

National Hygiene Services Quality Review 2008

Portiuncula Hospital, Ballinasloe Assessment Report

Assessment date: 30th 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 are implemented.

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 Portiuncula Hospital, Ballinasloe - Organisational Profile¹

Portiuncula operates as a constituent acute hospital the HSE West, Network 5. Portiuncula Hospital provides services to patients residing in the East Galway, Roscommon, Midlands and Midwestern areas. The current population served is just under 400 000 (Census 2002 Preliminary Report). There are currently 203 beds

Services provided

General Medicine, general surgery, paediatrics, ICU – CCU, maternity, special care baby unit (SCBU), administration and the hospital shop, emergency department and physiotherapy departments, outpatient department, radiology, anaesthetics, cardiology, elderly care, gastroenterology, gynaecology, laboratory, medicine, obstetrics, occupational therapy, oncology ,palliative care, pastoral care pathology, social work, special care baby unit and the laboratory.

On-site, although not linked to the main building, are the Mortuary, Stores and Works, Waste Storage, Linen Supply, Cardiac Rehabilitation, Medical Records, the IT Department and the Medical Residence.

2.2 Areas Visited

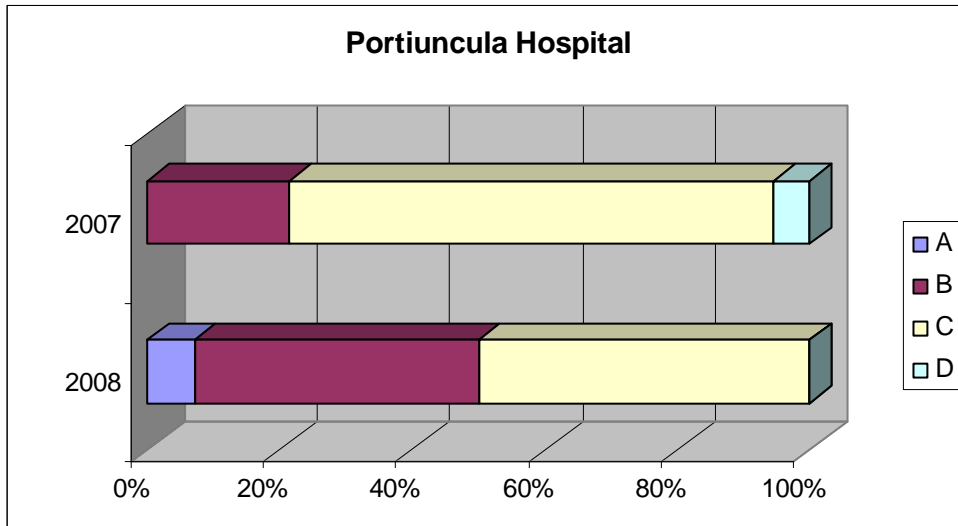
During the course of the assessment the following areas were visited:

- Emergency department
- Outpatients department
- St. Clare's ward
- St. Joseph's ward
- Laundry service
- Waste compound.

¹ The organisational profile was provided by the hospital.

2.3 Overall Rating

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



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

Portiuncula Hospital has achieved an overall rating of:

Fair

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- Evidence was demonstrated that the hospital had developed Corporate Hygiene Strategic, Service and Operational Plans.
- Technical and Managerial Audits were being conducted, trends were being identified and these were being brought to the Hygiene Services Team and Committee.
- It was demonstrated that patient satisfaction surveys were being used to inform the process
- It was advised that a Community Liaison Nurse position was used to link with users from the hospitals catchment area.
- There was no evidence demonstrated of the evaluation 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.

- Evidence was demonstrated of a roster review programme having been undertaken, and, as a result segregation of the roles of cleaner and ward food-handler had been agreed and will commence within the next month.
- A flat mopping system had been introduced and while interview confirmed a review of its use took place, there was no documented evidence of review demonstrated.
- While the hospital advised that these initiatives took place there was no evidence demonstrated that they were based on a formalized needs-assessment.

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 Services Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.

