



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Merlin Park Hospital Assessment Report

Assessment date: 24th 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.

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 Merlin Park Hospital – Organisational Profile¹

2.1 Organisational Profile

Merlin Park University Hospital is one of two acute hospitals that constitute Galway University Hospitals Group. It is a 194-bedded hospital with additional 81 long stay beds for geriatric patients and 27 day beds. Services provided include: Anaesthesia, Radiology, Care of the Elderly, Orthodontics, Emergency Medical Admissions, Orthopaedic Surgery, Haemodialysis, Respiratory Medicine, Nephrology and Rheumatology

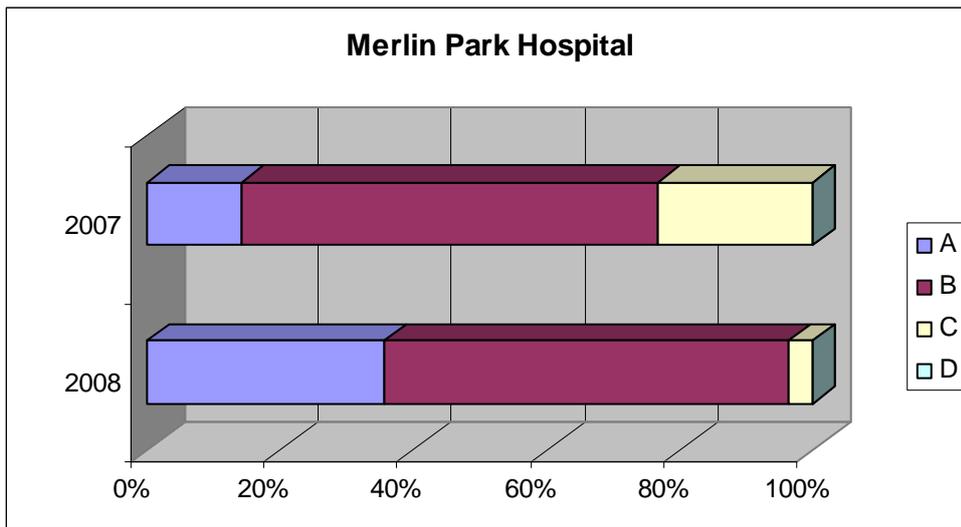
2.2 Areas visited

- The Outpatients department
- Unit One Renal Unit
- Unit 6 Care of the Elderly
- Hospital Ground Floor Orthopaedics
- The Waste compound
- The Laundry service

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 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.

Merlin Park University 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.

PLANNING AND DEVELOPING HYGIENE SERVICES

CM 1.1 Rating: A (>85% compliance with this criterion)

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

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

CM 1.2 Rating: A (>85% compliance with this criterion)

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

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

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

CM 2.1 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated evidence of linkages with the HSE through the Network Manager; the Regional Infection Control Committee; Community Infection Control Nurse; HSE West Network Managers Committee; National Waste Management Group; Environmental Health Officer; Public Health Department and the Food Safety Authority.
- The organisation demonstrated evidence through minutes of the Executive Management Team that hygiene was a standing agenda item.
- Evidence was presented of the results of patient comment cards and catering surveys. However no evidence was provided to demonstrate that these are considered by the Hygiene Services Team or committee.
- Evidence of a human resource staff survey in 2007 was demonstrated.
- No evaluation of the efficacy of linkages and partnerships was demonstrated.

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.

- The organisation demonstrated evidence that hygiene is a standing agenda item for Executive Management Team meetings.
- Evidence of representatives of the Executive Management Team undertaking audits and a schedule of management audits was demonstrated.
- Evidence of Infection control surveillance data being presented and discussed at the meetings of the Executive Management Team was demonstrated.
- It was observed that the organisation were in the early stages of developing key performance indicators for hygiene services.
- Limited evidence of evaluation of the appropriateness of information received was demonstrated.

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 demonstrated evidence of a library facility on site, Internet and intranet access at ward level.

- It was demonstrated that the organisation were in the process of implementing a document control system, which it was proposed would provide access for staff to a range of information.
- Evidence of a training and development plan and manual for staff was demonstrated. Evidence of evaluation of education sessions provided was demonstrated with resultant revision of the training programme.
- Records of training based on national guidelines and best practice, held locally and in University College Hospital Galway were demonstrated, including infection control study days delivered on a monthly basis.
- There was evidence of the availability of best practice researched based information through the organisation's policies, procedures and guidelines.
- The organisation demonstrated that best practice information was considered by the management team with changes made as a consequence, e.g. revision of cleaning, disinfection and sterilisation policy.
- Limited evidence of formal evaluation of the appropriateness of hygiene services related research and best practice information available was demonstrated.

