



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

**Adelaide and Meath Hospital Dublin Incorporating
the National Children's Hospital (AMNCH)**

Assessment Report

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which was established under the Health Act 2007 to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, 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 services in Ireland (except mental health services)

Monitoring Healthcare Quality – Monitoring standards of quality and safety in our health services and implementing continuous quality assurance programmes to promote improvements in quality and safety standards in health. As deemed necessary, undertaking investigations into suspected serious service failure in healthcare

Health Technology Assessment – Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

Health Information – Advising on the collection and sharing of information across the services, evaluating, and publishing information about the delivery and performance of Ireland's health and social care services

Social Services Inspectorate – Registration and inspection of residential homes for children, older people and people with disabilities. Monitoring day- and pre-school facilities and children's detention centres; inspecting foster care services.

1 Background and Context

1.1 Introduction

In 2007, the Health Information and Quality Authority (the Authority) undertook the first independent National Hygiene Services Quality Review. The Authority commenced its second Review of 50 acute Health Service Executive (HSE) and voluntary hospitals in September 2008.

The aim of the Review is to promote continuous improvement in the area of hygiene services within healthcare settings. This Review is one important part of the ongoing process of reducing Healthcare Associated Infections (HCAIs) and focuses on both the service delivery elements of hygiene, as well as on corporate management. It provides a general assessment of performance against standards in a range of areas at a point in time.

The Authority's second *National Hygiene Services Quality Review* assessed compliance for each hospital against the National Hygiene Standards and assessed how hospitals are addressing the recommendations as identified in the 2007 National Hygiene Services Quality Review.

All visits to the hospitals were unannounced and occurred over an eight-week period. The Authority completed all 50 visits by mid-November 2008. The *National Hygiene Services Quality Review 2008* provides a useful insight into the management and practice of hygiene services in each hospital.

Following the Authority's Review last year, every hospital was required to put in place Quality Improvement Plans (QIPs) to address any shortcomings in meeting the Standards.

Therefore, in considering this background, the Authority would expect hospitals to have in place well established arrangements to meet the Standards and the necessary evidence to demonstrate such compliance as part of their regular provision and management of high quality and safe care.

Consequently, the Authority requested a number of sources of evidence from hospitals in advance of a site visit and this year the unannounced on-site review was carried out, with the exception of one hospital, within a 24-hour period – rather than the three days taken last year. The Authority also stringently required that all assertions by hospitals – for example, the existence of policies or procedures – were supported by clear, documentary evidence.

This “raising of the bar” is an important part of the process. It aims to ensure that the approach to the assessment further supports the need for the embedding of these Standards, as part of the way any healthcare service is provided and managed, and also further drives the move towards the demonstration of accountable improvement by using a more rigorous approach.

It must therefore be emphasised that the assessment reflects a point in time and may not reflect the fluctuations in the quality of hygiene services (improvement or deterioration) over an extended period of time. However, patients do not always choose which day they attend hospital. Therefore, the Authority believes that the one-day assessment is a legitimate approach to reflect patient experience given that the arrangements to minimise Healthcare Associated Infections (HCAIs) in any health or social care facility should be optimum, effective and embedded 24 hours a day, seven days a week.

Individual hospital assessments, as part of the *National Hygiene Services Quality Review 2008*, provide a detailed insight into the overall standard of each hospital, along with information on the governance and management of the hygiene services within each hospital. As such, the Review provides patients, the public, staff and stakeholders with credible information on the performance of the 50 Health Service Executive (HSE) and voluntary acute hospitals in meeting the *National Hygiene Services Quality Review 2008: Standards and Criteria*. The reports of each individual hospital assessment, together with the National Hygiene Services Quality Review 2008, can be found on the Authority's website, www.hiqa.ie.

Hygiene is defined as:

“The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving one's health, preventing the spread of disease, and recognising, evaluating and controlling health hazards. In the healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment.”

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

There are 20 Standards divided into a number of criteria, 56 in total, which describe how a hospital can demonstrate how the Standard is being met or not. To ensure that there is a continual focus on the important areas relating to the delivery of high quality and safe hygiene services, 15 Core Criteria have been identified within the Standards to help the hospital prioritise these areas of particular significance.

Therefore, it is important to note that, although a hospital may provide evidence of good planning in the provision of a safe environment for promoting good hygiene compliance, if the assessors observed a clinical area where patients were being cared for that was not compliant with the Service Delivery Standards and posed risks for patients in relation to hygiene that weren't being effectively managed, then a hospital's overall ratings may be lower as a result.

The Standards are grouped into two categories:

(a) Corporate Management

These 14 Standards facilitate the assessment of performance with respect to hygiene services provision to the organisation and patients/clients at organisational management level. They incorporate the following four critical areas:

- Leadership and partnerships
- Environmental facilities
- Human resources
- Information management.

(b) Service Delivery

These six Standards facilitate the assessment of performance at service delivery level. The Standards address the areas of:

- Evidence-based best practice and new interventions
- Promotion of hygiene
- Integration and coordination of services
- Safe and effective service delivery
- Protection of patient rights
- Evaluation of performance.

The full set of Standards are available on the Authority's website, www.hiqa.ie.

