



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Cavan Monaghan Hospital, Monaghan, Co Monaghan

Monitoring programme for unannounced inspections undertaken
against the National Standards for the Prevention and Control of
Healthcare Associated Infections

Date of on-site inspection: 8 May 2014

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, 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.
- **Supporting Improvement** – Supporting services to implement standards by providing education in quality improvement tools and methodologies.
- **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

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*² – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. 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's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

Cavan General Hospital and Monaghan Hospital operate as a single entity as part of the Cavan Monaghan Hospital Group. This report sets out the findings of the unannounced inspection by the Authority of the Hospital's compliance with the Infection Prevention and Control Standards at the site in Monaghan. It was undertaken by an Authorised Person from the Authority, Alice Doherty on 8 May 2014 between 10:45hrs and 16:10hrs.

The areas assessed were:

- Ward 1 – (ground floor)
- Ward 2 – (first floor).

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

2. Cavan Monaghan Hospital, Monaghan Site Profile[‡]

Since 1994 Cavan and Monaghan Hospital Group has comprised two hospital sites, Cavan General Hospital and Monaghan Hospital, with services operationalised as one hospital on two sites. The hospital is now referred to as Cavan Monaghan Hospital.

Both hospital sites deliver a wide range of services to the Cavan Monaghan population (approx. 133,369 census 2010), which includes assessment, diagnosis, treatment and rehabilitation of both acute and complex conditions as well as non-urgent/non-acute conditions.

Monaghan Hospital's primary role includes the continuing care of medically discharged patients requiring inpatient stepdown and rehabilitation care and an extensive outpatient department, theatre, day services and a minor injury unit.

Services currently provided in the Monaghan Hospital site include the following:

- stepdown (six beds) and rehabilitation unit (20 beds). These beds allow patients to transfer from Cavan General Hospital and Health Service Executive (HSE) Dublin North East for rehabilitation and stepdown care including occupational therapy, and speech and language services
- day medical services
- day surgical service
- outpatient services
- minor injury unit
- radiology services
- physiotherapy services.

Minor injury unit attendances 2011: 8137.

Outpatient department attendances 2011: 13,266.

[‡] 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

On inspection at Cavan Monaghan Hospital at the site in Monaghan on 8 May 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards. In the findings outlined below, observed non-compliances are grouped and described alongside the relevant corresponding Standard/criterion.

3.1 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.

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 Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

Ward 1 and Ward 2

Wards 1 and 2 comprise a 26-bedded unit consisting of 20 rehabilitation beds and six convalescence/step-down beds which are under the same ward management. The hospital is planning to open an additional five beds on the unit. At the time of the inspection, two patients were isolated in single rooms on ward 1.

Overall, the environment and patient equipment on wards 1 and 2 were clean and well maintained with some exceptions.

Environment and equipment

- A light layer of dust was observed on patient bedside lockers.
- Chipped paint was observed on a wall at the nurses station on ward 2 and on patient bedside tables, hindering effective cleaning.

- A plastic fitting around a shower outlet in a patient toilet/washroom was damaged. The water outlet in the hand wash sink was unclean, and there was a black residue on a join on the splash back under the sink. There was a brown stain on the floor around the toilet and the area where the toilet seat attached to the toilet was unclean. A record of toilet checks posted at the toilet/washroom showed that it had been completed for two periods in advance. This matter was brought to the attention of ward management at the time of the inspection. There was paper lodged in the water outlet in a hand wash sink in another patient washroom.
- A red stain was visible on the surface of a glucometer. This matter was brought to the attention of ward management at the time of the inspection.
- The wheel areas of a drug trolley were unclean and a sticky substance was observed on the bottom shelf of the trolley.
- Rust coloured staining was observed on the top step of a foot stool.
- There was black staining on the seal behind the hand wash sink in the clean utility room on ward 1. The water outlet in the hand wash sink in the clean utility room on ward 2 was unclean and yellow staining was observed at the bottom of the radiator.
- A cardboard box was stored on the floor of a store room on ward 2, hindering effective cleaning.
- While the doors of the 'dirty'[±] utility rooms on wards 1 and 2 were lockable with a keypad and a sign stating 'Please ensure the the door is kept closed at all times', the doors of both rooms were unlocked during the inspection.
- Sticky tape residue was visible on a wall in the 'dirty' utility room on ward 1, hindering effective cleaning.
- The material covering the seats on three commodes and on the armrest of one the commodes was torn, hindering effective cleaning. White staining was visible on the back rest and seat of another commode. Rust-coloured staining was visible on the wheel areas of some commodes. A commode in a patient toilet was unclean. This matter was brought to the attention of ward management at the time of the inspection.
- Chipped paint and black plastic material was observed to be attached to the foot operated levers of some non-clinical waste disposal bins, hindering effective cleaning. Some foot operated levers on non-clinical waste disposal bins were not operating correctly and as a result, the lids were not closing correctly which is not in line with best practice.
- The cover on a vinyl stool stored in the linen store room on ward 2 was torn, hindering effective cleaning.

