

Lenus: Research Repository



Report of the unannounced inspection at Portiuncula Hospital, Ballinasloe

Item Type	report;edepositireland
Publisher	Health Information and Quality Authority;ireland
Rights	Y;openAccess;Health Information and Quality Authority
Download date	2026-05-20 22:51:30
Link to Item	https://hdl.handle.net/2262/81544



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at Portiuncula Hospital, Ballinasloe

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

Date of on-site inspection: 24 May 2016

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for health and social care and support services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and support services.

Table of Contents

1. Introduction 1

2. Findings 3

 2.1 Progress since the last unannounced inspections on 11 March and 21 April 2015 3

 2.2 Key findings of the unannounced inspection on 24 May 2016 4

 2.3 Key findings relating to hand hygiene..... 8

 2.4 Key findings relating to infection prevention care bundles..... 12

3. Summary 13

4. Next steps..... 14

5. References..... 15

1. Introduction

The Health Information and Quality Authority (HIQA) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹ The inspection approach taken by HIQA is outlined in guidance available on HIQA'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 aim of unannounced inspections is to assess hygiene in the hospital as observed by the inspection team and experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of services and in particular environment and equipment cleanliness and compliance with hand hygiene practice. In addition, following the publication of the 2015 *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*,² HIQA began assessing the practice in the implementation of infection prevention care bundles. In particular this monitoring focused upon peripheral vascular catheter and urinary catheter care bundles, but monitoring of performance may include other care bundles as recommended in prior national guidelines^{3 4} and international best practice⁵.

Assessment of performance will focus on the observation of the day-to-day delivery² of hygiene services, in particular environmental and hand hygiene and the implementation of care bundles for the prevention of device related infections under the following Standards:

- Standard 3: The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.
- Standard 6: Hand hygiene practices that prevent, control and reduce the risk of spread of Healthcare Associated Infections are in place.
- Standard 8: Invasive medical device related infections are prevented or reduced.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a Standard which was observed during an inspection. HIQA uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene

practice in one to three clinical areas depending on the size of the hospital. HIQA's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if Standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2016, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2015.

An unannounced inspection was carried out at Portiuncula Hospital on 24 May 2016 by Authorized persons (Inspectors) from HIQA, Kathryn Hanly and Kay Sugrue between 10:00 hrs and 16:45 hrs. The areas assessed were:

- **The Maternity Department** comprising a Delivery Ward and two maternity wards. The Delivery Ward has four delivery rooms. St Mary's and St Anne's maternity wards have a combined total of 33 antenatal and postnatal beds: comprising 10 single ensuite rooms, two four-bedded rooms, two five-bedded rooms, one three-bedded room and one double room.
- **The Theatre Department** comprising three operating theatres and a five bay recovery ward.

In addition, St Therese's Ward / Children's Ward, St Clare's Ward and the Oncology Day Unit, which were inspected during unannounced inspections by HIQA on 11 March and 21 April 2015 were re-visited to assess the level of progress which had been made after the 2015 inspections.

HIQA would like to acknowledge the cooperation of staff with this unannounced inspection.

2. Findings

This report outlines HIQA's overall assessment in relation to the inspection, and includes key findings of relevance. A list of additional low-level findings relating to non-compliance with the Standards has been provided to the hospital for inclusion in local quality improvement plans. However, the overall nature of the key areas of non-compliance are within this report.

This report is structured as follows:

- **Section 2.1** outlines the level of progress made by St Therese's Ward/Children's Ward, St Clare's Ward and the Oncology Day Unit after the unannounced inspections on 11 March and 21 April 2015.
- **Section 2.2** presents the key findings of the unannounced inspection on 24 May 2016.
- **Section 2.3** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy⁶ during the unannounced inspection on 24 May 2016.
- **Section 2.4** describes the key findings relating to infection prevention care bundles during the unannounced inspection on 24 May 2016.

2.1 Progress since the last unannounced inspections on 11 March and 21 April 2015

Inspectors reviewed the quality improvement plan (QIP) published by Portiuncula Hospital following the inspections on 11 March and 21 April 2015.⁷ Actions required for the 24 items identified on the QIP were listed and viewed. Fifteen items on the list were documented as complete at the time of the May 2016 inspection. The remaining nine issues were in progress. The commitment of staff and the investment of time, effort and resources required to implement the QIP is acknowledged by HIQA.

