



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

St Michael's Hospital, Dun Laoghaire

Assessment Report

Date of assessment: 11th October

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 assessment, 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.
- **Compilation and publication of the National Report** on the *National Hygiene Services Quality Review*.

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

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

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

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

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

Table 1: Compliance Rating Score

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

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

2 Hospital findings

2.1 St Michael's Hospital, Dun Laoghaire – Organisational Profile¹

St Michael's Hospital, Dun Laoghaire, is an acute hospital opened in 1876. The hospital has 122 beds including 13 day-beds. The catchment area for St Michael's Hospital as part of St Vincent's Healthcare Group Ltd is South Dublin and Wicklow. Services provided include urology, plastic surgery, vascular surgery, cardiology and palliative care.

2.2 Areas Visited

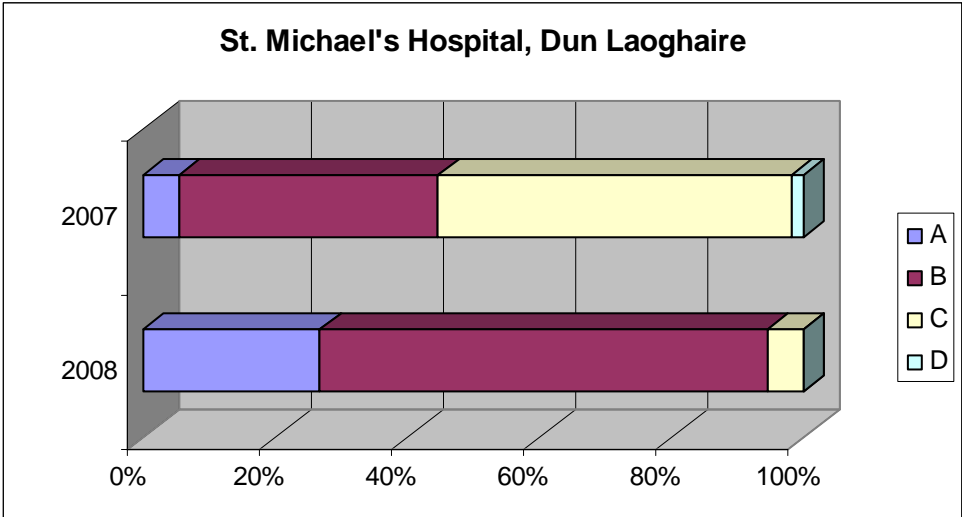
The Assessment Team visited:

- Emergency department
- The outpatients department
- Respiratory unit
- Female Surgical Ward
- Laundry services
- Waste compound.

¹ The organisational profile was provided by the hospital

2.3 Overall Rating

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



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

St Michael's Hospital, Dun Laoghaire 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: A (>85% compliance with this criterion)

The organisation links and works in partnership with the Health Service Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.

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

CORPORATE PLANNING FOR HYGIENE SERVICES

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

The organisation has a clear corporate strategic planning process for Hygiene Services that contributes to improving the outcomes of the organisation.

- Evidence was provided demonstrating that the Hygiene Strategic Plan 2007-2010 was adopted for the St Vincent's University Hospital Group of which St Michael's Hospital was a member.
- The plan detailed the Group's goals, objectives and priorities, and evidence was provided demonstrating that St Michael's Hygiene Services Team was involved in its development.
- The organisation demonstrated that the plan was communicated via "At the Mike" e-mails which was produced quarterly.
- There was no evidence of evaluation of the Hygiene Corporate Strategic plans, goals, objectives and priorities against defined needs demonstrated.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

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

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

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

- The organisation demonstrated that Hygiene Services regularly featured on the agenda of various committees, including the Hospital Management Team.
- Key Performance Indicators were demonstrated that had been developed for the St Vincent's University Hospital Group, and evidence was provided of e-mails to all staff members with updates of progress on these performance indicators.
- The organisation demonstrated that the results of hygiene audits were reported back to the Hospital Management Team and action plans were developed.
- However, no evaluation had been conducted in relation to the appropriateness of information received.

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

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

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

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

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

- The organisation demonstrated a policy flow chart and a standardised policy, procedure and guidelines (PPG) template which detailed the step by step development of policy, procedure and guidelines including literature review and referencing.
- A proposal form was also demonstrated which was required to be sent to the Policy Committee when a policy, procedure and guidelines required amendment or review.
- While policy, procedure and guidelines were in place and available to staff, there was no evidence of evaluation of the process for developing them.