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

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

- The organisation demonstrated evidence of a policy for the development of policies, procedures and guidelines, dated July 2008, which included a policy template.
- It was observed that a number of the organisation's policies, procedures and guidelines were not in compliance with the policy template and/or were overdue for review. It was observed that the linen policy was not dated.
- The organisation demonstrated that they were in the process of implementing a document control system.
- No evidence of evaluation of the efficacy of the process used for the development and maintenance of hygiene services policies, procedures and guidelines was demonstrated.

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 of consultation with members of the Hygiene Services Committee in relation to capital projects and of cross membership on the Hygiene Services Committee and Capital Projects Groups, e.g. Unit 7, extension of Dialysis stations.
- No evidence of evaluation of the efficacy of the consultation process was demonstrated.

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 multi-disciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

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

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

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

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

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

- The organisation demonstrated evidence that they were adhering to the national Procurement Policy and have a local draft procurement policy in place, which outlines requirement for consultation with key individuals including infection control.
- Evidence of a cross site Medical Equipment Committee was provided, which was demonstrated to have shared membership with the Hygiene Services Committee and to be reporting to the Executive Management team.
- Evidence was demonstrated in the minutes of Hygiene Services Committee meetings that discussions in relation to the purchase of equipment and products take place, e.g. audit report on Haemodialysis equipment.
- Evidence of a draft policy for equipment on trial or loan was demonstrated.

- No evidence of evaluation of the efficacy of the consultation process was demonstrated.

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 evidence of a documented process for incident and near miss reporting and management and for risk assessments.
- Evidence of a risk management strategy was demonstrated.
- The organisation had a cross site risk management department with University College Galway, which consisted of two Risk Advisors and one Risk Manager.
- It was demonstrated that the Hygiene Services Committee submits reports to the organisations Risk Management Committee, however no evidence was demonstrated that the latter formally presents reports into the Hygiene Services Committee.
- Evidence of a health and safety annual report was demonstrated. No evidence of a risk management annual report was demonstrated.
- Evidence of a schedule of hygiene audits with resultant actions as appropriate were demonstrated.
- Limited evidence of trended reports on incidents and near misses were demonstrated to be reported back to departments, although there was local evidence of individual incidents being acted upon.

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 evidence of its cross site risk management department with allocated resources.
- It was demonstrated that a member of the Executive Management Team chairs the Hygiene Services Committee.
- It was reported that there were no major adverse events during the two year period prior to the assessment visit.
- Limited evidence of track and trend reports on hygiene related incidents and near misses was demonstrated.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**

CM 8.1 Rating: A (>85% compliance with this criterion)

The organisation has a process for establishing contracts, managing and monitoring contractors, their professional liability and their quality improvement processes in the areas of Hygiene Services.

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

CM 8.2 Rating: A (>85% compliance with this criterion)

The organisation involves contracted services in its quality improvement activities.

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

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: B (66-85% 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 facility was observed to be an older building, however evidence of significant refurbishment work was demonstrated, including a sink replacement programme, upgrade of a number of sluice rooms and cleaning storage rooms.
- Evidence of a review of ward storage areas was demonstrated.
- Evidence of a prioritised tracking system of hygiene services needs was demonstrated, however, this was not demonstrated to be up to date.

***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.

- The organisation demonstrated evidence of documented processes to plan and manage its environment and facilities, equipment and devices, kitchen waste and sharps. It was observed that a small number of policies were overdue for review.
- Evidence of the organisation's safety statement which was dated 2007, was demonstrated.

- The organisation provided evidence of a cross site Operational Environment Management team
- It was demonstrated that washable roller blinds had been installed in a number of areas instead of curtains in response to an evaluation.
- Evidence was presented to demonstrate that the organisation were considering the division of duties for catering and household staff.

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.

