



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Naas General Hospital, Naas, Co Kildare

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

Date of unannounced on-site monitoring assessment: 4 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.

Table of Contents

1. Introduction	1
2. Naas General Hospital Profile.....	2
3. Findings	3
3.1 Standard 3. Environment and Facilities Management.....	3
3.2 Standard 6. Hand Hygiene.....	6
4. Overall Conclusion	8
Appendix 1. NSPCHCAI Monitoring Assessment.....	10

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 by the Authority of the compliance by Naas General Hospital, Naas, Co Kildare, 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.

Authorised Persons from the Authority, Breeda Desmond and Naomi Combe, carried out the unannounced assessment at Naas General Hospital on 4 February 2013 between 11:30hrs and 15:00hrs.

The Authority commenced the monitoring assessment in the Emergency Department (ED).

The areas subsequently assessed were:

- Moate ward
- Curragh ward

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

2. Naas General Hospital Profile[‡]

Naas General Hospital provides general medical, surgical, acute psychiatric services and a 24-hour emergency service to its immediate catchment population of Kildare/West Wicklow (in excess of 200,000 people). The majority of services are delivered from a new building that was part of the 2001-2004 development. Some services remain in the older part of the building which date back to the 1840s.

The hospital has a bed capacity of 243 beds which includes inpatient beds, acute psychiatry beds and day beds. The hospital provides the following services: medicine, surgery, pharmacy, pathology, radiology (including MRI, CT scanning, ultrasound, DEXA scanning), therapies including physiotherapy, occupational therapy, speech and language therapy, dietetics, orthopaedics, diabetics, respiratory, social work, pulmonary function, cardiology, oncology, palliative care, anti-coagulation, tissue viability, dermatology, rheumatology and cardiac rehab.

There are two operational operating theatres and a newly commissioned Central Sterile Supply Department (CSSD) department.

[‡] 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.

Recent developments include: Stroke Unit including thrombolysis and rehabilitation which also covers part of Laois, Offaly and Carlow. This service is augmented by the use of telemedicine based in the Emergency Department. Other recent development include the S.T.E.P.S programme in stroke service, diabetics 'One Stop Shop' service, chest pain service, Acute Medical Assessment Unit (AMAU) and a Minor Injury Unit.

Hospital Activity 2012

Item	Details
ED presentations	25,630
Total discharges	8,568
Bed days used	57,062
OPD attendances	54,242

3. Findings

The findings of the unannounced monitoring assessment at Naas General Hospital, Naas, Co Kildare on 4 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 Naas 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 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.

Overall, the Authority found that while the areas assessed and the main thoroughfare was generally well maintained, clean and free from dirt, dust, debris or spillages, there were many opportunities for improvement to ensure compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Chipped and flaking paintwork was observed on the walls in the ED and Moate ward.
- The protective varnish that was covering some bed tables on Moate ward was eroded thus impeding effective cleaning.
- There was rust apparent at the base of two patient equipment stands on Moate ward.
- There was a light amount of dust present on the resuscitation trolley on Moate ward.
- A mould-like substance was observed at the water-outlet aperture in one three-bedded room on Moate ward. The Authority observed large amounts of rust-like substance around pipes in a three-bedded shower en-suite on Moate ward.
- There were moderate amounts of dust on wheels of the oxygen cylinder and suction apparatus on Curragh ward. There was also sticky residue on the work station surface and resuscitation trolley.
- There were moderate amounts of dust on high surfaces in the clean utility on the Curragh ward. There was no clinical hand-wash sink available in either the Curragh or Moate wards in their clean utility rooms. Hand-wash sinks were domestic-type kitchen sinks with taps, rather than those with hands-free capability. Many of the clinical hand-wash sinks throughout the areas assessed did not conform to HBN 95 standards⁺ in that the water jet was directly over the plughole and the plughole had a metal grid in situ.
- Some signage in the clean utility on Curragh ward was not laminated which impedes effective cleaning.
- While much of the displayed information was appropriate, up to date and laminated for effective cleaning, some of the displayed information was not. Some posters were torn and detaching from the wall in the ED. While there were hand hygiene reminders on display throughout the areas assessed, some hand-wash sink areas on Moate ward did not have information displaying proper hand hygiene techniques.

