Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Bantry General Hospital

Assessment Report

Date of assessment: 22nd September 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 Bantry General Hospital - Organisational Profile[1]

Bantry General Hospital provides acute general hospital services to the population of the West Cork area extending to locations as distant as the Beara Peninsula and Mizen Head.

Bantry General Hospital is a 118 bedded Acute General Hospital and provides within available resources a comprehensive range of inpatient, outpatient and day case services in response to identifying needs and in accordance with the principles of equity, people centeredness, quality and accountability.

Services provided

A wide range of specialities are delivered by the hospital. These are: general medicine (which includes coronary, endocrinology and ICU); general surgery (which includes emergency department services); old age medicine (which includes an eight bedded rehabilitation and assessment Unit); care of the elderly & respite care; radiology; palliative care; mental health services; outpatient Department.

2.2 Areas Visited

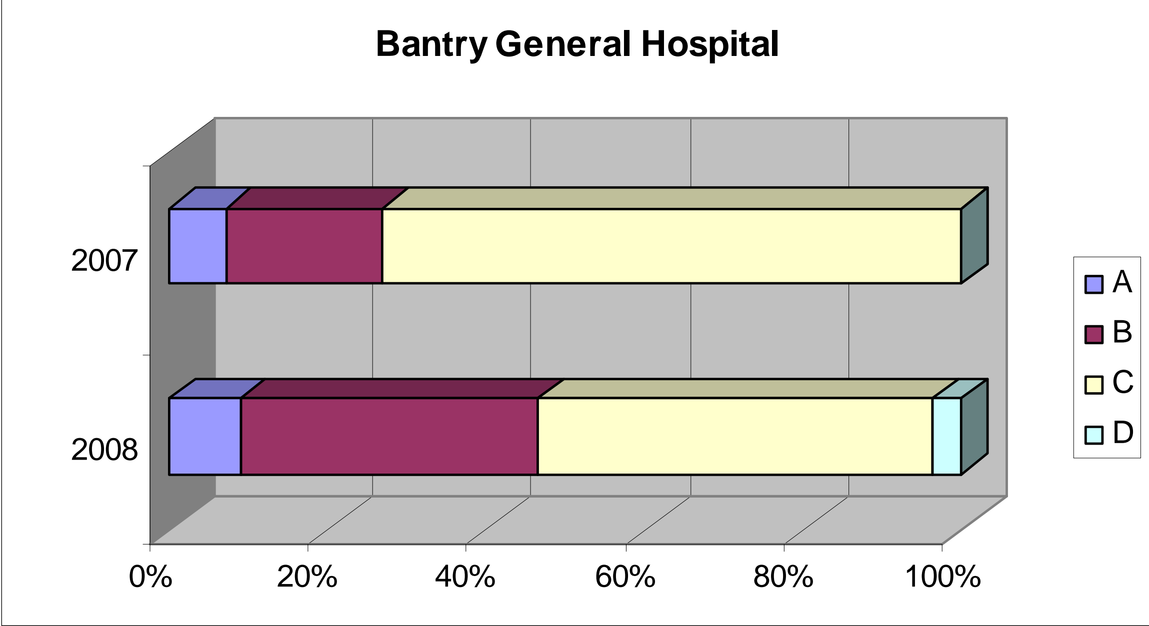
Clinical areas visited during the assessment were:

- Casualty Department
- Outpatients Department
- Medical Ward
- Surgical Ward
- Laundry services
- Waste compound.

[1] The organisational profile was provided by the hospital

2.3 Overall Rating

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



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

Bantry General Hospital 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: C (41-65% compliance with this criterion)
The organisation regularly assesses and updates the organisation's current and future needs for Hygiene Services.

- There was evidence demonstrated of a needs assessment process, primarily based on internal hygiene audits.
- There was no evidence demonstrated of an action plan or clear timeframes and responsibilities.
- There was evidence demonstrated of a hygiene corporate strategic plan and a hygiene service/operational plan.
- There was insufficient evidence demonstrated of a process of ongoing consultation with patients or community partners in relation to current and future needs of the organisation.
- There was no evidence demonstrated of evaluation of the efficacy of the needs assessment process.

