



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Mayo General Hospital

Assessment Report

Assessment date: 28th 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. Experienced, senior 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 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 Mayo General Hospital – Organisational Profile¹

Mayo General Hospital is a busy acute general hospital providing for the healthcare needs of 123,000 people in County Mayo. The hospital has a total of 372 beds, which includes inpatients, day services, medical assessment and the acute psychiatric unit which was commissioned in 2002, an annual budget of €84 million, and there are 1,400 staff employed at the hospital. 120 staff are employed in hygiene services (97 whole time equivalents).

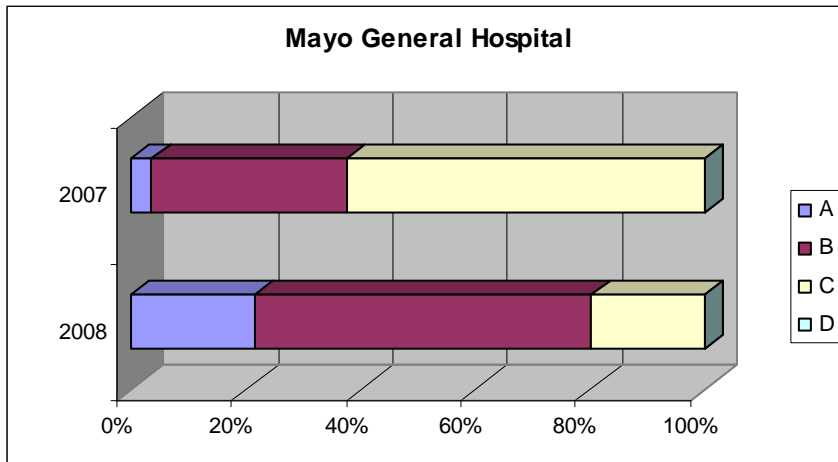
2.2 Areas Visited

- Outpatient department
- Emergency department
- Male surgical ward
- Female medical ward
- Orthopaedic ward
- Paediatric ward
- Laundry services
- Waste compound.

¹ The organisation 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 previous page 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.

Mayo General Hospital has achieved an overall rating of:

Fair

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: C (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 that the hygiene services quality improvement plan was the mechanism for identifying hygiene services needs.
- It was demonstrated, through minutes of the meetings, that the Hygiene Services Team identified the needs which informed the quality improvement plan.
- The organisation demonstrated an integrated service/operational plan for 2008. However, no hygiene service corporate strategic plan was demonstrated.
- There was no evidence provided to demonstrate what informed the service/operational plan for 2008.
- Evidence was provided to demonstrate that quarterly reports and submissions on staffing were made directly by the Hygiene Services Team to the Hospital Management Team, however, there was no evidence demonstrated that these reports fed into the needs-assessment process.
- Evidence was also provided to demonstrate that suggestions and complaints were used to identify hygiene services needs.
- There was no formal evaluation of the efficacy of the needs-assessment process demonstrated.

CM 1.2 **Rating: B (66-85% 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 the establishment of the Hygiene Services Team including terms of reference, membership and meeting structure.
- A wash-hand basin replacement programme was demonstrated.
- Evidence was also provided to demonstrate that ward kitchens and the restaurant had been upgraded to meet best practice standards.

- There was no evaluation of developments and modifications to the organisation's Hygiene Services in relation to meeting the service user's needs demonstrated.

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.

- The organisation demonstrated linkages and partnerships with the Health Service Executive through meetings with the Regional Network Manager.
- The organisation also demonstrated that the Infection Control Team had linkages with primary care teams where they provided education and training and shared information.
- Evidence was also provided to demonstrate that infection control reports were submitted to the Health Service Executive.
- Linkages were also demonstrated with contractors who provided services on site, with evidence demonstrated that both the contract catering and cleaning services were represented on the Hygiene Services Team.
- The organisation demonstrated a first draft of a patient satisfaction survey which was being developed.
- Evidence was provided to demonstrate that the Catering Department had conducted a staff/public satisfaction survey, however, there were no recommendations or action plans demonstrated.
- There was no evaluation of the efficacy of linkages and partnerships demonstrated.

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 a hygiene services service/operational plan for 2008 which included priorities and related costings for hygiene.
- A minor capital list was also demonstrated with evidence of works complete demonstrated.
- The organisation did not demonstrate a process for developing a corporate strategic plan nor did they demonstrate a hygiene corporate strategic Plan

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 that the provisions for hygiene services were defined.
- Organisational charts demonstrated responsibility for hygiene services with identified reporting relationships.
- Evidence was demonstrated of legislation and best practice featuring consistently on the Hospital Management Team meetings.
- The organisation did not demonstrate evidence of evaluation of the provisions for hygiene services.

