



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced inspection at Wexford General Hospital**

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

Date of on-site inspection: 06 July 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.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **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 began assessing the practice of the implementation of infection prevention care bundles. In particular this monitoring focused 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<sup>3,4</sup> 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 Wexford General Hospital on 06 July 2016 by Authorized Persons (Inspectors) from HIQA, Aileen O' Brien, Noreen Flannelly-Kinsella and Liam Strahan between 09:50hrs and 18:00hrs. The areas assessed were:

- **The Day Care Unit** for day case patients is divided into two separate areas separated by a corridor for patients undergoing endoscopy or surgery. Accommodation for patients undergoing endoscopy comprises three two-trolley rooms and one six-trolley room. Surgical day patient accommodation comprises 10 trolley spaces within an open plan room.
- **The Oncology Day Ward** comprises 11 patient treatment spaces, nine of which are located in an open plan area in addition to one single room and one single isolation room with specialized ventilation. The unit also has three separate consultation rooms.

In addition, the Maternity Ward and St Bridget's Ward, which were inspected during an unannounced inspection by HIQA on 05 February 2015, were revisited to assess the level of progress which had been made since the 2015 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 hospital since the unannounced inspection on 05 February 2015.
- **Section 2.2** presents the key findings of the unannounced inspection on 06 July 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 during the unannounced inspection on 06 July 2016.<sup>6</sup>

- **Section 2.4** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 06 July 2016.

## **2.1 Progress since the last unannounced inspection on 05 February 2015**

HIQA reviewed the quality improvement plan (QIP)<sup>7</sup> published by Wexford General Hospital following the 2015 inspection. The hospital reported that it had addressed findings highlighted in the previous HIQA inspection in relation to hand hygiene, communication around infection prevention and control, waste management, patient equipment hygiene, environmental hygiene audits, isolation room accommodation and control measures during construction and renovation.

### **Hospital infrastructure**

Since the last inspection, there has been significant investment in infrastructural improvements in clinical areas. The hospital had built a new Labour Ward which opened in March 2016 and this had six bright and spacious single ensuite delivery suites that had been finished to a high specification. A new operating room had been completed in the adjacent Operating Theatre Department. The size of the Special Care Baby Unit was increased.

The hospital had also invested in improvement and upgrade works in clinical areas to facilitate the installation of an integrated fire alarm system. Improvement works included resurfacing of ceilings and floors and repainting in some wards including St Joseph's Ward and the Maternity Ward. Several rooms in the Maternity Ward had been renovated and all of the ensuite toilet and shower rooms in the ward had been upgraded. Additionally, new clinical hand hygiene sinks and surrounds had been installed in the Maternity Ward and hand hygiene sinks had been upgraded as required across the hospital. It was noted during inspection that although significant improvement work had occurred in the Maternity Ward, further improvement work will be required going forward given the older infrastructure of this ward. This needs to be included in the hospital site development plan.

### **Hand hygiene training, hand hygiene compliance and related facilities**

The hospital reported that it had implemented a number of initiatives in order to improve hand hygiene compliance and the uptake of hand hygiene training, particularly among medical personnel. It was reported that the hospital has upgraded 92 hand hygiene sinks across clinical areas in the hospital as part of a planned programme of upgrade works.

### **Consultant microbiologist resource**

Consultant microbiologist advice was provided to the hospital by Waterford University Hospital. This meant that there was very limited onsite presence of a consultant microbiologist in Wexford General Hospital. It was reported to HIQA in 2015 that there was a need for designated consultant microbiology resources and that this deficiency had been entered on the hospital risk register. This issue remains unresolved. It is recommended that this deficiency is addressed by the Ireland East Hospital Group.

### **Waste management**

It was reported that healthcare risk waste management training was provided to some staff at clinical level since the last inspection and that further training sessions were planned in addition to mandatory sharps management training. The hospital policy for waste management is due to be reviewed.

### **Patient equipment hygiene**

The hospital had improved processes for cleaning reusable patient equipment. It was reported that compliance in this regard was monitored through patient equipment audits, environmental hygiene audits and hygiene spot checks in clinical areas. Results of patient equipment hygiene audits showed compliance of over 90% with desirable standards across a number of clinical areas in 2016.

