

National Hygiene Services Quality Review 2008

National Maternity Hospital, Holles Street Assessment Report

Assessment date: 31st 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 reviews, as part of the *National Hygiene Services Quality Review 2008*, provide a detailed insight into the overall standard of each hospital, along with information on the governance and management of the hygiene services within each hospital. As such, the Review provides patients, the public, staff and stakeholders with credible information on the performance of the 50 Health Service Executive (HSE) and voluntary acute hospitals in meeting the *National Hygiene Services Quality Review 2008: Standards and Criteria*. The reports of each individual hospital assessment, together with the National Hygiene Services Quality Review 2008, can be found on the Authority's website, www.hiqa.ie.

Hygiene is defined as:

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

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

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

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

The Standards are grouped into two categories:

(a) Corporate Management

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

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

(b) Service Delivery

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

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

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

Core Criteria:

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

1.3 Assessment Process

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

Before the onsite assessment:

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

The hospitals were grouped as follows:

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

During the assessment:

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

Following the assessment:

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

1.4 Patient Satisfaction 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 National Maternity Hospital – Organisational Profile¹

The National Maternity Hospital is the largest maternity hospital in Europe with approximately 8,000 deliveries per year. The hospital was founded in 1894 and its purpose is to care for women prior to, during and after childbirth as well as providing a full range of gynaecological services. It is a university hospital for midwives and doctors and has a bed complement of 200.

The busy Gynaecological Unit is a national referral centre for gynaecological cancer. A one-year Higher Diploma in Neonatal Nursing is run in our Neonatal Intensive Care Unit. It is organised jointly with the Faculty of Nursing (RCSI) with the clinical component of the course based in our Neonatal Intensive Care Unit. The laboratory service encompasses adult and perinatal microbiology.

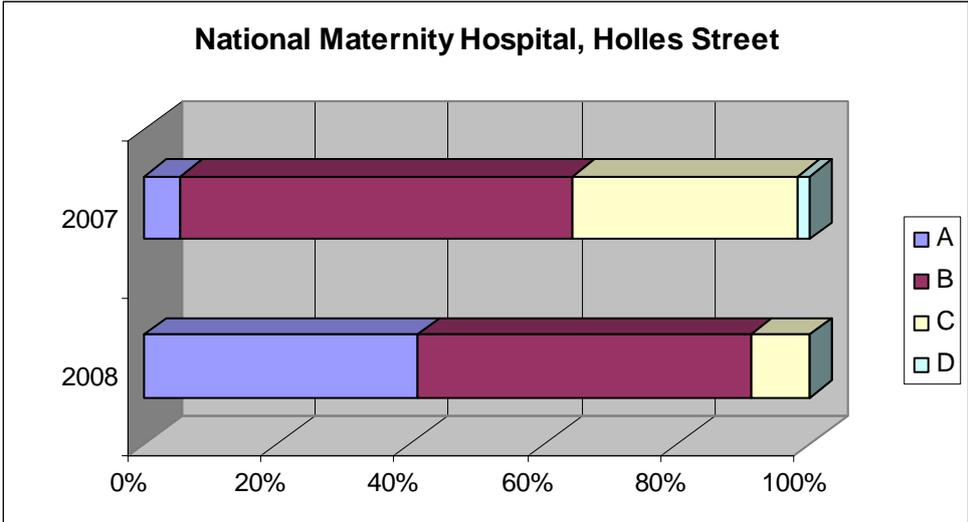
2.2 Areas visited

- Outpatient department
- Unit 3
- Unit 4
- 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.

National Maternity Hospital, Holles Street has achieved an overall rating of:

Fair

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The hospital demonstrated that it had a Corporate Hygiene Strategy dated January 2008 covering the period 2008-2010.
- It was identified that this was developed by the Hygiene Services Committee and was based on the National Hygiene Standards.
- It was identified that the needs assessment employed involved asking individual departments to identify their own needs and also needs identified through consideration of the National Hygiene Standards.
- It was demonstrated that the Hygiene Services Committee drew up the Service Plan also.
- It was demonstrated that the operational plan was drawn up by the Hygiene Services Team.
- No evaluation of the needs assessment process was demonstrated.