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.

- There was evidence demonstrated of some recent developments, including an extension to the medical and surgical wards to facilitate additional bed space, development of a new waste compound and the replacement of hand-wash basins.
- There was no evidence demonstrated of an evaluation of developments and modifications to the organisation's hygiene services in relation to meeting the needs of service users.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

CM 2.1 Rating: C (41-65% 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 evidence that the Executive Management Board report to the Health Service Executive South Hospital Network Manager, who in turn reports to the National Hospitals Office.
- There was evidence demonstrated that hygiene is regularly discussed at the Executive Management Board (EMB) meetings.
- There was evidence demonstrated of a patient satisfaction survey that was piloted in one functional area, however it contains minimal reference to hygiene and there were only a limited number completed.
- There was no evidence demonstrated of a completed staff satisfaction survey.
- There was no evidence demonstrated of an evaluation of the efficacy of links and partnerships.

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.

- There was evidence demonstrated of a hygiene corporate strategic plan.
- There was no evidence demonstrated of clearly defined timelines, responsibilities or costings in the hygiene corporate strategic plan.
- There was no evidence demonstrated of a documented process for the development of the plan to include consultation with patients, staff, families or service users.
- There was no evidence demonstrated that the plan has been communicated to all stakeholders.
- There was no evidence demonstrated of an evaluation of the hygiene corporate strategic plans' goals, objectives and priorities against defined needs.

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.1 Rating: B (41-65% 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.

- There was evidence demonstrated of a range of corporate policies and procedures available at ward level and adherence is monitored through the process of internal hygiene audits.
- There was evidence demonstrated that the Executive Management Board have overall responsibility for the management of Hygiene Services through minutes of meetings and organizational chart.
- There was no evidence demonstrated of review or evaluation.

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

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

- There was evidence demonstrated that the Executive Management Board regularly discusses hygiene services information.
- There was insufficient evidence demonstrated of a structured process for receiving and acting on information on the performance of the Hygiene Services Team.
- There was no evidence demonstrated of hygiene service performance indicators reviewed on a regular basis.
- There was no evidence demonstrated of an evaluation of the appropriateness of information received.

CM 4.3 Rating: C (41-65% 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.

- There was evidence demonstrated of a range of policies, procedures and guidelines available throughout the organisation.
- There was some evidence demonstrated of education sessions in relation to hygiene provided for staff by the Infection Control Nurse.
- There was some evidence demonstrated of a structured process for informing staff of latest hygiene related research, legislation and best practice.
- There was no evidence demonstrated of an evaluation of the appropriateness of hygiene services related research and best practice information available.

CM 4.4 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of a Practice Development Committee with responsibility for the development of policies, procedures and guidelines, however committee membership was not multidisciplinary.
- There was evidence demonstrated that the framework for the development of policies, procedures and guidelines follows a regional HSE template.
- There was no evidence demonstrated of evaluation of the efficacy of the process for developing and maintaining Hygiene Services policies, procedures and guidelines.

CM 4.5 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated that the Hygiene Services Committee includes membership from the maintenance department with local responsibility for capital development.
- There was evidence demonstrated that capital development plans are discussed at Executive Management Board meetings.
- There was no evidence demonstrated of a structured process for the inclusion of the Hygiene Services Committee in the organisation's capital development planning and development process.
- There was no evidence demonstrated of an evaluation of the efficacy of the consultation process between the Hygiene Services Team and senior management.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

- There was evidence demonstrated of a Hygiene Services Committee.
- There was evidence demonstrated that the Executive Management Board has overall responsibility for hygiene throughout the hospital.
- There was evidence demonstrated of a recently formed Hygiene Services Team briefed to co-ordinate operational issues in relation to hygiene.
- There was insufficient evidence demonstrated that staff members were aware of hygiene service structures.
- There was no documented evidence demonstrated that ward managers were responsible and accountable for hygiene in their departments.