### **Environmental hygiene audits**

It was reported in the hospital QIP that the standard of environmental hygiene was audited monthly by individual local area managers in 29 clinical areas across the hospital. These audit results were collated centrally by the hospital Quality and Safety Department and overseen by a Hygiene Services Committee. Records of monthly environmental hygiene audit results showed that the Maternity Ward and St Bridget's Ward both achieved compliance of over 90% with desirable environmental hygiene standards in 2016.

### **Safe injection practices**

The hospital reported that it had revised practice across the hospital in relation to blood glucose monitoring equipment. Correspondence issued to nurse managers advised that only supplies required for a single finger-stick procedure be brought to a patient's bedside which is in line with best practice.

## **Other issues**

Findings in respect of monitoring of isolation room pressure readings in St Bridget's Ward were unchanged since the previous inspection. Room pressures were monitored by staff locally as there is no facility for remote monitoring.

## **2.2 Key findings of the unannounced inspection on 06 July 2016.**

### **Oncology Day Ward environment and patient equipment**

The Oncology Day Ward was a new build that officially opened in 2009. This day ward was fully self-contained, bright and spacious. The ward had adequate day-accommodation facilities for patients in addition to three separate consultation rooms, a waiting room, appropriate ancillary rooms and toilet facilities. The infrastructure, surfaces and finishes in the ward facilitated effective cleaning.

Without exception, patient treatment spaces, the general ward environment, and patient equipment inspected were clean, dust free and well maintained. There was evidence of good local ownership in relation to hygiene in general and the ward environment was tidy and organized. Documentation reviewed showed that the ward achieved 98% with desirable standards in a recent environmental hygiene audit, and this was evident on the day of inspection.

It was reported that the ward was cleaned once daily after the last treatment session. It is recommended that toilets in this ward are cleaned and checked more frequently than once daily in line with recommended national minimal cleaning frequencies.<sup>8</sup>

It was discussed with staff on the day of inspection that there should be a defined clean work space in the clean utility room for preparing intravenous medications and infusions. These products should be placed into a clean injection tray immediately following preparation in line with current recommendations.<sup>9</sup> It was recommended that sterile supplies are stored in fully enclosed drawers or cupboards.

In contrast, opportunities for improvement were identified during the inspection of the Day Care Unit in relation to infrastructure, cleaning processes and environmental hygiene. An overview of these findings is contained in the following section.

### **Day Care Unit environment**

Opportunities for improvement were identified in relation to environmental cleaning in the Day Care Unit. There was a significant difference noted in standards of environmental hygiene and infrastructure in the endoscopy accommodation area compared to the surgical day patient accommodation area in the unit. The



endoscopy accommodation area was spacious and had been more recently renovated such that surfaces and finishes facilitated cleaning. Other than patient trolleys and chairs the endoscopy patient accommodation areas were generally clean.

In direct contrast, day surgery patient accommodation had older surfaces and finishes that did not facilitate effective cleaning. Dust was visible on the floor in this area and on an extraction vent in a patient toilet. Light dust and a lot of sticky residue were observed on a staff workstation. A few ceiling tiles were stained and one tile was ill-fitted, which could facilitate entry of dust into the ward.

Day service accommodation is regarded as a high risk functional area which should be cleaned in line with national minimum cleaning frequencies.<sup>8</sup>

In both areas of the Day Care Unit, there was visible organic matter, dust, rust and debris on five of six patient trolleys inspected. Shelving beneath some trolleys contained rusted oxygen cylinders and rusted alcohol gel holders which appeared to indicate that these trolleys had not been comprehensively cleaned for some time. There did not appear to be clearly defined responsibility or appropriate resource allocation for patient trolley cleaning. The method described to inspectors for cleaning patient trolleys was not in line with best practice guidelines. These findings are not acceptable in a clinical area and it was recommended that these issues be addressed on the day.

Heavy dust was observed on the undercarriages of two recliner chairs for patients and the upholstery of these chairs was damaged which does not facilitate effective cleaning. Brown staining was observed on one toilet seat and on the surface of another toilet.