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

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

- Evidence was demonstrated that the hospital had responded to needs identified through decontamination audits and the previous hygiene report by seeking capital funding, undertaking an options appraisal and sourcing funding for a Hospital Sterile Services Department (HSSD) within the last year.
- Evidence was also demonstrated of refurbishment of the Merrion Wing and front hall.
- A 24/7 hygiene service had been introduced with one extra person on duty at night.
- No evaluation of the developments was demonstrated.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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

- The hospital demonstrated that it had linkages with the Dublin Academic Teaching Hospitals Group with monthly meetings covering issues such as Methicillin-Resistant *Staphylococcus aureus* (MRSA), Medical Equipment Management etc. Minutes of meeting dated 23/5/08 confirmed this.
- Evidence was also demonstrated of linkages with the HSE through the Network Manager.
- The hospital demonstrated that both patient and staff satisfaction surveys were undertaken in 2008.
- There was evidence of a partnership group that meets monthly.
- No evaluation of the efficacy of the linkages 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 their process for developing their Hygiene Corporate Strategic Plan.
- The plan was demonstrated and contained clearly defined goals and objectives.
- Evidence demonstrated that it was developed by the Hygiene Services Committee and terms of reference for this group were demonstrated.
- It was identified that all hospital departments were asked for contributions which informed the development of the plan.
- There was no evidence of patient input demonstrated.
- The plan was available on the intranet.
- No evaluation of the goals and objectives against defined needs was demonstrated.

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

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

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

GOVERNING AND MANAGING HYGIENE SERVICES

CM 4.2 Rating: B (66-85% compliance with this criterion)

The Governing Body and/or its Executive Management Team regularly receive useful, timely and accurate evidence or best practice information.

- Evidence was demonstrated of the Executive Management Team (EMT) receiving and acting on information in relation to Hygiene Services.
- This was through common membership of senior managers on both the executive management team and the hygiene services committee.
- Key performance indicators were presented to the EMT and evidence was demonstrated of this through minutes.
- Minutes of the meeting of July 2008 confirmed that a member of the Infection Control Team had given a presentation on changes to practice in relation to wound dressings.
- No evaluation of the appropriateness of the information received was demonstrated.

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

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

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

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

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

- Evidence was demonstrated of a policy being in place for the development of policies, procedures and guidelines. It was identified that the standardised template had been in place for two years.
- It was identified that funding had been allocated for a document management system.

- A chair for a project group to progress this had been nominated and will be in place by the end of the year.
- The hospital had a multidisciplinary guidelines committee that had been functioning since 2004. It was demonstrated that it met every 2 months.
- No evidence of evaluation of the efficacy of the process for developing policies, procedures and guidelines was demonstrated.

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

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

- Evidence was demonstrated that the interim development coordinator sat on the Hygiene Services Committee.
- It was identified that a hygiene team representative was on all committees set up to oversee refurbishments (E.G the Merrion Wing and the Front Hall)
- Minutes confirming this were demonstrated (23/01/08).
- No evaluation of the committee's involvement in capital development was demonstrated.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

The organisation has a 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.

- The hospital demonstrated that they had a dedicated hygiene budget with a reserve for contingency plans.
- Evidence was demonstrated that resource allocation was discussed through the HSC.
- An example of increased collections arranged for clinical waste because of storage problems in locked area was demonstrated. This required extra resources to cover the cost.
- Evidence was demonstrated of correspondence sent to the Network Manager outlining that resource allocation was insufficient to meet the hospitals needs.

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

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

- Evidence was demonstrated that the HSC was involved in the purchase of equipment/products and this was confirmed through terms of reference
- Evidence was demonstrated of consideration by the HSC in relation to the use of single use items.
- Evidence was also demonstrated of a trial of an alcohol hand gel with evaluation of same and decision to change to its use.
- Evidence was demonstrated that this was discussed at the HSC meeting of 24/6/08.
- No evidence was demonstrated of evaluation of the efficacy of the consultation process between the hygiene services committee and senior management.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 Rating: A (>85% compliance with this criterion)

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

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

CM 7.2 Rating: A (>85% compliance with this criterion)

The organisation's Hygiene Services risk management practices are actively supported by the Governing Body and/or its Executive Management Team.

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

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**

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

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

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

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

The organisation involves contracted services in its quality improvement activities.