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.

- The organisation demonstrated an organisational chart for hygiene services, however, the cleaning contractors were not demonstrated on the chart.
- The cleaning contractor's contract detailed the reporting relationship with the Infection Control Nurse.

- There was no documented evidence demonstrated of roles, authority, responsibility and accountability of the General Manager or Ward Manager in relation to hygiene services.

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

- There was evidence of multidisciplinary membership of the Hygiene Services Committee and monthly meetings demonstrated, however, the terms of reference were not clearly defined.
- Each member's department was demonstrated to feature on the agenda.

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

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

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

- The organisation demonstrated that environmental and infection control audits influenced the allocation of resources.
- While the organisation had a Hygiene Strategic and Service Plan it was reported that there was no devolved budget so a hygiene budget was not included in the Service Plan.
- The Financial Controller demonstrated resources spent on cleaning, which had been included in the 2007 Hygiene Annual Report, and a capital budget for hygiene. However, no evidence was presented to demonstrate that it was a formalised process.

CM 6.2 Rating: A (>85% compliance with this criterion)

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

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

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

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

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

- A risk management policy, incident policy, complaints policy and procedure for notifying the Claims Coordinator of all incidents, adverse incidents and near-misses were demonstrated by the organisation.
- Evidence of risk being reported to the Hospital Management Team was also demonstrated.
- A Risk and Health and Safety Plan for 2008 was demonstrated.
- Evidence was provided demonstrating an organisational safety statement in place and departmental monthly checklists. Evidence of an Aspergillus's risk assessment was also demonstrated which was completed by the Infection Control Team.
- No major hygiene related adverse events were reported and follow-up on the Environmental Health Officer and Health and Safety Authority reports were demonstrated.
- Evidence was provided of environmental audits and action plans were demonstrated.

CM 7.2 Rating: B (66-85% compliance with this criterion)

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

- Evidence was provided of an Insurance, Risk and Health and Safety Manager.
- A Risk Management Committee was demonstrated to meet quarterly and there was shared membership demonstrated between the Hygiene Corporate Team and the Risk Management Committee.
- Risk reports were demonstrated with action plans and responsible persons.
- The organisation did not demonstrate any evidence of analysis or trending of risk.

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: 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.

- There was evidence demonstrated that the organisation had identified areas for improvement, within the current physical environment, within its service plan.
- Evidence was provided demonstrating that the lack of isolation facilities had been identified in a risk assessment. It was reported that private rooms were utilised if isolation facilities were required.
- The organisation demonstrated the completion of the sink replacement programme in clinical areas.
- An internal disaster and contingency plan was demonstrated that was completed in April 2007.
- High ceilings and lack of storage continued to present challenges with a number of areas observed to be cluttered and cobwebs observed hanging from high ceilings.

***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 a linen management, waste management, and equipment policies within the infection control folder and a hazard analysis and critical control point (HACCP) plan.
- The sharps policy was demonstrated, however, it was in draft.

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.

- Evidence of a comprehensive internal audit process that was co-ordinated by the Infection Control Team was demonstrated.
- Patient satisfaction surveys, comment cards and complaints were also demonstrated.
- The organisation demonstrated that the cleaning contractor was included in the audit process.
- The organisation also demonstrated that a janitors service had recently been introduced in response to audit findings and complaints, however, it had not been evaluated.

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.

- A Selection and Recruitment policy was demonstrated.

- Job descriptions were provided for a number of Hygiene Services support staff which detailed required qualifications.
- Evidence was provided to demonstrate that the required training needs of contract staff were included in the terms and conditions of the cleaning contract.
- Evaluation of the selection and recruitment process was not demonstrated to the assessors.

CM 10.2 Rating: A (>85% compliance with this criterion)

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

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

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 organisation demonstrated that the human resources recruitment process ensured that hygiene services staff members had the appropriate qualifications. Job descriptions were demonstrated to detail required qualifications.
- The organisation also demonstrated that training needs had been identified in the new cleaning contract terms and conditions which was scheduled to commence in a few weeks following the assessment.
- Evidence was provided to demonstrate that members of the cleaning contractors had British Institute of Cleaning Standards training.
- Evidence was also provided demonstrating a comprehensive training programme was provided by the Infection Control Department which included hand hygiene, personal protective equipment, waste management, linen, sharps and needle stick management, healthcare associated infection.