***Core Criterion**

CM 5.2 Rating: A (66-85% 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 evidence of a hygiene related budget, however the assessors were advised of limited flexibility within the budget allocation.
- There was evidence demonstrated of resources made available for hygiene related modifications such as the replacement of hand-wash basins, regulation of water temperature and the development of a waste compound.
- There was evidence demonstrated of a hygiene corporate strategic plan and hygiene service/operational plan, however they do not detail resource requirements.

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

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

- There was some evidence demonstrated that the Hygiene Committee is involved in the process of purchasing all equipment / products.
- There was no evidence demonstrated of an evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management.

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.

- There was some evidence demonstrated that the organisation collects and analyses hygiene-related information through the internal hygiene audit system.
- The assessors were advised of an incident reporting process, whereby incidents are reviewed and investigated by the Director of Nursing.
- There was insufficient evidence demonstrated of a documented process for risk incident analysis, minimisation or elimination.
- There was no evidence demonstrated of collated incident reports being fed back to clinical areas.
- There was no evidence demonstrated of a risk management/health and safety annual report.
- Therefore a potential risk to the health and welfare of patients existed.

CM 7.2 Rating: D (15-40% compliance with this criterion)

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

- There was evidence demonstrated that the organisation has recently established contact with the Regional Risk Manager, however there was no evidence demonstrated of a structured process to oversee and monitor risk.
- There was no evidence demonstrated that the organisation conducts a self assessment against the hygiene standards and it does not regularly review its risk management practices.

- There was no evidence demonstrated of a structured process for the management of risk.
- The organisation did not demonstrate evidence that it had addressed the risk, previously acknowledged by the organization, of lack of access to a Microbiologist.
- Therefore a potential risk to the health and welfare of patients existed.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**
CM 8.1 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated that external contracts are managed centrally through the Health Service Executive.
- There was evidence demonstrated that the organisation uses some local contractors, such as a local laundry service, and there was evidence of a service level agreement for this service.
- There was no documented evidence demonstrated of a formal process for establishing and monitoring contracts locally.

CM 8.2 Rating: B (41-65% compliance with this criterion)

The organisation involves contracted services in its quality improvement activities.

- There was evidence demonstrated that the regional waste management contractor was involved in regional Health Service Executive quality improvement plans, that include Bantry General Hospital.
- There was evidence demonstrated that the Chair of the Hygiene Committee has met with some local contractors.
- There was insufficient evidence demonstrated of a process for liaising with all contractors regarding quality improvement.

PHYSICAL ENVORNMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: B (41-65% 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 evidence of a Health & Safety Committee to ensure the current physical environment is safe and to monitor its adherence to regulations and best practice.
- There was evidence demonstrated that hand wash facilities have been recently upgraded to comply with Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines.
- There was no evidence demonstrated of sufficient storage for equipment at ward level.

***Core Criterion**

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

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

- The was evidence demonstrated that the organisation has recently conducted a Needs Assessment, which will form the basis of a new planning and management system for its environment, facilities, equipment, devices, kitchens, waste and linen.
- There was evidence demonstrated of a range of policies, procedures and guidelines available throughout the organization.
- There was no evidence demonstrated of relevant timelines and costings associated with the needs assessment.

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.

- There was evidence demonstrated that internal hygiene audits are used to evaluate the efficacy of the organisation's environment and facilities, equipment and devices, waste and sharps and linen.
- There was evidence demonstrated of changes made to the organisation's environment and facilities in the last two years including the development of a new waste compound, ward extensions and upgrading of hand wash basins to comply with Strategy for the control of Antimicrobial Resistance in Ireland (Strategy for the control of Antimicrobial Resistance in Ireland (SARI)) guidelines with a centralized temperature control mechanism.