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 provided evidence to demonstrate that quarterly update reports were forwarded to the Hospital Management Team. This included key performance indicator (KPI) reports on audits, education and training and policies and procedures.
- Evidence was also provided to demonstrate that safety device alerts were received and followed up by the Clinical Risk Manager.
- Evidence-based hygiene services policies, procedures and guidelines (PPGs) were demonstrated.
- There was no evaluation demonstrated in relation to the appropriateness of the information received.

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 that a library, Internet and intranet facilities were available to all staff members. The library was demonstrated to have a

designated section for hygiene services. Evidence was also provided to demonstrate that if a staff member identified an information gap there was a process to inform the Hygiene Services Team.

- Hygiene related education sessions and awareness days were demonstrated.
- All policies, procedures and guidelines were observed to be evidence based.
- A localised cleaning manual was demonstrated to be based on the Irish Acute Hospitals Cleaning Manual.
- The organisation did not demonstrate any evaluation of the appropriateness of Hygiene Services related research and best practice information available.

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 that they had adopted the nursing template for Hygiene Services policy, procedure and guideline development.
- Evidence was provided to demonstrate that policies, procedures and guidelines were evidence based, dated and signed off with identified review dates and structured in accordance with the template.
- A cleaning manual based on the Irish Acute Hospitals Cleaning Manual was demonstrated.
- The organisation did not demonstrate a policy on the development of policies, procedures and guidelines.
- Formal evaluation of the efficacy of the process for developing and maintaining hygiene service policies, procedures and guidelines was not demonstrated.

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

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

- While evidence was provided of consultation with the Hygiene Services Team and the Infection Control Team, it was not demonstrated as a formalised process.
- The Technical Services Officer was demonstrated to be a member of the Hygiene Services Team.
- It was reported that method statements were issued for consultation by the Infection Control Team (in relation to Aspergillus policy) prior to commencement of construction work.
- Formal evaluation of the efficacy of the consultation process between the Hygiene Service team and senior management was not demonstrated.

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 multidisciplinary 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: C (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 advised that there was no allocated budget for hygiene services, and resource allocation and control was not part of the terms of reference of the Hygiene Service Team. Budget expenditure was managed through the general financial control system and benchmarked month on month and year on year.
- Whole time equivalent staffing was identified for in-house and contract cleaning services through the Human Resources Department.
- The hygiene service plan was not based on a corporate strategic plan for hygiene services.

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

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

- Evidence was provided to demonstrate that the Hygiene Services Team were involved in the purchase of all new equipment and products.
- A process was demonstrated for the identification and prioritisation for the purchase of equipment and products.
- Formal evaluation of the efficacy of the consultation process between the Hygiene Service Team and senior management was not 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.

- Risk management structures and related processes were demonstrated.
- A risk reporting process was demonstrated.
- No hygiene major adverse events were demonstrated over the last two years.
- Evidence was provided to demonstrate that the services of a contractor had been re-introduced to take water samples.
- Environmental health office reports with action plans and health and safety reports were demonstrated.
- Internal audit processes were demonstrated and included environmental, catering, maintenance, linen (ward and central) and infection control. Evidence of evaluation and trending by the evaluation sub-committee of the Hygiene Services Team was demonstrated.

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.

- The organisation demonstrated that the Clinical Risk Manager was a member of the hygiene services team.
- Evidence was provided to demonstrate that the STARSweb system was utilised for risk recording and analysis.

- Evidence was also provided to demonstrate that risks and near misses were followed up with a feedback system to the relevant line manager/department head.
- Evidence was provided to demonstrate that risk management and health and safety quarterly reports were submitted to the Hospital Management Team and circulated to all line managers.
- The organisation demonstrated that two health and safety representatives were in place and that they reported verbally to the Hospital Management Team.
- The organisation advised that localised safety statements and hazard identifications were being developed.

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.

- The organisation advised that the hospital building was relatively new and the physical environment was observed to be well maintained.
- The building had provision for sluice rooms, cleaning equipment, cleaning products and other equipment storage in all areas, however, this was not always adequate.

