste was dealt with appropriately, apart from on one ward where it was stored inappropriately in the sluice, which was accessible to the public.

There was evidence of good practice in the area of cleaning equipment and cleaning protocols. There was evidence of good practice with regards to information displayed outside isolation rooms. Linen was mostly stored and segregated appropriately. However, on the female surgical ward, clean curtains were stored in the isolation anteroom. Good practice was demonstrated regarding water outlet flushing.

Where evidence of practice that was not compliant with the Standards was noted by the Authority, improvements are needed.

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, such as the following:

- Comprehensive reports were produced and circulated following hand hygiene audits, in order to identify necesssary improvements.
- Posters to demonstrate hand hygiene technique were displayed throughout the Hospital. Alcohol-based hand gel was widely available for use.

However, there was also evidence of practice that was not compliant with the Standards, such as:

- Approved hand-wash liquid soap and a surgical scrub were in place at each sink, but signage for the surgical scrub's appropriate use was not in place.
- The hand-wash sinks available in the dirty utility rooms were not compliant with relevant Standards (HBN 95).

Observation and hand hygiene opportunities

The Authority observed 29 hand hygiene opportunities throughout the monitoring assessment, comprising:

- 16 before touching a patient
- 12 after touching a patient's surroundings
- one after touching a patient.

18 of 29 hand hygiene opportunities were taken. Of those, nine were observed to comply with best practice hand hygiene technique. Non-

compliance related to not following best practice for hand washing, including wearing sleeves to wrist, wearing a wrist watch and incorrect technique.

Conclusion
The Authority found that endeavours had been made to put the necessary procedures and systems in place for hand hygiene at Mayo General Hospital. However, the hand hygiene practices observed by the Authority would suggest that a culture of hand hygiene best practice is not operationally embedded at all levels. The Hospital must prioritise the implementation of hand hygiene best practice in the interests of reducing risk of HCAIs to service users.

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 that all clinical areas observed in Mayo General Hospital, Castlebar, were generally clean. Overall, with a few exceptions, the cleanliness of the physical environment was well managed according to relevant national guidelines. The level of cleanliness observed would suggest that the physical environment was effectively managed and maintained to protect service users and reduce the spread of 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.

HIQA found that endeavours were made to put the necessary procedures and systems in place for hand hygiene at Mayo General Hospital. However, the hand hygiene practices observed by the Authority would suggest that a culture of hand hygiene best practice is not operationally embedded at all levels. This poses a serious risk to patients and hand hygiene best practice must be implemented in order to reduce/eliminate this risk.

Mayo 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 webpage on the Health Service Executive (HSE) website within six weeks of the date of publication of this report.

The Authority will continue to monitor the Hospital's QIPs 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 NSPCHCAIs and is making quality and safety improvements that safeguard patients.

5. 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-associa.

Published by the Health Information and Quality Authority.

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