Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Monitoring Assessment Report

Our Lady of Lourdes Hospital, Drogheda

Date of monitoring assessment: 16 December 2009

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority 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, where applicable. Monitoring day- and pre-school facilities and children's detention centres; inspecting foster care services.

1 Background and Context

Good hygiene practices play a key role in the reduction of the occurrence of Healthcare Associated Infections. In Ireland, the cleanliness of hospitals has been assessed since 2004. In 2007 and 2008, the Health Information and Quality Authority (the Authority) undertook two independent national hygiene services quality reviews to monitor the compliance of 50 hospitals with the National Hygiene Services Quality Standards. As part of these reviews, the Authority carried out a number of follow-up visits to hospitals where serious risks had been identified.

The Authority published national and individual hospital reports following the 2007 and 2008 reviews which are available on the Authority's website www.hiqa.ie. These reports contained several recommendations for the hospitals as well as the Health Service Executive (HSE).

Following the Authority's hygiene review in 2008, each hospital was asked to prepare plans and implement the necessary improvements that reflected the findings from the 2008 National Hygiene Services Quality Review. In response to these recommendations, the HSE applied "targeted interventions" to hospitals that had been identified as needing more support. In May 2009, the HSE made its findings publicly available in a national improvement strategy for all hospitals (available from www.hse.ie). The main conclusions from the 2008 National Review were that hospitals should continue to strive towards excellence in their management of hygiene and aim to achieve the highest level of compliance against the Standards.

In May 2009, the Authority launched the new *National Standards for the Prevention and Control of Healthcare Associated Infections.* Whilst incorporating the key quality and safety requirements for hygiene services, these standards focus on a broader set of issues rather than solely on hygiene. They were approved by the Board of the Authority and mandated by the Minister for Health and Children. They represent a critical component in supporting the ongoing requirement to prevent and control Healthcare Associated Infections in Ireland.

All services are expected to undertake a gap analysis[1] in relation to the new National Standards for the Prevention and Control of Healthcare Associated Infections. Implementation plans should encompass a programme of changes leading to compliance with these standards in acute hospitals by 1 June 2010.

[1] The Authority expects the HSE to carry out national and local gap analyses for its directly managed services and to develop a nationally coordinated, prioritised implementation plan informed by these gap analyses. In the voluntary and independent sectors, and services led by independent practitioners, the Authority expects that a local plan will be developed. For such services funded by the HSE, its network or local health office management structure should ensure facilities have a local implementation plan, the progress against which should become part of the reporting requirements within any service level agreement between the provider and commissioner of the service.

From this date, in relation to Healthcare Associated Infections, acute hospitals will be monitored by the Authority for compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* only. The monitoring of compliance with the new standards will take into account the key quality and safety requirements of the hygiene standards.

Each hospital in Ireland should provide care in an environment that is clean. Patients and their families expect to receive high quality, safe care that meets their needs. The recent Healthcare Associated Infection and communicable/transmissible disease outbreaks, have highlighted the continued need to "raise the bar" in the delivery of hygiene services.

At this stage the Authority expects that all hospitals in Ireland are achieving levels of compliance greater than 85%, with the essential requirements to deliver safe, efficient and effective hygiene services as set out in the National Hygiene Services Quality Standards. This latest series of randomised unannounced monitoring assessments focuses specifically on the day-to-day delivery of hygiene services and in particular cleanliness, hand hygiene and waste and linen management practices.

This report presents the findings of such a monitoring assessment.

2 Focus of the Monitoring Assessment

For this monitoring assessment, the Authority's focus was on the delivery of hygiene services. The Service Delivery (SD) Standard 4 contains seven core criteria. Each criterion contains specific compliance requirements that, taken together, are essential elements for the provision of safe, efficient and effective hygiene services (Appendix 1 contains the full list of the National Hygiene Services Quality Standards).

Service Delivery (SD) Standard 4:

Hygiene services are delivered safely, efficiently and effectively.

