Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Overview of inspections in public acute hospitals against the *National Standards for the Prevention and Control of Healthcare Associated Infections*

From February 2014 to January 2015

19 March 2015

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.

- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.

- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.

- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.

- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Table of contents

Foreword by Mary Dunnion, Acting Director of Regulation

This report reviews the findings of unannounced hygiene inspections carried out by the Health Information and Quality Authority (referred to in this report as the Authority) in public acute hospitals between February 2014 and January 2015. These inspections are carried out to check whether or not hospitals are meeting the *National Standards for the Prevention and Control of Healthcare Associated Infections*[1] (referred to in this report as the Infection Prevention and Control Standards).

The Authority started monitoring against the Infection Prevention and Control Standards in November 2012. Since the start of the inspection programme in 2012, we have completed 96 inspections in public acute hospitals. This report covers the period between February 2014 and January 2015, when 54 inspections were undertaken. In 2014, 49 inspections and 3 re-inspections were carried out and a further two re-inspections were carried out in early January 2015. These five re-inspections were conducted within six weeks of the initial inspection, and were required due to especially poor compliance with environmental and hand hygiene standards at the time of the first inspection in the hospitals in question.

The overall aim of this inspection programme is to improve the quality and safety of health services and to provide assurances to the public that Irish public acute hospitals are maintained and managed in a way that reduces the risk of acquiring a Healthcare Associated Infection.

All of our inspections during 2014 were unannounced, with a particular focus on environmental hygiene and hand hygiene. A clean hospital environment and good hand hygiene practices are not only essential elements in the prevention and control of infections but also offer a window to view the patient experience at a given moment in time. There were 47 inspection reports published on our website, www.hiqa.ie, outlining the findings of the 54 inspections.

The format of inspection reports changed in 2014 with the expectation that hospitals should be well on their way to achieving compliance with the Infection Prevention and Control Standards in 2014. For this reason, the reports focused on the non-compliances seen during these inspections. This does not mean that most hospitals were either not compliant or on their way to achieving compliance with many of the standards, and pockets of excellence were seen by our inspectors throughout the year.

It is also important to note that the areas inspected represent a fraction of the clinical areas within Irish public acute hospitals and are a 'snapshot' view. It is recognised that performance on the day of inspection can be influenced by many factors that can occur at a given time in a complex environment. Just because one area at the time of an unannounced inspection may have poor hygiene standards does not necessarily mean that all areas within the hospital are the same. It does, however, indicate that there is room for improvement in the area inspected. Similarly, areas that were observed to be clean at the time of the inspection may not necessarily be perceived by patients to be clean at a different time. It is therefore essential that hospitals put in place effective internal systems to provide assurances to the public that they are clean.

The experience gained from our inspections of Irish hospitals shows that while some progress in achieving compliance with standards has occurred in recent years, there is still room for improvement in both the areas of environmental and hand hygiene. While progress was observed in most hospitals inspected on issues relating to hygiene, our inspectors found that there were several recurring areas for improvement. These included poor environmental hygiene standards such as unclean patient equipment, poor maintenance and waste management, poor hand hygiene practice and the inappropriate use of gloves and aprons.

'Putting people first' is central to our mission to improve the quality and safety of care experienced by people using healthcare services in Ireland. It is our role as a healthcare regulator to highlight areas of poor compliance and ensure that hospitals are constantly working towards providing an environment that is safe and clean for the potentially vulnerable patients who rely on the services provided.

Two key areas for improvement focus

- ### Improving the cleanliness of patient equipment

  In many hospitals at the time of inspection, we regularly saw unclean patient equipment on wards, particularly in relation to frequently used shared patient equipment, such as commodes* and blood sugar monitoring equipment. Patients have the right to expect that equipment which is designed for reuse is thoroughly cleaned after each use. The cleaning of reusable patient equipment is one of the internationally recognised standard infection control precautions that needs to be applied by all healthcare workers when delivering care to patients.

* A type of portable toilet used to aid mobility restricted patients.

Some hospitals had implemented effective ways to ensure that patient equipment was clean, despite being very busy and faced with financial constraints. It would benefit all hospitals to review our inspection reports as a means of identifying how these hospitals had effective established systems to ensure reliably clean patient equipment. All hospitals should also work together to better facilitate the sharing of local good practice in addressing this problem for the benefit of all patients.

- **Better sharing of information between hospitals on what works best to enable hand hygiene best practice**

  Hand hygiene plays a critical role in the prevention and control of Healthcare Associated Infections. This report shows that even though there had been much improvement in hand hygiene practices in most of the hospitals since 2011 – when the national hand hygiene audit results were first published – further collective improvements is needed.

  The Health Service Executive (HSE) has set a target for 90% compliance with hand hygiene best practice to be reached by all hospitals for 2015. Every hospital should ensure that this target is achieved in 2015.

  International evidence shows that when you work to enhance many different measures to improve hand hygiene together in parallel, you can significantly improve hand hygiene practices and subsequently reduce the risk of patient infection. Many hospitals have introduced successful initiatives to promote hand hygiene best practice at a local level. Greater teamwork between hospitals to share information and lessons learnt in improving hand hygiene practice locally may result in a greater collective benefit for patients nationally in other hospitals.

Mary Dunnion,

Acting Director of Regulation,

Health Information and Quality Authority

About this report

This report presents the findings of 54 unannounced inspections carried out by the Authority in public acute hospitals between February 2014 and January 2015. This includes unannounced re-inspections which took place within six weeks of initial inspection in five hospitals[±] where performance was especially poor during the first inspection. The aim of re-inspection was to drive rapid improvement between inspections.

One public acute hospital was not inspected against the Infection Prevention and Control Standards during this period as it was the focus of a separate regulatory process by the Authority.[¥]

A total of 47 inspection reports outlining the findings of the 54 inspections, including five re-inspections, were published by the Authority on its website, www.hiqa.ie. There are two reasons why the numbers of inspection reports are lower than the overall inspection numbers. Firstly, only one report was prepared for the five hospitals where a re-inspection was carried out after the initial inspection. This report included the findings from the initial inspection and the re-inspection. Secondly, there were two reports which included the findings of inspections of two different hospital sites where the same management team was present in both hospitals.[∞] A list of the 47 inspection reports is shown in Appendix 1.

During the course of the 54 inspections, over 80 clinical areas were inspected which covered a range of treatment specialities including surgery, medicine, orthopaedics, trauma and oncology, and higher risk areas such as intensive care units, coronary care units and high dependency units.

In addition, other areas which accommodated patients especially vulnerable to possible infection were inspected for the first time, such as neonatal intensive care units, renal dialysis units and operating theatres. When overall bed numbers in the inspected areas were added together, the Authority's inspections covered almost 20% of the overall bed complement in Irish public acute hospitals during the 12-month period covered by this report.

[±] Re-inspections were carried out in five hospitals namely: Wexford General Hospital; Connolly Hospital, Dublin; Tallaght Hospital, Dublin; Cork University Hospital/Cork University Maternity Hospital; and University Hospital Limerick.
[¥] Investigation into safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise.
[∞] The findings from Cork University Hospital and Cork University Maternity Hospital were included in one inspection report. The findings from inspections carried out at University College Hospital Galway and Merlin Park University Hospital were also included in a single inspection report.

