



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Roscommon County Hospital, part of the Galway Roscommon University Hospital Group

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

Date of unannounced on-site monitoring assessment: 7 November 2012

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. Roscommon County Hospital profile	3
3. Findings	4
3.1 Standard 3. Environment and Facilities Management	4
3.2 Standard 6. Hand Hygiene	9
4. Overall conclusion	10
Appendix 1. NSPCHAI Monitoring Assessment	12

1. Introduction

The Health Information and Quality Authority (the Authority or HIOA) 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 Roscommon County 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.

Authorised Persons from the Authority, Naomi Combe, Margaret Cahill and Catherine Connolly Gargan carried out the unannounced assessment at Roscommon County Hospital on 7 November 2012 between 13:15hrs and 17:00hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Urgent Care Unit and followed the patient's journey to the ward.

The areas assessed were:

- Urgent Care Unit
- St Coman's ward.

The Authority would like to acknowledge the cooperation of staff at Roscommon County Hospital with this monitoring assessment.

2. Roscommon County Hospital profile[†]

Since January 2012, Roscommon County Hospital is part of the Galway Roscommon University Hospital Group (GRUH) which includes Galway University Hospital, Merlin Park Regional Hospital and Portiuncula Hospital, Ballinasloe. The catchment area includes east Galway, parts of Longford, Leitrim and Westmeath, which covers a population of approximately 64,000.

Roscommon County Hospital provides inpatient medical and day case surgical services, together with theatre, diagnostic and treatment services. Services available include:

- Urgent Care Centre accommodates:
 - Minor Injuries Unit – 08:00hrs to 20:00hrs daily Mon-Sun
 - Medical Assessment Unit – 09:00hrs to 17:00hrs daily Mon-Fri
 - Medical Day Services – 09:00hrs to 17:00hrs daily Mon-Fri.
- Inpatient Medical Ward – 46 beds
- Inpatient Surgical Ward – 17 beds (closed at weekends)

[†] 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.

- Day case Surgery/Endoscopy – 15 beds – 08:00hrs to 20:00hrs daily Mon-Fri
- radiology 24/7
- laboratory 24/7
- health and social care professionals – physiotherapy, dietician, occupational therapy, and speech and language therapy
- Cardiac Investigations Unit – non-invasive
- cardiac rehabilitation
- outpatients.

Roscommon Hospital Activity for 2011:

- inpatient discharges = 3,565
- outpatient attendances = 12,836
- day case discharges = 3,789
- urgent care centre = no full year activity figures for 2011 as Emergency Department reconfigured mid-July 2011.

3. Findings

The findings of the unannounced monitoring assessment at Roscommon County Hospital on 7 November 2012 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 in the areas assessed at Roscommon County Hospital. The Authorised Persons from the Authority observed an exposed needle still attached to a syringe jutting out of an open sharps container. This was judged to be a high risk to staff and was brought to the immediate attention of the Clinical Nurse Manager. The needle was safely disposed of and the risk mitigated.

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.

Environment and equipment

- The Authority observed the Hospital entrance, stairs, stairwells, corridors and patient waiting areas to be clean and free from visible dust and dirt. However, the floor surface in the immediate external area outside St Coman's ward was worn and damaged.
- The Authorised Persons from the Authority found the floors and high surfaces in both areas assessed to be clean and free from dust, dirt and spillages.
- In St Coman's ward the Authority observed light dust on lower surfaces. Paintwork on the corridor wall and the wall adjacent to a shower in the communal bathroom was flaking and stained; wood on doorframes into patient areas was chipped and missing.
- In the Urgent Care Unit, HIQA observed that cleaning schedules in two toilets in the waiting area were not updated in the previous two weeks; a toilet seat had a scorched area on it. The pedal and ends of two waste bins were rusty.
- A chipped toilet was observed in St Coman's ward.
- Sticky residue from adhesive tape was observed on surfaces in the resuscitation room and a tray was splashed with a substance that appeared to be blood, in the Urgent Care Unit.
- While advisory signage observed was appropriate, not all advisory signage that was displayed was laminated or manufactured with a surface that could be cleaned.
- In St Coman's ward, medical equipment was observed to be stored on the floor in two of the storage areas assessed. Storeroom Number Four had an inventory of contents displayed on the door which included 'Electric for repair or not in use'. Pressure relieving electric mattresses were stored in plastic bags, however, due to the room inventory list it was not clear to the Authority whether mattresses not labelled 'for repair' were decontaminated and ready for use.
- Although cleaning schedules were in place, medical equipment in both areas assessed was observed to be not free of dust, rust, dirt, debris and spillages.
- In the Urgent Care Unit, Authorised Persons from HIQA found light dust on a patient trolley in the triage room, on the surface and wheels of the resuscitation trolley and on dressing trolleys. Moderate dust was also observed on the undercarriage of four wheelchairs in this area.

