



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Our Lady of Lourdes Hospital, North Drogheda, Drogheda, Co. Louth.

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

Date of on-site monitoring assessment: 22 October 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 Our Lady of Lourdes 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.

The unannounced assessment was carried out at Our Lady of Lourdes Hospital, Drogheda by an Authorised Person from the Authority, Naomi Combe on 22 October 2013 between 10:00hrs and 15:00hrs. The Authorised Person from HIQA commenced the monitoring assessment in the Emergency Department.

The areas subsequently assessed were:

- Third Floor Surgical
- Paediatric Ward

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

2. **Our Lady of Lourdes Hospital, Drogheda Profile¹**

**The Louth Meath Hospital Group is comprised of three hospitals
Our Lady of Lourdes Drogheda
Louth County Hospital Dundalk and
Our Lady's Hospital Navan.**

Our Lady of Lourdes Hospital

Our Lady of Lourdes Hospital, Drogheda is a 348 bed Acute General Hospital incorporating a Regional Trauma Orthopaedic service and Louth Meath Neonatal Intensive Care and Paediatric services.

Summary of Services:

Surgical Services include General Surgery, Orthopedics, Urology, and Gynae which includes a dedicated early pregnancy assessment unit. and ENT.

Medical services include General Medicine, including sub specialties of Cardiology, Endocrinology, Diabetes, Gastroenterology Oncology, Dermatology, Elderly Medicine, Respiratory Medicine, Microbiology, Pathology and Palliative Care.

Regional Trauma Orthopaedic service including fracture clinics, providing Trauma for the populations of Cavan, Monaghan, Louth and Meath

Maternity Services for the Louth Meath area including a Midwifery Led Unit.

Paediatric Services include 34 Inpatient beds for medical, surgical and orthopaedic admissions and for children admitted with life-limiting conditions.

Emergency Medicine services for the Louth Hospitals supported by a Minor Injuries Unit in Louth County Hospital Dundalk. The Emergency Department in OLOL is one of the top five in the Country in terms of numbers of presentations.

¹ 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 Our Lady of Lourdes Hospital, Drogheda on 22 October 2013 are described below.

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.

Third Floor Surgical

Environment and equipment

There was evidence of good practice which included the following:

- Bed frames, pillows, mattresses, lockers, tables, high and low surfaces and curtain rails in patient areas assessed were clean, intact and free of dust
- high and low surfaces, wall tiles, floors, hand washing facilities, sinks, showers and accessories were clean and well maintained in the washrooms assessed
- surfaces of equipment assessed, for example, intravenous stands and pumps, the resuscitation trolley, dressing trolleys, blood pressure cuffs, oxygen saturation probes, temperature probes, oxygen equipment and suction apparatus were clean and well maintained
- the clean utility room and the equipment in the room were generally clean, tidy and well maintained
- the 'dirty'² utility room was tidy and well maintained

² A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

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

- Part of the wall covering behind a bed was missing, hindering effective cleaning
- rust coloured staining and black marks were visible in a shower tray in a washroom assessed
- supplies were stored directly on the floor in the equipment room, hindering effective cleaning
- a light layer of dust, grit and sticky residue were visible on the floor in the clean utility room
- there was paint missing on the tiles behind the hand-wash sink in the clean utility room

Waste segregation

There was evidence of good practice which included the following:

- Foot operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than 2/3 full
- clinical waste was tagged and secured before leaving the area of production
- clinical waste posters identifying waste segregation were displayed

Isolation rooms

There was evidence of good practice which included the following:

- Appropriate signage was displayed at the entrance to the isolation room
- the Authority observed appropriate use and disposal of personal protective equipment during the monitoring assessment
- the door from the isolation room to the main ward corridor was closed at all times during the monitoring assessment
- the Authority observed appropriate hand hygiene at the isolation room during the monitoring assessment

Linen

There was evidence of good practice which included the following:

- Linen was segregated into appropriate colour coded bags. The bags were less than 2/3 full and capable of being secured
- clean linen was stored in a designated area. Clean linen examined by the Authority was found to be free of stains

- the Authority was informed that bed curtains are changed every three months or more frequently if necessary. This was confirmed when records of curtain changing were viewed by the Authority

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols
- appropriate advisory signage was observed for use of products used for cleaning and disinfection
- personal protective equipment was available, appropriately used and disposed of by staff