Core Criteria:

To ensure that there is a continual focus on the principal areas of the service, 15 Core Criteria have been identified within the Standards to help the organisation and the hygiene services to prioritise areas of particular significance. Scoring a low rating in a Core Criterion can bring down the overall rating of a hospital even if, in general, they complied with a high number of criteria. It is worth emphasising that if serious risks were identified by the assessors, the Authority would issue a formal letter to the hospital in relation to these risks.

1.3 Assessment Process

There are three distinct components to the *National Hygiene Services Quality Review 2008* assessment process: pre-assessment, on-site assessment, following up and reporting.

Before the onsite assessment:

- **Submission of a Quality Improvement Plan (QIP) and accompanying information by the hospital to the Authority.** Each hospital was requested to complete a quality improvement plan. This QIP outlined the plans developed and implemented to address the key issues as documented in the hospital's Hygiene Services Assessment Report 2007.
- **Off-site review of submissions received.** Each Lead Assessor conducted a comprehensive review of the information submitted by the hospital.
- **The Authority prepared a confidential assessment schedule,** with the assessment dates for each hospital selected at random.
- **Selection of the functional areas.** The number of functional areas selected was proportionate to the size of the hospital and type of services provided. At a minimum it included the emergency department (where relevant), the outpatient department, one medical and one surgical ward.

The hospitals were grouped as follows:

- Smaller hospitals (two assessors) – minimum of two wards selected
- Medium hospitals (four assessors) – minimum of three wards selected
- Larger hospitals (six assessors) – minimum of five wards selected.

During the assessment:

- **Unannounced assessments.** The assessments were unannounced and took place at different times and days of the week. All took place within one day, except for one assessment that ran into two days for logistical reasons. Some assessments took place outside of regular working hours and working days.
- Assessments were undertaken by a **team of Authorised Officers** from the Authority to assess compliance against the National Hygiene Standards. Health Information and Quality Authority staff members were authorised by the Minister of Health and Children to conduct the assessments under section 70 of the Health Act 2007.
- **Risk assessment and notification.** Where assessors identified specific issues that they believed could present a significant risk to the health or welfare of patients, hospitals were formally notified in writing of where action was needed, with the requirement to report back to the Authority with a plan to reduce and effectively manage the risk within a specified period of time.

Following the assessment:

- **Internal Quality Assurance.** Each assessment report was reviewed by the Authority to ensure consistency and accuracy.
- **Provision of an overall report to each hospital, outlining their compliance with the National Hygiene Standards.** Each hospital was given an opportunity to comment on their individual draft assessment in advance of publication, for the purpose of factual accuracy.
- **Compilation and publication of the National Report** on the *National Hygiene Services Quality Review*.
- **All comments were considered** fully by the Authority prior to finalising each individual hospital report.

1.4 Patient Perception Survey

During each assessment the assessors asked a number of patients and visitors if they were willing to take part in a national survey. This was not a formal survey and the sample size in each hospital would be too small to infer any statistical significance to the findings in relation to a specific hospital. Results from the questionnaires were analysed and national themes have been included in the National Hygiene Services Quality Review 2008.

1.5 Scoring and Rating

Evidence was gathered in three ways:

1. **Documentation review** – review of documentation to establish whether the hospital complied with the requirements of each criterion
2. **Interviews** – with patients and staff members
3. **Observation** – to verify that the Standards and Criteria were being implemented in the areas observed.

To maximise the consistency and reliability of the assessment process the Authority put a series of quality assurance processes in place, these included:

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- Assessors worked in pairs at all times
- Six lead assessors covering all the hospitals
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

On the day of the visit, the hospital demonstrated to the Assessment Team their evidence of compliance with all criteria. The evidence demonstrated for each criterion informed the rating assigned by the Authority’s Assessment Team. This compliance rating scale used for this is shown in Table 1 below:

Table 1: Compliance Rating Score	
A	The organisation demonstrated exceptional compliance of greater than 85% with the requirements of the criterion.
B	The organisation demonstrated extensive compliance between 66% and 85% with the requirements of the criterion.
C	The organisation demonstrated broad compliance between 41% and 65% with the requirements of the criterion.
D	The organisation demonstrated minor compliance between 15% and 40% with the requirements of the criterion.
E	The organisation demonstrated negligible compliance of less than 15% with the requirements of the criterion.

This means the more A or B ratings a hospital received, the greater the level of compliance with the standards. Hospitals with more C ratings were meeting many of the requirements of the standards, with room for improvement. Hospitals receiving D or E ratings had room for significant improvement.

2 Hospital findings

2.1 The Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital Organisational Profile¹

The Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital opened in June 1998 following the merger of the Adelaide Hospital, Meath Hospital and National Children's Hospital. All services are contained in one building. It is a six hundred bed public voluntary teaching hospital, covering all major specialities and offers a comprehensive service to patients of all ages, and is one of the major teaching hospitals linked to the University of Dublin, Trinity College. The hospital serves as a primary referral centre for the immediate catchment area, i.e. South West Dublin, North Kildare and West Wicklow, with a population of approximately 560,000 and also accepts secondary and tertiary referral from the county and regional hospitals.

