



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Children's University Hospital, Temple Street

Assessment Report

Date of assessment: 20th October 2008

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.
- **All comments were considered** fully by the Authority prior to finalising each individual hospital report.
- **Compilation and publication of the National Report** on the *National Hygiene Services Quality Review*.

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 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
- Six lead assessors covering all the hospitals
- Assessors worked in pairs at all times
- 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 Children's University Hospital, Temple Street - Organisational Profile¹

Founded in 1872, the Children's University Hospital, Temple Street is an Acute Paediatric Hospital serving Dublin North City and County and providing a secondary and tertiary referral and care service both regionally and nationally. It is the only inner city children's Hospital and as such, its catchment includes areas of the south inner city.

2.2 Areas Visited

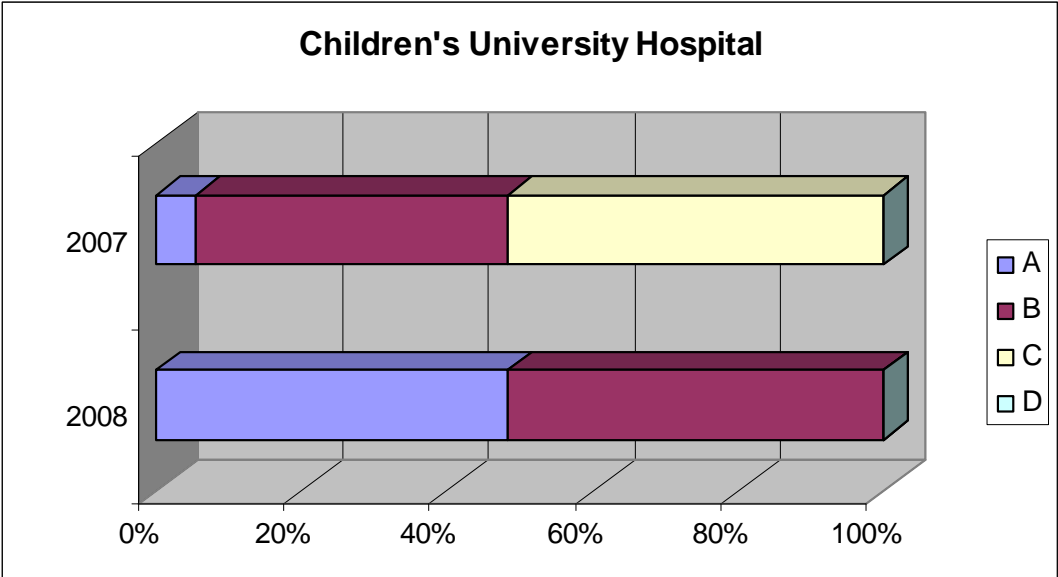
During the course of the assessment the following areas were visited:

- St Patrick's ward
- St. Gabriel's ward
- Outpatient department
- Emergency department
- Waste compound
- Laundry services.

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.

Children's University Hospital, Temple Street has achieved an overall score 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.

- There was evidence demonstrated of a revised Hospital Strategic Plan in place, which was signed off by the Board of Directors in March 2008, and includes priority actions for 2008 including hygiene.
- The Hygiene Service Plan for 2008 was demonstrated.
- There was evidence provided to demonstrate the Patient Care Committee has been consulted with in order to define their needs, and feedback from this group was through senior hospital staff on that committee.
- There was evidence demonstrated that hygiene patient satisfaction surveys are completed quarterly and benchmarked against previous outcomes.
- There was evidence that all survey results are brought to the Hygiene Steering Committee meetings.
- There was evidence that staff hygiene surveys are completed bi-annually, evidenced by the 2008 survey results which were demonstrated. There was evidence demonstrated that the new service plan template is currently being rolled out for 2009 budget planning (this includes a specific needs analysis section which will be used to develop hospital hygiene needs).
- There was no evidence demonstrated of evaluation of the needs assessment process.

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 Service Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.

