Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Our Lady of Lourdes Hospital, Drogheda

Assessment Report

Assessment date: 17th 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 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 Our Lady of Lourdes Hospital, Drogheda – Organisational Profile[1]

Our Lady of Lourdes Hospital is part of the Louth Meath Hospital Group and provides a general acute hospital service to the catchment area of Louth, Meath and North Dublin. In addition a number of regional services are based at Our Lady of Lourdes Hospital as follows:

- Emergency medicine – trauma centre
- Palliative care.

The hospital has a complement of 340 beds, including 40 day-beds. Services provided include general medicine, general surgery, obstetrics/gynaecology, paediatrics including neonatal services, ear, nose and throat, orthopaedics, oncology, urology, and dermatology.

2.2 Areas visited

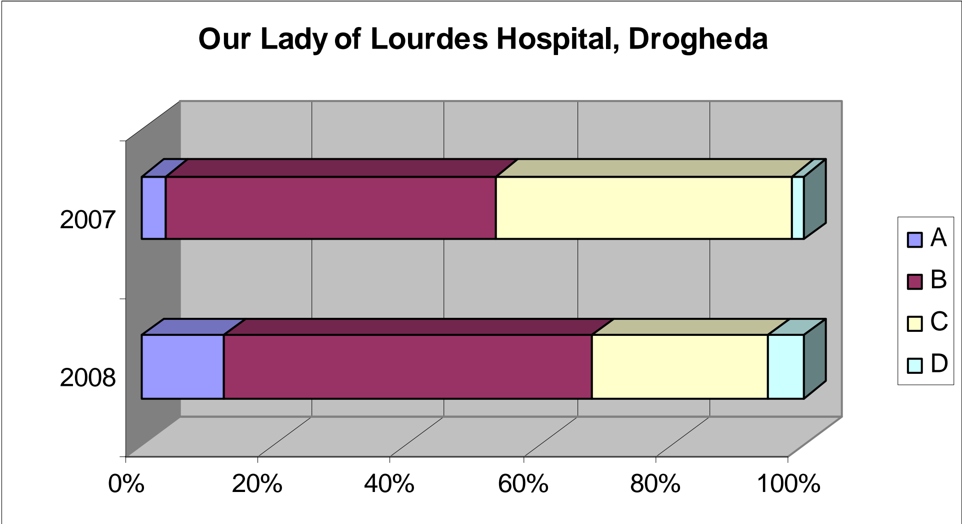
The assessment team visited:

- Emergency department
- Outpatients department
- 6th Floor east medical ward
- 2nd Floor medical ward
- 3rd Floor surgical ward
- A postnatal ward
- Laundry service
- Waste compound

[1] The organisational profile was provided by the hospital

2.3 Overall Rating

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



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

Our Lady of Lourdes Hospital, Drogheda, has achieved an overall rating of:

Poor

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated a hygiene services corporate strategic plan and service plan and there was evidence demonstrated of consultation and review of the strategy through minutes of the Hygiene Services Advisory Committee.
- Evidence that an independent review was undertaken to examine hygiene services was demonstrated and the findings of this report and infection control reports had been incorporated into the needs assessment process.
- The organisation also demonstrated that the Hygiene Services Advisory Committee had developed an audit tool to review the Strategic Plan however no evidence that its introduction was 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 evidence of a "Deep Clean Team", a mobile team of five contractors, in place since June 2007.
- A schedule of planned works for this team was demonstrated with a formalised works programme.
- While the work of the deep clean team was signed off by the ward manager at local level no formal evaluation of the mobile team was demonstrated.
- The organisation also demonstrated a revised cleaning schedule in the Neonatal Intensive Care Unit following review of infection rates.
- A hygiene audit reward and recognition scheme had been developed however no evidence of its introduction was 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 the development of a centralised list of linkages.
- Evidence was provided demonstrating that a number of staff members had linkages with regional and national groups including senior management, infection prevention and control, catering, quality/accreditation.
- A partnership process was also demonstrated to be in place.
- Evidence was provided to demonstrate that a patient satisfaction survey had been undertaken in 2007 however no action plan was demonstrated.
- There was no evaluation of the efficacy of the linkages and partnerships demonstrated.