2.2 Areas Visited

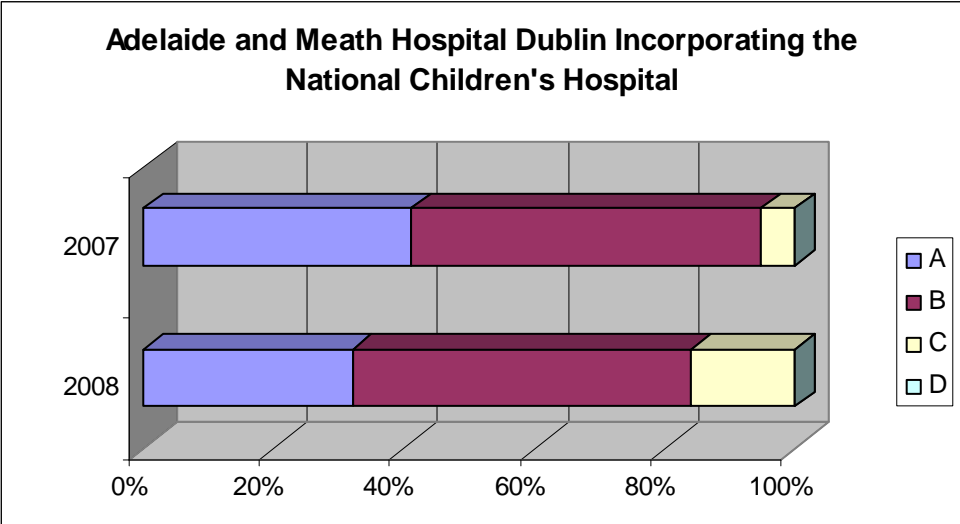
During the course of the assessment the following areas were visited:

- Outpatients department
- Emergency department
- Ruttle – general medical ward
- Lane – urology surgery ward
- Crampton – surgery ward
- Beech – paediatrics ward
- Webb – general medical ward
- Elective orthopaedics – ormsby
- Laundry services
- Waste compound.

¹ The organisational profile was provided by the hospital

2.3 Overall Rating

The graph below illustrates the organisation’s overall compliance rating for 2008 and its overall rating for 2007. Appendix A at the end of this report illustrates the organisation’s ratings for each of the 56 criteria in the 2008 National Hygiene Services Quality Review, in comparison with 2007. See page 8 for an explanation of the rating score.



An overall award has been derived using translation rules based on the number of criterion awarded at each level. The translation rules can be viewed in the National Report of the National Hygiene Services Quality Review 2008. Core criteria were given greater weighting in determining the overall award.

Adelaide and Meath Hospital incorporating the National Children’s Hospital (AMNCH) has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

The following are the ratings for the organisation's compliance against the Corporate Management standards, as validated by the Assessment Team. The Corporate Management standards allow the organisation to assess and evaluate its activities in relation to hygiene services at an organisational level.

PLANNING AND DEVELOPING HYGIENE SERVICES

CM 1.1 Rating: B (66-85% compliance with this criterion)

The organisation regularly assesses and updates the organisation's current and future needs for Hygiene Services.

- The organisation demonstrated evidence of a process for needs assessment, which informs the hygiene services corporate strategic, service and operational plan.
- A new cleaning contract had recently been established, further to consultation with department heads and the Hygiene Services Committee regarding required needs. As a result, it was demonstrated that cleaning frequencies had been increased in a number of areas.
- A patient satisfaction survey had recently been undertaken and it was reported that the results were in the process of being analysed.
- The contractor's supervisors had recently commenced fortnightly audits.
- The organisation demonstrated that internal hygiene audits were being undertaken with resultant actions by cleaners, who complete a corrective action sheet.
- No schedule of in-house hygiene audits and no evidence of evaluation of the needs assessment process was demonstrated.

CM 1.2 Rating: A (>85% compliance with this criterion)

There is evidence that the organisation's Hygiene Services are maintained, modified and developed to meet the health needs of the population served based on the information collected.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

CM 2.1 **Rating: B (66-85% compliance with this criterion)**

The organisation links and works in partnership with the Health Services Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.

- The organisation demonstrated evidence of linkages and partnerships with: the HSE through its Network Manager and Assistant National Director of Estates; National Hospital Office; Environmental Health Officer; Environmental Protection Agency; Dublin City Council and Waste Environmental Officer and the Dublin Academic Teaching Hospitals and contractors.
- A patient satisfaction survey has recently been undertaken.
- Evidence of regular meetings with waste, catering and cleaning contractors was provided.
- No evidence to demonstrate evaluation of linkages was provided.

CORPORATE PLANNING FOR HYGIENE SERVICES

CM 3.1 **Rating: C (41-65% compliance with this criterion)**

The organisation has a clear corporate strategic planning process for Hygiene Services that contributes to improving the outcomes of the organisation.

- The organisation demonstrated evidence of a corporate strategy, which was developed and approved by the management team in 2007.
- No evidence of a documented process for the development of the hygiene corporate strategy was demonstrated.
- It was reported that the strategy was developed by a multidisciplinary sub group; however no documentary evidence of minutes or discussions was demonstrated.
- No evidence of patient involvement in the development of the strategy was demonstrated.
- Related costings were not defined within the strategy.
- It was noted that a Director of Strategy for the hospital had been put in place.
- Limited evidence of formal evaluation of the hygiene corporate strategic plans' goals, objectives and priorities against defined needs was demonstrated.