SD 4.1 The team ensures the organisation's physical environment and facilities are clean.

This refers to the overall cleanliness of the physical environment. Services should be provided in an environment that is clean and hospitals should have systems in place to ensure that high levels of cleanliness are maintained.

SD 4.2 The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean.

This refers to the implementation of cleaning practices to ensure that all medical and cleaning devices are clean and that systems exist to ensure that high levels of cleanliness are maintained.

SD 4.3 The team ensures the organisation's cleaning equipment is managed and clean.

This refers to the implementation of cleaning practices to ensure that all cleaning equipment is clean and that systems exist to ensure that the equipment is maintained to a high standard.

SD 4.4 The team ensures the organisation's kitchens, including ward/departmental kitchen, are managed and maintained in accordance with evidence-based best practice and current legislation.

This refers to the overall cleanliness of ward/departmental kitchens to ensure that areas where food is prepared, organised and/or handled is clean and that systems exist to maintain appropriate hygiene practices in kitchens.

SD 4.5 The team ensures the inventory, handling, storage, use and disposal of hygiene services hazardous materials, sharps and waste in accordance with evidence-based codes of best practice and current legislation.

This refers to the management of hazardous materials, sharps and waste, including inventory, handling, segregation, storage, use and disposal, to ensure the safety of all service users is protected.

SD 4.6 The team ensures the organisation's linen supply and soft furnishings are managed and maintained.

This refers to the management, segregation, maintenance and safe handling of linen and soft furnishings to ensure that all linen and soft furnishings are clean and that systems exist to ensure that they are maintained to a high standard.

SD 4.7 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.

Hand hygiene is recognised as the single most important preventative measure in the transmission of Healthcare Associated Infections, particularly in health services. In the 2008 national hygiene review the Authority focused on hand-washing technique. With the current pandemic H1N1 influenza, it is essential that a culture of hand hygiene is embedded and that every opportunity for hand hygiene is taken. During this monitoring assessment, the Authority focused on opportunities for hand hygiene and whether or not staff took these opportunities and used the correct technique.

The Authority expects hospitals to have in place well-established arrangements to achieve levels of compliance greater than 85% with the requirements of these core criteria, and the necessary evidence to demonstrate such compliance.

It must be emphasised that findings from these monitoring assessments reflect 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, as patients do not always choose which day they attend hospital, the Authority's unannounced one-day assessment is an indicator of how patients, in a given hospital, experience arrangements for hygiene.

3 Monitoring Process

The monitoring methodology consisted of an unannounced on-site assessment to monitor compliance with the Service Delivery Standard 4 listed previously. The process (outlined in Table 1 below) sought to draw on multiple sources of information to assess compliance with Service Delivery Standard 4.

Table 1: Evidence gathering processes

Process or instrument for gathering evidence	Contribution to the monitoring process
Observation	To obtain information about the environment, practices and patient experience. Structural and equipment observation undertaken in a range of clinical and non-clinical areas.
Documentation review	To assess documentary evidence to establish whether the hospital complied with the requirements of the service delivery standard.
Patient interview	To elicit the views of service users to assist the monitoring team in their deliberations.
Staff interview	To assess the roles, responsibility and quality assurance mechanisms.

There were three phases to this monitoring process: pre-visit, on-site visit, and follow up and reporting.

3.1 Before the on-site visit

The main elements of the process prior to the site visit were as follows:

- The Authority prepared a confidential schedule for the monitoring assessments, with the unannounced assessment dates for each hospital selected at random. Our Lady of Lourdes Hospital, Drogheda, had been randomly selected for a monitoring assessment in November 2009. However, as the Authority became aware of a confirmed *Clostridium difficile* outbreak in Our Lady of Lourdes Hospital, Drogheda, prior to the monitoring assessment, the Authority took the decision to postpone the visit in the interest of patient safety.

