



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspections at Portiuncula Hospital, Ballinasloe, Co Galway

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

Date of on-site inspections: 11 March and 21 April 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 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.

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1. Introduction

The Health Information and Quality Authority (the Authority) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹ The inspection approach taken by the Authority is outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*.²

The purpose of the unannounced inspection is to assess hygiene as experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene under the following standards:

- Standard 3: Environment and facilities management
- Standard 6: Hand hygiene.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. The Authority's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2015, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2014.

Timeline of unannounced inspections

An unannounced inspection was carried out at Portiuncula Hospital, Ballinasloe on 11 March 2015, followed by a re-inspection on 21 April 2015. The re-inspection examined the level of progress which was made in resolving issues listed in the hospital's quality improvement plan (QIP)³ prepared after a previous unannounced inspection carried out by the Authority in May 2014. The re-inspection also examined improvements in environmental hygiene and the facilities on the Oncology Day Unit. This report was prepared after the re-inspection and includes the findings of both inspections.

A summary of these inspections is shown in Table 1.

Date of Inspection	Authorised Persons	Clinical Areas Inspected/revisited	Time of Inspection
11 March 2015	Alice Doherty Katrina Sugrue Aileen O Brien Leanne Crowe	Oncology Day Ward St Therese's Ward/Children's Ward St Joseph's Ward revisited St John's Ward revisited St Francis Ward visited	10:05hrs-16:35hrs
21 April 2015	Aileen O Brien Katrina Sugrue Anna Delany Chris McCann	Oncology Day Ward St Clare's Ward Special Care Baby Unit (SCBU) visited St Joseph's Ward revisited St Therese's Ward/Children's Ward revisited St Francis Ward revisited	09:55hrs-16:55hrs

Table 1: Summary of inspections carried out at Portiuncula Hospital, Ballinasloe in 2015.

The Authority would like to acknowledge the cooperation of staff during both unannounced inspections.

2. Portiuncula Hospital Profile‡

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 the 1950s and further extended in the 1980s. 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 five-day beds, 24 day care beds consisting of 18 procedure day care beds and six oncology day care 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 and Gynaecology
- 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, genito-urinary medicine, neurophysiology, orthopaedic, dermatology, urology, maxillofacial and magnetic resonance imaging.

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.

‡ 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.

3. Findings

This section of the report outlines the findings of the inspections undertaken at Portiuncula Hospital, Ballinasloe on 11 March and 21 April 2015.

Overview of areas inspected

The **Oncology Day Unit** consists of one open plan room with six couches. There is no isolation facility.

St Therese's Ward/Children's Ward has two four-bedded wards, two two-bedded wards, six cubicles, two single ensuite rooms and a high dependency unit.

St Clare's Ward consists of 18 day care trolleys and 12 beds in the five day ward. There is one single room which is not ensuite. The five day ward has been open at weekends since October 2014. The Authority was informed that the hospital's level of admissions has been in escalation since October 2014 due to unprecedented attendances at the emergency department.

Areas **visited** but not fully inspected by Authorised Persons during the course of the inspections were St John's Ward, St Joseph's Ward, the Special Care Baby Unit (SCBU) and St Francis' Ward. Inspectors visit a clinical area to follow up information received during an inspection or to determine progress on a QIP. St Joseph's Ward and St John's Ward were inspected in 2014. Both wards were revisited during the March 2015 inspection. St Joseph's Ward was revisited again during the April inspection to follow up progress on made in implementing the QIP prepared after the 2014 unannounced inspection. St Francis' Ward was visited during both inspections in 2015 to inspect facilities shared with the Oncology Day Unit.

Structure of this report

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

- **Section 3.1** describes the **immediate high risks** regarding lack of progress with the QIP, environmental hygiene and unsuitable infrastructure of the Oncology Day Unit that were identified during the March inspection, and the mitigating measures implemented by Portiuncula Hospital in response to these findings. Copies of communications from the Authority and the hospital regarding these findings are shown in **Appendices 1** and **2** respectively.
- **Section 3.2** summarises the additional **key findings** relating to areas of non-compliance observed during the unannounced inspections in 2015.
- **Section 3.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy⁴ during the unannounced inspections in 2015.

