

# **National Hygiene Services Quality Review 2008**

## **Roscommon County Hospital Assessment Report**

**Assessment date: 3<sup>rd</sup> October 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](http://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](http://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 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**

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

### 2.1 Roscommon County Hospital - Organisational Profile<sup>1</sup>

Roscommon County Hospital is an acute general hospital with a complement of 136 beds, serving Co. Roscommon which has a population of approximately 55,000. It also serves Counties Longford, Leitrim, Westmeath and east Galway.

### 2.2 Areas Visited

During the course of the assessment the assessors visited:

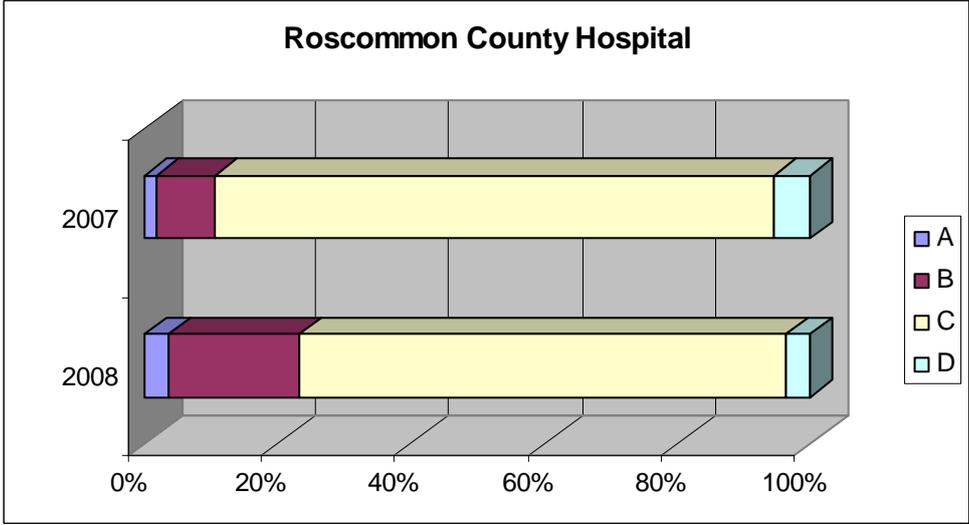
- Emergency department
- Outpatient department
- St. Bridget's ward
- St. Coman's ward
- Laundry service
- Waste compound.

---

<sup>1</sup> 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.

**Roscommon County Hospital has achieved an overall score of:**

**Poor**

**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: C (41-65% compliance with this criterion with a risk assessment)**

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

- The organisation demonstrated evidence of an Hygiene Corporate Strategic Plan, Hygiene Service Plan and Hygiene Operational Plan
- The organisation did not demonstrate that it regularly assessed and updated current and future needs for Hygiene Services.
- The organisation did not demonstrate that it had undertaken an organisational needs-assessment.

#### **CM 1.2 Rating: C (41-65% 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 that it had established an Equipment Purchasing Group and internal audits were taking place.
- The organisation did not demonstrate evidence of modifications as a result of these audits
- The organisation did not demonstrate evidence of subsequent evaluation or feedback.

### 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 demonstrated that it had conducted a patient/visitors satisfaction survey in relation to the hygiene aspects of catering.
- It was demonstrated that senior management meets with the HSE Network Manager on a regular basis.

- It was identified that a member of the Infection Control Team participates in the Regional Infection Control committee and an outside Consultant Microbiologist chairs the organisation's Infection Prevention and Control Committee which meets on a quarterly basis.
- The organisation demonstrated that it had set up regular meetings with external contractors responsible for linen management, pest control and the running of the shop.
- The organisation did not demonstrate evidence that the efficacy of these linkages and partnerships had been evaluated

## CORPORATE PLANNING FOR HYGIENE SERVICES

### **CM 3.1                      Rating: C (41-65% compliance with this criterion)**

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

- Members of the Senior Management Team were involved in the development of the Hygiene Corporate Strategic Plan
- No documented strategic planning process was demonstrated.
- There was no evidence demonstrated that objectives and priorities were clearly defined and disseminated throughout the organisation.
- Members of the Senior Management Team were involved in the development of the Hygiene Corporate Strategic Plan
- The Strategic Plan did not clearly demonstrate the organisation's strategic objectives and priorities.
- Evidence demonstrated confirmed that the Hygiene Services Committee and Hygiene Services Team had only recently commenced with their regular meetings.