- Selection of patient areas: the number of patient areas selected was proportionate to the type of services provided and the size of the hospital and at a minimum included, as relevant, one medical and one surgical ward, the emergency department, outpatient department, laundry and waste areas:

- Category one hospitals (up to 150 beds): the Authority selected a minimum of four patient areas to be visited
- Category two hospitals (151 – 450 beds): the Authority selected a minimum of six patient areas to be visited
- Category three hospitals (greater than 450 beds): the Authority selected a minimum of eight patient areas to be visited.

3.2 During the visit

During the visit the following took place:

- The monitoring assessment of compliance with the National Hygiene Services Quality Standards, with a focus on Service Delivery Standard 4, was undertaken by a team of trained assessors from the Authority. Each team member had been authorised by the Minister for Health and Children to conduct the assessments under section 70 of the Health Act 2007.

- Where authorised persons 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.

- Hospitals were rated by the team against Service Delivery Standard 4. Evidence was gathered in a number of ways outlined in Table 1 and based on this evidence the monitoring team assigned a rating to the seven core criteria. The compliance rating scale used for this is shown in Table 2.

Table 2: 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 of between 66% and 85% with the requirements of the criterion.
C	The organisation demonstrated broad compliance of between 41% and 65% with the requirements of the criterion.
D	The organisation demonstrated minor compliance of 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.

Please note, the percentage compliance within any rating covers a range of performance. For example, 66% compliance will be rated as a B as would 85% compliance.

3.3 Following the visit

Following the visit, the quality assurance process was as follows:

- A draft report was compiled based on the findings of the monitoring assessment. The report highlights the areas where the hospital has not achieved greater than 85% compliance with the requirements of the criteria.
- Each report was reviewed by the Authority to ensure consistency and accuracy.
- The draft report was provided to each hospital, outlining their compliance ratings. The hospital was given an opportunity to comment on the factual accuracy of the findings and all comments were considered fully by the Authority.
- The final published report was based on the findings, the level of compliance of each organisation with the Standard and confirmation of the factual accuracy of these findings.
- The Authority reports on its findings publicly and, in accordance with section 8(1)(l) of the Act, will (as necessary) advise the Minister for Health and Children and the Health Service Executive as to the level of compliance with the Standard by the hospital visited.

4 Hospital profile

4.1 Hospital – organisational profile

Our Lady of Lourdes Hospital, Drogheda, is one of three hospitals within the Louth/Meath Hospital Group providing a range of acute medical and surgical services, emergency services, diagnostic, maternity, paediatric and outpatient day care services.

The hospital has a bed complement of 340 beds, 313 of which were open on the day of the visit.

On 28 October 2009, the Authority was notified, by Our Lady of Lourdes Hospital, Drogheda, of a *Clostridium difficile* outbreak at the hospital.

The Authority sought further information from the hospital in relation to the organisation's management of the outbreak and alerted the hospital of the need to implement the requirements of the *National Standards for the Prevention and Control of Healthcare Associated Infections*. The *National Standards for the Prevention and Control of Healthcare Associated Infections* were approved by the Board of the Authority in May 2009 and subsequently mandated by the Minister for Health and Children. These Standards contain a specific standard on the arrangements for outbreak management.

The hospital reported that the measures taken to manage the outbreak included:

- the isolation of infected patients
- the suspension of planned admissions
- public requests to attend the general practitioner rather than attending the emergency department
- the discharge or transfer of patients to other suitable facilities, where possible
- restricted visiting
- cleaning and decontamination
- hand-hygiene training.

On 2 December 2009, Our Lady of Lourdes Hospital, Drogheda, notified the Authority that a decision had been taken to resume normal services in the hospital.

The Authority conducted the monitoring assessment on 16 December 2009. At the time of this assessment the outbreak had not been declared over.

Subsequently, on 4 January 2010, Our Lady of Lourdes Hospital, Drogheda, advised the Authority that the hospital's outbreak committee, on 16 December 2009, had declared the outbreak over.