- There was no evidence demonstrated of a Hazard Analysis and Critical Control Point evaluation of the organisation's ward kitchens.

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.

- There was evidence demonstrated that the organisation utilises the Health Service Executive comment and complaint policy "Your Service Your Say".
- There was evidence demonstrated of a recently developed patient satisfaction survey piloted in one functional area, however there was minimal reference to hygiene and only limited feedback to date.

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.

- There was evidence demonstrated that the organisation's recruitment and selection process for human resources is conducted regionally, based on Health Service Executive policy.
- There was evidence demonstrated that job descriptions make reference to accountability for hygiene.
- There was no evidence demonstrated of evaluation of the process for selecting and recruiting human resources.

CM 10.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated that human resource capacity is based on Health Service Executive whole time equivalent ceilings.
- There was evidence demonstrated that changes in work volume are facilitated with the current whole time equivalent ceilings.
- There was no evidence demonstrated of a process for reviewing changes in work capacity and volume.
- There was no evidence demonstrated of evaluation of the appropriateness of work capacity and volume review processes.

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.

- There was evidence demonstrated that processes for ensuring Hygiene Services staff have the appropriate qualifications and training are monitored through the recruitment process.
- There was evidence demonstrated of additional hygiene related training provided locally.
- There was no evidence demonstrated that attendance at mandatory hygiene related training is monitored.

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence demonstrated that the process for the management of contract staff by contractors is monitored regionally by the Health Service Executive.
- There was no evidence demonstrated of reporting processes for contract staff.
- There was no evidence demonstrated of evaluation of the appropriate use of contract staff.

***Core Criterion**

CM 10.5 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated evidence that Hygiene Services are provided within the current Health Service Executive Whole Time Equivalent ceiling.
- There was evidence demonstrated of a Hygiene Corporate Strategic Plan, Hygiene Service/Operational Plan and a Hygiene Services Annual Report.
- There was no evidence demonstrated of a documented human resource needs assessment process.

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

- There was evidence demonstrated of an induction programme for all staff, which included hygiene related training.
- There was evidence demonstrated of ongoing training in relation to hygiene.
- There was no evidence demonstrated of a process for monitoring attendance levels at induction/training.

CM 11.2 Rating: C (41-65% 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.

- There was evidence demonstrated that hand hygiene, waste management and infection prevention and control training sessions are available intermittently.
- There was evidence demonstrated of evaluation of the relevance of education to each staff member.
- There was insufficient evidence demonstrated of a structured process for ensuring continual professional development of all Hygiene Services staff.
- There was no documented evidence demonstrated of the availability of training in areas such as health and safety hazards and conducting risk assessments.

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

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

- There was evidence demonstrated of staff satisfaction rates with education and training sessions provided.
- There was no evidence demonstrated of performance indicators utilized to evaluate the effectiveness of education and training.
- There was no evidence demonstrated of evaluation of attendance levels at education and training sessions provided.

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

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

- There was evidence demonstrated of performance evaluation for new staff during the probationary period only.
- There was evidence demonstrated that cleaning checklists and attendance records are used by department managers as a process of performance evaluation.
- There was no evidence demonstrated of evaluation of the number of hygiene services staff who undergo performance evaluation.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff

- There was evidence demonstrated of an occupational health service, based in Cork University Hospital and available to all staff.
- There was evidence demonstrated that staff are made aware of the range of services provided, including vaccinations.
- There was no evidence demonstrated of an evaluation of the appropriateness of the service provided by occupational health for staff.

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 demonstrated that staff turnover is monitored and used as a performance indicator of staff satisfaction.
- There was no evidence demonstrated of changes initiated as a result of ongoing monitoring over the last two years.
- There was no evidence demonstrated of evaluation of appropriateness of mechanisms for monitoring staff satisfaction.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

CM 13.1 Rating: C (15-40% compliance with this criterion with a risk assessment)

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

- There was evidence demonstrated that internal hygiene audit results are reported to the Executive Management Board.
- There was evidence demonstrated of records of Healthcare Associated Infection (HCAI) rates.
- There was no evidence demonstrated that Healthcare Associated Infection (HCAI) rates are reported to the Executive Management Board.
- There was no evidence demonstrated of an evaluation of processes for collection and accessing information and adherence to legal and best practice requirements.
- There was no evidence demonstrated of evaluation of quality data reliability, accuracy, validity and appropriateness.