Mission of the Authority

The mission of the Authority is derived from the statutory functions described in the Health Act 2007 and can be summarised as:

"Drive high quality and safe care for people using our health and social services."

Authority's values

- **Putting people first** — we will put the needs and the voices of service users, and those providing them, at the centre of all of our work.
- **Fair and objective** — we will be fair and objective in our dealings with people and organisations, and undertake our work without fear or favour.
- **Open and accountable** — we will share information about the nature and outcomes of our work, and accept full responsibility for our actions.
- **Excellence and innovation** — we will strive for excellence in our work, and seek continuous improvement through self-evaluation and innovation.
- **Working together** — we will engage with people providing and people using the services in developing all aspects of our work.

Find out more on the Authority's website: www.hiqa.ie.

The inspection process

The aim of the inspection is to gather information about how clean the hospital's environment and facilities are, as well as the hospital's performance in relation to hand hygiene. While the main focus of the inspection relates to Standards 3 and 6 of the Infection Prevention and Control Standards, 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 may not be assessed in their entirety during an inspection. Therefore the findings reported are related to a particular aspect of a Standard which was observed during an inspection.

In line with the Authority's inspection programme for 2014, re-inspections were carried out in five hospitals within six weeks of the first inspection. These were conducted where performance was observed to be especially poor during the initial inspection. The format followed for the re-inspections was tailored towards inspection of the issues identified during the first inspection and an assessment of any improvements seen between the first and second inspections. The aim of the re-inspections was to drive rapid improvement in relation to the immediate high risks identified.

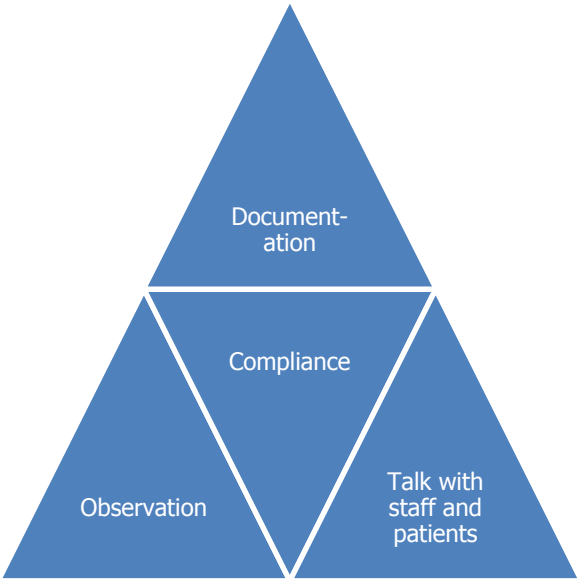
Before inspection

Prior to an inspection, key pieces of information relating to the hospital – such as previous inspection reports, any relevant information received by the Authority about the hospital and data that the hospitals have published, such as their quality improvement plans (QIPs) and their performance in the national hand hygiene audits – are examined by the inspection team. Particular issues that may need to be addressed during the inspection are discussed by the inspection team in preparation for the inspection.

During inspection

On the day of the unannounced inspection, the inspection team arrives at the hospital reception and asks to speak with whoever is in charge of the site on that day. This is usually the chief executive officer (CEO) or general manager. The team briefly meet with them to outline the general plan for the inspection. A standardised hygiene observation tool is used by the inspection team 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. The inspection team may talk with staff and patients during the inspection and review documentation at both ward and senior management levels. At least three sources of information are gathered and analysed by the inspection team to assess compliance with the Standards in a process known as 'triangulation' (Figure 1).

Figure 1. Triangulation of evidence



Details on key findings from the inspection are communicated by the inspection team to ward managers and senior management during the inspection.

During the inspection, the inspection team will inform senior management of any identified high risks which require immediate action to allow them to put the necessary actions in place to rapidly address the risks. In addition, the hospital CEO and or general manager is notified in writing of the identified immediate risk and required to formally report back to the inspection team with an action plan to reduce and effectively manage the risk. Members of senior management in the HSE are also notified in writing of the identified risk.

After inspection

A report detailing the findings from the inspection is published on the Authority's website. Where a re-inspection occurs, a single report is prepared following the second inspection and includes the findings of both inspections and any improvements observed between the first and second inspections.

The inspection team may also write formally to hospitals after inspections to notify them of any other high (but not immediate) risks which have been identified. The purpose of these letters is to clearly explain the high risks identified and to seek assurances that the high risks are being dealt with in an effective way by the hospital.

Quality improvement plans (QIPs)

The Authority asks each hospital to publish a quality improvement plan (QIP) within six weeks of the publication of an inspection report. The QIP should prioritise the improvements that are necessary in the hospital in order to address the findings of the inspection and bring the hospital into compliance with the Infection Prevention and Control Standards. This QIP must be approved by the hospital's CEO and or general manager. We ask each hospital to publish the QIP on its website, and provide us with details of the website link to the QIP. It is the responsibility of the hospital to formulate, resource and implement its QIP to completion. The inspection team monitors the publication of the QIP and will review QIP progress when conducting subsequent inspections.

Findings

As part of the 2014 inspection programme, the Authority inspected public acute hospitals with the expectation that compliance with the Infection Prevention and Control Standards was well underway. Therefore, only non-compliances identified were reported on. In all hospitals inspected, there was evidence of compliance with the Standards and much good practice was seen by inspectors. However, in all hospitals, areas of non-compliance were also recorded.

High-risk letters were sent to seven of the 49 hospitals post-inspection. In five out of seven high-risk letters sent, the correspondence notified the hospitals that follow-up unannounced re-inspections would be carried out within six weeks of the first inspection. The main high-risk issues identified by the inspectors which prompted formal correspondence related to:

- environment and facilities management
- hand hygiene
- communicable and or transmissible disease control
- and unclean patient equipment.

In order to share overall learning from this inspection programme, the following section looks at areas where hospitals needed to improve, and reviews the findings around compliance with best practice in environmental and hand hygiene in the hospitals inspected.

Environmental hygiene

The inspection team carried out environmental observations as part of their inspections, with varying levels of compliance being observed. While most hospitals were generally clean, there were a significant number of hospitals inspected where improvements in environmental hygiene was required.

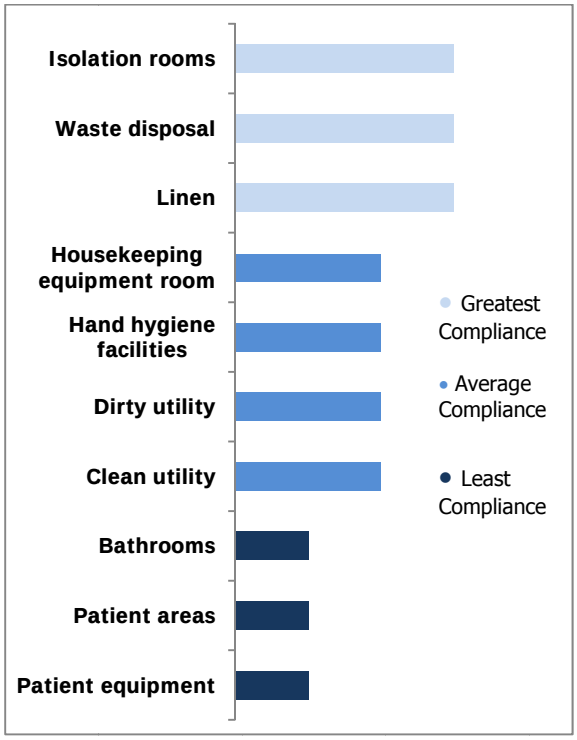
There was poor compliance with keeping patient equipment clean and in areas of high activity such as patient areas and sanitary facilities used by patients. Poor environmental hygiene in these areas increases the potential risk of the spread of Healthcare Associated Infections. Therefore, these areas should always be cleaned effectively to reduce these risks.

