



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Our Lady of Lourdes Hospital, Drogheda, Co. Louth.

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.

Table of Contents

1. Introduction	1
2. Our Lady of Lourdes Hospital Profile	3
3. Findings	4
3.1 Environment and Facilities Management.....	4
3.2 Waste	7
3.3 Hand Hygiene.....	11
4. Summary	17
5. References	19

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

This report sets out the findings of the unannounced inspection by the Authority of Our Lady of Lourdes Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Judy Gannon and Katrina Sugrue, on 8 May 2014 between 08:55hrs and 12:35 hrs.

The areas assessed were:

- Second Floor Medical Ward (new building)
- Third Floor Orthopaedic Ward

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

2. Our Lady of Lourdes Hospital Profile[‡]

The Louth Meath Hospital Group is comprised of three hospitals: Our Lady of Lourdes Drogheda, Louth County Hospital Dundalk and Our Lady's Hospital Navan.

Our Lady of Lourdes Hospital, Drogheda is a 348 bed acute general hospital incorporating a regional trauma orthopaedic service and Louth/Meath neonatal intensive care and paediatric services.

Summary of Services:

Surgical Services include general surgery, orthopaedics, urology, gynaecology and ear nose and throat surgery.

Medical services include general medicine, including sub specialties of cardiology, endocrinology, diabetes, gastroenterology, oncology, dermatology, elderly medicine, respiratory medicine, microbiology, pathology and palliative care.

Regional Trauma Orthopaedic service including fracture clinics, providing trauma orthopaedic services for the populations of Cavan, Monaghan, Louth and Meath

Maternity Services for the Louth Meath area including a midwifery led unit.

Paediatric Services include 34 inpatient beds for medical, surgical and orthopaedic admissions and for children admitted with life-limiting conditions.

Emergency Medicine services for the Louth Hospitals supported by a Minor Injuries Unit in Louth County Hospital Dundalk. The Emergency Department in Our Lady of Lourdes is one of the top five in the Country in terms of numbers of presentations.

[‡] 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 Our Lady of Lourdes Hospital 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.

Second Floor Medical Ward.

Second Floor Medical Ward is located in the new block of the hospital which was opened in 2010. It is a twenty bedded Acute Stroke/Medical Unit comprising ten single rooms with en suite facilities and five two-bedded rooms.

On the day of the inspection the environment and patient equipment on Second Floor Medical were found to be clean and well maintained overall with some exceptions.

Environment and equipment

- Black staining was observed in the sealant of two hand wash sinks in the ward corridor. Additionally, brown residue was observed on the floor area below both sinks.
- There was black/brown staining in the sealant between the shower tray and the wall in the patient bathroom in room five. The sealant at the base of the toilet in the same bathroom was damaged and a section missing hindering effective cleaning.
- The vinyl on two armchairs in patient rooms, including an isolation room, was torn hindering effective cleaning.
- Chipped paint was noted on the walls of some patient areas including the day room, rehabilitation room and patient wards. The rehabilitation room had been recently converted from a store room and a number of unfilled drill holes were noted in the walls of the room hindering effective cleaning. There was also a section of exposed wiring in the rehabilitation room. This was brought to the attention of the ward manager who contacted the maintenance department for immediate action.
- There was sticky residue on the surface of an intravenous infusion pump and on the lid of an electrocardiogram machine both of which were labelled with a green tag as clean.
- There was a light layer of dust on the floor of the clean utility and the vinyl floor covering was lifting away from the wall area under the sink. There was also chipped paint and two exposed screws on the wall of the clean utility hindering effective cleaning.
- The 'dirty' utility was not secure and a formal risk assessment had not been completed to manage this risk. However, all chemical products were kept in a locked cupboard in the room.

Cleaning equipment

- The cleaning room was not secure as the door was not lockable. A formal risk assessment had not been completed but chemical products were stored in a locked cupboard.
- The vinyl floor covering in the cleaning equipment room was lifting away from the wall in areas of the room.

Third Floor Orthopaedics Ward

Third Floor Orthopaedics Ward is an eighteen-bedded acute orthopaedic unit comprising two six-bedded bays, one three-bedded bay and one two-bedded bay. There is also one single room which can be used for isolation purposes. At the time of the inspection, there was no patient isolated.

