



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Cappagh National Orthopaedic Hospital, Dublin**

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

Date of on-site inspection: 19 May 2016

## **About the Health Information and Quality Authority**

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. 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 health and social care and support services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
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- **Health Information** – Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and support services.

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## **1. Introduction**

The Health Information and Quality Authority (HIQA) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.<sup>1</sup> The inspection approach taken by HIQA is outlined in guidance available on HIQA's website, [www.hiqa.ie](http://www.hiqa.ie) – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*.<sup>2</sup>

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. In addition, following the publication of the 2015 *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*,<sup>2</sup> HIQA will be assessing the practice in the implementation of infection prevention care bundles. In particular this monitoring will focus upon peripheral vascular catheter and urinary catheter care bundles, but monitoring of performance may include other care bundles as recommended in prior national guidelines<sup>3,4</sup> and international best practice.<sup>5</sup>

Assessment of performance will focus on the observation of the day-to-day delivery<sup>2</sup> of hygiene services, in particular environmental and hand hygiene and the implementation of care bundles for the prevention of device related infections under the following Standards:

- Standard 3: The physical environment, facilities and resources are developed and managed to minimize the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.
- Standard 6: Hand hygiene practices that prevent, control and reduce the risk of spread of Healthcare Associated Infections are in place.
- Standard 8: Invasive medical device related infections are prevented or reduced.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a Standard which was observed during an inspection. HIQA 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. HIQA's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if Standards on the day of inspection are poor.

This aims to drive improvement between inspections. In addition, in 2016, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2015.

An unannounced inspection was carried out at Cappagh National Orthopaedic Hospital on 19 May 2016 by Authorized Persons from HIQA, Aileen O' Brien, Noreen Flannelly-Kinsella and Gearóid Harrahill between 09.50hrs and 17.45hrs. The areas assessed were:

- St Teresa's Ward, a 31-bedded surgical orthopaedic ward, which comprises one seven-bedded room, one five-bedded room, one two-bedded room, two three-bedded rooms and two en-suite single rooms. A further nine-bedded room is located on an adjacent ward.
- St Joseph's Ward, a 28-bedded day ward, which comprises two eight-bedded rooms, one seven-bedded room and one five-bedded room.
- The X-Ray Department which comprises an interventional radiology room, an ultrasound general room and a digital imaging room.

In addition, the Operating Theatre Department and the Active Rehabilitation Unit (St Mary's), which were inspected during an unannounced inspection by HIQA on 29 April 2015, were re-visited to assess the level of progress which had been made after the 2015 inspection. The laundry facility for reusable cleaning textile reprocessing and laundry deliveries was also visited on this inspection.

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

## **2. Findings**

This report outlines HIQA's overall assessment in relation to the inspection, and includes key findings of relevance. A list of additional low-level findings relating to non-compliance with the Standards has been provided to the hospital for inclusion in local quality improvement plans. However, the overall nature of the key areas of non-compliance are within this report.

This report is structured as follows:

- **Section 2.1** outlines the level of progress made by the Operating Theatre Department and the Active Rehabilitation Unit (St Mary's) after the unannounced inspection on 29 April 2015.
- **Section 2.2** presents the key findings of the unannounced inspection on 19 May 2016.

- **Section 2.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy<sup>6</sup> during the unannounced inspection on 19 May 2016.
- **Section 2.4** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 19 May 2016.

## **2.1 Progress since the last unannounced inspection on 29 April 2015**

HIQA reviewed the quality improvement plan (QIP)<sup>7</sup> published by Cappagh National Orthopaedic Hospital following the 2015 HIQA inspection. The hospital is working towards improving equipment and environmental hygiene and the clinical environment in both the Active Rehabilitation Unit (St Mary's) and the Operating Theatre Department in line with the recommendations of the 2015 HIQA report. A significant level of progress was evident on the day of inspection in this regard.

### **Environment and equipment hygiene**

Since the last inspection, the hospital has undertaken a comprehensive revision and improvement of environmental and equipment hygiene process management in the hospital. Multiple elements of hygiene service delivery have been reviewed and improved.

There was evidence of local arrangements for defined risk-based, cleaning responsibilities and frequency schedule for patient care areas. Comprehensive cleaning checklists had been developed for individual clinical areas which clearly identify all of the elements of patient equipment and the environment that require cleaning. Checklists had been revised to facilitate accurate recording of scheduled cleaning requirements. It was evident that there was clarity regarding the roles and responsibilities of staff disciplines involved in cleaning.