Figure 2 demonstrates that variable compliance was achieved in relation to environmental standards. Areas achieving the greatest compliance included isolation rooms, waste disposal and linen. Average compliance was attained in areas such as clean and 'dirty'[#][≠] utility rooms, equipment rooms and hand hygiene facilities. However, areas of high activity such as patient areas and bathrooms had considerably lower compliance across the 49 hospitals inspected. Patient

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

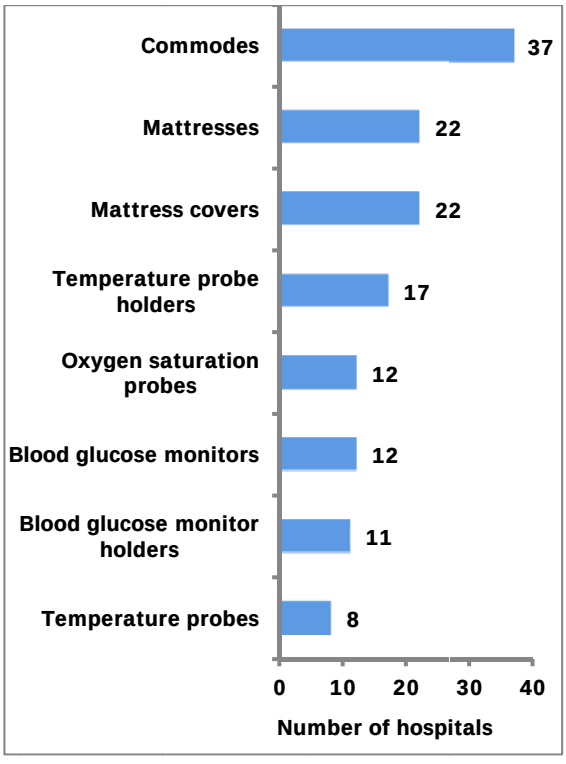
equipment was also commonly unclean. The inspection team was concerned to find that a significant

Figure 2: Categorisation of overall hospital compliance with environmental standards during 2014 inspections.



number of hospitals inspected in 2014 were using items of reusable patient equipment which was unclean. For example, Figure 3 demonstrates that 37 out of 49 hospitals (75.5%) had unclean commodes in the clinical areas inspected. Keeping commodes clean on an ongoing basis is very important as an effective way to reduce the potential spread of *Clostridium difficile* and should be a particular focus for improvement in all hospitals.[2] In addition, in just under a quarter of hospitals it was observed that blood glucose monitoring kits (monitors or holders) were unclean. Unclean blood glucose monitoring equipment has likewise been implicated in Healthcare Associated Infection outbreaks in numerous healthcare settings, and is a concern to the Authority. The practice of unnecessarily bringing holders into the patient zone rather than just the required equipment was identified by inspectors as a common practice which should be revised by hospitals to mitigate the risk of equipment contamination. In a significant number of hospitals, the inspectors viewed incomplete cleaning records for items of frequently used patient equipment. Cleaning checklists for patient equipment were not adequately completed in several hospitals. Some

Figure 3: Number of hospitals where unclean items of patient equipment were observed in clinical areas inspected during 2014.



cleaning checklists did not include all items of patient equipment, while some did not indicate which items of patient equipment had been cleaned on a specific day. Additionally, there were no cleaning checklists in some hospitals.

In a few cases, inspectors found that checklists had been completed on the day of the inspection or the day before the inspection indicating that equipment had been cleaned, but this was not always what was observed by inspectors. For example, levels of dust or staining suggested that checklists were completed without the equipment having been adequately cleaned. This finding emphasises the importance of building staff awareness about adherence to best practice and monitoring environmental hygiene. The deficiencies identified with regard to cleaning checklists were of concern to the inspectors. Inspectors were not convinced that a system or process was in place to ensure patient equipment was being cleaned daily and in between use by different patients in many hospitals, in line with best practice.[3]

It was also evident that some hospitals lacked identifiable staff with overall responsibility for ensuring that the cleaning of patient equipment was completed. The HSE National Cleaning Standards Manual for Acute Hospitals recommends that every hospital should devise an alphabetised listing of all patient equipment indicating the item, the method of decontamination and the staff member responsible for cleaning and decontamination.[4] It is essential that any system and or process used should provide assurance that environmental hygiene is being effectively maintained and monitored to ensure hospitals and equipment are clean and well maintained.

Inspectors noted several opportunities for improvement in the use of labelling systems by hospitals, which were used to record whether an item of patient equipment had been cleaned. For example:

- some labelling systems were not being used properly on the day of inspection
- labels on some equipment indicated that it had not been cleaned in line with hospital policy
- some items of equipment which had been labelled as cleaned were not in fact clean.

These issues raised concerns for the inspectors and reflected the low level of compliance seen with regard to the cleanliness of patient equipment.

The inspectors also observed good practice in relation to the cleaning of items of patient equipment. For example, several hospitals utilised a 'traffic light' tagging system for the cleaning of patient equipment. Green labels attached to equipment provided assurances that equipment had been cleaned. Yellow labels indicated that equipment needed maintenance or repair and red labels indicated that equipment was for disposal. The

inspection team also noted that some hospitals had a tagging system in place for the cleaning of blood glucose monitors on a daily basis. In addition, several hospitals had designated staff in place with responsibility for the cleaning of patient equipment.

The inspectors observed innovative practice in one hospital involving the cleaning of specialist equipment, which included training on the dismantling of equipment before cleaning and on re-assembling afterwards. Staff were required to complete a competency assessment by a designated expert prior to being deemed competent to clean the specialist equipment.

Environmental auditing

Environmental auditing is a continuous process involving the checking of environmental standards.[3] The required frequency of environmental auditing depends on risk classification, and findings should be prioritised accordingly. For example, an area classified as high risk – such as operating theatre suites – should be audited more frequently than an area classified as low risk, such as an office.[3] A problem identified in a high-risk area will need to be resolved immediately, whereas a timescale can be agreed for a low-risk area.[3] Organisations need to demonstrate an effective checking process for identifying whether performance levels are being achieved and maintained, as this is an essential part of providing assurance about the cleanliness of a hospital.

The inspectors noted that environmental auditing was carried out in most hospitals inspected during 2014. The frequency of environmental auditing varied in each hospital inspected from weekly to twice a year.