- The organisation demonstrated evidence of a number of internal and external audits of environment and facilities, equipment and devices, kitchens, waste, sharps and linen.
- Evidence was presented to demonstrate that issues identified in these audits were dealt with at local level, e.g. increase in the cleaning frequencies since August.
- Evidence of regular reports submitted from the shop contractor who was also a member of the Hygiene Services Committee and team was demonstrated.
- No evidence of a patient satisfaction survey specific to hygiene was demonstrated. The organisation uses a comment card system, however no evidence was demonstrated that the information from same was considered by the Hygiene Services Committee.
- Evidence of a catering and staff satisfaction survey undertaken in 2007 was demonstrated.

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.

- The organisation demonstrated evidence of cross site patient focus group meetings which were observed to be discussing hygiene through the minutes of their meetings.
- Some evidence was demonstrated that patient satisfaction with hygiene services facilities and environment was considered through the organisation's complaint process and comment box 'Your service, your say'.
- Evidence was demonstrated through the minutes of meetings that the Hygiene Services Committees consider hygiene related complaints.
- Evidence of a staff and catering survey in 2007 with resultant actions was demonstrated.
- No evidence of a hygiene specific patient satisfaction survey was demonstrated.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

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

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

- The organisation demonstrated evidence of a process for the recruitment and selection of staff which adhered to the national code of practice for recruitment.
- The Human Resource Strategy for 2004-10 was demonstrated.
- Evidence of an addendum to job descriptions which outlined hygiene responsibilities was demonstrated.
- Limited evidence of formal evaluation of the process for selecting and recruiting human resources was demonstrated.

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

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

- The organisation demonstrated evidence of a system to assign human resources based on changes in work capacity. Evidence of the process for allocation of whole time equivalents to areas was demonstrated.
- Evidence of a recent analysis regarding the segregation of roles for catering and household staff which is being considered by the Executive Management team was demonstrated.

CM 10.3 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated evidence of a training needs analysis undertaken in 2008 by the Human Resources Department.
- Evidence was demonstrated of: in house induction and ongoing training; Staff members participation in Further Education and Training Awards Council (FETAC) and the British Institute of Cleaning Sciences.
- Some evidence of evaluation of internal training sessions was demonstrated.
- It was demonstrated that training records were held locally with some maintained on the PPARS system.
- Limited evidence of a formal system for identifying staff who require training was demonstrated.

CM 10.4 Rating: A (>85% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

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

***Core Criterion**

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

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

- The organisation demonstrated evidence of a recent analysis of hygiene services needs in order to consider plans for segregation of duties for household and catering staff.
- Details of staff cover for hygiene services was demonstrated.
- Evidence of a Human Resources Strategy was demonstrated.
- Limited evidence of a formalised needs assessment process was demonstrated.

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: A (>85% compliance with this criterion)

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

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

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 evaluation of staff performance through audits, monthly services departmental meetings, departmental checklists and probation assessments.
- It was demonstrated that the results of hygiene audits were discussed at the Hygiene Services Committee and reported back to individual departments.
- No evidence of a formal performance evaluation process was demonstrated.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

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

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

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

- The organisation demonstrated evidence that absenteeism records are reviewed on a monthly basis.
- Evidence was demonstrated of a staff and catering satisfaction survey undertaken in 2007.
- An occupational health service is available for all staff and evidence was provided of an evaluation of the service through a human resources satisfaction survey.
- No evidence of evaluation of the appropriateness of mechanisms for monitoring staff satisfaction was demonstrated.

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 evidence of collecting hygiene services data and information through its audit process, incident reporting and complaints process and infection control surveillance.

- Evidence of providing access to data and information was demonstrated through evidence based policies, procedures and guidelines; implementation of the document control system, education and training; departmental meetings, membership of committees and audit reports.
- Limited evidence of evaluation of the processes used for the collection and provision of access to data or of the quality of data reliability, accuracy, validity and appropriateness was demonstrated.

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.

- The organisation demonstrated evidence of a number of reports being considered by the Hygiene Services Committee, which included audit reports and infection control surveillance reports.
- It was demonstrated that hygiene is a standing agenda item at the Executive Management Team meeting.
- Limited evidence of evaluation of user satisfaction in relation to the reporting of data and information was demonstrated.

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

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

- The organisation demonstrated some evidence of evaluation of the appropriateness of data collection and information reporting in relation to its audit process and product evaluation.
- There was limited evidence of evaluation of the appropriateness of data and information utilisation 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 that management support hygiene initiatives.
- The organisation demonstrated that they had reviewed their audit process with resultant changes.
- Evidence of a number of key performance indicators which had recently been developed and considered by the Hygiene Services Committee were demonstrated.
- No evidence of benchmarking or formal evaluation was demonstrated.

