



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Our Lady's Hospital, Navan, Co Meath.

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

Date of on-site monitoring assessment: 4 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.

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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's Hospitals 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's Hospital, Navan by Authorised Persons from the Authority, Catherine Connolly Gargan and Naomi Combe, on 04 July 2013 between 14:00hrs and 17:30hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department.

The areas subsequently assessed were:

- Emergency Department (ED)
- Female Medical Ward

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

2. Our Lady's Hospital Profile[†]

Our Lady's Hospital, is part of the Louth/Meath Hospital Group situated in Navan in Co. Meath. Our Lady's Hospital serves a population of 162,621 and provides an elective Orthopaedic Service to the Health Services Executive, Dublin North East with a total bed capacity of 125.

Our Lady's Hospital, Navan, provides a range of acute services including:

General Medicine
General Surgery
Elective Orthopaedics
Regional Rheumatology Service.
Paediatrics (Out -patient services)
Day Services
Gynae Services
Pathology Services
Out-patient Services
Orthodontic Out-patients
ICU/CCU
Physical Medicine Services

[†] 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's Hospital on 04 July 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 Our Lady's Hospital Navan.

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.

Overall, the Authority found that improvements were required in the cleanliness of the environment and of equipment in both areas assessed with some exceptions.

Environment and equipment

There was evidence of some good practice which included the following:

- Work station equipment, including telephones and keyboards on the Female Medical ward was observed to be clean and free of dust, dirt and debris.
- Bed rails, pillows and mattresses in both patient areas assessed were found to be clean, intact and free of dust, rust and grit.
- IV pumps, blood pressure cuffs and oxygen equipment were clean in both areas assessed.
- The Authority observed a system where equipment was labelled indicating cleaning had taken place after use.

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

- Both the Emergency Department and the Female Medical ward were very cluttered with patient equipment throughout the assessment, which hindered access and effective cleaning.
- There was light dust on bed frames assessed on the Female Medical ward. Patient trolleys in the Emergency Department were generally clean, with the exception of trolleys that had a fitting for an intravenous stand. Staff reported the issue had been identified on an internal hygiene audit on the previous Friday and that remedial action was being processed.
- There was grit in the corners of floors on the Female Medical ward and the floor covering in room 252 was not intact, hindering effective cleaning. While the floors of the Emergency Department were free of grit, dust, spillages and stains, the surfaces were damaged, hindering effective cleaning.
- Paint on parts of the walls and radiators in patient and non patient areas in both areas assessed was cracked, peeling or missing. In addition there was staining and surface damage to walls, doors and door frames in a number of areas in the Emergency Department and on the Female Medical ward.
- There was light dust on the monitor support arms and moderate levels of dust on curtain rails assessed in the Emergency Department. Light dust was evident on the surface of electrical fittings on the Female Medical ward.
- Not all paper-based signage displayed was laminated to facilitate cleaning in the Female Medical ward.
- The surfaces of two mobile step units stored in the clinical equipment storeroom were stained in the Emergency Department.
- The surface of some patient seating on the Female Medical ward was cracked, hindering effective cleaning.
- The patient toilet in the Emergency Department was unclean and wooden casing located at the base of the wall at the back of the toilet bowl was heavily stained and in disrepair. Wall surfaces were stained and there was grit and waste paper on the toilet floor. The areas around the water tap entry points were soiled and the silicone between the sink and splashback surface was incomplete and heavily stained. A small non-clinical waste bin for hand towel disposal was unclean; the surface was stained and there was rust on the foot pedal. The exterior area of the lid had worn clear adhesive tape over most of its surface and was heavily stained underneath.
- A trolley with personal hygiene equipment and linen and two commodes were stored in the patient toilet on the Female Medical ward. A toilet inspection sheet dated week ending 07 July 2013 was not consistently completed. Vinyl covering on the toilet floor was cracked and stained around the base of the toilet bowl and around the base of the shower.
- The resuscitation trolley on the Female Medical ward was found to have light dust on the surface and a sticky residue on the sides. Light dust was also evident on the wheels of some dressing trolleys and on the suction apparatus assessed.
- The work station on the Female Medical ward was heavily cluttered and patient equipment was inappropriately stored on top of a filing cabinet. Light dust was found on computer keyboards in the Emergency Department.

