Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Cavan General Hospital

Assessment Report

Date of assessment: 13th November 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 reviews, 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
- Six lead assessors covering all the hospitals
- Assessors worked in pairs at all times
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

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

Table 1: Compliance Rating Score

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

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

2 Hospital findings

2.1 Cavan General Hospital - Organisational Profile[1]

Cavan General Hospital is part of the Cavan Monaghan Hospital Group and provides a general acute hospital service to the catchment area of Cavan and parts of surrounding counties. The hospital has 206 in-patient beds.

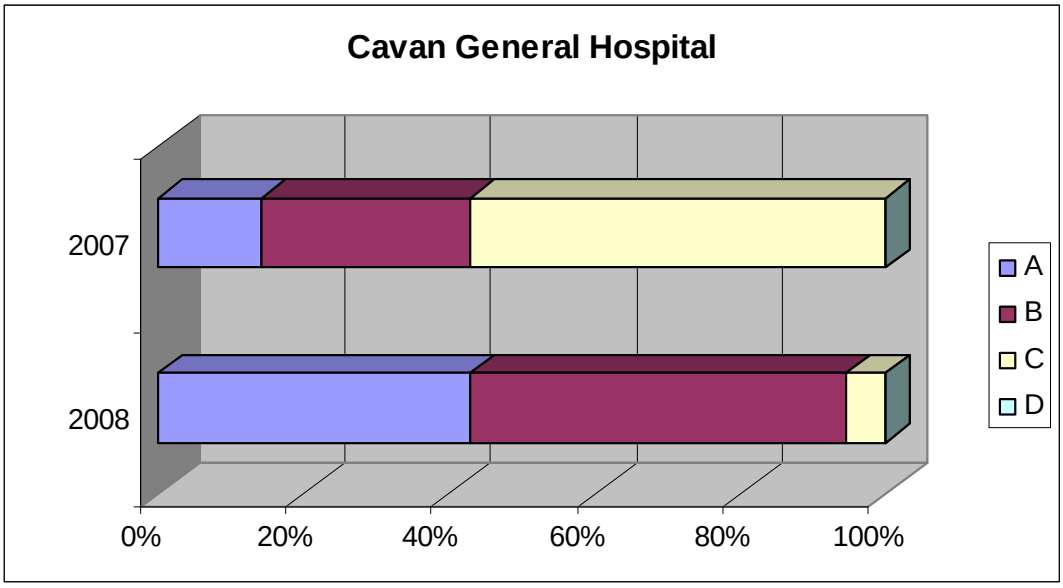
2.2 Areas Visited

- Outpatient department
- Emergency department
- Medical 2 ward
- Surgical 1 ward
- Waste compound
- Laundry services.

[1] The organisational profile was provided by the hospital

2.3 Overall Rating

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



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

Cavan General Hospital has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- There was evidence demonstrated that the organisation regularly assesses and updates the current and future needs for hygiene services.
- This includes the Operational Plan, which sets out the documented process for establishing the needs assessment process and the needs for the environment and facilities, human resources, information management and health promotion are also included.
- The audit process has been reviewed based on evaluation and this was demonstrated. The organisation demonstrated that they have begun the process of introducing an information management system to track the audits completed. The findings from these audits are presented to the Corporate Hygiene Services Committee meeting.
- There was evidence of patient involvement in the needs assessment process through hygiene services patient satisfaction surveys completed in 2007.
- There was evidence of a Strategic Plan for Hygiene Services dated 2008 to 2011, Infection Control Strategic Plan and a Service Plan for Hygiene Services. The Service Plan is reviewed quarterly.
- There was a lack of evidence of evaluation of the needs assessment process as this process has only recently been introduced in 2008.

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

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

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

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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.

- There was evidence demonstrated of a hygiene strategic plan for the period of 2008 to 2011.The strategy was developed through the Corporate Hygiene Services Committee. There was evidence demonstrated that the strategic plan was signed off by the Quality and Risk Committee and by the senior management team. There was a lack of evidence of involvement of patients in the development of the strategic plan as it was advised by the organisation that the patients chose not to be involved. The strategic plan was available to all staff in the clinical areas. Snap shots of the plan were demonstrated in the newsletter available to staff and patients.
- There was evidence demonstrated that the organisation have begun the process of tracking the strategic plan through the service plan on a six monthly basis. This process is yet to be embedded.
- There was a lack of evidence of a documented process in place for its development.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

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

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

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

- There was evidence to demonstrate that the Corporate Hygiene Services Committee have begun the process of presenting a report to the senior management team on a monthly basis. This was demonstrated for October 2008.
- Evidence was provided to demonstrate that key performance indicators (KPIs) have been recently developed for hygiene services and the process has begun of tracking these on a three monthly basis.
- It was demonstrated that results of indicators for infection control are formally reported regionally and on an informal basis locally to the Executive Management Team. This process was yet to be embedded.
- There was a lack of evidence of evaluation of the appropriateness of the information received by the Executive Management Team.

