



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Sligo Regional Hospital, Sligo

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

Date of on-site monitoring assessment: 28 February 2013

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction

The Health Information and Quality Authority (the Authority or HIQA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. 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 Sligo Regional 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 Sligo Regional Hospital, Sligo by Authorised Persons from the Authority, Catherine Connolly Gargan, Naomi Combe and Breeda Desmond, on 28 February 2013 between 08:30hrs and 12:45hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas subsequently assessed were:

- Emergency Department
- Surgical Gynaecology Ward
- Medical South Ward.

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

2. Sligo Regional Hospital Profile[‡]

Sligo Regional Hospital is a 318-bed Regional Hospital providing a range of acute services to a population of over 100,000 across Sligo, Leitrim, south Donegal, and west Cavan. The regional services provided for the northwest include: neurology, dermatology, ENT, ophthalmology, rheumatology and orthodontics serving a population of over 213,000 throughout the northwest. The hospital employs a workforce of 1,328 whole-time equivalent staff. Emergency services are provided on a 365-day, 24-hour basis.

Multidisciplinary teams representative of medical, nursing, allied health professionals, management and general support staff play a pivotal role in the development, delivery, monitoring and evaluation of these 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.

The services provided at the hospital include:

General surgery	General medicine	Ophthalmology	Gynaecology
Coronary care	Care of the elderly	Nephrology	Maternity
Critical care	Acute assessment	Neurology	Neonatology
ENT unit	Rheumatology	Paediatrics	
Orthopaedics	Oncology	Orthodontics	
Endoscopy	Haematology		
Orthodontics	Palliative care		
Max oral facial			

The hospital activity for 2012 is as follows:

Activity	2012
Inpatient discharges	17,349
Day cases	27,042
Emergency presentations	42,603
Emergency admissions	13,430
Births	1,608

3. Findings

The findings of the unannounced monitoring assessment at Sligo Regional Hospital, Sligo on 28 February 2013 are described below.

During the course of the monitoring assessment, the Authority identified a number of specific issues that they believed may have presented immediate serious risks to the health and welfare of patients receiving care at Sligo Regional Hospital. These issues were brought to the immediate attention of the Assistant Hospital Manager on behalf of the Hospital Manager who agreed to put in place the actions necessary to mitigate these immediate risks.

3.1. Risks identified

On the day of the on-site assessment, the Authority identified the following specific issues that it believed may have presented immediate serious risks to the health or welfare of patients. The Authority observed that:

- Care being provided to patients in Medical South and the Surgical Gynaecology ward was not compliant with Standard 7 of the National Standards. In particular:
 - three patients with known transmissible infection were being cared for in rooms where the doors were open as standard directly to where other patients were being cared for
 - contaminated personal protective equipment was not disposed of appropriately

- bins used for healthcare risk waste in Medical South ward were not appropriately placed, were incorrectly labelled and were overfilled, with contents spilling over
- precautionary signage to isolation rooms was not of an acceptable standard.

These findings posed a potential risk of spread of Healthcare Associated Infections (HCAIs) to other patients on these wards.

- Areas for safe storage of hazardous material/equipment were not in accordance with evidence-based codes of best practice, current legislation and Standard 3 of the National Standards in all areas assessed by the Authority. Access by unauthorised persons to rooms containing potentially hazardous chemicals/equipment was not adequately controlled. The Authority observed unattended open doors to the 'dirty' utility,* clean utility and cleaners' rooms in the three areas assessed.
- Cleaning devices were not effectively stored or decontaminated in the Surgical Gynaecology ward in line with Standard 3 of the National Standards. Cleaning devices were stored in the 'refuge space' of a designated fire exit from the surgical gynaecology ward on the sixth floor, potentially hindering timely egress from the ward. The Authority found that four mop buckets in the cleaners' room were in an unclean state.
- Hand hygiene of staff in the areas assessed was not in line with best practice guidelines or Standard 6 of the NSPCHCAI. Training records reviewed by the Authority confirmed that hand hygiene training was not up to date for many staff. Hand hygiene practice observed by the Authority posed a potential risk of spread of Healthcare Associated Infections (HCAIs) to patients.

In line with the Authority's Risk Escalation Process,[‡] the Authority brought these risks to the immediate attention of the Assistant Hospital Manager on behalf of the Hospital Manager who agreed to put in place the actions necessary to mitigate these risks.

The Authority notified the persons accountable for the services at Sligo Regional Hospital (the Hospital's General Manager and the HSE West Regional Director of Operations) in writing of the identified risks, on 5 March 2013.

