Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Midland Regional Hospital at Portlaoise

Assessment Report

Assessment date: 13th 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
- Six lead assessors covering all the hospitals
- Assessors worked in pairs at all times
- 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 Midland Regional Hospital at Portlaoise – Organisational Profile[1]

The Midland Regional Hospital at Portlaoise is a 202-bedded hospital and it forms part of the network of hospitals in the Midland Region. It provides a range of services, including paediatrics, general medicine, general surgery, obstetrics and gynaecology.

2.2 Areas visited

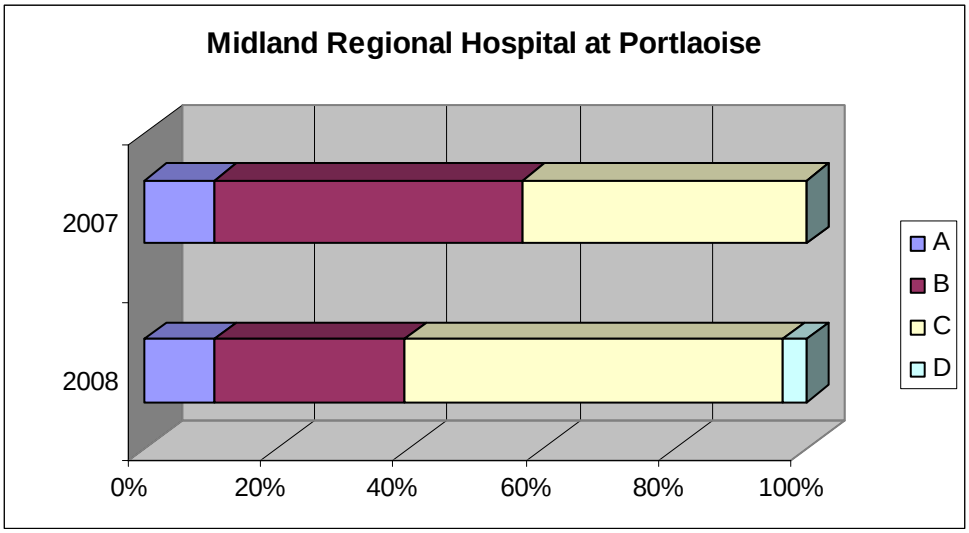
The Assessment team visited the following areas:

- Emergency department
- Outpatients department
- General medicine ward
- Surgical ward
- Laundry services
- Waste compound.

[1] The organisational profile was provided by the hospital

2.3 Overall Rating

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

The Midland Regional Hospital at Portlaoise 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.

- It was demonstrated that the Environment and Facilities Committee meets on a monthly basis and it has developed a corporate plan for hygiene services.
- It was demonstrated that the Corporate Plan contains a number of targets which have been readjusted in 2008.
- Evidence was demonstrated that the hospital conducts internal hygiene audits using a well-established tool.
- Evidence demonstrated that the internal hygiene audits are conducted on an irregular basis and information from these audits is not shared nor fed back, and limited evidence was available to indicate that actions have been taken as a result of the audits.
- Evidence was not demonstrated that the hygiene services needs assessment process has been implemented throughout the organisation.
- No evidence of evaluation has taken place of the efficacy of the needs assessment process.

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.

- The hospital demonstrated some evidence of the maintenance, modification and development of its hygiene services.
- It was demonstrated that there was an internal audit process in place, a Cleaning Manual has been developed, disposable curtains have been introduced, a hand basin replacement programme is in place and the ward kitchen in the Maternity Department has been refurbished.

- The organisation did not demonstrate evidence of a formal evaluation of the effectiveness of these developments and modifications.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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

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

CORPORATE PLANNING FOR HYGIENE SERVICES

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

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

- The organisation has not developed a comprehensive hygiene services corporate strategic planning process with clear organisational objectives and key performance indicators (KPI).
- Evidence was demonstrated that the hospital has developed a hygiene services strategic plan, service plan and annual report.
- The Environment and Facilities Committee, was directly responsible for the development of these documents.
- The organisation did not demonstrate evidence that these reports have been widely disseminated
- No interim evaluation or review has taken place.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- Evidence was demonstrated that members of the Executive Management Team attend various committees meetings.

