



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced monitoring assessment at St Vincent's University Hospital, Dublin**

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

Date of unannounced on-site monitoring assessment: 10 September 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 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 St Vincent's University 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, Breeda Desmond and Catherine Connolly Gargan carried out the unannounced assessment at the St Vincent's University Hospital on 10 September 2013 between 8:30hrs and 13:00hrs.

The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas assessed were:

- St Patrick's ward (Renal and Endocrinology specialities)
- Emergency Department (ED).

The Authority would like to acknowledge the cooperation of staff at St Vincent's University Hospital with this unannounced monitoring assessment.

## 2. St Vincent's University Hospital profile<sup>†</sup>

St Vincent's University Hospital (SVUH) is a voluntary hospital founded by Mother Mary Aikenhead, foundress of the Religious Sisters of Charity and established at St Stephen's Green in 1834. The hospital was transferred to its present site in Elm Park in 1970 and subsequently changed its title to St Vincent's University Hospital in 1999.

St Vincent's Healthcare Group, (incorporating St Vincent's University Hospital, St Vincent's Private Hospital and St Michael's Hospital) provides acute general care serving the South East region of Dublin and surrounding areas. St Vincent's University Hospital is the flagship of the group with St Michael's Hospital providing local community services and support and specialist services. St Vincent's Private Hospital is linked with the Group providing private healthcare to patients and facilities for consultants within St Vincent's University Hospital for private practice.

St Vincent's University Hospital is a major academic teaching hospital, with educational links to the Faculty of Medicine at University College Dublin at undergraduate and post-graduate level. St Vincent's Healthcare Group is part of the Dublin Academic Medical Centre (DAMC), Ireland's first patient-focused academic healthcare centre, incorporating Mater Misericordiae University Hospital and University College Dublin School of Medicine and Medical Science.

SVUH provides a front-line emergency service and national/regional medical care at inpatient, day care and outpatient level. St Vincent's University Hospital provides a tertiary referral service for patients both regionally and nationally including a number of national centres of specialisation including liver transplantation, cystic fibrosis and pancreatic cancer surgery. SVUH is a designated centre for cancer care and is one of the national eight specialist cancer centres under the Health Service Executive's National Cancer Control Programme (NCCP). The hospital has 554 inpatient beds, incorporating seven-day and day care options, including intensive care, high dependency and coronary care beds as well as medical, surgical, orthopaedic, care of the elderly and psychiatry beds.

SVUH is committed to providing patient-focused care with the values of human dignity, compassion, justice, quality and advocacy, underlying its philosophy. The hospital's focus is to promote patient care, patient safety, clinical risk management and continuous quality improvement in a multidisciplinary culture and to ensure compliance with national and international best practice standards.

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<sup>†</sup> 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.

St Vincent's University Hospital has adopted the Joint Commission International (JCI) accreditation standards for hospitals and was awarded JCI accreditation status in February 2010. SVUH was recently re-accredited in March 2013 and achieved Academic Medical Centre Hospital status against new JCI standards.

### 3. Findings

The findings of the unannounced monitoring assessment at St Vincent's University Hospital on 10 September 2013 are described below.

#### 3.1 Standard 3. Environment and Facilities Management

##### **Standard 3.** Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection (HCAI).

**Criterion 3.6.** The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAs.

#### **St. Patrick's Ward**

##### **Environment and equipment**

There was evidence of good practice which included the following:

- Patient chairs were covered with an impermeable material and were clean and intact.
- Personal protective equipment, such as disposable gloves and aprons, was available throughout the ward. White disposable aprons were in place as standard and those rooms which required isolation had yellow disposable aprons in place.
- The temporary closure mechanism was in place in sharps bins in the clean utility, in line with best practice to mitigate sharps injuries.
- The curtain changing schedule for a four-monthly rotation was demonstrated. Curtains are also changed when necessary and upon discharge of patient with infection.

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 main corridor of St Patrick's ward was cluttered with equipment.
- In the bathroom assessed, the points of joining of wall and floor coverings were unclean.

