Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

March 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 health and social care 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.

Contents

1. Purpose of this guide

This is a guide to the Health Information and Quality Authority's (the Authority) programme of monitoring service providers' compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (referred to in this guide as the Infection, Prevention and Control Standards). This guide explains the approach that the Authority takes when monitoring the compliance of service providers – including hospitals – with the Infection, Prevention and Control Standards.[1] It refers to unannounced inspections only.

- Chapter 2 of this document provides background information including the role of the Authority, quality and safety in healthcare and the role of standards and continuous monitoring in improving quality and safety in healthcare.
- Chapter 3 provides details on the Authority's monitoring programme for unannounced inspection against the Infection Prevention and Control Standards. This includes the programme's aims and objectives, and the monitoring approach.
- Chapter 4 outlines the Authority's risk identification, assessment and notification process for unannounced inspections.
- Chapter 5 outlines the Authority's reporting process for unannounced inspections.
- Chapter 6 outlines the response expected from service providers on receipt of inspection report findings.
- Chapter 7 outlines the Authority's continuous monitoring approach post-inspection.

2. Background

2.1 The Role of the Health Information and Quality Authority

The Health Information and Quality Authority was established in 2007 to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Under section 8(1)(b) of the Health Act 2007, the Authority has, among other things, the function of setting standards on safety and quality in relation to services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts 1991 and 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Under section 8(1)(c) of the Health Act 2007, the Authority also has the function to monitor compliance with standards and to advise the Minister for Health and the HSE as to the level of compliance of the HSE and service providers with the standards.

2.2 Quality and safety in healthcare

Many countries, including Ireland, have identified the need to drive improvements in healthcare in order to provide high quality, reliable and safe care to the population in the most effective, efficient and accessible way within the resources available. It is recognised internationally that the setting and implementation of standards, and monitoring service providers' compliance with them are important levers in driving improvements in quality and safety in healthcare.

The World Health Organization (WHO) defines a Healthcare Associated Infection as 'An infection occurring in a patient during the process of care in a hospital or other healthcare facility which was not present or incubating at the time of admission. This includes infections acquired in the hospital, but appearing after discharge, and also occupational infections among staff of the facility.'[2]

Every service user has the right to receive high quality healthcare in a safe environment without acquiring a preventable Healthcare Associated Infection or multidrug-resistant organism such as Meticillin-Resistant *Staphylococcus aureus* (MRSA). However, Healthcare Associated Infections are a common adverse event for patients. A national survey in Irish hospitals in 2012 revealed that just over 1 in 20 (5.2%) patients in hospital on the day of survey had a Healthcare Associated Infection.[3] At their extreme, Healthcare Associated Infections can result in patient mortality. More often they result in serious illness, prolonged hospital stays or long-term disability. Healthcare Associated Infections result in a high personal impact for patients, their families, and the health service at large. Healthcare Associated Infections impact on the ability of service providers to deliver services as they require the reallocation of scarce resources to deal with the consequences of infection. They therefore also generate a significant additional financial burden for the healthcare system.

Healthcare Associated Infections are not inevitable consequences of healthcare. International evidence indicates that Healthcare Associated Infections can be prevented and the burden reduced by 50% or more.[2,4] Every healthcare provider must recognise that the prevention and control of infections is an essential element

of their corporate and clinical governance capability, and capacity, to deliver safe, effective, person-centred care to service users.

2.3 The role of standards and continuous monitoring in improving quality and safety in healthcare

The implementation of evidence-based standards together with continuous monitoring of compliance with these standards is key to improving quality and safety. It is the role of each healthcare service provider to assure itself, its service users and the public that it is providing safe high quality care by demonstrating that they are meeting the Infection, Prevention and Control Standards at all times. The role of the Authority is to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. The Authority, through its monitoring programmes and periodic monitoring of outcomes and key performance indicators, aims to provide assurances to the public that service providers are implementing and meeting the Infection, Prevention and Control Standards and are making quality and safety improvements that safeguard service users.

3. The monitoring programme

3.1 The programme aims and objectives

The aim of the Infection, Prevention and Control Standards together with the monitoring programme is to contribute to the reduction and prevention of Healthcare Associated Infections in order to improve the quality and safety of health services. This monitoring programme is aligned to the Authority's mission to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public and will operate with the Authority's values:

Putting people first – we will put the needs and the voices of service users, and those providing them, at the centre of all of our work.

Fair and objective – we will be fair and objective in our dealings with people and organisations, and undertake our work without fear or favour.

Open and accountable – we will share information about the nature and outcomes of our work, and accept full responsibility for our actions.

Excellence and innovation – we will strive for excellence in our work, and seek continuous improvement through self-evaluation and innovation.

Working together – we will engage with people providing and people using the services in developing all aspects of our work.

The monitoring programme aims to provide assurances to the public that service providers have implemented and are meeting the Infection, Prevention and Control Standards and are making the quality and safety improvements that prevent and control Healthcare Associated Infections and which safeguard service users.