- There was evidence demonstrated of the Internal Monitoring Review meetings with the Network Manager monthly. Minutes of the meetings were demonstrated.
- It was demonstrated that hygiene was discussed at these meetings; however there was a lack of evidence that this was a standing agenda item.
- The Dublin North Linkages Forum – which was in place and the Terms of Reference were demonstrated.
- The Patient Care committee was well established and the Terms Of Reference were demonstrated, this team reconvened in 2007. This meeting was chaired by the senior management. It was demonstrated that these meetings take place quarterly.
- There was a lack of evidence of a formalised evaluation of the linkages and partnerships.

CORPORATE PLANNING FOR HYGIENE SERVICES

CM 3.1 **Rating: B (66-85% 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.

- A documented process for the development of the strategic plan was in place and was demonstrated.
- The organisation demonstrated that it has recently developed the strategic programme office to coordinate strategic planning.
- There was some evidence that the evaluation of the strategic plan was through the service plan and this was reflected in the quality improvement plan (QIP) which was monitored monthly and non compliance was followed up by the relevant member of staff.
- There was evidence demonstrated that the hygiene self assessment was conducted by the Hygiene Steering Committee in 2008 with target ratings identified.
- It was demonstrated that issues for resolution are discussed at the monthly Hygiene Services Committee meetings and these are recorded in the minutes which were demonstrated.
- There was some evidence that tracking of the service plan is in place with dates for completion identified. This process was not demonstrated as formalised.

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.1 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

CM 4.2 Rating: B (66-85% 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 that the Hospital Executive Committee reports directly to the Board of Directors in relation to Hygiene Services.
- The organisation demonstrated that there has recently been a review of the information that will be forwarded to the Board of Directors and a number of hygiene related key performance indicators have been agreed as additional information.
- It was demonstrated that the Board of Directors receive information bi-monthly from the quality and accreditation department and the Infection Control Team.
- There was some evidence demonstrated of systematically trending this information.
- There was evidence demonstrated that the organisation has access to a Dangerous Goods Safety Advisor and quarterly audit reports were available and were demonstrated.
- It was demonstrated that the process to forward the hygiene related information to the board has recently commenced and therefore evaluation of the appropriateness of the information was not demonstrated.

CM 4.3 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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 documented process for the development, approval, revision and control of policies was demonstrated.
- It was demonstrated that a number of the hospital policies have been updated and reflect the corporate framework.
- Evidence was provided demonstrating that training has been provided to staff on the development of policies, procedures and guidelines.
- Alerts are sent to staff when policy changes and many of these were demonstrated in the clinical areas.
- It was demonstrated that plans are in place to introduce a computerised document control system; this was not 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

- There was evidence to demonstrate that a project steering committee was in place for major capital projects.
- It was demonstrated that the Project Manager was a member of the Hygiene Services Committee.
- There was evidence to demonstrate that minor developments, for example, wash-hand basin upgrades are progressed through the Hygiene Steering Committee which has representation from the Infection Control Team. Evidence of involvement of the Facilities Manager with the Infection Control committee regarding a physical upgrade was demonstrated.
- There was evidence that a quarterly "Quality, Safety and Risk" newsletter is published and circulated throughout the organisation.
- There was no evidence demonstrated of formal evaluation of the consultation process between the Hygiene Services Team and senior management.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

CM 5.1 Rating: A (>85% compliance with this criterion)

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

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

***Core Criterion**

CM 5.2 **Rating: A** (>85% compliance with this criterion)

The organisation has a multi-disciplinary Hygiene Services Committee.

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

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.

- It was demonstrated that the revenue budget has been identified for hygiene services. There was evidence that priorities for minor spend were identified and unused revenue was used to address issues hygiene issues highlighted.
- It was demonstrated in the minutes of meetings that the budget for hygiene services will be tracked on a monthly basis and reported to the Board of Directors. This was no evidence demonstrated that had commenced.

CM 6.2 **Rating: B** (66-85% compliance with this criterion)

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

- There was evidence of a Medical Device Vigilance Group in place and minutes of these meetings were demonstrated.
- The procurement process in place includes input from the Infection Control Team. Evidence of involvement by the Hygiene Services Committee on procurement of wash-hand basins, etc was demonstrated.
- There was evidence of a Medical Device Procurement Committee in place specifically for the procurement of medical devices. Minutes of meetings and process were demonstrated.
- There was no evidence of a formalised evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management is in place.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

CM 7.2 Rating: B (66-85% 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.