- It was demonstrated that a “Hospital Watch” Committee has been established and hygiene-related issues are discussed at this committee.
- It was advised that there was an organisation-wide Cleaning Manual but this was observed not to be widely available.
- There was limited evidence of representation from wards at the Environment and Facilities Committee.
- The organisation did not demonstrate that it had conducted an evaluation of the effectiveness of its hygiene services management structure.

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.

- The organisation demonstrated that it conducts internal audits.
- Evidence was demonstrated that the progress on various hygiene related initiatives and projects are discussed and reviewed at the Environment and Facilities Committee.
- There was no evidence demonstrated that the organisation has developed any organisational hygiene related key performance indicators.
- The organisation did not demonstrate that it had not evaluated its Hygiene Services’ information reporting process.

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.

- It was advised that in the area of infection prevention and control the management practices of the Hygiene Services have been improved as a result of research and best practice information. For example, hand hygiene training is delivered by the Infection Control team throughout the organisation.
- Evidence was demonstrated of hygiene newsletters being circulated and ward managers receive regular updates by email.
- It was advised that the Environment and Facilities Committee has reviewed a number of new hygiene-related products, such as cleaning equipment and hand hygiene products.
- The organisation did not demonstrate evidence that a formalised, organisation wide process existed to use information in order to improve the delivery of hygiene services.

CM 4.4 Rating: C (41-65% compliance with this criterion)

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

- It was demonstrated that the organisation has developed and updated localised policies, procedures and guidelines, in partnership with the Regional Network.
- There was no evidence that these policies, procedures and guidelines had been disseminated to each area
- There was no evidence of evaluation having taken place.
- The organisation did not demonstrate evidence that hygiene procedures are disseminated locally.

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.

- It was identified that individual members of the Environment and Facilities Committee have been consulted on the organisation's capital development programme, such as the new Emergency Department and the upgrading of maternity services.
- No formal process was demonstrated to involve the Committee and other stakeholders in the capital development planning and implementation process.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**
CM 5.1 Rating: A (>85% compliance with this criterion)

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

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

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**
CM 6.1 Rating: B (66-85% 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.

- It was demonstrated that the Hygiene Services Corporate and Service Plans refer to the allocation of resources.
- It was also demonstrated that the Hygiene Services Annual Report lists the budget for hygiene services.
- The organisation did not demonstrate evidence of a formal system to allocate resources on the basis of informed decisions.
- The organisation did not demonstrate a clearly defined process to allocate resources for Hygiene Services.
- It was advised that budgetary decisions are not made at the Environment and Facilities Committee meetings.

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

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

- The hospital demonstrated that individual members of the Environment and Facilities Committee are involved in the purchasing of some equipment and products, such as disposable curtains and cleaning products.
- No formalised process was demonstrated for the input from the Environment and Facilities Committee
- No evidence of evaluation has taken place of the involvement of the Committee.

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.

- Evidence was demonstrated that regional risk management policies, procedures and guidelines were in place and were evident throughout the hospital.
- It was observed that staff demonstrated a good understanding of the risk management process in the organisation.
- Evidence was demonstrated that internal hygiene audits take place.

- Evidence was demonstrated that findings from Environmental Health Officer Reports have been acted upon and there was evidence that risk management was discussed at the Environment and Facilities Committee meetings.
- The hospital did not demonstrate evidence of a systematic, organisation wide approach to the minimisation of hygiene related risks, for example the delay in moving to the new Emergency Department.
- There was evidence demonstrated that a limited number of staff have received risk management training.

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.

- It was advised that the organisation had access to a risk manager who covered the region. Feedback on risk management issues is provided to Divisional Nurse Managers and Service Managers.
- It was demonstrated that incident reporting was well established at all levels within the hospital.
- The hospital did not demonstrate evidence that the organisation actively reviews and monitors the identified risks on an ongoing basis.

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.

- It was advised that the hospital adheres to the HSE National Procurement Policy.
- The organisation demonstrated evidence of informal management and monitoring of contracts for example pest control and waste management contractors.
- The hospital did not demonstrate evidence of a formal monitoring arrangement for contractors.

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

The organisation involves contracted services in its quality improvement activities.

- The hospital demonstrated that it had a system in place to ensure that the waste management and pest control contractors meet best practice guidelines.
- The organisation did not demonstrate evidence on-site that the hospital involves contractors in formal quality improvement activities.

