



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced focused monitoring assessment at the Mid Western Regional Maternity Hospital, Limerick

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

Date of on-site monitoring assessment: 10 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.

Table of Contents

1. Introduction	2
2. Mid Western Regional Maternity Hospital profile	3
3 Findings	3
3.1 Standard 3. Environment and Facilities Management.....	4
3.2 Standard 6. Hand Hygiene	9
4. Overall Conclusion.....	10
Appendix 1. NSPCHCAI Monitoring Assessment	12

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 focused monitoring assessment by the Authority on 10 July to follow up the unannounced monitoring assessment of 07 November 2012 of the Mid Western Regional Maternity Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced focused monitoring assessment is to assess the progress made on non-compliances with two of the NSPCHCAI Standards observed on previous assessments. 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 were reviewed during the focused unannounced monitoring assessment.

Authorised Persons from the Authority, Catherine Connolly-Gargan and Naomi Combe carried out the unannounced focused assessment at the Mid Western Regional Maternity Hospital, Limerick on 10 July 2013 between 08:30hrs and 13:00hrs.

The areas assessed were:

- Maternity 1 ward
- Maternity 2 ward

The Authority would like to acknowledge the cooperation of staff at the Mid Western Regional Maternity Hospital, Limerick with this unannounced focused monitoring assessment.

2. Mid Western Regional Maternity Hospital profile[‡]

The Mid Western Regional Maternity Hospital, Limerick is a stand-alone Maternity Hospital and is the sole provider of obstetric/midwifery and neonatology services in the Midwest region. The Hospital serves the counties of Limerick, Clare and Tipperary North Riding, catering for a population of approximately 360,000 people.

The Hospital, which opened in 1960, has 83 obstetric beds and 19 neonatal cots, and is a tertiary referral unit. There are seven birthing rooms, two operating theatres, a 24-hour admission room, two post-natal wards and one antenatal ward. In addition there are outpatient facilities including antenatal clinics, outreach antenatal clinics, ultrasonography services, physiotherapy services, parent education classes and a colposcopy service. A post-natal community midwifery service facilitates early discharge and selective visiting up to eight days post-discharge within a confined catchment area.

In 2012, there were 4,901 live births, 6,648 obstetric admissions and 926 admissions to the neonatal unit. In addition, there were 30,369 new and 13,479 review outpatient attendances respectively in 2012.

The Hospital is a clinical placement site for midwifery and medical training and is affiliated to the University of Limerick.

3 Findings

The findings of the unannounced focused monitoring assessment at Mid Western Regional Maternity Hospital, Limerick on 10 July 2013 are described below.

[‡] 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.

3.1 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 previously required the Mid Western Regional Maternity Hospital, Limerick to develop a Quality Improvement Plan to address non-compliances found at the unannounced monitoring assessment of 07 November 2012; this was published on the hospital webpage. This Quality Improvement Plan was updated on 01 July 2013 to reflect progress and forwarded to the Authority on 15 July 2013. The findings by the Authority at the focused monitoring assessment on 10 July 2013 were as follows:

Environment and equipment

Issues identified as non-compliant during the previous monitoring assessment of 07 November 2012 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- Electric fans in Maternity 2 ward were dust free. A deep clean had been undertaken and fans were included for assessment on local environmental hygiene audits.
- Decontamination records were attached to each piece of equipment, which was dated and signed each time the process was completed in Maternity 2 ward. The record mount sheet was laminated and adhesive paper based signoff tabs were applied to reference completed decontamination. Staff on Maternity 2 ward reported to the Authority that the tabs were being evaluated against a permanent marker to decide which would provide more effective cleaning of the decontamination record sheet.
- Dressing trolleys assessed on Maternity 2 ward were clean and free of dust and rust. The hospital reported that a replacement programme was in place.

- Bedside patient locker surfaces assessed were intact on Maternity 1 ward. A number of lockers had been identified by the hospital as requiring replacement. The hospital reported that a suitable replacement locker had been trialled from 21 June 2013 to 01 July 2013.
- The clean utility was found to be clean and tidy in Maternity 1 ward.

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 07 November 2012 were observed again to be non-compliant on this focused monitoring assessment.

