

National Hygiene Services Quality Review 2008

Mid Western Regional Hospital, Dooradoyle Assessment Report

Assessment date: 10 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.
- **Compilation and publication of the National Report** on the *National Hygiene Services Quality Review*.
- **All comments were considered** fully by the Authority prior to finalising each individual hospital report

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 Mid Western Regional Hospital, Dooradoyle – Organisational Profile¹

The Mid Western Regional Hospital, Dooradoyle was built in 1955. The hospital has a bed complement of 426 inpatient beds and 86 day places. The Mid Western Regional Hospital is a regional referral centre for the midwest region e.g. renal, endocrine, maxillo-facial, cardiology, clinical age assessment and cancer services.

2.2 Areas visited

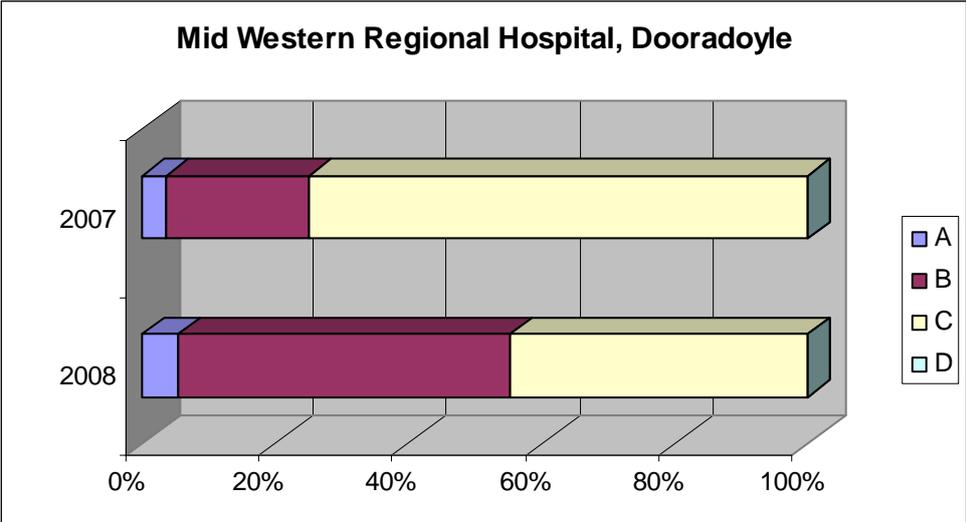
The Assessment Team visited the following areas:

- Ward 3A Medical
- Ward 2D Gynaecological
- Ward 2C Surgical and Ear Nose and Throat
- Ward 4C Medical
- Outpatients department
- Emergency department
- Laundry service
- Waste compound.

¹ The organisational profile was provided by the hospital

2.3 Overall Rating

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



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

**Mid Western Regional Hospital, Dooradoyle
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: C (41-65% compliance with this criterion)
The organisation regularly assesses and updates the organisation's current and future needs for Hygiene Services.

- Evidence of a pilot needs assessment undertaken in one area more than 12 months ago was demonstrated.
- The organisation had a hygiene services operational plan, service plan and regional corporate strategy was demonstrated.
- The Service Plan was dated 2007, no evidence was demonstrated that it was being updated.
- The Hygiene Corporate Strategy is for the HSE Mid West Acute Hospitals within Network 7 and no evidence was demonstrated of local evaluation of the organisation's achievement of goals and objectives outlined in the Strategy.
- The organisation demonstrated limited evidence of a formalised needs assessment for their current and future hygiene services needs.
- Evidence was demonstrated that the Hygiene Services Operational Plan was produced by the Hygiene Services Team but limited evidence of consultation with patients and all service users in relation to current and future needs of the organisation was demonstrated.

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.