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

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

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

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

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

- There was evidence to demonstrate that the organisation utilises the HSE North East Policy for developing its policies.
- The Strategy for the control of Antimicrobial Resistance in Ireland (SARI) regional group was demonstrated as a forum for reviewing regional infection control policies.
- The hospital demonstrates that they adhere to regional and organisational wide polices for hygiene, this includes the HSE North East Guidelines for the management of clinical waste 2004. The organisation demonstrated that the policy for the management of linen is in draft format and was due for review by the regional Strategy for the control of Antimicrobial Resistance in Ireland (SARI) group.
- It was demonstrated that a number of infection control and hygiene policies had been reviewed and were awaiting local approval.

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

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

- There was evidence to demonstrate that the organisation had developed a project group for capital development. This includes the Infection Control Team and a number of representatives from the Corporate Hygiene Services Committee.
- There was a lack of evidence demonstrated of evaluation of the efficacy of the consultation process between the Corporate Hygiene Services Committee and senior management regarding capital development.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

The organisation has a multi-disciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

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

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

- There was evidence to demonstrate that the Executive Management Team allocates resources for hygiene services.

- It was demonstrated that there is no specific budget for hygiene services, however, there are costings for hygiene services identified on the hygiene service plan, and the process of approval of funding from the Network Manager was demonstrated.
- It was demonstrated that a number of initiatives not realised in 2008 will be included in the service plan for 2009.
- It was advised by the organisation that the process to allocate resources for hygiene services has recently been introduced due to a change in management at regional level and was yet to be formalised and demonstrated.

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

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

- There was evidence to demonstrate that procurement is discussed at the Hygiene Corporate Services Committee.
- There was evidence demonstrated that the Corporate Hygiene Services Committee were involved in the recent procurement of hand gel and the evaluation of same was demonstrated.
- It was identified in recent minutes of this committee that a specific procurement group was to be established. This was yet to be introduced.
- There was a lack of evidence of evaluation of the efficacy of the consultation process between the Corporate Hygiene Services Committee and senior management.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

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

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

- There was evidence demonstrated of a risk management department in the hospital, and evidence was presented of a report presented to the Corporate Hygiene Services Corporate Committee on all hygiene and infection control incidents that were identified from the STARSweb System. It was demonstrated that the results are trended per ward area.
- There was a lack of evidence of an annual report for risk management for Hygiene Services or the actions taken to eliminate the risk reoccurring.

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

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

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

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**

CM 8.1 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated that the organisation has some processes in place to establish, manage and monitor contractors.
- There are currently contract cleaners providing a service in the organisation. It was demonstrated that the cleaning contract is currently being reviewed. And it was demonstrated that this contract was awaiting regional approval; however there have been amendments at local level to reflect the needs of the services. These were demonstrated.
- It was demonstrated that all contracts are developed regionally and a number of the contract are not available locally.
- The service level agreement in relation to the sanitary facilities was demonstrated. This was not dated. There was evidence that this is managed by the maintenance department.
- There was evidence demonstrated that the contract cleaners are involved in weekly and monthly hygiene audits and the corporate "walkabouts".
- There was no evidence of a formalised documented process for managing and monitoring contractors locally.

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

The organisation involves contracted services in its quality improvement activities.

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

PHYSICAL ENVORNMENT, FACILITIES AND RESOURCES

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

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

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

***Core Criterion**

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

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

- There was evidence to demonstrate that the organisation have introduced a traffic light system for the management of equipment, however this was piloted in one unit only.
- The hospital demonstrated how it adheres to regional and local policies for the management of its environment as there was evidence observed of there implementation at clinical level.
- The Health Service Executive Northeast 2004 Waste Guidelines and the sharps policy were due for review.
- The linen policy has been developed and was due for sign off.
- There was evidence to demonstrate that the organisation was in the process of segregating roles between the caring, cleaning and catering services.
- The job descriptions for these roles were demonstrated.