- The organisation demonstrated that the quality improvement plan for 2008/2009 identified hygiene related issues which required implementation. Areas needing attention had been identified and prioritised by the Hygiene Service Team, Nurse Managers and the Infection Control Nurse.
- Evidence included a wash-hand basin replacement programme, a chair re-covering programme, ward kitchens and restaurant upgrade to hazard analysis and critical control point (HACCP) standard. The waste holding bay enlargement was a work in progress.
- The organisation advised that progress was limited in 2008 due to financial constraints.
- There was no evaluation of the safety of the design, layout and the current environment and its adherence to regulations and best practice 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: 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 an internal audit programme with findings and action plans that were co-ordinated by a sub-group of the Hygiene Services Team.
- Evidence of a complaints process was also demonstrated with specific issues being followed up and reported back to the relevant area with closure of the loop demonstrated.
- A draft patient satisfaction survey was demonstrated that included a section on hygiene.

CM 9.4 **Rating: C (41-65% 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 the complaints process was utilised for satisfaction feedback related to hygiene services facilities and environment. "Your Service Your Say" was in place.
- Evidence of a draft satisfaction survey was demonstrated which included a section on hygiene.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 **Rating: B (66-85% 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 that the selection and recruitment process was based on national recruitment guidelines and the recruitment of permanent and temporary staff was conducted through an in-house human resources department. The organisation advised that there had been limited recruitment of staff over the last two years.
- Staff records were demonstrated.
- The organisation demonstrated a job description for healthcare assistants which clearly demonstrated their role and responsibilities for hygiene.
- Formal evaluation of the process for selection and recruitment of human resources was not demonstrated.

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.

- The organisation reported that bed numbers was the mechanism used for staff allocation in clinical areas.
- The contract cleaner's service provision was specified within their contract.
- The organisation demonstrated that it had developed a process to deal with increased bed activity and other out-of-the-ordinary requirements with the Bed

Manager, Ward Manager and Infection Control Nurse involved in decisions to deploy additional resources.

- Evidence was provided to demonstrate that ward kitchen cleaning had been added to the catering contract within the last year to free up cleaning capacity to address other ward equipment cleaning deficits identified.
- Formal evaluation of the appropriateness of the work capacity and volume review process was not demonstrated.

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: C (41-65% 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 that the cleaning contract specifies the service and standards required. The organisation demonstrated that additional resources had been allocated for kitchen cleaning in order to free up resources for ward cleaning.
- There was no formal documented needs-assessment process.
- The organisation did not demonstrate a hygiene services corporate strategic Plan.
- The hygiene services service/operation plan for 2008 did not identify any human resources needs.
- Evidence was provided to demonstrate that a process had commenced for the development of a hygiene service annual report. Feedback had been sought from staff to inform the development of an annual report template for hygiene services.

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.

- Ongoing education, training and continuous professional development was demonstrated. Evidence that risk management and complaints handling training had been provided for all line managers was demonstrated.
- Evidence was provided to demonstrate that all hygiene training was facilitated in-house and time off and funding was provided for relevant courses in accordance with the human resources policy. Records of training and education were demonstrated at ward/department level.
- The Health Service North West Performance and Development Prospectus 2008/2009 was demonstrated and included relevant education and training for specified staff. The Prospectus included hygiene related training.
- Evaluation pre- and post-education was demonstrated for hand-hygiene training. Evidence demonstrated an improvement from 42% attainment pre-training to 76% attainment post-training.
- Evidence of a six-month report that had been completed for infection control training and education was demonstrated.
- 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 that education and training was one of their hygiene related key performance indicators. Evidence was provided to demonstrate that training attendance levels were monitored and targets had been set at 80-90%. An education/training sub-group of the Hygiene Services Team had been implemented to manage this aspect of hygiene.
- Evaluation pre- and post-education was demonstrated for hand-hygiene training with significant improvements.
- Evaluation of attendance levels at education and training sessions were not demonstrated.

CM 11.4**Rating: B (66-85% 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 advised that performance evaluation occurred in a variety of ways.
- Evidence was provided to demonstrate that the probation process was utilised to assess performance of new staff members with quarterly performance reviews for the first 12 months.
- The infection control nurse and domestic supervisor do daily walkabouts/inspections of all wards, however, no recorded evidence of this was demonstrated.
- Checklists recording that work had been completed were demonstrated and a system of regular household supervisor inspections of work and internal hygiene audits was also demonstrated to monitor performance.
- Evidence was provided to demonstrate that the cleaning staff contract had a financial penalty clause included for breach of contract standard, however, it had not been required to enforce this clause to date.
- Evidence was also provided to demonstrate that a new 0.5 whole time equivalent clinical nurse manager 3 post had been created for healthcare assistant supervision.
- Evaluation of the appropriateness of performance evaluation processes was not 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 that an occupational health service was available for all staff.
- Evidence was provided to demonstrate that a 0.5 whole time equivalent service was available which was divided between the occupational health nurse and an occupational health physician.
- The organisation also demonstrated that a regional 24-hour Employee Assistance Support office was available to staff members.
- Evidence of the availability of a vaccination programme for all staff including contract staff was demonstrated.
- Evaluation of the appropriateness of the service provided by occupational health for staff was not demonstrated.

