Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Waterford Regional Hospital

Assessment Report

Assessment date: 11th 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 assessment in advance of publication, for the purpose of factual accuracy.

- **All comments were considered** fully by the Authority prior to finalising each individual hospital report.

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

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

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

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

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- 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 Waterford Regional Hospital - Organisational Profile[1]

Waterford Regional Hospital (WRH) is an acute hospital providing services to the population of Waterford City and County, and the HSE South-East Region. There are 474 inpatient beds and 71 day places (including 16 dialysis stations) in WRH.

WRH is also a teaching hospital affiliated to Royal College of Surgeons in Ireland (RCSI). It also provides pre-registration and post-registration training for nurses in partnership with Waterford Institute of Technology (WIT). Waterford Regional Hospital also provides clinical placement for student midwifes in collaboration with the University of Limerick and the Regional Maternity Hospital in Limerick. Training is also supported for a range of other groups e.g. cardiac technicians, pharmacists and healthcare attendant personnel.

Outpatient services are provided within WRH and at other locations within the HSE South-East, in respect of regional specialties.

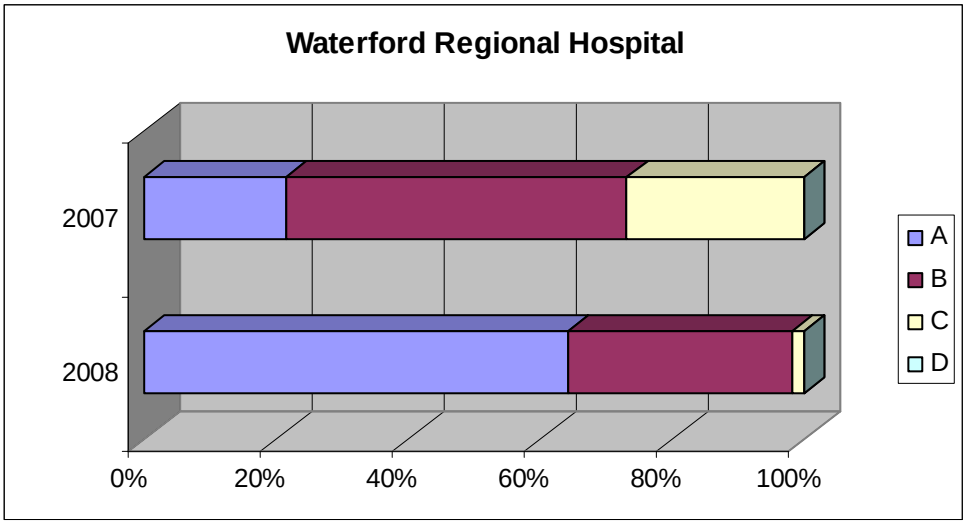
2.2 Areas Visited

- Outpatients department.
- Emergency department
- Medical Ward 1
- Surgical Ward 2
- Childrens' Ward
- Maternity
- Waste compound
- Laundry services

[1] The organisational profile was provided by the hospital.

2.3 Overall Rating

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



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

Waterford Regional Hospital has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

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

- The organisation advised that: a Regional Hospital Network Quality Steering Group (set up 2004) had representation of five Waterford Regional Hospital staff, and the education subgroup was working on best practice and leadership development, which included hygiene.
- Terms of reference were demonstrated for the Regional Hospital Network Quality Steering Group, and sub-group with Waterford Institute of Technology to address educational needs identified.
- Evidence was demonstrated of the organisation linking and working in partnership with patients.

- A Patient Partnership Forum was in place with evidence of hygiene in the minutes.
- The organisation advised that representatives of the Patient Forum were involved in the hygiene audits, and assisted with reviewing the Patient Information Booklet that included hygiene.
- There was a patient representative on the Regional Hospitals Committee — Southeast.
- It was demonstrated that there had been a recent patient survey carried out. As a result the complaints management process was an identified action.
- A comprehensive action plan was demonstrated as a follow-up to the ongoing issues identified by the organisation and also where actions had been completed.
- The hospital demonstrated that a Staff Satisfaction Survey had been completed and indicated issues with collection of obsolete items. As a result of this there were individual floor collections on designated days which had been evaluated.
- There was no formal evaluation demonstrated 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: 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.