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

[‡] Further information in relation to the Authority's Risk Escalation Process can be found in our Guide to the monitoring programme at <http://www.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>.

3.2 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 the environment and equipment in areas assessed were generally unclean, placing patients at significant risk of HCAs.

Environment and equipment

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

- Work station equipment, including telephones and keyboards, was observed to be clean and free of dust, dirt and debris in Surgical Gynaecology ward.
- Clinical storage in the areas assessed was arranged in transparent drawer units which were accessible, clean and tidy.

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:

- Bed frames assessed in Medical South ward and the undercarriage of trolleys in the Emergency Department (ED) had light dust on their surfaces.
- The top surface of patient lockers in Surgical Gynaecology ward were worn, the edges of the shelves were chipped and a door hinge was loose, hindering ease of closure. The surfaces of patient tables in the ED were worn, with chipping at the edges.
- The surface of a pillow protector assessed in Surgical Gynaecology ward was damaged, hindering effective cleaning. A pillow case was not in place on a pillow in use in Medical South ward.

- The Authority observed grime and grit along the edges and in corners of flooring in patient areas in Medical South ward and the ED. Grit was also found in patient showers on Medical South ward. A raised toilet seat was inappropriately stored on the floor adjacent to a patient toilet on Surgical Gynaecology ward.
- Floor-covering on floors in all clinical areas of the ED was visibly unclean, cracked and peeling in some areas and missing in others, hindering effective cleaning. Parts of the edging of floor covering in the 'dirty' utility room in Medical South were missing.
- Small areas of the walls in Surgical Gynaecology were missing paint. Walls in Medical South ward and the ED were marked and stained. Paint was chipped and missing from walls in many areas of the ED.
- The Authority found that radiators assessed in Surgical Gynaecology and in the ED were stained. Paint was also chipped and missing from the surface of radiators in the ED.
- Electrical fixtures in patient areas of Medical South were visibly unclean; some also had a sticky residue on their surface. A fridge used for storing medication was found by the Authority to be stained and marked with a sticky residue in heavy amounts on its surface. The door to the fridge was damaged, hindering effective cleaning.
- A moderate level of dust was found by the Authority on some high surfaces in patient areas in Surgical Gynaecology ward and the ED.
- Covers on seating in the ED were torn and ripped, exposing inner padding. Bases of this seating were also in a heavily rusted condition. A vinyl-type material covering a chair in a room where plaster casts were applied was torn. These findings hindered safe and effective cleaning.
- Some displayed paper-based signage in internal clinical areas, the 'dirty' utility and external waiting areas of the ED was neither laminated nor well maintained.
- Appropriate signage was not available to advise on the use of products used for cleaning and disinfection in the ED.
- The Authority found that IV stand bases, IV pumps, cardiac monitors, dressing trolleys and the surface and undercarriage of the resuscitation trolley in the ED were unclean and dusty. The base of a

sphygmomanometer[¥] and vital sign monitoring stand was stained on the Surgical Gynaecology ward. Staining and a sticky residue were found on IV stands and dressing trolleys on Medical South ward.

- A near-patient urine ketone testing unit was unclean with a dried residue along the surface of the sampling holding plate.
- Heavy levels of dust were found on a portable patient suction unit assessed in Medical South ward. Some sterile suction catheters were not protected by a cover in Medical South and Surgical Gynaecology wards.
- The Authority found the workstation in the ED to be cluttered, containing inappropriate items. Telephone handsets and wires were visibly unclean with evidence of a heavy sticky residue on their surfaces. A computer had heavy levels of dust on its surface.
- Storage of a hoist, decontaminated pressure relieving electric mattresses, two assistive chairs, a standing aid and walking frames were inappropriately stored in a waiting area of the Surgical Gynaecology ward. Tables, screens and other patient equipment were stored along a corridor in the ED hindering accessibility.
- In Medical South ward, used IV equipment, including unsterile IV cannulae, was found on the worktop area of the treatment room. A hazardous sharps bin was overfilled and the worktop had a sticky residue on its surface. Boxes of IV fluids were stored on the floor hindering effective cleaning.
- A sticky residue was found on the surfaces of cupboards in the 'dirty' utility room in Medical South ward. Stainless steel surfaces in the 'dirty' utility of Surgical Gynaecology ward were unclean. A soiled toilet brush in a holder was inappropriately stored on top of the sluice hopper and equipment sink unit in the Surgical Gynaecology ward.
- The Authority found the 'dirty' utility room in the ED to be cluttered, high and low surfaces had light dust present, moderate levels of dust were found on shelving, and the surface of the bedpan washing machine was stained and had a sticky residue on its surface. The worktops in this area were stained, the wheels and frame of a commode were found to be dusty and the seat was stained with a yellow substance. Some bedpans were dusty, stained and unclean.