Involving staff members from different groups within the hospital can assist in increasing individual and collective responsibility for maintaining the cleanliness of a hospital. Environmental audits were carried out by various members of staff and hospital teams. For example, environmental auditing was completed by household staff, domestic and cleaning supervisors, infection prevention and control nurses, a support services team, ward managers, clinical nurse managers, the environmental department, hygiene auditors, portering staff, a contract cleaning company, members of an executive team and members of a multidisciplinary team.

Following an environmental audit, most hospitals initiated action plans, which included measures to rectify poor performance highlighted during the audit. The inspectors were informed that some issues resulting from environmental audits were addressed immediately. However, other issues required additional assistance from senior management or other staff to be resolved. A range of methods were implemented to confirm

the conclusion of outstanding matters. These included:

- Discussing issues at hygiene committee meetings and at hygiene operational team meetings.
- Escalating issues to infection control teams, maintenance, facilities managers, facilities management committees and technical services departments.
- Reporting issues to hygiene coordinators, head porters, infection control committees and cleaning managers.
- Following up on outstanding issues by ward managers and infection control teams.

The inspectors noted that most hospitals adequately closed out issues arising from environmental audits. However, some hospitals did not have a time frame for finally resolving issues, with some issues not being addressed at all and others ongoing due to limited resources.

Re-auditing was conducted by several hospitals in order to drive improvements in their environmental hygiene. Hospitals undertook re-audits in a variety of circumstances including if compliance with standards was below 85%, between 75% and 85% and below 75%. However, the inspection team was concerned that re-auditing was not performed in one hospital due to reported resource constraints.

The inspection team observed innovative practices in relation to environmental auditing. In one hospital, an environmental award system was used to recognise and reward the top three wards which had received the highest scores for compliance with spot hygiene audits that year. A 'Hygiene Heroes' initiative was also observed by the inspection team in the same hospital, which rewarded staff who 'had shown commitment and leadership on hygiene related matters'.

The inspectors noted that most of the hospitals that performed well with regard to environmental observations had rigorous internal environmental auditing programmes in place, whereas some hospitals that performed poorly on environmental observations had ineffective environmental auditing in place. These deficiencies included a lack of auditing due to reported constraints on resources, and a possible lack of local management and staff ownership of performance, allied with insufficient senior management oversight. These deficiencies were reflected in the non-compliances observed during inspection. In one hospital, there was no formal schedule of environmental auditing and in another hospital, audit findings had not been addressed. Another hospital had difficulties in releasing staff who were trained auditors from day-to-day duties.

Hand hygiene

Hand hygiene is globally recognised as the most important and best way of reducing and preventing Healthcare Associated Infections, thereby leading to reduced morbidity and mortality in patients.[5,6] No one intervention has been shown to improve hand hygiene, but extensive research has determined that a multifaceted approach can successfully increase hand hygiene compliance in healthcare settings.[6] This has resulted in the development of a multimodal strategy by the World Health Organization (WHO), which is an evidence-based bundle of interventions to improve hand hygiene compliance.

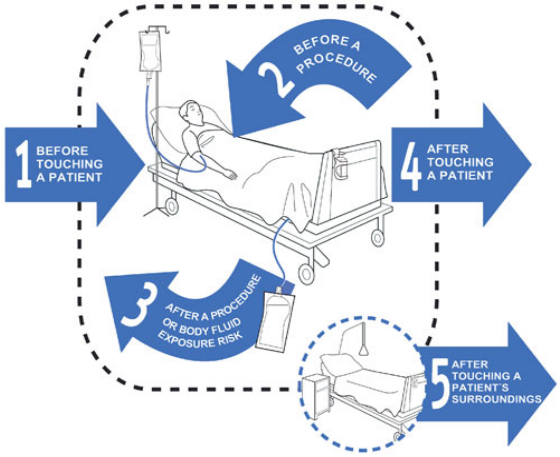
In each inspection, the hospital's approach to promoting best practice in hand hygiene was assessed by the inspectors under a number of different and important elements in line with the WHO's multimodal strategy for improving hand hygiene.[7] These elements are outlined below.

The assessment examined the hospital's:

- effectiveness in providing an environment that made it easier for staff to perform hand hygiene
- hand hygiene education and training that is in place for staff
- monitoring and evaluation of hand hygiene practices
- hand hygiene reminders such as posters
- overall culture of hand hygiene awareness within the hospital.

The inspectors also watched staff to see if they took hand hygiene opportunities in line with the WHO's five moments of hand hygiene as seen in Figure 4 below.[8]

Figure 4. WHO's five moments for hand hygiene, adapted by Hand Hygiene Australia (reproduced with permission)



1. System change

System change involves creating a physical environment that makes performing hand hygiene easier and therefore more likely to happen. This includes ensuring that:

- alcohol hand-rub is available at the point of care, where delivery of care takes place
- hand-wash sinks and their associated components comply with certain specifications
- soap and towels are available at these sinks.[7]

The Authority's inspectors frequently saw that hand-wash sinks did not comply with specifications that apply to particular infrastructure within a clinical area.[9] The aim of these specifications is to reduce the risk of build up of waterborne bacteria, such as *Pseudomonas aeruginosa*.[10] However, many of the hospitals which had non-compliant sinks were in the process of making the appropriate changes through their sink replacement programme or by upgrading hand hygiene facilities while clinical areas were being refurbished.

In several hospitals, there were insufficient numbers of alcohol hand-rub dispensers in clinical areas, while alcohol hand-rub was completely absent in some instances. The availability and accessibility of alcohol hand-rub at the point of care is recommended to assist compliance with hand hygiene practice,[5] as it prevents staff from having to leave the patient zone (the area directly surrounding each individual patient) to perform hand hygiene. This is facilitated by fixing alcohol hand-rub dispensers within the area that patients are regularly cared for.[5]

If this is not possible, staff can carry individual 'pocket bottles' of hand-rub that can be attached to their uniform using a toggle.[5] During inspections of hospitals that did not comply with such recommendations, the inspection team observed some staff failing to perform hand hygiene when there was an indication to do so, especially before touching a patient after entering the patient zone. Several factors may impact on hand hygiene compliance in a complex, busy environment that accommodates vulnerable and sick patients. Research indicates that hand hygiene compliance reduces during emergencies and increased activity. It is therefore essential that sufficient hand hygiene facilities should be put in place to encourage staff to take appropriate hand hygiene opportunities when required.

2. Training and education

At the time of the inspection, the majority of staff in most hospitals inspected had completed hand hygiene training over the previous two years, in line with requirements set down by the HSE. In fact, many hospitals trained their staff in hand hygiene annually. The inspectors encountered an awareness of the hand hygiene training rates at both a local ward and senior management level in most hospitals.

Nearly all hospitals had established a system to record whether or not staff were up to date with hand hygiene training. This included electronic 'traffic light' arrangements that highlight when staff members are due to be trained, and training schedules that must be manually monitored by ward managers. Training records viewed in a small number of hospitals showed that some staff had not been trained in the two years prior to the inspection. Training records were not fully up to

date in some hospitals because they were in the process of being transferred onto a new system. This meant that the inspectors could not verify the correct number of staff that had been trained.