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.

- Evidence was demonstrated of a strategic plan which had been signed off by the Hygiene Services Advisory Committee earlier in 2008.
- A full communication plan was demonstrated in addition to local sign off sheets where staff acknowledged receiving the Strategic Plan.
- The organisation's goals and objectives were demonstrated to be clearly outlined within the Strategic Plan and the Hygiene Services Advisory Committee's terms of reference, provided as evidence, detailed the committee's responsibilities.
- Evidence that a draft audit tool had been developed to evaluate the effectiveness of the strategy was demonstrated however no evidence of its introduction was demonstrated.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- The organisation demonstrated through its organisational chart that the Hospital Management Team had overall responsibility for hygiene services.
- The Strategic Plan had documented roles and responsibilities for the management team in relation to hygiene services.
- Evidence was demonstrated that the Hospital Management Team was represented on the Hygiene Services Advisory Committee and hygiene was a standing agenda item on management team meetings.
- The organisation demonstrated that a cleaning manual, adapted from the Irish Acute Hospitals Cleaning Manual had been developed and recently implemented.
- The organisation did not demonstrate any evaluation of the appropriateness of the Hygiene Services provisions.

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 Management Team received information including complaints, infection rates and soap and gel usage on a quarterly basis.
- Evidence was provided to demonstrate that feedback from the Hygiene Services Team was brought to the Hygiene Services Advisory Committee and it also featured on the agenda of the regional Louth/Meath Hospital Group.
- Evidence that hygiene audits commenced in April 2008 was also demonstrated and the results of same were forwarded to the Hospital Management Team.
- No formal evaluation of the appropriateness of the information was demonstrated.

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

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

- The organisation demonstrated that a library and Internet facilities were available to all staff members and that it had developed a guideline for the dissemination of best practice information.

- Evidence was provided demonstrating that best practice information was made available to staff through referenced policies, procedures and guidelines, weekly bulletins and a newsletter.
- A local hygiene manual based on the Irish Acute Hospitals Cleaning Manual was demonstrated.
- The organisation demonstrated it had also recently introduced a colour coding tagging system for equipment to distinguish whether it was clean, in need of repair or for disposal. This had been accompanied by a standard operating procedure which was also demonstrated.
- A number of "Road Show" days had been held for staff to advise them of hygiene related best practice information.
- No evaluation of the appropriateness of hygiene services related research and best practice information available to the organisation was demonstrated.

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

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

- The organisation demonstrated it utilised the HSE North East Area template for developing policies, procedures and guidelines.
- The organisation also demonstrated it was in the early stages of developing a database of all policies, procedures and guidelines.
- Evidence was provided demonstrating that hygiene services standard operating procedures were adopted through the Hygiene Services Team. The introduction of the locally based cleaning manual was an example of this which was demonstrated through minutes of the Hygiene Services Team
- No formal evaluation of the efficacy of the process for developing and maintaining hygiene services policies, procedures and guidelines was demonstrated.

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

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

- Evidence was provided demonstrating that the Capital Development Planning Group included three members of the Hygiene Services Advisory Committee and five members from the Hygiene Services Team.
- Some evidence was demonstrated of capital developments being discussed at both Hygiene Services teams, however it was not a standing agenda item nor was it included in the terms of reference.

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

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

- The organisation demonstrated that while there was no devolved hygiene budget the Service Plan detailed the hygiene funding requirements.
- Evidence was provided to demonstrate that each department submitted a priority list to the Hygiene Services Team who formalised an organisational priority list. This list was demonstrated to be forwarded to the Hygiene Services Advisory Committee. The organisation did not demonstrate a formal process for allocating the resources once in receipt of the organisational priority list.
- The organisation demonstrated that funding had been provided for Hygiene Services including addressing the safety issues with the main stairs and laundry chute following the 2007 National Hygiene Services Quality Review.
- It also demonstrated the replacement of mattresses following an audit of same which resulted from a reported incident.