This report outlines the Authority's overall assessment in relation to the inspections, and includes key findings of relevance. In addition to this report, a list of additional low-level findings relating to non-compliance with the standards has been provided to the hospital for completion. However, the overall nature of all of the findings are fully summarised within this report.

3.1 Immediate high risk findings

Introduction

During the unannounced inspection on 11 March 2015, immediate high risk findings were identified regarding the lack of progress made in resolving issues listed in the hospital's QIP prepared after an unannounced inspection by the Authority in May 2014. High risks were also seen relating to poor environmental hygiene and cleaning processes on the Oncology Day Ward. In addition, the infrastructure of the Oncology ward did not adequately allow for the segregation of the medication preparation area from the patient area. Details of these risks were communicated to the hospital (see Appendix 1). In response (see Appendix 2), the hospital indicated that many of the incomplete actions identified in the QIP prepared after the 2014 inspection were completed. Immediate measures were put in place by the hospital to address the high risks found in the March 2015 inspection. The level of progress regarding these high risks was assessed during the re-inspection on 21 April 2015. The sections below describe the findings and the mitigating measures implemented by the hospital in response to the findings.

Lack of progress with QIP

The Authority reviewed the QIP published by Portiuncula Hospital following the 2014 inspection and was informed that the majority of items which were assigned a close out date were unresolved at the time of the March 2015 inspection. Many of the findings identified during the 2014 inspection, such as issues relating to environmental hygiene, were evident during the March 2015 inspection. Similarly, many of the maintenance issues remained unresolved and were subject to allocation of funding. The Authority was informed that the hospital was in an advanced stage of agreeing the roles and responsibilities of staff within the current hospital cleaning schedules. Once completed, it is anticipated that new cleaning schedules will be developed which should address some of the action items in the QIP.

The Authority was informed that some improvements had taken place on St Joseph's and St John's Wards since the 2014 inspection. St John's Ward was painted and a designated room for waste storage was assigned in the ward. A sluice hopper was

inserted in the 'dirty'[±] utility room. However, tape was still present on the floor near the bedpan washer as previously seen in the 2014 inspection. The ward achieved 86.6% compliance in a hand hygiene audit completed in January 2015.

On St Joseph's Ward, all staff on the ward attended hand hygiene training in January 2015 and the Authority was informed that compliance with the bare below elbow policy has improved. The ward achieved 90% compliance in a hand hygiene audit completed in January 2015. Three environmental hygiene audits were completed on the ward since the 2014 inspection. Some equipment such as toilet seats, a shower door, five intravenous stands and three beds were replaced. Bed tables were also repaired or replaced. Storage units were upgraded in the clean utility room and new shelving was installed in the linen room. However, as a result of these works, other issues such as holes in walls, and floor covering not fully adhering to walls need to be addressed. Other maintenance issues identified during the 2014 inspection relating to structural works were not completed at the time of the inspection. For example, the showers on the ward have limited access and some patients with restricted mobility require specialised shower chairs in order to use these showers. It was explained to the inspectors that there is only one shower chair available which limits the frequency of showers provided to some patients to once a week. The frame on this shower chair was also rusty.

Overall, the Authority notes that while some progress was made on St John's and St Joseph's Ward, there were a significant number of issues identified in the 2014 inspection which remained unresolved, and further improvement is required. The Authority was informed by the hospital that a ward replacement block is urgently required as the infrastructure of the hospital is very old. The design stage of the build is expected to be approved in 2015 and is included on the national capital plan.

Re-inspection on 21 April 2015

In response to the poor progress made in implementing the 2014 QIP, the Authority was informed by the hospital that the QIP had been updated. Many of the actions with target time frames had been addressed at the time of the re-inspection. Issues relating to maintenance have been prioritised, particularly on St Joseph's Ward.

A revisit by the Authority to St Joseph's Ward showed that significant improvements had been made in the maintenance issues identified during the 2014 and March 2015 inspections. Works identified in the QIP relating to the clean utility room, a storage room and painting had been addressed and other works were in progress. Issues relating to the shower room facilities have progressed since the March

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

inspection and replacement of existing showers are expected to be resolved in the near future.