The inspection team found that different forms of hand hygiene training were being carried out in different hospitals. Many hospitals use an e-learning programme developed by the HSE, called 'HSELanD',[11] to train healthcare staff in hand hygiene compliance. More often than not, this is not used in isolation as competency in technique is also assessed on completion of the programme.

Other forms of training that are being conducted in hospitals include:

- face-to-face sessions on the wards
- scheduled study days for staff
- training sessions conducted by members of infection prevention and control teams
- hand hygiene talks
- monthly education sessions
- blitz hand hygiene training days where high numbers of staff across all disciplines are targeted on the same day.

One hospital had developed its own e-learning programme to incorporate several areas of training, including hand hygiene. Finally, a number of hospitals used the 'glow box'[×] test to facilitate training on hand hygiene technique and build awareness of compliance with technique.

The inspectors learned that most hospitals use a mixed education programme of e-learning and face-to-face sessions to target all of their staff. These education programmes should provide assurances that staff who have completed them are competent in both hand hygiene technique and knowledge regarding hand hygiene best practice.

During some inspections, inspectors observed a lack of awareness amongst a number of healthcare staff in determining the difference between the patient zone (the area directly surrounding each individual patient) and the healthcare area (areas other than the patient zone on the ward). This indicates that hand hygiene training within these hospitals may not be sufficient in addressing all areas of hand hygiene compliance. For example, the inspection team observed staff first performing hand hygiene, then touching the curtain that surrounded the patient's bed and then touching the patient.

According to WHO guidelines, the curtains around a patient bed are part of the healthcare area and therefore hand hygiene must be performed:

- after touching the curtains and
- before touching the patient.[5]

[×]A box with a UV light and a special hand cream which can simulate the appearance of bacteria when poor hand hygiene technique is applied.

This lack of awareness can greatly affect the overall hand hygiene compliance of a hospital, and so the necessary training and education must be implemented to reduce the risk of spreading Healthcare Associated Infection as a result of this issue.

New recommendations[6] on hand hygiene place an additional emphasis on educating patients and relatives as well as healthcare staff. This includes teaching them about the importance of hand hygiene, and demonstrating how to perform it correctly. It is also recommended that patients are given the opportunity to clean their hands at the appropriate times such as before and after meals, and after using the toilet.[6] Evidence has shown that improving patients' hand hygiene can decrease the transmission of organisms,[6] which impacts the risk of acquiring a Healthcare Associated Infection. While some hospitals have already integrated training of patients and relatives into their hand hygiene programmes, there is scope for developing this initiative further in many hospitals in future.

Inappropriate use of personal protective equipment (PPE) was also seen during a small number of inspections. For example, some staff members were observed wearing gloves where there was no indication to do so, applying alcohol hand-rub to gloves, which is unnecessary, and applying gloves without first performing hand hygiene, which is not in line with best practice and therefore decreases hand hygiene compliance.

Hospitals should ensure that their staff fully understand the correct indications for using gloves, as well as how to perform correct hand hygiene before and after using them.

3. Evaluation and feedback

3.1 National hand hygiene audits

Hospitals participate in national hand hygiene audits twice every year, with results being collated and published online by the HSE's Health Protection Surveillance Centre (HPSC).[12]

The national targets set by the HSE have increased from a minimum target of 75% compliance in the first audit conducted in March and April 2011, to the current minimum target of 90% compliance. Hospitals have achieved an overall increase in compliance in these audits since they were first conducted (when an overall average compliance of 74.7% was achieved) to a maximum average result of 87.2% being achieved in October and November 2014.[12]

These results show that further improvement is required by most hospitals to achieve the HSE target of 90% hand hygiene compliance, and that there is scope to spread good practice across the system. It is recommended that auditing is

conducted 'regularly, at least annually, to monitor sustained improvement and to identify areas that require further interventions'.[7] This includes monitoring hand hygiene practices and infrastructure while providing feedback on performance and results to staff.

3.2 Local auditing

Local hand hygiene auditing is an important part of evaluating hospitals' hand hygiene compliance. Local auditing is carried out separately to the national hand hygiene audits, and is organised and undertaken by hospitals for their own purposes of assessing hand hygiene compliance. Local auditing allows hospitals to measure their hand hygiene compliance more regularly and in doing so provide continuous feedback on performance to staff and local management.

Most local auditing identified during inspection was carried out by nurses. Local auditors are healthcare staff within the hospital that take part in specialised training in the observation of hand hygiene technique and compliance. Participation of staff from other groups may help to increase awareness and build a culture of hand hygiene best practice throughout a hospital.

Almost two thirds of hospitals inspected (29 of 49) completed both national and regular local hand hygiene audits. The remaining hospitals completed national hand hygiene audits but did not conduct comprehensive or dedicated additional local auditing. For example, some hospitals included hand hygiene auditing as part of their environmental audits, while other hospitals conducted intermittent spot check audits on wards rather than having a dedicated regular audit programme. In this group of hospitals, hand hygiene facilities and technique were usually only assessed when included in the environmental audits, and the 'five moments' of hand hygiene were often not evaluated. However, conducting spot checks usually results in only a small number of opportunities being observed. Both of these forms of auditing fail to provide an effective method of ongoing evaluation and feedback on hand hygiene compliance over time.[5]

According to the WHO, frequent auditing not only measures improvements in hand hygiene compliance and the impact of intervention, but can also determine the most appropriate interventions for hand hygiene promotion, education and training.[5]

A systematic review of evidence concerning infection control was recently commissioned and published by the Department of Health in the UK.[6] This review recommended that frequent local auditing should be an integral part of any hand hygiene improvement programme, and that education and feedback should be refreshed regularly and promoted to maintain focus, engage staff and produce sustainable levels of

compliance. Therefore it is important that hospitals develop or expand an auditing system that can assess all aspects of hand hygiene practice in order to increase overall hand hygiene compliance. While auditing can lead to improvements in hand hygiene practice and compliance, this can only happen if the correct steps are taken following these audits. For example, the inspectors observed poor hand hygiene compliance in some hospitals, even though they had been carrying out frequent auditing. Hospitals must ensure that the appropriate feedback is provided to all relevant staff and that re-auditing is conducted if necessary (and as recommended by the HSE[13]). They must also ensure that an action plan is implemented and followed up on to resolve issues that were observed during the audits.

4. Reminders in the workplace

The inspectors observed many methods or practices in hospitals that were used to prompt and remind healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.

Many hospitals had displayed leaflets and posters promoting the WHO multimodal strategy. In one neonatal unit, clocks had been installed above hand-wash sinks to encourage hand washing for the recommended amount of time.[5] Every parent of a baby cared for in another neonatal unit was given a hand-washing lesson, and a record of this lesson was documented in the baby's notes by the nurse giving the lesson. Patients can play an important role in improving hand hygiene within the hospital setting. It is recommended that patients and relatives should be made aware of how to keep their hands clean, be encouraged to clean their hands at appropriate times and be empowered to challenge staff to clean their hands if necessary.[6]

Art pieces showing small clay handprints that spelled out the message 'wash your hands' was observed in one children's ward, which demonstrated an effort to highlight the importance of hand hygiene in a child-centred manner. Inspectors viewed hand hygiene posters and leaflets, which included photographs of staff representatives from all groups within a hospital.