4.2 Areas visited

Our Lady of Lourdes Hospital, Drogheda, was visited by the assessment team on 16 December 2009 between 09:30hrs and 15:00hrs. During the monitoring of compliance with the *National Hygiene Services Quality Standards* the following areas were visited:

Maternity Ward 2	Third Floor Surgical
Second Floor Medical	Sixth Floor Medical (West)
Emergency Department	Outpatient department
Waste compound	Laundry services.

5 Findings and Compliance Ratings

5.1 Main findings

Service Deliver (SD) Standard 4:

Hygiene services are delivered safely, efficiently and effectively.

The Service Delivery (SD) Standard 4 describes seven core criteria that must be complied with to meet the requirements for the provision of safe, efficient and effective hygiene services.

SD 4.1 The team ensures the organisation's physical environment and facilities are clean.

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

- In the majority of the areas visited, the standard of hygiene was fair.
- In Maternity Ward 2, residue with a mould-like appearance was observed on the majority of the windows, the floor corners under the sinks in the maternity wards and on the ceilings and windows of the en suite shower rooms.
- Chipped walls and flaking paint were observed in five of the areas visited. Missing and cracked tiles were observed in the emergency department and Third Floor Surgical Ward.
- Light dust was observed on surfaces in four of the areas visited. In Maternity Ward 2, heavy dust was observed on high and low surfaces. Dust was also observed in a vent in the Third Floor Surgical Ward. The Hospital advised the Authority that the ward had been cleaned and decontaminated in the previous five weeks as it had been affected by the *Clostridium difficile* outbreak.
- The assessment team observed that the level of hygiene in the Second Floor Medical Ward was of a very high standard on the day of the visit.
- The floors in the waiting area within the outpatient department were observed to have a layer of grime under the seating and toys were observed to be visibly unclean.
- Within the Third Floor Surgical Ward, the assessment team observed two windows that were blocked off due to external renovations. One of these windows, in a patient bathroom, was sealed internally. However, the seal was broken and dust was observed on the window sill. The window in the sluice room was not sealed.
- Signage was not always laminated and sticky tape residue was observed on walls in the outpatient department.
- Torn chairs were observed in four of the areas visited.
- The organisation demonstrated that cloth curtains were changed during deep cleaning or more frequently if required.

- The organisation demonstrated cleaning records for bathrooms, toilets and other areas, including records for flushing outlets.
- The organisation demonstrated that all bedpan washers were serviced in November 2009.

SD 4.2 The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean.
Rating: A (>85% compliance with this criterion)

- There was evidence that the organisation's equipment, medical devices and facilities were managed and clean.
- The team observed a process for managing and cleaning medical equipment.
- A tagging system was observed to be in use with equipment tagged, dated and signed off after it had been cleaned.

SD 4.3 The team ensures the organisation's cleaning equipment is managed and clean.
Rating: B (66-85% compliance with this criterion)

- While it was observed that cleaning equipment in use was generally clean, the equipment was inappropriately stored in the sluice rooms in all of the areas visited.
- Cleaning products were observed to be stored in a cupboard in sluice rooms, two of which were not locked.
- Cleaning equipment was observed not to be inverted, to assist drying, in the outpatient department.
- A colour-coding system was demonstrated.
- Personal protective equipment was observed to be readily available.

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

- The majority of the ward kitchen areas visited were clean and managed in accordance with best practice with separate hand-wash facilities.
- The organisation demonstrated that dishwashers were serviced regularly.
- Access to ward kitchens was restricted to designated personnel through appropriate signage observed.
- Personal protective equipment was observed to be readily available and used appropriately in the areas visited.
- Ward kitchen food safety policies were observed to be in place.

- No fly screens were observed in Second Floor Medical kitchen and the fly screen in the Maternity Ward 2 kitchen was observed to be open.
- The ward kitchen in the Maternity Ward 2 was observed to have residue with a mould-like appearance on the window, chipped cupboards and sticky tape residue on the wall.

SD 4.5 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.