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

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

- The organisation demonstrated a procurement policy, however this did not detail the involvement of the Hygiene Services Advisory Committee or Hygiene Services Team.
- There was no reference to procurement within either the committee or team's terms of reference which were provided as evidence.
- Evidence was provided demonstrating that the Materials Manager had introduced an assessment form for the purchase of all equipment which required the person requesting the equipment to discuss the item with the Infection Control and Hygiene Services Teams.
- No evaluation of the efficacy of the consultation process between the Hygiene Services Advisory Committee and senior management was demonstrated.

MANAGING RISK IN HYGIENE SERVICES

*Core Criterion
CM 7.1 Rating: D (15-40% 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 a regional risk management structure and related process in place for managing risk.
- A risk management policy was demonstrated that was currently under review.
- Evidence was provided to demonstrate incident reporting forms and risk assessments.
- Evidence that risk assessment training had taken place for Clinical Nurse Manager 2's was demonstrated.
- The organisation did not demonstrate through documentation or interview that a full assessment of the risks to patients, associated with the contamination of the water supply with *Legionella species*, had been completed. There was no evidence provided to demonstrate that a documented process was in place to monitor and manage *Legionella species* levels within the water supply throughout the organisation.
- Therefore a significant risk was identified.

CM 7.2 Rating: C (41-65% 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 risk management resources including a Risk Advisor and deputy based on-site and a regionally based Health and Safety Officer.
- The organisation demonstrated a forum for Adverse Incident Review, which was chaired by the Hospital Manager, however there was no Risk Management Committee.
- The organisation demonstrated it was in the process of assessing itself against the HSE Quality and Safety Framework.
- Evidence was provided demonstrating that following a reported incident an audit was undertaken of mattresses which established that the integrity of mattresses being used within the organisation were of a poor quality. Evidence was provided to demonstrate that a large number of the mattresses were replaced.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

*Core Criterion
CM 8.1 Rating: D (15-40% 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 that a number of hygiene services contractors were operating on site including waste, laundry, cleaning and sanitary bins.
- The organisation reported that the majority of these contracts had been established regionally and that the contracts were held in the regional office.
- The organisation advised that the Support Services Department monitored these contracts, however no documentation was demonstrated.
- The organisation advised that it had recently introduced a team of contract cleaners. A contract was not demonstrated, however a service level agreement was provided as evidence. There was no evidence within the document specifying the duration, liabilities, conflict resolution or specifications of the contract.
- Therefore a risk was identified.

CM 8.2 Rating: B (66-85% compliance with this criterion)

The organisation involves contracted services in its quality improvement activities.

- The organisation demonstrated that the cleaning contractor's supervisor was a member of the Hygiene Services Team and evidence was also demonstrated of this supervisor's involvement in meetings in relation to the requirements for deep cleaning.
- Evidence was also demonstrated of the supervisor's involvement in developing a standard operating procedure for cleaning computer keyboards.
- The organisation advised that the cleaning contractors were also working with them on the development of a software programme to assist with the environmental audits however there was no evidence demonstrated.
- Meetings with other contractors were reported to be on a much more informal basis with no evidence demonstrated.

