



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of inspections at University of Limerick (UL) Hospital Ennis, Co Clare**

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

**Date of on-site inspections: 21 September and 8 November 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.

## **Table of Contents**

1. Introduction.....	1
2. Findings .....	3
2.1 Immediate high risk findings.....	4
2.2 Key findings of the 2016 inspections .....	9
2.3 Progress since the unannounced inspection on 7 August 2014.....	11
2.4 Key findings relating to hand hygiene.....	13
2.5 Key findings relating to infection prevention care bundles.....	15
3. Summary.....	16
4. Next steps .....	17
5. References .....	19

Appendix 1- Copy of letter issued to UL Hospital Ennis following the unannounced inspection on 21 September 2016.

Appendix 2- Copy of response received from UL Hospital Ennis to the letter issued by HIQA following the unannounced inspection on 21 September 2016.



## 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 the 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-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.

**Timeline of inspections:**

An unannounced inspection was carried out at the University of Limerick (UL) Hospital Ennis, on 21 September 2016. A re-inspection six weeks later examined the level of progress which had been made regarding environmental and patient equipment hygiene and regarding the management of sterile supplies in the area inspected. This report was prepared after the re-inspection and includes the findings of both inspections and any improvements observed between the first and second inspection.

A summary of these inspections are shown in Table 1.

**Table 1:** Summary of inspections carried out at UL Hospital Ennis in 2016.

<b>Date of inspections</b>	<b>Authorized persons</b>	<b>Clinical areas inspected/visited</b>	<b>Time of inspections</b>
21 September 2016	Noreen Flannelly-Kinsella Shane Grogan	The Surgical Day Ward was inspected.  The Endoscopy Unit was visited.	09.00hrs- 17.30hrs
8 November 2016	Noreen Flannelly-Kinsella Shane Grogan	The Surgical Day Ward was re-visited.  Fergus Ward was inspected.	09.30hrs- 18.30hrs

HIQA would like to acknowledge the cooperation of staff during both inspections.

## 2. Findings

This section of the report outlines the findings of the inspections undertaken at UL Hospital Ennis on 21 September 2016 and 8 November 2016.

### Overview of areas inspected

- **Surgical Day Ward**, a ward for day patients, configured such that patient accommodation comprises 12 trolleys in an open plan area.
- **Fergus Ward**, a medical ward with 25 single en-suite rooms.

In addition, the Endoscopy Unit was visited to assess the level of progress made after the unannounced inspection by HIQA on 7 August 2014.

### Structure of this report

The structure of the remainder of this report is as follows:

- **Section 2.1** describes the immediate high risk findings identified during the inspection on 21 September 2016 and the mitigating measures implemented by the hospital in response to the findings. Copies of the letter sent to the hospital regarding the findings and the response from the hospital are shown in Appendices 1 and 2 respectively.
- **Section 2.2** summarizes the key findings relating to areas of poor practice observed during the inspection on 21 September 2016 and the level of progress made by the hospital in response to these findings at the time of the re-inspection on 8 November 2016.
- **Section 2.3** outlines the progress made by the hospital and the Endoscopy Unit following the unannounced inspection by HIQA on 7 August 2014.
- **Section 2.4** 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>
- **Section 2.5** describes the key findings relating to infection prevention care bundle implementation at the hospital.

This report outlines HIQA's overall assessment in relation to the inspections, and includes key findings of relevance. In addition to this report, a list of additional low-level findings relating to poor practice during this inspection has been provided to the hospital. However, the overall nature of all of the findings are fully summarized within this report.

## **2.1 Immediate high risk findings**

### **Introduction**

During the unannounced inspection on 21 September 2016, immediate high risk findings in relation to infection prevention and control were identified. Specifically, risks were identified in relation to:

- Environmental hygiene
- Patient equipment hygiene

In addition, authorized persons identified that there was poor systems and practices in place to ensure that sterile equipment on the ward remained in date.

Cumulative findings identified were such that HIQA deemed that a re-inspection was necessary within six weeks. Details of these risks were communicated by HIQA to the hospital. A copy of the letter issued to the hospital regarding the risks identified on 21 September 2016, and a copy of the response received from the hospital, are shown in Appendices 1 and 2 respectively. Risks identified during the September inspection and the level of progress assessed during the re-inspection in November is outlined below.