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

- In general, the segregation of clinical and non-clinical waste observed was in line with best practice guidelines.
- The clinical waste compound was locked. It was observed that all healthcare risk waste bags were tagged as per best practice guidelines.
- The appropriate waste destruction documentation (C1 and destruction certificates) were demonstrated.
- An inventory of safety data sheets was also demonstrated.
- An organisational waste management policy was not demonstrated at a ward level in all areas visited, however, clinical waste posters and standard operating procedures were observed.
- Lids on waste bins were observed to be broken in Maternity Ward 2 and the outpatient department.
- Clinical waste was stored in unlocked sluice rooms in the majority of areas visited.

SD 4.6 The team ensures the organisation's linen supply and soft furnishings are managed and maintained.

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

- The organisation demonstrated that a linen policy, dated 2006, was in place.
- There was evidence that the management of laundry in the clinical areas was in line with best practice.
- Linen was observed to be clean and in good condition and stored in clean rooms and cupboards.
- The organisation manages the cleaning of linen through its central laundry department. The assessment team observed several hygiene issues in the central laundry department, these included: a considerable amount of flaking and chipped paint on the walls and ceiling, dusty extractor fans, broken insulation and cladding on pipes and chipped and broken floor tiles.

SD 4.7 The team works with the Governing Body and/or its Executive Management team to manage hand hygiene effectively and in accordance with the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI) guidelines.
Rating: C (41-65% compliance with this criterion)

- A number of sinks and taps in four of the clinical areas visited did not meet the Health Service Executive (HSE) Health Protection Surveillance Centre's guidelines for hand hygiene (2005). All sinks, in the recently reopened Third Floor Surgical Ward, did meet the guidelines and it was reported, through interview, that these had been replaced during the closure. However, in the outpatient department's minor-operation room the assessment team observed that the only sink available did not meet these guidelines. The assessment team also observed that staff had difficulties accessing sinks in the emergency department due to the limited number and location of these sinks.
- While the *Clostridium difficile* outbreak was still being managed on the day of the monitoring visit, the assessment team observed an inconsistent approach to hand hygiene in the areas visited:

    - in Maternity Ward 2, Second Floor Medical, Sixth Floor East and the emergency department, an antimicrobial hand-wash agent was available at all sinks and no alcohol hand-gels were available
    - in the outpatient department and Third Floor Surgical Ward, an antimicrobial hand-wash agent was available at all sinks and alcohol hand-gels were readily available.

- Attendance at hand hygiene training was demonstrated to be mandatory. Training records were maintained at ward level and by the Infection Control Team. The Infection Control Team's records indicated that 91% of staff had attended hand hygiene training in 2009.
- Hand-washing opportunities were observed in clinical areas. However, during observation, even with the high levels of staff training:

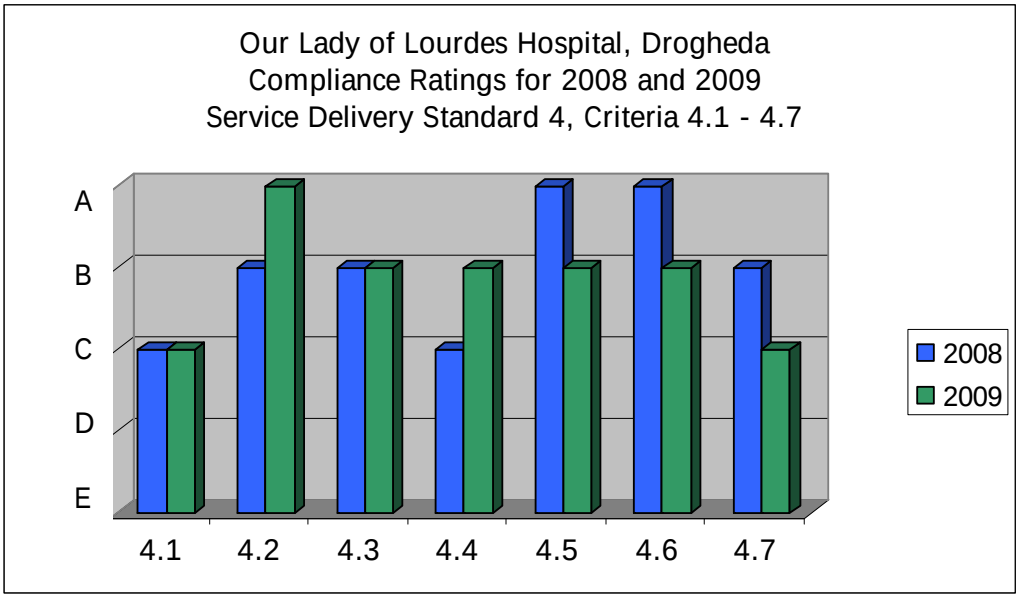
    - all opportunities to practice hand hygiene were not taken
    - the hand-washing technique used did not always comply with best practice.