[¥] A medical device used to measure blood pressure, often attached to an inflatable air-bladder wrapping cuff.

- The Authority found that surfaces in the clean utility area in the ED were dusty. All surfaces and the floor area of the room where plaster casts are applied in the ED were covered with moderate to heavy levels of dust. This room was also cluttered, hindering access. The clean utility room in Medical South ward was untidy, hindering safe access.
- The nozzles of two wall-mounted alcohol gels in the ED had a dried residue at their outlet points. The nozzle and dispenser surfaces of surgical handwashing liquid in the treatment room and the 'dirty' utility room in Surgical Gynaecology had visible dried soap residue on its surface.
- The Authority assessed the minor theatre area and room 363A in the ED. Both rooms were heavily cluttered. There was visible grit and grime on the flooring. The surface of an examination couch was badly damaged and worn, hindering effective cleaning. An ultrasound unit was moderately dusty and stained and a dressing trolley was dusty. Boxes and hazardous sharps bins were stored directly on the floor. Rust coloured stains were visible on the surface of a sharps bin located adjacent to a blood gas analyser in room 363A. A hairdryer, which is an inappropriate piece of equipment in a 'dirty' utility area, was found in this area on a sink drainer.
- Sinks designated for hand hygiene in multioccupancy rooms in Surgical Gynaecology ward were located behind open doors in each case hindering accessibility.
- Areas for safe storage of hazardous material/equipment were not in accordance with evidence-based codes of best practice, current legislation or Standard 3 of the National Standards in all areas assessed by the Authority. Access by unauthorised persons to rooms containing potentially hazardous chemicals/equipment was not adequately controlled. The Authority observed unattended open doors to 'dirty' utility, clean utility and cleaners' rooms in the three areas assessed.
- A mould-like substance was found between the stainless steel unit containing a sluice hopper and equipment sink and the splashback in the 'dirty' utility room on Surgical Gynaecology ward.

Waste segregation

There was evidence of good practice which included the following:

- An up-to-date waste management policy was demonstrated by hospital management. Copies of the waste management policy at ward level were also up to date and version control procedures were in place. The waste management policy is due for review in November 2014.

- Clinical waste was appropriately segregated into different rooms and tagged with unique identification numbers at source, with a removal schedule in place to prevent backlog. There were no waste bags awaiting collection in any of the areas during the assessment.

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 lid was broken on a healthcare risk waste bin and large hazardous healthcare waste bins were stored directly on the floor of the treatment room on Surgical Gynaecology ward.
- Foot operated clinical non-risk and clinical risk waste bins were available but clinical risk waste bins were not all appropriately placed on Medical South ward.

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:

- Cleaning devices were not effectively stored or decontaminated in the Surgical Gynaecology ward in line with Standard 3 of the National Standards. Cleaning devices were stored in the 'refuge space' of a designated fire exit from the Surgical Gynaecology ward on the sixth floor, potentially hindering timely egress from the ward. The Authority found that four mop buckets in the cleaner's room were in an unclean state with dust and grime on their surfaces and along handles. A red mop bucket containing soiled water and a mop was left unattended on the corridor of Medical South ward from 09:30hrs to 12:00hrs.
- The Authority found that there were no hand-washing facilities available in the cleaners' rooms in any of the areas assessed.
- Walls and shelving were stained and damaged in the cleaners' rooms on Surgical Gynaecology ward and ED.

Isolation rooms

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

- A wheelchair and IV stand were inappropriately stored in the anteroom of an isolation room on Medical South ward.

- Three patients with known transmissible infection were being cared for in rooms where the doors were open as standard directly to where other patients were being cared for in Medical South and the Surgical Gynaecology wards. Contaminated personal protective equipment was not disposed of appropriately; bins used for healthcare risk waste in Medical South ward were not appropriately placed, incorrectly labelled and were overfilled with contents spilling over; precautionary signage to isolation rooms was not of an acceptable standard as it did not advise of precautions to be taken and the signage itself was worn. These findings posed a potential risk of spread of Healthcare Associated Infections (HCAIs) to other patients on these wards.
- A personal protective equipment dispensing unit located outside the isolation room on Surgical Gynaecology was devoid of plastic aprons throughout the assessment.