### **Environmental hygiene**

The standard of environmental hygiene in the Surgical Day Ward was not in line with national infection prevention and control standards<sup>1</sup> and national cleaning guidelines.<sup>7</sup> The ward was built to modern specification with surfaces, finishes and furnishings that readily facilitated effective cleaning; however a number of deficiencies were identified in relation to environmental hygiene.

Dust and or stains were observed on a number of surfaces inspected that had been cleaned, including the undercarriage and frame of patient trolleys, bedside lockers and tables, curtains and chairs. Unacceptable levels of dust were observed in a storage locker, on floors beside a water cooler and under radiators. Dust was present on floors, window ledges, switches and call bells at bed spaces inspected. Sink outlets were unclean in some clinical hand wash sinks inspected. Inspectors observed that the frequency of environmental cleaning of these elements was not aligned with recommended national minimum cleaning frequencies for higher risk areas.<sup>8</sup> In addition, assurances were not provided that reusable spray bottles for cleaning products were effectively cleaned and dried at the end of each cleaning session in line with best practice guidelines.

Overall toilets facilities were found to be clean and inspectors observed comprehensive cleaning checklists in place for individual toilet facilities. These lists



clearly identified all of the elements that required cleaning and the required frequency of cleaning. However, the hospital needs to ensure that responsibility for supervising cleaning is clearly agreed. Cleaning checklists viewed on the day of inspection, indicated that responsibility rested with both the local area manager and the cleaning supervisor. Nonetheless, not all checklists reviewed were signed-off at the time of the inspection.

Local monthly environmental and patient equipment hygiene audits performed by the ward manager were directly related to the recommended national minimum frequencies for higher risk areas.<sup>8</sup> However, the high level of compliance observed in 2016 audits, achieving 90% to 100% compliance, was not evident on the day of inspection.

Hospital hygiene-related audit activity was coordinated centrally, results were trended and performance in relation to hospital hygiene was overseen by the hospital management team and the hygiene steering groups at both local and group level. Hygiene audits were performed monthly by clinical nurse managers in each clinical area. Additionally, the hygiene steering group multidisciplinary audits were performed yearly. HIQA recommends the frequency of managerial hygiene audits should be appropriate to the risk associated with the functional area and the cleanliness levels already achieved. More frequent auditing of high risk areas is recommended in line with national guidance.<sup>8</sup>

It was reported that bi-annual unannounced environmental hygiene audits performed by the University of Limerick (UL) Hospital Group executive management team across the group were likewise due to commence in UL Hospital Ennis.

Additionally, the hospital reported that monthly in-patient service user surveys were undertaken to assess the level of satisfaction with hospital hygiene.

### **Patient equipment hygiene**

The standard of patient equipment hygiene in the Surgical Day Ward was not in line with best practice guidelines<sup>1</sup> and recommended cleaning frequencies for higher risk areas.<sup>8</sup> Insufficient cleaning of patient equipment was observed on the first inspection. Wall mounted holders containing oxygen and suction supplies, located in two patient zone areas inspected were stained and unclean; dust and debris was observed thereby potentially increasing the risk of inadvertent contamination of clean items. These issues were highlighted and addressed at the time of the inspection.

Additionally, frequently used patient equipment including commodes, an observation monitoring trolley, blood pressure cuffs, a pulse oximeter and a resuscitation trolley were either dusty or unclean. Trolley drip stands were inappropriately stored on a

dusty floor. Inconsistencies in relation to the labelling system for clean patient equipment were evident thereby not providing assurances that cleaning of patient equipment had been performed.

### **Cleaning resources**

It was reported to HIQA that cleaning resources allocated to the Surgical Day Ward was insufficient to meet daily activity levels. The ward did not consistently have dedicated staff permanently assigned to environmental or patient equipment hygiene. Cleaning sessions commenced at 11am and duties included both environmental cleaning and catering and provision of an on-call service for other clinical areas leaving the ward without a resource during these times. In addition, there appeared to be a lack of clarity at local level in relation to a cleaning session provided overnight and the order of work, timeframes, schedules and personnel involved in these sessions.

It was reported that patient equipment was cleaned after use, however the ward did not have an allocated daily resource for cleaning patient equipment in line with national minimal cleaning frequencies for higher risk areas.