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

There is evidence that the contractors manage contract staff effectively.

- The organisation demonstrated that the cleaning contract detailed the reporting process, orientation and training and occupational needs of contract staff.
- Evidence was provided demonstrating that the cleaning contract supervisor reported directly to the Infection Control Nurse Specialist.
- Evidence was also provided demonstrating that the cleaning contractors were involved in regular hygiene audits in conjunction with the Infection Control

Team with action plans and responsibilities. These audits had identified that further supervision was required.

- The organisation also demonstrated a new cleaning contract which included increased supervision of contract staff and staff appraisal.

***Core Criterion**

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

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

- The organisation demonstrated that it had completed a full review of the required contract cleaning service and a new contract had been awarded.
- This contract was demonstrated to detail operational needs and was scheduled to commence within a few weeks of the assessment.
- A St Vincent's Healthcare Group Corporate and Service Plan was demonstrated and a 2007 Hygiene Services Annual Report for St Michaels Hospital.

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.

- An orientation and induction programme was demonstrated, however, turnover at the hospital was demonstrated to be low.
- This programme was demonstrated to include presentations from the Infection Control Team, including hand hygiene, waste and laundry segregation, sharps and Healthcare Associated Infections (HCAIs).
- Evidence was provided to demonstrate that a staff handbook was given to all new staff members.
- Attendance levels were reported to be maintained by the Human Resources Department, however, this was not demonstrated.

CM 11.2 Rating: B (66-85% compliance with this criterion)

Ongoing education, training and continuous professional development is implemented by the organisation for the Hygiene Services team in accordance with its Human Resource plan.

- The organisation demonstrated that the Infection Control Team had a full schedule of ongoing education and training for staff members and contract staff.

- A mandatory annual schedule of training, which was agreed by the Hospital Management Team, was demonstrated and included hygiene related training.
- The organisation demonstrated that a clinical facilitator had been appointed to coordinate ongoing education with records of attendance maintained by departmental managers. These were not viewed by the assessors as departmental managers were not on duty on the wards visited (Saturday).
- Evidence was provided of a library facility and it was demonstrated that staff members had access to the Internet and intranet.
- As well as formal presentations, DVDs were also demonstrated to be utilised for training purposes.
- Evaluation records were demonstrated, however no recommendations or action plans were demonstrated.

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

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

- Internal and external audits of hand hygiene, waste management and environmental audits were demonstrated.
- Evidence was provided to demonstrate that all staff complete an evaluation form at the end of training sessions, however, no action plans or changes to programmes were demonstrated.
- The organisation did not demonstrate any performance indicators for education and training.
- The organisation did not demonstrate evaluation of attendance levels.

CM 11.4 Rating: B (66-85% compliance with this criterion)

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

- Performance evaluations were demonstrated to take place through walkabouts, audits, checklists and absenteeism records which were maintained and reported on.
- Probationary periods and disciplinary processes were demonstrated.
- Professional development planning was demonstrated to be in its infancy.
- The organisation demonstrated that contract staff appraisal was included in the new cleaning contract.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

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

CM 12.2 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated that they monitored absenteeism and turnover rates.
- No staff satisfaction surveys were demonstrated.
- An external audit of the Occupational Health Services was demonstrated to have taken place in May 2008, however, the organisation did not demonstrate an action plan from the recommendations of this report.

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.

- The organisation demonstrated that it collected a range of hygiene related information through a range of mediums including audits, surveys, complaints, incident reporting, walkabouts and infection rates.
- This information was demonstrated to be presented at St Vincent's University Hospital Group meetings, board meetings, Infection Control and Hygiene Committee meetings.
- Findings were also demonstrated to be communicated via the organisation's newsletter.
- There was no evaluation demonstrated of the reliability, validity or accuracy of the information.

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.

- Evidence provided to demonstrate compliance included audit findings, incidents and complaints that are reported in a timely manner to the relevant department manager and Hospital Management Team. They were also demonstrated to be discussed as a standing agenda item at the Hygiene Services Corporate and Service Delivery teams.
- The organisation also demonstrated a healthcare acquired infection progress report and antibiotic consumption report that had been discussed locally, at the Infection Control Committee and by the Local Implementation Team.
- There was no evidence of user satisfaction with the reported information and data provided.

