Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

National Hygiene Services Quality Review 2008

Naas General Hospital

Assessment Report

Assessment date: 18th September 2008

About the Health Information and Quality Authority

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

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

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

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

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

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

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

1 Background and Context

1.1 Introduction

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

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

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

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

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

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

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

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

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

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

Hygiene is defined as:

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

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

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

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

The Standards are grouped into two categories:

(a) Corporate Management

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

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

(b) Service Delivery

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

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

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

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

1.3 Assessment Process

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

Before the onsite assessment:

- **Submission of a Quality Improvement Plan (QIP) and accompanying information by the hospital to the Authority.** Each hospital was requested to complete a quality improvement plan. This QIP outlined the plans developed and implemented to address the key issues as documented in the hospital's Hygiene Services Assessment Report 2007.
- **Off-site review of submissions received**. Each Lead Assessor conducted a comprehensive review of the information submitted by the hospital.
- **The Authority prepared a confidential assessment schedule**, with the assessment dates for each hospital selected at random.
- **Selection of the functional areas.** The number of functional areas selected was proportionate to the size of the hospital and type of services provided. At a minimum it included the emergency department (where relevant), the outpatient department, one medical and one surgical ward.

  The hospitals were grouped as follows:
  - Smaller hospitals (two assessors) – minimum of two wards selected
  - Medium hospitals (four assessors) – minimum of three wards selected
  - Larger hospitals (six assessors) – minimum of five wards selected.

During the assessment:

- **Unannounced assessments.** The assessments were unannounced and took place at different times and days of the week. All took place within one day, except for one assessment that ran into two days for logistical reasons. Some assessments took place outside of regular working hours and working days.

- Assessments were undertaken by a **team of Authorised Officers** from the Authority to assess compliance against the National Hygiene Standards. Health Information and Quality Authority staff members were authorised by the Minister of Health and Children to conduct the assessments under section 70 of the Health Act 2007.

- **Risk assessment and notification.** Where assessors identified specific issues that they believed could present a significant risk to the health or welfare of patients, hospitals were formally notified in writing of where action was needed, with the requirement to report back to the Authority with a plan to reduce and effectively manage the risk within a specified period of time.

Following the assessment:

- **Internal Quality Assurance**. Each assessment report was reviewed by the Authority to ensure consistency and accuracy.

- **Provision of an overall report to each hospital, outlining their compliance with the National Hygiene Standards**. Each hospital was given an opportunity to comment on their individual draft assessment in advance of publication, for the purpose of factual accuracy.

- **All comments were considered** fully by the Authority prior to finalising each individual hospital report

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

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

1. **Documentation review** – review of documentation to establish whether the hospital complied with the requirements of each criterion
2. **Interviews** – with patients and staff members
3. **Observation** – to verify that the Standards and Criteria were being implemented in the areas observed.

To maximise the consistency and reliability of the assessment process the Authority put a series of quality assurance processes in place, these included:

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- Assessors worked in pairs at all times
- Six lead assessors covering all the hospitals
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

On the day of the visit, the hospital demonstrated to the Assessment Team their evidence of compliance with all criteria. The evidence demonstrated for each criterion informed the rating assigned by the Authority's Assessment Team. This compliance rating scale used for this is shown in Table 1 below:

Table 1: Compliance Rating Score

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

This means the more A or B ratings a hospital received, the greater the level of compliance with the standards. Hospitals with more C ratings were meeting many of the requirements of the standards, with room for improvement. Hospitals receiving D or E ratings had room for significant improvement.

2 Hospital findings

2.1 Naas General Hospital – Organisational Profile[1]

Naas General Hospital is one of five acute general hospitals in Hospital Network 9 in the Dublin/Mid Leinster Area of the HSE. With capacity of 243 beds, the hospital serves the catchment area of Kildare and West Wicklow, an area with rapidly growing population of some 200,000 people. It is located on the southern perimeter and within walking distance of the centre of Naas town. The hospital's catchment area is County Kildare excluding all areas north of Prosperous and also encompasses West Wicklow. The hospital provides acute emergency care for this region.

Services Provided

Naas General Hospital provides acute secondary hospital care in medicine and surgery for all persons over the age of 14 years.

An important aspect of the hospital's role is the provision of a 24-hour emergency department service.

The hospital has a full range of diagnostic services including radiology and pathology, physiotherapy, cardiology, nutrition and dietetics, speech and language, occupational therapy and pharmacy.

Lakeview unit is a 30-bedded unit which is an acute psychiatric admission unit but it is funded separately by PCCC.