- Dust and residue was observed on the surface underneath the mattresses on two beds assessed in St Coman's ward. The protective covering of two pillows in use was torn.
- Chairs, cushions and footrests in both areas assessed were covered with a material that could be cleaned. However, in St Coman's ward, the Authority observed the surface of a chair and two commode seat covers were torn and commode frames were rusted.
- In St Coman's ward, the Authority observed two bedpans and a patient washbowl that were chipped and worn; not all bedpans were stored inverted; washbowls were stored on top of patient's wardrobes. The sluice hopper was also observed to be moderately soiled.
- HIQA observed clutter and untidiness in both storage areas in both areas assessed. Boxes of equipment, sharps bins and patient property were stored on the floors in both clinical areas. An empty sharps bin was used in the Urgent Care Unit to prop the storeroom door open.
- The HSE Code of Practice for Contamination of Reusable Invasive Medical Devices (RIMDs) recommends that used RIMDs should be handled, collected and transported in a protective container that prevents leakage or contamination to users. However, an open tray of instruments was observed on a worktop in the plaster room in the Urgent Care Unit which the hospital reported were 'disposable' instruments. This is not in line with national guidance.
- The Hospital reported that disposable instruments were used on most occasions and when reusable medical instruments were used, they were decontaminated and autoclaved in an appropriate area.

Waste segregation

- The Hospital's waste management policy was available. However, the Authority observed that the date for review was in January 2011. The Hospital reported that revision was delayed pending completion of the work of Galway Roscommon University Hospital Group reconfiguration and introduction of a group document management system.
- Clinical waste posters identifying appropriate waste segregation were displayed in the Urgent Care Unit waste collection room.
- Non-clinical waste bins were observed to be available at appropriate points throughout both areas assessed.
- Clinical sharps bins were observed. However, HIQA observed an exposed needle still attached to a syringe jutting out of an open sharps container. This was judged to be a high risk to staff and was brought to the

immediate attention of the Clinical Nurse Manager. The needle was safely disposed of and the risk mitigated.

- Clinical waste bins were available in key clinical areas such inside patient isolation rooms, and 'clean' and 'dirty' utility* rooms in both areas assessed.
- The Hospital reported to the Authority that small blue bags were brought to the point of care for safe disposal of contaminated items.
- The HSE national guidance for healthcare risk waste management recommends that dedicated rooms with coded access should be available for the short-term storage of waste in all areas. The Authority observed a locked, metal, wheeled container with segregated compartments for clinical and non-clinical waste, stored in a coded access 'dirty' utility room in St Coman's ward. The container was observed to be rusted and stained.
- In the Urgent Care Unit, clinical waste bags were stored ready for collection in a dedicated lockable room. However, this room was observed to be unlocked by Authorised Persons from the Authority during assessment. This is not in line with national guidance.

Linen

- Segregated colour coded linen bins were observed in both clinical areas assessed.
- Disposable curtains were used throughout the two areas assessed and the Authority observed that curtains was clearly dated. A three-monthly curtain changing programme was in place as standard with supporting records demonstrated. Curtains were also changed after patient discharge in the isolation rooms.
- Clean linen was stored in a dedicated room in St Coman's Ward. However, the shelves had light dust on them; plaster on the walls was cracked at lower level; inappropriate boxes were stored on the floor and a torn pillow was on a shelf. An item of medical equipment was observed charging in the linen room. Clean linen assessed by the Authority was found to be slightly stained.

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

- Linen was observed to be stored on a open shelving unit in a multipurpose clinical storage area in the Urgent Care Unit. This may pose a low risk to the spread of Healthcare Associated Infections (HCAI).