A screen saver logo with the phrase 'have you cleaned your hands?' was observed on the computer screens on a ward and a notice board displaying posters promoting hand hygiene by the children who were patients in the hospital was also visible on a main access corridor.

Staff were encouraged to challenge each other's practices in relation to adherence to hand hygiene in many hospitals. Some hospitals had introduced measures to encourage patients to ask staff if they has washed their hands, for example, by asking staff to wear badges encouraging

patients to challenge them if they perceived that they had missed a hand hygiene opportunity. This is something that is worthy of more widespread exploration across Irish acute hospitals.

5. Institutional safety climate

The aim of a multimodal hand hygiene improvement strategy is to promote good hand hygiene practice at all levels within the hospital so that it becomes an embedded within the culture of the organisation.

To do this, hospitals must work to develop an 'institutional safety climate'.[7] This concept focuses on creating an environment where there is a high awareness of patient-safety issues, as well as a commitment to promoting hand hygiene. This commitment must be made at all levels of staff, but it is particularly important that those within leadership and management roles fully embrace this approach and provide strong leadership in driving best practice. Doing so can positively influence behaviour of all ranks of staff, and allow a culture surrounding hand hygiene to become embedded within the hospital.

The inspection team observed various examples in hospitals whereby efforts were made to promote hand hygiene and improve compliance amongst staff. For example, one hospital would withhold parking permits if staff had not completed their training, and another hospital would prevent staff from applying for further study if they had not been trained. Junior doctors in one hospital were prevented from moving onto their next rotation if they had not completed hand hygiene training. A group SMS text was sent to non-consultant hospital doctors in one hospital, informing them of the 'bare below the elbow' policy[✓] and the fact that handbags were not allowed to be worn in clinical areas.

Finally, one hospital had taken a zero tolerance approach to hand hygiene compliance amongst staff. A penalty point system was in place whereby staff would receive a penalty point for hand hygiene non-compliances. Staff who received five points would be required to re-attend hand hygiene training.

Conclusions relating to hand hygiene

The inspectors observed staff cleaning their hands and assessed hand hygiene compliance during the inspections. Inspectors found that multimodal strategies for improving hand hygiene were in place in all hospitals inspected.

[✓]This policy promotes keeping their arms and hands from below the elbow free of clothing, jewellery and anything else that might prevent staff from decontaminating their hands. This is with the aim of reducing the transmission of Healthcare Associated Infections, and visibly promoting a culture of staff involvement in hand hygiene best practice.

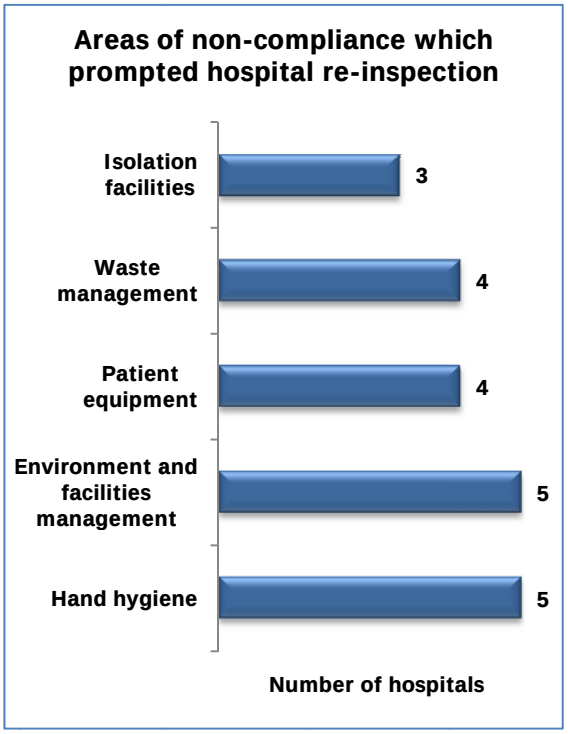
Hospitals were at different stages in the evolution of their hand hygiene improvement programmes, and further progress is both required and possible in all hospitals. It was very clear to the inspectors that where strong leadership and commitment from management was present, a culture of hand hygiene best practice was often well on the way to being embedded within that hospital. Most hospitals have made strong improvements in hand hygiene compliance since national hand hygiene audits commenced in 2011. By maintaining a cycle of improvement that includes all staff, refreshing and renewing the hand hygiene programme and learning from previous experiences across hospitals, hospitals can achieve further improvements in hand hygiene compliance.

Overview of findings from re-inspections

Re-inspections are conducted in order to drive rapid improvement in hospitals' compliance with the standards, which results in safer healthcare environments for patients, staff and visitors.

Re-inspections were carried out in five hospitals during the period from February 2014 to January 2015. These were as a result of critically important findings observed during the initial inspections that were deemed to be of high risk by the inspectors. Such findings, as detailed in Figure 5, covered a wide range of issues that were a risk to the prevention and control of Healthcare Associated Infections. The graph shows that poor compliance with hand hygiene practices and environment and facilities management were observed in all hospitals that required re-inspection. Furthermore, other prominent risks were present in some of the hospitals. These related to patient equipment, practices around waste management and isolation facilities.

Figure 5: Key areas of non-compliance with standards which prompted re-inspection in 2014 and early 2015



A range of other issues were encountered in the hospitals that were re-inspected, but these occurred less frequently than those described above. These issues related to the

management of communicable and or transmissible disease, the maintenance of equipment, the relative inaction with regard to implementing a previous quality improvement plan (QIP), unsafe practices regarding needleless syringes, the production of risk assessments, ward infrastructure, and identified deficiencies relating to antimicrobial stewardship and clinical microbiology services. It is the role of each healthcare service provider to assure itself, its service users and the public that it is providing safe and high-quality care by meeting all of the Infection Prevention and Control Standards at all times.

Progress since initial inspections

Following the re-inspections, the Authority's inspectors observed measurable improvements within the hospitals, as well as evidence of their commitment to fully complying with the standards. Following the initial inspections of these hospitals, the hospitals were given written confirmation of a plan for unannounced re-inspection, as well as details of the important findings that led the inspectors to make this decision. Hospitals were given up to six weeks to make improvements.

When the inspection team returned to these hospitals, they found varying levels of progress had been made to address the issues from the first inspections.

One hospital in particular had taken a lot of steps to drive improvement, including starting to refurbish many of the patient areas, introducing support services for deep cleaning of clinical areas and developing a strategy to improve hand hygiene compliance that included staff at all levels in the hospital. The inspectors found that in all the hospitals some issues had not been resolved, most notably in relation to environmental hygiene. However, the inspection team expects that, following the re-inspections, hospitals will continue to work to fully implement all necessary improvements to meet the Infection Prevention and Control Standards, and in doing so effectively safeguard patients from the risk of Healthcare Associated Infection.

What's next for 2015?

In 2015, it is intended that the Authority will build upon the inspection approach taken in 2014 to monitor compliance with the Infection Prevention and Control Standards. This will include a continued emphasis on environmental and hand hygiene, with an added focus on antimicrobial stewardship, and assessment of the implementation of infection prevention care bundles for the management of invasive medical devices in public acute hospitals.