The results of monthly environmental hygiene audits performed in the Day Care Unit in the three months prior to this inspection showed compliance scores ranging from 94 to 96%. High compliance levels with desirable environmental hygiene standards were not evident on the day of this inspection.

It is recommended that cleaning processes and resources in the Day Care Unit are fully revised and improved. There should be defined cleaning specifications for clinical areas outlining all of the elements to be cleaned, the cleaning methodology, cleaning frequency and defined staff responsibility. Environmental hygiene audit processes should be reviewed and training provided for staff as necessary. There should be sufficient resources in place to facilitate effective cleaning and supervision of cleaning.

## **Day Care Unit patient equipment**

Overall patient equipment in the Day Care Unit was clean with very few exceptions. A brown stain was present on one reusable blood pressure cuff; this was highlighted at the time of inspection. Sterile supplies were inappropriately stored on a dressing trolley immediately adjacent to a clinical hand wash sink. Sterile supplies should be stored in fully enclosed storage units in order to prevent inadvertent contamination.

## **Infrastructure and facilities**

In contrast to the accommodation for patients undergoing endoscopy, day surgical patient accommodation was not in line with desirable modern standards for such facilities.<sup>10</sup> Ten trolley spaces were located within one room and there was minimal spatial separation between some trolleys. This arrangement compromised ease of movement for staff and patients or their carers and does not facilitate effective infection prevention and control. There was only one toilet for ten patients. It is recommended that the configuration of this area of the Day Care Unit is revised and brought into line with best practice recommendations.

## **Reprocessing of reusable invasive medical devices**

Local processes for the reprocessing of reusable transvaginal ultrasound probes were not in line with best practice recommendations and require review and improvement. Failure to appropriately decontaminate such devices has been linked to transmission of infection to patients.<sup>11</sup> Reusable transvaginal ultrasound probes which were used in the maternity service were decontaminated in a 'dirty'\* utility room in the Day Care Unit which is not an appropriate location for this process. Inspectors found that there was no written decontamination procedure or evidence of a formalized process to quality control or validate the reprocessing of these devices. It is recommended that the hospital regularly reviews emerging decontamination technologies in order to facilitate the recommended standard of disinfection for such devices.

## **Surgical site infection surveillance programme**

It was reported that the surgical site surveillance programme in Wexford General Hospital had been suspended due to resource deficiencies. Surgical site infection surveillance represents good practice and demonstrates a commitment to monitoring

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

the quality of patient care. It is recommended that resource requirements in this regard are reviewed.

## **Legionella control measures**

It was of concern that the last detailed independent legionella risk assessment of the hospital water system was carried out in 2004. Significant building works had taken place in the interim 12 years and water safety plans and risk assessments should reflect up-to-date schematics of the updated water distribution system. National guidelines recommend that legionella risk assessments be reviewed on an annual basis and independently audited every two years. It was reported that a tendering process for a site legionella risk assessment was underway and a risk assessment was due to be performed this year. The hospital should ensure that legionella control is managed in line with current Irish national guidelines.<sup>12</sup>

### **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.*

- The design of clinical hand wash sinks inspected conformed to Health Building Note 00-10 Part C: Sanitary Assemblies.<sup>13</sup>
- Alcohol hand gel was available at each point of care in the Oncology Day Ward.
- Staff members carried alcohol gel bottles on their person in the Day Care Unit.

**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.*

- Relevant staff in Wexford General Hospital were required to attend hand hygiene training on an annual basis. Hospital staff could avail of either practical onsite hand hygiene training or the HSEland e-learning training programme (the HSE's online resource for learning and development).<sup>14</sup>
- It was reported that 82% of relevant hospital staff were up to date with hand hygiene training. All nursing staff were up to date with hand hygiene training in the Day Care Unit. Some staff in the Oncology Day Ward were due to be retrained and this had been scheduled.
- The hospital had worked to improve the uptake of hand hygiene training by medical staff since the last inspection through various initiatives. Ongoing improvement is required in this regard as not all medical staff were up to date with training.

- To support infection prevention and control an Aseptic Non-Touch Technique (ANTT) training programme and an infection prevention and control communication strategy was launched in 2015.
- The hospital had trained a number of infection prevention and control link nurses to support audit, staff education and training.