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

Linen

- Inappropriate items including Christmas decorations and telemetry pouches were stored on shelving in the linen store room on ward 2. This is not in line with best practice as such items attract and retain dust and therefore increase the risk of linen contamination.

Cleaning equipment

- The interior surface of a plastic container on the cleaning trolley on ward 1 was damaged and white/red staining was visible on the surface. Dust was visible at the bottom of the trolley.

3.2 Waste

Criterion 3.7. The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

- The Authority observed during the inspection that clinical waste disposal bins are used in isolation rooms. However clinical waste disposal bins were not observed in any other area on wards 1 and 2 during the inspection. The Authority was informed that clinical waste disposal bins are normally located in the 'dirty' utility rooms and a clinical waste disposal bin was subsequently placed in the 'dirty' utility room on ward 2 during the inspection.

Summary

The Authority was informed that environmental audits are carried out on wards 1 and 2 by the ward managers every two months and a compliance percentage is assigned. Audit scores of 25%, 50%, 75% and 100% are assigned depending on the findings.

Issues arising from environmental audits are addressed by the ward managers as appropriate. They are also forwarded to the hygiene coordinator and discussed at hygiene operational team meetings. The Authority was informed at ward level that there are some recurring issues such as damaged paintwork. However, at senior management level, the Authority was informed that painting is prioritised if it is highlighted during an audit and will be carried out by on-site maintenance personnel. In addition, the Authority was informed that a painting programme is due to commence at the hospital. The hospital campus is also due to be extended with design work expected to commence in Quarter 3 2014 and building works due to commence in Quarter 4 2014 or Quarter 1 2015.

Cleaning records for patient equipment, beds and storage cabinets in the clean utility rooms were viewed by the Authority. There is a cleaning schedule for patient equipment. Green labels are fixed to equipment which is clean and red labels are fixed to equipment which has to be decontaminated or repaired.

At ward level, the Authority was informed that mattress checks are carried out daily. The Authority was informed at senior management level that a more extensive programme for monitoring mattresses was carried out by the Tissue Viability Clinical Nurse Specialists at the hospital in Cavan and that this should be extended to the hospital in Monaghan. The hospital has a maintenance contract with the bed manufacturer and some mattresses were replaced.

3.3 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.³ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.3.1 System change³: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice 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 Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
- number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

The design of clinical hand wash sinks in the 'dirty' utility rooms on Wards 1 and 2 did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁴

3.3.2 Training/education³: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.*

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

- The Authority was informed at ward level that 23 staff attended a recent study day on 2 February 2014 which included hand hygiene and standard precautions training. A second study day was due to be held on 16 April 2014 but this was subsequently cancelled and scheduled for 15 May 2014. At the time of the inspection, records viewed by the Authority showed that one nurse and one health care assistant on wards 1 and 2 had not completed hand hygiene training in the last two years. It was expected that hand hygiene training for these two staff members would be completed as part of the study day on 15 May 2014. The Authority was informed that the ward manager includes study days as part of the staff roster and would contact the Infection Control Nurse directly if additional hand hygiene sessions were required.
- The Authority was informed that hand hygiene training is mandatory for all staff in the hospital every two years. Records of staff who have attended training and who are due to attend training are maintained by the hospital. Each department is provided with copies of training attendances. There is a hand hygiene programme in place for 2014 and the hospital has a plan of provisional dates for hand hygiene training. Staff have been advised that additional training sessions will be held if required.