CM 13.3 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated that data was collected from many sources and reported to the Hospital Management Team, St Vincent's University Hospital Group and local committees including the Hygiene Services Committee and team.
- Action plans were demonstrated following audits.
- Evidence was provided to demonstrate that patient satisfaction surveys and comment cards had been augmented to improve output.
- No evaluation was demonstrated of the appropriateness of data and information utilisation.

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.

- The organisation demonstrated that the Hospital Management Team and Group Chief Executive Officer were actively involved in quality initiatives and foster a quality culture.
- The organisation demonstrated that it had reviewed the membership of their Hygiene Corporate and Service Delivery teams.
- Evidence was provided of management's involvement in audits and walkabouts and regularly reviewing the hygiene related Key Performance Indicators.

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

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

- The organisation demonstrated it had evaluated the efficacy of its Hygiene Services through the 2008 self assessment and quality improvement plan.
- Evidence of a hospital newsletter which conveyed hygiene related information to staff members was demonstrated.
- Evidence was also provided to demonstrate that the Group CEO had met with staff twice since the 2007 National Hygiene Service Quality Review to discuss progress.

- The organisation demonstrated that management had also written to the community following the 2007 National Hygiene Services Quality Review findings and the letter was published in local newspapers.
- Evidence of audit findings and other hygiene related key performance indicators were demonstrated to be constantly reviewed and reported at Board meetings by the Hospital Manager.
- No evidence of benchmarking or evaluation of improved outcomes in service delivery was demonstrated.

2.5 Standards for Service Delivery

The following are the ratings for the organisation's compliance against the Service Delivery standards, as validated by the Assessment Team. The service delivery standards allow an organisation to assess and evaluate its activities in relation to hygiene services at a team level. The service delivery standards relate directly to operational day-to-day work and responsibility for these standards lies primarily with the Hygiene Services Team in conjunction with ward/departmental managers and the Hygiene Services Committee.

EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

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

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

- The organisation demonstrated that there was a policy in place for the development of policies, procedures and guidelines and evidence was demonstrated that this process was being utilised in all departments.
- Colour coding was demonstrated to be in place for linen, waste and sharps.
- No evaluation of the efficacy of processes used to develop best practice policies, procedures and guidelines was 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.

- The organisation demonstrated that they utilised a "New Product Investigation" form to assess new products and interventions.
- The organisation provided evidence of a trial of a new alcohol rub which was being undertaken.
- The organisation did not demonstrate any evaluation of the efficacy of the assessment process.

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: B (66-85% 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 that it utilised a range of information leaflets, newsletters, signs and comment cards.
- Visiting times were demonstrated to have been revised in line with the national policy.
- The Infection Control Team demonstrated that it presented at local public meetings on hygiene related information.
- Evidence of staff members meeting regularly with local GPs and public health nurses was also demonstrated.
- No evaluation of the efficacy of the linkages and partnerships was demonstrated.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- The organisation demonstrated that appropriate linkages exist between various teams and committees.
- There was evidence demonstrated that the Services Delivery Team is multidisciplinary and meets regularly, however, the terms of reference or team awareness of roles and responsibilities were not clearly defined.

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.

- All clinical areas visited were generally clean, however, there was poor ventilation in the bathrooms.
- A number of radiators were damaged or rusty and tiles were missing off walls and ceilings in bathrooms of two of the clinical areas visited.

- It was reported that there was no cleaning service after 10pm at night.
- Checklists were in use and bathrooms were documented to be checked three times per day, however, records demonstrated that this was not consistently applied, for example, a number of checklists had not been completed since lunchtime the previous day.
- Cobwebs were observed on a number of high ceilings.
- Supervision of contract cleaners was demonstrated to be addressed through the new cleaning contract.

***Core Criterion**

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

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

- In general equipment observed was clean, however, not all cleaning schedules demonstrated were completed.
- There was evidence of fans in a number of clinical areas some of which were dusty.
- A draft cleaning procedure was demonstrated for cleaning of this equipment.
- Equipment was observed to be stored on open corridors due to lack of storage areas

***Core Criterion**

SD 4.3 Rating: C (41-65% compliance with this criterion)

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

- The majority of cleaning equipment observed was clean.
- A colour coding system was in place
- Personal protective equipment was observed.
- There was a general lack of storage space for cleaning equipment and the areas observed were suboptimal with no water supplies or hand-wash facilities.
- The cleaning products were observed in unlocked areas.