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

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

- The organisation demonstrated how it has reviewed its process in place to audit its environment and a new audit checklist was introduced in July 2008. It was demonstrated that this now includes self auditing.
- There was evidence demonstrated of corporate walkabouts, catering audits and hand hygiene audits. The audit schedule was demonstrated in the operational plan for hygiene services.
- There was limited evidence demonstrated of closure of the loop in relation to the findings from the audit results.
- It was demonstrated that an information management system was being introduced to assist with this process. This was in place in one area and is being rolled out.

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.

- There was evidence demonstrated of a patient and staff hygiene satisfaction survey completed in 2008.
- The organisation was in the process of introducing the recommendations from the patient survey and it was demonstrated that the results of the staff survey have not been distributed to staff as yet and it was demonstrated that the recommendation have not been introduced.

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 of regional processes in place for selection and recruitment of hygiene services personnel.
- There was no evidence of evaluation of the efficacy of the selection and recruitment processes in place.

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

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

- The organisation demonstrated that it had reviewed changes in Hygiene Services work capacity and volume, which included the reviewed cleaning specification for the cleaning contractor and the extension of the janitor process in the Accident and Emergency Department.
- There was no evidence demonstrated of a formal process to evaluate the janitor service, however this is reviewed through the hygiene audits.

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

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

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

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence of cleaning supervisor's onsite. There was evidence of induction and training records for these staff.
- There was evidence demonstrated that the contract supervisors are involved in the hygiene audits completed.
- The organisation was in the process of reviewing and embedding the new contract for the contractors.
- The hospital advised that they are developing a performance matrix to review contract staff. This was not demonstrated.

***Core Criterion**

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

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

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

ENHANCING STAFF PERFORMANCE

***Core Criterion**
CM 11.1 Rating: 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 in place for the contract staff.
- The regional corporate induction programme was demonstrated as was the local induction for non-consultant hospital doctors (NCHDs) and nurses only at this stage. This session includes some time allocated to hygiene services.
- The Health Service Executive staff handbook was demonstrated as evidence.
- There was no evidence of a formalised process in place to review the attendance levels at the induction and evaluation of the programme was not 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 they have completed a training needs analysis and evaluations in relation to hygiene services training were reviewed in December 2007.
- The hygiene related education plan was demonstrated in the operational plan. The organisation demonstrated that they have a central system for recording training.
- There was a process demonstrated of evaluation of training sessions delivered in the organisation in relation hygiene services.
- There was evidence of an infection control fair in December 2007 and same was demonstrated. The summary of this day was included in the newsletter for the public and the staff.
- The organisation did not demonstrate that they evaluate the relevance of the training sessions to each staff member.

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

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

- There was evidence of one key performance indicator (KPI) in place for training for hygiene services. This includes the attendance at mandatory hand-hygiene training only. This indicator has only recently been introduced and there was one result of this key performance indicator demonstrated by the organisation.
- The organisation demonstrated that they have evaluated the evaluation format in relation to hygiene services in 2007 and changes have been made.
- There was no evidence of staff satisfaction with 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 some evidence to demonstrate that the organisation evaluates the performance of the hygiene services contract staff. This is currently completed by audit and “walk abouts” by the services manager.
- There was a lack of evidence demonstrated of a formalised approach to the performance review of all hygiene staff.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

CM 12.1 Rating: A (>85% compliance with this criterion)

An occupational health service is available to all staff

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

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

- There was evidence demonstrated of a staff satisfaction survey in relation to hygiene services. The organisation demonstrated that they are in the process of reviewing the findings.
- The occupational health service department monitors absenteeism and the same was demonstrated. It was demonstrated that this information is reported to the organisation.
- There was a lack of evidence demonstrated of evaluation of the mechanisms in place to monitor staff satisfaction.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

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

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

- There was evidence demonstrated of a hygiene services email account for department heads to access in relation to hygiene queries or suggestions.
- There was evidence that the Corporate Hygiene Services Committee and team minutes are circulated to all departments.
- There was evidence demonstrated of a newsletter distributed twice yearly to all staff and patients.
- The organisation demonstrated that it has evaluated the audit tool to evaluate hand hygiene and this resulted in an amended audit tool.
- The Infection Control Nurses Association tool was evaluated and changes have been made. These were demonstrated.
- The organisation demonstrated that they have developed and evaluated the Norovirus outbreak pack.
- Evaluation of the data reliability, accuracy and validity was not demonstrated.

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

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

- There was extensive evidence of reports generated by the Hygiene Services Committee and team. These include the audit results, infection rates to the Regional Infection Control Committee.
- There was a lack of evidence demonstrated of an evaluation of the user satisfaction in relation to reporting 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.