Water outlet flushing

- Records confirmed that water outlets are flushed daily and records of flushing are checked weekly

Paediatric Ward

Environment and equipment

There was evidence of good practice which included the following:

- Bed frames, bed rails, pillows, mattresses, lockers, tables, floors, walls, high and low surfaces and curtain rails in patient areas assessed were clean, intact and free of dust
- high and low surfaces, wall tiles, floors, hand washing facilities, baths, sinks, showers and accessories were clean and well maintained in the washrooms assessed
- Surfaces of equipment assessed, for example, near patient testing equipment, blood pressure cuffs, oxygen saturation probes, temperature probes, oxygen equipment and suction apparatus were clean and well maintained
- the clean utility/treatment room and the equipment in the room were clean, tidy and well maintained
- the 'dirty' utility room was tidy and well maintained

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 spacing in the seven-bedded ward was not planned and managed in a way that minimises the risk of spread of healthcare associated infections in accordance with the National Standards
- a workstation was cluttered, rendering adequate cleaning difficult

The following was observed in the clean utility/treatment room:

- A light layer of dust was visible on the undercarriage of a treatment bed
- one piece of signage was not laminated

The following was observed in the 'dirty' utility room:

- A separate sink for the cleaning of patient equipment was not available in one of the 'dirty' utility rooms
- moderate levels of grime and dust were visible on the wheel areas of commodes
- potties were not inverted while being stored

Waste segregation

There was evidence of good practice which included the following:

- Foot operated clinical and non-clinical waste disposal bins were available
- waste bins were visibly clean and no more than 2/3 full
- clinical waste was tagged and secured before leaving the area of production
- clinical waste posters identifying waste segregation were displayed

Isolation rooms

There was evidence of good practice which included the following:

- Appropriate signage was displayed at the entrance to the isolation room
- the Authority observed appropriate use and disposal of personal protective equipment during the monitoring assessment
- the door from the isolation room to the main ward corridor was closed at all times during the monitoring assessment
- the Authority observed appropriate hand hygiene at the isolation room during the monitoring assessment

Linen

There was evidence of good practice which included the following:

- Linen was segregated into appropriate colour coded bags. The bags were less than 2/3 full and capable of being secured
- clean linen was stored in a designated area. Clean linen examined by the Authority was found to be free of stains

Cleaning equipment

There was evidence of good practice which included the following:

- Cleaning staff spoken with by the Authority were knowledgeable regarding infection prevention and control protocols
- cleaning equipment was clean and a colour-coded cleaning system was in place and demonstrated
- appropriate advisory signage was observed for use of products used for cleaning and disinfection
- personal protective equipment was available, appropriately used and disposed of by staff

Water outlet flushing

- Water outlets are flushed weekly and records of flushing are signed-off

Conclusion

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions.

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 practice which included the following:

- Hand hygiene advisory information was appropriately displayed in the areas assessed
- liquid soap, warm water, paper hand towels and alcohol based hand rubs were widely available
- hand washing facilities were clean and intact
- records of hand hygiene training and audits were observed by the Authority

Observation of hand hygiene opportunities

The Authority observed 26 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:

- 11 before touching a patient
- four after touching a patient
- one before clean/aseptic procedure
- 10 after touching a patient's surroundings

Of the 26 hand hygiene opportunities, 24 were taken and were observed to comply with best practice hand hygiene technique. Non-compliance related to failure to take opportunities to perform hand hygiene.

Authorised persons observe hand hygiene opportunities using a small sample of staff in various locations throughout the hospital. It is important to note that the results may not be representative of all groups of staff within the hospital and hand hygiene compliance across the hospital as a whole. Observations reported represent a snapshot in time. The underlying principles are based on the detection of the five moments for hand hygiene that are promoted by the World Health Organization.

Conclusion

The level of hand hygiene compliance observed at the time of the monitoring assessment was 92%.

4. Overall Conclusion

The risk of the spread of Healthcare Associated Infections 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.

Overall, the physical environment and patient equipment were clean and well maintained, with some exceptions.

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 level of hand hygiene compliance observed at the time of the monitoring assessment was 92%, indicating that a culture of hand hygiene practice is well embedded amongst staff in the hospital.

Our Lady of Lourdes Hospital, Drogheda 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 HSE 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.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of the 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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