- In the assisted shower room assessed, there was a black mould-like substance evident on shelving alongside the shower unit.
- Door frames were badly damaged, making effective cleaning impossible.
- The surfaces of bedframes, bedrails, lockers, and bedside tables were chipped and eroded impeding effective cleaning. The protective board behind bed heads was damaged.
- Wheels of bedside tables and the electrocardiograph (ECG) machine (a machine used to record the electrical tracing of the heart) were unclean.
- Two electrical plug sockets were broken, but still in use.
- Three tympanic (ear) temperature probe holders were assessed. Used plastic temperature probe covers were not disposed of in two of the three holders; used probe covers were left in the holder alongside clean disposable probe covers.
- There was a sticky residue and staining on the surface of the phlebotomy trolley (trolley used when taking blood samples).
- The space outside the communal toilet area was cluttered with inappropriate items such as an intravenous holder, bedside table, height measuring stick and patient walking stick.
- The stock room was lockable but unlocked during the monitoring assessment enabling unauthorised access. This room containing items such as intravenous needles, wound dressings and emergency supplies.

Overall, the 'dirty'\* utility room was not fit for purpose. The following describes the findings in the dirty utility:

- There was one sink which was designated a hand-wash sink. However, this was attached to the sluice hopper and situated between the sluice hopper and the bed pan washer. A separate sink for washing patient equipment was not available so it was difficult to determine if the hand-wash sink had a dual function.
- There were three double cupboards in the dirty utility room. Doors to all these cupboards were falling off. The shelving within two of the three cupboards did not have protective covering, i.e. the chipboard was exposed, making effective cleaning impossible.
- There was a small wall-mounted cupboard labelled 'hazardous chemicals'. This contained chlorine disinfectant tablets and granules and was unsecured, enabling unauthorised access to these chemicals.

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

This risk was brought to the attention of ward management during the monitoring assessment.

- The clean utility constituted a designated area within the nurses' station which had been recently refurbished to accommodate a designated hand-wash sink and lockable cupboards, to the right of the nurses' station. The cupboards storing items such as inhalers and oral hygiene solutions were locked. Cupboards storing medications and antibiotics were not locked, enabling unauthorised access. Needles and syringes were stored on open shelves. These risks were brought to the attention of ward management.
- Not all sinks assessed were in compliance with national standards.

### **Waste segregation**

There was evidence of good practice which included the following:

- Waste was segregated appropriately. There was a separate storage area where a large secure yellow skip and a large domestic skip were maintained. Linen bags containing used linen were also temporarily stored here while awaiting collection.
- Waste segregation advisory posters were appropriately displayed.

### **Linen**

There was evidence of good practice which included the following:

- Clean linen was stored in a designated room and linen assessed was clean and intact.
- Linen was segregated at source in red and white laundry bags. Alginate bags were in place for soiled or infected items.

### **Cleaning equipment**

There was evidence of good practice which included the following:

- A daily and weekly schedule of cleaning was demonstrated. On a daily rotation, all equipment is removed from a patient bedroom area to enable cleaning staff to clean all surfaces. This was observed during the monitoring assessment.
- A weekly record was maintained of equipment cleaning completed.

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:

- There was grit and dust visible in the corners of the cleaners' trolley.

## **Water outlet flushing**

- Records of routine weekly water flushing were demonstrated up until 12 August 2013, however, records after that date were not confirmed. This was brought to the attention of management. Water flushing of decommissioned areas were demonstrated.

## **Emergency Department (ED)**

### **Environment and equipment**

There was evidence of good practice which included the following:

- Pillows and mattresses assessed were clean and intact.
- High and low surfaces, curtain rails and the floor were clean and free of dust and debris.
- Chairs were covered with an impermeable material and were intact and clean.
- Electrical equipment, near-patient equipment, intravenous (IV) stands, IV pumps and cardiac monitors were clean.
- There was swipe access only to the clean utility in line with best practice. This environment was clean and well maintained.
- Personal protective equipment dispensers were available throughout the ED.
- There were two dirty utility rooms available in the ED. An appropriate hand-wash sink and a separate sink for washing patient equipment were available. Used instruments were safely stored in an appropriate container prior to collection for autoclaving (a method of sterilisation of equipment).