- The hospital was one of a number of acute hospitals within the Health Services Executive (HSE) Network 5.
- It was reported that meetings occur between the General Manager and Network Manager but there is no documented evidence to confirm this.
- The hospital was planning to set up a patient forum but this had not yet occurred.
- There was evidence that contractors were involved in the hospitals hygiene processes with contractors being members of the hygiene services team.
- The hospital had introduced a walkabout system where senior management tour the hospital and provide patients, staff and visitors with the opportunity to raise issues of concern in relation to hygiene. This was done informally through encouraging comments and suggestions.
- A visitor survey was still in the planning stage.

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.

- It was identified through interview that the Hygiene Services Committee developed the Corporate Hygiene Strategic Plan.
- It was demonstrated that it contained goals and priorities.
- The organisational structure demonstrated that the Hygiene Services Committee reports in to the Management Team.
- The only evidence demonstrated of input from service users or staff was through the use of satisfaction surveys.
- There is no evidence demonstrated of any evaluation of the Strategic Plan's goals and objectives against defined needs.

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.1 Rating: C (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.

- It was identified that overall responsibility for Hygiene Services rests with the General Manager and the Executive Management Team.
- The hospital advised that it adheres to the Code of Corporate Ethics for public bodies.
- There was evidence that the Hygiene Service had reviewed its Policies, Procedures and Guidelines and had based its updated schedule on the Irish Acute Hospitals Cleaning Manual.
- There is no evidence of evaluation to date.

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.

- The hospital demonstrated that it was undertaking “technical and managerial” audits and implementing changes as a consequence.
- Evidence was demonstrated that updated processes were based on the Irish Acute Hospitals Cleaning Manual.
- There was a library service available at the hospital and electronic documents had been made available.
- It was demonstrated that the infection control team ensures that best practice information was available in relation to new products.
- No evidence was demonstrated of hygiene related performance indicators being developed.
- Interview identified that staff avail of networking with colleagues around the country in relation to best practice but no documentary evidence was demonstrated.

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 of a library service available along with access to the internet and the intranet.
- Flat mopping, colour coding and segregation of roles as examples of quality initiatives had been introduced and were demonstrated.

- Evidence was demonstrated that the hospital supports in house training with programmes covering hand hygiene, waste management, sharps and British Institute of Cleaning Science (BICS) level 1.
- There was no evidence demonstrated of formal evaluation.

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

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

- The organization demonstrated compliance in excess of 85% with the requirements of this criterion.

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.

- While it was identified at interview that the Hygiene Services Committee was involved in the development phase of new extensions there was no documented evidence demonstrated to support this.
- No minutes of meetings were demonstrated to confirm communication between the Hygiene Services Committee and the Executive Management Team.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

CM 5.1 Rating: C (41-65% compliance with this criterion)

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

- It was clear from the organisational structure demonstrated where the hygiene service sits.
- No Terms of Reference were demonstrated for the Executive Management Team that defined accountability and responsibility.
- It was identified at interview that hygiene was within the remit of every staff member but job descriptions had not yet been reviewed to reflect this.
- It was reported that the opportunity was taken at walkabouts to highlight responsibility in this regard.

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

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

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

- It was identified through interview that there was no specific budget in place for hygiene services.
- It was identified at interview that hygiene related issues that require resource allocation were referred to the General Manager for consideration and there was evidence that these were considered favourably.
- The hospital had developed a Service Plan for Hygiene Services but this did not include costings/budget 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.

- Evidence was demonstrated that there was a priority Equipment Purchasing Committee.
- Evidence was also demonstrated that the Infection Control Team and Hygiene Services Committee review equipment before purchase.
- It was identified that this happens through common membership of the Hygiene Services Committee and the Equipment Purchasing Committee rather than through formal consideration at the Hygiene Services Committee (HSC).
- No evidence was demonstrated of any evaluation of this process to date.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 Rating: C (41-65% 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

- Evidence was demonstrated that the hospital had appointed a Risk Advisor and there was a Risk Management Committee.
- An incident reporting process was demonstrated to be in place but no formal risk management plan was demonstrated.
- The hospital reported no adverse hygiene related events over the last two years.
- The Hospital Safety Statement and departmental Safety Statements had been reviewed.

CM 7.2 Rating: C (41-65% compliance with this criterion)

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

- Evidence was demonstrated that the hospital had appointed a risk advisor
- The STARSweb incident reporting system was currently being implemented,
- While it was identified at interview that medication safety and haemovigilance projects were underway no examples were demonstrated of hygiene related projects in place.
- There was no evidence demonstrated of information being collated in relation to risk although individual issues were brought to the risk committee and hygiene services committee.