PHYSICAL ENVIORNMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: D (15-40% 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.

- It was observed that the conditions in the hospital's current emergency department are suboptimal from the perspective of the delivery of hygiene services in that the design and layout of the emergency department does not facilitate the delivery of an effective hygiene service.
- The new emergency department has recently been completed however it has not yet been commissioned.
- No evidence was demonstrated of evaluation of its physical environment.

***Core Criterion**
CM 9.2 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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.

- There was evidence demonstrated that the organisation conducts internal environmental audits but this process has not been formalised.
- The hospital did not demonstrate evidence of a systematic process to review the efficacy of the management of the environment and facilities, equipment and devices, kitchens, waste, sharps and linen.

CM 9.4 Rating: C (41-65% compliance with this criterion)

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

- The organisation identified that it has a system for gathering information through the "Your Service Your Say" comments and complaints system.

- Staff members interviewed indicated a high level of awareness and understanding of this process.
- The organisation did not demonstrate evidence of changes as a result of feedback received.
- The hospital reported that no hygiene related complaints had been received over the last two years. However, during the course of the assessment, a recent hygiene related complaint was identified.

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.

- It was identified that the selection and recruitment of staff is regional and based on national HSE guidelines.
- It was demonstrated that job descriptions outline roles and responsibilities and ensure that employees have the appropriate qualifications.
- There was no evidence demonstrated of local evaluation of the selection and recruitment process by the Human Resources Department.

CM 10.2 Rating: D (15-40% 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 hospital did not demonstrate evidence of a formalised process to ensure that human resources are assigned on the basis of work capacity and volume.
- No needs assessment on the current workload was demonstrated.
- The hospital did not demonstrate that it had a formal process in place to respond promptly to high absenteeism levels on a day to day basis.

CM 10.3 Rating: B (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 that it had developed job descriptions for hygiene services staff which detail relevant qualifications and training requirements.
- It was demonstrated that FETAC (Further Education and Training Awards Council) training is provided to Healthcare Attendants.
- There was minimal ongoing training demonstrated, apart from hand hygiene training.

- It was not evident at ward level that ward managers were aware that the Hygiene Services staff had received relevant and appropriate training.

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence that the contractors involved in waste collection and management were actively monitored
- The organisation demonstrated weak evidence that contract staff were managed by the contractors.
- It was advised that contractors are involved in the provision of a limited number of hygiene related services, such as pest control, waste collection and window cleaning.
- It was advised that at hospital level there was no formal input into the management of these contractors, which are regionally managed.
- No formalised evaluation of the performance of contract staff was demonstrated.

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

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

- It was demonstrated that the hospital's Hygiene Corporate and Service plans have identified a process for the allocation of human resources based on local needs.
- The organisation did not demonstrate evidence of this planning at ward level.
- It was advised that the allocation of hygiene services staff has remained unchanged over the last two years and the hospital has not conducted a review based on the changing needs, such as the high rate of absenteeism amongst hygiene services staff.

ENHANCING STAFF PERFORMANCE

***Core Criterion**
CM 11.1 Rating: C (41-65% compliance with this criterion)

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

- The organisation demonstrated evidence of an induction programme for all new staff, in line with national HSE policies.
- It was demonstrated that a number of staff members participate in delivery of the non-consultant hospital doctor training programme.

- The organisation did not demonstrate evidence of any review of the induction programme.
- No evidence was demonstrated that the hospital has taken appropriate actions to address non-attendance.

CM 11.2 Rating: C (41-65% 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 evidence of ongoing training in relation to hand hygiene, which is provided by the Infection Prevention and Control team.
- It was demonstrated that a number of Healthcare Attendants have received further relevant FETAC certification.
- There was no evidence demonstrated of a human resource plan to oversee the ongoing training and education of relevant staff.
- There was no evidence of an overall evaluation of the hygiene-related training provided.

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

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

- The organisation demonstrated that it had developed a CD-ROM for staff to view which contains relevant information for the provision of Hygiene Services
- Evidence was demonstrated that the Infection Control team has developed an evaluation form for the training provided.
- No evidence of any changes as a result of these evaluations was demonstrated.
- The hospital did not demonstrate that it had developed an organisation-wide process to ensure that training and education regarding hygiene services is effective.
- The organisation did not demonstrate evidence that it had commenced a training and education evaluation process.