- Evidence was provided of a number of projects completed or in the process of being completed, including the upgrade of one sluice room, replacement of dishwashers for thermal disinfectant machines, replacement of fridges, provision of appropriate waste bins, replacement of wash hand basins in some areas, refurbishment of two wards and deep cleaning in other areas.
- No evidence was provided of evaluation of developments and modifications in relation to meeting the service users' needs.
- Departmental audits are currently not undertaken in all areas and limited evidence was provided that the outcomes are appropriately analysed or evaluated.
- Evidence was demonstrated of a number of outstanding projects which it was reported were awaiting funding approval.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

CM 2.1 **Rating: C (41-65% 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 evidence that patient satisfaction surveys relating to hygiene had been undertaken.
- Evidence was provided of a recently established pilot hygiene email account, which it was reported would act as a two-way communication link between staff and the hygiene services committee.
- The organisation was unable to provide documentary evidence of linkages with the HSE or other key agencies, although it was reported that linkages were in place through the Regional Hygiene Services Committee for the HSE Mid West Acute Hospitals within Network 7.
- No evidence of the evaluation of the efficacy of linkages and partnerships was provided.

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 evidence of a hygiene corporate strategic plan for the HSE Mid West Acute Hospitals within Network 7, which outlined high level goals and objectives and evidence was provided to demonstrate that it had been appropriately communicated.
- Evidence was demonstrated that the plan was developed by the Regional Hygiene Committee with input from the local Hygiene Services Committee and Team.
- No evidence was demonstrated of patients' involvement in developing the plan.
- Limited evidence was demonstrated of evaluation of the Strategic Plan goals, objectives and priorities against locally defined needs.
- A Hygiene Corporate Strategic Action Plan, which was revised at the end of 2007 and included an evaluation of actions and goals undertaken by the Regional Hygiene Services Committee was demonstrated.

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.1 Rating: B (66-85% 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 evidence of authorities and responsibilities as outlined in the Hygiene Operational plan and the Hygiene and Cleanliness Organisational Structure.
- Further to evaluation earlier this year the Hospital's Hygiene Services Team and Hygiene Services Committee were amalgamated to form one single Hygiene Services Committee.
- No evidence of a formal evaluation of the new structure was demonstrated.
- The Irish Acute Hospitals Cleaning Manual had been adapted by the organisation but limited evidence of evaluation of adherence to same was demonstrated.
- Evidence was demonstrated of a hygiene corporate strategic action plan, which was revised at the end of 2007 and included an evaluation of actions and goals undertaken by the Regional Hygiene Services Committee.
- Evidence was provided of a regional Policy for the management of hygiene services which was recently developed and implemented.

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 of a report on hygiene and cleanliness being submitted to the Network Manager in September 2008.
- The organisation demonstrated evidence that departmental audits were undertaken in some but not all departments. It was demonstrated that the results of same were recorded however there was no evidence that results were analysed or evaluated over the preceding 12-month period or that they were presented to the Hygiene Services Committee, with the exception of the last Hygiene Services Committee meeting where the audit results were presented.
- No evidence of a formalised suite of performance indicators was demonstrated.
- No written information was demonstrated to confirm that the Executive Management Team formally discuss hygiene issues at any meetings.
- Limited evidence was demonstrated that the Governing Body or its Executive Management Team regularly receives appropriate evidence or best practice information.

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 some evidence of best practice information being considered by the management team and improvements made as a consequence, e.g. change of cleaning products in 2007, revised schedule for infection control and waste management training.
- The hospital had adapted the Irish Acute Hospitals Cleaning manual.
- Evidence was demonstrated of a library service and access to the internet and intranet for staff.
- There was limited evidence demonstrated of evaluation of the appropriateness of Hygiene Services related research and best practice information available.

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.

- A policy template had been developed and evidence provided of policies developed in accordance with the template, for example the linen policy.
- Evidence was demonstrated that the hospital was in the process of considering a computer based document control system.
- The organisation were unable to demonstrate documented evidence of a process for establishing and maintaining best practice policies, procedures and guidelines for hygiene services.
- Limited evidence was demonstrated of formalised evaluation of the efficacy of the process used for the development and maintenance of hygiene services policies and procedures.