Environmental Hygiene

Environmental hygiene, the lack of storage space and poor facilities were issues identified on the Oncology Day Unit during the March 2015 inspection. Varying unacceptable levels of dust were seen in most areas inspected. The unit was cluttered and there were inadequate storage facilities. Surfaces and finishes in the only patients' toilet in the unit were worn and not intact and therefore did not facilitate effective cleaning. The floor covering was not flush with the wall and exposed pipe work and unsuitable radiator design made dust control difficult. The frames of three of the patient couches were unclean. The Authority was informed that a 'check clean' of the Oncology Day Unit was carried out on a daily basis which included the cleaning of floors and sanitary facilities. Documentation seen showed that a full clean of the unit was only completed every two weeks. Cleaning check lists viewed by inspectors demonstrated deficiencies in resources allocated to cleaning which was symptomatic of the findings relating to hygiene seen during the inspection.

The cleaning storage facility for the Oncology Day Unit is located on the adjacent St Francis' Ward. The room was cluttered, had limited storage space and was unclean. Cleaning equipment was shared between the Oncology Day Unit and St Francis' Ward and was poorly resourced. For example, there was only one mop head holder available between the two wards which was used in isolation rooms and general patient areas. The only vacuum cleaner available between the two wards had been out of order for 12 months which impacted significantly on dust control measures. The buffer machine was not working properly and posed a potential health and safety risk to staff. Diluted products are the cleaning consumables used in the hospital, however, the explanation given to inspectors on how the products were constituted was not based on cleaning dilution ratios and had a potential to impact on the effectiveness of the cleaning product. Cleaning check lists for 2014 were stored in the cleaning storage facility and had not been collected for review within the 12 months prior to the inspection.

The findings and deficiencies identified in cleaning resources and schedules indicated that there was a lack of local ownership in addition to a need for more oversight of environmental hygiene by middle and senior management. Hospital hygiene plays an important role in the prevention and control of healthcare associated infections and should be a key priority for all healthcare organisations.⁵ A clean environment not only reduces the risk of acquiring an infection but also promotes patient and public confidence and demonstrates the existence of a positive safety culture.⁶ The level of risk determines cleaning frequency and how often an area is audited.⁷ The impact of

poor standards of hygiene on infection risks is greater in some areas of a hospital than others. The Oncology Day Unit provides invasive treatment to patients where the risk of transmission of infection is increased and is thereby classified as a high infection risk functional area.⁶ The cleaning frequencies seen during the inspection did not provide assurances that the level of cleaning was sufficient to mitigate the risk of contamination of the physical environment.

The Authority was informed that the hospital identified through a retrospective review that there had been an increased incidence of *Clostridium difficile* on St Joseph's Ward although there was no link between the cases and there was no outbreak. While a terminal clean was carried out on the discharge of patients confirmed or suspected with *C. difficile* on St Joseph's Ward, it was a concern to the Authority that a deep clean planned for the ward prior to the March inspection as recommended by the Infection Prevention Control Nurse did not take place in its entirety. The hospital subsequently planned for a deep clean to take place on 23 March subject to bed capacity.

Re-inspection on 21 April 2015

In response to the deficiencies seen relating to environmental hygiene, a new cleaning specification and checklist system has been prepared by the hospital. This new system is currently on trial in four areas of the hospital including the Oncology Day Unit and St Joseph's Ward. It is planned to roll out the approved cleaning schedule across the hospital when the checklist has been adapted to local needs. The ward manager signs the cleaning schedule once cleaning has been completed as evidenced on three of the areas inspected or visited during the April re-inspection.

Deficiencies in allocated cleaning equipment for the Oncology Day Unit have been addressed. New cleaning equipment is now available to cleaning staff assigned to this area, and throughout the hospital. For example, six new vacuum cleaners, mop head holders and mop heads had been provided since the March inspection. In addition, upgrading of the shared storage area on St Francis' Ward for cleaning equipment is in progress. Janitorial units have been installed in cleaning storage rooms in all areas and significant progress has been made in upgrading the existent cleaning storage facilities within the hospital.

Environmental hygiene in the Oncology Day Unit was observed to have significantly improved since the initial inspection. The frequency of cleaning in the Oncology Unit has been increased since the March inspection. These additional resources were permanently in place and cleaning resources are allocated over the weekend as part of the cleaning roster. However, there was no health care assistant assigned to the cleaning of patient equipment on the Oncology Day Unit at the time of the re-inspection.