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.

- Evidence was demonstrated that at ward level a cleaning checklist system exists and local hygiene audits have been undertaken.
- It was advised by staff members that underperformance was addressed at local level through the management structures.
- The hospital did not demonstrate that it had a formalised process in place to review the performance of all hygiene services staff.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

- It was advised that a regional Occupational Health service is available to all staff, with weekly visits to Portlaoise.
- Staff demonstrated a good level of awareness of this service.
- The organisation did not demonstrate evidence of a formal staff satisfaction survey or evaluation of the occupational health service provided.

CM 12.2 Rating: C (41-65% compliance with this criterion)

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

- There was no evidence demonstrated that hygiene services staff satisfaction and wellbeing is formally monitored by the organisation.
- A high level of absenteeism amongst hygiene services staff was demonstrated during the assessment. The hospital demonstrated evidence that it had taken some actions to address this.
- The hospital did not demonstrate that it had developed any KPI to monitor hygiene services staff satisfaction, health and wellbeing on an ongoing basis.

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 weak evidence that it collects hygiene-related data and information in line with best practice and legal requirements.
- The hospital identified that it gathers information through internal audits, incident reporting, cleaning checklists and complaints.
- No evidence was demonstrated that feedback is provided to relevant staff members.
- The organisation did not demonstrate that it had evaluated the quality of the information received or the information collection process.

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

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

- Evidence was demonstrated that hygiene-related data and information are discussed at relevant management and hygiene services staff meetings.
- The hospital has not undertaken an evaluation of the timeliness, accuracy and usefulness of the data and information provided.

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.

- The organisation demonstrated evidence of changes in data collection and information reporting
- The hospital has not completed a formal evaluation of the utilisation of data and information.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: C (41-65% compliance with this criterion)

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

- The organisation demonstrated that it had established an internal quality system and it had instigated a number of hygiene related quality initiatives over the last two years.
- No evidence was demonstrated that the organisation had integrated these hygiene quality initiatives with other performance monitoring activities.
- The organisation did not demonstrate evidence of hygiene related KPI

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

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

- The organisation demonstrated that they had set hygiene related goals and objectives in the 2008 Hygiene Services Service Plan. These goals and objectives were based on a progress review.

- The organsiation did not demonstrate evidence of a hospital-wide, regular evaluation of its hygiene services quality improvement system, including hygiene related KPI and hospital-wide dissemination of results of quality improvement initiatives.

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 hospital demonstrated that it uses the regionally developed template for the development of policies, procedures and guidelines.
- Evidence was demonstrated that the Regional Hygiene Committee has produced an evaluation report.
- At ward level, the organisation demonstrated weak evidence of the maintenance and dissemination of the recently developed policies and procedures.
- Staff members showed a limited awareness of the 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.

- It was advised that at local level new hygiene services interventions have been introduced on an ad hoc basis.
- The organisation did not demonstrate evidence of a systematic process to review the introduction of new products and other hygiene interventions.

PREVENTION AND HEALTH PROMOTION

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

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

- The hospital demonstrated that it had developed a new visiting policy which educates the community and supports health promotion in relation to the overall cleanliness of the hospital.
- It was observed that hygiene related information posters and leaflets are widely available throughout the hospital.
- The hospital did not demonstrate evidence to indicate that the hospital has evaluated the usefulness of its activities in this area.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- Evidence was demonstrated that an Environment and Facilities Committee is in place.
- The hospital demonstrated evidence that it had reviewed the frequency of its meetings and its hygiene service's team composition. Evidence was demonstrated that actions have been taken to address any identified areas for improvement.
- The organisation's hygiene services staff displayed low levels of awareness of the existence of the Hygiene Services Team and minutes of meetings were not demonstrated at ward level.
- No evaluation of the efficacy of the Committee was demonstrated.

IMPLEMENTING HYGIENE SERVICES

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

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

- It was observed that the organisation has a cleaning system in place.
- Hand gel facilities were observed to be available throughout the hospital.
- Bed frames and trolleys were observed to be visibly clean.
- Cleaning checklists were not always observed to be in place or kept up to date.