The outpatient department is on level 2 and level 3. Clinics include medical, surgical, orthopaedic, fracture clinics, respiratory medicine, cardiology, care of the elderly, gastroenterology, psychiatry, anti-coagulation, pain management, ante-natal clinic run by the Coombe Women's Hospital, and dental surgeries run by community dental service.

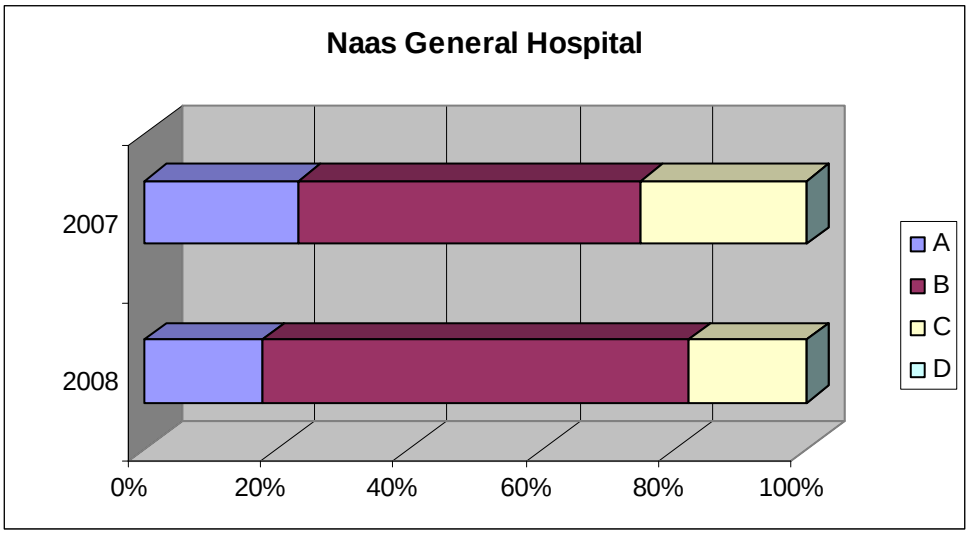
2.2 Areas visited

- Emergency department
- Outpatients department
- Imaal ward
- Allen ward
- Oncology day ward
- Liffey ward
- 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.

Naas General Hospital has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- While there was no documented process for the development of a needs assessment demonstrated, needs assessments had been conducted and these were progressed through the service planning process.
- The organisation demonstrated a strategic, service and operational plan.
- There was evidence that the hospital had re-introduced a comment card system
- There was no evidence of evaluation of the needs assessment process 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.

- The hospital demonstrated that hygiene audits were undertaken.
- It was demonstrated that a number of "Key Response Areas" had been developed and results were made known to Senior Management quarterly.
- No evidence was demonstrated of evaluation of results or action plans.

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.

- It was advised that linkages with the HSE were through the Network Manager, but documented evidence was not available to support this process.

- It was identified that the Hygiene Services Team worked in partnership with staff and contractors.
- There was no documented evidence demonstrated of staff/patient surveys or patient involvement in hygiene services. The organisation had re-introduced a comment card system. No evidence of results was demonstrated.

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 hospital demonstrated that it had a hygiene corporate strategic plan, which was developed in cooperation with the network.
- There were objectives demonstrated in the Service Plan that reflected the Strategic Plan.
- It was advised that the plan was communicated through the Hygiene newsletter.
- No evidence of evaluation of the goals and objectives as set out in the service plan 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.

- It was demonstrated that the organisational structure set out the authorities and reporting relationships for the hygiene services.
- Terms of Reference were demonstrated.
- There was evidence of introduction of the “free seat” concept into the hygiene committee where any staff member had the opportunity to attend the Hygiene Services Committee meeting as an observer.
- No evidence of evaluation of the structure was demonstrated.

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.

- It was demonstrated that results of hygiene audits together with information from the Quality and Risk Department were received by the governing body.
- It was demonstrated that key response areas had been developed and were reported to Senior Management.
- There was no evidence demonstrated that the appropriateness of the information received was being evaluated.
- While it was demonstrated that the Senior Management Team received information on key response areas, there was no documented evidence demonstrated that these were acted on/changes occurred.

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 identified that there was access to the Internet and information gathered through the hospital Research and Education forum.
- There was access to a Dangerous Goods Safety Advisor demonstrated.
- It was identified that a new waste management system had been put in place to meet best practice requirements.
- It was identified that hand hygiene training was mandatory and the hospital had introduced innovative ways to facilitate staff to attend training.
- It was identified that the hospital was evaluating the appropriateness of best practice in the use of colour coding.