The Authority was informed that a deep clean had been completed on the St Joseph's Ward on 23 and 24 March 2015. While significant measures to address environmental issues identified in the March inspection have been taken, an environmental audit completed on St Joseph's on the 16 April 2015 showed 66% compliance. The poor compliance achieved suggests that there are still improvements to be made in environmental hygiene. Lessons learnt from outbreaks⁸⁻¹⁰ and national guidelines¹¹ recommend that multifaceted interventions are required to mitigate the risks posed by *C. difficile* in a hospital environment. The Authority recommends that Portiuncula Hospital reviews the deficits identified during the unannounced inspection regarding the management of hospital environment in the context of controlling both the incidence of multidrug resistant organisms and *C. difficile*, and in doing so reducing the potential risk of outbreak occurrence.

Infrastructure on the Oncology Day Unit

During the March 2015 inspection, the medication preparation area was of particular concern as it was inadequately segregated from the patient area by a divider screen situated between the hand wash sink and the patient area. The space allocated to this area was very limited. The hand wash sink was located adjacent to open shelving with uncovered storage containers where medical equipment such as syringes were stored. These storage containers were visibly unclean and were exposed to splash contamination from the hand wash sink. The worktop allocated for medication preparation was located close to the hand wash sink and had lots of items stored on it in addition to patient medical notes. It is recommended that separate and identifiable areas for the storage of chemotherapy agents and the preparation and delivery of treatment should be available within or adjacent to wards or units.¹²

The hospital has indicated in correspondence (Appendix 2) received by the Authority that a minor capital works plan is under development to address the issue of a segregated designated area for the preparation of intravenous medications. A review of storage facilities, painting and de-cluttering of the Oncology Day Unit has been carried out. An agreed protocol for patients requiring isolation on the unit has been implemented in line with the hospital infection control policy. The 'dirty' utility room and housekeeping services are shared with the adjacent ward which is not ideal.

Re-inspection on 21 April 2015

Significant improvements were observed in the Oncology Day Unit and it was apparent that the hospital had made noteworthy efforts to improve the infrastructure of the unit. Since the March inspection the walls and woodwork have been repainted which will greatly facilitate effective cleaning. All ceiling tiles have been replaced and lighting changed resulting in a clean, intact and bright ceiling

surface. The curtains separating patient treatment couches have been replaced with disposable curtains which are clearly labelled with the date of changing.

A significant concern during the March inspection was the area used for preparation of intravenous medications. The hospital has carried out reconfiguration and renovation work within the existing footprint of the unit to create a clean utility room in which medications for patients can be prepared in a designated space. The clean utility room has been equipped with a clinical hand wash sink for staff bringing the number of clinical hand hygiene sinks to two. Office equipment, file storage units and other extraneous items have been repositioned to clear floor space which will also facilitate cleaning. A laptop computer used by staff in the unit has been replaced by a computer with a keyboard that can be effectively cleaned.

As previously identified this unit does not have designated isolation facilities. Therefore patients with infection are managed in an open plan unit. Where possible staff schedule such patients at the end of the day in one designated treatment chair and enhanced cleaning of the area is performed following the patients' treatment. However, it is recommended that oncology day treatment units have designated isolation facilities in line with best practice recommendations¹¹. At the time of re-inspection there was no agreed timeframe in which the lack of designated isolation facilities would be addressed. The Authority recommends that any future restructuring of the hospital environment, particularly restructuring of haematology/oncology day ward, should be based on current international guidelines¹² and consider infection control recommendations¹³.

3.2 Additional key findings of the 2015 unannounced inspections

During both inspections, the Authority identified other areas of non-compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* which, although not deemed to represent an immediate high risk to patients, still warranted improvement. An overview of these findings is contained in the following section.

Patient Environment

Opportunities for improvement were identified on St Therese's Ward/Children's Ward regarding environmental hygiene during the March inspection. Varying unacceptable levels of dust were present on floors in patient areas and sanitary facilities, on curtain rails, under beds and on the casement above a bed. Debris was also present on the floor under one bed.