CM 12.2 Rating: C (41-65% compliance with this criterion)

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

- There was evidence of monitoring of staff absenteeism and vaccination uptake demonstrated.
- No staff satisfaction surveys were demonstrated.
- The organisation did not demonstrate any evaluation of the appropriateness of mechanisms for monitoring staff satisfaction.

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 that it collected hygiene related information through a range of mediums including audits, walkabouts, complaints, infection rates and incidents.

- Evidence was demonstrated of an invitation to the surveillance scientist to attend Hygiene Services Team meetings to advise on relevant information being collected at both an organisational and regional level.
- There was no evaluation demonstrated of the reliability, validity or accuracy of the information.

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 the Hygiene Services Team evaluation sub-group provided audit result trends in graphic form and corrective actions which were demonstrated and were observed to be easy to follow.
- Evidence was also provided to demonstrate that minutes of Hygiene Services Team meetings were circulated in advance of the next scheduled meeting.
- A weekly infection control report was demonstrated which was mainly in text form with some graphs and bar charts included.
- Evidence was provided to demonstrate that quarterly Hygiene Services Team update reports were presented to the Hospital Management Team.
- Evaluation of user satisfaction in relation to reporting of data and information was not demonstrated

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.

- There was evidence demonstrated that the organisation had assessed the appropriateness of data.
- There was no evidence demonstrated of changes in data collection and information reporting over the last two years.
- There was no evidence of formal evaluation of the appropriateness of the data and information utilisation 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: 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.

- The organisation demonstrated that it had developed a quality improvement plan for 2008 and progress was ongoing.
- The organisation also demonstrated that the use of audits and training had resulted in some improvements to hygiene services.
- Key performance indicators were demonstrated and were reported to the Hospital Management Team quarterly
- The organisation demonstrated that it had benchmarked its results with six other acute hospitals as a learning exercise following the 2007 National National Hygiene Services Quality Review.
- The organisation did not demonstrate any evaluation of improved outcomes in hygiene services delivery as a result of the quality improvement plan.

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.

- A process was demonstrated for best practice guidelines to be established, and adopted. However, some policies and procedures in ward areas were observed to be out of date or not the current edition.
- Evidence was demonstrated of flat mop and colour coding processes being extended to the main kitchen and restaurant to standardise these processes throughout the organisation.
- The organisation demonstrated that a local cleaning manual had been adopted from the Irish Acute Hospitals Cleaning Manual.
- Evaluation of guidelines was demonstrated through audits which were conducted by the Clinical Nurse Manager 2 and the Cleaning Services Supervisor.
- There was evidence of information on frequencies for cleaning of environment and equipment contained in posters.
- There was no evidence of evaluation of the process used to develop best practice guidelines.

SD 1.2 Rating: C (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.

- Evidence of trialling of new products was demonstrated. However, there was no documented process demonstrated for assessing new hygiene services interventions or changes to existing ones.

- The organisation did not demonstrate any evaluation of the assessment process for new/changed 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 that it participated in and supported health promotion activities through a number of initiatives including hygiene related posters and information leaflets, hygiene and other health related awareness sessions, infection control training for community hospital staff and primary care staff (home helps), and infection control input into Further Education and Training Awards Council courses for healthcare assistants.
- Evaluation of the efficacy of activities undertaken and/or participated in by the team in the community in relation to hygiene was not 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.

- Evidence was provided of hygiene services being provided by a multidisciplinary team with evidence of appropriate linkages with contract providers and management.
- Terms of reference for the Hygiene Services Team did not include individual roles and responsibilities, however, designated professional roles were identified in the membership documentation.
- There was evidence, through correspondence, of a team membership review in progress with new members identified to join the team and contribution from a pharmacist and a newly appointed surveillance scientist.
- Evidence was provided to demonstrate that sub-groups of the Hygiene Service Team were clearly defined.
- Evaluation of the efficacy of the multidisciplinary team structure was not 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.

- The organisation's physical environment and facilities were generally clean.
- High and low dust was observed in a number of areas.
- The organisation advised that drain flushing was active, however, monitoring records did not demonstrate a flushing activity.
- Records demonstrated a three monthly curtain change process.
- One of the sluice rooms visited had no separate wash hand basin.
- Sticky tape residue was evident in some areas on furniture and fittings.