On the day of the inspection, the ward was generally clean. However areas of improvement were identified in the management and maintenance of the environment and patient equipment on the ward.

Environment and equipment

- Dust was observed in the following areas inspected:
 - Light layers of dust were observed on floor corners and edges in two of the patient areas inspected and the 'dirty' utility room.
 - Light layers of dust were observed on the surface and a ledge at the back of the resuscitation trolley
 - The frame of a patient arm-chair was visibly dusty. A label attached to the frame indicated that the chair was last cleaned on 6 May 2014.
 - Light layers of dust were observed on the back of a locker, curtain rails, a window sill on an internal window in a patient area, the electrical casing over a patient bed.
 - Light to moderate layers of dust were visible on the lower shelves of cupboards and drawers used for storing medical equipment.
 - There was light dust present on the computer keyboard at the ward work station
- Chipped paint was noted on the base of a bed table. Rust coloured staining was visible where the paint was missing, hindering effective cleaning. Scuff marks were observed on paint on the walls of some of the patient areas inspected. Paint was also chipped on a bed rail.
- The wheel areas of a trolley used for delivering food trays to patients were unclean.
- Brown-coloured debris was visible on the pull out tray at the end of a patient's bed.
- The interior surface of a temperature probe holder was unclean which was brought to the attention of the ward manager and was addressed immediately.
- A computer keyboard in the clinical storage room was visibly stained. This computer was located on a small work top adjacent to where intravenous medications were drawn up. The Authority was informed that the clinical storage room was referred to as a multifunction room which was used not only for the storage of medical supplies and equipment but also as a meeting room

for multidisciplinary teams or meeting with patient relatives. This room is included in the productive ward programme³ review of storage facilities and maximising the available work space.

- A used test strip which was visibly stained with blood was observed in a holder for ketone monitoring equipment. This was brought to the attention of the ward manager to be addressed immediately.
- Whilst most of the signage observed was laminated, some paper signage was present, hindering effective cleaning. In addition, some of the areas where signage was displayed were over populated which made it difficult to read what was displayed.
- A commode inspected was visibly unclean under the seat area. A green label indicating that the commode had been cleaned on the day of the inspection was attached. This was brought to the attention of ward staff and the ward manager for immediate follow up.

Cleaning equipment

- The cleaning equipment was inappropriately stored in the 'dirty' utility room.

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.

- On the day of the inspection there was no clinical waste bin available in the 'dirty'[±] utility room on Second Floor Medical. This was brought to the attention of the ward manager who informed inspectors that this was not normal practice and there usually would be a clinical waste bin available in this area.
- On Third Floor Orthopaedics Ward, the temporary closure mechanism was not activated on a sharps bin inspected which was in an integrated sharps tray. A sharps bin was also observed on the floor in the single room.
- Clinical waste posters identifying waste segregation were not observed at the time of the inspection in the 'dirty' utility room of Third Floor Orthopaedics Ward.

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

Summary

Overall, Second Floor Medical Ward and Third Floor Orthopaedics Ward were generally clean. However the findings in this report demonstrate that improvements are required in the management and maintenance of both the environmental hygiene and patient equipment.

The Authority was informed that unannounced spot hygiene audits are carried out in different areas throughout the hospital on a weekly basis. Multidisciplinary teams conduct these audits and a member of the senior management team takes part on each audit. These audits review seven categories; environment, linen, departmental waste, sharps, patient equipment, hand hygiene, the ward kitchen and staff kitchens. In accordance with the hospital's audit tool, an area is re-audited within two working days if it scores 75% or below overall, and within four working days if it scores between 75%-85% overall. In circumstances where a ward does not attain a minimum of 85% compliance in any of the individual seven categories then the ward would fail the audit overall.

Spot hygiene audits had been conducted on both Second Floor Medical Ward and Third Floor Orthopaedic Ward in March 2014. The wards had achieved overall scores of 94% and 96% respectively.

The Authority was informed that the results of these spot hygiene audits and required follow up actions are discussed with the ward manager on the day of the audit. It is the responsibility of the ward manager to ensure that all issues identified are addressed. Any maintenance issues are communicated with maintenance using an online tool. The ward manager also attends the bi-monthly Hygiene Services Team Meeting where spot hygiene audit results are presented and discussed.