Authorized persons reviewed local environmental and patient equipment cleaning specifications and cleaning responsibility frameworks in the Surgical Day Ward. Cleaning frequencies in relation to some elements of patient equipment in the cleaning responsibility framework were not aligned with recommended national minimum cleaning frequencies for higher risk areas.

Cleaning specifications should include all the elements of both the patient environment and patient equipment including cleaning methodology, frequency of cleaning and named staff responsible. In addition, staff responsible for cleaning should have the right level of training, appropriate equipment, allocated time, know what needs to be cleaned and how often and be properly supervised.

Although there was good local ownership in relation to the variable and changeable hygiene services provided in the Surgical Day Ward, the findings did not provide assurances that cleaning services had been appropriately resourced, organized or supervised to achieve desirable cleaning standards.

### **Management of sterile medical devices**

Authorized persons identified that there were poor systems and practices in place to ensure that sterile equipment in the Surgical Day Ward remained in date. The expiration date on a quantity of sterile syringes, intravenous cannulae and an intravenous giving set located in a clean utility room had elapsed. In addition, medical sterile devices including suction catheters and airways at patient zone areas

inspected had passed the expiration date shown on the devices and should have been replaced.<sup>9</sup> These issues were addressed at the time of the inspection.

The expiration dates on medical supplies is the time up to which the manufacturer guarantees the quality of the product.<sup>10</sup> It is the responsibility of each health care worker to ensure that sterile conditions have been maintained such as checking the designated expiration dates. Sterile equipment and aseptic techniques are essential during intravenous cannulation in preventing intravascular catheter-associated infections.<sup>3</sup> Having regard for and paying attention to expiration dates on sterile medical devices is therefore of utmost importance.

It was reported to HIQA that a recent transition to a nationally centralised hospital supplies management system within the UL Hospital Group, had resulted in delays in receipt of ordered supplies. Hospital management is responsible for ensuring that there are systems and processes in place for local management of medical sterile devices and equipment.<sup>9</sup> High demand items should be available at minimum delay in clinical areas. Incident reporting policies should be followed in respect of incidents involving medical devices.

### **Re-inspection on 8 November 2016**

The next section of this report outlines the progress made by the hospital following the unannounced inspection in September 2016.

### **Environmental hygiene**

Significant progress was made in relation to environmental hygiene in the Surgical Day Ward since the first HIQA inspection however opportunities for improvement still remained. It was evident that enhanced cleaning had been performed and that the hospital management team and staff had worked together to address the findings of the first inspection. Overall, the ward environment was found to be generally clean with a few exceptions.

The hospital had devised a comprehensive cleaning schedule for night-time cleaning sessions. Clarity in relation to cleaning specifications and supervision arrangements had been enhanced. It is recommended that this arrangement is re-audited on a regular basis to provide assurances that the service being provided is sustainable as cleaning duties remained only part of an overall night-time attendant workload.

Deep cleaning of patient trolleys had been performed and all trolleys inspected were observed to be clean. Documentation reviewed showed that the hospital plans to implement regular deep cleaning schedules going forward. An audit of patient trolleys performed in September 2016 showed 100% compliance with desirable standards.

Improvement works including paintwork and the installation of a radiator pipe-work cover was evident. Revised schedules for renewing disposable curtains had been implemented. Documentation reviewed showed that plans for regular maintenance and cleaning of radiators were being developed. In addition, ancillary room storage facilities had been revised. Sink outlets had been cleaned and were included in cleaning schedules. Regular documented cleaning, decontamination and maintenance schedules for all water outlets and accessories are required in accordance with national guidance.<sup>14</sup>

Although progress had been made in relation to environmental hygiene, opportunities for improvement still remained in relation to cleaning surfaces in patient zone areas as stains were observed on a locker, a chair and a bedside table, that had been cleaned. In light of the poor practices observed during both HIQA inspections, current arrangements did not provide assurances that environmental hygiene was appropriately resourced or managed. Additionally, the hospital needs to revise the management and storage of reusable spray bottles for cleaning products so that inadvertent environmental contamination is prevented.

It was reported that plans were underway to provide training in relation to hospital cleaning. In addition, it was reported that monthly peer environmental hygiene audits performed by clinical nurse managers in other clinical areas were due to commence in the Surgical Day Ward. A local environmental hygiene audit showed 92% compliance with desirable environmental hygiene standards in October 2016.