## GOVERNING AND MANAGING HYGIENE SERVICES

### **CM 4.1                      Rating: C (41-65% compliance with this criterion)**

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

- Evidence demonstrated that the Hygiene Services Committee and Quality and Risk Committees had recently been reactivated after having been inactive for over 6 months.
- No evidence was demonstrated of evaluation taking place of the management and implementation of hygiene services within the organisation.

**CM 4.2                      Rating: C (41-65% compliance with this criterion)**

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

- Evidence was demonstrated that the Executive Management Team met regularly to discuss hygiene related issues.
- No evidence of a formalised process was seen to be in place to demonstrate that the organisation regularly receives useful and timely information in relation to hygiene
- The organisation did not demonstrate that it had developed any hygiene-related performance indicators.

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

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

- The **organisation** demonstrated that it uses and promotes research through a newsletter, in-house training, library and internet facilities.
- The organisation demonstrated that it delivers in-house hygiene-related training.
- The organisation did not demonstrate evidence that it uses research findings to improve management practices of hygiene services.

**CM 4.4                      Rating: C (41-65% 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 that it has developed a draft Policies, Procedures and Guidelines (PPG) document
- There was evidence that hygiene services staff have access to a number of national policies and guidelines.
- The organisation did not demonstrate evidence of local policies, procedures and guidelines supporting the delivery of hygiene services.
- The organisation did not demonstrate evidence of an evaluation of the efficacy of the process for developing and maintaining policies, procedures and guidelines.

**CM 4.5                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated evidence that the Hygiene Services Committee was involved in the development of a number of capital development programmes, including kitchen refurbishment and the upgrade of the Out Patients Department.
- It was identified that this was an informal process and its impact has not been evaluated.

## ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

### **\*Core Criterion**

**CM 5.1                      Rating: C (41-65% compliance with this criterion)**  
**There are clear roles, authorities, responsibilities and accountabilities throughout the structure of the Hygiene Services.**

- It was demonstrated that the organisation has a Hygiene Services Committee and Team
- There was evidence that staff members from the different wards are represented on the Committee and Team.
- The organisation did not demonstrate evidence of clear roles, authorities and responsibilities in relation to hygiene at a local level, e.g. cleaning on wards and sign off on checklists.
- The responsibility for the cleaning of equipment at ward level was observed to be unclear and no checklists were evident to validate that the cleaning had been carried out.

### **\*Core Criterion**

**CM 5.2                      Rating: C (41-65% compliance with this criterion)**  
**The organisation has a multidisciplinary Hygiene Services Committee.**

- The organisation demonstrated that it had a multidisciplinary Hygiene Services Committee in place.
- There was evidence that the Hygiene Services Committee and Team did not meet between February and June 2008
- The Terms of reference of the Hygiene Services Committee were not dated.

## ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

### **\*Core Criterion**

**CM 6.1                      Rating: C (41-65% 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.**

- There was evidence that members of the Hygiene Services Committee are represented on the Executive Management Team
- The organisation demonstrated that it had a minor capital allocation programme for Hygiene Services in 2007
- The organisation did not demonstrate evidence of a formal system to allocate resources on the basis of its corporate and service plans.
- There was no evidence that the Hygiene Services have been allocated a defined budget for 2008 or 2009.

**CM 6.2                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated evidence of the involvement of some Hygiene Services staff members in the purchasing of equipment such as linen skips and drip stands.
- No formalised process was demonstrated to involve the Hygiene Services Committee in the process of purchasing equipment and products.
- The organisation did not demonstrate evidence of an evaluation of the purchasing process

**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**

- The **organisation** demonstrated that it had an incident reporting system in place which is well developed.
- The **organisation** demonstrated that it has introduced an internal hygiene auditing system.
- The **organisation** identified that no major hygiene related adverse events have occurred of the last two years.
- The **organisation** did not demonstrate evidence that actions have been taken as a result of the internal hygiene risk audit findings
- The organisation did not demonstrate evidence of awareness amongst staff members of this risk management system.

**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.**

- The **organisation** demonstrated that it has recently established a Quality and Risk Committee, with representation from the Hygiene Services Committee.
- It was demonstrated that Risk management forms part of the Hygiene Services Committee's agenda.
- The organisation demonstrated evidence of a risk reporting system.
- The organisation did not demonstrate evidence of an evaluation of hygiene-related risks and action taken as a result of the evaluation.

## CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

### \*Core Criterion

#### **CM 8.1                    Rating: C (41-65% 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 evidence of meetings with contractors.
- It was identified that these meetings with the contractors are used to discuss the ongoing management of contractor's performance
- The organisation did not demonstrate evidence of a process to monitor the delivery of the contracted services.
- A number of contracts reviewed were observed to be out of date.

#### **CM 8.2                    Rating: C (41-65% compliance with this criterion)**

**The organisation involves contracted services in its quality improvement activities.**

- The organisation did not demonstrate evidence of a formalized process for the involvement of contractors in Quality Improvement activities.
- There was evidence that regular meetings with contractors take place.
- It was demonstrated that the Infection Control Team co-hosts in-house training which is delivered by contractors.

## 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.**

- The organisation demonstrated some evidence that the design of its environment is safe and meets regulatory requirements, for example in relation to the capital development plans for the Out Patient Department.
- There was a shortage of appropriate hand washbasins observed in a number of areas
- The organisation did not demonstrate that it had conducted an evaluation of the safety of the design and layout of the current environment.

**\*Core Criterion**

**CM 9.2 Rating: C (41-65% 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.**

- At ward level there was evidence of compliance, for example waste management posters were widely available, waste segregation was observed to adhere to the colour coding policy and tagging system for waste was observed to be in place.
- The organisation did not demonstrate that it had an organisation wide plan in place to manage its environment and facilities.

**CM 9.3 Rating: C (41-65% 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.**

- It was demonstrated that an internal hygiene auditing system is currently in place.
- There was no evidence demonstrated that the information gathered from these audits forms part of an overall plan
- The **organisation** did not demonstrate evidence that actions have been taken as a result of the audit findings.

**CM 9.4 Rating: C (41-65% 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 that it uses the national HSE 'Your Service, Your Say' complaints and comments system.
- The **organisation** did not demonstrate evidence of a structured, system-wide process to monitor the satisfaction of stakeholders or to respond to concerns raised at ward level.

## SELECTION AND RECRUITMENT OF HYGIENE STAFF

### **CM 10.1                    Rating: C (41-65% 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.**

- It was identified that the selection and recruitment of staff is based on national HSE guidelines and the hospital demonstrated evidence of adherence to these guidelines.
- Job descriptions were observed to be in place, however, the job descriptions reviewed contained no specific details of job holders' responsibilities in relation to hygiene
- The organisation has not undertaken a review or evaluation of its recruitment and selection process.

### **CM 10.2                    Rating: C (41-65% 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.**

- It was demonstrated that the Hygiene Team has recently commenced a formalised approach to reviewing work capacity and volume.
- No evidence was demonstrated that the organisation has a documented process for reviewing changes in hygiene needs.
- The division of roles and duties in relation to specific cleaning tasks was unclear on a number of wards visited.

### **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.**

- Evidence was demonstrated that Hygiene Services staff had necessary training and qualifications
- The organisation demonstrated evidence of improvements in hygiene training, including hand hygiene and HACPP.
- A documented process to ensure that all Hygiene Services staff members have the appropriate qualifications and training is not in place.

### **CM 10.4                    Rating: C (41-65% compliance with this criterion)**

**There is evidence that the contractors manage contract staff effectively.**

- The organisation demonstrated evidence of regular meetings with contractors to discuss and review the delivery of hygiene service.

- It was demonstrated that reporting process for contractors is in place.
- The organisation did not demonstrate evidence of an integration of the management of contractors into the Hygiene Corporate Strategic Planning process.
- No formalised process was demonstrated to be in place to evaluate the work of contractors.

**\*Core Criterion**

**CM 10.5                    Rating: D (15-40% 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 did not demonstrate that it had a hygiene services human resources needs-assessment process in place.
- The organisation did not demonstrate that it had a formalized human resource planning system in place.
- There was no evidence that the planning of human resources needs is included in the Hygiene Corporate Strategic Plan or the Service Plans.

**ENHANCING STAFF PERFORMANCE**

**\*Core Criterion**

**CM 11.1                    Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that it follows the HSE Induction Guidelines and the HSE staff handbook is available to staff.
- The organisation demonstrated evidence of an induction/orientation process for new staff
- The organisation did not demonstrate that it had carried out an evaluation of the induction.

**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 it provides a number of education and training courses on an ongoing basis, including hand hygiene training for all staff.

- The organisation did not demonstrate evidence of an organisation wide plan for its training and education activities or a continuous professional development programme.