St Therese's Ward/Children's Ward, St Clare's Ward and the Oncology Day Unit were revisited to determine the progress made since the 2015 inspections. It was clear that the hospital had taken on board the findings of the 2015 inspections and had implemented measures to address them. Improvements in the cleanliness of the environment and equipment was reported in all areas. A daily cleaning specification and checklist system was in place for patient equipment. In addition, there was a checking system in place to confirm cleanliness of commodes. It was reported that

cleaning processes, resources and training had been revised. The hospital informed inspectors that blood glucose monitor holders are no longer brought to the patient bedside in St Claire's Ward.

Alcohol hand rub dispensers were available at each point of care in all patient areas inspected. In May 2015 the Oncology Day Unit achieved 100% compliance in an audit of alcohol hand rub at point of care. St Clare's Ward only achieved 41.3% in the same audit.

However a number of issues relating to the infrastructure of the Oncology Day Unit had not been addressed following the 2015 inspections. For example, the unit does not have self contained isolation facilities in line with best practice recommendations.⁸ In addition, the cleaning storage facility for the Oncology Day Unit continues to be located on the adjacent St Francis' ward.

2.2 Key findings of the unannounced inspection on 24 May 2016

An increased incidence of *Clostridium difficile* infection

During the 2016 inspection inspectors were informed that the hospital incidence of *Clostridium difficile* infection in quarter four 2015 was 6.7 cases per 10,000 bed-days used. This figure is significantly higher than the desirable Health Service Executive (HSE) performance indicator⁹ for *Clostridium difficile* infection which is less than or equal to 2.5 cases per 10,000 bed-days used. The increased incidence in *Clostridium difficile* infection was attributed to a prolonged outbreak of this infection which occurred in the hospital from October to December 2015. Ribotyping of samples taken from patients who acquired *Clostridium difficile* infection in the hospital identified two predominant strains (001 and 011) common between the majority of samples taken. This would indicate that there was cross infection between patients.

Contributory factors listed in the final hospital outbreak report included;

- poor antimicrobial prescribing practices
- poor environmental hygiene
- deficiencies in cleaning resources
- infrastructural and maintenance issues
- inadequate isolation facilities
- failure to test samples from symptomatic patients
- poor hand hygiene compliance
- permanent medical consultant staffing deficiencies

HIQA notes with concern that many of these contributory factors identified in the outbreak report had been highlighted in the 2015 HIQA report when the hospital

also had an increased incidence of *Clostridium difficile* infection.¹⁰ The contributory factors identified in the Portiuncula outbreak report are also similar to many of the failures that contributed to the outbreak of *Clostridium difficile* infection in previous reports in Ireland¹¹ and other jurisdictions.^{12,13,14}

The Portiuncula Hospital outbreak report detailed a number of antimicrobial stewardship and infection control measures implemented by the outbreak control team to curtail the October 2015 outbreak. While the outbreak report states that some improvements were made in response to the outbreak, substantive risks remain. These include repeated poor compliance in environmental hygiene audits in the wards affected by the outbreak, a lack of isolation facilities and inadequate microbiology and infection prevention and control resources. HIQA also notes that the overall consumption of antimicrobials in the hospital has remained consistently above the national antibiotic consumption targets set by the HSE.⁹ The results for the local hand hygiene audits carried out across nine different wards/ departments in 2015 indicated that further improvements are required. Monthly compliance failed to reach the Health Service Executive (HSE) target⁹ of 90% in 2015. Hand hygiene in particular is of extreme importance in the prevention of the spread of *Clostridium difficile* infection, but so too are environmental factors and antimicrobial stewardship.

The overall incidence of *Clostridium difficile* infection in the hospital in 2015 was 4.8 per 10,000 bed-days used which was not in line with the desirable HSE performance indicator. It is of concern to HIQA that data for quarter one 2016 shows that the incidence of *Clostridium difficile* infection remains high at 4.7 cases per 10,000 bed-days use.