- There was evidence that there was a risk management department in place.
- The organisation demonstrated that infection control and hygiene services risks are reported to the Hygiene Steering Committee and the Infection Control Committee.
- The organisation advised that there have been no major events reported in the last two years.
- There is a risk management report forwarded to the executive management committee on a monthly basis. This includes hygiene services.
- There was evidence that infection data only was entered into the STARSweb system. Trending for infection control infection rates takes place by the infection control department.
- The organisation demonstrated that local hygiene services risks identified through the audits and incident reports were trended, however there was limited evidence demonstrated of a systematic approach to the implementation of corrective actions and learning.

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: B (66-85% 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.

- There was evidence that the physical infrastructure of the building is limited. There was evidence demonstrated that the waste compound was upgraded in 2008 and moved to a secure location.
- The organisation demonstrated that the Health and Safety Manager provides input into the physical environment issues. A Health and Safety Committee is in place and completes health and safety audits monthly in different areas of the hospital with issues being addressed.
- The organisation demonstrated that they identified limitations regarding storage and some have been addressed as part of physical refurbishment.
- The organisation demonstrated that there are a number of the hand-wash sinks replaced in 2007 and this replacement programme was ongoing.
- There was evidence to demonstrate that the 2006 Safety Statement was in place and draft 2008 Safety Statement was demonstrated and is due to be distributed.
- There was evidence that management complete monthly health and safety audits and these were demonstrated. The feedback to the clinical areas in respect of these were not formalised and was not demonstrated.

***Core Criterion**

CM 9.2 Rating: A (>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.

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

CM 9.3 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

CM 9.4 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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: B (66-85% 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.

- There was evidence demonstrated that changes have been made to work capacity and volume on a needs basis.
- This included the extra cleaning hours in the outpatients department. There was evidence demonstrated that staff are re deployed as necessary.
- There was no evidence demonstrated of formal evaluation of the appropriateness of work capacity and volume review processes.

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: A (>85% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

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

***Core Criterion**

CM 10.5 Rating: B (66-85% 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.

- There was evidence of a Human Resource needs assessment process in place.
- There was evidence through minutes of meetings that the Human Resource Manager presents a monthly report to the Board on vacant posts and the reason for same. Minutes of meetings demonstrated same.
- The Human Resources (HR) strategy for 2007 is in place and was demonstrated.
- There was no documented process for the establishment of the needs assessment demonstrated.

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: B (66-85% 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 human resources strategy for 2007 was demonstrated.
- There was evidence of training needs identified and demonstrated through the mandatory training list.
- A number of training programmes were demonstrated, including Hazard Analysis and Critical Control Point (HACCP) and chemical / spill training for laboratory staff members and a number of the catering staff records provided evidence to demonstrate compliance.
- Evaluation of training sessions was demonstrated.
- The evaluation of the relevance of education to each staff member was not demonstrated.

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 that the attendance levels of staff at hand hygiene and sharps training are evaluated as are the training sessions provided.
- It was demonstrated that the attendance level for training is monitored per ward.
- There was no evidence demonstrated of key performance indicators for training.

CM 11.4 Rating: A (>85% 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 compliance of greater than 85% with the requirements of this criterion.

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

- There was evidence demonstrated of an Occupational Health Service available to staff. There was evidence of a number of vaccination policies demonstrated; these were developed in 2008.

- An audit of Hepatitis B vaccination uptake was undertaken and the report was demonstrated.
- There was insufficient evidence demonstrated of follow up of non-attendees for routine vaccinations.
- Audit of pre-employment screening for MRSA for all staff and the audit of influenza uptake for 2007 were demonstrated. The action plans in relation to these audits were not demonstrated.
- An occupational blood exposure audit (2006-2008) was demonstrated. The audit results were presented to the Board of Directors; however no evidence of an action plan was demonstrated.

