



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Monaghan Hospital, Co Monaghan

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

Date of unannounced on-site monitoring assessment: 13 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 Monaghan 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 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 use 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 it follows the patient journey through the hospital.

The monitoring approach taken is outlined in Appendix 1.

The unannounced assessment was carried out at Monaghan Hospital by the Authorised Persons from the Authority, Naomi Combe and Catherine Connolly-Gargan, on 13 February 2013 between 11:45hrs and 14:30hrs.

The Authority commenced the monitoring assessment in the Minor Injury Unit. The Hospital does not have an Emergency Department (ED). Monaghan Hospital's Minor Injury Unit assesses and treats minor injury patients only. There are no admissions via the Minor Injury Unit into Monaghan Hospital. Patients assessed in the Minor Injury Unit as requiring admission are transferred to Cavan General Hospital.

The areas assessed were:

- Ward 1 – Ground Floor
- Ward 2 – First Floor.

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

2. Monaghan Hospital Profile[‡]

Since 1994 Cavan and Monaghan Hospital Group has comprised two hospital sites, Cavan General Hospital and Monaghan Hospital, with services operationalised as one hospital on two sites. The Hospital is now referred to as Cavan Monaghan Hospital.

Both hospital sites deliver a wide range of services to the Cavan Monaghan population (approx. 133,369 census 2010), which includes assessment, diagnosis, treatment and rehabilitation of both acute and complex conditions as well as non-urgent/non-acute conditions.

Monaghan Hospital's primary role includes the continuing care of medically discharged patients requiring inpatient stepdown and rehabilitation care and extensive OPD, theatre, day services and a Minor Injury Unit.

[‡] 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.

Services currently provided in the Monaghan Hospital site include the following:

- stepdown (six beds) and Rehabilitation Unit (20 beds). These beds allow patients to transfer from Cavan General and Health Service Executive (HSE) Dublin North East (DNE) for rehabilitation and stepdown care including occupational therapy, and speech and language services
- day medical services
- day surgical service
- outpatient services
- Minor Injury Unit
- radiology services
- physiotherapy services.

Minor Injury Unit attendances 2011: 8137

Outpatient Department attendances 2011: 13,266

3. Findings

The findings of the unannounced monitoring assessment at Monaghan Hospital, Co Monaghan, on 13 February 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 Monaghan 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 patients, 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.

Environment and equipment

Overall, the Authority found that the areas assessed were well maintained, visibly clean and generally free from dirt, dust, debris or spillages. The general environment, including the main entrance, the stairwells, the Minor

Injury Unit and the Hospital corridors, were observed by the Authority to be clean.

- Work station equipment including telephones and keyboards were observed to be clean and free of dust, dirt and debris in both clinical areas.

However, there were some opportunities for improvement to ensure compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- A small stain was observed on the wall under the toilet tissue dispenser in room number 33 on Ward 2.
- Chipped and missing paintwork was observed on the walls in room number 32 on Ward 2.
- There was a light layer of dust found on the surface of the resuscitation trolley and on the base of two pieces of patient equipment in Ward 2. Light dust was also found on top of the curtain rails in Ward 1.
- Moderate amounts of dust were found on upper ledges of the window frames in room 38 and on top of a light over a sink in a patient toilet and shower on Ward 1.
- There was rust damage on the wheels of one commode in the 'dirty'[§] utility room on Ward 1.
- A white powdery residue was found on the surface of a bedpan which was 'ready for use' and two urinals were not stored inverted in the 'dirty' utility area of Ward 1 which was not in line with best practice.
- While all signage displayed was laminated and up to date, one poster was detaching from the wall in the 'dirty' utility room in Ward 1, which impeded effective cleaning.
- A disposable apron dispenser was found to be empty outside the cleaners' room on Ward 1.

* 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:

- Clinical waste information posters identifying waste segregation were observed in the 'dirty' utility and enclosed lockable waste segregation areas were available in both areas assessed.
- Clinical waste was segregated and tagged with unique identification numbers at source with a removal schedule in place to prevent backlog.
- Foot operated clinical non-risk and clinical risk waste bins were available and appropriately used.