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.1 Rating: B (66-85% compliance with this criterion)

The Governing Body and its Executive Management Team have responsibility for the overall management and implementation of the Hygiene Service in line with corporate policies and procedures, current legislation, evidence based best practice and research.

- The organisation demonstrated evidence of a governance structure, which detailed reporting lines for hygiene services, which were in line with the organisations corporate policies and procedures.
- It was demonstrated that Hygiene was a standing agenda item at Executive Management Team meetings.
- The Director of Environmental Services was a member of the Executive Management Team and was recognised as having overall responsibility for hygiene services.
- It was demonstrated that on a quarterly basis, the minutes of the infection control committee were circulated to the Executive Management Team.
- Evidence of 'walkabouts' with representatives of the Executive Management Team was demonstrated.
- A Hygiene Services Governance Committee and a Hygiene Operational Committee were reported to be established in June 2008, however no evidence of minutes for either Committee were demonstrated.
- No evidence of evaluation of the appropriateness of the review of the authority's provisions in the hygiene services area was demonstrated.

CM 4.2 Rating: C (41-65% compliance with this criterion)

The Governing Body and / or its Executive Management Team regularly receive useful, timely and accurate evidence or best practice information.

- The organisation demonstrated evidence that hygiene was a standing agenda item on the Executive Team meetings for the last number of months.
- The minutes of the Infection Control Committee and reports on outbreaks and surveillance, were circulated to the Executive Management Team on a quarterly basis.
- No evidence of a formalised suite of hygiene related performance indicators was demonstrated.
- No evidence that the results of audits were submitted to the Executive Management Team was demonstrated.
- No evidence of evaluation was demonstrated.

CM 4.3 Rating: B (66-85% compliance with this criterion)

The Governing Body and/or its Executive Management Team access and use research and best practice information to improve management practices of the Hygiene Service.

- The organisation demonstrated evidence of best practice information being available through: the organisations policies, procedures and guidelines; notice board; newsletters – 'Le Cheile'; library, staff intranet and intranet facility; ongoing education and training and infection control awareness week at the end of 2007.
- There was some evidence presented to demonstrate that best practice information was considered by the management team and improvements made as a consequence, e.g. extension of the usage of hand gel.
- No evidence of evaluation of the appropriateness of hygiene services related research and best practice information available was demonstrated.

CM 4.4 Rating: B (66-85% compliance with this criterion)

The organisation has a process for establishing and maintaining best practice policies, procedures and guidelines for Hygiene Services.

- The organisation demonstrated evidence of a Policy on the development, maintenance and review of policies, procedures and guidelines which was issued in 2007.
- The organisation was in the process of implementing a document control system.
- It was noted that a small number of policies were over due for review and were not following the approved template.
- No evidence of evaluation of the efficacy of the process for the development and maintenance of hygiene services policies procedures and guidelines was demonstrated.

CM 4.5 Rating: B (66-85% compliance with this criterion)

The Hygiene Services Committee is involved in the organisation's capital development planning and implementation process

- The organisation demonstrated evidence of a capital projects template sheet which had a section for sign off by infection control.
- The Director of Environmental Services was noted to have responsibility for capital projects and hygiene.
- Evidence of discussions in relation to infection control implications of projects was demonstrated through the minutes of capital projects group meetings, e.g. short stay acute unit, renal dialysis unit.
- Limited evidence was presented to demonstrate that the process for consultation with hygiene services was formally documented.
- No evidence of evaluation was presented.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

CM 5.1 Rating: B (66-85% compliance with this criterion)

There are clear roles, authorities, responsibilities and accountabilities throughout the structure of the Hygiene Services.

- The organisation demonstrated evidence of organisational charts with defined hygiene services structures and reporting arrangements.
- Job descriptions for a number of staff reviewed demonstrated their responsibility for hygiene services, e.g. Healthcare Assistant and Clinical Nurse Manager.
- The Hygiene Committee reporting structure had recently been developed and included reference to a hygiene Governance, hygiene management and a Hygiene Operational Committee.
- Although it was reported that both committees had met on a number of occasions, the minutes for either committee meeting were not demonstrated.
- At an operational level and through meetings with staff members, it was noted that there was some uncertainty regarding roles and responsibilities.

***Core Criterion**

CM 5.2 Rating: B (66-85% compliance with this criterion)

The organisation has a multi-disciplinary Hygiene Services Committee.

- The organisation demonstrated evidence of a multidisciplinary Hygiene Representatives Committee which met every six weeks to discuss operational issues.
- Its membership included representatives from each department, the Hygiene Services Manager and Assistant Director of Nursing.
- Evidence of a new committee structure was demonstrated and included the establishment of a Hygiene Governance, Hygiene Management and a Hygiene Operational Committee in June 2008. Terms of reference were demonstrated. It was reported that each of these newly established committees had met on a number of occasions, However the minutes of these meetings were not demonstrated.