Clostridium difficile infection can have serious outcomes for patients that may result in devastating illness or death, and increased length of hospital stay. The ongoing high rates of *Clostridium difficile* infection in the hospital highlights the difficulty in managing the problem once it emerges in a hospital setting. In light of persistent problems being experienced, the hospital needs to fully investigate its approach to antimicrobial stewardship and infection prevention and control including the necessity for more effective decontamination of patient equipment and the environment.

If further outbreaks are to be prevented prevention and control of *Clostridium difficile* infection must remain a priority for all relevant staff in the hospital including hospital management. Where a persistently high incidence of this infection is detected and where the rate is consistently above the national target set by the HSE despite hospital efforts, further supports from hospital group level may be required.

Environment and equipment

Overall patient equipment and the environment in the Maternity Department and the Theatre Department were generally clean with some exceptions. For example, in the Maternity Department red stains were observed on several surfaces in a delivery room including the foot rests of a patient bed, on the inside of a press and a drawer containing sterile supplies and on a sharps bin bracket attached to a dressing trolley. Red stains were also observed on a commode.

Cleaning checklists reviewed on St Mary's Maternity Ward were inconsistently completed with all items listed cleaned on the weekends. National guidelines recommend that minimum cleaning frequencies should be defined by how often the item is used and by what risk category the item belongs.¹⁵ The hospital should evaluate cleaning frequencies to ensure that they are sufficient.

Some windows in the operating theatre were not sealed. Windows in operating rooms should be fixed non-openable. This is essential to assure the clean environment, and assist the air-conditioning by maintaining a positive/negative airflow.¹⁶

A clinical risk waste collection bin was observed on a public corridor outside the Theatre Department. The bin was unlocked and accessible to unauthorized persons at that time. National guidelines¹⁷ recommend that wheeled bins containing waste must be locked when full or when stored in any location which is not under direct supervision or is accessible to the public.

Audit Practice

Regular environmental hygiene audits are carried out by contract cleaning services. Compliance scores from these audits were consistently high across the hospital in 2016. Both the Theatre and Maternity Departments received 98% compliance in audits conducted by the contract cleaning service in May 2016.

Managerial environmental hygiene audits are also conducted. However, there was significant disparity between compliance scores achieved in managerial audits and the consistently high compliance scores achieved in audits conducted by contract cleaning services. For example, in August 2015 the Theatre Department achieved 73% compliance in a managerial audit and 91% compliance in an audit carried out by the contract cleaning services on the same day. It was reported that poor compliance achieved in managerial audits was related to maintenance issues which have since been addressed. Disparities in audit results was attributed to different elements being assessed and different audit tools used. Standardized and effective

auditing systems are essential to provide assurance that the system for measuring cleanliness levels is consistent and the required cleanliness levels are achieved.

Documentation reviewed indicated that managerial audits were last conducted in both the Theatre and Maternity Departments in September 2015. National guidance¹⁸ and best practice¹⁹ recommend that managerial audits, should be carried out to validate the local audit process, provide an independent objective view of cleanliness and should form part of the ongoing management and supervision of ward/ department hygiene. A review of environmental hygiene auditing is recommended to ensure consistency of audit processes and scheduling of more frequent managerial hygiene audits of high risk areas as recommended in line with national guidance.¹⁵

Maintenance and infrastructure

Maternity Department

In the Maternity Department a number of infrastructural and maintenance issues were identified during the course of the inspection which had the potential to impact on infection prevention and control measures. For example, in St Marys Ward, several of the surfaces and finishes including wall paintwork, wood finishes and flooring were worn and poorly maintained and as such did not facilitate effective cleaning. Efforts had been made to address a number of maintenance issues in St Anne's Ward and in the Delivery Ward. However damage to the recently installed flooring was noted in one of the delivery rooms. The quality of finishes, particularly in high risk functional areas such as the Maternity Department, should be readily cleaned and resilient.

Bed spacing in the shared rooms in the Maternity Wards was not ideal in that there was limited space for patients to sit out or for staff to circulate or manoeuvre patients or equipment. Treatment of patients in close proximity to each other increases the risk of spread of many infections including those caused by multi drug resistant organisms.

