



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Mater Misericordiae Hospital

Assessment Report

Assessment date: 15th September 2008

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which was established under the Health Act 2007 to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

Setting Standards for Health and Social Services – Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

Monitoring Healthcare Quality – Monitoring standards of quality and safety in our health services and implementing continuous quality assurance programmes to promote improvements in quality and safety standards in health. As deemed necessary, undertaking investigations into suspected serious service failure in healthcare

Health Technology Assessment – Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

Health Information – Advising on the collection and sharing of information across the services, evaluating, and publishing information about the delivery and performance of Ireland's health and social care services

Social Services Inspectorate – Registration and inspection of residential homes for children, older people and people with disabilities. Monitoring day- and pre-school facilities and children's detention centres; inspecting foster care services.

1 Background and Context

1.1 Introduction

In 2007, the Health Information and Quality Authority (the Authority) undertook the first independent National Hygiene Services Quality Review. The Authority commenced its second Review of 50 acute Health Service Executive (HSE) and voluntary hospitals in September 2008.

The aim of the Review is to promote continuous improvement in the area of hygiene services within healthcare settings. This Review is one important part of the ongoing process of reducing Healthcare Associated Infections (HCAIs) and focuses on both the service delivery elements of hygiene, as well as on corporate management. It provides a general assessment of performance against standards in a range of areas at a point in time.

The Authority's second *National Hygiene Services Quality Review* assessed compliance for each hospital against the National Hygiene Standards and assessed how hospitals are addressing the recommendations as identified in the 2007 National Hygiene Services Quality Review.

All visits to the hospitals were unannounced and occurred over an eight-week period. The Authority completed all 50 visits by mid-November 2008. The *National Hygiene Services Quality Review 2008* provides a useful insight into the management and practice of hygiene services in each hospital.

Following the Authority's Review last year, every hospital was required to put in place Quality Improvement Plans (QIPs) to address any shortcomings in meeting the Standards.

Therefore, in considering this background, the Authority would expect hospitals to have in place well established arrangements to meet the Standards and the necessary evidence to demonstrate such compliance as part of their regular provision and management of high quality and safe care.

Consequently, the Authority requested a number of sources of evidence from hospitals in advance of a site visit and this year the unannounced on-site review was carried out, with the exception of one hospital, within a 24-hour period – rather than the three days taken last year. The Authority also stringently required that all assertions by hospitals – for example, the existence of policies or procedures – were supported by clear, documentary evidence.

This “raising of the bar” is an important part of the process. It aims to ensure that the approach to the assessment further supports the need for the embedding of these Standards, as part of the way any healthcare service is provided and managed, and also further drives the move towards the demonstration of accountable improvement by using a more rigorous approach.

It must therefore be emphasised that the assessment reflects a point in time and may not reflect the fluctuations in the quality of hygiene services (improvement or deterioration) over an extended period of time. However, patients do not always choose which day they attend hospital. Therefore, the Authority believes that the one-day assessment is a legitimate approach to reflect patient experience given that the arrangements to minimise Healthcare Associated Infections (HCAIs) in any health or social care facility should be optimum, effective and embedded 24 hours a day, seven days a week.

Individual hospital assessments, as part of the *National Hygiene Services Quality Review 2008*, provide a detailed insight into the overall standard of each hospital, along with information on the governance and management of the hygiene services within each hospital. As such, the Review provides patients, the public, staff and stakeholders with credible information on the performance of the 50 Health Service Executive (HSE) and voluntary acute hospitals in meeting the *National Hygiene Services Quality Review 2008: Standards and Criteria*. The reports of each individual hospital assessment, together with the National Hygiene Services Quality Review 2008, can be found on the Authority's website, www.hiqa.ie.

Hygiene is defined as:

"The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving one's health, preventing the spread of disease, and recognising, evaluating and controlling health hazards. In the healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment."

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

There are 20 Standards divided into a number of criteria, 56 in total, which describe how a hospital can demonstrate how the Standard is being met or not. To ensure that there is a continual focus on the important areas relating to the delivery of high quality and safe hygiene services, 15 Core Criteria have been identified within the Standards to help the hospital prioritise these areas of particular significance.

Therefore, it is important to note that, although a hospital may provide evidence of good planning in the provision of a safe environment for promoting good hygiene compliance, if the assessors observed a clinical area where patients were being cared for that was not compliant with the Service Delivery Standards and posed risks for patients in relation to hygiene that weren't being effectively managed, then a hospital's overall ratings may be lower as a result.

The Standards are grouped into two categories:

(a) Corporate Management

These 14 Standards facilitate the assessment of performance with respect to hygiene services provision to the organisation and patients/clients at organisational management level. They incorporate the following four critical areas:

- Leadership and partnerships
- Environmental facilities
- Human resources
- Information management.

