



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Report of the unannounced focused monitoring assessment at Portiuncula Hospital, Ballinasloe, Co. Galway.**

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

Date of on-site monitoring assessment: 9 July 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 HIQA) 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 focused monitoring assessment by the Authority on 09 July to follow up the unannounced monitoring assessment of 09 January 2013 of Portiuncula Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced focused monitoring assessment is to assess the progress made on non-compliances with two of the NSPCHCAI Standards observed on previous assessments. 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 were reviewed during the focused unannounced monitoring assessment.

Authorised Persons from the Authority, Catherine Connolly-Gargan and Naomi Combe carried out the unannounced focused assessment at Portiuncula Hospital on 09 July 2013 between 09:00hrs and 13:00:00hrs.

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 at Portiuncula Hospital with this unannounced focused 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 1950`s and a further extension in the 1980`s. The hospital aims to deliver a quality driven and patient-centred service to the population of the region. 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 - 5 day beds, 24 daycare beds –18 procedure daycare beds and 6 oncology daycare beds

### **The Hospital provides a comprehensive range of services including:**

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

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

Oncology, Radiotherapy Outpatient Clinics, GUM, Neurophysiology, Orthopaedic, Dermatology, Urology, Maxillofacial and MRI.

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<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.

## Clinical and 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, Dietetics.

### 3 Findings

The findings of the unannounced focused monitoring assessment at Portiuncula Hospital on 09 July 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.

The Authority required Portiuncula Hospital to develop a Quality Improvement Plan to address non-compliances found at the unannounced monitoring assessment of 09 January 2013; this was published on the hospital webpage. This Quality Improvement Plan was updated to reflect progress and forwarded to the Authority on 14 July 2013. The findings by the Authority at the focused monitoring assessment on 09 July 2013 were as follows;

#### **Environment and equipment**

Issues identified as non-compliant during the previous monitoring assessment of 09 January 2013 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*

- Prevention and Control of Infection was now an agenda item on Hospital management meetings as demonstrated on review of recent hospital management and practice development meeting minutes.

- There was also evidence of increased audit activity and setting of target compliance levels. Audits were carried out by operational staff in addition to corporate management staff. Action plans were developed and implemented for resolution of non compliant findings. Audit results were communicated back to designated key staff at service level. Monthly key performance evaluation was also undertaken.
- Storage shelving had been upgraded in St Francis, St Clare's and Maternity wards with a Total Inventory Management system (TIMS) which was assessed in St Francis' ward and shelving was found to be clean.
- The 'dirty'<sup>1</sup> utility room in St Clare's ward was recently refurbished and was found to be clean and fittings were all intact. Water outlet pipe work entry points to the wall were sealed and the wall was covered by a washable surface. The 'dirty' utility rooms on St Francis' and the Maternity wards have also undergone refurbishment to bring them into compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections.
- Baby cots were observed to be clean. A procedure was in place whereby they were covered with disposable covers following cleaning in the Maternity ward.
- The examination couch and patient trolleys assessed on St Clare's ward were found to be clean and intact.
- Commodes in the 'dirty' utility room on St Francis' ward were cleaned and maintained to a satisfactory standard.
- A maintenance programme consisting of painting, repair of damaged walls and application of corner protectors on St Francis' ward was nearing completion.
- The impermeable covering on all chairs assessed was intact on St Clare's, St Francis' and the Maternity wards.
- The bathroom was clean and intact on St Francis' ward.

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 09 January 2013 were observed again to be non-compliant on this focused monitoring assessment.

- The corridor on St Clare's ward was found to be cluttered with storage along the sides including a patient chair, two wheelchairs and a weighing chair.
- The corridor on St Francis' ward was found to be less cluttered with equipment storage along the sides of the corridor. However, the area around the entrance to the oncology unit at the end of the corridor was heavily cluttered with hoist equipment, shower chairs and walking aides. The storeroom was also cluttered with boxes of clinical supplies and empty sharps containers on the floor.