CM 4.5 Rating: C (41-65% compliance with this criterion)

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

- It was documented as the responsibility of technical services to consult with the Infection Control Department in advance of all minor/major construction or renovation activities.
- Both the Technical Services Manager and Infection Control Nurse are members of the Hygiene Services Committee.
- Limited evidence was demonstrated of the Hygiene Services Committee's involvement in recent capital developments, with no evidence of involvement at planning stage, although it was reported that informal discussions had taken place.
- No evidence of evaluation of the efficacy of the consultation process between the Hygiene Services Team and senior management was provided.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

- The reporting relationships for hygiene services are outlined in an algorithm in the Hygiene Services Operational Plan.
- Limited evidence was provided that the roles and responsibilities for staff were clearly documented. It was reported that hygiene was the remit of every staff member, however, job descriptions for key staff members did not reflect specific responsibility for hygiene, for example Clinical Nurse Manager.
- The duties for ward catering and household staff were not segregated.

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

CM 6.1 Rating: 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.

- A Hygiene and Infection Control Service Plan Report dated 2007 was demonstrated and outlined resources allocation for 2007 and proposed resource allocations for 2008.
- The organisation was unable to demonstrate evidence of a process for the allocation of resources.
- Departmental audits are undertaken in some areas, but no evidence was demonstrated that audit results are appropriately analysed with the exception of the Hygiene Services Committee meeting in September where the trend report for the most recent departmental audits were presented.

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

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

- Limited evidence was demonstrated of the Hygiene Services Committee's involvement in the purchase of equipment or products.
- An infection control questionnaire was demonstrated, which it was reported is used as part of the tendering process for completion by Equipment Companies. It aims to flag infection control issues, which would then be referred to the Infection Control Department.
- No evidence of evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management 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 Risk Management Steering Committee; an incident and near miss reporting policy and process; complaints policy and departmental safety statements.
- All clinical incidents are managed locally in collaboration with the organisation's Clinical Risk Advisor with all non clinical incidents being dealt with by a separate department.
- Evidence was demonstrated of quarterly reports of incidents and near misses being issued to department heads, however, the data demonstrated was not trended.
- No evidence was provided to demonstrate that hygiene related risks are considered by the Hygiene Services Committee.

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.

- There was evidence of management support for risk management practices in the organisation and of resources being allocated to address risks identified, for example replacement of door mats at Hospital entrance.
- It was demonstrated that the General Manager and representatives from the Hygiene Services Committee were members of the organisations Risk Management Steering Committee.

- No major adverse hygiene services incidents were reported over the past two years.
- Limited evidence was demonstrated of risk reports being submitted or considered by the Hygiene Services Committee.

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 a process for establishing contracts.
- Further to the 2007 National Hygiene Services Quality Review, the organisation demonstrated that a process had been established by the General Services Manager for quarterly reviews with all contractors.
- Evidence of written contracts for hygiene services were not demonstrated although reported to be in place.
- A memorandum of information and a tender document for contract cleaning services, which was in the process of going for tender was demonstrated.

CM 8.2 Rating: B (66-85% compliance with this criterion)

The organisation involves contracted services in its quality improvement activities.

- Evidence was demonstrated that structured meetings between the General Services Managers and contractors had been established to consider quality improvement activities.
- It was demonstrated that the contracted cleaning supervisor undertook audits of the areas for which they were responsible.
- Limited evidence of evaluation of audits was demonstrated.

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 physical structure, design and layout of a number of areas of the organisation was observed not to meet best practice requirements, e.g. wash-hand basins, ward kitchens, storage areas, ward sluices and other decoration

features including chipped wall and ceiling paint, cracked and broken floor tiling.

- It was demonstrated that refurbishment of some areas had taken place and a priority listing of others had been established and was pending funding.