The hospital introduced an environmental hygiene award system in 2012 to recognise and reward the top three wards which received the highest scores for the compliance with spot hygiene audits that year. Additionally, the hospital introduced a 'Hygiene Heroes' initiative in 2013 to reward staff who, 'show commitment and leadership on hygiene related matters'. Staff from various groups had been nominated for these awards across the hospital including medical consultants, nursing staff, housekeeping staff, allied health professionals and contract staff.

It was explained to the Authority that all staff are responsible for the cleaning of patient equipment. Both Second Floor Medical Ward and Third Floor Orthopaedics Ward operate a 'traffic light' system for patient equipment with a green label indicating that the equipment has been cleaned, a yellow label indicating that the equipment needs to be repaired or maintained and a red label indicating that the equipment is for disposal. These labels were observed by the Authorised Person on the day of the inspection on the equipment inspected. However some of the findings

of this report indicate that not all equipment that had been labelled with a green label was clean.

Both Second Floor Medical Ward and Third Floor Orthopaedics Ward are participating in the National Productive Ward Programme.³ This National Programme aims to empower front line staff to drive changes and improvements in how healthcare is delivered. The programme also focuses on increasing the time front line staff spend with the patient and on patient safety issues by streamlining and redesigning how services are delivered. From an infection prevention and control perspective, a well ordered, de-cluttered environment is easier to clean and maintain, and is therefore safer for patients and staff.

Second Floor Medical Ward has been participating in the National Productive Ward Programme since 2012.³ As part of the programme the ward had redesigned its storage facilities and as a result it was generally well ordered, organised and free from clutter. By reducing the amount of unnecessary stock and equipment stored the ward had been able to recently convert a storage room to a rehabilitation room. The Authority observed posters reminding staff not to order items such as bags, cleaning products and medications until stock was running low. Additional initiatives developed by the Second Floor Medical Ward as part of the programme including a "Falls Intervention Strategy" and a "Patient Status at a Glance Board". Third Floor Orthopaedics Ward began participation in the productive ward national programme in 2013 and has also introduced the "Patient Status at a Glance Board".

The *National Standards for Prevention and Control of Healthcare Associated Infections* detail that bed spacing should be planned and managed in a way that minimises the risk of spread of healthcare associated infections. The patient accommodation provided on Third Floor Orthopaedics Ward appeared to have limited space between the beds particularly in the six-bedded wards. There was little to no space observed between the armchair within one patient zone and the armchair in the next patient zone. The Authority was informed by the Ward Manager that this has been identified as a potential infection control risk and attempts to reposition the furniture within the rooms did not improve the situation.

It was explained to the Authority by the Hospital Manager at the close out meeting that Third Floor Orthopaedics will be decanted during phase two development. In the interim, the hospital should review the bed spacing on Third Floor Orthopaedics Ward to ensure that the risk of the spread of Healthcare Associated Infections (HCAIs) is minimised and to assure itself that it is in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infection*¹, national guidelines¹⁰ and best evidence.^{11,12}

The hospital has a procedure for the care, decontamination and disposal of mattresses and pillows in place. All mattresses are cleaned and checked on a weekly basis and on patient discharge. Cleaned mattresses are labelled with a paper tag which records the date the mattress was cleaned on. Inspection of mattresses is also included in the environmental spot audits. Mattresses inspected on the day of inspection by Authorised Persons were visibly clean and intact.

Our Lady of Lourdes Hospital produced a quality improvement plan (QIP) following the last unannounced inspection by the Authority in October 2013. The QIP detailed that actions had been completed to address all issues highlighted on the inspection. A significant issue raised by the previous inspection was that bed spacing in the seven-bedded ward in the hospital's paediatric unit was not planned and managed in a way that minimises the risk of spread of healthcare associated infections in accordance with the *National Standards for the Prevention and Control of Healthcare Associated Infection*. In response the hospital undertook a risk assessment of the unit and formulated an action plan to change its layout and refurbish it. This involved converting the seven-bedded ward to a six-bedded ward and moving the unit's on-call room so it could be converted into a patient room. These actions have been completed, and were observed by Authorised Persons when they visited the paediatric unit on the day of the inspection.