### **Patient equipment hygiene**

Significant improvement was also observed in relation to patient equipment hygiene on the re-inspection visit in the Surgical Day Ward. Overall patient equipment inspected was observed to be clean. A labelling system, providing assurance that patient equipment had been cleaned, was in use and consistently applied.

### **Cleaning resources**

Notwithstanding the progress made in relation to environmental and patient equipment hygiene and in relation to a night-time cleaning session, opportunities for improvement still remained in relation to daily cleaning schedules, resources and supervision. During the course of the inspection, inspectors were told that cleaning staff assigned to the Surgical Day Ward had dual catering and cleaning roles. This is not the operational norm in the majority of Irish hospitals. There is a risk that dual responsibilities may dilute the effectiveness of both roles and may increase the risk of transmission of infection.

Hospital management reported that risks in relation to hygiene resource deficiencies had been entered on the hospital risk register and had been escalated to the UL

Hospital Group hygiene steering group. The hospital management team also reported that they were in discussion with a number of working groups in UL Hospital Ennis in relation to changing service needs and service delivery. Going forward, it is recommended that clinical areas are appropriately resourced to facilitate effective cleaning and that the UL Hospital Ennis is supported within the group structure in order to facilitate compliance with national standards.

### **Sterile equipment**

The hospital reported that risks in relation to expired sterile equipment in the Surgical Day Ward had been mitigated immediately as described by the hospital in Appendix 2. In addition, significant improvement in relation to practices for the management of sterile equipment in the Surgical Day Ward was evident since the September inspection. Locally devised systems for monitoring and overseeing expiration dates on sterile equipment were observed. Going forward, it is recommended that there is appropriate hospital oversight to ensure that sterile equipment is managed appropriately throughout the hospital.

## **2.2 Key findings of the 2016 inspections**

The key findings observed during the September 2016 unannounced inspection and progress made between that inspection and the re-inspection in November 2016 are presented below. Also included in this section are additional findings during the re-inspection in November 2016.

### **Infection prevention and control resources**

During the September inspection, hospital management reported that there were a significant number of resource deficiencies in relation to infection prevention and control nurse positions across the UL Hospital Group. Consequently, there was limited onsite presence in UL Hospital Ennis. It was reported to HIQA that resource deficiencies had been entered in both the UL Hospital Ennis risk register and escalated to the UL Hospital Group level. Similar resource deficiencies were identified by HIQA in 2015.

#### Re-inspection on 8 November 2016

It was reported to inspectors that a recruitment process was currently underway; however, the resource deficiencies identified remained unresolved. Deficiencies in relation to resources required to provide day to day infection prevention and control services do not facilitate the prevention and control of Healthcare Associated Infections. It is recommended that these deficiencies are addressed by the University of Limerick Hospital Group as a matter of priority.

## **Storage and ancillary facilities**

Opportunities for improvement were identified in relation to storage facilities in the Surgical Day Ward. Inspectors observed that a substantial number of folders were stored in the clean utility room. The clean utility room should be used for the preparation and storage of medications, for storing clean and sterile supplies and for preparing dressing trolleys and not for other administrative functions.<sup>11</sup>

Inappropriate storage was also observed in some ancillary rooms. There should be clear separation of both clean and dirty functions and equipment to prevent inadvertent contamination. The hospital needs to ensure that cleaning specifications for shared ancillary rooms clearly identify the frequency of cleaning and the staff responsible for such areas. Only designated store rooms should be used for storage purposes.

### Re-inspection on 8 November 2016

It was evident that the hospital management team and ward staff had addressed all of the recommendations in relation to storage and facilities in the Surgical Day Ward on the re-inspection visit.

## **Fergus Ward inspected 8 November 2016**

### Environmental and patient equipment hygiene

Overall the patient environment and patient equipment was generally clean with a few exceptions. The ward was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Appropriate ancillary facilities were available for the storage and management of supplies and equipment. Roles and responsibilities were clearly defined in relation to cleaning of both the environment and patient equipment. In addition, supervision arrangements were in place. Daily cleaning checklists had been signed to indicate that cleaning had been completed. A labelling system outside vacant rooms denoted that cleaning had taken place. The cleaning service on this ward was provided by an external cleaning provider and hospital healthcare assistants.

However, opportunities for improvement were observed in relation to cleaning of the undercarriages of beds, chairs and footstools as stains were observed on a number of these surfaces despite the fact that they had been deemed clean.