The delivery rooms did not have access to ensuite toilet/shower facilities as recommended in Health Building Note 09-02 – Maternity care facilities.²⁰

Safe injection practices

Opportunities for improvement in the preparation and storage of intravenous medication in the Theatre Department were identified. The inspector observed a tray containing multiple syringes of reconstituted intravenous medications, which were insufficiently labelled and dated. To avoid inadvertent cross contamination of unused

syringes, drugs routinely used during surgery should be drawn up directly before the procedure and syringes should be disposed of immediately after use.^{21,22}

In addition, the inspector observed a healthcare worker passing an uncapped filled syringe containing medication directly to another healthcare worker. The intended use of the medication was unclear. The theatre manager took immediate corrective action on observation of this practice.

Legionella control

Evidence viewed at the time of inspection indicated that Portiuncula Hospital achieved an overall very high risk rating in a risk assessment for the prevention and control of Legionella carried out at the hospital in June 2015. Inspectors were informed that Legionella control measures are in place and are being monitored. However an action plan was not available to view on the day of inspection. National guidelines²³ state that the responsible person(s) appointed must ensure that appropriate up-to-date records relating to the control scheme are kept. These records should include the written scheme of actions and control measures required and details of their implementation.

2.3 Key findings relating to hand hygiene

2.3.1 System change⁶ : *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- The design of the majority of clinical hand wash sinks on the Delivery Ward conformed to Health Building Note 00-10 Part C: Sanitary assemblies.²⁴
- Hand hygiene advisory posters were not consistently available and appropriately displayed in all the areas inspected.

2.3.2 Training/education⁶ : *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.*

- Documentation viewed by inspectors indicated that 90% of staff had received hand hygiene training in the past two years.
- The majority of staff in both areas inspected were up to date with hand hygiene training.
- Staff may alternatively complete the HSElanD e-learning training programme²⁵ (the Health Service Executive's (HSE's) online resource for learning and development).

2.3.3 Evaluation and feedback⁶: *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 audits

Portiuncula Hospital participates in the national hand hygiene audits which are published twice a year. 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/ July 2011 to October/November 2015. The hospital reached the Health Service Executive's (HSE's) national target of 90% for the first time in October/November 2015.⁹ The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance continues to improve and maintains the national target of 90% hand hygiene in both the national and local audits.

Period 1-10	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%
Period 9 May/June 2015	88.5%
Period 10 October/November 2015	90%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.²⁶

Local hand hygiene audits

- In addition to twice yearly national hand hygiene audits, local hand hygiene audits are also carried out by the Infection Prevention and Control Team in all patient care areas.
- Inspectors noted the sample size for hospital wide hand hygiene audits included 15 opportunities per area, and therefore was below the recommendation of 30 opportunities per ward/unit.²⁷
- The results for the national hand hygiene audit carried out in March 2016 indicated that further improvements are required as only two of the nine areas audited achieved the Health Service Executive (HSE) target⁹ of 90% for 2016. The average result for hand hygiene audits completed across nine different wards/ departments was 78%. Re-audit of poor compliance was not consistently carried out in line with the hospital's hand hygiene policy.
- Results of hand hygiene audits carried out March 2016 indicate that Theatre Recovery has achieved an average of 93.3% compliance.
- The Maternity Department has achieved an average of 73.3% compliance in April 2016. Up to date hand hygiene audit results were not on display on public notice boards in the areas inspected as described in the hospital's QIP.
- The Oncology Day Unit has achieved 100% compliance in February 2016.

Observation of hand hygiene opportunities

Inspectors observed hand hygiene opportunities using a small sample of staff in the Maternity Ward. 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 inspections are based on guidelines promoted by the WHO²⁸ and the HSE.²⁹ In addition, inspectors 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

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

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.

Inspectors observed four hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:

- two after touching patient surroundings
 - one after body fluid exposure risk
 - one before touching a patient
- Three of the four hand hygiene opportunities were taken. The opportunity which were not taken comprised the following:
- before touching a patient

Of the three opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the inspector for all opportunities and the correct technique was observed in one hand hygiene action.