- The findings from this observation were consistent with the Infection Control Team's recent monitoring of hand hygiene practices which took place during the *Clostridium difficile* outbreak.
- Hand-wash posters were not always on display at each hand-wash sink in four of the areas visited.

5.2 Ratings Summary

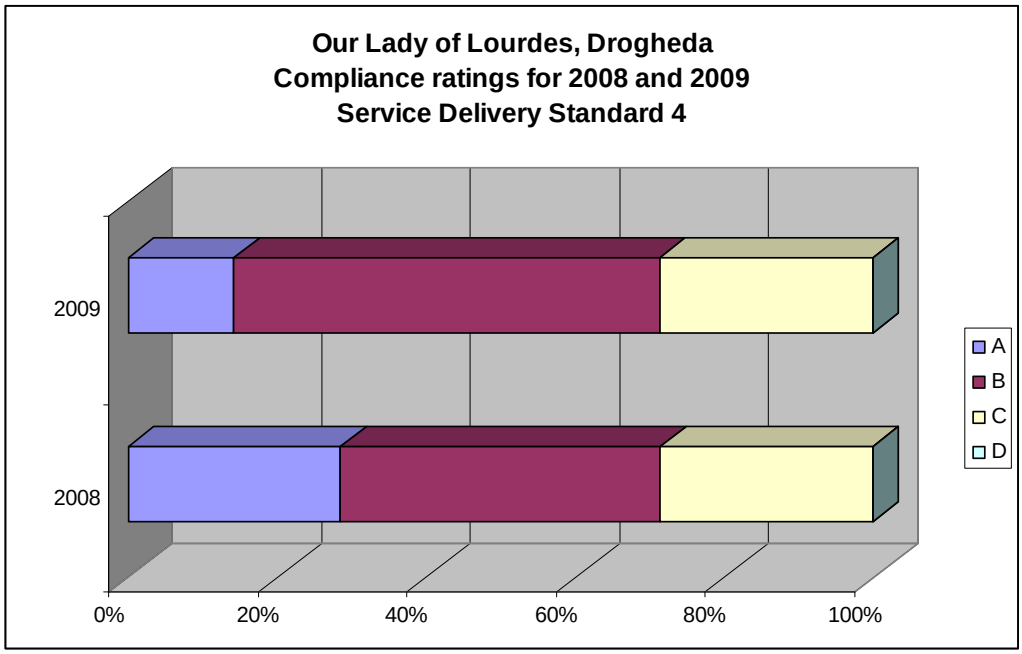
The graph below (Graph 1) illustrates the organisation's individual ratings for each of the criteria under Service Delivery Standard 4 – implementing hygiene services – in comparison with the equivalent 2008 ratings.

Graph 1



The graph below (Graph 2) illustrates the organisation's level of compliance (A to D) with the seven core criteria of Service Delivery Standard 4 in comparison with 2008.

Graph 2



5.3 Conclusion

Our Lady of Lourdes Hospital, Drogheda, has not maintained its level of performance in relation to the delivery of hygiene services when compared to 2008. The monitoring assessment found that Our Lady of Lourdes Hospital did not meet the requirements in relation to Service Delivery Standard 4 to ensure that the key aspects of hygiene services are delivered safely, efficiently and effectively.