In addition, in relation to patient equipment hygiene, dust and or stains were observed on a medication fridge and in a cupboard containing syringe-drivers. A labelling system was in place for patient equipment also. However, inspectors observed that syringe-drivers were not included in checklists reviewed and were also unlabelled thereby not providing assurance that cleaning had taken place.

During this inspection, inspectors observed that an ancillary treatment room was being used to accommodate two additional beds. It was reported that this arrangement was in accordance with the hospital group escalation policy. This should not be regarded as a suitable long term arrangement for patient accommodation.

Monthly environmental and patient equipment hygiene audits were performed by the clinical nurse manager. The most recent results showed that environmental hygiene, sanitary facilities and patient equipment hygiene achieved over 95% compliance with desirable standards in October 2016. In addition, annual unannounced hygiene audits performed in Fergus Ward in May 2016 showed compliance with desirable environmental and patient equipment standards to be greater than 91%.

#### Management of sterile medical supplies and medical equipment

Inspectors observed that expiration dates on a small quantity of sterile medical devices had expired. These items were also observed to have been stored inappropriately. This issue was highlighted and addressed at the time of the inspection.

Additionally, inappropriate storage of medical equipment such as an intravenous trolley, a blood glucose monitor and integrated sharps trays was observed in an office adjacent to the workstation. The office was also used for storing staff personal items. Medical equipment must be managed and stored appropriately in order to limit the risk of inadvertent contamination. Use of this room as both an office and a clinical room is not appropriate and requires review.

#### Transmission-based precautions

The door to an isolation room accommodating a patient requiring transmission-based precautions was open at the time of inspection which was not in line with best practice. Doors to rooms of patients requiring transmission-based precautions should be kept closed as much as possible and a risk-based approach taken, if necessary.

#### Healthcare risk waste management

The temporary closure mechanism was not in place in two sharps bins in the clean utility room. Healthcare risk waste should be managed in line with current best practice guidelines.<sup>12</sup> A hospital audit conducted on the safe handling and disposal of sharps showed 82% compliance with desirable standards in Fergus Ward and 94% compliance with desirable standards in the Surgical Day Ward in September 2016.

### **2.3 Progress since the unannounced inspection on 7 August 2014**

HIQA reviewed the quality improvement plan (QIP)<sup>13</sup> published by UL Hospital Ennis, following the 2014 inspection. Findings in relation to a number of issues identified

during the previous inspection had been addressed. Actions required for the 12 items identified on the QIP were listed and viewed. Seven items on the list were documented as complete at the time of the September 2016 inspection. The remaining five issues were in progress which included monthly hygiene audits, a *Legionella* risk assessment, infection prevention and control education and hand hygiene audits. The commitment of staff and the investment of time, effort and resources required to implement the QIP is acknowledged by HIQA.

The hospital had reviewed and standardized hygiene audit practices, frequencies and processes throughout the hospital. Monthly hygiene audits were coupled with associated quality improvement plans and aligned to address issues identified in environmental hygiene audits. The hospital hygiene steering group had commenced yearly unannounced hygiene audits. Documentation reviewed showed that regular education and training was provided to staff in relation to correct usage of personal protective equipment and hand hygiene.

It was reported that an independent *Legionella* risk assessment was performed in 2014 and repeated in October 2016 and that oversight was provided by the UL Hospital Group legionella committee. National guidelines recommend that all hospitals have a *Legionella* risk assessment performed and reviewed by a competent person on an annual basis or if any significant changes have been made to the water system and is independently audited every two years.<sup>14</sup>

### **Visit to the Endoscopy Unit 21 September 2016**

The level of progress made since the 2014 HIQA inspection was assessed during the visit to the Endoscopy Unit. Cleaning schedules had been revised to include schedules and checklists for both the clean room and the decontamination room. Since the September inspection, authorized persons were informed that endoscopy decontamination periodic testing was aligned with national standards for endoscopy reprocessing units.<sup>15</sup> In addition, a roster system was devised which identified both the day for testing and the responsible person to undertake the task. The hospital had invested in additional endoscopy rigid container lids for transporting endoscopes.

During the visit to the Endoscopy Unit, inspectors were informed that an endoscope drying storage cabinet had been decommissioned for the previous five months. The timescale for repairs should take into consideration the expected usage and the additional workload generated. It is recommended that a resolution is sought as a matter of priority.