In addition the inspectors observed a staff member wearing nail varnish.

2.3.4 Reminders in the workplace⁶: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

- In addition to the dissemination of monthly audit results hand hygiene advisory posters were available, up-to-date, clean and appropriately displayed in the Theatre Department.
 - Hand hygiene advisory posters were not appropriately displayed in the Maternity Department.
- **2.3.5 Institutional safety climate⁶:** *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 needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in relation to hand hygiene training and reaching and maintaining the national target of 90% hand hygiene compliance in national and local audits.

2.4 Key findings relating to infection prevention care bundles*

Care bundles to reduce the risk of different types of infection have been introduced across many health services over the past number of years, and there have been a number of guidelines published in recent years recommending their introduction across the Irish health system.^{3,4}

Peripheral venous catheter care bundles were in use across Portiuncula Hospital. Inspectors reviewed practice and documentation relating to care bundle application and audit in the Maternity Department. It was reported that weekly audits of peripheral venous catheter care bundle compliance were undertaken. Results of weekly audits were displayed on a notice board. However overall compliance ratings were not calculated. Audits highlighted that twice daily checks for peripheral venous catheter complications were not consistently documented in the nursing notes. This element achieved 0% and 14% compliance in February and March 2016 audits respectively. Peripheral venous catheter care bundle end of bed recording sheets were not used and care was recorded in the nursing notes. However this system for recording daily checks for peripheral venous catheter complications in the nursing notes did not readily facilitate audit of care bundle compliance in the Maternity Department.

Urinary catheter care bundles were not in use throughout the hospital but the hospital plans to implement these and is currently piloting the urinary catheter care bundle in one clinical area.

The routine application of infection prevention care bundles has been proven to reduce device related infection internationally and has been recommended in relevant national guidelines and the *National Standards for the Prevention and Control of Healthcare Associated Infection*, for a number of years. Portiuncula Hospital needs to continue to build on the progress to date to implement infection prevention care bundles into routine practice.

It is recommended that device related infection metrics are used to assess the impact of care bundle implementation and that related feedback is provided to staff in all clinical areas.

* A care bundle consists of a number of evidence based practices which when consistently implemented together reduce the risk of device related infection.

3. Summary

Overall, the general environment and equipment in the areas inspected and reinspected were clean with some exceptions.

The hospital has taken on board the recommendations of the 2015 report and is working towards improving the general facilities and clinical environment throughout the hospital. The level of progress made was evident on the day of inspection. However HIQA notes that the age of the hospital building is a key barrier to improvement in the inpatient infrastructure and to achieve compliance with recommended Standards. HIQA was informed that a planning application has been submitted for the provision of new inpatient ward accommodation to be located on the existing site. However, any proposed new hospital development may take a number of years to complete. In the interim, any changes and measures that can be implemented to address the issues identified and to enhance infection prevention and control practices should be progressed.

The hospital experienced an extensive outbreak of *Clostridium difficile* infection from October to December 2015. If further outbreaks are to be avoided, lessons learnt from this and previous outbreaks^{11,12,13,14} in other hospitals and national guidelines³⁰ recommend that multifaceted interventions are required to mitigate the risks posed by *Clostridium difficile* in the hospital environment. Notwithstanding the infrastructural issues identified as a contributory factor in the 2015 *Clostridium difficile* outbreak report the hospital must urgently address ongoing issues through enhancement of its antimicrobial stewardship programme, improvements in environmental hygiene and maintenance and a focus on hand hygiene compliance. Measures must be instituted before a further outbreak develops. The trigger for additional control measures should be early localised detection of periods of increased incidence. In summary, HIQA is not assured that the incidence of *Clostridium difficile* infection is being effectively managed by the hospital management team.

Frequencies of managerial hygiene audits for very high risk functional areas such as operating theatres were not in line with national guidance¹⁵ or best practice.¹⁹ HIQA recommends the frequency of hygiene audits conducted by hospital management should be appropriate to the risk associated with the functional area and the cleanliness levels already achieved.

