



**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: 20 May 2014

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

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, 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 – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular 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. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

This report sets out the findings of the unannounced inspection by the Authority of Portiuncula Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Alice Doherty and Kay Sugrue on 20 May 2014 between 11:05hrs and 16:45hrs.

The areas assessed were:

- St John's Ward (medical, surgical and gynaecology)
- St Joseph's Ward (acute medical and stroke unit).

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

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
- Oncology
- Paediatrics including intensive care, Oncology and Pathology.
- Special Care Baby Unit
- Pathology/Histopathology Service
- Radiology
- Chronic Pain Relief Service
- Dental Surgery.

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

Oncology, radiotherapy outpatient clinics, 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

On inspection at Portiuncula Hospital on 20 May 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards. In the findings outlined below, observed non-compliances are grouped and described alongside the relevant corresponding Standard/criterion.

3.1 Environment and Facilities Management

Standard 3. Environment and Facilities Management

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

Criterion 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

St John's Ward

St John's Ward is a 34-bedded ward comprising multi-bedded wards and seven single rooms which are used for isolation of patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. Two of the single rooms are ensuite. At the time of the inspection, seven patients were isolated in single rooms and an eighth patient was isolated in a two-bedded ward.

St John's Ward has been participating in the national Productive Ward Programme since February 2014.³ At the time of the inspection, one of the store rooms was being re-organised as part of this programme.

Overall, various levels of improvement in the maintenance and management of the environment and patient equipment were identified as being required on St John's Ward.

Environment and equipment

- Heavy dust was visible on the bases of beds. Dust and debris were observed on a patient hoist.
- Sticky tape residue was observed on the surface of a glucometer, hindering effective cleaning. The holders for the glucometers were observed to be dusty.
- Chipped paint was observed on patient bedside tables and the edges of the tables and patient bedside lockers were chipped, hindering effective cleaning. Chipped paint and rust-coloured staining was also observed on the bases of some intravenous stands.
- The plastic cover on the top of the resuscitation trolley was cracked, hindering effective cleaning.
- Rust-coloured staining was observed on the legs of a dressing trolley. Sticky tape residue was observed on bars of the trolley and on the under surface of shelves, hindering effective cleaning.
- The cover on the foot rest of a chair was damaged, hindering effective cleaning. Dark-coloured stains were visible on the fabric of the chair.
- Chipped paint, rust-coloured staining and sticky tape residue were observed on a medicine trolley, hindering effective cleaning. The wheels areas of two medicine trolleys were unclean.
- The following non-compliances were observed in patient toilets and washrooms:
 - Coloured staining was visible around the shower tray and at the bottom of the shower door in the gents toilet/washroom. Rust-coloured staining was visible on the wall panel around the shower holder. There was black staining on the wall panel adjacent to the door and on a window ledge. The seal behind the hand wash sink was not intact. There was dust in the corners of the floor and the floor covering was damaged at the entrance, hindering effective cleaning. There was also brown staining on the floor around the toilet. A coloured residue was visible at the edge of the wall panel adjacent to the floor. The cover on the ceiling light was not in place correctly.
 - Coloured staining was visible around the shower tray in the ladies toilet/washroom. There was brown staining on the floor around the toilet and on a bar under the shower. The seal behind the hand wash sink was not intact.
- The integrity of the walls around the hand wash sink in the clean utility room was damaged, hindering effective cleaning and increasing the risk of microbial contamination.
- The following non-compliances were observed in the 'dirty'[±] utility room:

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

- The floor covering at the entrance to the room and on the step under the bed pan washer was not fully intact, hindering effective cleaning. Grey-coloured tape was fixed to the floor covering beside the bed pan washer, also hindering effective cleaning.
- Dust was visible at the bottom edge of the wall panel adjacent to the floor and there was a small amount of residue on the wall beside the clinical waste disposal bin.
- Access to the hand wash sink was restricted by a commode stored under the sink.
- White staining was visible on the seat and backrest of one commode and a small amount of rust-coloured staining was visible on the frame under the seat on a second commode.
- The following non-compliances were observed in store rooms:
 - The cover was missing on a light and there was an area of exposed pipe work on a wall adjacent to the ceiling, hindering effective cleaning.
 - Ceiling tiles in a second store room were damaged.
- Chipped paint and rust-coloured staining were observed on the foot levers of non-clinical waste disposal bins, hindering effective cleaning. The lid on the non-clinical waste disposal bin in room 106 was not attached on one side and therefore did not close correctly.
- Paintwork on walls, skirting boards, around door frames and on radiators throughout the ward was chipped and scuffed, hindering effective cleaning. There was a hole in the staff room door.
- The cover on the light fixture above bed 6 in room 104 was not fully attached, posing a potential safety risk to patients and staff as well as hindering effective cleaning.
- Paper notices fixed to a notice board in the main corridor of the ward were not laminated, hindering effective cleaning.