The hospital also invested in new cleaning equipment including new mobile cleaning carts. Not all clinical areas have a designated room for the storage and maintenance of cleaning equipment which is recommended. There were two shared cleaning equipment storage and maintenance areas and some mobile cleaning carts are stored in these areas following cleaning sessions. It is recommended that carts from different clinical areas are cleaned down thoroughly prior to storage.

Household staff, healthcare assistants and portering staff with responsibility for cleaning have completed a cleaning training programme. Hygiene supervisors have also completed relevant training.

The hospital has invested in new information technology software to facilitate a monthly environmental audit schedule across the hospital. This system facilitates electronic recording of audit findings and rapid communication of issues that require

urgent action to the Senior Management Team. Trending and analysis of audit results is facilitated. The hospital implemented this system in January 2016 and is in the process of refining audit reporting so that reports will be available to clinical managers at local level. Overall environmental hygiene audit compliance in the hospital for the period January-May 2016 was 79% which is below the hospitals desirable target of 85%. However, the hospital was able to identify the specific elements and areas where improvements were necessary. Performance in relation to hospital hygiene is discussed at management meetings.

Staff in the Operating Theatre Department had developed a system of labelling mobile items of equipment which was linked to the electronic traceability system in the Central Decontamination Unit. By using barcoded labelling and scanning, staff in the Operating Theatre Department should in future be able to identify items which have been cleaned and the person who performed the cleaning. Given that there are several items of equipment that can be moved in and out of operating rooms this demonstrates innovation and a commitment to achieving improved hygiene standards. In addition, inspectors were informed that a steam cleaning programme was in place to clean the wheels of mobile items of equipment which are difficult to clean using traditional cleaning methods.

### **Equipment and facilities**

A programme for replacement of clinical hand wash sinks in patient areas to ensure compliance with HBN 00-10 standards<sup>8</sup> is ongoing. Since the last inspection in 2015, the hospital conducted an audit of all mattresses in the hospital and to date, 75 mattresses have been replaced.

The Operating Theatre Department was revisited to determine the progress made since the 2015 HIQA inspection and it is acknowledged that the hospital has addressed the majority of the previous inspection findings. The department has been repainted and floor covering in the reception area and main theatre corridor has been renovated.

The building of a new 12-bay recovery room within the Operating Theatre Department is nearing completion. This area was viewed at the time of inspection and it was bright and spacious with surfaces and finishes that facilitate cleaning. On the day of inspection, theatre staff were preparing for the renovation of two anaesthetic rooms and two scrub rooms which was scheduled to take place the following week.

The Active Rehabilitation Unit (St Mary's) which was inspected during the unannounced inspection in 2015 was revisited. Improvement works have taken place including refurbishment and renovation of two six-bedded rooms in the unit. This has included repainting, encasing of heating system pipework, improved wall and

flooring finishes and new suspended ceilings. Partitions in these rooms were removed as was the original physiotherapy area. These rooms are now brighter and easier to clean. Inspectors were informed that the hospital hopes to refurbish the remaining patient rooms in this unit but there was no agreed timeframe for completion of this work. A new modular unit comprising of a spacious physiotherapy gymnasium has been added to the ward.

The storage area for physiotherapy equipment has been renovated and sealed to the external elements. Storage facilities in this room were well organized with all equipment stored off floor level.

### **Safe injection practice**

It was reported that concerns identified in 2015 by HIQA in relation to intravenous infusion preparation in the Operating Theatre Department had been addressed by the hospitals' Drugs and Therapeutics Committee. In the Operating Theatre Department it was reported that two intravenous medications that may be required for emergency use are drawn up at the start of each day. It is recommended that medications and infusions are prepared as close as possible to administration time. If routine prior preparation of medication is deemed necessary, such medications should be compounded in an aseptic environment such as a hospital pharmacy aseptic compounding unit. Alternatively, syringes that have been prefilled by the manufacturer should be used where possible. This is necessary from both an infection prevention and broader medication safety perspective.

### **Infrastructure**

Since the last inspection, the overall bed compliment in the Active Rehabilitation Unit has increased to 52 beds. Similar to the previous inspection, there is only one isolation room in St Mary's and patient rooms do not have en-suite toilet and showering facilities. Spacing between beds in multi-occupancy rooms in this ward is less than ideal and the main ward corridor is quite narrow to comfortably facilitate patients who need to access toilets and to exercise.

Within the current infrastructural constraints and challenges the hospital is clearly endeavouring to improve the patient care environment since the last HIQA inspection. However, in order to meet modern day infection prevention and control and hospital infrastructural standards, the hospital needs to address existing infrastructural deficiencies going forward. The hospital management team is aware that the dated infrastructure of inpatient facilities does not facilitate compliance with desirable standards and is working to develop a capital submission to the Health Service Executive (HSE) for a new-build 100-bed inpatient unit.