(b) Service Delivery

These six Standards facilitate the assessment of performance at service delivery level. The Standards address the areas of:

- Evidence-based best practice and new interventions
- Promotion of hygiene
- Integration and coordination of services
- Safe and effective service delivery
- Protection of patient rights
- Evaluation of performance.

The full set of Standards are available on the Authority's website, www.hiqa.ie.

Core Criteria:

To ensure that there is a continual focus on the principal areas of the service, 15 Core Criteria have been identified within the Standards to help the organisation and the hygiene services to prioritise areas of particular significance. Scoring a low rating in a Core Criterion can bring down the overall rating of a hospital even if, in general, they complied with a high number of criteria. It is worth emphasising that if serious risks were identified by the assessors, the Authority would issue a formal letter to the hospital in relation to these risks.

1.3 Assessment Process

There are three distinct components to the *National Hygiene Services Quality Review 2008* assessment process: pre-assessment, on-site assessment, following up and reporting.

Before the onsite assessment:

- **Submission of a quality improvement plan (QIP) and accompanying information by the hospital to the Authority.** Each hospital was requested to complete a Quality Improvement Plan. This QIP outlined the

plans developed and implemented to address the key issues as documented in the hospital's Hygiene Services Assessment Report 2007.

- **Off-site review of submissions received.** Each Lead Assessor conducted a comprehensive review of the information submitted by the hospital.
- **The Authority prepared a confidential assessment schedule,** with the assessment dates for each hospital selected at random.
- **Selection of the functional areas.** The number of functional areas selected was proportionate to the size of the hospital and type of services provided. At a minimum it included the emergency department (where relevant), the outpatient department, one medical and one surgical ward.

The hospitals were grouped as follows:

- Smaller hospitals (two assessors) – minimum of two wards selected
- Medium hospitals (four assessors) – minimum of three wards selected
- Larger hospitals (six assessors) – minimum of five wards selected.

During the assessment:

- **Unannounced assessments.** The assessments were unannounced and took place at different times and days of the week. All took place within one day, except for one assessment that ran into two days for logistical reasons. Some assessments took place outside of regular working hours and working days.
- Assessments were undertaken by a **team of Authorised Officers** from the Authority to assess compliance against the National Hygiene Standards. Health Information and Quality Authority staff members were authorised by the Minister of Health and Children to conduct the assessments under section 70 of the Health Act 2007.
- **Risk assessment and notification.** Where assessors identified specific issues that they believed could present a significant risk to the health or welfare of patients, hospitals were formally notified in writing of where action was needed, with the requirement to report back to the Authority with a plan to reduce and effectively manage the risk within a specified period of time.

Following the assessment:

- **Internal Quality Assurance.** Each assessment report was reviewed by the Authority to ensure consistency and accuracy.
- **Provision of an overall report to each hospital, outlining their compliance with the National Hygiene Standards.** Each hospital was given an opportunity to comment on their individual draft assessment in advance of publication, for the purpose of factual accuracy.
- **All comments were considered** fully by the Authority prior to finalising each individual hospital report.

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

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

1. **Documentation** review – review of documentation to establish whether the hospital complied with the requirements of each criterion
2. **Interviews** – with patients and staff members
3. **Observation** – to verify that the Standards and Criteria 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 Mater Misericordiae University Hospital – Organisational Profile¹

The Mater Misericordiae University Hospital is a 600-bedded hospital. The Hospital was established in 1861 under the auspices of Catherine McAuley and the Sisters of Mercy.

2.2 Areas visited

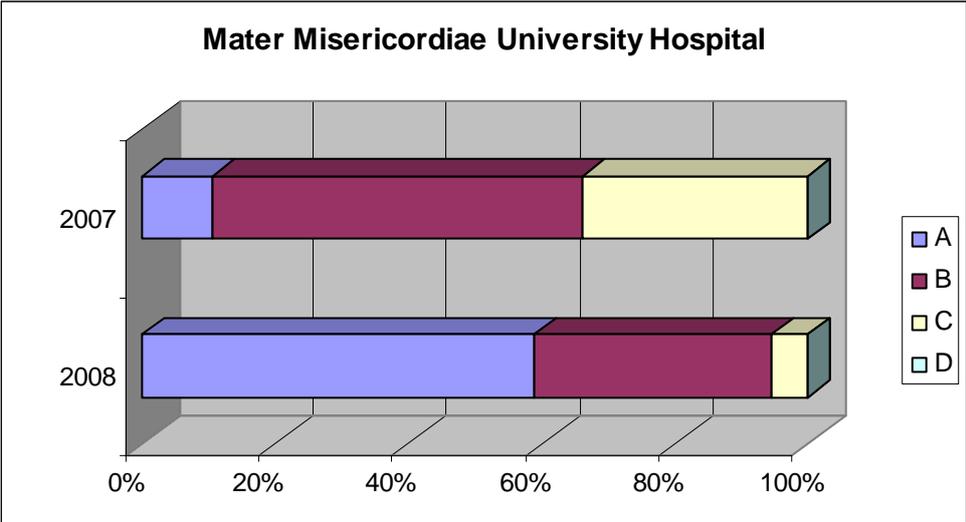
The assessment team visited:

- Emergency department
- Outpatients department (OPD)
- St. Agnes Ward
- St. Bridgets Ward
- St. Celia's Ward
- St. Gabriel's Ward
- St. Michael's Ward
- St. Raphael's Ward
- Laundry services
- Waste compound.

¹ The organisational profile was provided by the hospital

2.3 Overall Rating

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

Mater Misericordiae University Hospital has achieved an overall rating of:

Fair

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated that its service delivery strategy and corporate strategic plan had been developed, circulated throughout the Hospital and have been signed off by the CEO.
- It was demonstrated that hygiene was a standard agenda item on the Executive Management Team.
- The organisation demonstrated that it had conducted comprehensive needs assessments for a number of different functional areas such as the Central Sterile Services Department.
- The organisation demonstrated limited evidence of consultation with key stakeholders in conducting needs assessments.
- The Hygiene Task Force Committee's attendance records demonstrated variation in levels of attendances and the cross-al committee reporting structures were not clear.

CM 1.2 Rating: B (66-85% compliance with this criterion)

There is evidence that the organisation's Hygiene Services are maintained, modified and developed to meet the health needs of the population served based on the information collected.

- It was demonstrated that the service delivery strategy for the Hospital clearly outlined the main hygiene related projects, including timeframes and responsibilities.
- It was demonstrated that the Corporate Plan 2008-2010 describes the population area served, and the organization had identified a system of key performance indicators (KPIs), including KPIs in relation to hygiene services.
- There was evidence that actions had been taken as a result of the regular "walkabouts" and audit reports from internal key contractors.
- Limited evidence of developments to the organizations hygiene services in relation to meeting the service users needs was demonstrated.
- There was evidence of a staff survey undertaken however no evidence of evaluation or resultant actions at the time of the assessment.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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

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

CORPORATE PLANNING FOR HYGIENE SERVICES

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

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

- The organisation demonstrated that it had a corporate strategic planning system in place for its hygiene services.
- The Hospital had articulated its strategic aims in its Hygiene Services Strategic Plan.
- It was demonstrated that the hygiene services corporate strategic plan had been communicated to stakeholders within the Hospital.

There was no evidence of evaluation of the hygiene corporate strategic plans goals, objectives and priorities against defined needs.

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.

- It was demonstrated that hygiene services regularly feature on the agenda of various committees, including the Board of Directors.

- There was evidence that reports from audits, including “walkabouts” were discussed at Executive Management Team meetings.
- No evaluation was demonstrated in relation to the appropriateness of information received.

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

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

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

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

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

- It was demonstrated that policies, procedures and guidelines are in place and available to staff.
- The Hospital demonstrated evidence of an approval and control process for hygiene related policies and procedures.
- There was limited evidence demonstrated of evaluations of the implementation of policies, for example monitoring of hand hygiene practices through observational audits.

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.

AL 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.

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

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

- There was evidence that the Board of the Hospital had recently been given an appraisal of the whole time equivalents for the organisation.
- The organisation demonstrated that staff members had been reallocated as a result of this appraisal.
- Evidence demonstrated that the formal al Workforce Plan had yet to be completed.

CM 10.3 **Rating: A (>85% compliance with this criterion)**

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

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

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence that audits were regularly conducted and contractual obligations of contractors were clearly stipulated.
- It was advised that the household services manager liaise with contractors on a daily basis
- There was limited evidence of the evaluation of the appropriate use of contract staff was available.

***Core Criterion**

CM 10.5 **Rating: C (41-65% compliance with this criterion)**

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

- It was demonstrated that the Hospital had recently completed their first annual hygiene report.
- A process for identification and response to the human resource needs is managed through a Workforce Plan which was still in preparation.
- There was evidence that the Recruitment and Selection Policy had yet to be signed off.
- The hygiene services corporate strategic plan and the service plan demonstrated limited integration with the hospital-wide Human Resources Plan.

ENHANCING STAFF PERFORMANCE

*Core Criterion

CM 11.1 Rating: A (>85% compliance with this criterion)

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

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

CM 11.2 Rating: A (>85% compliance with this criterion)

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

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

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

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

- It was demonstrated that an organisation-wide training matrix had been developed.
- It was demonstrated that staff training evaluation had been completed and these results were reported into Training and Development and Hygiene Committees.
- There was no evidence demonstrated that key performance indicators had been formally identified.