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

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

- The organisation demonstrated that absenteeism was routinely monitored for nursing staff only and costings were demonstrated. This was demonstrated for the remaining hygiene services staff.
- There was no evidence that Occupational Health have developed Key Performance Indicators for Hygiene Services or completed a satisfaction survey. These quality improvement plans in place were 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.

- There was evidence demonstrated of processes in place to collect and provide access to quality hygiene services data and information.
- The organisation demonstrated that the hygiene quality improvement plan (QIP) is reviewed through the Hygiene Service Committee.
- Time frames and targets for delivering the objectives included in the service plan and operation plans are in place, and were demonstrated.
- There was no evidence demonstrated of evaluation of data reliability and validity.

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.

- There was evidence that a number of reports are produced by the hospital Hygiene Services. These include risk reports, complaints, infection rates and clinical nurse managers meetings.
- The organisation demonstrated that the Board of Directors has undertaken a review of their function. A member of the hospital management and quality and accreditation department provide feedback to the hospital Board monthly in relation to hygiene services.
- There was some evidence of evaluation demonstrated, though this has yet to be formalised.

CM 13.3 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated evidence that audit reports are reviewed at the hygiene steering committee. These were demonstrated in the minutes.
- The hospital demonstrated how it has begun the process to introduce an information management system to review the hygiene audits.
- This was no evidence of evaluation of data and information utilizations in relation to service provision and improvement demonstrated.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: B (66-85% 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.

- There are some key performance indicators (KPIs) in place in relation to hygiene services and infection control processes. These were demonstrated.
- There was evidence that reports to the hospital Board on results of these indicators is on going. There was evidence that the infection rates are trended.
- There was evidence that the Hospital Strategic Plan was reviewed in 2008 and the Strategic Programme office was established to progress strategic initiatives. There was evidence that the hygiene quality improvement plan and the decontamination action plan have been forwarded to the Board.
- There was evidence demonstrated that many members of the senior management team are on the Patient Care Committee.

- The organisation demonstrated that the Board of Directors has requested additional KPIs information. There was no evidence that the information in relation to hygiene services was trended.

CM 14.2 Rating: B (66-85% 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.

- Environmental audits which are completed monthly were demonstrated. Hand hygiene audits were also demonstrated.
- There is currently a manual system in place to evaluate audits. There was evidence demonstrated that a member of the senior management team meets with the relevant staff member responsible for addressing deficits from the audits.
- There was no evidence of an electronic information system to support the process of tracking improvements made.
- The KPIs are still in infancy stage and there was no evidence demonstrated that these are formally monitored.

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.

- There was evidence that a number of policies had been updated in 2008.
- There was evidence of colour coding in line with best practice guidelines.
- There was evidence of audit of Policies, procedures and guidelines completed in 2008. There was no evidence of a schedule in place to audit the remaining policies.

SD 1.2 Rating: B (66-85% 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 evidence that the process to assess new interventions is defined and there was evidence that the Infection Control Team and hygiene services were involved in the introduction of the cleaning contract which was newly established.
- There was no evidence of evaluation of the efficacy of the assessment process for new/changed hygiene services interventions.

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 a Child Health Information Centre in place. This process includes the role of a Child Health Information Coordinator who provides a drop in service for education for the community. It was demonstrated that this includes hygiene.
- There was evidence demonstrated of an information kiosk established to display information including hygiene services.
- There was no evidence demonstrated of evaluation of activities undertaken by the team in the community in relation to hygiene services.

INTEGRATING AND COORDINATING HYGIENE SERVICES

SD 3.1 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

SD 4.1 Rating: A (>85% compliance with this criterion)

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

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

***Core Criterion**

SD 4.2 Rating: A (>85% compliance with this criterion)

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

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

***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: A (>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.

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

***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.
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***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: B (66-85% compliance with this criterion)

The team ensures all reasonable steps to keep patients/clients safe from accidents, injuries or adverse events.

- There was evidence of a risk management committee demonstrated.
- The organisation demonstrated trends and reports of hygiene services risks for 2008.
- A risk register was demonstrated which includes hygiene services has been reported to the Board through the Quality, Safety and Risk committees/teams.
- There was evidence demonstrated that formal complaints are followed through by the Risk Department.
- The process to address and learn from risks at a clinical level is yet to be formalised and therefore was not demonstrated.