The Authority has designed an evidence-based monitoring approach and developed a monitoring guide and associated tools that will contribute to building service provider capacity and capability. The monitoring programme should influence service providers' adoption and implementation of evidence-based practice that is known to contribute to the prevention and control of Healthcare Associated Infections.

In order to contribute to reducing Healthcare Associated Infections and drive quality and safety, the Authority will:

- **Assess** if hospitals (service providers) have the essential elements in place to prevent and control Healthcare Associated Infections.
- **Establish** if failure to have these essential elements in place poses a serious risk to the health or welfare of service users.
- **Seek assurances** from service providers that they are **safeguarding** service users through the mitigation of high risks.
- Carry out **unannounced** on-site inspections of the environment, equipment and hand hygiene in order to assess the hygiene as experienced by patients at that given time.
- **Provide** service providers with the **findings** of the inspections so that service providers develop and publish prioritised quality improvement plans (QIPs).
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

3.2 The monitoring approach for unannounced inspections

The Authority commenced the monitoring programme for the Infection, Prevention and Control Standards in the last quarter of 2012 and continued throughout 2013. In 2014, unannounced inspections will continue to be undertaken in acute public hospitals. If the findings from an inspection are deemed to be unacceptable when assessed against environmental or hand hygiene standards, the authorised persons

will carry out a second inspection within six weeks of the first inspection. The format followed for the second inspection will be tailored towards inspection of the issues identified during the first inspection. This approach intends to drive rapid improvement between assessments. The reasons for the intended re-inspection, and general nature of that inspection will be communicated to the service provider following the first assessment. The re-inspection themes will be based around the areas of environmental and hand hygiene as before.

The monitoring programme will focus on the essential capacity and capability factors necessary to implement two of the practices that international research has shown to contribute significantly to reducing Healthcare Associated Infections and improve patient safety:[1]

1. Hand hygiene compliance.
2. The cleanliness of the environment and equipment.

3.3 Authorised persons

- Inspections will be conducted by authorised persons, employed by the Authority.
- Authorised persons are appointed in accordance with section 70 of the Health Act 2007 for the purposes of monitoring compliance with standards.
- All authorised persons will carry a certificate of authorisation together with a form of personal identification.
- Authorised persons will work within the powers described in the Health Act 2007.[5]
- All authorised persons must comply with the Authority's Code of Conduct,[6] which is available on the Authority's website, www.hiqa.ie.

3.4 Unannounced inspections

The aim of unannounced inspections is to assess hygiene in the hospital as observed by the inspection team and experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of services and in particular environment and equipment cleanliness, and compliance with hand hygiene practice.

- Inspections will generally be within core working hours. However, weekend and out-of-hours inspections may be carried out.
- Authorised persons, on arrival at the hospital site, will contact the Chief Executive Officer (CEO)/General Manager/Person in charge.

- The authorised persons will use the Hygiene Observation Tool (See Appendix 1) to gather information about the environment and hand hygiene compliance.
- Documents and data will be reviewed on site during the inspection.
- Staff practices for the prevention and control of Healthcare Associated Infections may be observed.
- Authorised persons will also talk to staff members about their role and practice in the context of the Standards. These members of staff will be identified as the observation is taking place, and will vary in role (for example, medical staff, nursing staff, and support staff).

3.5 Observation

- In order to obtain information about the environment and physical facilities for the prevention and control of Healthcare Associated Infections, the authorised persons will observe the premises. The areas to be inspected will be selected by the authorised persons on the day of the inspection.
- The observation component will include inspection of between one and three clinical areas dependent upon the relative size of the hospital. Once the areas have been selected for observation, the authorised persons will meet with the member of staff responsible for that area in relation to their role and practices within the clinical area for the prevention and control of Healthcare Associated Infections.
- The authorised persons will also assess hand hygiene using a broad approach. This will include an assessment of the hospital's progress in implementing the five key areas of the multi-modal strategy recommended by the WHO to improve hand hygiene compliance.[7,8] The adoption of this approach has a strong evidence base,[9-13] and is recognised and supported both nationally and internationally as a strategy to promote reliably high achievement of optimal practice in hand hygiene. The key areas of the multi-modal strategy are:
  - system change (creating a physical environment that makes performing hand hygiene easier and therefore more likely to happen)
  - training and education
  - evaluation, audit and feedback
  - reminders in the workplace
  - institutional safety climate.

- Authorised persons will observe hand hygiene opportunities using a small sample of staff in the clinical areas of the hospital where inspection is underway. 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 are not statistically valid and therefore should not be used to draw conclusions on hand hygiene compliance in all groups of staff, and across the hospital as a whole. The data derived are not intended for, and should not be used for the purpose of external benchmarking.