- There was evidence of inappropriate storage of patient equipment in both areas assessed. Pieces of equipment were stored on top of the wardrobe in room 252 and adjacent to a hand-wash sink located on a corridor on the Female Medical ward. In the Emergency Department, a point-of-care testing unit for blood gas analysis was located on a cupboard along a wall in a patient area and within close proximity to the designated paediatric resuscitation area. There was no adjacent hand-wash sink or protective screen to prevent blood splash. Total Inventory Management System (TIMS) unprotected open shelving storage units were located in three patient bays with an associated risk of access by unauthorised persons.
- In the Emergency department, the undercarriage of an infant incubator stored adjacent to the blood gas analysis machine was unclean due to heavy levels of surface dust. The areas over the wheels of two intravenous stands were unclean. Green labels used to indicate that cleaning was complete were attached to both intravenous stands. The base of a vital sign recording equipment stand was stained.
- Controlled access to the clinical equipment storage room could not be put in place as there was no door fitted to the entrance; this room contained syringes, needles and intravenous fluids. Five units, each containing four stacked staff lockers were stored alongside clinical equipment in the clinical equipment storage room. There were boxes stored on the floor and three patient pillows stored on top of one of the staff locker units. Light levels of dust were found on some Total Inventory Management System open shelving in the room.
- Access to the storage room on the Female Medical ward, which contained syringes and needles, was also uncontrolled as the door was unlocked. The room was heavily cluttered, with boxes of intravenous fluids and patient equipment stored on the floor.
- The clean utility room on the Female Medical ward was heavily cluttered, with boxes of intravenous fluid and an oxygen cylinder stored on the floor. The window ledge was also cluttered with disposable gloves, paperwork and sodium chloride solution. The door to the room was unlocked and ajar, therefore accessible to unauthorised persons. Some paper-based signage displayed was not laminated. Access to the designated hand-wash sink was obstructed by placement of dressing trolleys in the room and the nozzle of a hand-wash soap dispenser was blocked.
- The following areas of non-compliance with the NSPCHCAI were found in the 'dirty'¹ utility area in the Emergency Department:
 - The door to the 'dirty' utility was not locked and was therefore accessible to unauthorised persons.
 - There was an offensive odour originating in the foot-operated clinical waste bin, the exterior of which was stained.

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

- The exteriors of the designated hand hygiene sink and the stainless steel worktop surface containing the sluice hopper were stained. There was no non-clinical waste disposal bin in the room; paper hand towels were observed in the clinical waste disposal bin.
- There was light dust on stainless steel shelving.
- The room was cluttered with equipment and the floor area was stained throughout.
- A yellow bin stored under the sluice hopper contained multiple empty blood transfusion bags.
- Some of the bed urinals were not stored in an inverted position; bedpans were wrapped in cellophane following decontamination and stored on a shelf.
- Three specimen bottles containing body fluid were on a shelf adjacent to testing equipment. One specimen bottle did not contain patient details.
- A separate sink for cleaning patient equipment was not available.
- The 'dirty' utility room, which contained potentially hazardous chemical solutions, was unlocked on the Female Medical ward. Some signage displayed was not adequately secured and some paper-based signage displayed was not laminated.

Waste segregation

There was evidence of good practice which included the following:

- Clinical and non clinical waste was tagged with unique identification numbers at the point of generation facilitating tracking to source if required.
- The waste management policy was available, approved for staff reference in June 2011 and due for review in June 2013.
- Waste bags were removed from bins and removed directly to the hospital waste collection area avoiding any storage of waste bags in the Emergency Department.

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

- Two sharps waste bins in use in the Emergency Department did not have assembly details completed.

Cleaning equipment

There was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- The door to the cleaners' room was not locked on the Female Medical Ward, therefore there was access by unauthorised persons to cleaning products and chemicals which were not stored in locked cupboards.
- The cleaners' room on the Female Medical ward was cluttered and as a result access to the waste water disposal sluice was inaccessible.
- Boxes of hand gel were placed directly on the floor of the cleaners' room adjacent to cleaning equipment used by Emergency Department cleaning staff. There was no hand hygiene sink, waste water disposal outlet sluice or clean water supply available in the room.
- Not all equipment stored in the cleaners' room was appropriate.

Isolation rooms

There was evidence of good practice which included the following:

- Precautionary signage displayed on isolation room doors was appropriate and informative as in pictorial and written format.