PHYSICAL ENVORNMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: D (15-40% compliance with this criterion)

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

- The organisation demonstrated that the risks identified in the 2007 National Hygiene Services Quality Review had been resolved.
- A number of projects were underway including the installation of fire doors on the east side of the building and an Aspergillus's risk assessment by the Infection Control Team was demonstrated. There was no local Aspergillus's policy, however the organisation demonstrated that it was working to national guidelines.
- A number of kitchens and sluice rooms had been upgraded.
- The Emergency Department project was scheduled for completion in March 2009. However, patient breakfasts and tea and toast were observed being prepared in a staffroom in the current Emergency Department, with patient food and staff food being refrigerated in the same fridge. This did not comply with best practice standards.
- The organisation demonstrated that a bathroom facility for patients had been decommissioned due to the level of *Legionella species* detected in a water sample, however the assessors observed this bathroom to be still in use.
- Therefore a significant risk was identified

***Core Criterion**
CM 9.2 Rating: C (41-65% 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 provided evidence of a linen and sharps policy and a waste guideline.
- A wash hand basin replacement system was demonstrated.
- Evidence was provided demonstrating that infection control policies, procedures and guidelines were signed off by the regional Strategy for the control of Antimicrobial Resistance in Ireland group, however the organisation did not demonstrate a policy for the management of *Legionella species* in their water system.

CM 9.3 Rating: C (41-65% 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 that a number of environmental audits took place in April 2008.
- Evidence was also provided demonstrating that the Infection Control Department had undertaken an audit of sharps, isolation signage and hand hygiene. Results were reported back to departments and the Infection Control Committee however limited action plans were demonstrated.

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

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

- The organisation demonstrated that it utilised the national complaints policy and had a system for gathering information through "Your Service, Your Say".
- The organisation advised that verbal complaints are logged in local diaries or communication books however this was not demonstrated.
- Correlation or trending of complaints was not demonstrated.

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 recruitment and selection of staff was based on national guidelines.
- Job descriptions demonstrated detailed the required qualifications however they were not all dated.
- There was no evidence demonstrated that the Human Resources Department evaluated the process for selecting and recruiting human resources.

CM 10.2 Rating: C (41-65% compliance with this criterion)

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

- The organisation demonstrated that it worked to the Commission for Public Service Appointments guidelines and had been involved in a national audit.
- Evidence was provided demonstrating that a consultant microbiologist took up post in September 2008.
- There was limited formalised assessment of work capacity and volume demonstrated.
- Segregation of household and food workers in the ward kitchens was not demonstrated to be fully operational.

CM 10.3 Rating: B (66-85% compliance with this criterion)

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

- Human Resources recruitment processes were demonstrated to ensure that staff members had the appropriate qualifications.
- The organisation demonstrated on-going training of catering staff and healthcare assistants.
- Evidence was provided that the Infection Control Department provided training on hand hygiene and waste management for all staff members.
- Ten staff members were demonstrated to have completed the British Institute of Cleaning Sciences training programme.
- There was no evaluation of the ongoing training needs of hygiene staff members demonstrated.

CM 10.4 Rating: C (41-65% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

- Evidence was provided to demonstrate that the contract cleaning supervisor was on site, was a member of the Hygiene Services Team and was involved in the last internal audit in April 2008.
- While it was advised that the contract cleaning supervisor reported to the Operations Manager there was no contract to demonstrate this process.
- There were no documented processes for the management of contract staff demonstrated.

*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 reported that the identified human resources needs for hygiene services were completed through the service planning process, however there was limited evidence of a formal human resources needs assessment process in the last three years.
- Evidence was provided to demonstrate that the organisation had identified the need to augment the current level of portering staff to collect waste. Due to the HSE employment ceiling the organisation advised that it was not possible to employ another resource, so agreement had been reached that support services staff would cover annual leave. This was demonstrated through minutes of the Hygiene Services Advisory Group meetings.

ENHANCING STAFF PERFORMANCE

*Core Criterion
CM 11.1 Rating: B (66-85% compliance with this criterion)

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

- Evidence was demonstrated of the induction programme for hygiene staff however it was reported that due to low levels of recruitment the programme had not been delivered in the last 12 months. No evidence was demonstrated to support this.
- The organisation demonstrated that all new members of staff received local induction and there was a buddying system in place for new support services staff.
- Evidence was provided to demonstrate that mandatory training included manual handling, infection control, waste management, sharps and fire training.

