



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of the unannounced monitoring assessment at Portiuncula Hospital

Monitoring Programme for the National Standards for the  
Prevention and Control of Healthcare Associated Infections

Date of unannounced on-site monitoring assessment: 9 January 2013

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services 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.
- **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.

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## 1. Introduction

The Health Information and Quality Authority (the Authority or HIOA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This report sets out the findings of the unannounced monitoring assessment by the Authority of Portiuncula Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced monitoring assessment is to assess the hygiene as experienced by patients at any given time. The unannounced assessment focuses specifically on the observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and compliance with hand hygiene practice.

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

- Standard 3: Environment and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1.

The Authority used hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The emergency department (ED) is usually the entry point for patients who require emergency and acute hospital care, with the outpatient department (OPD) the first point of contact for patients who require scheduled care. In Irish hospitals in 2011, there were over 1 million attendances at EDs and over 3 million outpatient attendances.

Accordingly, the monitoring assessment will generally commence in the ED, or in the OPD and follow a patient's journey to an inpatient ward. This provides the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority uses hygiene observation tools to gather information about the cleanliness of at least two

clinical areas. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient journey through the hospital. The monitoring approach taken is outlined in Appendix 1.

Authorised Persons from the Authority, Naomi Combe, Breeda Desmond and Catherine Connolly Gargan carried out the unannounced assessment at Portiuncula Hospital on Wednesday, 9 January 2013 between 08:45hrs and 12:00hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department (ED).

The areas assessed were:

- St Francis' ward
- Maternity ward
- St Clare's five-day ward

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

## 2. Portiuncula Hospital Profile<sup>†</sup>

Portiuncula Hospital is an acute general and maternity hospital and operates as a constituent within the Galway and Roscommon Hospital Group. The Hospital was built in 1950s and a further extension added in the 1980s. The Hospital serves the needs of adults and children in the catchment areas of East Galway, Co Westmeath, North Tipperary, Roscommon and Co Offaly. Portiuncula Hospital has a total of 194 beds:

- 158 inpatient beds
- 12 bedded 5-day unit
- 24 day care beds (18 procedure day care beds, 6 oncology day care beds)

The Hospital provides a comprehensive range of services including:

▪ Emergency Department	▪ Acute Stroke Unit	▪ Cardiology
▪ Care of the Elderly	▪ Endocrinology	▪ Gastroenterology
▪ General Medicine	▪ General Surgery	▪ Obstetrics & Gynaecology
▪ Oncology	▪ Radiology	▪ Special Care Baby Unit
▪ Chronic Pain Relief Service	▪ Dental Surgery	▪ Anaesthetic Service – 24 hour
▪ Pathology/ Histopathology Service	▪ Paediatrics including intensive care, Oncology and Pathology	

Regional services provided locally based on hub and spoke model includes:

▪ Oncology	▪ GUM	▪ Neurophysiology
▪ Orthopaedic	▪ Dermatology	▪ Urology
▪ Maxillofacial	▪ MRI	▪ Radiotherapy Outpatient Clinics

<sup>†</sup> The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

## Non-clinical Support Services

A full range of clinical and non-clinical support services are provided, including Theatres, Endoscopy, Hospital Sterilising Services Department, Pharmacy, Laboratory, Medical Records, Social Work, Occupational and Physiotherapy, and Dietetics.

### 3. Findings

The findings of the unannounced monitoring assessment at Portiuncula Hospital, Ballinasloe on 9 January 2013 are described below.

During the course of the monitoring assessment, the Authority did not identify any immediate serious risks to the health and welfare of patients receiving care at Portiuncula Hospital, Ballinasloe.

#### 3.1 Standard 3. Environment and Facilities Management

##### **Standard 3.** Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection (HCAI).

**Criterion 3.6.** The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAs.

#### **Environment and equipment**

Overall, the Authority found that of the three areas assessed, Maternity and St Clare's five-day wards were found to be generally clean. However, there were many opportunities for improvement in these two areas. St Francis' ward was not clean.

There was evidence of good practice which included the following:

- Displayed information was appropriate, up to date and laminated or covered with a washable surface for effective cleaning in all areas throughout the environment and patient areas assessed.
- Work station equipment in all areas assessed including telephones and computer keyboards were observed to be clean and free of dust.
- The Authority observed comprehensive cleaning schedules displayed in each of the areas assessed which were up to date and completed.