3.3.3 Evaluation and feedback³: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

- Cavan General Hospital and Monaghan Hospital operate as a single entity as part of the Cavan Monaghan Hospital Group. The Authority was informed that hand hygiene audit results which are published twice a year for Cavan General Hospital as part of the national hand hygiene audits⁵. The result for Cavan General Hospital also includes results for the hospital in Monaghan when wards from this site are randomly selected as part of the national auditing process.
- The results below are taken from publically available data from the Health Protection Surveillance Centre’s website for Cavan General Hospital. There was a decline in hand hygiene compliance between October 2011 and May/June 2013. A considerable improvement in compliance was observed in October 2013. However, this was still below the HSE’s national target of 90%.⁶ The Authority was informed that wards 1 and 2 were not included in the national hand hygiene audit results for October 2013 thus it is not possible to evaluate the performance of the hospital in Monaghan for this period.

Period 1-6	Result
Period 1 June 2011	69.5%
Period 2 October 2011	80.0%
Period 3 June/July 2012	74.3%
Period 4 October 2012	No data available
Period 5 May/June 2013	63.8%
Period 6 October 2013	80.5%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.

Corporate hand hygiene audit results

- The Authority was informed at senior management level that staff are given feedback at the time of an audit. The results of audits are reported to each department so that they can be used to make improvements. For example, hand hygiene compliance for medical staff increased between the national audit carried out in May/June 2013 and the audit carried out in October 2013.
- Staff members have been identified to be trained as lead auditors at the hospital in Monaghan and it is intended that this training will be carried out in August 2014. It is planned that hand hygiene audits will be carried out more regularly when the training is completed.
- The Authority was informed that spot checks on hand hygiene were carried out as part of corporate walkabouts which were held every two weeks in 2013. The walkabouts have not been as frequent in 2014 and the Authority was informed that a schedule of walkabouts for 2014 needs to be prepared.

Local area hand hygiene audit results

- The Authority was informed that the infection control nurse carries out spot checks on hand hygiene in wards 1 and 2. Verbal feedback is given to staff at the time of the audit and the results are discussed at department meetings. However, the Authority was informed that department meetings have not been held this year. Below target compliance would be addressed directly by ward management.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO⁷ and the HSE.⁸ In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique^Y and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly

^Y The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

- The Authority observed 10 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:
 - two before touching a patient
 - one after touching a patient
 - five after touching patient surroundings
 - two hand hygiene opportunities were observed where there were two indications for one hand hygiene action. For example, one after touching a patient and before touching the next patient and one after touching a patient's surroundings and before touching the next patient.
- Nine of the 10 hand hygiene opportunities were taken. The one opportunity which was not taken was before touching a patient.
- Of the nine opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Person for one opportunity and the correct technique was observed.

In addition the Authorised Persons observed:

- two hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended
- one hand hygiene action where there was a barrier to the correct technique (wearing a wrist watch).

3.3.4 Reminders in the workplace³: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in the areas inspected on wards 1 and 2.

3.3.5 Institutional safety climate³: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

The results for Cavan General Hospital which includes Monaghan when selected as part of the national auditing process showed an overall compliance of 72% in the national hand hygiene audits in 2013. A considerable improvement in compliance was observed from May/June 2013 to October 2013. However, the overall compliance was below the HSE's national target for 2013. The hospital needs to

build on the improvement observed in the second half of 2013 to attain and exceed the national target.

4. Summary

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

Overall, the environment and patient equipment on wards 1 and 2 were clean and well maintained with some exceptions. The placement of clinical waste disposal bins on wards 1 and 2 needs to be reviewed to ensure the correct segregation of waste is facilitated.

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

On the basis of nationally reported figures, both hospitals in the Cavan Monaghan Hospital Group need to build on the improvement in hand hygiene compliance which was observed in the national hand hygiene audit in October 2013 to attain and exceed the national target.

Cavan Monaghan Hospital at the Monghan site must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control Standards. 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 and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of Cavan Monaghan Hospital at the Monghan site to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the hospital is implementing and meeting the Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[¥]

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[¥] All online references were accessed at the time of preparing this report.

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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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