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<sup>1</sup> A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

- The corridor in the Maternity ward was less cluttered than during the monitoring assessment on 09 January 2013. However, storage of equipment along the corridor was observed on this assessment and included a patient bed, a wheelchair and trolleys.
- Moderate to heavy dust was found on the frame of the undercarriage of the transport incubator in the nursery area of the Maternity ward.
- On St Francis' ward, there was grit and dust in corners and along the edges of flooring in patient areas. The ceiling tiles required attention, one was damaged and there was brown staining on another in room 60.
- There were light to moderate levels of dust on window ledges and on the surface of wooden casing over plumbing between the base of the wall and the floor in St Francis' ward.
- A moderate level of dust was present on high surfaces assessed in the bathroom/shower on St Clare's ward. Light dust was also found on some surfaces in the treatment room. Moderate to heavy levels of dust were present behind an oxygen cylinder, the suction unit and light levels of dust on the surface of the resuscitation trolley in St Francis' ward.
- Paint was chipped and flaking paintwork in multiple areas of the skirting boards, some areas of the walls, doors and doorframes. The base surface was visible in a number of these areas on St Clare's ward, making cleaning ineffective. A crack was also visible in the wall behind a patient bed area in room 156 in St Clare's ward.
- There were chemicals and sharps bins stored on the floor in St Francis' ward.
- A metal bedpan assessed was unclean and was heavily stained with a white substance on its surface in St Francis' ward.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 09 July 2013;

- In St Francis' ward, areas for safe storage of hazardous solutions, chemical materials and sterile clinical equipment were not in accordance with evidence-based codes of best practice, current legislation and Standard 3 of the National Standards. Access by unauthorised persons to rooms containing potentially hazardous chemicals and clinical equipment was not adequately controlled. The Authority observed unattended unlocked doors to the 'dirty' utility room, and wide open treatment room, storeroom and equipment room doors. This finding presented a health and safety risk and was brought to the attention of the ward manager and hospital management during the focused assessment by the Authority.
- Doors to two isolation rooms were open as standard during the focused monitoring assessment on St Francis' ward, which is not compliant with the NSPCHCAI. Displayed precautions on the doors were in pictorial and written format and instructed 'Keep the door closed'. The Authority found that Personal Protective Equipment, consisting of gloves and aprons, was removed



by staff before exiting the room and disposed of in a designated clinical waste bin within the isolation room in line with evidence based practice. However, hand hygiene opportunities were not taken after touching the patients' surroundings.

- Members of staff were observed to wear theatre scrubs, footwear, disposable masks and caps while entering patient areas on St Clare's ward and returning to theatre without removing disposable personal protective equipment. A number of staff were observed wearing shoulder bags while going between and treating patients. In some cases the Authority observed these shoulder bags falling forward to rest on the patient or the bed while patient assessment was taking place.

### **Waste segregation**

The following areas of noncompliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*, originally identified at the monitoring assessment of 09 January 2013 were observed again to be non-compliant on this focused monitoring assessment.

- Although no waste was stored on the floor of the 'dirty' utility on St Clare's ward during the focused assessment, staff reported to the Authority that the 'dirty' utility continues to be used for waste segregation and that no changes have been made to the waste collection schedule from ward areas.

### **Cleaning equipment**

Issues identified as non-compliant during the previous monitoring assessment of 09 January 2013 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*

- The housekeeping/cleaners' room in St Francis' ward was found to be clutter-free; no personal staff clothing was found in the room. The sluice hopper was fully accessible.
- All cleaners' rooms had been added into the environmental hygiene audit programme.
- A review was undertaken to identify times of increased activity with a view to scheduling cleaning hours available in response to service need.

### **Linen**

Issues identified as non-compliant during the previous monitoring assessment of 09 January 2013 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*

- On St Francis' ward there were no inappropriate items stored in the linen room and it was found to be clean. Linen in the Maternity ward was stored off the floor.
- No overfilled linen bags were observed on St Francis' ward or on St Clare's ward.

The following areas of non compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* were also observed at the focused monitoring assessment of 09 July 2013;

- No used linen awaiting collection was found on St Francis' ward. However, the process for management of used linen, including storage while awaiting collection, has not changed.