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

- Cleaning schedules displayed in bathrooms in Moate ward were not up to date even though cleaners were observed cleaning, throughout the monitoring assessment. On the day of the on-site assessment on 4 February 2013, the last date entered on the cleaning schedule was 31/01/2013.
- The 'dirty'^{*} utility room in Moate ward was not locked or lockable. Storage cupboards containing cleaning chemicals in the dirty utility room were also unlocked, thus enabling free public access. Healthcare risk waste storage was not secure on Curragh ward either. This is not in adherence with best practice and poses a health and safety risk.

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 waste segregation areas where available in both areas assessed.
- Clinical waste was segregated and tagged with unique identification numbers at source.
- Foot operated clinical non-risk and clinical risk waste bins were available and appropriately used.
- The Hospital's waste management policy was demonstrated and due for review in 2013.

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning equipment in the areas assessed was clean. A colour-coded system was in place and demonstrated in each area assessed.
- There was appropriate signage for the dilutions of chemical cleaning solution for blood spillages, infection and general cleaning displayed.

* 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 posters outlining clinical and non-clinical waste segregation were displayed.

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 dedicated linen trolleys.
- Curtains assessed were clean. It was reported to the Authority that curtain changing is the responsibility of housekeeping staff with records maintained centrally by housekeeping. Curtain changing was reported to take place three-monthly or more often if necessary. This was supported by documentation presented 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 to reduce the risk of waterborne infection was undertaken by household staff and records of flushing were maintained by household staff. This was supported by documentation viewed by the Authority.

Conclusion

In conclusion, the Authority found that while the two clinical areas assessed in Naas General Hospital were generally clean, there were many opportunities for improvement in all areas assessed. The physical environment could be more 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 HCAs.

Hand hygiene

There was evidence of good hand hygiene practice which included the following:

- Alcohol-based hand gel was widely available for use.
- The Authority observed reminder hand hygiene notices and prompts displayed at various high visibility points throughout the patient's journey to the clinical areas assessed.
- The Hospital demonstrated that hand hygiene practices were monitored through internal audits and national hand hygiene compliance audits.
- Hand hygiene training and monitoring was reported to be provided by the Infection Control Nurse and other ward staff who were qualified to instruct in hand hygiene training. Hand hygiene training records were demonstrated on the wards assessed and were comprehensive and up to date.

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:

- Approved hand-wash liquid soap was available. However, a surgical scrub was also in place at each sink, but appropriate signage for its use was not.
- Some nozzles of wall mounted alcohol gel dispensers on Curragh ward were clogged.
- The hand-hygiene display stand at the main entrance to the hospital was dusty and visibly unclean with quite apparent sticky residue on its surface.
- One student was observed taking a full urinal from a bedside to the dirty utility. She did not wear gloves and transported the used urinal without any cover. This was brought to the attention of ward management.

Observation and hand hygiene opportunities

The Authority observed 19 hand hygiene opportunities throughout the monitoring assessment:

Hand hygiene opportunities taken comprised:

- seven before touching a patient
- six after touching a patient
- one before clean/aseptic procedure
- one after body fluid exposure
- four after touching a patient's surroundings.

17 of the 19 hand hygiene opportunities were taken. 12 of these 17 were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice hand-washing technique and the length of time taken to complete the hand hygiene procedure.

The Authority found endeavours had been made to put the necessary procedures and systems in place for hand hygiene at Naas General Hospital. Hand hygiene practices observed by Authority would suggest that a culture of hand hygiene best practice 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 the two clinical areas assessed in Naas General Hospital were clean, there were many opportunities for improvement.

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 found that endeavours had been made to put the necessary procedures and systems in place for hand hygiene at Naas General Hospital, but that there was room for improvement with regards to hand hygiene technique.

Naas 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) and on its own 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.

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/guidemonitoring-programme-national-standards-prevention-and-control-healthcareassocia>.

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