Opportunities for improvement relating to medication management and unsafe injection practices were also identified during the inspection. It is recommended that the hospital reviews the practice relating to the preparation and administration of

intravenous medication to assure itself that the potential risks to patients in this regard are fully mitigated.

HIQA recommends that the hospital should continue to review and document the management of *Legionella* on an ongoing basis to assure itself that the risk to patients of acquiring Legionellosis is fully mitigated, and that compliance with national guidelines²³ is maintained.

The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is improved particularly in reaching and maintaining the national target⁹ of 90% hand hygiene in both the national and local audits.

The routine application of infection prevention care bundles has been proven to reduce device related infection internationally, and has been recommended in relevant national guidelines^{3,4} and the National Standards for the Prevention and Control of Healthcare Associated Infection¹ for a number of years. HIQA found that care bundles were not yet embedded on an operational level throughout the hospital and were at varying stages of implementation. It is recommended that the implementation of urinary catheter care bundles should be progressed in line with national guidelines.

4. Next steps

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

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

5.0 References[‡]

- 1 Health Information and Quality Authority. *National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2009. [Online]. Available from: <http://www.hiqa.ie/publication/national-standards-prevention-and-control-healthcare-associated-infections>.
- 2 Health Information and Quality Authority. *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*. Dublin: Health Information and Quality Authority; 2015. [Online]. Available from: <http://www.hiqa.ie/system/files/Guide-to-HCAI-Unannounced-Inspections-2015.pdf>
- 3 Health Protection Surveillance Centre. *Prevention of Intravascular Catheter - related Infection in Ireland. Update of 2009 National Guidelines September 2014*. 2014 [Online]. Available from: <http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/IntravascularIVlines/Publications/File,14834,en.pdf>
- 4 Health Protection Surveillance Centre. *Guidelines for the prevention of catheter-associated urinary tract infection. SARI Working Group*. 2011. [Online]. Available from: <https://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/File,12913,en.pdf>
- 5 Loveday H.P., Wilson J.A., Pratt R.J., Golsorkhi M., Tingle A., Bak A., Browne J. et al (2014) epic 3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection*. 2014 January, Volume86, Supplement 1: ppS1-S70. [Online] Available from: <http://www.sciencedirect.com/science/article/pii/S0195670113600122>
- 6 World Health Organization. *A Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy*. Revised August 2009. [Online]. Available from: http://www.who.int/gpsc/5may/tools/system_change/en/.

[‡] All online references were accessed at the time of preparing this report.

7 Health Services Executive. Portiuncula Hospital. Quality Improvement Plan-HIQA report of the Unannounced Monitoring Assessment on 5th March 2014. [Online]. Available from: <http://www.saolta.ie/content/hiqa-hygiene-qip-portiuncula-september-2015>

8 Department of Health, UK (2013) Health Building Note 02-01: Cancer treatment facilities, Department of Health, UK. [Online] Available at: http://www.dhsspsni.gov.uk/hbn_02-01_cancer_treatment_facilities_final.pdf

9 Health Service Executive. *National Service Plan 2016*. [Online]. Available from: <https://www.hse.ie/eng/services/publications/serviceplans/nsp16.pdf>

10 Health Information and Quality Authority. Report of the unannounced inspections at Portiuncula Hospital, Ballinasloe, Co Galway Dublin: Health Information and Quality Authority; 2015. [Online]. Available from: <https://www.hiqa.ie/report-unannounced-inspections-portiuncula-hospital-11-march-and-21-april-2015>

11 Health Service Executive. Review of Increased Identification of *Clostridium difficile* at Ennis General Hospital 2007. Available online from: <http://www.lenus.ie/hse/bitstream/10147/45982/1/9779.pdf>

12 Rt Hon Lord MacLean. NHS Scotland. 2014. The Vale of Leven Hospital Inquiry Report. [Online]. Available from: www.valeoflevenhospitalinquiry.org

13 Healthcare Commission. Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust. 2007. [Online]. Available from: <http://www.neli.org.uk/IntegratedCRD.nsf/e67b3914f8e8da658025755c0062cd62/29106b301d0a15348025737e00455edb?OpenDocument>