## **2.2 Key findings of the unannounced inspection on 19 May 2016**

### **Patient equipment**

Overall, patient equipment was clean and well maintained in St Teresa's Ward, St Joseph's Ward and the X-Ray Department with a few exceptions. Insufficient cleaning of two integrated sharps trays was observed on St Joseph's Ward with red staining visible on two trays despite being labelled as clean. In St Teresa's Ward, small spots of organic matter were present on the undersurface of two portable raised toilet seats and slight brown stains were noted on the undercarriage of a commode on St Joseph's Ward. This was also labelled as clean. It was observed that portable raised toilet seats were not included in the cleaning matrix for St Teresa's Ward. In St Joseph's Ward there was light dust on the undercarriage of three beds inspected.

On St Teresa's Ward, the cover and cores of two patient mattresses was stained indicating that these mattress covers were no longer resistant to moisture. It was reported that a mattress audit was conducted in February 2016 and the hospital is in the process of replacing all damaged mattresses with a repeat audit planned later this year. HIQA recommends that mattress cover and core checks are undertaken regularly at local level to reduce the risk of infection associated with contaminated mattresses. Additional mattresses cores and covers should be available in the hospital in future so that damaged or contaminated items can be replaced as required.

Blood glucose monitors in their cases with supplies for multiple finger-sticks, were reported to be brought to the point of care in both St Joseph's Ward and St Teresa's Ward. It is recommended that only the blood glucose monitor and disposables required for a single patient procedure in addition to an integrated sharps tray should be brought to the point of care. This reduces the potential risk of contaminating the blood glucose monitor holding case and multiple consumables with blood borne viruses which poses a risk of infection to patients. These issues were reported to staff at the time of the inspection.

### **Patient environment**

Overall, the patient environment was clean in St Teresa's Ward, St Joseph's Ward and the X-Ray Department with few exceptions. Ancillary rooms in the wards inspected were tidy and well organised. In the Interventional Radiology Procedure Room, dust was observed on the base of the scanning table and on the high level surfaces of a cabinet on the back wall. Dust was present on high level surfaces and a hard to reach horizontal ledge in the Ultrasound General Room in the X-Ray Department. These surfaces should be included in the local cleaning schedule.

An environmental hygiene audit for the St Joseph's Ward for January to May 2016 showed compliance of 76.3% with desirable standards. An environmental hygiene audit for St Teresa's Ward showed 82.8% compliance for the end of 2015 whereas the overall hospital environmental hygiene audit score was 79.1% for May 2016. It was reported that infrastructural issues impacted on the overall compliance rate in environmental hygiene audits.

### **Ward infrastructure**

The infrastructure in St Teresa's Ward, St Joseph's Ward and the X-Ray Department is dated and does not facilitate compliance with the Standards.

St Joseph's Ward has large multi-bed rooms, high ceilings and ledges and exposed pipework. Walls in St Joseph's Ward had reportedly not been painted for a number of years and this was evident at the time of inspection. There was damaged paintwork in some areas and staining on ceilings in the main corridor and in one multi-bed room. Walls in the corridor are finished with ceramic tiles that have been painted over. Painting has commenced on this ward and a number of doors have been repainted. Parts of some radiators were rusted. The finish of some bedside tables was damaged. The flooring in patient rooms does not facilitate effective cleaning, some of the wooden floor tiles were loose underfoot. This type of flooring finish is not ideal in a clinical area and would make the clean-up of body fluid spillage difficult. The ward does not have isolation facilities, patients with transmissible infection are managed in an adjacent unit. Patient rooms do not have en-suite toilet facilities; these are located off the main ward corridor. There are a number of showers in this ward which are infrequently required for day patients; this has been taken into account in the broader hospital *legionella* control programme. There is no separate patient waiting room.

The X-Ray Department in the hospital is relatively small and the area inspected included three rooms designated for interventional radiology, ultrasound scanning and digital imaging respectively. Due to space restrictions within the department other radiology services including magnetic resonance imaging and dexta-scanning are delivered in two other areas of the hospital, these areas were not inspected. The Ultrasound General Room in the X-Ray Department is of an older infrastructure and some surfaces in these rooms require upgrading. Paintwork in some areas of wall and woodwork in the department was worn. The Interventional Radiology Procedure Room had been more recently upgraded with surfaces and finishes that facilitate cleaning.