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

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

- It was demonstrated that regular, ongoing training sessions have taken place, including hand hygiene training for all staff
- The organisation demonstrated that it had carried out evaluations of the attendance levels of its training activities.
- The organisation demonstrated no evidence of resultant actions.
- The organisation did not demonstrate that it had developed any performance indicators in this area and there was no evidence of staff satisfaction surveys having been carried out.

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

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

- The **organisation** demonstrated evidence of informal discussions regarding the overall performance of Hygiene Services staff at Hygiene Services Committee meetings
- No documented processes were demonstrated to be in place to measure the performance of all Hygiene Services Staff.
- The organisation did not demonstrate evidence that it had carried out an evaluation the performance of Hygiene Services staff, including contract staff

**PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF**

**CM 12.1                      Rating: B (66-85% compliance with this criterion)**

**An occupational health service is available to all staff**

- There was evidence that an occupational health service was available to staff.
- Details of this service have been introduced to the new Staff Induction Programme.
- The **organisation** did not demonstrate that it had conducted a formal evaluation of the occupational health service.

**CM 12.2                    Rating: C (41-65% 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 it carries out its internal hygiene audits and there was some evidence of changes initiated as result of audits carried out, for example needle-tick injuries.
- The organisation demonstrated that it has an informal monitoring system in place to monitor absenteeism.
- The organisation did not demonstrate that it had undertaken a formal evaluation of the satisfaction, health and well being of its Hygiene Services staff members.

**COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES**

**CM 13.1                    Rating: C (41-65% compliance with this criterion)**

**The organisation has a process for collecting and providing access to quality Hygiene Services data and information that meets all legal and best practice requirements.**

- The organisation demonstrated that it uses a formal internal audit tool for its internal audits.
- No systematic collecting and reporting system is in place
- The organisation did not demonstrate evidence of an audit of its information collection and reporting process.

**CM 13.2                    Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it had a Quality and Risk Committee in place and information was observed to be reported to this Committee on an ad hoc basis.
- The organisation did not demonstrate that it had put in place a formalised reporting process to ensure that information is made available in a timely and user friendly format.
- There was no evidence demonstrated that the information and data collected were disseminated to all relevant staff in a timely fashion.

**CM 13.3                      Rating: C (41-65% compliance with this criterion)**

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

- There was evidence that data is collection and information is reported on a number of hygiene-related areas, for example through the incident report forms
- The organisation did not demonstrate that it had put in place an organisational approach to data collection and information
- The organisation did not demonstrate that it had undertaken a formal evaluation of the data and information it gathers and reports on.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

**CM 14.1                      Rating: C (41-65% 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 organisational chart demonstrates the reporting structure of the organisation and Management Team members are represented on the Hygiene Services Committee and Team.
- The Management Team included representatives of many disciplines.
- There was no evidence demonstrated that the Hygiene Services Committee and Team met between January and June 2008.
- The organisation did not demonstrate evidence that it systematically monitors its performance in relation to Hygiene Services.

**CM 14.2                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it has an internal communication system in place, including newsletters, to inform all stakeholders of its activities in the area of hygiene
- The organisation demonstrated evidence of frequent informal communications regarding hygiene.
- The organisation did not demonstrate that it regularly evaluates the performance of its Hygiene Services and outcomes achieved.
- No hygiene-related performance indicators were demonstrated to have been established by the organisation.

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

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

- The organisation demonstrated that it has adopted organisation wide guidelines and these guidelines have been promoted by the Hygiene Services Committee.
- The organisation did not demonstrate evidence of a systematic approach to ensure that the guidelines in use were implemented at local level or evaluated at an organisation wide level.

**SD 1.2**                      **Rating: C** (41-65% 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 it has established an Equipment Procurement Group
- Some evidence was observed at ward level to demonstrate that staff members were involved in changes to existing interventions.
- The organisation did not demonstrate that it had a documented process in place to assess new interventions
- No evidence of changes as a result of assessments was demonstrated.

### PREVENTION AND HEALTH PROMOTION

**SD 2.1**                      **Rating: C** (41-65% compliance with this criterion)  
**The team in association with the organisation and other services providers participates in and supports health promotion activities that educate the community regarding Hygiene.**

- The organisation demonstrated that it had developed a draft Organisational Information brochure

- It was demonstrated that a hand hygiene awareness day took place in September 2008.
- The organisation did not demonstrate evidence at local level that indicated that the organisation actively supported health promotion education activities with the community.