- A light level of dust was found on intravenous stands, inside the drawers of a foetal heart monitoring unit, a portable suction machine and on the surface of an unlocked resuscitation trolley in Maternity 2 ward.
- In Maternity 1 ward, the floor of the 'dirty'¹ utility area under the sluice hopper was stained.
- There was dust and grime in the corners of floors in patient areas assessed on Maternity 2 ward.
- Some patient lockers on Maternity 2 ward were chipped hindering effective surface cleaning.
- The front surface of an intravenous pump had a sticky adhesive residue on its surface in Maternity 1 ward.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 10 July 2013;

- The surface of a window ledge was cracked and split hindering effective cleaning procedures in Maternity 2 ward.
- Paint on some walls and radiators in patient areas assessed in Maternity 2 ward was stained, chipped and peeling exposing the base surfaces of walls and radiators.
- Electrical fixtures and fittings in a panel above a patient bed area in Maternity 2 were ill-fitting, hindering effective cleaning. In addition, call bell surfaces assessed were chipped.
- A drinks flask was inappropriately stored on the floor outside the storeroom on Maternity 2 ward for the duration of the monitoring assessment.

¹ A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

- A box of sterilisation tablets on a worktop in the clean utility room were not stored securely to prevent access by unauthorised persons in Maternity 2 ward.
- A box and dustpan were stored on the floor on Maternity 2 ward.
- Inappropriate items were found in the patient equipment storeroom including an umbrella and a transport wheelchair, which had light dust on its surface in Maternity 1 ward.
- A light to moderate level of dust was found on bedframes and bed rails assessed in Maternity 2 ward. Bed wheels and overhanging shock absorbers were also found to be encrusted with solidified matter.
- A moderate level of dust was found on the top surface of curtain rails in Maternity 2 ward.
- The ensuite for Room 6 was assessed in Maternity 2 ward. Findings by the Authority included dust and grit in the corners of the floor area, a patient bidet was heavily stained with a rust coloured substance and the corners of a window ledge contained thick solidified matter.
- There was dust and grit in moderate amounts on the floor surface of a bathroom/shower room assessed in Maternity 2 ward. Cobwebs and dust were also visible under the sink in this room.
- The work station in Maternity 2 ward was cluttered which hindered effective cleaning. A light layer of dust was found on the work station surface in Maternity 2 ward.
- In Maternity 1 and 2 wards, encrusted solidified matter was found at the corners of the frame and base tray and on wheel units of all baby cots with labels on them indicating decontamination had been completed. In addition baby cots stored and also labeled on Maternity 2 ward had light surface dust on them. The frames of two labeled baby cots assessed on Maternity 1 ward were stained.
- A storeroom assessed by the Authority on Maternity 2 was found to be cluttered and untidy. A moderate layer of dust was present on stored patient equipment assessed. Paper and cotton wool pieces were on the floor. Three pillows stored on a window ledge in the storeroom did not have protective washable covers on them.
- The clean utility room worktop area was untidy with equipment and paperwork in Maternity 2 ward.
- The area along the edge of the border surface with the wall was soiled with a dark substance.
- Patient wash bowls stored in the 'dirty' utility room had splashmarks on their surface and were not stored in an inverted position.

Waste segregation

Issues identified as non compliant during the previous monitoring assessment of 07 November 2012 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*

- The waste management policy was demonstrated by the hospital. The revised policy was approved for use on 01 July 2013 and was due for review in 2015.
- There was no waste stored under the stairwells during the monitoring assessment. The hospital reported that the storage of waste collection containers had been reviewed to ensure that risks associated with waste management were mitigated.

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 07 November 2012 were observed again to be non-compliant on this focused monitoring assessment.

- The Authority followed the pathway for clinical waste management disposal from the point of generation to the hospital waste compound. The process was still not compliant with the National Standards as clinical waste was collected in unsecure trolleys. However, evidence was demonstrated that the hospital was actively working to bring clinical waste management in the hospital into compliance with legislative requirements and the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 10 July 2013;

- A bag of tagged clinical waste and two large size sharps waste disposal bins were stored on the floor waiting collection on Maternity 1 ward.
- Access to a foot operated clinical waste disposal bin in the 'dirty' utility in Maternity 2 ward was obstructed by a linen trolley.