SD 4.9 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

PATIENT'S/CLIENT'S RIGHTS

SD 5.1 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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.

- There was evidence demonstrated that an information booklet was forwarded to all 'booked' admissions. This includes hygiene services information.
- The information kiosk was observed. This includes information on hygiene services.
- The organisation demonstrated that the comment card system was in place and these include questions on clinical information only. This information was not demonstrated for hygiene services.

SD 5.3 Rating: A (>85% compliance with this criterion)

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

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

ASSESSING AND IMPROVING PERFORMANCE

SD 6.1 Rating: B (66-85% 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 that a Patient Care Committee meets quarterly and it was demonstrated that a member of the senior management team chairs this meeting. The minutes of these meetings included discussions on hygiene services.
- It was demonstrated that minutes of these meetings are discussed with the Hygiene Services Committee. It was demonstrated that there is currently no patient representative on the Hygiene Services Committee.
- It was demonstrated that quarterly patient satisfaction surveys are completed for hygiene services. It was demonstrated that the results of these are forwarded to the Board of Directors.
- There was no evidence demonstrated of evaluation of the extent to which patients/clients and other organisation are involved by the team when evaluating its hygiene services.

SD 6.2 Rating: B (66-85% 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.

- There was evidence demonstrated that there are a number of environmental audits completed on an ongoing basis by the hospital.
- The hospital demonstrated that it has introduced key performance indicators (KPIs) for contract cleaning staff.
- There was a biannual review of laundry services and reports of the review were demonstrated.
- There was evidence demonstrated that key performance indicators for waste management have been recently developed. There was evidence demonstrated that these are reported on.
- There was evidence that Infection rates are routinely monitored by the organisation.
- There was limited evidence of trending demonstrated and no evidence of benchmarking was demonstrated.

SD 6.3 Rating: B (66-85% compliance with this criterion)

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

- There was evidence of an Annual Report for Hygiene Services in 2007.

- The Hygiene Steering Committee meeting minutes demonstrated that the report was discussed.
- Patient Care Committee meetings minutes also demonstrated the annual report was discussed at this forum.
- There was no evidence of a documented process for the compilation of the Hygiene Services Annual Report demonstrated.

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. The colour green indicates that the organisation has improved its performance on the criterion. Red is used to indicate that the organisation's performance has deteriorated in comparison with the 2007 assessment.

Corporate Management

Criteria	2007	2008
CM 1.1	B	B
CM 1.2	B	A
CM 2.1	B	B
CM 3.1	C	B
CM 4.1	B	A
CM 4.2	C	B
CM 4.3	B	A
CM 4.4	C	B
CM 4.5	C	B
CM 5.1	B	A
CM 5.2	B	A
CM 6.1	B	B
CM 6.2	C	B
CM 7.1	B	A
CM 7.2	C	B
CM 8.1	C	A
CM 8.2	C	A
CM 9.1	C	B
CM 9.2	B	A
CM 9.3	B	A
CM 9.4	C	A
CM 10.1	B	A
CM 10.2	C	B
CM 10.3	B	A
CM 10.4	B	A
CM 10.5	C	B
CM 11.1	A	A
CM 11.2	C	B

CM 11.3	C	B
CM 11.4	C	A
CM 12.1	C	B
CM 12.2	C	B
CM 13.1	C	B
CM 13.2	C	B
CM 13.3	C	B
CM 14.1	B	B
CM 14.2	B	B

Service Delivery

Criteria	2007	2008
SD 1.1	C	B
SD 1.2	C	B
SD 2.1	C	B
SD 3.1	C	A
SD 4.1	B	A
SD 4.2	A	A
SD 4.3	B	A
SD 4.4	B	A
SD 4.5	B	A
SD 4.6	B	A
SD 4.7	A	A
SD 4.8	B	B
SD 4.9	B	A
SD 5.1	C	A
SD 5.2	B	B
SD 5.3	C	A
SD 6.1	C	B
SD 6.2	C	B
SD 6.3	C	B