Linen

- The floor covering at the entrance to the linen store room was damaged, hindering effective cleaning.
- Access to clean linen stored on shelving in the linen store room was restricted by linen trolleys stored alongside the shelving.

Cleaning equipment

- Plasterwork on the wall behind the sink in the cleaning room and a floor tile beside the sink, were damaged, hindering effective cleaning. Shelving in the room was chipped, also hindering effective cleaning.
- Debris was observed in the corners of the floor in the cleaning room and a plastic bag was stored directly on the floor, hindering effective cleaning.

- Access to the sink used for the disposal of waste cleaning solutions in the cleaning room was restricted by a floor cleaning machine stored in front of the sink. The base of the floor cleaning machine was dusty and unclean.

St Joseph's Ward

St Joseph's Ward is a 33-bedded ward comprising one single room and eight bays. The number of beds allocated to each bay varies. The single room is used for accommodating patients colonised or infected with transmissible infective diseases or multidrug resistant organisms when required. A two-bedded room which has an ensuite is also used for isolation purposes if needed.

Overall, various levels of improvement in the maintenance and management of the environment and patient equipment were identified as being required on St Joseph's Ward.

Environment and equipment

- Dust was observed in areas inspected. For example,
 - Light layers of dust were observed in the corners and edges of floors in patient areas including rooms 2 and 3, the stroke unit, and the single room.
 - There was dust on a door frame leading into room 2 and on a skirting board. Dust was present on the window sill in room 3.
 - A bed frame and two patient lockers were visibly dusty.
 - Light to moderate levels of dust were visible on patient equipment such as a cardiac monitor and suction apparatus.
 - A light layer of dust and sticky residue was observed on shelves in a storage cupboard in the clean utility room, hindering effective cleaning. The window was also visibly dusty.
 - A light level of dust was observed on shelving and a heavy layer of dust was present over a storage unit in a store room.
 - Dust was observed on pipe work under shelving and on the frame of the door in the linen store room.
- Used blood sampling lancets were observed in two holders for glucose monitoring equipment. A glucometer was also observed to be unclean. This matter was brought to the attention of the ward manager for immediate risk mitigation.
- Blood stained sticky tape was observed on a window sill beside a patient bed. This matter was brought to the attention of ward staff and was addressed immediately.
- The interior surface of a temperature probe holder was unclean. This matter was brought to the attention of the ward manager so it could be addressed.
- The base of a trolley holding blood pressure monitoring equipment was dusty.

- White-coloured staining was noted on the underside of a shelf on a dressing trolley and the wheel areas were unclean.
- The following non-compliances were observed in patient toilets and washrooms:
 - Pink-coloured staining was present on the inside of a shower door.
 - White residue was visible on floor tiles around a shower base and the edges of the tiles on the shower tray which was integrated with the floor were chipped, hindering effective cleaning.
 - A shower outlet was unclean.
 - Sealant around a window and shower tray were discoloured and stained.
 - Rust-coloured stains were observed on a radiator.
 - The vinyl covering on a shower chair was cracked, hindering effective cleaning.
- Paintwork on some walls was observed to be scuffed. Where paint was chipped, rust-coloured staining was observed on the following; two radiators, the bases of some patient bedside tables, on the frame of a shower chair, underneath the seat frame of a commode and on a medicine trolley. In addition, paint was missing on two intravenous stands and the wheel areas of one of these were unclean. Paint was missing and chipped in the clean utility room however refurbishment works were in progress in the room at the time of the inspection.
- The cover on a light fixture over a patient's bed was missing which exposed electrical wiring. The absence of the cover posed a potential safety risk to patients and staff as well as hindering effective cleaning. This matter was brought to the attention of the ward manager and it was addressed immediately.
- The keyboard area of a phone was unclean and the computer keyboard in the stroke unit was dusty. In addition, residue was visible on the screen of a cardiac monitor.
- Exposed pipe work covered with a 'sack-like fabric' was observed on the wall of a room used for storing clean equipment. The Authority was informed that a request to address this issue had been sent to the maintenance department on 7 May 2014 and was ongoing on the day of the inspection.
- Access to the hand wash sink in the 'dirty' utility room was restricted by bags of domestic waste stored on the floor adjacent to the sink.
- Personal protective equipment was observed to be removed in the incorrect sequence.

Linen

- White stains were visible on the covers of two linen trolleys in the linen store room. The Authority was informed that the trolleys were cleaned daily but there was no procedure for cleaning the trolley covers. It was noted that the material used in these covers was wipe-able.

Cleaning equipment

- Dust and grit were observed on the floor of the cleaning storage room and the floor was visibly unclean.
- The sink used for cleaning purposes was sitting on a frame and the edges of the frame were heavily rusted, dusty and visibly unclean.