CM 13.2 Rating: C (15-40% compliance with this criterion with a risk assessment)

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 demonstrated of reports generated in the Hygiene Services, including internal hygiene audits and a Hygiene Annual Report.
- There was insufficient evidence demonstrated that there is a systematic structured process for recording and reporting hygiene related trends and adverse events to the board.
- There was no evidence demonstrated of user satisfaction in relation to the reporting of data and information.

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.

- There was evidence demonstrated of internal hygiene audits conducted in clinical areas.
- There was no evidence demonstrated of mechanisms used to assess the appropriateness of data collection and information reporting.

- There was no evidence demonstrated of evaluation of 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 (41-65% compliance with this criterion)

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

- There was evidence demonstrated of hygiene audits being carried out.
- There was evidence demonstrated of quality improvement initiatives, such as the upgrading of hand washing facilities, development of a new waste compound and extension to surgical and medical wards.

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

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

- There was evidence demonstrated of the introduction of a hygiene services. Team with responsibility for operational issues in relation to hygiene services.
- There was evidence demonstrated of internal hygiene audits.
- There was insufficient evidence demonstrated of hygiene services performance indicators or benchmarking.
- There was no evidence demonstrated of evaluation of improved outcomes in Hygiene Services delivery as a result of the quality improvement system.

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 evidence of a Practice Development Committee with responsibility for developing best practice guidelines.
- There was evidence demonstrated of best practice guidelines utilised by the Hygiene Services Team, such as the use of a colour coding system for the segregation of cleaning equipment, linen segregation and waste management.
- There was no evidence demonstrated of evaluation of the efficacy of the process used to develop best practice guidelines by the Hygiene Services Team.

SD 1.2 Rating: C (41-65% 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

- There was evidence demonstrated of the introduction of a colour coding system for cleaning.
- There was no evidence demonstrated of a documented process for assessing new hygiene service interventions and changes to existing ones.
- There was no evidence of evaluation of new/changed hygiene services interventions.

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: C (41-65% 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.

- There was evidence demonstrated of the availability of posters and leaflets on a variety of hygiene related topics, including hand hygiene and visitor policy.
- There was insufficient evidence demonstrated of participation by the organisation in health promotion activities that educate the community regarding Hygiene.
- There was no evidence demonstrated of evaluation of the efficacy of activities undertaken by the team in the community in relation to hygiene.

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.

- There was evidence demonstrated of a multidisciplinary Hygiene Services Team.
- There was evidence demonstrated of team awareness of each others roles and responsibilities.
- There was no evidence demonstrated of an evaluation of the efficacy of the multidisciplinary team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

SD 4.1 Rating: B (41-65% compliance with this criterion)

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

- There was evidence that the physical environment and facilities were generally clean. However, there was evidence of dust on high surfaces and on the underside of beds throughout the organisation, but in particular the casualty room.
- Hand gel instructions displayed throughout the organisation varied in content.
- Checklists to monitor the cleaning of bathrooms were not always evident.

***Core Criterion**

SD 4.2 Rating: B (41-65% compliance with this criterion)

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

- There was evidence that the organisation's equipment, medical devises and facilities were generally clean. However, there was evidence of light dust on some equipment throughout the organisation, particularly in the casualty room.

***Core Criterion**

SD 4.3 Rating: A (66-85% 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: 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.

- There was evidence that ward kitchens were clean and tidy.
- Not all staff wore personal protective clothing and a food safety policy was not readily accessible.
- Evidence was not demonstrated of a systematic process to ensure food was rotated and within the "use by" date.