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

*Core Criterion

CM 6.1 Rating: B (66-85% compliance with this criterion)

The Governing Body and/or its Executive/Management Team allocate resources for the Hygiene Service based on informed equitable decisions and in accordance with corporate and service plans.

- The organisation demonstrated evidence through budgetary control reports that resources were allocated for hygiene services based on hygiene service plans.
- Evidence of a buildings and infrastructure capital requirements summary report was demonstrated.
- Evidence of a Strategic Manpower Committee was demonstrated.
- It was demonstrated that the contract staffing levels and budgets were increased in the recently renewed cleaning contract, based on best practice cleaning frequency requirements.
- Limited documented evidence was presented to demonstrate how funding was prioritised. It was reported that this was the remit of the Hygiene Governance Committee which was established in June 2008, however the minutes of meetings were not demonstrated.

CM 6.2 Rating: C (41-65% compliance with this criterion)

The Hygiene Committee is involved in the process of purchasing all equipment/products.

- The organisation demonstrated evidence of a procurement policy, equipment purchase request and authorisation form.
- Some evidence was demonstrated of communication between department heads and hygiene management in relation to materials management, e.g. upgrading of bins.
- The organisation had a products evaluation group; however no evidence was presented that the group had met in the past twelve months.
- Limited evidence was demonstrated that the purchasing of equipment and products was discussed at the Hygiene Representatives Committee.
- No evidence of the minutes for the Hygiene Governance, Management or Operational Committees was demonstrated.
- No evidence of evaluation of the efficacy of the consultation process was demonstrated.

MANAGING RISK IN HYGIENE SERVICES

*Core Criterion

CM 7.1 Rating: B (66-85% compliance with this criterion)

The organisation has a structure and related processes to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service

- The organisation demonstrated evidence of their risk management structure and processes for the management of risk, which included, risk management, incident and near miss reporting and complaints policy.
- Evidence of organisational and departmental safety statements were demonstrated.
- A Health and Safety Annual Report for 2007 and a Risk Management Annual Report for 2006 were demonstrated.
- Evidence of resultant actions taken in relation to incidents, near misses and complaints was demonstrated.
- Limited evidence of trended reports on hygiene related incidents and complaints being considered by the executive management team was demonstrated.

CM 7.2 Rating: A (>85% compliance with this criterion)

The organisation's Hygiene Services risk management practices are actively supported by the Governing Body and/or its Executive Management Team.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

*Core Criterion

CM 8.1 Rating: A (>85% compliance with this criterion)

The organisation has a process for establishing contracts, managing and monitoring contractors, their professional liability and their quality improvement processes in the areas of Hygiene Services.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 8.2 Rating: A (>85% compliance with this criterion)

The organisation involves contracted services in its quality improvement activities.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: A (>85% compliance with this criterion)

The design and layout of the organisation's current physical environment is safe, meets all regulations and is in line with best practice.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

***Core Criterion**

CM 9.2 Rating: B (66-85% compliance with this criterion)

The organisation has a process to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen.

- There was evidence demonstrated that the organisation had identified areas for improvement within their service plan.
- Evidence of a number of documented processes to plan and manage its environment, facilities, equipment and devices, kitchens, waste and sharps and linen was demonstrated.
- Evidence of a medical equipment library, decommissioning document and a procedure for completion of a work order was demonstrated
- It was noted that the waste management and sharps policy were overdue for review.
- No local policy in relation to *Legionella* or *Aspergillus* was demonstrated.

CM 9.3 Rating: B (66-85% compliance with this criterion)

There is evidence that the management of the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen is effective and efficient.

- The organisation demonstrated some evidence of internal and external audits and inspection reports with resultant actions taken locally however limited evidence of communication of results to the executive management team was demonstrated, e.g. introduction of tug system for linen.
- There was no schedule for internal audits demonstrated.

- Evidence of a patient satisfaction survey which was completed in October 2008 was demonstrated, however it was not demonstrated that the results of same had yet been analysed or acted upon.

CM 9.4 Rating: B (66-85% compliance with this criterion)

There is evidence that patients/clients, staff, providers, visitors and the community are satisfied with the organisation's Hygiene Services facilities and environment.

- The organisation demonstrated evidence of a recent patient satisfaction survey with specific reference to hygiene that was completed in October 2008, the results of which had not yet been evaluated.
- Evidence of the results of a catering comment card survey, with resultant actions taken was demonstrated.
- Evidence of patient's comments and complaints being considered through the organisations patient advocacy department was demonstrated.
- Evidence of the recent development of a new patient comment card, with specific reference to hygiene was demonstrated.
- No evidence of a staff satisfaction survey was demonstrated.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 Rating: A (>85% compliance with this criterion)

The organisation has a comprehensive process for selecting and recruiting human resources for Hygiene Services in accordance with best practice, current legislation and governmental guidelines.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 10.2 Rating: A (>85% compliance with this criterion)

Human resources are assigned by the organisation based on changes in work capacity and volume, in accordance with accepted standards and legal requirements for Hygiene Services.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 10.3 Rating: A (>85% compliance with this criterion)

The organisation ensures that all Hygiene Services staff, including contract staff, have the relevant and appropriate qualifications and training.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 10.4 Rating: B (66-85% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

- The organisation demonstrated evidence that it has recently established cleaning contract details the reporting process, orientation and training and occupational health needs of contract staff, including their supervision.
- Evidence of a reporting structure for all hospital contractors, which included sign in and swipe access allocations was demonstrated.
- Evidence was provided of audits undertaken by the contractors. It was reported that the audit results were held by the contract supervisor and while accessible were not demonstrated to have been considered by the management team.
- It was demonstrated that a policy on the management of contractors and a suite of key performance indicators were in the process of being developed.