Babies required to return following discharge from the SCBU for assessment were reviewed in the lobby immediately inside the door of the unit adjacent to a hand washing sink for use by visitors and others entering the unit. It is recommended that

such assessments are performed in a designated assessment room with appropriate privacy, adequate heating and facilities for baby changing and hand-washing for parents. Use of this location for assessments is not recommended as there is a risk of environmental and airborne contamination if babies present with infectious illness. In addition, these babies are very susceptible to infection and should be managed in a designated clinical assessment room. Heavy dust was present on the intake vent of one air conditioning unit

Similar to some of the findings identified during the March inspection, dust was observed on bed frames, bedside tables and high and low surfaces, including floor edges and corners on St Clare's Ward. The integrity of the door surfaces on cupboards in the clean utility room was compromised and the surfaces were visibly stained. There was no dedicated hand washing facilities for staff. The ward was in use seven days a week since October 2014. While there is a seven day cleaning service in place, cleaning checklists viewed were not completed for some weekends. The Authority was informed that the incomplete checklists were due to a lack of resources on these weekends. The Authority recommends that the hospital review the allocation of cleaning resources and maintenance issues to ensure all functional areas are cleaned in line with best practice.

Patient equipment

The Authority observed two trolleys storing blood testing equipment which were located within patient zones in the Oncology Day Unit during the March inspection. It was explained to inspectors that the trolley is brought to the patient's point of care for each blood sampling procedure. This created a risk of contamination of clean items. The Authority notes that this issue was addressed during the April re-inspection.

Evidence viewed during the April inspection on St Clare's Ward showed that blood glucose monitoring equipment was brought to the patient bedside in a holder containing clean supplies of blood sampling equipment. The equipment was not cleaned after use which had the potential to contaminate clean equipment in the holder and increase the risk of transmission of blood borne viruses. In addition, Authorised Persons observed staff returning equipment from a used integrated sharps tray to general clean supplies in a clean utility room and the tray was not cleaned. It is recommended that only the equipment required for a single procedure on an individual patient should be brought to the patient bedside.

Pest Control

On revisiting St Joseph's Ward during the March inspection, an open window on the main corridor alerted inspectors to a large amount of bird excreta present on the exterior of several window panes and some sills of windows on one side of the ward.

The extent of the problem indicated that there was a pest control issue which needed to be addressed as a matter of urgency. The Authority was informed that this was an ongoing issue. Accumulation of bird excreta has the potential to increase the risk of transmission of infectious agents to vulnerable patients. Hospitals are responsible for ensuring that there is a pest control programme or service that is responsible for the cleaning and disinfecting areas contaminated by pests in addition to pest control.⁷ This issue was highlighted to the ward manager and the hospital management at the close out meeting for mitigation.

In response to this finding, the hospital has instigated a sanitising programme to clean the exterior of the hospital and plans to introduce a variety of measures to prevent and control the access of birds to the building. Such measures include hawk ultrasound, high illumination and netting.

Isolation rooms

The Authority was informed that there were insufficient isolation facilities within the current infrastructure of the hospital. Most of the single rooms do not have ensuite facilities. Two of the isolation rooms with ensuite facilities in the main hospital do not have designated hand hygiene facilities. There is only one isolation room that complies with guidelines which is located in the Emergency Department. Some of the doors in the isolation rooms on St Francis' Ward were open during both inspections which is not in line with best practice. The Authority has concerns regarding the lack of progress seen in addressing this issue since the March 2015 inspection.

3.3 Key findings relating to hand hygiene

3.3.1 System change⁴: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- The design of clinical hand wash sinks on St Therese's Ward/Children's Ward did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.¹⁴
- Access to the only hand wash sink on the Oncology Day Unit was limited during the March inspection. Alcohol hand gel was available at two out of the six points of care in the Oncology Day Unit. A second dedicated hand hygiene sink was installed since the March inspection. There were alcohol hand rub facilities at each point of care during the April re-inspection.
- Alcohol hand rub dispensers were not available at each point of care in some patient areas on St Therese's Ward/Children's Ward. The Authority was informed that hand hygiene toggles were available on the ward but they were not used routinely by staff because they were difficult to access when wearing personal protective equipment. This issue was due to be addressed as part of the QIP. A lack of alcohol hand rub dispensers was also noted on St Clare's Ward in the day care unit.