- The underlying principles of hand hygiene opportunities are based on the observation of the 'Five Moments for Hand Hygiene' that are promoted by the WHO.[5,6] These are:
  - before touching a patient
  - before clean/aseptic procedure
  - after body fluid exposure risk
  - after touching a patient
  - after touching a patient's surroundings.

- In addition to hand hygiene opportunities, other important components of hand hygiene will be observed by the authorised persons, as advised in national hand hygiene guidelines.[14,15] Such observance will include:
  - the technique used for hand hygiene – where an unobstructed, uninterrupted view of the episode occurs
  - the duration of hand hygiene action
  - the presence of physical barriers such as wrist and hand jewellery (except plain wedding bands), false nails, nail varnish or long sleeves covering the wrist area.

3.6 Documentation review

Authorised persons will review documentation relating to the cleanliness of the physical environment, such as environmental hygiene audits. Documentation relating to the management of equipment, linen, water systems and waste disposal will also be reviewed (See Appendix 1). In particular, copies of the following documents will be explicitly requested from senior management at the beginning of the inspection:

- the hospital's infection prevention and control annual report for 2013
- the hospital's infection prevention and control programme plan for 2014
- policies related to hand hygiene, including training, audit and uniform policies.

Should these not be available on the day of inspection, the Authority will request that these be provided post-inspection to inform the overall evaluation. In terms of hand hygiene, training records and the results of hand hygiene audits will be reviewed and included as part of the findings of the report. The results of national

hand hygiene audits which are reported by acute hospitals to the HSE Health Protection Surveillance Centre will also be examined and reported upon.

The review of local audits will also focus on quality improvement programmes associated with these audits. Records and audits may also be viewed at a corporate level within the hospital.

4. Risk identification, assessment and notification

- During the course of inspections, authorised persons may identify specific issues that they believe may present a risk to the health or welfare of patients (please note this applies to any risk identified and may not be related to the Infection, Prevention and Control Standards).
- If risks are identified, the authorised persons will use the Authority's Risk Matrix (Appendix 2) to assess the likelihood and the impact of the identified risks.
- Any high risks to the health or welfare of patients identified during the inspection will be escalated in line with the Authority's escalation process (Appendix 3).
- High risks which require **immediate** mitigation, will be brought to the attention of the accountable person(s) for the service at the time of the inspection.[*] This is to allow them to implement the actions necessary to mitigate such risks. Formal written notification of the identified risk will also be issued to the accountable person(s) within **two working days** of the risk identification, with the requirement to formally report back to the Authority stating how the risk has been mitigated within **two working days** of the risk identification.
- In the case of high risks which **do not** require immediate mitigation, formal written notification of the identified risk will be issued to the person(s) accountable for the service within **two working days** of the risk identification, with the requirement to formally report back to the Authority with an action plan to reduce and effectively manage the risk within **five working days** of the risk identification.
- Details of any risks identified which come under the remit of the Infection, Prevention and Control Standards will be included in the report of the monitoring inspection.

[*] Identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services.

4.1 Findings

- The authorised persons will judge the level of a service provider's performance against each standard criterion. Where a risk is identified, this will be assessed in terms of its likelihood of occurring, and the potential impact on service users should this event occur. The Authority's Risk Matrix (Appendix 2) will be applied in undertaking this assessment.
- The Authority will provide service providers with the report of findings of the inspection to allow them to undertake the necessary improvements. This report will contain an overall assessment of performance against each standard criterion. This process is described in the following sections.

5. The reporting process

- The purpose of the reports of monitoring inspections is to provide assurances to the public that service providers have implemented and are meeting the aspects of the Infection, Prevention and Control Standards inspected against. In addition, where room for improvement is identified, these inspections intend to ensure that service providers are making the quality and safety improvements that prevent and control Healthcare Associated Infections and safeguard service users.
- In some circumstances, re-inspection may also need to occur to rapidly drive this improvement before a report is issued. Where this occurs, a single report will be generated following the second inspection. This report will include the findings of both inspections and any improvements observed between the first and second inspections.
- The report will direct service providers to develop and publish prioritised quality improvement plans (QIPs) in order to provide assurances to service users and the public.
- Details of any risks identified which come under the remit of the Infection, Prevention and Control Standards will be included in the report of the inspection.
- The Authority will send a copy of the draft report together with a feedback form to the identified accountable person(s) within **10 working days** of the on-site inspection (or re-inspection where this is necessary). This is to allow the accountable person the opportunity to review the draft report and provide feedback in line with due process.

- The accountable person(s) should complete the feedback form provided with the report, and return this to the Authority within **five working days** of receipt of the draft report and feedback form.
- The authorised persons will review the feedback and may make changes, as a result of the feedback provided by the accountable person, prior to finalising the report for publication.

5.1 Publication of reports

- The findings of inspections are made publicly available and are published on the Authority's website, www.hiqa.ie.
- The Authority will provide a copy of the final report to the identified accountable person(s) prior to publication. In addition information in relation to the monitoring programme will be communicated to relevant senior personnel within the Health Service Executive. This is set out in Appendix 4.