### **The control of Meticillin-Resistant *Staphylococcus aureus* (MRSA)**

The hospital revised the MRSA screening and admission policy for the Acute Rehabilitation Unit in May 2015. It was reported that criteria for admission to the

Active Rehabilitation Unit includes a negative MRSA screen. There is only one single isolation room in the Acute Rehabilitation Unit (St Mary's). Since this policy has been introduced there have been no cases of hospital-acquired MRSA in this unit so far in 2016 which was not the case in 2015.

The hospital policy for the control of MRSA states that 'In our efforts to prevent the spread of MRSA, other aspects of the care of patients such as the need for surgery or rehabilitation should not be compromised. Each individual case must be risk assessed to allow for the best possible care for the patient in the given circumstances'.

MRSA status should not adversely affect an individual patient's access to clinical care as recommended in the national MRSA guidelines.<sup>9</sup> This recommendation needs to be taken into consideration in the context of service delivery both in this hospital and across the Ireland East Hospital Group. Appropriate arrangements and facilities need to be available to effectively manage patients with transmissible infection.

### **Legionella control**

The hospital last performed a legionella site risk assessment in 2014. The risk assessment report recommended multiple upgrade works in the hospital water management system and it was reported that the hospital had made significant investment to manage the identified risks and to facilitate monitoring of the hospital water system. National guidelines recommend that a legionella risk assessment is performed, reviewed on an annual basis and independently audited every two years.<sup>10</sup> A repeat risk assessment is due at the end of 2016 which should include infrastructural changes made in the hospital since 2014. It was reported to HIQA that the hospital was assured that legionella-related risks were being managed appropriately.

### **Laundering of reusable cleaning textiles**

The area of the hospital designated for the laundering of cleaning textiles and the access and exit point for clean linen delivery and dirty linen collection was visited at the time of inspection. The layout of the unit supports the functional separation and segregation of the clean and dirty phases of these processes and the area was clean and tidy. At the time of the inspection, the entry and exit doors were open to the exterior environment which poses a risk of dust, moisture and pest entry. These doors should be kept closed in as far as possible. Ventilation in the enclosed area should be reviewed to ensure that it is sufficient.

## **2.3 Key findings relating to hand hygiene**

**2.3.1 System change<sup>6</sup>:** *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- Not all clinical hand wash sinks were compliant with Health Building Note (HBN) 00-10 Part C: Sanitary Assemblies standards.<sup>8</sup> The hospital is currently undertaking a programme to replace and upgrade clinical hand wash sinks.
- Clinical hand wash sinks that are compliant with Health Building Note (HBN) 00-10 Part C: Sanitary Assemblies standards have been installed in the new Operating Theatre Department Recovery Room.
- Clinical hand wash sinks were not available in all multi-bed rooms in St Teresa's Ward.
- Alcohol hand gel was available at each point-of-care in the areas inspected.
- Mixer taps were not available in some patient toilets viewed during the inspection and running water from hot taps particularly in St Joseph's Ward was hotter than desirable for hand washing.

**2.3.2 Training/education<sup>6</sup> :** *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.*

- Hand hygiene training for staff in Cappagh National Orthopaedic Hospital is mandatory every two years. Additional training is provided at ward level by the Infection Prevention and Control Nurse as required.
- Overall 82% of relevant staff were up-to-date with hand hygiene training.
- In St Teresa's Ward and St Joseph's Ward over 90% of staff were up-to-date with hand hygiene training. In the X-Ray Department 100% of staff were up-to-date with training.
- Patients receive education and information on the importance of hand hygiene during surgical pre-assessment clinic visits.
- The hospital has a 'Bare Below the Elbow' policy and a recent audit showed that there was 88% compliance with this policy among staff.

**2.3.3 Evaluation and feedback<sup>6</sup> :** *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

### **National hand hygiene audits**

Cappagh National Orthopaedic Hospital participates in the national hand hygiene audits and results for the hospital are presented in Table 1 overleaf. In 2015, the hospital did not reach the national HSE target of 90% for hand hygiene compliance. The hospital reported that as of May 2016 an overall hand hygiene compliance of 91.9% has been achieved. Cappagh National Orthopaedic Hospital has demonstrated a commitment to promoting best practice in hand hygiene and needs to maintain this level of performance.