***Core Criterion**

CM 10.5 Rating: A (>85% compliance with this criterion)

There is evidence that the identified human resource needs for Hygiene Services are met in accordance with Hygiene Corporate and Service plans.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

ENHANCING STAFF PERFORMANCE

***Core Criterion**

CM 11.1 Rating: A (>85% compliance with this criterion)

There is a designated orientation / induction programme for all staff which includes education regarding hygiene.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 11.2 Rating: A (>85% compliance with this criterion)

Ongoing education, training and continuous professional development is implemented by the organisation for the Hygiene Services team in accordance with its Human Resource plan.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 11.3 Rating: B (66-85% compliance with this criterion)

There is evidence that education and training regarding Hygiene Services is effective.

- The organisation demonstrated evidence of a dedicated training department and officer.
- Evidence of evaluation of staff satisfaction with education and training sessions provided was demonstrated with resultant changes to training programme.
- The organisation reported that they use the Health Service Executive training evaluation resource.
- Limited formal evidence was provided to demonstrate the use of performance indicators to evaluate the effectiveness of education and training.
- Some evidence of evaluation of attendance levels at training was demonstrated, however not for all education and training sessions provided.

CM 11.4 Rating: C (41-65% compliance with this criterion)

Performance of all Hygiene Services staff, including contract /agency staff is evaluated and documented by the organisation or their employer.

- The organisation demonstrated evidence of informal evaluation of the hygiene services staff through: internal audits; departmental checklists; supervision by department head as well as supervisors and regular meetings between supervisors and department heads.
- Limited evidence of formal performance evaluation by the hospital or the contractors for hygiene services staff was demonstrated.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

CM 12.1 Rating: B (66-85% compliance with this criterion)

An occupational health service is available to all staff

- The organisation demonstrated evidence of a comprehensive occupational health service provided in-house.
- No evidence of evaluation of the appropriateness of the occupational health service was demonstrated.

CM 12.2 Rating: B (66-85% compliance with this criterion)

Hygiene Services staff satisfaction, occupational health and well-being is monitored by the organisation on an ongoing basis

- Evidence of monitoring of absenteeism rates, uptake of occupational health service and attendance at corporate induction was demonstrated. Evidence of an employee assistance programme was demonstrated.
- The organisation demonstrated evidence of a staff satisfaction survey undertaken in 2006, but not since this date.
- No evidence of evaluation of appropriateness of mechanisms used for monitoring staff satisfaction was demonstrated.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

CM 13.1 Rating: B (66-85% compliance with this criterion)

The organisation has a process for collecting and providing access to quality Hygiene Services data and information that meets all legal and best practice requirements.

- The organisation demonstrated evidence of collecting hygiene services data through: the incident reporting and complaints process; infection control surveillance and the auditing process.
- Evidence of providing access was demonstrated through: the hygiene email account accessible through a public folder; evidenced based policies, procedures and guidelines; education and training; membership of committees, for example Hygiene Representatives Committee and Infection Control; minutes of infection control meeting circulated to Executive Management team and audit reports circulated to management team representatives.
- No evidence of evaluation of the process for collecting and providing access or of evaluation of the quality and data reliability of the information provided was demonstrated.

CM 13.2 Rating: B (66-85% compliance with this criterion)

Data and information are reported by the organisation in a way that is timely, accurate, easily interpreted and based on the needs of the Hygiene Services.

- The organisation demonstrated evidence that data and information relating to hygiene services, including audit results and infection control surveillance data was reported to representatives of the Executive Management Team.
- No evaluation of data and information turnaround or user satisfaction in relation to the reporting of data and information was demonstrated.

CM 13.3 Rating: C (41-65% compliance with this criterion)

The organisation evaluates the utilisation of data collection and information reporting by the Hygiene Services team.

- The organisation demonstrated that they had evaluated the hygiene service cleaning frequencies in establishing the new contract which resulted in an increase in contractors cleaning frequencies and budget.
- Limited other evidence of formal evaluation of the utilisation of data collection and information reporting by the hygiene services team was demonstrated.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: A (>85% compliance with this criterion)

The Governing Body and/or its Executive Management Team foster and support a quality improvement culture throughout the organisation in relation to Hygiene Services

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

CM 14.2 Rating: C (41-65% compliance with this criterion)

The organisation regularly evaluates the efficacy of its Hygiene Services quality improvement system, makes improvements as appropriate, benchmarks the results and communicates relevant findings internally and to applicable organisations.