3.2 Waste

Criterion 3.7. The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

- The temporary closure mechanisms on sharps waste disposal bins observed (i) in the clean utility room and in an isolation room on St John's Ward and (ii) on a medicine trolley in the clean utility room on St Joseph's Ward were not activated.
- The sharps waste disposal bin on the medicine trolley on St Joseph's Ward and a second sharps waste disposal bin with a purple lid in the clean utility room were observed to be more than two thirds full, which is not in line with best practice.⁴
- A free standing sharps waste disposal bin was observed on a shelf in the isolation room which was not in line with best practice.

Summary

The results of audits carried out by the infection control team against infection control standards were provided to the Authority. On St John's Ward, linen and equipment audits carried out in January 2014 showed 89% and 62.9% compliance respectively. An audit of the 'dirty' utility room was carried out in March/April 2014 and showed 76.6%. The Authority was informed that feedback from the audits is given to the ward manager on the day of the audit. It was noted that non-compliances observed by the Authority were also identified during these audits, for example regarding intravenous stands and patient bedside tables and lockers. Email correspondence was viewed by the Authority which showed that a report and costing for this equipment had been requested by the hospital.

St Joseph's Ward achieved a 76% rating in April 2014 in an audit of the ward environment and 70% in waste management which was carried out in March 2014. An audit of the ward environment in October 2013 showed only 47% compliance. As had been identified on St John's Ward, some of the findings in the audits on St Joseph's Wards were similar to those described in this report. The Authority was informed that actions arising from environmental audits are addressed at the time of

audit with the ward manager and by referring the issue identified to the responsible person.

In addition, the Authority observed evidence that regular hygiene audits are carried out on both wards. An audit tool consisting of 55 elements is used which includes themes such as patient washrooms, medical equipment, the 'dirty' utility room and the cleaning store. In 2013, St John's Ward achieved an average of 99% and St Joseph's Ward achieved 89.1%. Corrective action sheets prepared after audits are included as an agenda item on hygiene committee meetings and will be established as part of the quality improvement plan (QIP) for the hospital in 2014.

Environmental audits are also carried out by the hygiene co-ordinator. In addition, 'quality and safety walkabouts' by members of the executive board started in the hospital in January 2014. It is intended that each ward will be visited once a year as part of these 'walkabouts'.

The Authority was informed on St Joseph's Ward that the healthcare assistant is mainly responsible for the cleaning of medical equipment on the ward. However, a sign-off sheet viewed by the Authority lacked a comprehensive list of all medical equipment and therefore did not provide assurances to the Authority that all equipment was cleaned daily in line with best practice.⁵

Adherence to recommended standard precautions and fundamental infection control principles such as the safe management of sharps and waste, effective cleaning of equipment, hand hygiene and education are essential in preventing transmission of blood borne pathogens such as hepatitis B virus and hepatitis C virus.⁶ The use of finger stick devices and blood monitoring equipment such as those used in the monitoring of blood sugars have been linked to outbreaks of hepatitis B and hepatitis C in healthcare settings.⁶⁻⁸ The findings in this report relating to the maintenance and management of glucometer holders and monitoring equipment raised a concern for the Authority. The Authority recommends that the hospital review its current management system for blood glucose monitoring equipment and other blood monitoring equipment. Practices should be implemented for these devices to provide assurances that the recommended standard precautions and infection prevention and control interventions are in place to prevent the transmission of blood borne pathogens in the healthcare setting.

3.3 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.⁹ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

3.3.1 System change⁹: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

Standard 6. Hand Hygiene

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

Criterion 6.1. There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
- the number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.

- The design of clinical hand wash sinks on both St John's and St Joseph's Wards did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.¹⁰ The Authority was informed that funding for a sink replacement programme has been sought by the hospital.
- There were no hand hygiene facilities at the point of care in the cleaning rooms on St John's and St Joseph's Wards.
- The dispenser nozzles of two alcohol hand rub dispensers at the end of patient beds on St Joseph's Ward were observed to be unopened.

- The removable grids in the hand wash sinks in the 'dirty' utility room on St John's Ward and in room 2 on St Joseph's Ward were observed to be unclean.

3.3.2 Training/education⁹: *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.*

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

Hospital training

- In documentation reviewed by the Authority, it was noted that Portiuncula Hospital had achieved 93% compliance with hand hygiene training at the end of April 2014. The Authority was informed that training consists of open classroom-based education sessions which focus on the five moments of hand hygiene and technique.
- The hospital has eight hand hygiene 'train the trainers' and 16 hand hygiene champions, including members of the senior management team and a Clinical Director, who are responsible for promoting hand hygiene compliance and facilitating hand hygiene training. The Authority was informed that two medical consultants have recently been approached to become hand hygiene champions and to carry out hand hygiene observations.