## INTEGRATING AND COORDINATING HYGIENE SERVICES

### **SD 3.1                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it has recently included an external stakeholder to the Hygiene Services Team.
- The organisation did not demonstrate that it has a formalised process in place to ensure that hygiene services are provided by a multidisciplinary team.
- The organisation demonstrated evidence of informal meetings with contractors. However, there was no evidence demonstrated that the actions from these meetings are not communicated throughout the organisation.
- No evaluation of the impact of the team was demonstrated.

## IMPLEMENTING HYGIENE SERVICES

### **\*Core Criterion**

### **SD 4.1                      Rating: C (41-65% compliance with this criterion)**

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

- Hygiene related signage was observed to be prominently displayed throughout the hospital.
- Hand gel facilities were available throughout the hospital
- Evidence of dust at low and high levels in a number of areas visited was observed.
- Sluice rooms and corridors were found to be cluttered.
- There was no evidence of cleaning records, or they were noted to be incomplete or not signed in a number of areas.

**\*Core Criterion**

**SD 4.2                      Rating: D (15-40% compliance with this criterion)**

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

- Patient washbowls and bed urinals were observed to be stained and on many occasions bowls and urinals were noted not to be inverted.
- Organisational equipment, including drip stands were observed to be dusty and in need of cleaning.
- The allocation of cleaning duties of medical equipment and devices was unclear in a number of areas visited.
- Therefore a risk to patients was identified.

**\*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.**

- Cleaning equipment was observed to be visibly clean
- Hand wash basins are not provided in each cleaning equipment storage facility.
- Cleaning storage facilities were observed not to be locked, and cleaning products were not stored in locked cupboards
- A number of storage rooms were cluttered.

**\*Core Criterion**

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

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

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

**\*Core Criterion**

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

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

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

**\*Core Criterion**

**SD 4.6                      Rating: B (66-85% compliance with this criterion)**

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

- Linen was noted to be segregated into appropriate categories.
- Linen bags were noted to be less than 2/3 full and tagged
- Clean linen was noted to be left on the floor in one ward
- A number of laundry rooms were cluttered and did not have appropriate hand washing facilities.

**\*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 Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines**

- Hand hygiene practices observed were satisfactory.
- The organisation demonstrated that it had put a hand wash sinks upgrade programme in place
- A number of sinks are not in compliance with standard HBN 95

**SD 4.8                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that it has recently reconvened its Quality and Risk Committee and it operates an Incident Reporting system throughout the organisation.
- The organisation uses the STARS Web reporting system and the organisation advised that no major hygiene-related adverse events have been reported in the last 2 years.

- The organisation demonstrated that it has evaluated its incident rates and provided evidence of resultant actions.

**SD 4.9                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it had recently conducted a patient survey in relation to the catering department. No actions were demonstrated to have been taken as a result of this survey.
- Signage and alcohol based hand gel is widely available throughout the organisation.
- The organisation did not demonstrate evidence of a formal, systematic process to encourage patients and families to participate in improving hygiene services
- The visiting policy was observed not to be adhered to in several areas.

**PATIENT'S/CLIENT'S RIGHTS**

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

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

- It was demonstrated that the job descriptions for staff members include a clause on confidentiality
- The organisation demonstrated that it had recently held a number of organisation wide meetings on patients' rights.
- No evidence was demonstrated of formal guidelines regarding the rights of patients.

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

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

- The organisation demonstrated evidence of hygiene related information throughout the hospital.
- The organisation's visitor policy was observed to be clearly visible throughout the hospital.
- The organisation did not demonstrate that it had developed a hospital information leaflet
- The organisation did not demonstrate that it had conducted a recent patient satisfaction survey.

**SD 5.3                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it adheres to the HSE national complaints policy.
- No evidence was demonstrated that the root causes of complaints were identified or that records of complaints are presented to the Hygiene Services Team or Committee.

**ASSESSING AND IMPROVING PERFORMANCE**

**SD 6.1                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated some evidence of involving external stakeholders in planning its services in a number of areas.
- The organisation did not demonstrate evidence that patients and other external partners are actively involved in evaluating its hygiene services.

**SD 6.2                      Rating: C (41-65% compliance with this criterion)**

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

- There was evidence that the organisation has recently commenced with its internal hygiene audits.
- The organisation did not provide evidence that it had made improvements based on the feedback from these audits and the results of the monitoring activities are not included in the Hygiene Services Annual Report.

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

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

- The organisation has a 2007 Hygiene Services Annual Report.
- The 2007 Annual Report is almost identical to the 2006 Annual Report.
- The organisation did not demonstrate evidence that patients had been involved in the development of the Annual Report and the report not been disseminated throughout the organisation.

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

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