***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 a number of documented processes to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen.
- Evidence was provided to demonstrate that the organisation held regular and structured meetings with contractors.
- Departmental audits were not undertaken in all areas and limited evidence was provided to demonstrate that the outcomes were appropriately analysed.
- Management hygiene walkabouts had recently recommenced after an extended gap of twelve months. Evidence was demonstrated of resultant actions.

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.

- The organisation demonstrated limited evidence that its management of hygiene services was effective and efficient.
- A patient satisfaction survey was undertaken in June 2008 and the results analysed and acted upon.
- Evidence that departmental audits were being undertaken in some but not all departments was demonstrated.
- Limited evidence was demonstrated that the results of these audits were being analysed and or acted upon.
- The organisation has only recently recommenced a management hygiene walkabout, after a twelve month period.
- It was demonstrated that a list of hygiene related projects and initiatives undertaken had been completed, however outcomes had not been evaluated.

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 that a patient satisfaction survey was undertaken in June 2008 with the response indicating a good level of satisfaction with hygiene in the hospital.
- No evidence was demonstrated that trend reports of complaints were formally brought to the Hygiene Services Committee.
- It was reported that there were only small numbers of hygiene related complaints, however no evidence 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 hospital demonstrated a code of practice for recruitment and selection of staff.
- Evidence was demonstrated of the contractors' recruitment and selection processes.
- A number of job descriptions reviewed did not specifically refer to responsibilities in relation to the hygiene services.
- There was limited evidence demonstrated of evaluation of selection and recruitment processes.

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.

- The organisation demonstrated limited evidence of a documented process for reviewing changes in hygiene services work capacity and volume.
- Evidence was demonstrated of a pilot human resources needs assessment of one ward more than twelve months ago; however there was no evidence demonstrated of resultant actions and continuous quality improvement plans.

CM 10.3 Rating: C (41-65% 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 induction and other training programmes, including hand hygiene and waste management training, Hazard Analysis and Critical Control Point training for catering staff and British Institute of Cleaning Science training for household staff.
- The organisation demonstrated no evidence of a centralised database for training provided and limited evidence was presented of evaluations of the level of staff attending training or of their qualifications.
- Some evidence was presented of training provided by contractors.

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 that the General Services Manager meets with contractors on a quarterly basis.
- Written contracts for contract services although reported to be in place were not demonstrated.
- Limited evidence of the evaluation of the appropriate use of contract staff was presented.

***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.

- Limited evidence was demonstrated of a human resources needs assessment process for Hygiene Services in accordance with the HSE Hygiene Corporate Strategy. (The 2007 Service Plan had not been updated.)
- Details of hygiene services staff cover was provided. It was reported that the Hospital had a Hygiene Services Annual Report in place, however, the organisation was unable to demonstrate evidence of same during the review.

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 evidence of a designated orientation/ induction programme which included education regarding hygiene.

- There was no evidence of a centralised data base of all training presented to monitor and evaluate attendance levels at training. However local monitoring by Department Heads was noted.

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

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

- Evidence was demonstrated of education and training provided for staff, including infection control training sessions on the last Friday of every month.
- Some evidence of staff evaluation of training attended was presented.
- There was limited evidence of evaluation of staff attendance.

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

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

- Evidence was demonstrated of evaluation by some staff after attendance at education sessions.
- No evidence was presented of evaluation of the overall programme or of attendance levels at education and training sessions provided.

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.

- No evidence was demonstrated of a documented process for performance evaluation and development of hygiene services staff, including contract and agency staff.
- Informal evaluation was reported to occur through audits and supervision by department heads and supervisors.
- No information was provided of any evaluation of the appropriateness of performance evaluation processes.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

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

CM 12.2 Rating: 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.

- Evidence was provided to demonstrate that the hospital monitors absenteeism and referrals to occupational health
- Evidence was provided of a staff satisfaction survey undertaken in October 2007 by the Occupational Health Department with resultant recommendations and actions.
- No evidence was demonstrated of a formalised suite of performance indicators for monitoring hygiene services staff satisfaction, occupational health and well being.

