



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

St Luke's Hospital, Rathgar

Assessment Report

Date of assessment: 6th and 10th 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 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 assessments in advance of publication, for the purpose of factual accuracy.

- **All comments were considered** fully by the Authority prior to finalising each individual hospital.
- **Compilation and publication of the National Report** on the *National Hygiene Services Quality Review*.

1.4 Patient Satisfaction Survey

During each assessment the assessors asked a number of patients and visitors if they were willing to take part in a national survey. This was not a formal survey and the sample size in each hospital would be too small to infer any statistical significance to the findings in relation to a specific hospital. Results from the questionnaires were analysed and national themes have been included in the National Hygiene Services Quality Review 2008.

1.5 Scoring and Rating

Evidence was gathered in three ways:

1. **Documentation review** – review of documentation to establish whether the hospital complied with the requirements of each criterion
2. **Interviews** – with patients and staff members
3. **Observation** – to verify that the Standards and Criteria were being implemented in the areas observed.

To maximise the consistency and reliability of the assessment process the Authority put a series of quality assurance processes in place, these included:

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- Assessors worked in pairs at all times
- Six lead assessors covering all the hospitals
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

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

Table 1: Compliance Rating Score

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

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

2. Hospital findings

2.1 St. Luke's Hospital, Rathgar - Organisational Profile

St Luke's Hospital, Rathgar, is a modern, technologically advanced cancer centre specialising in radiation oncology. It provides radiotherapy and other specialist oncology services to a population of more than 4 million. With a complement of 179 beds, the hospital has four in-patient wards (110 beds), a day unit (20 beds) and a five-day unit, 49-bed Oakland Lodge, which is viewed as 'home from home' and is not considered a 'clinical' area.

Services provided

St Luke's is a specialist oncology tertiary referral centre specialising in radiation oncology. The hospital operates a twenty-four hour service 365 days a year, and has at its disposal the following radiotherapy equipment:

- 6 linear accelerators
- A cobalt unit
- Brachytherapy
- DXT/CXT
- Radioiodine

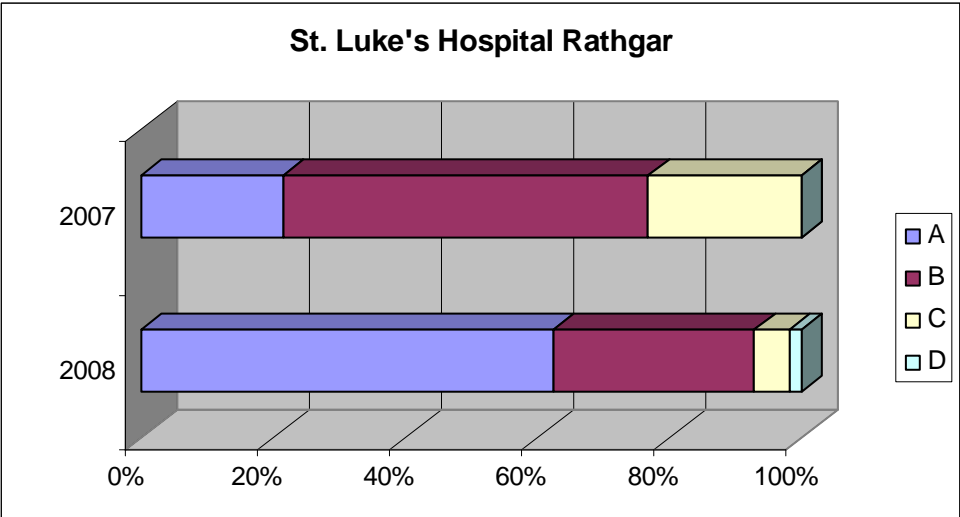
2.2 Areas Visited

Clinical areas visited during the assessment were:

- Outpatients department
- Day ward
- Ward B
- Ward C
- Laundry service
- Waste compound

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.

St Luke's Hospital Rathgar 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: A (>85% compliance with this criterion)

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

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

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: B (66-85% 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.

- There was evidence demonstrated through documentation that the organization links and works in partnership with various agencies, contract staff and patients including the Dublin Hospitals Risk Management Forum, the Patients' & Carers' Forum and external contractors.
- There was evidence demonstrated of a recent patient hygiene satisfaction survey.
- There was evidence demonstrated of a recent qualitative staff satisfaction survey, however this contained limited reference to hygiene.
- There was no documented evidence demonstrated of minutes of meetings reported to have occurred between the Health Service Executive and members of the management team.
- There was no evidence demonstrated of evaluation of the efficacy of linkages and partnerships.

CORPORATE PLANNING FOR HYGIENE SERVICES

CM 3.1 Rating: A (>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.

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

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- There was evidence demonstrated that the Governing Body has overall responsibility for the management and implementation of the Hygiene Service.
- There was evidence demonstrated that the Executive Management Team report to the Hospital Board and a number of the Executive Management Team are also members of the Hygiene Services Committee.
- There was no evidence demonstrated of an evaluation of the appropriateness of the review of authority provisions in the Hygiene Service areas.