- The organisation demonstrated that they had reviewed the hygiene services structure and had established a Hygiene Governance, Management and Operational Committee in June 2008. Although it was reported that each of the committees had met on a number of occasions, no evidence of minutes was demonstrated. Terms of reference for the Hygiene Governance committee were demonstrated.
- No evidence of a formalised suite of key performance indicators for hygiene services was demonstrated.
- Limited evidence of formal benchmarking was demonstrated.
- Limited evidence of audit findings being formally considered by the Executive Management team as a whole was demonstrated.
- No evidence of formal evaluation of improved outcomes in hygiene services delivery as a result of the quality improvement system was demonstrated.

2.5 Standards for Service Delivery

The following are the ratings for the organisation's compliance against the Service Delivery standards, as validated by the Assessment Team. The service delivery standards allow an organisation to assess and evaluate its activities in relation to hygiene services at a team level. The service delivery standards relate directly to operational day-to-day work and responsibility for these standards lies primarily with the Hygiene Services Team in conjunction with ward/departmental managers and the Hygiene Services Committee.

EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

SD 1.1 Rating: B (66-85% compliance with this criterion)

Best Practice guidelines are established, adopted, maintained and evaluated, by the team.

- The organisation demonstrated that there was a process in place for the development and approval of policies, procedures and guidelines.
- The organisation demonstrated that they were in the process of implementing a document control system.
- It was noted that a small number of policies were overdue for review and were not following the approved template.
- There was evidence of their implementation at an operational level, although limited audits for compliance had been undertaken

SD 1.2 Rating: A (>85% compliance with this criterion)

There is a process for assessing new Hygiene Services interventions and changes to existing ones before their routine use in line with national policies.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: B (66-85% compliance with this criterion)

The team in association with the organisation and other services providers participates in and supports health promotion activities that educate the community regarding Hygiene.

- The organisation demonstrated evidence of a Health Promotion Officer in position; Infection Control Awareness week; information leaflets and posters; signs and comment cards.

- No evidence of evaluation of efficacy of activities undertaken was demonstrated.

INTEGRATING AND COORDINATING HYGIENE SERVICES

SD 3.1 Rating: B (66-85% compliance with this criterion)

The Hygiene Service is provided by a multidisciplinary team in cooperation with providers from other teams, programmes and organisations.

- The organisation demonstrated evidence of multidisciplinary Hygiene Representatives Committee, which met on a regular basis.
- The organisation also demonstrated evidence of a revised hygiene services structure, which included the establishment of a Hygiene Governance, Management and Operational Committee established in June 2008. Although it was reported that each of these committees had met on a number of occasions, no evidence of minutes of meetings was demonstrated.
- No evidence of evaluation of the efficacy of the multidisciplinary team structure was demonstrated.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

SD 4.1 Rating: B (66-85% compliance with this criterion)

The team ensures the organisation's physical environment and facilities are clean.

- In general the physical environment of the areas visited was clean, though the assessors noted the following: high and low dusting; vents requiring attention; broken wall surface in a number of shower rooms.
- Evidence of departmental audits was demonstrated.

***Core Criterion**

SD 4.2 Rating: B (66-85% compliance with this criterion)

The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean.

- In general equipment observed in a number of areas was clean.
- Babies buggies stored in a paediatric ward were observed to be soiled with limited evidence of formal cleaning.
- Physiotherapy equipment in one area was observed to be unsatisfactorily cleaned.
- Wheelchairs in the Emergency Department were observed to be dusty and have broken coverings.

- Equipment in a number of other areas was observed with visible dust.
- Fans were observed to be in use in two clinical areas and stored in a number of other areas, with visible dust observed.

***Core Criterion**

SD 4.3 Rating: A (>85% compliance with this criterion)

The team ensures the organisation's cleaning equipment is managed and clean.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

***Core Criterion**

SD 4.4 Rating: A (>85% compliance with this criterion)

The team ensures the organisation's kitchens (including ward/department kitchens) are managed and maintained in accordance with evidence based best practice and current legislation.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

***Core Criterion**

SD 4.5 Rating: B (66-85% compliance with this criterion)

The team ensures the inventory, handling, storage, use and disposal of Hygiene Services hazardous materials, sharps and waste is in accordance with evidence based codes of best practice and current legislation.

- In general, the organisation demonstrated evidence of the management of waste in accordance with best practice requirements.
- The holding area, although lockable, was observed to be open with unlocked bins within, at the time of the assessment.
- Unlocked large healthcare risk waste bins awaiting collection were observed on one corridor whilst.
- Sharps bins observed in open position in a number of areas.
- The internal of a small number of bins, in some clinical areas were demonstrated to be unsatisfactorily cleaned.

***Core Criterion**

SD 4.6 Rating: A (>85% compliance with this criterion)

The team ensures the Organisations linen supply and soft furnishings are managed and maintained

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

***Core Criterion**

SD 4.7 Rating: A (>85% compliance with this criterion)

The team works with the Governing Body and/or its Executive Management team to manage hand hygiene effectively and in accordance with Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

SD 4.8 Rating: A (>85% compliance with this criterion)
The team ensures all reasonable steps to keep patients/clients safe from accidents, injuries or adverse events.

- The organisation demonstrated compliance of greater than 85% with the requirements of this criterion.

SD 4.9 Rating: B (66-85% compliance with this criterion)

Patients/Clients and families are encouraged to participate in improving Hygiene Services and providing a hygienic environment.