Cleaning equipment

Issues identified as non compliant during the previous monitoring assessment of 07 November 2012 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- No cleaning trolleys with accessible cleaning chemicals were observed by the Authority in the general hospital corridors. The hospital reported that two lockable cleaning trolleys were now in use for these areas.

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 07 November 2012, were observed again to be non-compliant on this focused monitoring assessment.

- The Authority observed a stocked cleaning trolley which was only intermittently attended, with an associated risk of uncontrolled access to cleaning chemicals by unauthorised persons on Maternity 1 ward.
- On Maternity 1 ward, a prediluted spray bottle of cleaning chemical was not dated. A member of the cleaning staff stated that a fresh solution was in use which was demonstrated.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 10 July 2013:

- There was a clamp rail fixed to the wall behind the door in the storeroom in Maternity 1 ward holding cleaning equipment including handles of cleaning utensils and a flat mop frame.
- The cleaners' rooms did not have hand washing or waste water disposal facilities in the areas assessed.
- Three unclean mops were hanging on a clamp rail fitted to the wall in the 'dirty' utility room in Maternity 2 ward.

Conclusion

In conclusion, the Authority found that there were some improvements made or in progress to bring a number of issues previously identified as non-compliant to a satisfactory level of compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. However, there were still many practices in place previously identified by the Authority as non-compliant with the National Standards. The Authority also found additional areas of non-compliance with the National Standards that present Health and Safety concerns and risk to patients of contracting Healthcare Associated Infections. These findings suggest that although some improvement has been achieved, the physical environment, waste management and cleanliness of patient equipment were still not effectively managed and maintained to protect service users and reduce the spread of HCAs.

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

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 07 November 2012 were observed again to be non-compliant on this focused monitoring assessment:

- In Maternity 2, the sinks in the clean utility room did not have hands free water taps fitted, hand wash soap was available at one sink only and the interior and exterior surfaces of these sinks were stained. There was no alcohol hand rub available.
- Sinks in the 'dirty' utility rooms on both areas assessed did not have hands free water taps fitted. The siliconed area between the tiled splashback and the sink was unclean on Maternity 1 ward.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 10 July 2013:

- The top surface and trays of some wall mounted hand hygiene alcohol gels were dusty and the nozzles of some dispensers had dried gel partially blocking them, on Maternity 2 ward.
- Not all hand hygiene advisory signage was laminated and the surface of a small number were damaged.

Observation of hand hygiene opportunities.

The Authority observed 23 hand hygiene opportunities in total throughout the monitoring assessment, comprising:

- Five before touching a patient
- Five after touching a patient
- One after body/fluid exposure risk
- 12 after touching the patient's surroundings.

Thirteen of 23 hand hygiene opportunities were taken. All 13 hand hygiene opportunities taken were observed to comply with best practice hand hygiene technique. Non-compliance related to failure to take hand hygiene opportunities available.

Conclusion

The Authority recognises that the hospital had implemented initiatives to improve hand hygiene compliance by hospital staff. However, 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. These findings regarding hand hygiene compliance indicate that a culture of hand hygiene is not embedded at an operational level within some of the hospital staff grades.

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 while there were some improvements made or in progress to bring a number of issues previously identified as non-compliant to a satisfactory level of compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. However, there were still many practices in place previously identified by the Authority as non-compliant with the National Standards. The Authority also found additional areas of non-compliance with the National

Standards that present Health and Safety concerns and risk to patients of contracting Healthcare Associated Infections. These findings suggest that although some improvement has been achieved, the physical environment, waste management and cleanliness of patient equipment were still not effectively managed and maintained to protect service users 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 recognises that the hospital had implemented initiatives to improve hand hygiene compliance by hospital staff. However, 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. These findings regarding hand hygiene compliance indicate that a culture of hand hygiene is not embedded at an operational level within some of the hospital staff grades.

The Mid Western Regional Maternity 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 focused monitoring assessment on 10 July 2013 to follow up on the unannounced monitoring assessment of 07 November 2012 at the Mid Western Regional Maternity Hospital, Limerick 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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