The Authority expects that all hospitals achieve levels of compliance over 85% with all of the *National Hygiene Services Quality Standards*, including the seven core criteria of Service Delivery Standard 4.

Our Lady of Lourdes Hospital achieved over 85% compliance in only one of the seven core criteria of Service Delivery Standard 4.

Our Lady of Lourdes Hospital must address the shortfalls in performance in order to provide safe, efficient and effective hygiene services.

In light of the recent *Clostridium difficile* outbreak, the Authority will meet with Our Lady of Lourdes Hospital and relevant HSE management to discuss the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections* at the hospital, with a specific focus on Standard 10 which deals with the management of outbreaks.

Appendix 1

The National Hygiene Services Quality Standards

Standards for Corporate Management

The Corporate Management Standards allow an organisation to assess and evaluate its activities in relation to Hygiene Services at an organisational management level. Responsibility for these Standards lies with the Governing Body and Executive Management Team in conjunction with the Hygiene Services Committee. There are 14 Standards within the Corporate Management Standards, all of which are focused on four critical areas that are leadership and partnerships, environment and facilities, human resources and information management. Eight criteria within these Standards are core.

The 14 Standards are as follows:

1. Planning and Developing Hygiene Services: organisational planning in response to the changing needs of the population it serves in relation to hygiene services.

2. Linkages and Partnerships: organisational linkages and how it works in partnership with patients/clients, staff, other organisations and the community.

3. Corporate Planning: strategic planning to achieve identified goals in relation to hygiene services.

4. Governing and Managing Hygiene Services: effective and efficient governance for hygiene services.

5. Organisational Structure: defined organisational structures to ensure the co-ordinated provision of hygiene services.

6. Allocating and Managing Resources: allocation, protection, management and control of human, physical and financial resources for the hygiene services.

7. Managing Risk: assessment, management and prevention of risk in relation to hygiene services.

8. Contractual Agreements: shared responsibility for the delivery of hygiene services involving contractual services.

9. Physical Environment, Facilities and Resources: effective and efficient planning and management of the organisation's physical environment, facilities and resources.

10. Selection and Recruitment of Hygiene Staff: selection, recruitment and retention of adequate and appropriate human resources.

11. Enhancing Staff Performance: orientation/induction, ongoing education, training and continuous professional development and evaluation of Hygiene Services staff performance.

12. Providing a Healthy Work Environment: safe, healthy and positive work environment for all Hygiene Services staff.

13. Collecting and Reporting Data and Information: timely, efficient, accurate and complete collection and reporting of relevant hygiene services data and information.

14. Assessing and Improving Performance: quality improvement systems for monitoring, evaluating and improving the quality of the organisation's Hygiene Service delivery.

Standards for Services Delivery

The Service Delivery Standards allow an organisation to assess and evaluate its activities in relation to Hygiene Services at a team level. These Standards relate directly to operational day-to-day work and responsibility for these Standards lies primarily with the Hygiene Services Team (the team) in conjunction with ward/departmental managers and the Hygiene Services Committee. There are seven core criteria within these Standards.

The 6 Service Delivery Standards are as follows:

1. Evidence-based Best Practice and New Interventions in Hygiene Services: establishment, adoption, maintenance and evaluation of best practice guidelines and establishing processes for new interventions.

2. Prevention and Health Promotion: health and hygiene promotion and encouraging individuals to take responsibility for their own health.

3. Integrating and Coordinating Hygiene Services: integration and coordination of hygiene services.

4. Implementing Hygiene Services: safe, efficient and effective hygiene services.

5. Patients'/Clients' Rights: promoting and protecting patients'/clients' rights.

6. Assessing and Improving Performance: quality improvement, managing risk and managing utilisation of services to improve the quality of the hygiene services and the performance of the team.