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 corporate framework for the development of policies, procedures and guidelines for hygiene services was demonstrated.
- Not all policies observed in the operational areas adhered to this framework.
- It was demonstrated that staff had access to the X-drive on the computer network, where hygiene and infection control policies including waste were available.
- A Nurse Practice Development Unit was in place and led on best practice initiatives.
- There was no evidence demonstrated to confirm that the organisation was evaluating the process for developing and maintaining policies, procedures and guidelines.

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

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

- It was demonstrated that there was a representative from the Hygiene Services Committee on the hospital project team.
- Minutes of a meeting with a consultancy firm were demonstrated but no evidence of proactive assessment or advice at development phase was observed.
- Evidence was demonstrated that the organisation had an environment management plan.
- There was evidence from minutes observed of a meeting with a cleaning consultancy firm regarding the new capital development.
- Plans to contribute to training programmes in relation to best practice were discussed and this was confirmed in the minutes of the meeting.
- No evidence was demonstrated of evaluation of the process of consultation.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

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

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

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

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

The organisation has a multi-disciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**
CM 6.1 Rating: 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.

- A Service Plan and Strategic Plan were demonstrated.

- It was identified that funding was allocated to the hospital via the Dublin Mid-Leinster network.
- It was advised that funding was allocated based on the Service Plan.
- It was demonstrated that funding was made available to address cleaning storage areas following the 2007 National Hygiene report.

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

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

- It was demonstrated that there was a Medical Equipment Procurement Committee, which had a representative on it from Infection Control.
- Evidence was demonstrated of the Senior Management Team being informed of issues raised at this committee.
- No evidence of evaluation of the process was demonstrated.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**
CM 7.1 Rating: B (66-85% compliance with this criterion)

The organisation has a structure and related processes to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service.

- An incident reporting process and a complaints process was demonstrated.
- An audit system was in place and there was evidence demonstrated that it was working in relation to hygiene services.
- The hospital reported that there were no major adverse hygiene related events in the last year.
- It was advised that there was a Quality and Risk department and meetings take place quarterly.
- There was evidence that the Executive Management Team received reports and minutes of Risk Management activity.
- There was evidence that infection control incidents did not always feed into the risk management reporting process.

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.

- Evidence was demonstrated that the hospital had a staffed risk management department.
- It was demonstrated that the Quality and Risk committee was chaired by the General Manager.
- There was evidence that the committee produced quarterly reports.

- Evidence was demonstrated that the Quality and Risk structure had been reviewed.
- There was evidence that the organisation was actively responding to incidents.
- No hygiene related adverse events were reported.

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**
CM 8.1 Rating: B (66-85% compliance with this criterion)

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

- Evidence was demonstrated that the hospital adhered to the national procurement policy.
- It was identified that the organisation met with contractors on a regular basis and had been doing this since the 2007 National Report was published.
- There was no documented formalised process for monitoring day-to-day activity of contract staff in clinical areas, however, there was evidence that informal walkabouts occur and audits were used to monitor cleaning.

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 contract cleaners were represented on the hygiene services committee and team.
- The waste contractor was a member of the hospital's "green team".

PHYSICAL ENVIORNMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: B (66-85% compliance with this criterion)

The design and layout of the organisation's current physical environment is safe, meets all regulations and is in line with best practice.

- It was identified that the new extension to the hospital conformed to current building regulations.
- It was observed that the storage spaces in some areas were limited resulting in difficulty accessing hand-washing facilities. Progress in this area had been slow due to financial constraints.
- It was identified that Infection Control were involved in the development stage of the new stroke unit.

- A new waste compound had been developed in the last year on foot of the results of a Dangerous Goods Safety Advisor (DGSA) audit and this was observed.

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

There is evidence that the management of the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen is effective and efficient.

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

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.

- It was demonstrated that the hospital had a complaints system in place and this was the HSE "Your Service, Your Say" process.
- Evidence was demonstrated that in line with this policy formal complaints a
- were being monitored but there was no monitoring/evaluation of the informal complaints system.
- There was no evidence demonstrated of a staff satisfaction survey apart from catering.
- There was no evidence of evaluation 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 that it adhered to the National Guidelines on recruitment of staff.
- It was identified that these guidelines reflected current legislation.

- The organisation demonstrated that it had developed an interview marking scheme for contract cleaning staff.
- No evidence was demonstrated of evaluation of the selection and recruitment process.

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

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

- There was no documented evidence demonstrated of a needs assessment process
- There was evidence that the organisation had responded to changes in workload through an additional infection control support appointment and revision of contract cleaning schedules, along with redeployment of staff during infectious outbreaks.
- It was advised that the cleaning schedules for contract cleaning had been revised.