6. Expected service provider response

- In the event that the Authority identifies high risks (either immediate or non-immediate), it is the responsibility of the service provider to respond as previously outlined in section 4.
- Each service provider is accountable for the development of a quality improvement plan (QIP) that prioritises the improvements necessary to comply with the Infection, Prevention and Control Standards. In designing their QIP, each service provider must ensure that each risk identified by the inspection process is directly addressed.
- Each QIP must be approved by the service provider's accountable person – who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP should outline each risk identified, the proposed action(s) intended to address that risk, a timeline to complete each action, and an identified person who will be responsible for ensuring each task is completed.
- Each service provider must publish and make its QIP accessible on its website within **six weeks** of the date of publication of the Authority's report. At that time, the service provider must also provide the Authority with details of the web link to its QIP. As the QIP is implemented over time, the service provider should update its website to publicly demonstrate progress against the proposed plan and indicate to the Authority that this has taken place.

7. Continuous monitoring post inspection

- It is the responsibility of the service provider to design their QIP, provide the needed resources to enable it to progress within the required timeframe, and execute its QIP to completion. The Authority will continue to monitor the status of the service provider's QIP, alongside other relevant outcome measurements and key performance indicators. This overall continuous monitoring approach may include:

  - review of data and other relevant documents (including publicly-available information)
  - review of the service provider's QIP
  - information provided by other regulators
  - information provided by service users
  - meetings with service providers
  - meetings with service users
  - service user feedback.

- Once the various sources of information have been analysed and the risks have been assessed, the Authority's responses may include:

  - seeking the necessary assurances from the service provider that it is safeguarding service users through the mitigation of risks
  - service provider interview to clarify any issues, and identify how it is managing potential risks
  - a second inspection within six weeks of the first inspection
  - advising the HSE and/or the Minister for Health of the Authority's concerns
  - undertaking an investigation as to the safety, quality and standard of the services if the Authority believes there is a high risk to the health and welfare of a person receiving services and that the risk may be the result of any act, failure to act or negligence on the part of the HSE or a service provider.

Appendix 1 – Hygiene Observation Tool

National Standards for the Prevention and Control of Healthcare Associated Infections

Observation Tool for Unannounced Monitoring Inspections

Hospital:	_____
Site:	_____
Date and Time (start and finish) of Assessment:	_____
	_____
Area(s) Assessed:	_____
	_____
Authorised Persons:	_____
	_____
	_____
Initial Discussion with CEO/General Manager	
Name:	_____
Title:	_____
Number of beds (open):	_____
Are there any infection risks in the hospital at this time that we need to be informed about?	_____

Is there any building works ongoing in the hospital at this time?	_____
If there is ongoing building works, is the infection prevention and control team involved in the work planning process, to reduce the potential risk of Aspergillus infection?	_____
Has there been any outbreak in the last month?	_____

General comments: **(Please include any issues/potential risk brought to the attention of the area manager)**

Proceed to areas selected for observation

Area: _____

Specialty: _____

Time: _____

Initial discussion with area manager/person responsible for that area

Name: _____

Title: _____

What are the isolation facilities in this area? _____

Are there any patients isolated? _____

Are there sufficient isolation rooms to meet the isolation needs at this moment in time? _____

How are isolation rooms allocated? _____

Are there any restricted areas? _____

Advise of documents for review during discussion following observation.

Section A: Patient areas					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	External (outside of ward areas e.g reception etc.) signage should be clean, updated, well maintained and laminated, if paper based signage is used.				
The environment is tidy, well-maintained, free of rust, blood or body substances, dust, dirt, debris, spillages and clutter. This includes:					
2	Stairs/steps				
3	Lifts				
4	Internal (clinical areas) signage should be clean, securely fixed, updated, well maintained and laminated if paper based signage is used.				
5	Floors - including edges and corners				
6	Walls				
7	High and low surfaces				
8	Radiators				
9	Bed frames				
10	Bed rails				
11	Mattresses				
12	Pillows				
13	Lockers				
14	Tables				

15	Curtain rails				
16	All chairs and stools in clinical areas are covered in an impermeable material and are intact. E.g. vinyl.				
17	Fixtures are clean. This includes all electrical fixtures e.g. switches, sockets and data points, and all light fittings.				
18	Patient equipment is visibly clean including call bell and ear phones.				
Personal Protective Equipment (PPE) should be:					
19	Available				
20	Appropriately used				
21	Appropriately disposed				
22	Appropriate sequence for donning and removing PPE is used				
23	A foot operated non-clinical waste disposal bin is available in the patient area.				
24	A foot operated clinical waste disposal bin is available in the patient area.				