3.3.2 Training/education⁴: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.*

- The majority of staff (23 out of 26) on St Therese's Ward/Children's Ward were up-to-date with hand hygiene training. The Authority was informed that the three staff whose training was out-of-date had just returned from long term sick leave.
- The majority of staff on St Joseph's Ward (90%) were up-to-date with hand hygiene training.
- All staff on St Clare's Ward had attended hand hygiene training in 2014.

3.3.3 Evaluation and feedback⁴: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

National hand hygiene audit results

- Portiuncula Hospital participates in the national hand hygiene audits which are published twice a year.¹⁵ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate that hand hygiene compliance increased significantly from June 2011 to May June 2014, however, the hospital did not reach the Health Service Executive's (HSE's) national target of 90% for 2014.¹⁶

Period 1-8	Result
Period 1 June 2011	56.7%
Period 2 October 2011	70.5%
Period 3 June/July 2012	73.3%
Period 4 October 2012	78.6%
Period 5 May/June 2013	76.2%
Period 6 October 2013	81.0%
Period 7 May/June 2014	88.6%
Period 8 October/November 2014	88.1%

Source: Health Protection Surveillance Centre – national hand hygiene audit results¹⁵

Local hand hygiene audits

- Local hand hygiene audits are carried out across the hospital by the infection prevention and control team. In March 2015, the overall result for five audits completed across different areas of the hospital was 86% and 71% in four audits completed in April 2015. St Clare’s Ward achieved 73.3% in an audit carried out in March 2015. St Joseph’s Ward and the Oncology Day Unit both achieved 90% compliance in hand hygiene audits conducted in January 2015 and were due to be audited again as part of the audit schedule in April 2015.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

The underlying principles of observation during inspection are based on guidelines promoted by the WHO⁴ and the HSE.¹⁷ In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include

the duration, technique^Y and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

The Authority observed 37 hand hygiene opportunities in total during the March and April inspections. Hand hygiene opportunities observed comprised the following:

- eight before touching a patient
 - six before clean/aseptic procedure
 - two after body fluid exposure risk
 - six after touching a patient
 - 15 after touching patient surroundings
- 26 of the 37 hand hygiene opportunities were taken. The 11 opportunities which were not taken comprised the following:
- four before touching a patient
 - three before clean/aseptic procedure
 - two after touching a patient
 - two after touching patient surroundings
- Of the 26 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for 24 opportunities and the correct technique was observed in 22 hand hygiene actions.

In addition the Authorised Persons observed:

- Staff on the Oncology Day Ward demonstrated a preference for hand washing over alcohol hand rub at the time of the March inspection which contributed to the hand hygiene non-compliances observed. However, little progress was observed to have been made on this issue during the April re-inspection. Alcohol hand rubs offer an effective and efficient means of achieving optimal hand hygiene and are recognised as the gold standard for hand hygiene at the point of care.¹⁸⁻¹⁹ The Authority acknowledges that change of practice takes time and can be challenging. Notwithstanding this, ensuring access to hand gel at the point of care has been shown to be an effective way to facilitate greater compliance with hand hygiene best practice and should be a focus for improvement.

^Y The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

3.3.4 Reminders in the workplace⁴: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

- Hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in most of the areas inspected at the hospital.

3.3.5 Institutional safety climate⁴: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

- The hospital demonstrated increased compliance in the national hand hygiene audits from June 2011 to May/June 2014. However, compliance in local audits carried out across all clinical areas in between March 2014 and April 2015 indicates that there is significant room for improvement if compliance with hand hygiene best practice is to be achieved and sustained. The hospital needs to build on compliances achieved to date to ensure that good hand hygiene compliance is achieved and maintained across all clinical areas.

4. Summary

The initial unannounced inspection undertaken by the Authority against the *National Standards for the Prevention and Control of Healthcare Associated Infections* at Portiuncula Hospital on 11 March 2015 revealed a significant need for improvement. Following this inspection, the hospital acted to address the areas of non-compliance identified by the Authority during the March inspection. A commitment to addressing the immediate high risks identified at the time of the March inspection was evident during the re-inspection in April. However, improvements are still required in relation to environmental hygiene, maintenance and infrastructure development.