## 2.4 Key findings relating to hand hygiene

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

- Alcohol hand gel was available at each point-of-care in both wards inspected in line with national guidelines.
- The design of all clinical hand wash sinks was compliant with Health Building Note (HBN) 00-10 Part C: Sanitary Assemblies guidelines in the areas inspected in both wards.<sup>16</sup>
- A number of alcohol gel dispensers were unclean in both wards inspected.
- There was no dedicated hand wash sink or alcohol gel in the household equipment room in the Surgical Day Ward.

**2.4.2 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 hand rubbing and hand washing, to all healthcare workers.*

- Staff in UL Hospital Ennis are required to complete face-to-face mandatory hand hygiene training on an annual basis which is more than the HSE requirement for training every two years.
- 100% compliance in hand hygiene training was demonstrated in both wards inspected.
- Records reviewed show that 99.5% of hospital staff are up to date with mandatory training for 2016.
- Hand hygiene training is facilitated at local level by local hand hygiene trainers.
- HIQA was informed that a number of staff, having completed an infection prevention and control university module, were due to commence hand hygiene auditing in UL Hospital Ennis.
- Infection prevention and control training provided to staff in the Surgical Day Ward and Fergus Ward included hand hygiene, infection prevention and control, aspergillosis, legionnaires, multi-drug resistant organisms and standard precaution training.

**2.4.3 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 audit results

- UL Hospital Ennis is a member of the University of Limerick Hospital Group (UL Hospital Group). The UL Hospital Group commenced reporting data as a group in the national hand hygiene audits in October 2013. UL Hospital Ennis submits its

hand hygiene data as part of the University of Limerick Hospital group. The overall UL Hospital Group compliance in October/November 2015 exceeded the Health Service Executive's (HSE) national target of 90%.<sup>17</sup> The UL Hospital Group has maintained compliance with the HSE target in May/June 2016 as shown in Table 2 which is commendable.

**Table 2: National Hand Hygiene Audit Results for UL Hospital Ennis and the University of Limerick Hospital Group**

<b>Time period</b>	<b>Result</b>
October/November 2011 (Ennis Hospital)	88.5%
May/June 2012 (Ennis Hospital)	89.9%
October/November 2012 (Ennis Hospital)	93.8%
May/June 2013 (Ennis Hospital)	87.6%
October/November 2013 (UL Hospital Group average of data received from three Directorates)	87.8%
May/June 2014 (UL Hospital Group average of data received from three Directorates)	86.9%
October/November 2014 (UL Hospital Group average of data received from three Directorates)	84.7%
May/June 2015 (UL Hospital Group average of data received from three Directorates)	86.5%
October/November 2015 (UL Hospital Group average of data received from three Directorates)	92.8%
May/June 2016(UL Hospital Group average of data received from three Directorates)	90.3%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.<sup>18</sup>

### **Local hand hygiene audits**

- Hand hygiene compliance audits are undertaken on a monthly basis as part of the monthly hygiene audit schedules. The Surgical Day Ward and Fergus Ward achieved 100% hand hygiene compliance in October 2016 audits.

- A hospital hand hygiene audit performed in 2016 showed that Fergus Ward achieved 80% compliance in March and the Surgical Day Ward achieved 93% compliance in October 2016.

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

Observations of hand hygiene practice were not performed during this inspection.

**2.4.4 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 and the World Health Organisation '5 moments for hand hygiene' advisory posters were up-to-date and appropriately displayed in all areas inspected in the Surgical Day Ward and Fergus Ward.
- Hygiene Update Boards displayed hand hygiene compliance and surveillance data in clinical areas.

**2.4.5 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.*

- Several disciplines of staff have attended Infection Prevention and Control training in UL Hospital Ennis.
- Daily UL Hospital Group teleconference huddles include discussions on infection prevention and control issues across the group.
- Printed information sheets including infection control, Healthcare Associated Infections, and hand hygiene are available in the hospital.
- Hand hygiene certificates are provided to areas demonstrating greater than 90% compliance with hand hygiene audits and clinical areas are re-audited if compliance falls below the national target for hand hygiene compliance.
- A patient satisfaction survey conducted in Surgical Day Ward 2014 demonstrated 100% satisfaction with environmental hygiene and hand hygiene practices.
- Monthly nursing metrics recorded data in relation to patient satisfaction with hand hygiene and environmental hygiene.