Local area training

- On St John's Ward, the Authority was informed that hand hygiene training is carried out annually. Of the 40 staff members on the ward which includes nurses and health care assistants, nine were out-of-date between March 2014 and the date of the inspection. Records of hand hygiene training are kept by the Infection Control Nurse. The ward manager is informed when training is required so that this can be included in the roster to allow staff to attend training days.

- Hand hygiene training records viewed on St Joseph's Ward indicated that 100% of staff had been trained within the last year. Of these, 20 staff had carried out training since the beginning of 2014.
- There are three hand hygiene champions on St Joseph's Ward who participate in the hand hygiene training of staff on the ward and also promote hand hygiene compliance.

3.3.3 Evaluation and feedback⁹: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

- Portiuncula Hospital participates in the national hand hygiene audits which are published twice a year.¹¹ The results below taken from publically available data from the Health Protection Surveillance Centre's website generally show a steady increase in compliance up to October 2013. However, the overall compliance for 2013 is below the Health Service Executive's (HSE's) national target of 90%.¹²

Period 1-6	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%

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

Hospital hand hygiene audit results

- The Authority was informed that hand hygiene audits are carried out by the infection prevention and control nurse and another auditor and are based on the observation of 30 hand hygiene opportunities. Documentation viewed by the Authority showed that the hospital's overall compliance for hand hygiene in April 2014 was 81.7%. This figure was based on audit results for eight departments out of a total of 13 departments in the hospital. Records viewed by the Authority show that regular hand hygiene audits are carried out across all departments in the hospital.
- The Authority was informed that a lead auditor training programme was carried out in March 14 and a total of five lead auditors have been trained.
- Hand hygiene audit results are disseminated throughout each directorate within the hospital and also are discussed at group council executive meetings.

Local area hand hygiene audit results

- Records of hand hygiene compliances for 2014 were viewed by the Authority and showed that St John's Ward achieved 86% in January, 80% in February, 70% in March and 83.3% in April.
- On St Joseph's Ward, hand hygiene compliances for 2014 were 76.6% in January, 76.6% in February and 90% in March.
- The Authority was informed that feedback is given to staff at the time of the audit and non-compliances are addressed through increased training. Results are also discussed at monthly ward meetings.

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 inspections are based on guidelines promoted by the WHO¹³ and the HSE.¹⁴ 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.

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

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 24 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:
 - two before touching a patient
 - one before clean/aseptic procedure
 - four after touching a patient
 - 17 after touching patient surroundings.
- Seventeen of the 24 hand hygiene opportunities were taken. The seven opportunities which were not taken comprised of the following:
 - one before touching a patient
 - one before clean/aseptic procedure
 - five after touching patient surroundings.
- Of the 17 opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for five opportunities. Of these, the correct technique was observed in the five hand hygiene actions.
- In addition the Authorised Persons observed:
 - Seven hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended.
 - The Authority observed that the wearing of gloves contributed to some of the missed hand hygiene opportunities. For example, after attending to patient care or touching the patient surroundings, it was observed that the curtains surrounding the patient zone were then opened using the same gloves thereby missing a hand hygiene opportunity. The practice observed may indicate a lack of awareness of the defined healthcare zone and patient zone.

3.3.4 Reminders in the workplace⁹: *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 the areas inspected at Portiuncula Hospital. These were supplemented by a large poster at the hospital reception of the west/north west group chief executive officer washing his hands and demonstrating senior management support for hand hygiene practice.

3.3.5 Institutional safety climate⁹: *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.*

- Portiuncula hospital achieved 81% compliance in the October 2013 national hand hygiene audits which is below the HSE's national target. However, the Authority notes that the hospital is working towards improving hand hygiene compliance and is aiming to achieve 95% compliance in all departments by the end of June 2014 and 100% compliance in oncology, the special care baby unit, the intensive care unit/coronary care unit and theatre by the end of December 2014.
- The Authority was informed that patients are empowered to ask if staff have cleaned their hands and information leaflets are provided to encourage patients to do this.
- Documentation viewed by the Authority showed that the hospital had achieved 93% compliance in hand hygiene training at the end of April 2014.
- The Authority notes a high priority is given to hand hygiene at all levels within the hospital. The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that its performance is sustained and improved.

4. Summary

The risk of the spread of Healthcare Associated Infections is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The Authority found that improvements in the maintenance and management of the environment and patient equipment were required to facilitate effective cleaning and minimise any risk to people using services, staff and visitors of acquiring a Healthcare Associated Infection.

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

Portiuncula hospital needs to build on compliances achieved to date regarding hand hygiene, to ensure that good hand hygiene practice is improved and maintained, and national targets are achieved.

Portiuncula Hospital must now revise and amend its QIP that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control 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 Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

5. References[‡]

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