- Documented evidence presented demonstrated mechanisms for receiving and acting on information on the performance of hygiene services through the terms of reference of its committees, minutes of meetings and policies and procedures.
- Key performance indicators were demonstrated for waste volume monitoring, hygiene audit and infection control reports, training and attendance records, incident and complaints reports.
- It was identified that best practice information came through the General Manager's office. The organisation advised that draft policies were reviewed against evidence-based practice information and policies were submitted and re-reviewed at regional meetings before release.
- Evidence was demonstrated of the seeking of clarification on decontamination framework from the Health Service Executive

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.

- The organisation advised that: Internet, intranet and library were in place, and that all staff had access, there was a research governance team with service-user representative, and there was a Nurse Practice Development Unit in place.
- Evidence was demonstrated of decontamination steering group feedback on its action plans for areas where follow-up was needed.
- Evidence of support and promotion of best practice was demonstrated through the content of hygiene training in induction for all staff (including contract and medical staff) which included on the topics of occupational health, infection control, waste, sharps, clinical risk management and hygiene related issues.
- An evaluation process by staff attending was demonstrated for induction training.
- There was also evidence of ongoing hygiene education. Each education session had sign on by staff attending and training code for entry into the central database. It was advised that the training officer sent a list to Heads of Departments each quarter identifying who attended what training during the period and this was evidenced in the clinical areas visited.
- The student nurse forum minutes demonstrated hygiene inclusion.
- The inhouse newsletter demonstrated inclusion of hygiene information.
- Evaluation of the appropriateness of hygiene services related research and best practice information was not demonstrated

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

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

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

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: A (>85% compliance with this criterion)

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

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

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

CM 6.1 Rating: 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: 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: A (>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.

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

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

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

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

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**

CM 8.1 Rating: 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 ENVIORNMENT, FACILITIES AND RESOURCES

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

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

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

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

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

- Standard Operating procedures were demonstrated for the delivery of hygiene services and the management of waste.
- Cleaning policies and procedures were included in the cleaning contract.
- Infection control policies and procedures were demonstrated. Decontamination of equipment was included in infection control policy and

procedure manual. Waste and sharps guidelines were demonstrated as the evidence base for the Waste Management Plan.

- It was demonstrated that the national manual was used for linen management and the Laundry Manager was a member of the national committee
- It was advised that composting was in place for all food waste.
- There was evidence that catering cleaning methods were clearly documented and comprehensive.
- There was evidence that the organisational policy did not require the wearing of personal protective clothing in ward kitchens as a result of an adverse incident where a staff member's plastic apron was drawn in to the food heating cabinet.

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.

- Evaluation methods were demonstrated and included patient satisfaction survey results, Environmental Health Officer reports, hygiene analysis and critical control point for catering with analysis of risk, mitigation and follow-up.
- There was evidence of new linen having been purchased.
- It was advised that the laundry was upgraded and policies and procedures developed accordingly.
- The organisation advised the assessors that a cost-benefit analysis of the laundry service had been conducted and a report submitted to the Health Service Executive.
- It was advised that upgrading had been completed for three ward kitchens. However, the majority of ward kitchens were still to be upgraded.

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

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

- Evidence was demonstrated that comment cards and letters of commendation as well as complaints were analysed and feedback given to line managers, Hygiene Services Team and Committee and the Executive Management Team.
- There was a patient forum, and it was advised that there was patient representation on hygiene audits, Hygiene Services Team and Hygiene Services Committee.

- While it was advised that "Your Service Your Say" leaflets were available on all wards these were not observed in many areas.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 Rating: A (>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.

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

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

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

- There was evidence demonstrated that training in hand hygiene, sharps and waste were mandatory. Evidence of local records were presented for mandatory training.
- The organisation advised that all staff had access to Infection Control training, healthcare assistants do the Further Education and Training Awards Council level 5 course, and all security staff do the Further Education and Training Awards Council level 4 course.
- The organisation advised that access to the database was available to all line managers.
- Education and training attendances are recorded and fed into a central database. Records demonstrated that security staff had not had Hand Hygiene training for two years and that the most recent training on sharps management was held in 2007.

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

There is evidence that the contractors manage contract staff effectively.

- The organistion advised that the contract process and reporting processes for the management of contract staff had been reviewed. A copy of the evaluation and the new contract were demonstrated.
- There were checklists in place for some work done, however, the records did not always match the schedules.
- There was a designated person in place for the flushing of water outlets and a checklist for this was in place. The last audit of a check in one area where the unit did not appear to be flushed was September 2008.
- Records demonstrated infection control training in hand hygiene being available for all staff.