However, the following opportunity for improvement to ensure compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* was available:

- While an up-to-date waste management policy was demonstrated by Hospital management, copies of the waste management policy at ward level were out of date with a review date for July 2012 referenced.

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning equipment in both areas assessed was clean. A colour-coded system was in place and demonstrated.
- Cleaning schedules were demonstrated and found to be up to date.

Linen

There was evidence of good practice which included 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. Alginate bags were also used for soiled and infected linen.
- Clean linen assessed was found to be free of stains and tears. Clean linen was stored in a lockable area. No inappropriate items were located in the clean linen storage area.
- It was reported to the Authority that curtain changing is the responsibility of Hospital Maintenance Staff with records maintained locally and demonstrated at assessment. Curtain changing was reported to take place three-monthly as standard and more often if necessary. Curtains in the

isolation rooms were changed following each patient discharge. This was supported by documentation presented on site to the Authority.

Water outlet flushing

There was evidence of good practice which included the following:

- The Authority was informed that a water flushing schedule was in place to reduce the risk of waterborne infection and undertaken by maintenance staff. Records of flushing were maintained and demonstrated to the Authority.

Conclusion

In conclusion, the Authority found that while there were opportunities for improvement in both areas assessed in Monaghan Hospital, the physical environment was in general effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs). This conclusion was also supported by evidence of some hygiene promoting initiatives which were embedded in practice, for example, colour-coded equipment labelling used throughout to communicate the stage reached in the cleaning process.

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 some good hand hygiene practices which included the following:

- Alcohol-based hand gel and an approved hand-wash liquid soap was widely available for use.
- The Authority observed reminder hand hygiene notices and prompts displayed, and in an audible format, at various high visibility points throughout the patient's journey to the clinical areas assessed.

- Hand hygiene training and monitoring were reported to be provided by the Infection Control Nurse who confirmed this when attending the Authority's close-of-assessment meeting with Hospital management.
- Clinical hand-wash sinks were available in the areas assessed and complied with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005). Hands free knee operated hand wash sinks were located in the 'dirty' utility rooms.

However, the following opportunity for improvement to ensure compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* was available:

- While the Authority was informed that central hand hygiene training records were maintained, local records in Ward 1 demonstrated that 17 staff out of a total of 46 had not attended hand hygiene training in the past two years. Training for a further 12 staff was out of date since 13 May 2012.

Observation and hand hygiene opportunities

The Authority observed 20 hand hygiene opportunities throughout the monitoring assessment:

Hand hygiene opportunities taken comprised:

- five before touching a patient
- nine after touching a patient
- six after touching a patient's surroundings.

13 of 20 hand hygiene opportunities were taken. 11 of the opportunities taken were observed to comply with best practice hand hygiene technique. Non-compliance related to failing to take available hand hygiene opportunities or not following best practice hand-washing technique.

The Authority found quality improvement endeavours had been implemented to put the necessary procedures and systems in place for hand hygiene at Monaghan Hospital. However, hand hygiene practice observed by the Authority would suggest that a culture of best practice hand hygiene could be more operationally embedded at all levels.

Conclusion

The Authority observed 20 hand hygiene opportunities. However, only 11 complied with best practice recommendations. The Authority found that while fully compliant hand-washing equipment was available, a culture of best hand-hygiene practice and local training record keeping could be more operationally embedded at all levels.

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 opportunities for improvement in both areas assessed in Monaghan Hospital, the physical environment was in general effectively managed and maintained to protect patients and reduce the spread of HCAIs. This conclusion was also supported by evidence of some hygiene promoting initiatives which were embedded in practice, for example, colour-coded equipment labelling used throughout to communicate the stage reached in the cleaning process.

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.

The Authority observed 20 hand hygiene opportunities. However, only 11 complied with best practice recommendations. The Authority found that while fully compliant hand-washing equipment was available, a culture of best practice hand hygiene practice and improved local training record keeping could be more 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 patients.

Monaghan 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 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 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.

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 Authority uses 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 patients.

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>.

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