- A number of bathrooms were observed not to be clean and cobwebs were found in public toilet areas.
- A number of shower facilities were found to be in a poor state of repair.
- Sluice rooms were observed to be cluttered and did not have appropriate hand washing facilities.

***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.

- Cleaning devices were observed to be visibly clean.
- Dust was observed on equipment in a number of areas visited.
- Patient washbowls and urinals were not always observed to be inverted following cleaning.
- Inappropriate equipment (fans) was observed to be in use in a number of areas.

***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.

- Cleaning policies were observed to be in place and adhered to and cleaning equipment was visibly clean
- It was observed that Personal Protective Equipment was not available in all of the areas visited.
- It was observed that cleaning products were not always stored on shelves in locked cupboards.

***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.

- Kitchens were observed to be visibly clean.
- It was observed that wash hand basins were provided for kitchen staff.
- One of the ward kitchens visited was observed to be quite cluttered.
- Ventilation fans in one kitchen were observed to be visibly unclean.
- It was observed that access to the ward kitchen was not always restricted and documented policies were not demonstrated in each kitchen.

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

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

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

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

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

- Linen was observed to be segregated into categories and in appropriate colour coded bags.
- Soft furnishings were observed to be in need of repair in some of the areas visited.
- Hand washing facilities were not always provided in the vicinity of the laundry storage areas.

***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.

- Good hand hygiene practice was observed.
- Waste bins were noted to be hands free.
- Alcohol-based hand gel was noted to be available.
- Some of the clinical hand wash sinks were obstructed with equipment and furniture and therefore inaccessible on a number of wards.
- A number of hand wash sinks were observed not to conform to the HBN95 standard.

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

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

- The hospital demonstrated that it had incident reporting and risk management systems in place and staff members demonstrated their awareness and understanding of these systems throughout the assessment.

- The organisation did not demonstrate evidence of feedback following the reporting of an incident.
- The organisation conducts internal hygiene audits on an irregular basis and the organisation demonstrated weak evidence of corrective actions taken as a result of these audits.

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

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

- The Visiting Policy was observed to be displayed throughout the hospital and hygiene related information leaflets were available.
- The hospital did not demonstrate a systematic, coordinated approach to encourage patients and families to participate in improving hygiene services.
- No evaluation of the satisfaction of patients and families in participating in improving hygiene services was demonstrated.

PATIENTS'/CLIENTS' RIGHTS

SD 5.1 Rating: A (>85% compliance with this criterion)

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

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

SD 5.2 Rating: 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.

- It was advised that patients, families and visitors are provided with relevant information in relation to hygiene.
- It was observed that hand hygiene awareness posters were prominently displayed at ward levels.
- The hospital did not demonstrate that it had undertaken a formal evaluation of the family and visitor comprehension of and satisfaction with the information provided by the Hygiene Services team.

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

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

- The hospital advised that it uses the national HSE complaints policy and staff members demonstrated awareness of the complaints process.

- The hospital advised that it had not received any hygiene related complaints over the past two years. However, one hygiene-related complaint was identified in one of the areas visited. There was no evidence that this complaint had been presented or reviewed by the Environment and Facilities Committee who were reported to be responsible for investigating and managing these hygiene related complaints.

ASSESSING AND IMPROVING PERFORMANCE

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

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

- The organisation demonstrated evidence that its contractors are involved in the evaluation of its hygiene services.
- The hospital did not demonstrate evidence that patients and other stakeholder's were involved in the evaluation of its hygiene services.

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

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

- The hospital demonstrated that it had undertaken a number of hygiene related initiatives, including the development of organisation-wide job descriptions for Healthcare Assistants.
- The organisation did not demonstrate a systematic approach to the monitoring of the quality of its hygiene services.
- No evidence of evaluation was demonstrated of the hygiene related quality initiatives.

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

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

- The hospital demonstrated that it had developed a Hygiene Services Annual Report for 2007, which had been approved by Executive Management.
- The organisation did not demonstrate evidence that it had involved patients, families or staff in the development of the Report.
- There was no evidence demonstrated that the report has been disseminated throughout the organisation.

Appendix A: Ratings Details

The table below provides an overview of the individual rating for this hospital on each of the criteria, in comparison with the 2007 Ratings.

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

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