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

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

- Evidence was demonstrated that the hospital developed a template for interviewing contract cleaners.
- Evidence was demonstrated that the organisation liaised with contractors to ensure staff had appropriate training and that it was ongoing.
- It was identified that the contractor for cleaning services provided language classes for staff and this was facilitated by the organisation.
- It was advised that a central training record was maintained relevant to all contract cleaners and this was fed back to local managers for staff working in their areas.

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

There is evidence that the contractors manage contract staff effectively.

- The hospital demonstrated that it ensured there was a supervisor on site to manage contract staff.
- Induction and training was facilitated by the hospital and this was demonstrated
- No evidence was demonstrated of the appropriate use of contract staff.

***Core Criterion**
CM 10.5 Rating: A (>85% compliance with this criterion)

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

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

ENHANCING STAFF PERFORMANCE

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

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

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

CM 11.2 Rating: 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.

- There was evidence that the organisation actively supported hygiene education, training and continuous professional development.
- It was identified that hand hygiene training was now mandatory together with infection prevention and control lectures.
- It was identified that training requirements had been included in the tender for waste management services.
- The hospital demonstrated that attendance at training was being monitored.

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

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

- It was identified that there had been an increase in incident reporting associated with education sessions on risk management.
- The hospital identified that hand hygiene, infection control and household services audits had taken place to evaluate the usefulness of training and these had shown improvements in outcomes.
- Evidence was demonstrated that attendance levels at training were being recorded.

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.

- It was identified that there was no formal performance evaluation process in place.
- It was advised that there was some performance review through the household service audit and there was a shadowing and mentoring process in place.
- There was no evidence demonstrated of a formalised approach to the evaluation of staff performance.

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 identified that there was an Occupational Health service, which was now available locally two mornings each week.
- A full range of occupational health services was available.
- A vaccination programme was available to staff, including contract staff.

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.

- It was reported through interview that surveys were carried out by the Occupational Health Department, but documentary evidence in support of this was not available.
- The occupational health service was now available locally two mornings a week and it was reported that this was as a result of a staff survey.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

CM 13.1 Rating: B (66-85% compliance with this criterion)

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

- It was demonstrated that the organisation collected data from audits and had developed some Key Response Areas.
- It was demonstrated that data wais also collected from complaints and incidents.

- It was advised that best practice information was available through the hospital library and access to the Internet and intranet.
- No evidence was demonstrated of the reliability of information gathered

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 audit results being generated and evidence of hygiene related information being considered at Hygiene Services Committee.
- No evidence was demonstrated of user satisfaction in relation to the reporting of data.
- There was evidence of hygiene related information being considered at Hygiene Services Committee with a standardised template ensuring that Quality and Risk, complaints, Key Response Areas, etc were always an agenda item.
- The Hygiene Report following the 2007 hygiene audit was available on the Hospital website.

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 that it gathered information from many sources including incidents, complaints and audits.
- Evidence was demonstrated that this had included the development of Key Response Areas.
- There was no evidence demonstrated of the evaluation of the appropriateness of the information gathered.

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.

- It was advised that the organisation had a Quality and Risk Department.
- It was demonstrated that a hygiene newsletter had been developed to communicate with staff and service users.
- It was observed that plasma screens were also utilised to disseminate information to service users.

- It was advised that the “free seat” concept on the hygiene services committee had been found to be useful in raising awareness and interest in hygiene related issues.

CM 14.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence of key response areas being developed but limited evidence that the organisation collated and acted on these.
- It was identified that there had been an increase in audit activity and the hospital had begun the process of evaluation.

2.5 Standards for Service Delivery

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

EVIDENCE-BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

SD 1.1 Rating: C (41-65% compliance with this criterion)

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

- It was identified that Quality and Risk had developed a framework for the development of best practice guidelines.
- There was no evidence observed that this was being used in a consistent way at operational level.
- There was some evidence demonstrated of use by the hygiene services team.
- There was no documented evidence of evaluation of the process.

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.

- No formalised documented processes were demonstrated for the evaluation of interventions or changes.
- It was identified that audits take place and new interventions were included in this process.

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.

- It was demonstrated that the hospital had a health promotion committee.
- It was advised that approval and funding had been obtained for a health promotion stand at the main reception area.
- It was advised that the café in the main concourse had received an award from the Health Service Executive and the Department of Health and Children.
- Plasma screens that were reported to display health promoting and hygiene information were seen in the main reception, emergency department, and Out-patients Department.
- No formal evaluation was demonstrated.

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.

