



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced monitoring assessment at Lourdes Orthopaedic Hospital, Kilcreene

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

Date of unannounced on-site monitoring assessment: 19 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 assessments 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 Lourdes Orthopaedic Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHAI).

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 NSPCHAI 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 Person from the Authority, Naomi Combe carried out the unannounced assessment at Lourdes Orthopaedic Hospital, Kilcreene on 19 July 2013 between 11:00hrs and 13:45hrs.

The area assessed was:

- St Briget's ward

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

2. Lourdes Orthopaedic Hospital profile[‡]

Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny is the Regional Elective Orthopaedic Hospital for the South East and has a bed capacity of 31 beds (23 inpatient beds, four day beds, and four high dependency beds) and two Operating Theatres. Elective orthopaedic (inpatient and daycase) services are provided to the population of Kilkenny, Carlow, Waterford, Wexford and South Tipperary from Lourdes Orthopaedic Hospital. The hospital is operationally managed by the General Manager for St Luke's General Hospital, Kilkenny and Lourdes Orthopaedic Hospital (located 2 miles from St. Luke's General Hospital, Kilkenny).

Consultant led elective orthopaedic inpatient /daycase orthopaedic services are provided on an outreach basis from Consultant Orthopaedic surgeons based at Waterford Regional Hospital with fixed sessions at Kilcreene. The following services are provided at Kilcreene as follows;

- Consultant Orthopaedic Services (inpatient, daycases, fracture clinic, fracture fragility service and ASR review clinics and preop assessment clinics)
- Nursing, Support Services, Physiotherapy, Laboratory, Radiology, Infection Control, Administration, etc.
- A range of services including Anaesthetics, Medical, Supplies, Catering, Radiology, Laboratory (Blood transfusion service etc.) Technical etc., are provided directly from St Luke's General Hospital.

Lourdes Orthopaedic Hospital is participating in the national Prospective Funding Project. The hospital has recently had a new IT system for radiology installed (NIMIS) and is currently preparing for the implementation of IPMS.

Table 1: Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny – Hospital Activity 2012

Item	Details
Inpatient discharges	971
Day cases	955
Outpatient attendances	1340
Average Length of Stay following Arthroplasty	4.3 days

[‡] 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 Lourdes Orthopaedic Hospital, Kilcreene on 19 July 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 HCAIs.

Overall, the Authority found the areas assessed to be generally clean, with some areas for improvement identified.

St Briget's Ward

Environment and equipment

There was evidence of good practice which included the following:

- Bedrails, pillows, mattresses, bedside tables and curtain rails assessed were clean, intact and free of dust
- high and low surfaces were generally clean
- chairs in clinical areas were covered with an impermeable material and were clean and intact
- in the clean utility room, which was secured with a keypad locking mechanism, all equipment was clean and well maintained. The environment was tidy and appropriate hand wash sinks were available.

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:

- Paintwork throughout the ward including radiators, walls and skirting boards required attention
- bed frames observed had a moderate layer of dust on the undersides of the beds
- patient equipment, for example the resuscitation trolley, oxygen and suction equipment were covered in a moderate layer of dust. The ECG machine had a light layer of dust on the surface and there was grime on the wheels
- the 'dirty'* utility room was unlockable. The room was very cluttered, hindering effective cleaning. Patient washbowls were not inverted and there was dust and rust on the wheels of commodes
- while hand-wash sinks were hands-free, they did not all comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005). Water flowed directly into the water outlet, which contained a metal grid
- there was a light layer of dust observed on the trays of wall-mounted alcohol hand gels
- not all signage was laminated, hindering effective cleaning
- in the male and female toilets there was damage to the 'enviroclad' wall surfaces, which had many small holes in the surface, revealing the wall underneath and hindering effective cleaning
- a shower chair in the shower room had dust and grime in the joints, especially under the base
- in the clean utility room the temporary closure mechanism for protection was not in place on two sharps bins, putting staff at risk of needlestick injury. This was brought to the attention of hospital management during the course of the assessment
- there was a heavy layer of dust in the stacking containers where syringes, needles and other patient supplies were stored in the clean utility room.

Linen

There was evidence of good practice which included the following:

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

- The Authority was informed that, as standard, curtains were changed on a six monthly basis and when necessary, by household staff. Local records of curtain changing were demonstrated
- clean linen was stored appropriately in a dedicated linen cupboard. The linen room was found to be clean and free of dust, dirt, grit or inappropriate equipment. Linen examined was free of stains and was intact
- used linen was segregated in line with best practice, evidenced by colour-coded linen bags.

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, with an established cleaning process evident. A colour-coded system was in place and demonstrated in the area assessed.

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:

- While the cleaners' room containing potentially hazardous cleaning solutions was lockable, it was ajar and accessible to unauthorised persons. This was brought to the attention of hospital management during the course of the assessment.

Water outlet flushing

There was evidence of good practice which included the following:

- Daily flushing records were observed. The Authority was informed that regular water sampling is also undertaken to mitigate the risk associated with impurities including Legionella. This was confirmed by supporting documentation.

Waste Segregation

There was evidence of good practice which included the following:

- Hazardous waste was labelled and placed in a designated holding unit while awaiting collection. All waste bins were visibly clean and no more than 2/3 full.

Conclusion

The Authority found that the clinical area assessed was generally clean with areas for improvement.

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 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.

Hand hygiene

There was evidence of good practice which included the following:

- The hospital demonstrated that hand hygiene practices were monitored through internal audits
- handwashing facilities were clean and intact.

Observation of hand hygiene opportunities

The Authority observed 14 hand hygiene opportunities throughout the monitoring assessment, comprising:

- two before touching a patient
- three after touching a patient
- nine after touching the patient's surroundings.

Twelve of 14 hand hygiene opportunities were taken. Of those, all were observed to comply with best practice hand hygiene technique.

Conclusion

The observations by the Authority regarding hand hygiene compliance indicate that a culture of hand hygiene is operationally embedded throughout the hospital.

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 the clinical area assessed was generally clean. However, there were opportunities for improvement in practice including:

- In the clean utility room the protective temporary closure mechanism on two sharps bins was not in place, putting staff at risk of needlestick injury
- the cleaners' room, containing potentially hazardous cleaning solutions, was lockable, but ajar and accessible to unauthorised persons
- the 'dirty' utility room was unlockable, which is not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels. The Authority found that hand hygiene practices in Lourdes Orthopaedic Hospital were consistent with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Lourdes Orthopaedic 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 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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