***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.

- The organisational equipment, medical devices and cleaning devices were mainly well maintained.
- Some storage of medical equipment on corridors was observed.
- Fans were in place and a cleaning system with plastic draping between uses was observed in one area. Two dusty fans were observed in a ward cupboard.
- Bed pans in one ward were stained. The sanitizer was out of order in that ward since the previous (Bank Holiday) evening.

***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 (41-65% 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.

- There was evidence that the inventory, handling, storage, use and disposal of hygiene services hazardous materials, sharps and waste was mainly being managed.
- Segregation was in place, however, some waste bins and areas of storage that were in use were not secure.
- The organisation demonstrated that the dangerous goods and safety advisor service was regional.
- Colour coding posters were in place and compliance was noted.

***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: C (66-85% 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 the Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines.

- Hand preparation was observed
- Hand wash gels, soaps and paper towels were demonstrated throughout the facility. An air hand dryer was in place in one area, however, paper towels were also available.
- Not all hand-wash sinks were compliant to best practice standards nor did sluice rooms all have hand-wash sinks. This was reported to be work in progress.
- Contract cleaning and catering staff and ward based staff had attended induction and induction templates were demonstrated. Induction included hand hygiene and was mandatory with ward managers responsible for induction attendance.
- Infection control staff demonstrated that they photocopied attendance records and gave these to ward managers to follow up.
- A non-consultant hospital doctor induction programme was also demonstrated which included hand hygiene and coincided with staff changeover.
- Ongoing hand-hygiene training was not demonstrated to be mandatory.

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.

- Risk management structures and related processes were demonstrated that included incident reporting and management processes with root cause analysis.
- Hazard reporting was also demonstrated.
- Wet Floor signs were observed to be utilised at appropriate times.
- Draft local safety statements and hazard identifications were demonstrated.

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.

- A hospital visiting policy was demonstrated that was in line with the national policy. It was demonstrated that the policy had been updated in 2008 and changes made to visiting hours were displayed throughout the hospital.
- Hand-hygiene information and products were in observed.
- Hand-hygiene awareness days were provided by the Infection Control Team.
- Information notices were in observed regarding recycling.
- Infection control patient information leaflets were widely available.
- Evaluation of patients and families satisfaction with participation in service was not demonstrated.

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.

- A patients' charter was displayed.
- Respect for patient dignity was observed during the site visit. Patients were screened off for procedures.
- Isolation facilities were in place and appropriate signage to respect confidentiality was observed on doors.
- No evidence of patients' rights violations were reported by the organisation.

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.

- Extensive information leaflets containing hygiene information were observed in both the public and clinical areas.
- Posters were evident throughout the organisation and readily visible.
- However, hand hygiene gel at the main entrance was difficult to see on entry.
- There was no evaluation of patient, family and visitor 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.

- There was evidence that the Health Service Executive complaints process “Your Service Your Say” was in place.
- The process for hygiene related complaints to be communicated to the Hygiene Services Team was demonstrated.
- Key performance indicators for complaints had been implemented since 2007 and complaints review and analysis was demonstrated to be the responsibility of the Assistant General Manager.
- There was no evidence of evaluation of complaints relating to the Team’s activities demonstrated.

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.

- While there was no patient satisfaction survey in place the organisation did demonstrate that the Health Service Executive complaints process “Your Service Your Say” was in place.
- A draft patient satisfaction survey was demonstrated.
- There was no evidence of changes made to hygiene services over the past two years based on patient feedback.

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.

- The organisation demonstrated that it benchmarks audit findings against previous findings for specific areas.
- Following the 2007 National Hygiene Assessment the organisation reviewed the results and practices in six other hospitals around the country to learn from the other providers.
- Evidence was provided to demonstrate that key performance indicators had been implemented and were reported to the Hospital Management Team quarterly.

- Evaluation of the extent to which hygiene services quality initiatives were being undertaken by the Hygiene Services Team as a result of evaluation and benchmarking was not demonstrated.

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 Hygiene Services team had not produced an annual report. However, there was documented evidence of a staff consultation process to determine the template to be used for this report.

Appendix A: Ratings Details

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

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

Criteria	2007	2008
CM 14.2	C	B
SD 1.1	C	B
SD 1.2	C	C
SD 2.1	B	B
SD 3.1	C	B
SD 4.1	A	B
SD 4.2	A	B
SD 4.3	C	A
SD 4.4	B	A
SD 4.5	B	B
SD 4.6	C	A
SD 4.7	B	C
SD 4.8	B	B
SD 4.9	C	B
SD 5.1	C	B
SD 5.2	C	B
SD 5.3	C	B
SD 6.1	C	C
SD 6.2	C	B
SD 6.3	C	C