***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: 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.

- Evidence of education, training and professional development was demonstrated.

- Evidence was demonstrated of the review of training for risk management health and safety.
- It was identified that 41 of the 75 healthcare assistants had completed Further Education and Training Accreditation Council level 5 course.
- It was advised that staff can access all relevant training during rostered working time.
- Hazard analysis and critical control point (HACCP) training had its own Hazard Manager who did extensive hazard training. All catering staff had completed this training — viewed records — January 2007.
- Decontamination basic training need had been identified. Three DVDs were available through the Infection Control Team.
- Training attendances were reviewed and blitz training for mandatory training days implemented to ensure all staff were appropriately trained for hand hygiene. However, records demonstrated that security staff had not had hand hygiene training for two years and that the most recent training on sharps management was held in 2007.
- It was identified that key performance indicators were utilised to evaluate the effectiveness of education and training.
- Evaluation of the relevance of training to each staff member was not demonstrated.

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 advised the assessors that audits reports and user satisfaction surveys were presently used as indicators of appropriate hygiene training.
- There was evidence of monthly waste trends of tonnage. There was clear evidence from the results of this key performance indicator that segregation training was effective. Since 2005 average monthly tonnage has only gone up one ton per month. There was evidence of this measurement in graph format.
- The organisation advised that the average monthly score of every cleaning audit was tracked and trends were expressed in % increase or decrease of previous month. Evidence was demonstrated of cleaning audit tracking.
- Evidence was demonstrated that sharps incidents were reduced.
- Evaluation (29.10.08) of Security Satisfaction, which included training, was reviewed.
- Evidence was demonstrated of staff satisfaction survey results.
- Evidence was not demonstrated of staff satisfaction rates with education and training sessions provided.

- Evaluation of attendance levels at education and training sessions was demonstrated except for contract staff.

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.

- There was evidence demonstrated of performance evaluation for hygiene services staff. The evaluation was based on key performance indicators.
- Audits results were reviewed, and evidence was presented of trending audit results against each other month on month.
- The organisation advised that contract cleaning staff attendance records are reviewed to identify average monthly hours against total hours contracted. The information was presented in graph format.
- A penalty clause was demonstrated, based on audit reports. Evidence of implementation was demonstrated. This was a financial penalty for the contractor.
- A performance appraisal dated 22.06.08 demonstrated a probation period extension as a result of the performance evaluation.
- No evidence was demonstrated of evaluation 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 wellbeing 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: A (>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 compliance of greater than 85% with the requirements of this criterion.

CM 13.2 Rating: A (>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.

- The Hygiene Services Team produces weekly reports from their meetings.

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.

- Evidence was demonstrated of data being collected and reported.
- It was advised that the nursing governance structure had been modified to better manage clinical governance, hygiene and communication.
- Evidence was demonstrated of analysis of complaints to enhance performance. Trends and specific issues on a ward-by-ward basis were being identified with evidence demonstrated in minutes of meetings.
- Risk management meeting minutes demonstrated hygiene audit results were discussed.
- Evidence of evaluation of the appropriateness of the data and information utilization in relation to service provision and improvement was not demonstrated.

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.

- Evidence was demonstrated that best practice guidelines were established, adopted, maintained and evaluated by the team.
- The organisation advised that protected time was allocated to supervisory staff to consult documentation and that staff were able to attend training on rostered work time.

- Evaluation was by way of internal audit schedule that was demonstrated to be actively implemented.
- There was no personal protective clothing policy in the ward kitchens for ward staff who prepared beverages and cleaned the kitchens.
- It was demonstrated that the *Legionella* policy was updated in 2007. A dedicated person was in place for daily flushing and a tracking tool was in place. There was evidence that flushing of outlets was not fully compliant.

SD 1.2 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: A (>85% compliance with this criterion)

The team in association with the organisation and other services providers participates in and supports health promotion activities that educate the community regarding Hygiene.

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

INTEGRATING AND COORDINATING HYGIENE SERVICES

SD 3.1 Rating: A (>85% compliance with this criterion)

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

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

***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.

- Generally the areas visited were tidy and free from clutter.
- There was evidence of light dust on high and low surfaces and on the undercarriage of some beds.
- Alcohol based hand gel was widely available, however, in some areas the nozzle was clogged.
- There were no records to demonstrate that some bathrooms and toilets were cleaned. In one bathroom the bath surround was separated from the wall and the side panel was cracked. There was evidence to suggest that the bath had not been cleaned recently. There was also no evidence to demonstrate that flushing had been implemented.