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

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

- The organisation demonstrated evidence that it regularly receives useful, timely and accurate information through minutes of Hospital Board meetings where hygiene is a standing item on the agenda.
- There was evidence demonstrated that Healthcare Associated Infection rates and results of internal hygiene audits are routinely discussed at these meetings.
- There was evidence demonstrated that Hygiene Service performance indicators including internal and external hygiene audits and hygiene related complaints are discussed at the Hygiene Services Committee.
- There was no evidence demonstrated of an evaluation of the appropriateness of the information received.

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

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

- There was evidence demonstrated of a range of hygiene related policies, procedures and guidelines available in each clinical area and in the library.
- There was evidence demonstrated of completed safety/quality initiatives related to Hygiene Services in a folder of "Interventions Lists".
- There was evidence demonstrated of a range of hygiene related education sessions including hand hygiene training, waste management training and Infection Control.
- There was evidence demonstrated that Hygiene Services staff were informed of latest research and best practice through newsletters, Chief Executive Officer briefings and staff meetings.
- There was insufficient evidence demonstrated of an evaluation of the appropriateness of Hygiene Services related research and best practice information available.

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

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

- The organisation demonstrated evidence that all hygiene related policies, procedures and guidelines are based on a template that includes the implementation date, version, review date and authorisation.
- There was evidence demonstrated that draft policies are circulated to all members of the Hygiene Services Committee for approval and are authorised by the Chief Executive Officer.
- There was, however, evidence demonstrated of one hygiene related policy being amended for a reason that did not reflect evidence based best practice. The amended version did not accurately reflect the original policy and approval was not obtained through the organisation's stated process.

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

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

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

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

*Core Criterion

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

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

- There was evidence demonstrated of the reporting relationship of all members of the Hygiene Services.
- The Corporate Strategic Plan outlined the responsibilities of individual members of the Hygiene Services Committee and Hygiene Services Team.
- There was evidence demonstrated of job descriptions for the Executive Management Team outlining roles, authority, responsibility and accountability.
- There was evidence demonstrated that not all job descriptions for ward/department managers made reference to accountability for hygiene.

*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: A (>85% compliance with this criterion)

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

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

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 demonstrated that equipment purchases have been discussed at Hygiene Services Committee meetings.

- There was evidence demonstrated in the Hygiene Services annual report of a reported evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management, however evidence of the process used for the evaluation was not demonstrated.

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.

- There was evidence demonstrated of a Health & Safety Risk Committee, Radiotherapy Risk Management Committee, Corporate Risk Management Committee and a Clinical Risk Management Committee. All four Risk Management Committees report to a Steering Risk Committee.
- There was evidence demonstrated that incidents are reported to the relevant risk management committee for closure and sign-off, and there was evidence demonstrated of the identification and investigation of hygiene related incidents.
- There was no evidence demonstrated through documentation or interview that a full assessment of the risks to patients, associated with the contamination of the water supply with *Legionella* had been completed or that a documented process was in place to monitor and manage *Legionella* species levels within the water supply throughout the organisation.

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

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

- The organisation demonstrated evidence of a Risk Management Steering Committee and four Risk Management Committees, one for each of Health & Safety, Clinical, Corporate and Radiotherapy.
- There was evidence demonstrated that the Chairpersons of the Clinical, Corporate and Health & Safety Risk Management Committees are also members of the Hygiene Services Committee.
- There was evidence demonstrated of a representative from an external risk consultancy organisation sitting as a member on each of the four Risk Management Committees.
- There was evidence demonstrated that the Steering Risk Committee makes a presentation annually to the Hospital Board relating to its activities.

- There was insufficient evidence demonstrated that the risk management documentation process captured, assessed and managed the risks associated with the positive *Legionella* water sample.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

*Core Criterion

CM 8.1 **Rating: A (>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.

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

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 ENVIRONMENT, FACILITIES AND RESOURCES

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

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

- The organisation demonstrated evidence of Environmental Health Reports with resultant action plans and evidence of completion contained in the organisation's interventions list.
- There was evidence demonstrated of a Health & Safety Report completed in 2008.
- There was evidence demonstrated of a Building Works and Refurbishment Projects team and membership included the Infection Control Nurse and Consultant Microbiologist.
- There was evidence demonstrated of an Aspergillus Policy dated 2006.
- There was no evidence to demonstrate that the sink in the hairdressing salon had been decommissioned due to the high levels of *Legionella* species detected in a water sample.

- There was no evidence to demonstrate that the wash hand basin in the occupational health nurse's department had been decommissioned due to the high levels of *Legionella* species detected in a water sample.
- Therefore a significant risk to health and welfare existed.

***Core Criterion**

CM 9.2 Rating: A (>85% compliance with this criterion)

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

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

CM 9.3 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

CM 9.4 Rating: A (>85% compliance with this criterion)

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

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

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 Rating: B (66-85% compliance with this criterion)

The organisation has a comprehensive process for selecting and recruiting human resources for Hygiene Services in accordance with best practice, current legislation and governmental guidelines.