- All 'dirty'<sup>\*</sup> utility rooms assessed were lockable and therefore inaccessible to the public.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Authorised Persons from the Authority observed that the ward corridor on St Clare's five-day ward was cluttered. St Francis' ward and the Maternity ward were very cluttered throughout.
- The edges of flooring in patient areas assessed on St Francis' ward were not free of dust and grit.
- On the Maternity ward, the Authority observed that a commode basin was fitted and ready for use but was soiled and stained; 10 uncovered baby cots also ready for use were stored along the ward corridor. A moderate level of dust was noted on the bottom storage shelf of all 10 cots.
- Protectors were fitted to prevent damage to some corners on wall surfaces at the exit from multi-occupancy rooms. However, chipped and flaking paintwork was observed throughout all ward areas assessed: on walls, skirting boards, doorframes, doors and radiators. The base surface was visible in a number of these areas making cleaning ineffective.
- The surface area where water supply pipes entered the wall in the 'dirty' utility of St Clare's ward was broken, making effective cleaning impossible.
- One wheel on an examination couch in St Clare's ward was soiled and stained.
- In St Francis' ward, the Authority observed that the 'Housekeeping Room' was very cluttered with inappropriate items including a cleaners' trolley awaiting disposal and a number of hooks located on the wall holding staff clothing. The sluice hopper was therefore inaccessible for its purpose, resulting in waste cleaning water being emptied into the sink designated for hand washing in the 'dirty' utility room. This was brought to the attention of the Hospital management.
- The 'dirty' utility room on St Francis' ward was also very cluttered and untidy, thereby hindering access for cleaning.
- Two domestic-type sinks were located side by side on St Francis' ward and Maternity wards, neither of which were compliant with hand hygiene

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



standard requirements. Hand-washing signage was inappropriately placed making it difficult to ascertain which sink was designated for cleaning patient equipment and which was for hand washing. Sinks and accessories were also unclean on St Francis' ward.

- The Authority observed light levels of dust on the undercarriage of a transport incubator in the nursery on the Maternity ward.
- Vinyl covering on chairs in the Maternity ward and a footstool in St Clare's five-day ward were torn. A chair was soiled and was not covered with a washable surface on St Clare's five-day ward.
- Light dust was observed on high surfaces in the treatment room and the patients' shower in St Clare's five-day ward and on high and low surfaces in the patient area of St Francis' ward.
- Light dust was observed on the cardiac monitor on the resuscitation trolley on St Francis' ward.
- HIQA observed used oxygen mask and tubing which had not been discarded following discharge of the patient who used it on St Francis' ward.
- The treatment rooms in St Francis' and St Clare's wards had domestic type sinks in place; tiles were also missing from the wall behind the treatment room sink on St Francis' ward.

### **Waste segregation**

There was evidence of good practice which included the following:

- Clinical waste information posters identifying waste segregation were observed in the 'dirty' utility, and waste segregation areas where available in each area assessed.
- Foot operated clinical non-risk and clinical risk waste bins were intelligently placed and appropriately used. Clinical risk waste bins were appropriately placed to collect waste from occupied isolation rooms in line with best infection control and prevention practices. Appropriate disposal of personal protective equipment by staff was observed.
- The Hospital's waste management policy was demonstrated and due for review in 2014. Authorised Persons from HIQA met with staff in the areas assessed who demonstrated their knowledge regarding safe segregation of waste.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- On St Clare's ward, while waste was segregated at ward level it was stored in the sluice. Therefore, ease of access was hindered to the sluice facilities.

### **Cleaning equipment**

There was evidence of good practice which included the following:

- Each ward had access to a locked cleaners' room. The Authority observed that rooms containing potentially hazardous cleaning solutions were locked in all areas assessed and were inaccessible to the public.
- Cleaning equipment in the areas assessed was clean. A colour-coded system was in place and demonstrated in each area assessed.
- Appropriate advisory signage was observed for products used for cleaning and disinfection. Safety data sheets were also accessible within the clinical areas.

### **Linen**

There was evidence of good practice which included the following:

- Clean linen was stored appropriately. Used linen was segregated in line with best practice, evidenced by colour-coded linen bags used in the clinical areas.
- Clean linen assessed by HIQA was found to be free of stains and tears. Clean linen was stored in dedicated linen rooms in the areas assessed.
- Curtain changing records were demonstrated with curtain changing taking place three to six monthly as standard. Additional clean curtains were available if required. A schedule was in place for changing shower curtains.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Linen was stored in dedicated linen rooms in each area assessed. However, inappropriate items were stored in all linen rooms assessed. For example, pressure relieving cushions and oral hygiene packs. Clean linen covered in plastic was stored on the floor room on the Maternity unit.

- Used linen awaiting collection on St Francis' ward was maintained on the corridor, due to the lack of space in the 'dirty' utility room.
- A linen bag was observed to be overfilled on St Francis' ward and on St Clare's five-day ward.

### **Water outlet flushing**

There was evidence of good practice which included the following:

- The Authority was informed that a water flushing schedule was undertaken by household staff and records of flushing were demonstrated.
- A standard operating procedure (SOP) to inform the flushing process was available.