## **2.5 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

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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.

across the Irish health system.<sup>3, 4</sup> It was reported that peripheral vascular and urinary catheter care bundles had been implemented in both in-patient wards in UL Hospital Ennis.

Monitoring compliance with care bundles are important process measures for evaluation of catheter-related blood stream infection preventative programmes. Inspectors reviewed documentation and spoke with staff in relation to infection prevention care bundles in Fergus Ward and it was evident that catheter care bundles were in use. Documentation received showed that compliance with care bundles achieved 100% compliance in the audits completed in 2016. Inspectors observed that urinary catheter care bundles did not clearly identify how often staff were required to complete the bundle.

Monthly nursing metrics also recorded data in relation to elements of invasive device management. 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. The Surgical Day Ward had introduced a locally devised evidenced-based care pathway for change of urinary catheter procedures which is also commendable.

The University of Limerick Hospitals Group including the UL Hospital Ennis has an ongoing programme for surveillance of Healthcare Associated Infections and multi-drug resistant organisms. The surveillance data, including hand hygiene trends, are reported on dashboards and fed back on a quarterly basis to the UL Hospital Group infection control committee and directorate management teams. Documentation reviewed show that trends are monitored and investigated and reports are shared with key stakeholders including the UL Hospital Ennis.

### **3. Summary**

Following an unannounced inspection at UL Hospital Ennis, a number of deficiencies were identified in relation to environmental and patient equipment hygiene and in relation to the management of sterile equipment in the ward inspected. Cleaning processes did not appear to have been effectively resourced, managed or overseen in the Surgical Day Ward. In addition, processes to ensure sterile equipment in the ward remained in date were not evident. Cumulative findings were enough to be considered an immediate high risk finding and a re-inspection was carried out November 2016.

HIQA observed significant improvement in relation to environmental and patient equipment hygiene upon the re-inspection visit. The hospital was endeavouring to address all of the findings identified. However, there remained scope for improvement in relation to cleaning specifications and resources particularly in the context of varying activity levels in the Day Surgery Unit. It is recommended that

appropriate governance arrangements are in place to ensure that hygiene service delivery in the Surgical Day Ward is effectively managed.

Local management of sterile medical devices had been revised and processes and procedures had been put in place to ensure that sterile equipment remained in date. However, learning in regard of the findings of the September inspection did not appear to have been shared sufficiently across the hospital. The hospital should ensure that robust systems are in place including clear procedural guidance for the safe and effective management of sterile medical devices.

Overall the patient environment and patient equipment in Fergus Ward was generally clean and well maintained with some exceptions. HIQA recommends that the hospital reviews cleaning specifications specifically in relation to the undercarriage of beds, chairs and footstools.

Hand hygiene compliance for UL Hospital Ennis is included in the University of Limerick Hospital Group data which achieved a hand hygiene compliance score of 90.3% in May/June 2016, which is in line with the Health Service Executive national compliance target of 90%. Hand hygiene training compliance was 99.5% for the previous 12 months in UL Hospital Ennis.

Peripheral vascular catheter and urinary catheter care bundles had been implemented in both in-patient wards which is commendable.

It was reported that the hospital has repeated a *Legionella* risk assessment in October 2016 and were awaiting the report at the time of the re-inspection visit. The hospital should assure itself that any recommendations from the risk assessment are addressed promptly.

The UL Hospital Ennis, as a member of the wider University of Limerick Hospital Group, should be supported within the group structure in order to facilitate compliance with national standards.

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

UL Hospital Ennis must now revise and amend its 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 the UL Hospital Ennis 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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**Appendix 1-Copy of letter issued to UL Hospital Ennis following the unannounced inspection on 21 September 2016.**



Sheila Mulcair  
Site Manager  
Ennis Hospital  
Ennis  
Co Clare  
[sheila.mulcair@hse.ie](mailto:sheila.mulcair@hse.ie)

22 September 2016

Ref: PCHCAI/672

Dear Sheila

**National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI) Monitoring Programme**

I am writing as an Authorized Person under Section 70 of the Health Act 2007 (the Act) for the purpose of monitoring against the National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI) pursuant to Section 8(1)(c) of the Act.