- The organisation also demonstrated that it utilised the HSE employee handbook however there was minimal information within the handbook regarding hygiene.
- There was no evidence of attendance levels at induction/orientation demonstrated.

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 organisation demonstrated that continuing education and training was provided for all staff in accordance with the HSE Dublin North East Human Resources plan and the regional prospectus book.
- Evidence was provided demonstrating that application for study leave was through a study leave form which was available to all staff members.
- Evidence was also provided that hygiene staff members participated in the SKILLS programme and British Institute of Cleaning Science training.
- The organisation provided evidence to demonstrate that 18 staff members had been trained as auditors and evidence was also provided of risk assessment training.
- The organisation demonstrated staff education facilities including a library, classrooms and Internet.
- There was limited evidence of evaluation of the relevance of training to staff members.

CM 11.3 Rating: C (41-65% compliance with this criterion)

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

- The organisation demonstrated a draft suite of performance indicators in relation to education and training.
- Evidence was provided demonstrating that attendees at training were requested to complete evaluation forms, however the organisation did not demonstrate any formal evaluation of education or training or of attendance levels.

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

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

- While the organisation provided evidence of a competency based tool which had recently been developed for Healthcare Assistants, the organisation did not demonstrate a formal performance monitoring process for all hygiene service staff.

- The “Deep Cleaning” carried out by the five contract staff members was demonstrated to be evaluated at the end of each deep clean process by the Department Manager.

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 a regional Occupational Health Department that was on-site three days a week.
- Evidence was provided to demonstrate that the services available were detailed in the regional handbook and were also notified to staff via email, posters and the hospital tannoy system.
- The organisation also demonstrated that Hepatitis B and influenza vaccines were provided for staff as part of the service.
- Evidence was provided of the Occupational Health Department participating in a review of Occupational Health Services in the HSE Dublin North East, however the organisation did not demonstrate an action plan from the findings.

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

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

- The organisations demonstrated performance indicators relating to staff wellbeing included absenteeism and occupational blood exposures.
- No staff satisfaction survey was demonstrated.
- Evidence of the development of an attendance management policy was demonstrated and return to work interviews had been implemented.
- The organisation also demonstrated a partnership committee.
- An evaluation of the Occupational Health regional service was demonstrated however no recommendations or action plans were provided as evidence.

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 gathered information through incident reporting, complaints, infection control rates, the limited number of audits undertaken in April 2008 and financial reports.

- The organisation also demonstrated a draft suite of hygiene related key performance indicators (KPI).
- Evidence was provided demonstrating that hygiene related information is shared with staff members via newsletters and bulletins.
- There was no evidence demonstrated of collating all of this information or evaluating its appropriateness, reliability, accuracy or 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 provided, through minutes of meeting, to demonstrate that information was considered at the Hygiene Services Advisory Group.
- The organisation demonstrated that the group had identified that the results of the audit schedule in April 2008 were not timely and a new audit tool was being developed to improve the timeliness of results.
- With the appointment of the new Consultant Microbiologist, they also demonstrated that surveillance reports were also under review.

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

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

- The organisation demonstrated a draft audit tool to evaluate the effectiveness of the Corporate Hygiene Strategy and another tool was being developed for the internal audits however there was no evidence of either tools having been introduced demonstrated.
- There was no evidence provided to demonstrate that the organisation evaluated the appropriateness of the data and information utilisation in relation to service provision and improvement.

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.

- The organisation demonstrated ongoing quality initiatives through their quality improvement plan, communication plan and hygiene awareness days.
- Evidence was also provided to demonstrate that these initiatives were linked to the region through the Hygiene Services Co-ordinator

- Evidence was provided demonstrating that members of the Hospital Management Team were members of the Hygiene Advisory Committee and were reported to carry out walkabouts though this was not demonstrated.

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.