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.⁴ 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 change⁴: *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*
 - the 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.
-
- Hand hygiene sinks in the six-bedded rooms on Third Floor Orthopaedics were difficult to access when the curtains were drawn around the patient's bed nearest to the sink to allow for patient care. The space between the hand hygiene sinks

and the patient zone was minimal. However the Authority observed alcohol hand rub at each patient point of care.

3.3.2 Training/education⁴: *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 that approximately 85% (1100 out of 1300 staff working at the hospital) of all staff had attended mandatory hand hygiene training /education in the last two years. As yet, there is no system in place to automatically highlight individual staff who have not attended such training in the previous two years.
- The hand hygiene training records for the Second Floor Medical Ward showed that 100% of all nursing staff, healthcare assistants and clerical staff had completed hand hygiene training in the last two years. A staff member on the ward had been trained as a hand hygiene champion but they had recently left the ward. The Authority was informed that there were plans for a new staff member to be trained as a hand hygiene champion for the ward.
- Hand hygiene training records were not available on Third Floor Orthopaedics Ward for viewing by the Authority on the day of the inspection. A staff member on the ward was the hand hygiene champion and was currently awaiting refresher training to facilitate the training of staff on the ward in the future.

3.3.3 Evaluation and feedback⁴: *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

- Our Lady of Lourdes Hospital participates in the national hand hygiene audits which are published twice a year.⁵ The results below taken from publically available data from the Health Protection Surveillance Centre’s website demonstrate that Our Lady’s of Lourdes Hospital did not meet the national target of 85% compliance in 2012 nor did it meet the target of 90% in 2013.⁶

Period 1-6	Result
Period 1 June 2011	71.4%
Period 2 October 2011	79.5%
Period 3 June/July 2012	83.3%
Period 4 October 2012	68.6%
Period 5 May/June 2013	81.0%
Period 6 October 2013	78.6%

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

Local area hand hygiene audit results

- Hand hygiene is included as part of the Hygiene spot audits conducted at the hospital. However, the primary focus of these audits is on the evaluation of hand hygiene facilities, hand hygiene technique and staff knowledge. While these audits do also include observations of hand hygiene opportunities, the records reviewed by the Authority showed that only a very small sample of opportunities were observed and an overall compliance rate for the numbers of hand hygiene opportunities taken could not be calculated. These were the only audits carried

out to assess hand hygiene on both Second Floor Medical Ward and Third Floor Orthopaedics Ward in 2013. The most recent hand hygiene audits which calculated compliance rates with hand hygiene practice for these wards were conducted in late 2012.

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^γ and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly 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 25 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - Seven before touching a patient
 - Two before clean/aseptic procedure
 - One after body fluid exposure risk
 - Four after touching a patient
 - Ten after touching patient surroundings.
 - One with combined indications which were after touching patient surroundings and before touching a patient.

- 22 of the 25 hand hygiene opportunities were taken. The three opportunities which were not taken comprised of the following:
 - One before touching a patient
 - Two touching patient surroundings.

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

- Of the 22 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 21 opportunities. Of these, the correct technique was observed in 21 hand hygiene actions.

In addition the Authorised Persons observed:

- 21 hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended
- 21 hand hygiene actions where there were no barriers to the correct technique, such as sleeves to the wrist and wearing a wrist watch.

3.3.4 Reminders in the workplace⁴: *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 at Our Lady of Lourdes Hospital, Drogheda.
- There were also posters at the entrance to the ward reminding staff that they were entering a clinical area and of the hospital's 'bare below the elbow' dress code outlined in the hand hygiene policy.

3.3.5 Institutional safety climate⁴: *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.*

Our Lady of Lourdes achieved compliance rates of 81% in May/June 2013 and 78.6% in October 2013 in the national hand hygiene audits which is below the HSE's national target of 90%. In response to these results the Infection Prevention and Control team at the hospital developed an action plan in 2013 to address deficits in hand hygiene practices. This action plan was made up of the following components:

- Ensure ongoing education continues and review the method of delivery
- Provide extra hand hygiene sessions at departmental levels as required
- Increase staff awareness by increasing the input and support from the senior management team
- Provide extra rolling sessions on defining the "Five Moments of Hand Hygiene"
- Observational hand hygiene to be included in the spot audits

The Authority was informed that the hospital had evaluated and redesigned its hand hygiene training programme in 2013. It now delivers monthly hand hygiene

education sessions and the HSELand e-learning training programme⁹ (the HSE's online resource for learning and development) and another electronic hand hygiene training programme are also used by the hospital for hand hygiene training.