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.

- Evidence was demonstrated that a review of contracts with the network had taken place and there were now standardised procedures in place around the drawing up of contracts.
- There was evidence demonstrated from new contracts that these were now quality driven. (Cleaning contract and meal service delivery contract as

examples require that quality initiatives and activities be undertaken and quality be monitored).

- There was no evidence demonstrated that existing contracts had been reviewed.

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

The organisation involves contracted services in its quality improvement activities.

- There was evidence that the new contracts negotiated by the hospital included a requirement for audit, for communication logs, and, for financial penalties attached to breaches in quality standards.
- Contractors were represented on the Hygiene Services committee and team.
- There was no evidence that the same requirements were in place for existing contracts but there was evidence that a system was now in place to ensure that this happened when contracts come up for review.

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: C (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.

- Interview with staff identified that hygiene services inputted into the design stage of new developments/refurbishments but there was no documented evidence of this demonstrated.
- There was evidence of some wash-hand basins being replaced with up to date models that met the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI) guidelines (e.g. in the interim Emergency Department).

***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 of much work having been completed in relation to updating the procedures in relation to hygiene matters – waste, sharps, kitchens and work is progressing in relation to linen.

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 hospital demonstrated that it had introduced a schedule of technical and managerial audits to evaluate the efficacy of the hygiene services, environment and facilities.
- This was at an early stage of development.

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

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

- The hospital demonstrated that it had increased the frequency of cleaning of the toilets and wash areas in clinical areas as a result of information gathered from patient comments.
- The frequency of the emptying of bins in these areas was also increased on foot of feedback from patient surveys.
- It was also demonstrated that the roster review resulted in an increase in cleaning hours available.

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.

- Evidence was demonstrated that the hospital recruits staff in line with HSE policy and is constrained by HSE limits on Whole-Time Equivalents (WTEs).
- A review of in house job descriptions to include responsibility for Hygiene Services was planned but had not yet commenced. However, the hospital had included this requirement in the tender specification for new contract staff.

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.

- Evidence was demonstrated that the hospital had undertaken a roster review of hygiene staff and as a consequence had identified the need for more cleaning hours.

- It was identified at interview that this was being progressed through a plan to segregate the roles of cleaning and food delivery at ward level with a contract now in place to meet the food delivery needs.

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.

- The hospital demonstrated that it had a comprehensive programme of in-house training.
- There was evidence that hygiene staff receive training in hand hygiene, sharps and BICS level 1.
- The new contract for food handling at ward level had a requirement that staff will be Hazard Analysis and Critical Control Point (HACCP) trained.
- It was identified at interview that a plan for recording training electronically to facilitate updates had not yet progressed due to financial constraints.

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

There is evidence that the contractors manage contract staff effectively.

- It was demonstrated that the hospital had undertaken a comprehensive review of its contracts and new contracts viewed include requirements around staff qualifications, performance, induction and training along with clear processes around reporting relationships and communication.
- It was identified at interview that staff records will be available on site.

***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.

- It was identified at interview that the hospital was restructuring its Hygiene Services staff complement following a staff rostering review.
- It was identified that requirements are to be met through in-house and contract staff as per the hospitals corporate and service plans.

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

- The hospital demonstrated that it had an induction programme for new staff and a copy of the programme was demonstrated.
- There was a staff handbook demonstrated.
- There was evidence that an induction process was also required of contractors following the hospitals review of its contract management process.
- There was a hygiene newsletter demonstrated that covered hygiene-related issues.
- No evidence was demonstrated of record attendance and it was identified at interview that a template for this was yet to be introduced.

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.

- The hospital demonstrated that there was a comprehensive programme of ongoing education and training for hygiene staff within the hospital.
- It was identified that to date this programme was voluntary.
- A standardised training record template had been devised but was not yet in use.
- The hospital reported that they planned to implement an information management system to track attendance at training but there was no documentary evidence of this demonstrated.
- It was identified at interview that once this is in place training will be made mandatory.

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

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

- It was identified at interview that hygiene audits and technical and managerial audits were used as an indicator of the effectiveness of hygiene services and training.
- No mechanism was demonstrated to be in place yet to link training to outcomes.

- It was identified at interview that there were plans to do so when resources are available.

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.