- Evidence was provided to demonstrate that evaluation of the efficacy of the organisation's Hygiene Services quality improvement system was completed via a self assessment against hygiene standards and the quality improvement plan.
- The organisation demonstrated that newsletters and bulletins were circulated internally to staff conveying hygiene related information and evidence of a range of information sessions for staff members regarding hygiene related issues was demonstrated.
- A draft suite of KPI were also demonstrated.
- A limited number of audits were demonstrated to have been completed in April 2008 with resultant action plans however there was no evidence of benchmarking demonstrated.

2.5 Standards for Service Delivery

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

EVIDENCE-BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

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

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

- The organisation demonstrated it had developed a local cleaning manual based on the Irish Acute Hospitals Cleaning Manual and this was demonstrated to have been approved by the Hygiene Services Team and Advisory Group and were available in all areas.
- Evidence was provided that colour coding processes were in place for cleaning, linen and waste.

- The organisation demonstrated that infection control polices, procedures and guidelines were developed by the regional Strategy for the control of Antimicrobial Resistance in Ireland group.
- Hygiene awareness days, newsletters and bulletins were demonstrated to inform staff members of changes in practice.
- No evaluation of the efficacy of the processes used to develop best practice guidelines by the Hygiene Services Team was demonstrated.

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

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

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

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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

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

- Some areas of the hospital visited were found to be clean however there was evidence of dust in many areas visited, especially in the Emergency

Department where trolleys had high levels of dust and the seating in the waiting area required attention.
- The assessors observed limited evidence of cleaning schedules or monitoring.
- A number of sluice rooms visited were observed to be cluttered.
- Documentation was not available to ensure all outlets were flushed in accordance with current legislation.

***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 management of cleaning devices was not formalised.
- Unused medical devices were observed to be stored in open areas and in a number of cases they were not clean.
- A new colour coding system had recently been introduced for medical devices indicating whether they had been cleaned, required repair or disposal however this process was not being complied with in all areas visited.

***Core Criterion**
SD 4.3 Rating: B (66-85% compliance with this criterion)

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

- In general cleaning equipment was clean however a couple of cleaning carts observed were in need of attention.
- A colour coding system was demonstrated to be in place.
- Some cleaning equipment was stored in sluice rooms or on corridors due to lack of storage facilities.
- Products were observed to be stored in unlocked cupboards.

***Core Criterion**
SD 4.4 Rating: C (41-65% 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.

- Ward kitchen food safety policies were observed to be in place.
- Access was restricted to designated personnel though some kitchen doors were observed to be open.
- Personal Protective Equipment was available and wash hand-basins were in place.
- Fly screens were noted to be missing in two kitchen areas.

- A staff kitchenette in the Emergency Department was being used to prepare breakfasts and patient food was being stored in the staff fridge. This did not comply with the Hazard Analysis and Critical Control Point plan.
- In two clinical areas, temperature records demonstrated that dishwashers were not reaching a significantly high temperature on their rinse cycles to ensure that the crockery or utensils had been disinfected appropriately. This had also been reported by the Environmental Health Officer in January 2007.

***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 Organisation's 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: B (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 guidelines

- Evidence was provided to demonstrate that hand hygiene training had been extensive to all staff and evidence was provided to demonstrate that "hand hygiene champions" were in place.
- A number of wash hand basins were observed to be non-compliant to best practice standards and a number were not accessible due to storage issues.
- An upgrade schedule for wash hand basins was demonstrated, however it was reported that progress had been delayed due to financial restrictions.

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 provided to demonstrate the incident reporting process, however there was no formal evaluation at a local level unless it was a major incident.
- Evidence was provided to demonstrate that mattresses were replaced following a reported incident. A comprehensive audit was undertaken following the incident and the findings of the audit resulted in a large number of mattresses being replaced.
- Safety signs during the cleaning process were observed.

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 health promotion corner, prominent hand hygiene stations, as well as signage and relevant information leaflets were observed.
- The national visiting policy was demonstrated to be in place.
- There was no patient satisfaction survey demonstrated in the last 12 months.

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.