Cleaning equipment

- HIQA observed that cupboards containing potentially hazardous cleaning solutions were not locked and were accessible to the public.
- Cleaning equipment in the areas assessed was clean and a colour coded system was in place.
- Appropriate advisory signage was observed for use of products used for cleaning and disinfection. Safety data sheets were also accessible within the clinical areas and were observed in the Urgent Care Unit.

Water outlet flushing

- The Hospital reported that a documented weekly water outlet flushing programme was in place.
- The Hospital reported that a full risk assessment of the water system had been completed and a number of disused water pipes were removed. It had identified a residual 26 water outlet points as requiring a scheduled flushing programme due to infrequent use. The Authority was informed by the Hospital Manager that the flushing programme of the identified 26 outlets was in the process of being formalised.

Conclusion

While following the patient's journey, the Authority observed the hospital entrance, stairs, stairwells, corridors and patient waiting areas to be clean and free from visible dust and dirt.

While there were opportunities for improvement for the cleanliness of the environment and equipment in both areas assessed, the Authority observed floors and high surfaces in both areas assessed to be clean and free from dust, dirt and spillages. However, the environment in the Urgent Care Unit was observed to be cleaner than St Coman's Ward.

Non-clinical waste bins were widely available. Clinical waste bins were available in key clinical areas such as inside patient isolation rooms and 'clean' and 'dirty' utility rooms in both areas assessed. The Hospital reported to the Authority that small blue bags were brought to the point of care for safe disposal of contaminated items.

HIQA found that management of clean linen was not in line with the HSE national guidance for the management of hospital linen. This may pose a low risk to 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

- Clinical hand-wash sinks in both areas assessed complied with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene (2005)*.
- The Authority observed that alcohol-based gel dispensers were available at numerous points throughout the clinical areas assessed and in particular on St Coman's ward.
- However, the Authority found that while there was a hand-wash sink located in the 'dirty' utility room in the Urgent Care Unit, there was no easily accessible alcohol-based gel dispenser on exiting this room.
- Posters to demonstrate appropriate hand hygiene technique were displayed throughout the hospital. However, these posters were not always displayed within close proximity to all gel dispensers.
- The Authorised Persons from HIQA spoke with staff, in the clinical areas assessed, who demonstrated their knowledge regarding hand hygiene best practice.
- Hand hygiene training was reported to be provided by the Infection Control Nurse.
- The Hospital reported that monthly hand hygiene training was in progress, with periodic focused training aimed at providing training to all staff. Training records were demonstrated. Monitoring of hand hygiene practices was demonstrated by internal monthly and the national hand hygiene compliance audits.

Observation of hand hygiene opportunities

- The Authority observed 18 hand hygiene opportunities during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - three before touching a patient
 - seven after touching a patient
 - two before an aseptic procedure
 - one after bodily fluid exposure risk
 - five after touching a patient's surroundings.

- However, the Authority observed only 10 of the 18 hand hygiene opportunities were taken. Of those, only five were observed to comply with best practice hand hygiene technique. Non-compliance related to not following the best practice technique and/or to the length of time taken to complete the hand hygiene procedure.

Conclusion

The Authority's observations suggest that a culture of hand hygiene practice was not embedded at all levels throughout the Hospital. This poses a risk to patients of HCAs.

4. Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAs) is reduced when the hospital environment and equipment can be readily cleaned and decontaminated. It is therefore important that cleaning/decontamination of the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The Authority observed the Hospital entrance, stairs, stairwells, corridors and patient waiting areas to be clean and free from visible dust and dirt. However, there were opportunities for improvement in the cleanliness of the environment and equipment in both areas assessed.

The Authorised Persons from HIQA found that management of clean linen was not in line with the HSE national guidance for the management of hospital linen. This may pose a low risk to 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's observations suggest that a culture of hand hygiene practice was not embedded at all levels.

The Authority was concerned that the level of compliance with hand hygiene practice observed in Roscommon County Hospital poses a risk to patients. Authorised Persons from HIQA observed that only 10 of the 18 hand hygiene opportunities were taken. Of those, only five were observed to comply with best practice hand hygiene technique. The Hospital must evaluate the level of hand hygiene compliance in the context of infection rates in order to assess the impact on patients and implement the required improvements.

Roscommon County 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 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 it is implementing and meeting the NSPCHAI 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 (HCAs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.higa.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 HCAs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.higa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associ>.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400
Email: qualityandsafety@hiqa.ie
URL: www.hiqa.ie

© Health Information and Quality Authority 2013