2.5 Standards for Service Delivery

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

EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

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

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

- The organisation demonstrated evidence of a policy for the development of policies, procedures and guidelines, dated July 2008, which included a policy template.
- It was observed that a number of the organisation's policies, procedures and guidelines were not in compliance with the policy template and/or were overdue for review. It was observed that the linen policy was not dated.
- The organisation demonstrated that they were in the process of implementing a document control system.
- Limited evidence of audits for compliance were demonstrated.

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

There is a process for assessing new Hygiene Services interventions and changes to existing ones before their routine use in line with national policies.

- The organisation demonstrated evidence a process for assessing new hygiene services interventions through trials and changes to existing interventions before their routine use, e.g. flat mop system, detergent wipes, waste coding tags and increase in the number of alcohol gel dispensers.
- No evidence of evaluation of the efficacy of the assessment process for new/changed hygiene services interventions was demonstrated.

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 multi- disciplinary 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.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- In general, it was observed that the physical environment of the areas visited was clean.
- However high dusting was observed in a number of areas.

***Core Criterion**

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

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

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

***Core Criterion**

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

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

- The cleaning equipment in a small number of areas was observed to be unsatisfactorily cleaned.

***Core Criterion**

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

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

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

***Core Criterion**

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

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

- Overall, the organisational management of the handling, storage and disposal of waste was observed to be satisfactory.
- Evidence of the management systems for the transport, segregation and tracing of waste was demonstrated.
- In a number of clinical areas, sharps bins were observed to be in the open position.
- A small number of bins in the external storage compound were observed to be unlabelled.
- The inside of a number of bins were observed to be unsatisfactorily cleaned.

***Core Criterion**

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

The team ensures the Organisation's linen supply and soft furnishings are managed and maintained.

- Linen was observed to be stored on wooden shelves in a number of areas.
- A number of linen bags were observed to be overfilled.

***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 guidelines.

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

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

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

- The organisation demonstrated evidence of their risk management processes which included an incident reporting and risk assessment process with local evaluation and management by the department head and risk manager.
- Safety signs were observed to be in place when cleaning was in progress.
- Limited evidence of trended reports submitted to departments was demonstrated.

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 evidence of posters, signage, relevant information leaflets and prominent hand hygiene stations being displayed.
- Evidence of a visiting policy which adhered to National Hospital Visitor Policy and protected meal times was demonstrated.
- No evidence of evaluation of patient and family satisfaction with their own participation in service delivery was demonstrated.

PATIENT'S/CLIENT'S RIGHTS

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

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

- The organisation demonstrated evidence that patients dignity was respected through the hospital visiting policy.
- Patient dignity was observed to be respected during hygiene service delivery.

- Evidence of discreet chart stickers for known communicable infections was demonstrated.
- The organisation had adapted the Irish Acute Hospitals Cleaning Manual, however no local evidence of a documented process for maintaining patient dignity during hygiene service delivery was demonstrated.

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

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

- The organisation demonstrated evidence of posters, leaflets, hand gel stands and a notice board in relation to hygiene services.
- Limited evidence of evaluation of patient, family and visitor comprehension of and satisfaction with the information provided was demonstrated.

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

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

- The organisation demonstrated evidence of a documented process for dealing with complaints, which adhered to national guidance.
- Evidence of a recent production of trended reports on complaints was demonstrated which it was reported would be undertaken on a regular basis going forward.

ASSESSING AND IMPROVING PERFORMANCE

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

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

- The organisation demonstrated evidence of a patient focus group and of their involvement in recent initiatives, e.g. upgrade of the conservatory and introduction of a care of the dying room on each of the elderly wards.
- Evidence was demonstrated to show that hygiene was a standing agenda item.
- Evidence of a catering patient survey was demonstrated.
- Evidence that issues identified from comment boxes being considered was demonstrated.
- No evidence of a hygiene specific patient survey was demonstrated.

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

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

- The organisation demonstrated evidence of internal hygiene audits with resultant actions.
- Evidence was provided to demonstrate that the organisation was in the early stages of developing key performance indicators.
- Limited evidence of benchmarking was demonstrated.

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

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

- The organisation demonstrated evidence of an annual report for hygiene services which had been submitted to the Hygiene Services Committee for consultation and was awaiting approval. Therefore at the time of the assessment had not been circulated to all staff.

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

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