- Patient dignity was demonstrated to be supported through the visiting policy.
- Patient dignity was observed by the assessors while cleaning of wards was in progress however there was no documented process for maintaining patient dignity during hygiene services demonstrated.
- The HSE employee handbook was demonstrated to detail information regarding dignity at work.
- The organisation reported that there had been no violation of patient rights.

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 of hygiene related information leaflets and posters available for patients and visitors.
- Signage was also observed at hand gel stations.

- There was no formal evaluation of patient, family and visitor comprehension of and satisfaction with the information provided by the Hygiene Services team demonstrated.

SD 5.3 Rating: C (41-65% compliance with this criterion)

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

- There was evidence of a complaints policy in place, however the policy was from the North Eastern Health Board which had been replaced by the HSE Dublin North East Region.
- There was limited awareness of "Your Service Your Say" by staff members or patients in the areas visited.
- While evidence was demonstrated that information regarding complaints was reported to the Hygiene Services Advisory Committee by the Patient Liaison Department there was no evidence provided to demonstrate that feedback was provided to the Hygiene Services Team or departments.

ASSESSING AND IMPROVING PERFORMANCE

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

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

- The organisation demonstrated that hygiene related information was gathered from complaints and feedback from "Your Service Your Say". It was reported that no major issues had been identified for action.
- Evidence was provided of a maternity service's service user group "Birth Matters", however hygiene was not a standing agenda item for this group.
- There was no evaluation demonstrated of the extent to which patients, families and other organisations were involved by the team when evaluating its Hygiene Services.

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

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

- The organisation demonstrated that it evaluated its hygiene services via the hand hygiene, sharps and linen audits undertaken by the Infection Control team and the limited number of environmental audits carried out in April 2008.
- Evidence was provided demonstrating that the Hygiene Services quality improvement plan had been developed following the results of the 2007 National Hygiene Services Quality Review and was reviewed at each Hygiene

Team and Advisory Committee meeting. A task list was populated from the actions required with a timeline and responsible person assigned and this was also demonstrated.
- Evidence was demonstrated that the organisation had begun the process of developing key performance indicators.
- No evidence of evaluation of the extent to which hygiene services quality initiatives were being undertaken by the Hygiene Services Team as a result of evaluation was demonstrated.

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

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

- Evidence was provided demonstrating that the Hygiene Services Advisory Committee produced an annual report in 2007, however there was no evidence of patient or family consultation into the process demonstrated.
- There was no evaluation of the appropriateness 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.

Criteria	2007	2008
CM 1.1	B	B
CM 1.2	B	B
CM 2.1	C	B
CM 3.1	C	B
CM 4.1	B	B
CM 4.2	B	B
CM 4.3	B	B
CM 4.4	B	B
CM 4.5	B	B
CM 5.1	B	A
CM 5.2	B	A
CM 6.1	C	B
CM 6.2	C	C
CM 7.1	B	D
CM 7.2	C	C
CM 8.1	C	D
CM 8.2	C	B
CM 9.1	D	D
CM 9.2	B	C
CM 9.3	B	C

CM 9.4	B	B
CM 10.1	C	B
CM 10.2	C	C
CM 10.3	C	B
CM 10.4	C	C
CM 10.5	C	C
CM 11.1	B	B
CM 11.2	B	B
CM 11.3	C	C
CM 11.4	C	C
CM 12.1	C	B
CM 12.2	C	B
CM 13.1	C	B
CM 13.2	C	B
CM 13.3	C	C
CM 14.1	C	B
CM 14.2	C	B
SD 1.1	C	B
SD 1.2	B	A
SD 2.1	B	A
SD 3.1	B	A
SD 4.1	C	C
SD 4.2	A	B
SD 4.3	B	B
SD 4.4	B	C
SD 4.5	B	A
SD 4.6	A	A
SD 4.7	B	B
SD 4.8	B	B
SD 4.9	B	B
SD 5.1	B	B
SD 5.2	B	B
SD 5.3	B	C
SD 6.1	C	C
SD 6.2	B	C
SD 6.3	C	B