- It was demonstrated that the Hygiene Services Team was multidisciplinary in nature.
- The organisational structure clearly set out the linkages with the Hygiene Services Committee and other teams.
- Evidence was demonstrated that contractors were represented on the Hygiene Services Committee and Hygiene Services Team.
- It was advised that there were plans to evaluate the team structure and efficacy but this had not yet happened.

***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.

- Overall the standard of hygiene at ward level was high in the new area of the hospital.
- Some dust was noted on bed frames and hand dryers were noted in the Oncology Day Ward and emergency department.
- A consistent approach to the changing of curtains in clinical areas was not evident.
- While bathrooms/washrooms were clean there was no documented up to date cleaning record available.
- Storage areas in the emergency department and Out-patients Department were small and cluttered.
- In one ward visible dust was observed on fixtures, a raised toilet seat was noted to be visibly stained and cleaning records were not up to date.
- The sluice room was very small and cluttered with the wash-hand basin blocked by buckets in this area.

***Core Criterion**
SD 4.2 Rating: B (66-85% compliance with this criterion)

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

- Overall the organisation’s equipment, medical devices and cleaning devices were managed and clean. However there was visible dust on an equipment trolley in the Out-patients Department.
- In the emergency department a used auroscope head was in position in a cleaned cubicle while it was unclear in another cubicle if the auroscope heads present were clean or used.

***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.

- While cleaning equipment was observed to be managed and clean in many areas, storage presented a problem with cleaning products on open shelves in storage rooms rather than in locked cupboards.
- Storage facilities were observed to be cluttered.

- In one area the door to the washing machine area was observed to be held open leaving a contaminated piece of physiotherapy equipment accessible in an open bag.

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

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

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

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

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

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

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

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

- Overall the management of linen was to a high standard.
- It was observed that the hospital stored soiled scrubs from theatre and the mortuary in unlocked trolleys in a publicly accessible area where they were only collected weekly.

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

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

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

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

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

- There was a good Quality and Risk structure demonstrated including Health and Safety.
- There was a functioning incident reporting process with evidence of information being considered and acted on.
- There was no evidence of evaluation of the process or evidence that all hygiene and infection control incidents were being captured (e.g. hospital acquired infections).

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 demonstrated of a Hospital Visiting information leaflet.
- There were "Your Service, Your Say" leaflets displayed in public areas.
- There was some evidence that this information was used to inform hygiene services planning.

PATIENTS'/CLIENTS' RIGHTS

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

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

- It was demonstrated that patient privacy was covered in the patient information leaflet
- It was advised that confidentiality was covered as part of the induction process.
- Breach of confidentiality or patient dignity was reported through the risk management incident reporting process,
- It was advised that there had been no hygiene related incidents reported in the past two years.

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.

- There were information leaflets observed in relation to hygiene, Methicillin-Resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile*, visiting, and alcohol gels which were widely available.

- It was identified that patients were advised in relation to raising hygiene concerns and a comments and a complaints system was in place with evidence of information gathered being used to inform the hygiene service.

SD 5.3 Rating: A (>85% compliance with this criterion)

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

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

ASSESSING AND IMPROVING PERFORMANCE

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

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

- It was advised that the hospital used patient satisfaction questionnaires and "Your Service, Your Say" to gather and evaluate information on hygiene services.
- It was demonstrated that a hospital questionnaire had been re-introduced along with the "Your Service, Your Say" questionnaire in order to improve the quality of information gathered.
- No evidence was demonstrated of changes on foot of information gathered.

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

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

- The hospitals strategic, service and operational plans set out goals and time frames for hygiene services.
- Evidence was demonstrated that key response areas had been developed.
- There was evidence that household services environmental audits had been undertaken and a hygiene related annual report had been produced.
- There was no evidence of evaluation and graphing to identify trends.

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

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

- The hospital produced an annual report which included details in relation to its compilation.

- The report is available on the intranet and Internet on the Naas Hospital web page.

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. The colour green indicates that the organisation has improved its performance on the criterion. Red is used to indicate that the organisation's performance has deteriorated in comparison with the 2007 assessment.

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

Criteria	2007	2008
CM 14.1	B	B
CM 14.2	C	B
SD 1.1	C	C
SD 1.2	C	C
SD 2.1	B	B
SD 3.1	B	B
SD 4.1	A	B
SD 4.2	A	B
SD 4.3	A	B
SD 4.4	A	A
SD 4.5	A	A
SD 4.6	A	B
SD 4.7	A	A
SD 4.8	B	B
SD 4.9	B	B
SD 5.1	B	B
SD 5.2	B	B
SD 5.3	A	A
SD 6.1	C	B
SD 6.2	B	B
SD 6.3	C	B