Section B: Bathrooms / washrooms					
Ref	Evidence of compliance	Yes	No	N/A	Comments
Bathrooms/washrooms are clean and tidy, well maintained, free of rust, blood or body substances, dust, debris, spillages and clutter. This is monitored and records are maintained. This includes:					
1	High and low surfaces and wall tiles.				
2	Raised toilet seats				
3	Floors - including edges and corners are free of dust and grit.				
4	Baths and accessories				
5	Sinks and accessories				
6	Showers and accessories				
7	Hand washing facilities (including availability of liquid soap and paper towels).				
8	A foot operated non-clinical waste disposal bin is available in bathrooms/washrooms.				
9	Sanitary waste disposal				
10	A foot operated clinical waste disposal bin is available in bathrooms/washrooms, if appropriate.				

Section C: Patient equipment					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
All equipment both in use and in storage, including component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages, this includes:					
1	IV Stands				
2	IV Pumps/syringe drivers				
3	Cardiac monitors				
4	Resuscitation trolley				
5	Near patient testing equipment, e.g. blood gas machines, glucometer. Integrated Sharps/Injection tray.				
6	Dressing trolleys				
7	Blood pressure cuffs				
8	Oxygen saturation probes				
9	Temperature probes				
10	Oxygen equipment plus nebulisers				
11	Suction apparatus				
12	Wheelchairs and cushions				
13	Hoists and accessories				
14	Stand aids and accessories				
15	Work station and equipment in clinical areas is visibly clean, including phones and computer keyboards/fax machines.				
16	Who is responsible for cleaning phones and computer keyboards/fax machines?				

	Ask staff member				
Section D: Clean utility (treatment room / drug room)					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	Clean utility (treatment room/ drug room) should be secure.				
2	Equipment/supplies are to be stored appropriately.				
3	All equipment both in use and in storage, including component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.				
4	The environment is tidy, well-maintained, free of rust, blood or body substances, dust, dirt, debris, spillages and clutter.				
5	A foot operated non-clinical waste disposal bin is available.				
6	A foot operated clinical waste disposal bin is available.				
7	Clinical areas signage should be clean, updated, well maintained and laminated if paper based signage is used.				
8	Appropriate designated clinical hand wash sinks are available. They should be appropriately located, accessible and free from obstruction.				
9	Clinical hand wash sinks including component parts, should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris and spillages.				
10	Liquid soap, warm water and paper hand towels are available. An alcohol hand rub product is also available.				

Section E: Dirty utility					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	A dirty utility is available and is secure. (Check if risk assessment done if not secured).				
The dirty utility is tidy, well-maintained, free of rust, blood or body substances, dust, dirt, debris, spillages and clutter. This includes:					
2	Appropriate designated hand washing facilities (including availability of liquid soap and paper towels).				
3	A separate sink is available for cleaning of patient equipment.				
4	A sluice hopper is available for the disposal of body fluids.				
5	A macerator/bed pan washer is available and fully functioning.				
6	A foot operated clinical waste disposal bin is available.				
7	A foot operated non-clinical waste disposal bin is available.				
8	High and low surfaces and wall tiles.				
9	Floors - including edges and corners are free of dust and grit.				
10	The integrity of fixtures and fittings is intact.				
11	Signage should be clean, updated, securely fixed, well maintained and laminated if paper based signage is used				

12	Patient washbowls should be decontaminated between each patient, and should be stored clean, dry and inverted. No damaged items should be in use.				
13	Bed pans should be decontaminated between each patient, and should be stored clean, dry and inverted. No damaged items should be in use				
14	Commodes should be clean and well-maintained with no blood or body substances, rust, dust, dirt, debris or spillages.				
15	Commodes should be decontaminated between each patient, and should be stored clean and dry. No damaged items should be in use.				
16	Bed urinals should be decontaminated between each patient, and should be stored clean, dry and inverted. No damaged items should be in use.				
17	Used instruments are safely stored in an appropriate container prior to collection for autoclaving.				

Section F: Waste disposal					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	A foot operated clinical waste disposal bin is available.				
2	A foot operated non-clinical waste disposal bin is available.				
3	All waste bins are visibly clean and no more than 2/3 full.				
4	Waste should be segregated and this process should adhere to national colour coding scheme.				
5	Clinical waste should be tagged and secured before leaving the area of production.				
6	Within healthcare risk waste, all special waste including drugs and cytotoxic drugs or materials are appropriately segregated.				
7	Risk waste packaging should be stored in the designated sub-collection area at the point of origin (e.g. ward, clinic) until collection. Primary healthcare risk waste packages must not be stored loose in corridors or other locations accessible to unauthorised personnel.				
8	Clinical waste posters identifying waste segregation are available in all areas.				