- The organisation demonstrated evidence of: posters; signage; information leaflets; hand hygiene stations prominently positioned and a public notice board.
- The organisation demonstrated evidence of a Health Promotion Officer.
- Evidence was demonstrated that a patient satisfaction survey was undertaken in October 2008, the results of which had not yet been analysed.
- The Hospital had an open visiting policy which did not adhere to the National hospital visitor policy

PATIENT'S/CLIENT'S RIGHTS

SD 5.1 Rating: B (66-85% compliance with this criterion)

Professional and organisational guidelines regarding the rights of patients/clients and families are respected by the team.

- The organisation demonstrated evidence of a patient charter and a confidentiality clause included in staff job descriptions.
- Respect for patient autonomy was observed to be the organisation's stated core value and printed on the back of each staff member's swipe access card.
- The organisation had adapted the Irish Acute Hospitals Cleaning Manual, however no local evidence of a documented process for maintaining patient dignity during hygiene service delivery was demonstrated.

SD 5.2 Rating: B (66-85% compliance with this criterion)

Patients/Clients, families, visitors and all users of the service are provided with relevant information regarding Hygiene Services.

- The organisation demonstrated evidence of patients leaflets, posters, hand gel stands and a handbook which contained a specific section in relation to infection control.
- Evidence was provided of a patient satisfaction survey undertaken in October 2008, however it did not specifically seek to evaluate patients comprehension of and satisfaction with the information provided by the Hygiene Services Team.

SD 5.3 Rating: B (66-85% compliance with this criterion)

Patient/Client complaints in relation to Hygiene Services are managed in line with organisational policy.

- The organisation demonstrated evidence of a Complaints Policy issued in February 2008.
- Evidence of a report on complaints was demonstrated, however limited evidence was demonstrated that trended reports on complaints were presented or considered by the executive team.

ASSESSING AND IMPROVING PERFORMANCE

SD 6.1 Rating: C (41-65% compliance with this criterion)

Patient/Clients, families and other external partners are involved by the Hygiene Services team when evaluating its service.

- The organisation demonstrated evidence of a patient satisfaction survey undertaken in October 2008, the results of which were not demonstrated to have been analysed or acted upon.
- No evidence of the involvement of a patient representative in the Hygiene Services Committees.
- No evidence of evaluation of the extent to which patients, families and other organisations are involved by the team when evaluating its hygiene services.

SD 6.2 Rating: C (41-65% compliance with this criterion)

The Hygiene Services team regularly monitors, evaluates and benchmarks the quality of its Hygiene Services and outcomes and uses this information to make improvements.

- Some evidence was demonstrated that the organisation monitors the hygiene service through internal and external audits and reports.
- No evidence was demonstrated of a formal suite of performance indicators for hygiene.
- No evidence was demonstrated of formal benchmarking.
- The organisation provided evidence of a limited annual report on hygiene services, which did not detail the results of monitoring and or evaluation activity.

SD 6.3 Rating: C (41-65% compliance with this criterion)

The multidisciplinary team, in consultation with patients/clients, families, staff and service users, produce an Annual Report.

- The organisation demonstrated evidence of a report relating to hygiene services, which it was reported had been developed by a single member of staff.
- It was observed that the report did not detail the results of all monitoring and evaluation activities.
- No evidence was demonstrated that the report had been submitted, reviewed or approved by senior management.
- No evidence was demonstrated that the report had been communicated to stakeholders within the organisation.

Appendix A: Ratings Details

The table below provides an overview of the individual rating for this hospital on each of the criteria, in comparison with the 2007 Ratings.

Criteria	2007	2008
CM 1.1	B	B
CM 1.2	A	A
CM 2.1	B	B
CM 3.1	B	C
CM 4.1	B	B
CM 4.2	B	C
CM 4.3	A	B
CM 4.4	B	B
CM 4.5	A	B
CM 5.1	B	B
CM 5.2	A	B
CM 6.1	B	B
CM 6.2	B	C
CM 7.1	B	B
CM 7.2	A	A
CM 8.1	A	A
CM 8.2	A	A
CM 9.1	B	A
CM 9.2	B	B
CM 9.3	B	B
CM 9.4	B	B
CM 10.1	A	A
CM 10.2	A	A
CM 10.3	B	A
CM 10.4	B	B
CM 10.5	B	A
CM 11.1	A	A
CM 11.2	A	A
CM 11.3	B	B
CM 11.4	B	C
CM 12.1	A	B
CM 12.2	A	B
CM 13.1	A	B
CM 13.2	A	B
CM 13.3	B	C
CM 14.1	A	A
CM 14.2	B	C
SD 1.1	A	B
SD 1.2	A	A
SD 2.1	B	B

Criteria	2007	2008
SD 3.1	B	B
SD 4.1	A	B
SD 4.2	A	B
SD 4.3	B	A
SD 4.4	B	A
SD 4.5	A	B
SD 4.6	A	A
SD 4.7	A	A
SD 4.8	B	A
SD 4.9	C	B
SD 5.1	B	B
SD 5.2	B	B
SD 5.3	C	B
SD 6.1	C	C
SD 6.2	C	C
SD 6.3	C	C