14 Healthcare Commission. Investigation into outbreaks of *Clostridium difficile* at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust. 2006 [Online]. Available from: <http://www.buckshealthcare.nhs.uk/Downloads/healthcarecommision/HCC-Investigation-into-the-Outbreak-of-Clostridium-Difficile.pdf>

15 National Hospitals Office, Quality, Risk & Customer Care. HSE Cleaning Manual Acute Hospitals. September 2006 . [Online]. Available from: http://hse.ie/eng/services/publications/Hospitals/HSE_National_Cleaning_Standards_Manual.pdf

16 Department of Health, United Kingdom. Health Building Note 26. Facilities for surgical procedures: Volume 1. [Online]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148490/HBN_26.pdf

17 Department of Health and Children/ Health Service Executive. Healthcare Risk Waste Management Segregation Packaging and Storage Guidelines For Healthcare Risk Waste. 2010 [Online]. Available from: http://health.gov.ie/wp-content/uploads/2014/03/healthcare_waste_packaging2010.pdf

18 Health Service Executive. Cleaning Manual-Acute Hospitals. [Online]. Available from: http://www.hse.ie/eng/services/publications/hospitals/HSE_National_Cleaning_Standards_Manual.pdf.

19 The British Standards Institution. PAS 5748:2014 Specification for the planning, application, measurement and review of cleanliness services in hospitals. 2nd edition. London: 2014.

20 Department of Health, United Kingdom. Health Building Note 09-02 – Maternity care facilities. [Online]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147876/HBN_09-02_Final.pdf

21 Muller AE, Huisman I, Roos PJ, Rietveld AP, Klein J, Harbers JB, Dorresteyn JJ, van Steenberghe JE, Vos MC. Outbreak of severe sepsis due to contaminated propofol: lessons to learn. Journal of Hospital Infection. 2010; 6(3):pp 225-30. [Online]. Available from: <http://www.sciencedirect.com/science/article/pii/S0195670110002793>

22 Dolan et al. APIC position paper: Safe injection, infusion and medication practices in healthcare. American Journal of Infection Control 2010; 38:167-172. [Online]. Available from: http://www.apic.org/Resource_/TinyMceFileManager/Position_Statements/AJIC_Safe_Injection0310.pdf

23 Health Service Executive/Health Protection Surveillance Centre. National Guidelines for the Control of Legionellosis in Ireland, 2009. [Online]. Available from: http://www.hpsc.ie/SearchResults/?q=Legionella&cx=000076577761126176300%3A4uo2qzbu_ko&cof=FORID%3A9&ie=UTF-8&siteurl=www.hpsc.ie%2FPublications%2F&ref=www.hpsc.ie%2F&ss=6805j3352957j23

24 Department of Health, United Kingdom. Health Building Note 00-10 Part C: Sanitary Assemblies. [Online]. Available from: http://www.dhsspsni.gov.uk/hbn_00-10_part_c_l.pdf.

25 Health Service Executive. HSELand. [Online]. Available from: <http://www.hseland.ie/tohm/default.asp?message=logout>.

26 The Health Protection Surveillance Centre. *National Hand Hygiene Audit Results*. [Online]. [Online]. Available from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditResults/>.

27 HSE Hand Hygiene Observation Audit Standard Operating Procedure 2014 Version 3.0. [Online]. Available from: <https://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf>

28 World Health Organization. *Guide to Hand Hygiene in Healthcare and WHO Hand Hygiene Technical Reference Manual*. [Online]. Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf?ua=1

29 Health Service Executive. *Hand Hygiene Observation Audit Standard Operating Procedure April 2013*. [Online]. Available from: <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/HandHygieneAudit/HandHygieneAuditTools/File,12660,en.pdf>.

30 Department of Health. National Clinical Effectiveness Committee. *Diagnosis and Management of Clostridium difficile Infection in Ireland*. National Clinical Guideline No. 3, 2014. Available online from: <http://www.hpsc.ie/A-Z/Gastroenteric/Clostridiumdifficile/Guidelines/File,13950,en.pdf>

**Published by the Health Information and Quality Authority.
For further information please contact:**

**Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
Phone: +353 (0) 1 814 7400**

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie

© Health Information and Quality Authority 2016