**Table 1: Cappagh National Orthopaedic Hospital national hand hygiene audit results.**

Time period	Result
Period 1 March/April 2011	75.6%
Period 2 October/November 2011	71.4%
Period 3 June/July 2012	91.0%
Period 4 October/November 2012	87.6%
Period 5 May/June 2013	86.2%
Period 6 October/November 2013	92.6%
Period 7 May/June 2014	90.5%
Period 8 October/November 2014	93.8%
Period 9 May/June 2015	88.2%
Period 10 October/November 2015	86.2%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>11</sup>

### **Local hand hygiene audits**

- Results of recent hand hygiene audits carried out in 2016 indicate that St Teresa’s Ward achieved 100% hand hygiene compliance whilst the overall compliance rate for St Joseph’s Ward was 69%. Good compliance was not consistent across all disciplines of staff.
- Where poor compliance is observed it was reported that additional hand hygiene education is provided by the Infection Prevention and Control Nurse at ward level.

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

Observation of hand hygiene opportunities was not performed during this inspection.

**2.3.4 Reminders in the workplace<sup>6</sup>:** *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.

**2.3.5 Institutional safety climate<sup>6</sup>:** *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.*

- On St Teresa's Ward, hand hygiene audit results were displayed on notice boards and discussed at ward meetings. Results were displayed in St Joseph's Ward but these did not reflect the most recent audit findings.
- Hand hygiene audit results are discussed at management meetings.
- The hospital has demonstrated a commitment to improving hand hygiene practice at all levels.
- Measures implemented to build on hand hygiene compliance to date should be continued and improved to ensure that good hand hygiene compliance is achieved and maintained across all clinical areas and across all staff disciplines.

**2.4 Key findings relating to infection prevention care bundles\***

Care bundles to reduce the risk of different types of infection have been introduced across many health services over the past number of years, and there have been a number of guidelines published in recent years recommending their introduction across the Irish health system.<sup>3,4</sup> Authorized persons reviewed documentation and practices and spoke with staff relating to infection prevention care bundles in the areas inspected and visited. It was evident that Cappagh National Orthopaedic Hospital has fully implemented and embedded care bundles across all clinical areas. This is an example of good practice and is in line with national Standards and guidelines.<sup>1</sup>

Inspectors were informed that nurses had received training with regard to the implementation of care bundles. Staff in St Teresa's Ward had good awareness and knowledge of care bundles. Audit of care bundle compliance and feedback systems in relation to bundle implementation was evident. Peripheral venous access device and urinary catheter care bundle compliance was audited throughout the hospital. There were some variation in peripheral vascular catheter care bundle compliance across hospital wards with mostly good performance but some audits indicated that improvement is required in some areas. Urinary catheter care compliance was consistently 100% across hospital wards for the first quarter of 2016.

The hospital performs surgical site infection surveillance and orthopaedic implant infection surveillance in line with internationally recommended time frames and case definitions. This again represents good practice and demonstrates a commitment to monitoring quality of care which is appropriate for a specialist orthopaedic hospital.

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\* A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

The hospital benchmarks surgical infection rates with similar type services in the United Kingdom.

Overall, HIQA found that the hospital is working towards compliance with Standard 8 of the Infection Prevention and Control Standards and is committed to improving the management of invasive devices.

### **3. Summary**

It was apparent that Cappagh National Orthopaedic Hospital is actively endeavouring to address the issues previously identified in the unannounced HIQA inspection carried out in 2015. The hospital has worked effectively to significantly improve the overall level of patient equipment and environmental hygiene. Additionally, the hospital has made significant investment in improving water management systems to facilitate effective *Legionella* control which is more challenging in an older building.

The hospital is working to address outstanding maintenance issues and has made some significant improvements to surfaces and finishes in the Active Rehabilitation Unit. Significant upgrade works have taken place in the Operating Theatre Department with the building of a new recovery room and further improvements underway. Notwithstanding the progress made, the dated infrastructure in some of the clinical areas inspected on this occasion does not facilitate effective infection prevention and control and needs to be addressed in the wider hospital site development plan. The hospital is currently reviewing this and is looking to build a new 100-bed inpatient facility.

Hand hygiene compliance was not in line with the HSE performance indicator in 2015. However, audit results show that overall hand hygiene compliance has improved this year and the hospital is confident that the desirable target will be achieved in 2016.

The hospital has successfully implemented infection prevention care bundles across relevant clinical areas. Care bundle compliance is regularly audited.

The hospital has an ongoing infection surveillance programme for orthopaedic surgical patients which demonstrate a commitment to improving the quality of patient care.

### **4. Next steps**

Cappagh National Orthopaedic Hospital must now revise and amend its quality improvement plan (QIP) that prioritizes the improvements necessary to fully comply with the 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 HIQA with details of the web link to the QIP.

It is the responsibility of Cappagh National Orthopaedic Hospital to formulate, resource and execute its QIP to completion. HIQA 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 Standards, and is making quality and safety improvements that safeguard patients.

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