The Authority was informed that the senior management team conduct informal safety walk-rounds once a week and include observation of hand hygiene in these walks. Additionally, hand hygiene is included as rolling agenda item at monthly Clinical Nurse Manager meetings and Medical Governance meetings which are attended by senior management, representative consultants from each speciality and clinical nurse managers.

The hospital does not have a formally documented uniform policy in place. However, the Authority was informed that the hospital's hand hygiene policy includes a 'bare below the elbow' dress code section. On the day of the inspection the Authority observed that both clinical and management staff complied with this dress code. In addition signage was displayed at the entrance to wards reminding staff they were entering clinical area and to practice the hospital's 'bare below the elbow' dress code.

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, Second Floor Medical Ward and Third Floor Orthopaedics Ward were generally clean. However the findings in this report demonstrate that improvements are required in the management and maintenance of both the environmental hygiene and the cleanliness of patient equipment. The Authority notes that both Second Floor Medical Ward and Third Floor Orthopaedics Ward are actively participating in the National Productive Ward National Programme and that the hospital has introduced a 'Hygiene Heroes' initiative to reward staff who show commitment and leadership on hygiene related matters.

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.

The hospital did not meet national compliance targets in the national hand hygiene audits in both 2012 and 2013. The hospital has implemented an action plan to improve hand hygiene compliance in response to these results. This action plan included a number of initiatives to increase awareness of the importance of hand hygiene and hand hygiene education and training. However, on the day of the inspection the hospital was not able to provide comprehensive attendance records for hand hygiene training and there was no system to highlight individual staff who had not attended training in the last two years. Additionally, there had been no recent audits conducted to assess overall hand hygiene compliance rates on both the wards inspected. It is imperative that the hospital continues to work to improve hand hygiene practices and demonstrate assurances of this improvement.

Our Lady of Lourdes Hospital, Drogheda 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 Our Lady of Lourdes Hospital, Drogheda 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[‡]

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009. Available online from: <http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections>
2. Health Information and Quality Authority. *Guide: Monitoring programme for unannounced inspections undertaken against the national standards for the prevention and control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2014 Available online from: <http://www.hiqa.ie/publications?topic=17&type=All&date%5Bvalue%5D%5BYear%5D=>
3. The Health Service Executive. *The Productive Ward*. Available online from: <http://www.hse.ie/productiveward>
4. World Health Organization. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy. Revised August 2009. Available online from: http://www.who.int/gpsc/5may/tools/system_change/en/
5. The Health Protection Surveillance Centre. National Hand Hygiene Audit Results. Available online from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/>
6. Health Service Executive – National Service Plan 2014. Available online from: <http://www.hse.ie/eng/services/Publications/corporate/serviceplan2014/nationalserviceplan2014.pdf>
7. World Health Organization. Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual. Available online from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1.
8. Health Service Executive. Hand Hygiene Observation Audit Standard Operating Procedure April 2013. Available online from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf>
9. Health Service Executive: HSELand. Available online from: <http://www.hseland.ie/tohm/default.asp?message=logout>
10. Health Service Executive. The Health Protection Surveillance Centre (HPSC) Infection Prevention and Control Building Guidelines for Acute Hospitals in

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

Ireland. A Strategy for the Control of Antimicrobial Resistance in Ireland (SARI). Available online from:
<https://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/File,3439,en.pdf>

11. Department of Health, United Kingdom. Health Building Note 00.09 Infection Control in the built environment Available online from:
<https://www.gov.uk/government/publications/guidance-for-infection-control-in-the-built-environment>
12. Department of Health, United Kingdom. In-patient care Health Building Note 04-01: Adult in-patient facilities. Available online from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148502/HBN_04-01_Final.pdf

Published by the Health Information and Quality Authority.

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

© Health Information and Quality Authority 2014