- Data collection methods are informally evaluated through the minutes of meetings. These were demonstrated.
- The organisation has begun the process of introducing an information management system to trend the audit reports going forward.
- There was limited evidence of documented process for evaluation of the data and information utilisation in relation to service provision and improvement.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

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

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

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

CM 14.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence that the organisation has developed key performance indicators (KPIs) and has only begun the process of monitoring against these.
- Evidence was provided to demonstrate that the audit process has been evaluated and self assessment audits began in July 2008.

- The patient equipment audit was demonstrated as was the environmental, sharps, hand hygiene and waste segregation.
- The linen audits were not demonstrated.
- There was a lack of evidence demonstrated of a process in place to track and trends the key performance indicators as these have just been signed off by the Corporate Hygiene Services Committee.

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

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

- There was evidence that the organisation has established a number of policies, procedures and guidelines (PPGs) and these are available in the clinical areas in hard copy and the hospital are in the process of displaying these on the intranet.
- There has been an audit of the policies, procedures and guidelines in the clinical areas to ensure all staff has access to these.
- There are a number of regional polices in place and there was evidence demonstrated of a regional policy on the development of policies.
- There are a number of polices in place in the clinical areas that were demonstrated as requiring review.

SD 1.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence to demonstrate that the organisation has a process in place to assess new interventions and changes to existing ones before their routine use.
- There was evidence to demonstrate that hand hygiene facilities have been piloted.

- The uniform policy has been reviewed and the clinical areas have been communicated with in relation to breaches of this policy.
- There was a lack of evidence demonstrated of evaluation of the efficacy of the assessment process for new interventions.

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: A (>85% compliance with this criterion)

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

SD 4.6 Rating: B (66-85% compliance with this criterion)

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

- There was evidence that the management of laundry in the clinical areas is in line with best practice.
- The in house laundry facilities are not in line with best practice.
- There was evidence of a leaking washing machine where the seal of the door was worn. There were a number of washing machines that were observed to require upgrading.
- The segregation from soiled to clean laundry is in place in relation to access and egress; however it was advised that the internal segregation was not in line with best practice.

***Core Criterion**

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

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

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

SD 4.8 Rating: A (>85% compliance with this criterion)

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

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

SD 4.9 Rating: A (>85% compliance with this criterion)

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

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

PATIENT'S/CLIENT'S RIGHTS

SD 5.1 Rating: 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 to demonstrate that the rights of patients are included in the cleaning and disinfection policy dated 2008.
- There were no reported breeches of patient's rights in 2008.
- It was demonstrated that patient confidentiality is also included in the contract cleaner's induction programme.
- There was no evidence of evaluation of adherence to the cleaning and disinfection policy.

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

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

- There was evidence demonstrated that patients/clients, families, visitors and all users of the service are provided with information regarding hygiene services.
- There was an inventory of information leaflets available to patients and these were demonstrated. These include the management of Clostridium Difficile and Norovirus.
- The organisation demonstrated through minutes of meetings that they have communicated with the Patient Advocate in relation to evaluation of patient information. The resultant actions and feedback from this evaluation were not demonstrated.

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

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

- There was evidence demonstrated that "Your Service Your Say" is in place, and that the analysis of complaints are forwarded to the Hygiene Services Committee and to the Quality and Risk Committee.
- There was evidence of changes to hygiene services based on complaints. This includes the increased janitorial service in the Emergency Department.
- There was a lack of evidence demonstrated of trends monitored in relation to Hygiene Services complaints.

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ASSESSING AND IMPROVING PERFORMANCE

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

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

- There was evidence demonstrated that the organisation has a patient advocate who is communicated with regularly in relation to hygiene services by members of the Hygiene Services Committee.
- There was evidence of a patient satisfaction survey in 2008 for hygiene services; however, the results and improvements were not demonstrated.
- There was a lack of evidence demonstrated of the evaluation of the involvement of patients and families in evaluating hygiene services.

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

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

- There was evidence demonstrated that the organisation regularly monitors and evaluates its environment through the environmental audits.
- There was evidence demonstrated of quarterly reports on infection rates forwarded to the regional Infection Control Committee.
- The organisation demonstrated that they have formally benchmarked their results of the hand-hygiene audits with another local hospital and changes have been made.
- The dash board report for the Health Service Executive in relation to infection rates was demonstrated.
- The performance indicators for Hygiene Services are in infancy stage and monitoring against these was not demonstrated.

SD 6.3 Rating: A (>85% compliance with this criterion)

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

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

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

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