Under section 8(1)(c) of the Act, authorized persons from the Health Information and Quality Authority (HIQA) carried out an unannounced inspection at UL Hospital, Ennis on 21 September 2016.

During the course of the unannounced inspection, authorized persons identified specific issues that may present a serious risk to the health or welfare of patients, visitors and staff and immediate measures need to be put in place to mitigate these risks.

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The findings identified were such that a second unannounced re-inspection will be conducted within six weeks. The risks identified at UL Hospital, Ennis included, but were not limited to:

- **Environmental and patient equipment hygiene** – the quality of environmental and equipment cleaning in the Surgical Day Ward was poor and cleaning processes and systems in place were not effective and not in line with best practice.

In addition, authorized persons identified that there was poor systems and practices in place to ensure that sterile equipment on the ward remained in date.

Given the potential risks of infection associated with an unclean patient environment, unclean patient equipment and the risk of unsterile equipment; there is an urgent requirement to mitigate these risks. The above issues were brought to the attention of the senior hospital management team during the inspection.

While these issues and this correspondence will be referred to in the final inspection report, HIQA believes it is important that these risks are brought to your attention now, in advance of this. This is being done so that you may act to mitigate and manage the identified risks as a matter of urgency and in preparation for a re-inspection by HIQA within six weeks.

Please formally report back to HIQA by **5pm on 29 September 2016** to [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie), outlining the measures that have been enacted to mitigate the identified risks. Details of the risks identified will be included in the report of the inspection. This will include copies of HIQA's notification of high risks and the service provider's response.

Should you have any queries, please do not hesitate to contact me at [qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie).

Please confirm receipt of this letter by email ([qualityandsafety@hiqa.ie](mailto:qualityandsafety@hiqa.ie)).

Yours sincerely



Noreen Flannelly-Kinsella  
Authorized person

CC: Collette Cowan, Chief Executive Officer, University of Limerick Hospitals  
Group  
Mary Dunning, Chief Inspector and Director of Regulation, Health  
Information and Quality Authority

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**Appendix 2-Copy of response received from UL Hospital Ennis to the letter issued by HIQA following the unannounced inspection on 21 September 2016.**



**Ospidéal na hOllscoile, Luimneach  
University Hospital Limerick**

**Office of the Chief Executive Officer  
UL Hospitals  
University Hospital Limerick  
Dooradoyle  
Limerick**

**Tel: 061-482598**

CC/TH/NFK

28<sup>th</sup> September 2016

Ms. Noreen Flannelly-Kinsella  
Authorised Person  
HIQA  
Unit 1301  
City Gate  
Mahon  
Cork

Your Ref: PCHCAI/672

Dear Ms. Flannelly-Kinsella,

Further to your letter on 22<sup>nd</sup> September 2016, I wish to advise that the following measures have been put in place to address the specific issues which the Authority believes present a high risk to the health and welfare of patients.

Issues identified following the inspection:

***Environmental hygiene***

UL Hospitals Ennis have put in place strategies to achieve high quality improvements in line with the National Standards for the Prevention and Control of Health Care associated Infections (PCHCAI 2009).

This includes but is not limited to:

- A deep clean of the Surgical Day Ward, re-audit to ensure compliance with National Standards.
- Cleanpass training for staff to be progressed.
- Working groups in progress to review service needs and assignment of dedicated staff with segregated duties to units.
- Local training of cleaning schedules will be provided to hygiene teams.



**Ospidéal na hOllscoile, Luimneach**  
**University Hospital Limerick**

**Office of the Chief Executive Officer**  
**UL Hospitals**  
**University Hospital Limerick**  
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- Review and replacement of damaged equipment.
- Patient equipment cleaning schedule being reviewed through local working groups.
- Reinforce tagging system for clean equipment.
- Implementation of system checks to ensure compliance with sterile equipment.

The area in question will be re-audited as per local quality improvement plans. The local management and directorate leads will be informed of the results and any resulting actions needed.

ULH Ennis welcomes feedback from the Authority and expresses significant disappointment at the recent feedback session following the unannounced inspection on 21<sup>st</sup> September 2016.

Please note attached quality improvement plan outlining progress to date.

I would like to assure the Authority that high quality safe care remains a priority for the UL Hospitals.

Yours sincerely,

Colette Cowan  
Group Chief Executive  
UL Hospitals



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