The Authority identified during inspection that the hospital continues to identify a regular but small number of unrelated cases of *C. difficile*. The Authority notes that the hospital continues to work to mitigate the risk of transmission of this and other infective pathogens of concern, which is made more challenging by the insufficient isolation facilities available. Efforts to mitigate the risk of transmission and infection with *C. difficile* and other multidrug-resistant organisms include the enhancement of its antimicrobial stewardship programme, improvements in environmental hygiene and hand hygiene compliance. While improvements have been seen in environmental hygiene, there is considerable room for increase in hand hygiene compliance and a need to further progress the implementation of the antimicrobial stewardship programme in order to mitigate the risk posed by multidrug-resistant organisms and *C. difficile*.

The Authority found that the isolation facilities in Portiuncula Hospital are inadequate and do not reflect the size, complexity and specialties of the service provided. The hospital has indicated that plans to develop a ward replacement block, which should provide 50 single rooms, is at the design stage. The Authority recommends that the deficiencies in isolation facilities should be reviewed as a matter of urgency to provide assurance that the hospital complies with Criterion 3.1 of Standard 3 of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.

Authorised persons note the infrastructural challenges of an older building but notwithstanding this Portiuncula Hospital, as an acute hospital providing surgical and other services, should strive to continue to improve the hospital infrastructure and environment. The Authority recommends that the hospital continue to build on its progress to date to ensure that the prevention and control of healthcare associated infections is effectively and efficiently managed to minimise the risks to service users, staff and visitors.

5. Next steps

Portiuncula Hospital must now revise and amend its QIP and prioritise the improvements necessary to fully comply with the Standards. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the hospital on its website within six weeks of the date of publication of this report and at that time provide the Authority with details of the web link to the QIP.

It is the responsibility of Portiuncula Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the hospital is implementing and meeting the Standards, and is making quality and safety improvements that safeguard patients.

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Appendix 1 - Copy of letter issued to Portiuncula Hospital Ballinasloe.



Chris Kane
Hospital Manager
Portiuncula Hospital
Ballinasloe
Co Galway
chris.kane@hse.ie

Date: 16 March 2015

Ref: PCHCAI/392

Dear Chris,

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

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

Under section 8(1)(c) of the Act, authorised persons of the Health Information and Quality Authority (the Authority) carried out an unannounced inspection **at Portiuncula Hospital** on 11 March 2015.

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

The findings identified were such that a second unannounced re-inspection will be conducted within six weeks. The risks concerned included, but were not limited to;

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e-mail: info@hiqa.ie www.hiqa.ie

- **Lack of progress in implementing the quality improvement plan (QIP)** - It was of concern to the Authority that only 9 out of 35 issues identified by the Authority during the unannounced inspection in 2014 and listed in the hospital's QIP were resolved by the target time frame. Many of the maintenance issues identified during the inspection remained unresolved.
- **Environmental hygiene** - The general cleanliness of the Oncology Day Unit and Paediatric Ward was suboptimal. Varying unacceptable levels of dust were observed in the patient areas of both clinical areas. The cleaning schedule in the Oncology Day Unit was inadequate; a full clean of the unit was completed every two weeks. Allocation of resources and cleaning equipment was not sufficient to maintain environmental hygiene on the Oncology Day Unit. In addition, a retrospective review of patients with *Clostridium difficile* infection who were accommodated on St Joseph's ward was recently completed by the hospital. Due to the ongoing issue, a deep clean of the ward was requested but was not fully completed on 7 March 2015.
- **Infrastructure** – Space in the Oncology Day Unit was very limited. Inappropriate segregation of the area allocated to the preparation of intravenous medications and the patient area was observed. There were no isolation facilities for patients, inadequate storage facilities and the unit was without a dirty utility room or a designated housekeeping room.

The above issues were brought to the attention of senior management at the hospital during the inspection. Given the level of potential risk associated with these findings, and the urgent requirement for the mitigation of such risks, please formally report back to the Authority by **2pm on 20 March 2015** to qualityandsafety@higa.ie, outlining the measures that have been enacted to mitigate the identified risks. Details of the risks identified will be included in the report of the inspection. This will include copies of the Authority's notification of high risks and the service provider's response.