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 some sinks in clinical areas were compliant with national standards, not all sinks were compliant. The area around some sink splash backs was unclean.
- The protective surfaces of beds, trolleys and bedside tables were chipped. Wheels of trolleys were stained. Dust and grit were observed on the base of bedframes.
- While advisory signage was in place, some signage was loose on walls. Not all signage was covered with a washable material to enable effective cleaning.

- The flooring around the shower unit was damaged in the bathroom assessed. There was a mould-like substance visible between the sink and wall. The area behind the toilet was stained.
- Moderate amounts of dust were observed on two of three resuscitation trolleys assessed.
- The surface of the ECG machine was damaged, impeding effective cleaning.

The following was noted in the dirty utility rooms:

- While both dirty utility rooms were lockable, neither was locked during the monitoring assessment to prevent unauthorised access.
- A moderate amount of dust was present on high ledges of stainless steel shelving.
- Some damage was noted on walls and along the borders of the room.
- Two metal bed pans were stored on top of one another on a shelf and one was visibly soiled.
- The arm rests of two commodes were eroded. Wheels of one commode were soiled and rusted.

### **Waste segregation**

There was evidence of good practice which included the following:

- Waste was tagged at source and segregated appropriately in a secure designated segregation area.
- Advisory posters for waste segregation were displayed throughout.

### **Linen**

There was evidence of good practice which included the following:

- Used linen was segregated appropriately in colour-coded bags and alginate bags.
- Clean linen was stored in a designated room.

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:

- Inappropriate items were stored in the linen room, for example, plaster dressings and spinal boards.

## **Cleaning equipment**

There was evidence of good practice which included the following:

- Advisory signage for cleaning and disinfection was displayed in the cleaners' room.
- This room was 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:

- Cleaning chemicals were stored in a cupboard underneath the sink, but this was unsecured.

## **Water outlet flushing**

- While weekly water flushing of all outlets records were maintained and each outlet identified, some signatures of those completing water flushing were missing.

## **Conclusion**

In 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* in both areas assessed. The environment in St Patrick's ward required improvement to ensure appropriate facilities were put in place to prevent risk to patients, including the dirty utility area. Therefore the environmental hygiene and equipment cleaning in both areas was 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 HCAs.

### **Hand hygiene**

There was evidence of good practice which included the following:

- Hand hygiene training and monitoring was reported to be provided by the Infection Control Team. A database was maintained which recorded names of staff on completion of training; this was communicated to ward managers. Hand hygiene training records were demonstrated in each area assessed and ward managers were notified when staff were overdue this mandatory training with a three-month lead-in alert when training expiry date was upcoming. These records were demonstrated and reviewed by the Authority on the wards assessed as well as at corporate level.

### **Observation of hand hygiene opportunities**

The Authority observed 24 hand hygiene opportunities throughout the monitoring assessment, comprising:

- six before touching a patient
- 12 after touching a patient
- one before clean/aseptic technique
- one after body fluid exposure
- four after touching the patient's surroundings.

Eighteen of 24 hand hygiene opportunities were taken. Of those, 14 were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice hand-washing technique, wearing sleeves to the wrist, wearing a wristwatch and the length of time taken to complete the hand hygiene procedure.

## 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*. Some hand-wash sinks in both areas assessed were not compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005). In addition, some designated hand-wash sinks were unclean. Non-compliance of hand hygiene practices observed by the Authority poses a risk of spread of HCAs to patients and hand hygiene observations suggest that a culture of hand hygiene practice is not embedded among all staff.

## Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAs) 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 evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed. The environment in St Patrick's ward required improvement to ensure appropriate facilities were put in place to prevent risk to patients, including the dirty utility area. Therefore, the environmental hygiene and equipment cleaning was 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. Non-compliance of hand hygiene practices observed by the Authority poses a risk of spread of HCAs to patients and hand hygiene observations suggest that a culture of hand hygiene practice is not embedded among all staff.

St Vincent's University 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.

The unannounced monitoring assessment at St Vincent's University Hospital on 10 September 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 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-associ>.

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