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 was collecting and providing access to hygiene services data through incident reports, complaints and audits.
- No evidence was presented to demonstrate evaluation of the processes for collection and accessing information.
- Limited evidence was demonstrated of evaluation of data quality, reliability, accuracy, validity and appropriateness.

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.

- Evidence was demonstrated of data and information on audits being reported
- It was unclear if data on clinical and non clinical incidents were reported to the Hygiene Services Committee on a regular basis.
- No evidence was demonstrated of evaluation of information turnaround time or of data presentation methods.
- Limited evidence was demonstrated of evaluation of user satisfaction in relation to the reporting of data and information.

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.

- Limited evidence was demonstrated that the organisation had a formal process to assess the appropriateness of data collection and information reporting.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: B (66-85% compliance with this criterion)

The Governing Body and/or its Executive Management Team foster and support a quality improvement culture throughout the organisation in relation to Hygiene Services.

- The organisation demonstrated that management support hygiene initiatives.
- The General Manager is involved in the local Hygiene Services Committee and the Regional Committee.
- Limited evidence of information on hygiene audits or complaints being considered by the executive management team was demonstrated.

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.

- Evidence was demonstrated that feedback on hygiene related issues occurs at a local level.
- The organisation did not demonstrate evidence of a formal suite of performance indicators or benchmarking.
- No evidence of evaluation of improved outcomes in hygiene services delivery as a result of the quality improvement system 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.

- A policy template had been developed and evidence provided of policies developed in accordance with the template, e.g. linen policy.
- Details were provided of best practice information being used, including color coding systems and adoption of the Infection Control Nurses Association audit tool.
- The organisation was unable to demonstrate documented evidence of a process for establishing and maintaining best practice policies, procedures and guidelines for hygiene services.
- Limited evidence was demonstrated of formalised evaluation of the efficacy of the process for the development and maintenance of hygiene services policies and procedures.

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.

- Limited evidence was demonstrated of a documented process for assessing new hygiene services interventions and changes to existing ones before their routine use in line with national policies.
- Evidence was demonstrated of changes to the Norovirus Outbreak policy being trialed and awaiting evaluation.

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.

- There was evidence of hygiene related promotional information and posters accessible to the public.
- Evidence was demonstrated of a recent Infection Control Hand Hygiene week for the public and staff.
- Limited evidence was demonstrated of evaluation of the efficacy of activities undertaken.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- The organisation demonstrated that the Hygiene Services Committee was multidisciplinary evidenced by team membership and attendance records.
- Linkages with other teams and committees were evident.
- Evidence was presented to demonstrate that the role of the Hygiene Services Committee and Team were evaluated earlier in the year and a decision reached to amalgamate the two into a single Hygiene Services Committee.
- There was no evidence demonstrated that the efficacy of the new structure had been evaluated.
- There was no medical representation on the Committee although it was reported that representation was being actively sought.

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 the physical environment of the areas visited was clean.
- However, in particular the following issues were noted – high and low dusting in all areas, paint peeling in some areas, cracked tiles in a number of bathrooms, stained carpet in the outpatients department.

- Storage was observed to be limited in a number of areas visited.

***Core Criterion**

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

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

- The organisation did not provide evidence of a clear process for the cleaning of equipment in all areas.
- Dust was observed on equipment in a number of areas.
- It was observed that fans were in use in a number of areas which were found to be dusty. No evidence of a Fan Policy was presented.

***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.

- In general cleaning equipment was observed to be clean, with the exception of the cleaning equipment in the emergency department and one of the ward areas.
- Compliance with colour coding systems was observed.

***Core Criterion**

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

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

- In general the ward kitchens visited were observed to be clean.
- One of the ward kitchens visited did not have a hand washing sink or fly screen in place.
- The hospital food safety policy was not available in each of the ward kitchens visited.