- No process was demonstrated to facilitate formal performance evaluation of in-house hygiene staff
- The hospital demonstrated that it had taken the opportunity to include a requirement for performance management into the new contracts for the meal delivery staff.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

CM 12.1 Rating: C (41-65% compliance with this criterion)

An occupational health service is available to all staff

- It was demonstrated that there is an Occupational Health Service available at the hospital.
- Evidence was demonstrated of a full range of services being provided
- No evidence was demonstrated of formal evaluation of the service.

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

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

- No evidence was demonstrated of any performance indicators in relation to monitoring staff satisfaction, occupational health and wellbeing.
- While there was evidence that a staff work life balance survey had been undertaken the results of this were not available on the day of the assessment.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

CM 13.1 Rating: C (41-65% 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.

- Evidence was demonstrated that the hospital was gathering hygiene related information from many sources e.g. audits, incident reporting, comments and complaints etc.

- It was identified at interview that the hospital had begun to introduce the STARSweb incident reporting system into the hospital.
- There was no evidence demonstrated of collation of all of this information in order to analyse and evaluate it.

CM 13.2 Rating: C (41-65% 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.

- Evidence was demonstrated that hygiene issues were considered at the Hygiene Services Committee. From here issues were passed to the management team.
- It was identified at interview that where necessary the General Manager reported on issues to the Network Manager but there was no process for recording this in minutes of meetings for verification.

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.

- Evidence was demonstrated that the hospital conducts hygiene audits, technical and managerial, and walkabouts.
- Comprehensive records of these were demonstrated.
- While there was evidence that actions occur following these there was no documented formalised process for the evaluation of this process.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: B (66-85% compliance with this criterion)

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

- Evidence was demonstrated that the hospital had a quality and risk department that was observed to be very active in the area of hygiene.
- Management was seen to support hygiene initiatives particularly in the area of managerial audits and walkabouts.
- There was evidence of many quality improvement plans brought to completion however further evaluation of the improvements was not yet built into their plans.

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 that feedback on hygiene related issues occurred to local areas.
- The evaluation process was advised to be at an early stage.

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.

- Evidence was demonstrated that the hospital had a template/process for the development of best practice policies, procedures and guidelines (PPGs)
- They had recently reviewed their hygiene related PPGs which now conform to that template.
- They have also reviewed their Safety Statements which were observed to be up to date.
- There was no evidence of evaluation demonstrated.

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.

- It was identified at interview that there was hygiene service input into the Priority Purchasing Group through common membership and all equipment was assessed from a hygiene/cleaning and infection control perspective prior to purchasing.

- New interventions are monitored through the audit process but there was no evidence demonstrated of formal piloting.

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 were many health promotional leaflets and posters observed including hygiene related ones.
- A hygiene leaflet was demonstrated at interview which had been recently developed by the hospital and was ready to disseminate.
- There is a visiting policy in place that was well advertised.
- It was identified at interview that the hospital had a good communication network with the local community via Environmental Health Officers, the local media and a public health liaison nurse.
- Plans for a patient forum were reported to be not yet completed.

INTEGRATING AND COORDINATING HYGIENE SERVICES

SD 3.1 Rating: B (66-85% compliance with this criterion)

The Hygiene Service is provided by a multi- disciplinary team in cooperation with providers from other teams, programmes and organisations.

- There was evidence that the Hygiene Services Committee and Hygiene Services Team were multidisciplinary.
- This was confirmed by viewing Terms of Reference, Membership and attendance at meetings.
- The organisational structure confirmed linkages through directorates with other teams, and in addition there was common membership of many teams/committees.
- No formal evaluation of the efficacy of the structure was evident.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- The clinical areas observed were generally clean with the exception of light dust noted on high surfaces. The interim Emergency Department was an exception in this regard having no evidence of dust present.
- Storage facilities particularly for clinical equipment presented a challenge given the age of the building with evidence demonstrated of clinical equipment being stored on corridors in the Stroke Unit.
- Sluice rooms viewed were cluttered.
- Curtain changing policies were reported to be different between wards varying between 3 months and 6 months for changing curtains.

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

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

- Storage facilities for cleaning equipment presented a challenge given the age of the building with clutter evident in areas visited.
- Staff were observed not to be wearing appropriate protective clothing in the ward areas visited

***Core Criterion**

SD 4.4 Rating: B (66-85% 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.