Linen

There was evidence of good practice which included the following:

- Clean linen was stored appropriately. Used linen was segregated in line with best practice, evidenced by colour-coded linen bags used in the clinical areas. Alginate bags were also used for soiled and infected linen.
- Clean linen assessed was found to be free of stains and tears. Clean linen was stored in a lockable area.
- It was reported to the Authority that curtain changing is the responsibility of housekeeping staff with records maintained locally and demonstrated at assessment. Disposable curtain changing was reported to take place every three months as standard and more often if necessary. Curtains in the Surgical Gynaecology and Medical South wards were not disposable and were changed as standard every six months or more often if contaminated. Curtains in the isolation rooms were changed following each patient discharge. This was supported by documentation presented on site to the Authority.

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 found that there was an oxygen cylinder, two pressure relieving cushions and two patient sliding boards stored in the linen room, constituting inappropriate items, which is not in line with best practice as this equipment is in ongoing patient use and poses a risk of contaminating clean linen.

- A bag of clean linen was stored on the floor in the ED.

Water outlet flushing

- The Authority was informed that a water flushing schedule was in place for showers. The utilities manager confirmed that no taps were identified as requiring regular flushing to reduce the risk of waterborne infection. 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 all three areas assessed in Sligo Regional Hospital. The physical environment and equipment were unclean and therefore were not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

3.3 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

- Hand hygiene of staff in the areas assessed was not in line with best practice guidelines and Standard 6 of the NSPCHCAI. Training records reviewed by the Authority confirmed that hand hygiene training was not up to date for many staff. Hand hygiene practice observed by the Authority posed a potential risk of spread of Healthcare Associated Infections (HCAIs) to patients.
- A surgical scrub was in place at hand wash sinks in the treatment and 'dirty' utility rooms in Surgical Gynaecology ward, but signage for the appropriate use of surgical scrub was not in place.
- Hand-wash sinks in some clinical areas were not compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005), for example, the water jet was directly located over the plughole

and the plughole had a metal grid in situ. A domestic sink was used for hand washing in the 'dirty' utility rooms in Surgical Gynaecology and Medical South wards.

- Hand hygiene soap, alcohol gel and hand towels were not located within easy access to the sink designated for hand hygiene in the 'dirty' utility area on Surgical Gynaecology ward.
- Instructions on completing correct hand hygiene procedures were not displayed at many sinks used for hand hygiene in the three areas assessed. Signage available on other sinks was displayed on small posters and not clearly visible. Signage advising opportunities when hand hygiene should be completed were sparse.
- Hand hygiene training was reported to be provided by the Infection Control Nurse and a number of link nurses.
- The Hospital reported that hand hygiene training was in progress. Monitoring of hand hygiene practices was demonstrated by monthly internal audits and the national hand hygiene compliance audits.

Observation of hand hygiene opportunities

- The Authority observed 39 hand hygiene opportunities during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - 15 before touching a patient
 - 13 after touching a patient
 - one before an aseptic procedure
 - two after bodily fluid exposure risk
 - eight after touching a patient's surroundings.
- The Authority observed that 23 of the 39 hand hygiene opportunities were taken. Of those, only 11 were observed to comply with best practice hand hygiene technique. Non-compliance related to not following the best practice technique, wearing sleeves to the wrist, wearing a wristwatch and/or the length of time taken to complete the hand hygiene procedure did not meet best practice guidelines.

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*. The Authority's observations suggest that a culture of hand hygiene practice was not embedded at all levels. Hand hygiene practice observed by the Authority posed a high risk of spread of Healthcare Associated Infections (HCAIs) to patients.

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 there was much evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in all three areas assessed in Sligo Regional Hospital. The physical environment and patient equipment were unclean and therefore were not effectively managed and maintained to minimise serious risk to patients of contracting Healthcare Associated Infections (HCAIs).

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

The Authority observed 39 hand hygiene opportunities of which 23 were taken. Of those, only 11 were observed to comply with best practice hand hygiene technique. The Authority's observations suggest that a culture of hand hygiene practice was not embedded at all levels. The Authority concluded from these findings that hand hygiene practice observed by the Authority in the areas assessed posed a high risk of spread of HCAIs to patients.

Sligo Regional 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 the 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 emergency department website and webpage on the Health Service Executive (HSE) 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.

The unannounced monitoring assessment at Sligo Regional Hospital on 28 February 2013 was a snapshot of the hygiene levels in some areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will, within the next six months, undertake an announced 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 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-associa>.

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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

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