Section G: Isolation rooms					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	Are patients who need contact isolation precautions isolated in a single room or cohorted appropriately?				
2	Are patients isolated with contact precautions, provided with designated en-suite toilet facilities/commode and dedicated patient equipment?				
3	Is there a negative/neutral pressure isolation room for patients requiring airborne precautions?				
4	Are pressure settings visibly displayed and monitored?				
5	Is there a policy for the negative pressure room which is accessible for staff on the ward?				
6	Appropriate signage (including precautionary signage) should be clean, up to date, well maintained and laminated if paper based signage is used.				
7	Personal Protective Equipment (PPE) is available and used appropriately (including donning, removing and disposal).				
8	Is hand hygiene performed after removal of personal protective equipment and prior to leaving the room?				
9	Foot operated waste disposal bins are available and are appropriately placed.				
10	Doors to isolation rooms should be in the closed position.				

Section H: Cleaning / Housekeeping equipment and room					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	Cleaning room should be secure.				
2	All cleaning equipment is clean and appropriate.				
3	All storage facilities for cleaning equipment are clean and appropriate.				
4	Appropriate advisory signage is in place for the use of products used for cleaning and disinfection.				
5	Cleaning products should be stored appropriately in locked cupboards.				
6	A warning sign, "cleaning in progress" must always be used and positioned to be effective.				
7	Hand hygiene facilities should be available at the point of care.				
PPE should be:					
8	Available				
9	Appropriately used				
10	Appropriately disposed				

Section I: Discussion with staff who have responsibility for cleaning		
Ref	Question/ Prompt	Comment
1	What PPE do you use and when?	
2	What products are you using to clean and disinfect the area? How do you know the correct dilution? How do you discard the solution?	

3	Are you using a colour coded cleaning system? What is it?	
4	How do you maintain the cleaning equipment?	
5	Have you ever attended hand hygiene training? If so, when?	
6	Do you have safety data sheets for cleaning products?	
7	Are you using a colour coded waste system? What is it?	
8	How would you dispose of a contaminated item	

Section J: Discussions with staff re hand hygiene training		
Ref	Question/Prompt	Comments
1	Have you ever attended any hand hygiene training in this hospital?	
2	On what occasions is it inappropriate to use alcohol hand rub?	
Section K: Discussions with patients		
3	Informal conversation with patients re: general cleanliness of their ward.	

Section L: Hand hygiene practices					
Ref		Yes	No	N/A	Comments
1	Hand hygiene advisory posters and information leaflets are available, up to date, clean, and appropriately displayed throughout the organisation.				
2	Hands-free operated waste disposal bins are available by sinks to dispose of used paper towels.				
3	Alcohol based hand rub should be available at main entrances and at point of care in the clinical areas.				
4	The nozzles of wall mounted alcohol gels and hand disinfectants are clean.				
5	Liquid soap, warm water and paper hand towels are available.				
6	Designated clinical hand wash sinks are in all areas where clinical activities are performed. They should be appropriately located, accessible and free from obstruction.				
7	Clinical hand wash sinks should conform to HBN00-10. They should not have plugs, overflows and the water jet should not flow directly into the plughole.				
8	Hand washing facilities are clean and intact (check sink, tap and back splash).				
9	Taps should be hands free and thermostatically regulated.				

Section M: linen					
Ref	Evidence of Compliance	Yes	No	N/A	Comments
1	Linen is segregated into appropriate colour coded bags (i.e. clean/unused linen, dirty/used linen, dirty/contaminated linen).				
2	Bags are less than 2/3 full and capable of being secured.				
3	Clean linen is stored in an appropriate designated area separate from used linen.				
4	Linen storage area is clean and free from dust and inappropriate items.				
5	Clean linen is free from stain.				
6	Stored curtains are clean and free from stains.				

Section N: Discussion with area manager following observations		
Ref	Question/Prompt	Comment
1	What are the most recent hand hygiene audit results for this area?	
2	How are hand hygiene audit results disseminated to all staff in this area?	
3	How is below target compliance addressed?	
4	What processes are in place to ensure all staff are up to date with hand hygiene training?	
5	What are the most recent environmental audits results for this area?	
6	How is it ensured that actions arising from environmental audits are addressed to completion?	
7	What process is in place for the routine cleaning of curtains/blinds/shower curtains, including after a known case of an infected patient/client? (Review documents).	
8	What processes are in place in this clinical area to ensure that all medical equipment is clean and well maintained? Who is responsible in this ward?	
9	Is there a daily cleaning schedule for patient equipment?	
10	Who monitors the cleaning of bathrooms/washrooms? (Observe for daily monitoring sheets or daily sign off sheets).	
11	What is the process for flushing all outlets?	

Section N: Discussion with area manager following observations		
Ref	Question/Prompt	Comment
12	Is there a process for monitoring mattresses?	
13	Do you have access to the waste management policy?	
14	When was the last time that your bedpan washer/macerator underwent maintenance, and do you have access to the maintenance records?	