***Core Criterion**

SD 4.5 Rating: A (>85% compliance with this criterion)

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

- There was evidence of good practice in relation to hand hygiene.
- Hand wash basins were compliant with Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines, however hand hygiene posters varied considerably and some of the waste bins were in need of repair.

SD 4.8 Rating: C (41-65% compliance with this criterion)

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

- The organisation advised the assessors that incidents are recorded and evaluated. This was not demonstrated.
- There was no evidence demonstrated of a risk management structure for the appropriate evaluation of incident rates.
- There was evidence of the use of warning signs when cleaning tasks were being undertaken.

SD 4.9 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of the availability of leaflets and posters regarding hygiene, however the message presentation varies considerably.
- There was evidence that the national visiting policy had been adopted, however adherence is not monitored.
- There was no evidence demonstrated of evaluation of patients and families satisfaction with participation in service delivery.

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.

- There was evidence demonstrated of a process for dealing with the special needs for privacy and confidentiality of patients during Hygiene Service delivery.
- There was evidence that all isolation rooms are ensuite.
- There was no evidence demonstrated of a documented process for maintaining patient dignity during Hygiene Services delivery.

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

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

- There was evidence demonstrated of patient information leaflets relating to hygiene available throughout the organisation.
- There was evidence demonstrated of a patient satisfaction survey piloted in one clinical area.
- There was no evidence demonstrated of evaluation of patient, family and visitor comprehension of and satisfaction with the information provided by the Hygiene Services.

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 demonstrated of the utilisation of the Health Service Executive comments and complaints policy “Your service, your say”.
- There was no evidence demonstrated of hygiene-related complaints received in the past two years.
- There was no evidence demonstrated of a process to collate complaints for the attention of the Executive Management Board.

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.

- There was evidence demonstrated of a pilot patient satisfaction survey.
- There was no evidence demonstrated of consultation with patients by the Hygiene Services Committee/Team.

- There was no evidence demonstrated of changes to hygiene services over the past two years as a result of service user information.
- There was no evidence demonstrated of evaluation of the extent to which patients, families and other organisations are involved by the team when evaluating its hygiene services.

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

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

- There was evidence demonstrated of the use of internal hygiene audits as an evaluation mechanism by the hygiene services.
- There was insufficient evidence demonstrated that evaluation results are benchmarked with other similar interventions, programmes or organisations.
- There was no evidence demonstrated of evaluation of the extent to which hygiene services quality initiatives are being undertaken by the Hygiene Services Team as a result of evaluation and benchmarking.

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.

- There was evidence demonstrated that the hygiene services compiles an Annual Report.
- There was insufficient evidence demonstrated that the report was communicated to all stakeholders within the organisation.
- There was no evidence of evaluation of the appropriateness of the Hygiene Services Annual Report.
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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	C	C
CM 1.2	C	B
CM 2.1	C	C
CM 3.1	C	C
CM 4.1	C	B
CM 4.2	C	C
CM 4.3	C	C
CM 4.4	C	C
CM 4.5	C	C
CM 5.1	B	B
CM 5.2	B	A
CM 6.1	B	B
CM 6.2	C	C
CM 7.1	C	D
CM 7.2	C	D
CM 8.1	C	C
CM 8.2	C	B
CM 9.1	C	B
CM 9.2	B	B
CM 9.3	B	B
CM 9.4	C	C
CM 10.1	B	B
CM 10.2	C	B
CM 10.3	B	B
CM 10.4	C	C
CM 10.5	C	B
CM 11.1	B	B
CM 11.2	C	C
CM 11.3	C	C
CM 11.4	C	C
CM 12.1	C	B
CM 12.2	C	C
CM 13.1	C	C
CM 13.2	C	C
CM 13.3	C	C
CM 14.1	C	B
CM 14.2	C	C
SD 1.1	C	B
SD 1.2	C	C
SD 2.1	C	C

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