### **Conclusion**

In conclusion, the Authority found one out of the three clinical areas – assessed in Portiuncula Hospital, Ballinasloe – was not clean. While the two other clinical areas assessed were generally clean, there were many opportunities for improvement. HIQA notes the infrastructural challenges of an older building. However, the lack of an ongoing maintenance programme hindered effective internal environmental cleaning. Therefore the lack of cleanliness observed would suggest that the physical environment was not effectively managed and maintained to protect service users and reduce the spread of HCAs. This poses a serious risk of HCAs to patients.

### 3.2 Standard 6. Hand Hygiene

#### **Standard 6.** Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

**Criterion 6.1.** There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of HCAs.

#### **Hand hygiene**

There was evidence of good practice which included the following:

- Alcohol-based hand gel was widely available for use.
- Laminated posters to demonstrate appropriate hand hygiene technique were widely displayed throughout the Hospital. The Authority also observed reminder hand hygiene notices and prompts displayed at various high visibility points throughout the patient's journey to the clinical areas assessed. Audible hand washing prompts were observed in the Hospital reception.
- Authorised Persons from the Authority spoke with staff in the areas assessed, who demonstrated their knowledge verbally regarding hand hygiene best practice.
- The Hospital demonstrated that hand hygiene practices were monitored through internal audits and national hand hygiene compliance audits.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Hand hygiene training and monitoring was reported to be provided by the Infection Control Nurse. It was reported that a database was maintained that recorded names of staff on completion of training which was communicated to ward managers. Hand hygiene training records were demonstrated. The Authority observed that hand hygiene records on wards assessed documented that not all staff had completed hand hygiene training.

- Clinical hand-wash sinks in the areas assessed did not all comply with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005).
- A hand-wash sink was not available in the 'dirty' utility area of St Clare's five-day ward.

### **Observation and hand hygiene opportunities**

The Authority observed 28 hand hygiene opportunities throughout the monitoring assessment, comprising of:

- 19 before touching a patient
- five after touching a patient
- four after touching a patient's surroundings.

14 of 28 hand hygiene opportunities were taken. Of those, five were observed to comply with best practice hand hygiene technique. Non-compliance related to not following best practice hand-washing technique, wearing sleeves to the wrist, wearing a wristwatch and the length of time taken to complete the hand hygiene procedure.

### **Conclusion**

The Authority found that while endeavours were made to put the necessary procedures and systems in place for hand hygiene at Portiuncula Hospital, Ballinasloe, hand hygiene practices observed by the Authority would suggest that a culture of hand hygiene best practice is far from operationally embedded at all levels. The low level of hand hygiene compliance observed by HIOA was brought to the attention of Hospital management. This poses a clear and serious risk of patients contracting HCAs.

## **4. Overall conclusion**

The risk of the spread of healthcare associated infections (HCAs) is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The Authority found one out of the three clinical areas assessed in Portiuncula Hospital, Ballinasloe was unclean. While the two other clinical areas assessed were generally clean, there were opportunities for improvement in these areas. The Authority notes the infrastructural challenges of an older building. However, the lack of cleanliness observed in some areas would suggest that, overall, the physical environment was not effectively managed and maintained to protect service users and reduce the spread of HCAs and that

an effective maintenance programme should be established and implemented without delay.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

The Authority found that while endeavours were made to put the necessary procedures and systems in place for hand hygiene at Portiuncula Hospital, Ballinasloe, hand hygiene practices observed by Authorised Persons from HIQA were inconsistent with the Standards and clearly suggest that a culture of hand hygiene best practice is not operationally embedded at all levels. This poses a clear and serious risk to patients.

Portiuncula Hospital, Ballinasloe must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. 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 webpage on the HSE website within six weeks of the date of publication of this report.

The Authority will continue to monitor the Hospital's QIPs as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that the service provider is implementing and meeting the NSPCHCAs and is making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at Portiuncula Hospital on 9 January 2013 was a snapshot of the hygiene levels in some areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will, within the next six months, undertake an announced follow-up assessment against the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

## **Appendix 1. NSPCHCAI Monitoring Assessment**

### **Focus of monitoring assessment**

The aim of NSPCHCAI together with the Health Information and Quality Authority's monitoring programme is to contribute to the reduction and prevention of Healthcare Associated Infections (HCAIs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.hiqa.ie/standards/health/healthcare-associated-infections>.

### **Unannounced monitoring process**

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

Standard 3: Environment and Facilities Management, Criterion: 3.6

Standard 6: Hand Hygiene, Criterion 6.1.

The Authorised Persons use hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The Authority reports its findings publicly in order to provide assurances to the public that service providers have implemented and are meeting the NSPCHCAI and are making the quality and safety improvements that prevent and control HCAIs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associ>.

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