Section O: Discussion with senior management member(s) and documentation review: corporate level		
Ref	Question/Prompt	Comments
1	What are the most recent hand hygiene audit results for this hospital?	
2	How are hand hygiene audit results disseminated to all staff in this hospital?	
3	How is below target hand hygiene compliance addressed?	
4	What processes are in place to ensure that all staff are up to date with hand hygiene training?	
5	How often are environmental hygiene audits carried out?	
6	What environmental controls are in place to prevent the risk of healthcare associated infections from water systems in this hospital?	
7	Who has overall responsibility for waste management in this hospital?	
8	What assurances are present to ensure that waste generated in this hospital is managed in accordance with national standards?	
9	Is there a system in place for monitoring and replacing mattresses?	

Section P: Hand Hygiene Observation Tool – At least 10 opportunities to be observed per area visited											
	Employee Category	**Hand Hygiene Opportunity (HHO)**	**Hand Hygiene Action Observed after HHO**	**> = 15 sec**	**More than one plain ring**	**Wearing a Wrist Watch**	**Sleeves to Wrist**	**Nail varnish present**	**False Nails Present**	**Correct Technique**	**Comment**
	N =Nurse/Midwife D =Doctor A =Ancillary staff AL =Allied Health Staff	1 =Before touching a patient 2 = Before clean/aseptic procedure 3 =After body fluid exposure risk 4= After touching a patient 5 =After touching patient surroundings	Y = Yes N = No	Y = Yes N = No U/O = Unobserved							
1											
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20											

All sections should be completed. Add comments as necessary.

Section Q: Documentation requirement: Area Level (Area Manager Copy)	
Ref	Type of Document
1	Most recent records of hand hygiene training, audit of practices and associated improvement/action plans.
2	Records of curtain changing (to include shower curtains and blinds where appropriate).
3	Daily cleaning records for patient equipment.
4	Waste management policy.
5	Bedpan washer/macerator maintenance, service and audit records.
6	Most recent records of environmental hygiene audits and associated improvement/action plans.
7	Records of water flushing.

Section R: Documentation for Review (CEO/General Manager Copy)	
Ref	Type of Document
1	Records of hand hygiene training for all disciplines.
2	Annual overall compliance in hand hygiene audits for the hospital, subdivided by staff group.
3	Hygiene related audits and associated improvement/action plans.
4	Policies relating to hand hygiene to include training, audit and uniform policy.
5	Water Flushing Policy.
6	Waste Management Policy.
7	Infection Prevention and Control Annual Report 2013.
8	Infection Prevention and Control Programme Plan for 2014.

Appendix 2 – Risk matrix

Risk assessment process: the Authorised persons will assess the consequence of the risk to patients and the probability of reoccurrence to determine the level of risk, using the tables below. The consequence of the risk, and the probability of occurrence are both assessed and given a score from 1 to 5. The risk matrix is then used to give an overall risk score. This score then corresponds with the classification of risk table.

Consequence of the risk: what is the actual impact of the risk?

Consequence category	Impact on individual/future service users
1 Negligible	▪ No obvious harm ▪ No injury requiring treatment
2 Minor	▪ Minor injury ▪ No permanent harm
3 Moderate	▪ Significant injury or ill health ▪ Some temporary incapacity
4 Major	▪ Major injuries or long term incapacity or disability ▪ Major permanent harm as result of clinical or non-clinical incident injuries or long term incapacity or disability ▪ Major permanent harm
5 Catastrophic	▪ Death

Probability of reoccurrence: what is the chance of this event occurring or reoccurring? Identify the 'probability rating' for reoccurrence from the following table:

Probability Score	Descriptor	Frequency
1	Rare	This will probably never happen/reoccur
2	Unlikely	Do not expect it to happen/reoccur again but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly reoccur, possibly frequently

The lead authorised person classifies the risk using the risk matrix below and documents the findings that indicate the risk.