***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, all equipment and component parts were demonstrated to be clean and well maintained. However, there was evidence of blood stained ear swabs in a disposable dish together with unused disposable ear examination equipment seen in the outpatient department. The area had not been used on the day the assessors were in the area.
- There was no evidence of inappropriate equipment in any of the clinical areas. There was a structured mechanism demonstrated for the removal of obsolete items.
- Evidence was demonstrated that bedpans, urinals and washbasins were clean and stored appropriately.

***Core Criterion**

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

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

- There was evidence that cleaning equipment was well managed and clean.

- Colour coding was in place.
- Cleaning polices were seen.
- There were no hand-wash sinks in the cleaner cubbies on each floor.
- Cleaning products were not stored at floor level. They are stored, diluted and dispensed centrally to cleaning staff at the beginning of each shift.

***Core Criterion**

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

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

- There were food safety policies available in each ward pantry/kitchen. The kitchens were clean.
- Access to ward kitchens was identified through signage on the door, however, doors were not locked.
- Ward staff who prepared snacks and beverages for patients and cleaned the ward kitchens did not wear personal protective equipment nor was it policy to do so. It was stated that staff wore personal protective clothing for ward cleaning and removed same when entering the kitchen. This was not observed in practice.
- Staff from the main kitchen were said to wear personal protective clothing used in the main kitchen when they came to ward kitchens to deliver meals — this was not observed as no meals were being served during site visits.

***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 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: B (66-85% 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.

- There was evidence of implementation of SARI guidelines.
- Hand-washing techniques demonstrated in cleaning areas did not always comply with best practice standards, some sinks and taps did not comply with SARI guidelines and hand wash posters were not always on display at each wash basin, e.g. emergency department.

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 Irish Acute Hospitals cleaning manual was in place.
- There was evidence of a decontamination section in the Infection Control Manual.
- There was supervisor auditing in place to monitor cleanliness, however, there were no checklists of work completed demonstrated.
- There were records of daily flushing of water outlets and this was the sole responsibility of a designated person. There was evidence to suggest that this was not fully compliant. Water testing reports showed negative readings.
- There was evidence of incident reporting and evaluation in place with evidence of feedback demonstrated.

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

- The Hygiene Services Annual Report demonstrated comprehensive coverage of all aspects of the hygiene services. The report summarized service improvements for the year and identified requirements for the following year.
- It was advised that it is received by the Executive Management Team.
- There was a communication strategy in place, which was demonstrated, which identified the process for dissemination of information to staff and this was adhered to for hygiene related information.
- There was evidence that policies and procedures were based on a standard template, which ensured evidence base, sign off, implementation date and review date. Evidence was demonstrated of policies, which had recently been reviewed.
- Evaluation of the appropriateness of the Hygiene Services Annual Report was not 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	B
CM 3.1	B	A
CM 4.1	B	A
CM 4.2	B	B
CM 4.3	B	B
CM 4.4	B	A
CM 4.5	B	A
CM 5.1	B	A
CM 5.2	A	A
CM 6.1	A	A
CM 6.2	B	A
CM 7.1	B	A
CM 7.2	A	A
CM 8.1	A	A
CM 8.2	A	A
CM 9.1	B	A
CM 9.2	A	B
CM 9.3	B	B
CM 9.4	C	B
CM 10.1	C	A
CM 10.2	B	A
CM 10.3	A	C
CM 10.4	B	B
CM 10.5	C	A
CM 11.1	A	A
CM 11.2	B	B
CM 11.3	B	B
CM 11.4	B	B
CM 12.1	B	A
CM 12.2	C	A
CM 13.1	B	A
CM 13.2	B	A
CM 13.3	B	B

CM 14.1	B	A
CM 14.2	B	A
SD 1.1	B	B
SD 1.2	C	A
SD 2.1	C	A
SD 3.1	C	A
SD 4.1	B	B
SD 4.2	B	B
SD 4.3	A	B
SD 4.4	A	B
SD 4.5	A	A
SD 4.6	A	A
SD 4.7	B	B
SD 4.8	C	B
SD 4.9	C	A
SD 5.1	C	A
SD 5.2	C	A
SD 5.3	C	A
SD 6.1	C	A
SD 6.2	B	A
SD 6.3	C	B