## Conclusion

In conclusion, the Authority found that while there were many improvements made to bring a number of previously identified non-compliances to a satisfactory level of compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. However there are still many previously identified unsatisfactory practices that remain non-compliant with the National Standards even though the hospital has referenced quality improvement in some of these areas as satisfactorily achieved. The Authority also found other areas of non-compliance with the National Standards that present Health and Safety concerns and risk to patients of contracting Healthcare Associated Infections. These findings would suggest that although improvement has been achieved, the physical environment, waste management and cleanliness of patient equipment were still not effectively managed and maintained to protect service users and reduce the spread of HCAs.

### 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

Issues identified as non-compliant during the previous monitoring assessment of 09 January 2013 were now found to be in compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*

- Hand hygiene training and information initiatives have been implemented. Three additional auditors had been trained by the end of March 2013. Cross-site hand hygiene auditing in conjunction with the Galway Roscommon Hospital Group Infection Prevention and Control Nurse specialists was commenced and established by the end of February 2013. Compliance targets had been set and local publication of audit results was in place.
- A prioritised hand hygiene sink replacement programme had been commenced. A hand wash sink replacement programme was evidenced on St Francis' ward. Sinks and accessories assessed were found to be clean. Hand washing advisory signage was appropriately placed on sinks assessed.

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:

- Not all designated hand wash sinks in the clinical areas, complied with the Health Service Executive's (HSE's) Health Protection Surveillance Centre's Guidelines for Hand Hygiene (2005).
- Surgical hand wash and a soap hand wash dispensers were located at each sink. Advisory signage was not displayed to inform staff on when it was appropriate to use surgical hand wash versus soap hand wash.

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

The Authority observed 34 hand hygiene opportunities in total throughout the monitoring assessment, comprising:

- 13 before touching a patient
- 11 after touching a patient
- 10 after touching the patient's surroundings.

Twenty five of 34 hand hygiene opportunities were taken. All 25 were observed to comply with best practice hand hygiene technique. Non-compliance related to failure to take hand hygiene opportunities available.

## Conclusion

The Authority recognises that the hospital had implemented initiatives to improve hand hygiene compliance and was reflected in observations of practices by permanent hospital staff. However, there were opportunities for improvement in hand hygiene practices of some hospital staff observed by the Authority. These

findings regarding hand hygiene compliance indicate that a culture of hand hygiene is not fully embedded at an operational level within some of the hospital staff grades.

## Overall conclusion

The risk of the spread of Healthcare Associated Infections (HCAIs) 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 that many improvements had been made to bring a number of previously identified non-compliances to a satisfactory level of compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. However, there are still many previously identified unsatisfactory practices that remain non-compliant with the National Standards even though the hospital has referenced quality improvement in some of these areas as satisfactorily achieved. The Authority also found other areas of non-compliance with the National Standards that present Health and Safety concerns and risk to patients of contracting Healthcare Associated Infections. These findings suggest that although improvement has been achieved, the physical environment, waste management and cleanliness of patient equipment was still not effectively managed and maintained to protect service users and reduce the spread of HCAIs.

There was evidence of uncontrolled access to unauthorised persons to hazardous clinical waste material and clinical equipment by failure to utilise security measures already in place, for example, key code door locks. Management of communicable infection risk was not in line with Standard 7 of the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Therefore there was evidence to conclude that these key areas were not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels. The Authority recognises that the hospital had implemented initiatives to improve hand hygiene compliance and this was reflected in observations of practices by hospital staff. However, there were opportunities for improvement in hand hygiene practices of hospital some staff observed by the Authority. These findings regarding hand hygiene compliance indicate that a culture of hand hygiene is not fully embedded at an operational level within some of the hospital staff grades.

Portiuncula Hospital 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 website within six weeks of the date of publication of this report.

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

The unannounced focused monitoring assessment on 09 July to follow up on the unannounced monitoring assessment of 09 January 2013 at Portiuncula Hospital, Ballinasloe was a snapshot of the hygiene levels in three areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will undertake a assessment announced 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-associa>.

Published by the Health Information and Quality Authority.

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