***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 organisational management of the handling storage and disposal of waste was considered to be satisfactory.

- Evidence of the management systems for the transport, segregation and tracing was available.
- At ward level in a number of areas, the non segregation of clinical and non clinical waste and sharps was observed.

***Core Criterion**

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

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

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

***Core Criterion**

SD 4.7 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated evidence that attendance at hand hygiene training was mandatory.
- Although a sink replacement programme was in place, a number of areas were observed to have sinks which did not comply with best practice requirements.

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

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

- There was evidence of a risk management process in place.
- Quarterly reports of incidents and near misses were reported to department head, but there is limited evidence of trending of incidents.
- There was limited evidence provided of actions taken as result of evaluating incidents.

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.

- Evidence was provided of patient information leaflets, signage and a visiting policy dated 2005, which it was reported was in the process of being updated.
- There was no evidence of a hygiene specific patient satisfactory survey demonstrated.

- A voice over system had recently been purchased for the hospital concourse and proposed usage for hygiene related announcements was demonstrated.

PATIENTS'/CLIENTS' 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.

- Evidence was provided in the organisations staff handbook in relation to respecting patient confidentiality.
- No evidence was provided of a documented process for maintaining patients' dignity during hygiene devices delivery.

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.

- Evidence was provided of posters outlining National Hygiene audit results, hygiene promotional posters, alcohol hand gels, infection control leaflets.
- There was no evidence demonstrated of evaluation of patient satisfaction with information provided.

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 hospital provided documented evidence of a process for dealing with complaints.
- Evidence was provided of formal reports on complaints being presented to the General Manager, however no evidence was provided to demonstrate that the Hygiene Services Committee considers hygiene related complaints on a regular basis.

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.

- Limited evidence was provided to demonstrate that patients, families and other service users were involved in evaluating the Hygiene Services of the organisation.

- No evidence was provided of a hygiene specific patient satisfaction survey being undertaken. 'Your service your say surveys' were on going with limited comments on hygiene reported.

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.

- Evidence was provided of hygiene audits within departments and of recently re-established management walkabouts.
- There was limited evidence of evaluation and resultant actions from the results of audits.
- No evidence was provided of a formalised suite of performance indicators or of any benchmarking activity.
- There was no evidence of evaluation of the extent to which hygiene services quality initiatives were being undertaken.

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.

- No evidence was provided to demonstrate that the hospital had an annual report in place, although it was reported that the organisation had produced a report in 2007.

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	B
CM 2.1	C	C
CM 3.1	C	B
CM 4.1	C	B
CM 4.2	C	C
CM 4.3	C	B
CM 4.4	C	C
CM 4.5	C	C
C_M 5.1	C	B
CM 5.2	B	A
CM 6.1	B	C
CM 6.2	C	C

CM 7.1	B	B
CM 7.2	B	B
CM 8.1	C	C
CM 8.2	C	B
CM 9.1	C	C
CM 9.2	C	B
CM 9.3	C	C
CM 9.4	B	B
CM 10.1	C	B
CM 10.2	C	C
CM 10.3	C	C
CM 10.4	C	C
CM 10.5	B	B
CM 11.1	B	B
CM 11.2	C	B
CM 11.3	C	C
CM 11.4	C	C
CM 12.1	C	A
CM 12.2	C	B
CM 13.1	C	C
CM 13.2	C	C
CM 13.3	C	C
CM 14.1	B	B
CM 14.2	C	C
SD 1.1	C	B
SD 1.2	C	C
SD 2.1	C	B
SD 3.1	C	B
SD 4.1	B	B
SD 4.2	C	C
SD 4.3	C	B
SD 4.4	A	B
SD 4.5	B	B
SD 4.6	A	A
SD 4.7	B	B
SD 4.8	C	B
SD 4.9	C	B
SD 5.1	B	C
SD 5.2	C	B
SD 5.3	C	B
SD 6.1	C	C
SD 6.2	C	C
SD 6.3	C	C