Antimicrobial stewardship

Antimicrobial stewardship is a set of coordinated strategies to improve the use of antibiotics with the goal of enhancing patients' health outcomes, reducing resistance to antibiotics, and decreasing unnecessary costs. The Infection Prevention and Control Standards and other national guidelines require every acute hospital to have an antimicrobial stewardship programme in place.

In 2015, the Authority intends to develop and circulate an antimicrobial stewardship self-assessment tool to be completed by public acute hospitals. Receipt of this information from hospitals will allow the Authority to determine each hospital's approach to ensuring that the core elements of antimicrobial stewardship best practice are in place. It will also allow the Authority to determine, describe and share information on antimicrobial stewardship programmes currently in place across the Irish healthcare system. The self-assessment exercise will be supplemented with additional announced on-site regulatory activity to verify findings and inform a subsequent publication. It is intended that this publication will help share information on how hospitals approach antimicrobial stewardship, and will inform where further improvements are required.

Infection prevention care bundles

Healthcare care bundles are internationally recognised as a structured collection of evidence-based best practice interventions that when performed collectively, reliably and continuously result in measurably better outcomes for patients. Care bundles to reduce different types of infection have been introduced across many health services over the past number of years. There have also been a number of guidelines published in Ireland over recent years which have recommended their introduction across the Irish healthcare system.[14-17]

The use of invasive medical devices such as intravascular catheters (for example intravenous lines) and urinary catheters plays an essential role in patient care. However, invasive medical devices can predispose patients to infection as the device can enable microorganisms to bypass the patient's usual protective mechanisms by acting as a point of entry into the

blood stream or urinary tract. Catheter-related blood stream infections are one of the most common infections acquired by patients in a healthcare setting, and can potentially cause serious illness and death. They are considered a potentially dangerous complication of healthcare.[6]

It is essential, therefore, that invasive medical devices which have the potential to cause infection should be managed in line with evidence-based best practice to ensure that related infections are prevented and reduced.

Unannounced and announced inspections against the Infection Prevention and Control Standards will continue in 2015. In addition to environmental and hand hygiene, the Authority's inspectors will assess how hospitals are managing the infection risk when using invasive medical devices such as intravascular catheters and urinary catheters by focusing on how care bundles are implemented in the clinical area. This will involve an assessment of how hospitals are complying with care bundle implementation, assurance, and infection surveillance both at unit and hospital level. The Authority will also evaluate each hospital's approach to mitigating the risk of infection related to invasive medical devices, including each hospital's approach to patient and staff education on invasive devices. Further detail in relation to any changes to the Authority's approach to hospital monitoring will be fully outlined to acute hospitals in advance. In addition, guidance for both hospitals and the public in relation to this planned work will be published on the Authority's website.

Overall conclusion

A significant body of work has been completed and is ongoing across the Irish healthcare system to reduce the risk of Healthcare Associated Infections. While progress has been made in some areas, especially in relation to hand hygiene performance in a number of hospitals, the health system as a whole remains on an improvement journey with significant scope for further improvement.

In undertaking inspections across publically funded acute hospitals, the Authority has throughout 2014 monitored acute hospitals' performance against the Infection Prevention and Control Standards.

Where scope for improvement is identified, this is clearly communicated to hospitals. Where risk to patients has been identified, the Authority has acted quickly so that the risk is mitigated. The Authority intends to reinforce and expand its programme of inspection against the Infection Prevention and Control Standards in 2015, to promote ongoing improvement in the best interests of patients.

References

1. Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections.* Dublin: Health Information and Quality Authority; 2009. Available online from: http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections.
2. Health Protection Surveillance Centre. *National Clinical Guidelines on the Surveillance, Diagnosis and Management of Clostridium difficile Infection in Ireland*. [Online]. Available from: http://www.hpsc.ie/A-Z/Gastroenteric/Clostridiumdifficile/Guidelines/File,13950,en.pdf.
3. Health Service Executive. *National Cleaning Manual Appendices*. [Online]. Available from: http://www.hse.ie/eng/services/publications/Hospitals/HSE_National_Cleaning_Standards_Manual_Appendices.pdf.
4. Health Service Executive. *Cleaning Manual-Acute Hospitals*. [Online]. Available from: http://www.hse.ie/eng/services/publications/Hospitals/HSE_National_Cleaning_Standards_Manual.pdf.
5. World Health Organization. *Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual*. [Online]. Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1
6. H.P. Loveday, J.A. Wilson, R.J. Pratt, M. Golsorkhi, A. Tingle, A. Bak, J. Browne, J. Prieto, M. Wilcox. Epic 3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection*. 2014. S1-S70. [Online]. Available from: http://www.sciencedirect.com/science/article/pii/S0195670113600122.
7. World Health Organization. *A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy*. [Online]. Available from: http://www.who.int/gpsc/5may/Guide_to_Implementation.pdf
8. Hand Hygiene Australia. '5 Moments of Hand Hygiene' Poster. [Online]. Available from: http://www.hha.org.au/UserFiles/file/HHAAussie5Moments7MAY.pdf
9. Department of Health, United Kingdom. *Health Building Note 00-10 Part C: Sanitary Assemblies*. [Online]. Available from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf
10. Loveday, H.P., Wilson, J.A., Kerr, K., Pithcers, R., Walker, J.T., Browne, J. Association between healthcare water systems and *Pseudomonas aeruginosa* infections: a rapid systematic review. *Journal of Hospital Infection*. 2014; 86(1): pp7-15. [Online]. Available from: http://www.sciencedirect.com/science/article/pii/S0195670113003344#.

11. Health Service Executive: HSELanD. [Online]. Available from: http://www.hseland.ie/tohm/default.asp?message=logout
12. The Health Protection Surveillance Centre. National Hand Hygiene Audit Results. [Online]. Available from: http://www.hpsc.ie/AZ/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/PublicMicroB/HHA/Report1.html
13. Health Service Executive. *Hand Hygiene Observation Audit Standard Operating Procedure September 2014*. [Online]. Available from: http://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf
14. The Royal College of Physicians of Ireland/Health Service Executive Quality and Patient Safety Division. *Prevention of Intravascular Catheter-related Infection in Ireland. Update of 2009 National Guidelines. September 2014*. [Online]. Available from: http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/IntravascularIVlines/Publications
15. HSE Health Protection Surveillance Centre, on behalf of the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI). *Guidelines for the Prevention and Control of Catheter-associated Urinary Tract Infection*. 2011. [Online]. Available from: http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/UrinaryCatheters/Publications
16. Royal College of Surgeons in Ireland/ Royal College of Physicians of Ireland Working Group on Prevention of Surgical Site Infection. *Preventing Surgical Site Infections – Key Recommendations for Practice*. 2012. [Online]. Available from: http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Surveillance/SurgicalSiteInfectionSurveillance/CareBundles
17. HSE Health Protection Surveillance Centre, on behalf of the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI). *Guidelines for the Prevention of Ventilator-associated pneumonia in adults in Ireland*. February 2011. [Online]. Available from: https://www.google.com/url?q=http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/File,12530,en.pdf&sa=U&ei=RJvTVOCaNqqv7Ab-5IDAAw&ved=0CAUQFjAA&client=internal-uds-cse&usg=AFQjCNGX69_6Vf1UaLji46FUkrVmefx4hQ