**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

Wexford General Hospital participates in the national hand hygiene audits which are published twice a year. The hospital did not achieve the Health Service Executive (HSE) target<sup>15</sup> of 90% for hand hygiene compliance in Oct/Nov 2015 as shown in Table 1. It was reported that the hospital had achieved 87% in the May/June 2016 audit of hand hygiene compliance which is an improvement on the last period.

**Table 1: National hand hygiene audit results for Wexford General Hospital**

Period 1 - 10	Result
Period 1 March/April 2011	59.2%
Period 2 Oct/Nov 2011	No data
Period 3 June/July 2012	70.3%
Period 4 Oct/Nov 2012	75.6%
Period 5 May/June 2013	71.9%
Period 6 Oct/Nov 2013	No data
Period 7 May/June 2014	81.9%
Period 8 Oct/Nov 2014	81%
Period 9 May/June 2015	90%
Period 10 Oct/Nov 2015	85.5%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>16</sup>

The hospital needs to continue to improve in relation to hand hygiene compliance.

## Local hand hygiene audits

- Hand hygiene audit results for the Day Care Unit for January-June 2016 showed 72% hand hygiene compliance among staff based on a small sample of results. In areas where hand hygiene compliance is lower than desirable, the frequency of hand hygiene auditing should be increased.
- The Maternity and Labour Ward hand hygiene audit results up to May 2016 showed 100% compliance and St Bridget's Ward showed 93% compliance with hand hygiene standards. Hand hygiene compliance had not been audited in the Oncology Day Ward in 2016.

## Observation of hand hygiene opportunities

Hand hygiene practices were not audited by inspectors 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 up-to-date, clean and appropriately displayed in the areas inspected and visited.
- In addition, hand hygiene posters reflecting an 'It's OK to Ask' campaign were displayed. This proactive initiative encourages patients to ask staff if they have cleaned their hands.

**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.*

- Hand hygiene training uptake and compliance was monitored by the Quality and Safety Executive Committee.
- Hand hygiene audit results were displayed on a notice board in the Day Care Unit.

## 2.4 Key findings relating to infection prevention care bundles<sup>†</sup>

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

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<sup>†</sup> A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

number of guidelines published in recent years recommending their introduction across the Irish health system.<sup>17,18</sup>

Wexford General Hospital had started the process of implementing peripheral venous catheter care bundles in a number of clinical areas. The hospital had incorporated observations regarding peripheral venous catheter into its 'National Early Warning Score Adult Patient Observation Chart'. Additionally a 'Patient Assessment Form' in the Oncology Day Ward had been customized to incorporate observations relating to the management of intravascular access devices. It was reported that the hospital plans to implement urinary catheter care bundles going forward. Audit of care bundle compliance had not been implemented at the time of inspection.

The routine application of infection prevention care bundles has been proven to reduce device-related infection internationally.<sup>1</sup> It is recommended that the hospital progresses the implementation and audit of care bundles.

### **3. Summary**

A significant level of improvement was evident in relation to the hospital infrastructure compared to the last HIQA inspection in 2015 and the hospital has shown that it is clearly endeavouring to implement the *National Standards for the Prevention and Control of Healthcare Associated Infections*.<sup>1</sup>

Both the environment and patient equipment in the Oncology Day Ward were very clean and well maintained.

Opportunities for improvement were identified in relation to environmental hygiene in the Day Care Unit. The infrastructure of accommodation for surgical day patients was not in line with desirable modern standards for such facilities and this requires improvement.

Reprocessing of reusable vaginal ultrasound transducer probes was not in line with best practice guidelines and requires review and improvement.

The hospital needs to perform a legionella site risk assessment and to manage legionella control measures in line with current national guidelines.

The hospital needs to continue to improve hand hygiene compliance in order to achieve the Health Service Executive target of 90%.

Wexford General Hospital needs to continue to build on the progress to date to fully implement and audit peripheral vascular care bundles and urinary catheter infection prevention care bundles.

#### **4. Next steps**

Wexford General 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 Wexford General 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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**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](mailto:qualityandsafety@hiqa.ie)**

**URL: [www.hiqa.ie](http://www.hiqa.ie)**

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