- There was no evidence of a ward safety food policy seen in the ward kitchens visited as recommended for HACCP compliance.
- Access was via keypad that was noted to be locked.

***Core Criterion**

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

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

- There was evidence of a policy in this regard but at operational level compliance was observed to be variable.
- In the Emergency Departments and Outpatient Departments it was not clear which bins were allocated for the collection of healthcare risk and non risk waste.
- Inconsistencies in tagging of filled bags were also noted.
- Bins in the holding fridge in the waste compound were not all locked.

***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.

- The hospital had a draft linen policy which was near completion/ sign off.
- There was an external linen contract organised regionally. Linen management at the central holding area and at ward level was of an adequate standard.

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

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

- Evidence was demonstrated that the hospital had recently appointed a risk advisor.
- There was a risk committee, an incident reporting process and evidence through minutes that risks are considered by the committee.
- No formal evaluation of the process was demonstrated.

SD 4.9 Rating: B (66-85% compliance with this criterion)

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

- There was evidence through the availability of posters, leaflets and comment cards that patients were encouraged to participate in improving Hygiene Services.
- It was identified through interview that a patient forum was planned but had not yet commenced.
- The visitor's policy was being monitored.
- Evidence was demonstrated that some changes in service (increase in cleaning hours in high use areas) had occurred as a result of patient participation.
- It was also identified that patients are encouraged to feedback to staff and management during hygiene walkabouts.

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 at ward level of documented rights regarding patient dignity and respect for example a visitor's policy is in place and a patient forum is at the planning stage.
- Breaches are monitored through the incident reporting and complaints processes and evidence was demonstrated that no such incidents had been reported in the last year.

SD 5.2 Rating: C (41-65% compliance with this criterion)

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

- It was demonstrated that a patient information booklet was available for patients on admission and the hospital had just completed a hygiene specific leaflet.
- Hygiene related health promotional leaflets were observed to be available in public areas and there was evidence of posters in public areas also.
- No formal evaluation was demonstrated of the usefulness of the information supplied.

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.

- It was identified at interview that the hospital adhered to the HSE "Your Service, Your Say" policy on comments and complaints.
- Evidence was demonstrated of complaints being considered and changes occurring as a consequence of issues raised.
- No formal evaluation process was observed.
- Linkages were noted between the hygiene services manager and the patient services manager.

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.

- Evidence was demonstrated that patient satisfaction surveys were conducted and information used to improve services.
- It was identified that visitors were encouraged to comment/contribute during Technical and Managerial Audits and walkabouts.
- It was identified at interview that a patient Forum was planned but had not yet commenced.

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.

- Evidence was demonstrated that the hospital had implemented a programme of Technical and Managerial Audits and evidence was demonstrated of actions as a consequence of these.
- It was advised that planned audits with other hospitals in the network had not yet commenced. It was also advised that when this happens benchmarking could be developed and evaluation by each hospital against the benchmarks could occur.

SD 6.3 Rating: C (41-65% compliance with this criterion)

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

- It was identified at interview that the process for developing an Annual report is underway and the hospital plans to produce one based on a new template for 2008.

Appendix A: Ratings Details

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

Criteria	2007	2008
CM 1.1	B	B
CM 1.2	C	B
CM 2.1	C	C
CM 3.1	C	C
CM 4.1	C	C
CM 4.2	C	C
CM 4.3	C	C
CM 4.4	C	A
CM 4.5	C	C
CM 5.1	C	C
CM 5.2	B	A
CM 6.1	B	B
CM 6.2	C	C
CM 7.1	D	C
CM 7.2	C	C
CM 8.1	D	B
CM 8.2	C	B
CM 9.1	C	C
CM 9.2	C	B
CM 9.3	C	B
CM 9.4	C	B
CM 10.1	B	B
CM 10.2	C	B
CM 10.3	C	B
CM 10.4	D	B
CM 10.5	B	B
CM 11.1	C	B
CM 11.2	C	C
CM 11.3	C	C
CM 11.4	C	C
CM 12.1	B	C
CM 12.2	C	C
CM 13.1	C	C
CM 13.2	C	C
CM 13.3	C	C
CM 14.1	B	B
CM 14.2	C	C
SD 1.1	C	B
SD 1.2	C	B

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