Should you have any queries, please do not hesitate to contact me at qualityandsafety@higa.ie. Please confirm receipt of this letter by email (qualityandsafety@higa.ie).

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Yours sincerely



Kay Sugrue
Authorised Person

cc:

Mary Dunnion, Acting Director of Regulation, Health Information and Quality Authority

Liam Woods, National Director of Acute Services, Health Service Executive

Philip Crowley, National Director of Quality and Patient Safety, Health Service Executive

Maurice Power, Acting Group CEO, Saolta University Hospital Care Group

Appendix 2 - Copy of letter received from Portiuncula Hospital Ballinasloe.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Portiuncula Hospital
General and Maternity
Western Region
Health Service Executive
Ballinasloe
Co. Galway
Tel: (090) 96 48200
Fax: (090) 96 42916

Ms. Kay Sugrue,
Authorised Person,
Health Information and Quality Authority,
Unit 1301,
City Gate,
Mahon,
Cork.

20th March 2015.

Ref: PCHCAI/392 – National Standards for the Prevention and Control of Healthcare Associated Infections Monitoring Programme.

Dear Ms. Sugrue,

I refer to your letter dated the 16th March 2015 in relation to an unannounced inspection at Portiuncula Hospital on the 11th March 2015.

Progress in implementing Quality Improvement plan

I wish to advise that our 2014 Quality Improvement Plan has been updated. Many of the actions that were not completed have now been completed copy attached (49 of the 65 QIP's actions have been completed) and we have revisited the maintenance issues and they are currently being addressed as a matter of urgent priority. Certain items require additional funding; in this regard I have submitted a request for a minor capital allocation. As advised on the visit the fabric of the building is very old and there is an urgent requirement for a ward replacement block which is on the national capital plan with approval to design stage in 2015.

We will be submitting a revised QIP for 2015 following on from this inspection and issue of the full report on the inspection on the 11th March 2015 and planned further inspection in 6 weeks' time.

Environmental Hygiene

The following immediate measures have been put in place:

Oncology Ward:

- A revised cleaning schedule has been developed and introduced to include– daily cleaning with sign off at Department level by the Ward Manager. The allocation of resources and equipment has been addressed.

Paediatric Ward:

- Corrective actions were taken immediately to address issues in relation to cleaning and the schedule has been updated to ensure that the cleaning is checked and sign off at department level by the Ward Manager.

Infrastructure:

Oncology

- Currently devising a Minor Capital works plan to create a partition/segregation area in the Oncology Department to facilitate separate preparation area for Intravenous drugs.
- Entire painting and de-cluttering of area and review of storage in the unit.
- Corrective actions to address identified issues in respect of the bathroom extractor fan have been implemented.
- There is access to a dirty utility and housekeeping shared with St Francis Ward
- In respect of isolation an agreed protocol for the oncology department has been implemented which meets the Hospital Infection control Policy for dealing with patients who have isolation requirements.

Clostridium Difficile

- It should be noted that the Hospital and St Joseph's ward did not have a Clostridium-difficile outbreak . This has been confirmed by our Consultant Microbiologist in their draft report to you and copy attached. We did have a number of cases with Clostridium Difficile over a period of weeks with different strains and it was confirmed that there was no cross transmission. It should be noted that as per our Local Infection Prevention and Control Committee guidelines on the management of infection control a terminal clean was conducted on the discharge of each of these patients with confirmed/suspected clostridium difficile which is normal practice in this hospital.

In addition as part of our focused attention to this area it was agreed that a further terminal clean would be conducted at the first feasible opportunity. The plan for a further clean was discussed at the IPC committee and it was agreed to conduct when feasible. Unfortunately due to increased demands and limited bed capacity it was not possible to complete this additional cleaning measure on the weekend planned but there were no risks as the terminal clean had been conducted post discharge and we have planned to conduct if feasible depending on bed capacity the full clean on the 23rd March 2015.

I trust this clarifies the actions taken in respect of the issues raised.

Yours sincerely,



**Ms. Chris Kane,
General Manager**

Cc

**Mary Dunnion, Acting Director of Regulation, HIQA
Liam Woods, National Directors of Acute Services, HSE
Philip Crowley, National Director of Quality and Patient Safety, HSE
Maurice Power, Acting Group CEO Saolta University Healthcare Group**

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