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.

- It was identified that performance evaluations had been undertaken through walkabouts, audits, checklists, and absenteeism records which were maintained and reported on.
- There was no evidence demonstrated that ongoing, systematic evaluation of performance of staff members has been undertaken
- The organisation did not demonstrate that effective linkages between Human Resource and the various hygiene related committees exist.

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.

- The Hospital demonstrated evidence that an occupational health service was available to all staff.
- Although it was observed that staff members were aware of the existence of the occupational health services, a staff satisfaction survey which had been completed were not available for review.

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.

- There was evidence that work in this area had recently commenced with the results of the staff satisfaction survey yet to be analysed and subsequent actions taken.
- There was no evidence demonstrated that staff satisfaction is included in the overall -wide key performance indicator programme.

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

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

- There was evidence of "walkabouts" and audit findings being reported in a timely manner to the relevant departmental/ward managers.
- No evidence was demonstrated indicating that findings from environmental health officers' reports were discussed at Hygiene Services Taskforce/Committee, nor was this included in the terms of reference however

it was advised that through shared membership these issues are communicated.

- There was limited evidence of data presentation methods or of user satisfaction in relation to the reporting or using of information.

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.

- There was evidence that internal audits took place on a frequent basis.
- There was no clear evidence of [evaluation of the appropriateness of the data and information utilization in relation to service provision and improvement.](#)

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

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

- The organisation demonstrated evidence of the evaluation of the efficacy of its Hygiene Services through internal hygiene “walkabouts”, regular meetings, communications and changes in service delivery.
- It was advised that evaluation of the efficacy of the Hospital Hygiene Services quality improvement system had been completed via a self-assessment in previous years however not for the current year.

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: A (>85% compliance with this criterion)

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

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

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

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

- The organisation demonstrated that it uses a range of information leaflets, newsletters, signs, and comment cards.
- On a number of wards the information leaflets were observed not to be available.

- There was evidence that the organisation had organised various awareness days, limited evidence was demonstrated to indicate that the impact of these awareness days had been evaluated.
- The organisation demonstrated that it had developed a staff evaluation form which included a section relating to hygiene.
- The results of the evaluation had yet to be analysed and actioned.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- The organisation had demonstrated that appropriate linkages exist between various teams and committees.
- There was evidence that the Hygiene Services Task Force meets on a regular basis and directly reports to the CEO.
- Documented evidence was demonstrated to explain the integration and coordination of hygiene services within the hospital.
- However, it was identified that these structures were at times unclear to staff members involved, and there was evidence that the terms of reference of the numerous committees appear to overlap.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

SD 4.2 Rating: A (>85% compliance with this criterion)

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

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

***Core Criterion**

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

The team works with the Governing Body and/or its Executive Management team to manage hand-hygiene effectively and in accordance with the Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines.

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

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

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

- The Hospital demonstrated that it had a risk management system in place.
- The 2006 risk register was reviewed during the assessment.
- The organisation had plans in place to identify highly rated risks however limited evidence was available during the assessment to support this.

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

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

- The organisation demonstrated that it proactively gathers patients' and visitors' feedback through comments, complaints, information leaflets and satisfaction surveys.
- There was no evidence that the results of the patient satisfaction survey had been reviewed with patients and visitors.

PATIENTS'/CLIENTS' 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: B (66-85% compliance with this criterion)**

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

- The Hospital had appointed a number of Patient Liaison Officers.
- The organisation had conducted an inpatient and outpatient survey.
- There was some evidence that patients/visitors were involved in the evaluation of the hygiene services however it was noted that a patient representative was a member of the Hygiene Task Force Committee and Leadership and Partnership Committee.
- There was no evidence of evaluation of the extent to which patients, families and other organizations are involved by the team when evaluating its services.

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, produces an Annual Report.

- The organisation demonstrated that it had developed its Annual Report for 2007.
- This report represents a section in the overall annual report.
- Limited evidence was demonstrated of patients'/clients' and staff members' involvement, and, it was not clearly demonstrated what role the various hygiene related committees had played in the development of this report.
- It was not clearly demonstrated how the hygiene annual report was to be disseminated to all relevant stakeholders.

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.

Corporate Management

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

Criteria	2007	2008
SD 1.2	C	A
SD 2.1	B	B
SD 3.1	B	B
SD 4.1	A	A
SD 4.2	B	A
SD 4.3	C	A
SD 4.4	A	A
SD 4.5	A	A
SD 4.6	B	A
SD 4.7	B	A
SD 4.8	C	B
SD 4.9	B	B
SD 5.1	B	A
SD 5.2	B	A
SD 5.3	B	A
SD 6.1	B	B
SD 6.2	B	A
SD 6.3	C	B