Appendix 1 – Unannounced inspections completed by HIQA between February 2014 and January 2015.*

Name of hospital	Report	Date(s) inspected	Report published
Bantry General Hospital	Report of the unannounced inspection at Bantry General Hospital, Bantry, Co Cork	2 April 2014	7 May 2014
Beaumont Hospital	Report of the unannounced inspection at Beaumont Hospital	30 October 2014	19 December 2014
Cappagh National Orthopaedic Hospital	Report of the unannounced inspection at Cappagh National Orthopaedic Hospital, Dublin	15 April 2014	20 May 2014
Cavan General Hospital	Report of the unannounced inspection at Cavan General Hospital, part of the Cavan Monaghan Hospital Group	9 October 2014	14 November 2014
Connolly Hospital, Blanchardstown	Report of the inspections at Connolly Hospital, Blanchardstown, Dublin	10 April 2014 29 May 2014	15 August 2014
Coombe Women and Infants University Hospital	Report of the unannounced inspection at the Coombe Women and Infants University Hospital	20 March 2014	17 April 2014
Cork University Hospital♦	Report of inspections at Cork University Hospital and Cork University Maternity Hospital	12 November 2014 14 January 2014	23 February 2015

* Links to reports on www.higa.ie current at time of publication of this report.
♦ This inspection report covers Cork University Hospital and Cork University Maternity Hospital.

Name of hospital	Report	Date(s) inspected	Report published
Croom Hospital	Report of the unannounced inspection at Croom Hospital, Croom, Co Limerick	6 November 2014	19 December 2014
Kerry General Hospital	Report of the unannounced inspection at Kerry General Hospital	17 September 2014	22 October 2014
Letterkenny General Hospital	Report of the unannounced inspection at Letterkenny General Hospital	8 May 2014	1 July 2014
Lourdes Orthopaedic Hospital	Report of the unannounced inspection at Kilcreene Regional Orthopaedic Hospital, Kilkenny	11 September 2014	16 October 2014
Louth County Hospital	Report of the unannounced inspection at Louth County Hospital, Dundalk, Co Louth	3 April 2014	7 May 2014
Mallow General Hospital	Report of the unannounced inspection at Mallow General Hospital	24 April 2014	23 June 2014
Mater Misericordiae University Hospital	Report of the unannounced inspection at Mater Misericordiae University Hospital	20 February 2014	4 April 2014
Mayo General Hospital	Report of the unannounced inspection at Mayo General Hospital	3 July 2014	8 August 2014
Mercy University Hospital	Report of the unannounced inspection at Mercy University Hospital, Cork	13 October 2014	14 November 2014

Name of hospital	Report	Date(s) inspected	Report published
Mid Western Regional Hospital Nenagh	Report of the unannounced inspection at Mid Western Regional Hospital Nenagh	21 October 2014	19 December 2014
Mid Western Regional Maternity Hospital	Report of the unannounced inspection at Mid Western Regional Maternity Hospital	5 November 2014	19 December 2014
Midland Regional Hospital at Mullingar	Report of the unannounced inspection at Midland Regional Hospital, Mullingar	25 June 2014	26 August 2014
Midland Regional Hospital at Tullamore	Report of the unannounced inspection at Midland Regional Hospital Tullamore	26 February 2014	8 April 2014
Monaghan General Hospital	Report of the unannounced inspection at Monaghan General Hospital	8 May 2014	1 July 2014
Naas General Hospital	Report of the unannounced inspection at Naas General Hospital	21 August 2014	18 September 2014
National Maternity Hospital, Holles Street	Report of the unannounced inspection at National Maternity Hospital, Holles Street	30 September 2014	12 December 2014
Our Lady of Lourdes Hospital Drogheda	Report of the unannounced inspection at Our Lady of Lourdes Hospital, Drogheda	8 May 2014	1 July 2014

Name of hospital	Report	Date(s) inspected	Report published
Our Lady's Children's Hospital, Crumlin	Report of the unannounced inspection at Our Lady's Children's Hospital, Crumlin	9 April 2014	20 May 2014
Our Lady's Hospital, Navan	Report of the unannounced inspection at Our Lady's Hospital, Navan	26 March 2014	25 April 2014
Portiuncula Hospital, Ballinasloe	Report of the unannounced inspection at Portiuncula Hospital	20 May 2014	8 July 2014
Roscommon Hospital	Report of the unannounced inspection at Roscommon Hospital	25 June 2014	28 July 2014
Royal Victoria Eye and Ear Hospital	Report of the unannounced inspection at the Royal Victoria Eye and Ear Hospital, Dublin	19 March 2014	17 April 2014
Sligo Regional Hospital	Report of the unannounced inspection at Sligo Regional Hospital	2 July 2014	8 August 2014
South Infirmary Victoria University Hospital	Report of the unannounced inspection at South Infirmary Victoria University Hospital, Cork	26 March 2014	25 April 2014
South Tipperary General Hospital	Report of the unannounced inspection at South Tipperary General Hospital	10 July 2014	26 August 2014
St Columcille's Hospital	Report of the unannounced inspection at St Columcille's Hospital	2 September 2014	8 October 2014

Name of hospital	Report	Date(s) inspected	Report published
St James's Hospital	Report of the unannounced inspection at St James's Hospital	6 May 2014	23 June 2014
St John's Hospital Limerick	Report of the unannounced inspection at St John's Hospital Limerick	6 November 2014	19 December 2014
St Luke's General Hospital, Kilkenny	Report of the unannounced inspection at St Luke's General Hospital, Kilkenny	11 September 2014	24 October 2014
St Luke's Hospital, Rathgar	Report of the unannounced inspection at St Luke's Hospital, Dublin	8 September 2014	8 October 2014
St Michael's Dún Laoghaire	Report of the unannounced inspection at St Michael's Hospital, Dún Laoghaire, Dublin	19 February 2014	4 April 2014
St Vincent's University Hospital	Report of the unannounced inspection at St Vincent's University Hospital	16 June 2014	18 July 2014
Tallaght Hospital	Report of the unannounced inspection at Tallaght Hospital	17 July 2014 28 August 2014	16 October 2014
The Children's University Hospital	Report of the unannounced inspection at The Children's University Hospital	22 September 2014	12 December 2014
The Rotunda Hospital	Report of the unannounced inspection at The Rotunda Hospital	23 October 2014	12 December 2014

Name of hospital	Report	Date(s) inspected	Report published
University College Hospital, Galway±	Report of the unannounced inspection at University College Hospital Galway	21 May 2014	8 July 2014
University Hospital Limerick	Report of the unannounced inspections at University Hospital Limerick	28 November 2014 13 January 2015	23 February 2015
UL Hospitals, Ennis Hospital	Report of the unannounced inspection at Ennis Hospital	7 August 2014	18 September 2014
Waterford Regional Hospital	Report of the unannounced inspection at Waterford Regional Hospital, Waterford	5 March 2014	25 April 2014
Wexford General Hospital	Report of inspections at Wexford General Hospital	12 February 2014 17 April 2014	11 June 2014

± This inspection report covers University College Hospital Galway and Merlin Park University Hospital.

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