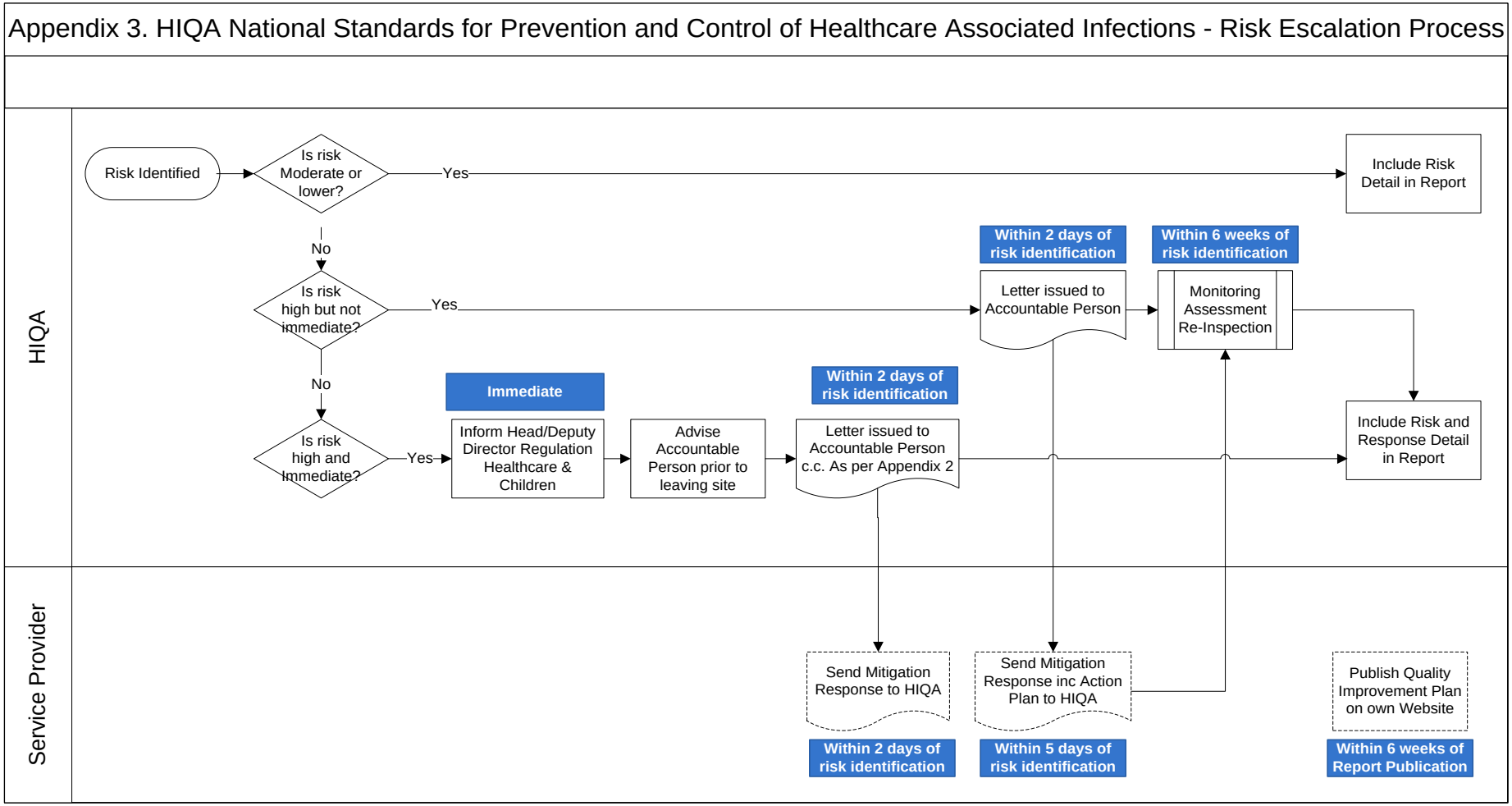
Risk Matrix

Probability	**CONSEQUENCE CATEGORY** →				
↓	**Negligible (1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost certain (5)	**5**	**10**	**15**	**20**	**25**
Likely (4)	**4**	**8**	**12**	**16**	**20**
Possible (3)	**3**	**6**	**9**	**12**	**15**
Unlikely (2)	**2**	**4**	**6**	**8**	**10**
Rare (1)	**1**	**2**	**3**	**4**	**5**

The risk is then classified as high, moderate, low or very low as per the risk matrix score. See classification of risk table below.

Classification of risk	**Risk Matrix Score**
High Risk(Red)	**15, 16, 20 or 25**
Moderate Risk (Orange)	**8, 9, 10 or 12**
Low Risk (Yellow)	**4, 5 or 6**
Very Low Risk (Green)	**1, 2 or 3**

Appendix 3 – Risk escalation process map



Note:
Accountable Person: identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services.

Appendix 4 – Monitoring programme communication process

In advance of the commencement of the monitoring programme, the Health Service Executive (HSE), as the statutory provider of health services in accordance with the Health Act 2004, provided the Authority with details of the governance arrangements. This was to allow the Authority to communicate all information in relation to the monitoring programme to an identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. Following this communication, the following individuals were identified as the required point of contact for further communication.

Service Provider Category	**Communication**	**Copy Communication**	**Copy Communication**	**Copy Communication**
Single-site statutory service provider	General manager	Relevant HSE Regional Director of Integration and Performance	National Director, Acute Services, HSE	National Director, Quality and Patient Safety, HSE
Statutory group hospital	CEO/General manager of group lead hospital	Relevant HSE Regional Director of Integration and Performance	National Director, Acute Services, HSE	National Director, Quality and Patient Safety, HSE
Group hospital with shadow boards	Group CEO	HSE Director of Integrated Services	National Director, Acute Services, HSE	National Director, Quality and Patient Safety, HSE
Section 38 service provider	CEO	Relevant HSE Regional Director of Integration and Performance	National Director, Acute Services, HSE	National Director, Quality and Patient Safety, HSE

Appendix 5 – References

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Published by the Health Information and Quality Authority.

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