There was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Care being provided to patients in isolation rooms on the Female Medical ward was not compliant with Standard 7 of the National Standards. In particular:
 - While there were no patients with communicable infections requiring isolation in the Emergency Department at the time of the monitoring assessment, the room used for isolation did not contain an ensuite shower and toilet facility. One of two rooms used for isolation purposes on the Female Medical ward did not have ensuite toilet and shower facilities.
 - Although staff on the Female Medical ward instructed visitors on donning personal protective equipment, disposal procedures were not advised and visitors were observed to exit rooms where isolation was active without removing personal protective equipment.

Linen

There was evidence of good practice which included the following:

- Curtains are changed as necessary and every three months as standard in both areas assessed. Disposable curtains were in use in the Emergency Department and were changed recently, as evidenced by dating of each curtain on hanging.

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:

- Used linen was stored in the sluice area or along a corridor awaiting collection on the Female Medical ward. Linen was stored with other equipment in a free standing locked cupboard along the Emergency Department corridor. A clean sheet assessed in the Emergency Department linen cupboard was stained.

Water outlet flushing

- The Authority found that a water flushing schedule was in place for all water outlets to reduce the risk of waterborne infection. However this procedure was in the absence of availability of a risk assessment to identify requirement for flushing infrequently used water outlets only. Records of flushing were maintained and demonstrated to the Authority.

Conclusion

In conclusion, the Authority found that there was much evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed in Our Lady's Hospital Navan. The environment in the Emergency Department was generally unclean, with exceptions. Improvements were required in the standard of patient equipment cleaning, with some exceptions, in both areas assessed. The Female Medical ward environment was generally clean, but with some exceptions. Therefore the Emergency Department and to a lesser extent the Female Medical ward were not 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 HCAIs.

Hand hygiene

There was evidence of good practice which included the following:

- Hand hygiene soap, alcohol gel and hand towels were located within easy access to the sinks designated for hand hygiene.
- A hand hygiene sink in the 'dirty' utility room had taps fitted that were knee operated.

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:

- The Authority observed that of the total 27 hand hygiene opportunities observed on the monitoring assessment 16 were observed on the Female Medical ward, only three of which were taken and were compliant with best practice hand hygiene procedures. These findings place patients at risk of contracting healthcare associated infections and as such were communicated to the Assistant Director of Nursing on behalf of the hospital administrator and the nursing manager on the ward for attention.
- Staff entering the isolation rooms on the Female Medical ward wore gloves. However, they did not decontaminate their hands prior to donning gloves.
- Not all clinical hand-wash sinks were compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005) and there was no hand hygiene procedure advisory information displayed. Metal grids were fitted to water outlet ports, although the surface of the metal grids and surrounding borders were unclean on many of the sinks in both areas assessed.
- Access to a clinical hand-wash sink adjacent to the nurses' station on the Female Medical ward was blocked by a waste disposal bin and a medication trolley.

Observation of hand hygiene opportunities

- The Authority observed 27 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - eight before touching a patient
 - nine after touching a patient
 - two before clean/aseptic procedure
 - one after body fluid exposure risk
 - seven after touching a patient's surroundings.
- The Authority observed that between the two areas assessed 13 of the total 27 hand hygiene opportunities were taken, all of which were observed to comply with best practice hand hygiene technique. Non-compliance with hand hygiene best practice included failure to take opportunities to perform hand hygiene and wearing of sleeves to the wrist. A small number of medical staff wore a shoulder bag while attending to patients which presented risk to patients of cross infection.

Conclusion

The Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Hand-wash sinks in some clinical areas were not compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005)

and some designated hand-wash sinks were unclean. Non-compliant hand-washing facilities observed by the Authority posed a risk of spread of Healthcare Associated Infections (HCAs) to patients. The Authority's hand hygiene observations suggest that a culture of hand hygiene practice is not embedded at all levels, especially among staff practices observed by the Authority on the Female Medical ward.

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.

The Authority found that there was much evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed in Our Lady's Hospital Navan. The environment in the Emergency Department was generally unclean, with exceptions. Improvements were required in the standard of patient equipment cleaning, with some exceptions, in both areas assessed. The Female Medical ward environment was generally clean, but with some exceptions. Therefore the Emergency Department and to a lesser extent the Female Medical ward were not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (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 found that hand hygiene practices in Our Lady's Hospital, Navan were not in compliance with the National Standards and this poses a clear risk to patients of contracting a HCAI.

Our Lady's Hospital, Navan 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 monitoring assessment at Our Lady's Hospital, Navan on 04 July 2013 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 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 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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