***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: B (66-85% 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 a guideline for the disposal of healthcare waste. There was also a standard operating procedure on waste disposal for porters and the pharmacy.
- Waste was demonstrated to be collected three times per day from each department in an open trolley and placed in the appropriate bins in the waste compound. This involved double handling of clinical waste.
- There was good signage re segregation of waste available throughout the organisation.
- A recycling initiative was also demonstrated to be in place.
- C1 forms and destruction records were demonstrated.

***Core Criterion**

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

The team ensures the organisation's 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.

- There was evidence that complaints and risks were managed at ward level in line with hospital policy.
- No major adverse events were reported to have occurred in the last two years.
- Staff interviewed at ward level were not aware of feedback regarding incidents and complaints.
- Hygiene related complaints had been received and the organisation demonstrated that they had been dealt with as per hospital policy with successful closure.

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 that patients were actively involved in the organisation's hygiene process with satisfaction surveys, comment cards and an agreement from a patient to join the Hygiene Services Team.
- The patients interviewed were very positive about standards of hygiene within the hospital.
- A large number of information leaflets relating to hygiene were displayed throughout the organisation.
- A visiting policy was demonstrated and reported to be adhered to by the public.
- A number of communications regarding hygiene was demonstrated through local newspapers.

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.

- Evidence of a draft procedure for maintaining dignity was demonstrated.
- The organisation demonstrated that all staff members sign a confidentiality agreement when they join the organisation.

- Patient dignity was demonstrated to be included in the induction programme for all new staff members.
- The organisation also demonstrated an organisational Mission Statement and departmental statements respecting the rights of patients.
- There was no evidence of breaches of confidentiality demonstrated.
- There was insufficient evidence of evaluation demonstrated.

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

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

- The organisation demonstrated a patient information leaflet specifically relating to hygiene.
- A number of comment cards, hygiene related information leaflets and posters were demonstrated.
- All patients interviewed were satisfied with the information provided.
- Evidence demonstrating that a patient had agreed to join the Hygiene Services Team was provided.
- There was no evidence of evaluation of patient and visitor satisfaction with the information received demonstrated.

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

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

- The organisation demonstrated a complaints policy.
- Evidence was provided to demonstrate that the Quality Manager, who received all complaints, was a member of the Corporate Hygiene Services Team.
- Staff members interviewed were aware of the complaints process.
- The organisation demonstrated that complaints were reported to the Hospital Management Team.
- There was no evidence of evaluation of hygiene related complaints demonstrated.

ASSESSING AND IMPROVING PERFORMANCE

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

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

- The organisation demonstrated a letter from a service user agreeing to join the Hygiene Services Team.

- Evidence was provided to demonstrate that hygiene related information was gathered from patients and visitors through comment cards which were observed throughout the organisation.
- The organisation demonstrated that no major issues had been identified for action.
- There was no evidence provided that demonstrated evaluation of the extent to which patients, families and organisations were involved by the Team when evaluating Hygiene Services.

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

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

- The organisation demonstrated that key performance indicators were regularly reviewed by St Vincent's University Group Board members.
- Internal audits were also demonstrated to be used to monitor the quality of the organisation's hygiene services.
- Evidence was provided to demonstrate that the Group CEO had undertaken walkabouts with direct feedback to the manager of each department.
- The organisation demonstrated a 2007 Hygiene Services Annual Report.
- There was no evaluation demonstrated of the extent to which hygiene services quality initiatives were being undertaken as result of evaluation and benchmarking.

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

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

- The organisation demonstrated that it produced an Annual Report for Hygiene Services in 2007 which included findings from the 2007 patient satisfaction survey.
- No evidence of evaluation of the appropriateness of the Annual Report was demonstrated.

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

Criteria	2007	2008
SD 4.5	B	B
SD 4.6	A	A
SD 4.7	A	A
SD 4.8	B	B
SD 4.9	C	B
SD 5.1	B	B
SD 5.2	C	B
SD 5.3	B	B
SD 6.1	C	B
SD 6.2	C	B
SD 6.3	C	B