- There was evidence demonstrated of a Human Resource Strategy and a Recruitment and Selection Policy incorporating a reference to responsibility for Hygiene Services.
- There was evidence demonstrated of a number of Job Descriptions that included responsibility and accountability for hygiene.
- There was no evidence demonstrated of an evaluation of the process of selecting and recruiting human resources.

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

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

- There was evidence demonstrated of a Contract Cleaning Specification document utilised to determine the human resource needs for contract cleaning.
- There was evidence demonstrated of a request for Additional Cleaning Form and the appointment of a Household Team Leader and Cleaning Supervisor as a result of internal hygiene audit results and external hygiene reviews.
- There was no evidence demonstrated of an evaluation of the appropriateness of work capacity volume and review processes.

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: A (>85% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

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

***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: A (>85% compliance with this criterion)

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

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

CM 11.2 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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

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

- The organisation demonstrated evidence of performance indicators used to evaluate the effectiveness of training include sharps related incidents.
- There was evidence demonstrated of evaluation of staff satisfaction rates with education and training.
- There was no evidence demonstrated of evaluation of attendance levels at education and training sessions.

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

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

- There was evidence demonstrated of performance appraisal by the contract cleaning company of its cleaning staff.
- There was evidence demonstrated of performance appraisal of staff within the organisation from the level of Clinical Nurse Manager 1 and above, but there was no evidence demonstrated that other clinical and non clinical staff are included in the performance appraisal process.
- There was no evidence demonstrated of the appropriateness of performance evaluation processes.

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: A (>85% compliance with this criterion)

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

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

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 processes used to collect and provide access to data and information including, internal hygiene audits, an external hygiene audit, Environmental Health Officer reports, Health & Safety reports, Dangerous Goods Safety Advisor audits and Infection Control reports.
- There was evidence demonstrated of these reports being discussed in the minutes of meetings of the Hygiene Service Committee, Hygiene Service Team and Risk Management committee.
- There was evidence demonstrated of hygiene issues being discussed at quarterly briefings for all staff conducted by the Chief Executive Officer and of a communication strategy which was updated in 2008.
- There was no evidence demonstrated of an evaluation of data reliability, accuracy, validity and appropriateness.

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

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

- There was evidence demonstrated of reports generated by the organisation including a Hygiene Services annual report, Environmental Health Officer report, Dangerous Goods Safety Advisor report, Health & Safety report, internal and external hygiene audits and a Decontamination report. Infection surveillance results are compiled monthly and reported to the Hospital Board every two months, and internal hygiene audit results are available to relevant departments immediately following completion.
- There was evidence demonstrated of evaluation of data presentation methods resulting in amendments to aid interpretation.
- There was evidence demonstrated of evaluation of user satisfaction in relation to the reporting of data and information.

CM 13.3 Rating: A (>85% compliance with this criterion)

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

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

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: A (>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.

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

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.

- There was evidence demonstrated of a documented process for the establishment of policies, procedures and guidelines that incorporated a review by the Hygiene Services Committee and final approval by the Chief Executive Officer.
- There was evidence demonstrated of a policy to allocate protected time for supervisory staff to consult documentation.
- There was no evidence demonstrated of an evaluation of the efficacy of the processes used to develop best practice guidelines by the Hygiene Services Team.

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 demonstrated of a Hygiene Interventions Policy, however there was no evidence demonstrated of a specific process for evaluating new Hygiene Service interventions.
- There was evidence demonstrated of new Hygiene Service interventions such as the introduction of a new alcohol hand gel and there was also evidence that it was evaluated.
- There was no evidence demonstrated of an evaluation of the efficacy of the assessment process for new/changed Hygiene Service 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: 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 demonstrated that the Hygiene Service is provided by a multidisciplinary team and that linkages between teams was maintained through common membership.
- There was no evidence demonstrated of an evaluation of the efficacy of the multidisciplinary team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

The team works with the Governing Body and/or its Executive Management team to manage hand hygiene effectively and in accordance with 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: B (66-85% compliance with this criterion)

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

- The organisation demonstrated documented policies, procedures and guidelines for Hygiene Services including for the management of infection outbreak.
- A log book was presented that included a record of Hygiene Services response to non-routine situations.
- An incident reporting system was demonstrated with evidence of hygiene related incidents reported and actioned. However, the system was not fully implemented at all times.

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: A (>85% compliance with this criterion)

Professional and organisational guidelines regarding the rights of patients/clients and families are respected by the team.

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

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

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

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

SD 5.3 Rating: A (>85% compliance with this criterion)

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

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

ASSESSING AND IMPROVING PERFORMANCE

SD 6.1 Rating: A (>85% compliance with this criterion)

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

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

SD 6.2 Rating: A (>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.

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

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

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

- There was evidence demonstrated of a documented process for the compilation of a Hygiene Services Annual Report and evidence of the first Annual report for the year 2007.
- There was evidence demonstrated of communication of the Report and availability to stakeholders within the organisation.
- There was no evidence demonstrated of an evaluation of the appropriateness of the Hygiene Services Annual Report.

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

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