- Evidence was demonstrated that the hospital included its contractors in the quality improvement process.
- Quality was an inherent part of the tendering process and an example of the laundry contract was demonstrated which required that 10% of the total marking would be assigned to quality.
- The laundry contractor identified to the hospital the frequency of white coat changing of its staff.

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: C (41-65% compliance with this criterion)

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

- Evidence was demonstrated that within the last year the hospital had developed lecture rooms, the front hall and installed isolation rooms in Unit 8.
- Evidence was demonstrated that the hospital converted the education room in Unit 3 into a 6 bedded area to provide for the privacy of patients who had been accommodated between beds in other wards previously because of lack of space. However no extra toilets or showers were provided.

- Some modifications were also made to meet the Strategy for the control of Antimicrobial Resistance in Ireland guidelines.

***Core Criterion**

CM 9.2 Rating: B (66-85% compliance with this criterion)

The organisation has a process to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen.

- Evidence was demonstrated of a health and safety committee being in place and of an environmental management plan drawn up by the waste management officer being monitored through the health and safety committee.
- The need for kitchen upgrades was identified through the hospitals needs assessment process and evidence was demonstrated of the Hygiene Service Committee identifying in what order kitchens would be upgraded.
- Evidence demonstrated that there were policies, procedures and guidelines in place in relation to waste sharps and linen.

CM 9.3 Rating: B (66-85% compliance with this criterion)

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

- Evidence was demonstrated of a training programme for auditors and a schedule for hygiene audits.
- There was evidence that waste and sharps audits are also conducted.
- Evidence was also demonstrated of hygiene audits along with hand hygiene audits being conducted and collation of results.
- It was identified that a member of the executive management team followed up in relation to corrective actions from audits.

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.

- Evidence was demonstrated that as a result of a patient satisfaction survey visiting times were restricted in the hospital.
- There was also evidence of a service user forum and focus group.
- Complaints were monitored and evidence was demonstrated of hygiene related complaints being considered.

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 had a recruitment and selection policy in place that met with legislative and best practice requirements.
- It was advised that hygiene services were met through in- house and agency staff.
- It was demonstrated that agency staff were directly managed by in-house supervisors.
- Training records for agency and in- house staff were demonstrated.
- It was advised that the hospital drew up job descriptions to meet local needs.
- No evidence of evaluation of the recruitment process was demonstrated.

CM 10.2 Rating: A (>85% compliance with this criterion)

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

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

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

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

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

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

There is evidence that the contractors manage contract staff effectively.

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

***Core Criterion**

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

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

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

CM 11.3 Rating: A (>85% compliance with this criterion)

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

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

CM 11.4 Rating: B (66-85% compliance with this criterion)

Performance of all Hygiene Services staff, including contract /agency staff is evaluated and documented by the organisation or their employer.

- The hospital demonstrated evidence that staff were monitored during their probationary period and a performance assessment formed part of this process.
- It was advised that there was a team based performance management system in place with 16 teams.

- It was advised that the hygiene team had gone through this process.
- It was identified that the team had evaluated themselves and identified training requirements.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

- The hospital demonstrated that it had an occupational health service with an in house occupational health nurse and an occupational health physician visiting twice per week.
- A full occupational health service was demonstrated with an employee assistance programme being developed.
- There was evidence that a staff health fair was held in April 08 providing some screening services for attendees.
- The assessors were informed that an occupational health survey was undertaken in February 2008 but no results were demonstrated.

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

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

- The hospital demonstrated that it monitored absenteeism and staff turnover as indicators of staff satisfaction.
- There was also a staff satisfaction survey conducted in June 08 but no evaluation was demonstrated.
- The hospital has a "Town Hall Meetings" system which was an open forum for staff to feed back on issues of concern 3 monthly.
- Focus group meetings have also been held.
- No evidence was demonstrated of evaluation of the monitoring mechanism or actions on foot of feedback.

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.

- Evidence was demonstrated that information was gathered and used from many sources including key performance indicators, audits, EHO and HACCP reports and a Barbour Index for Health and Safety which covered Irish and UK issues that safety representatives had access to.

- No evidence of evaluation of the process or quality of data was demonstrated.

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 audit reports were circulated immediately.
- No evidence was demonstrated that the method of presentation or user satisfaction had been evaluated.

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

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

- Evidence was demonstrated that the hygiene service had requested that Human Resources change the way they provide information on absenteeism in order to improve the service provided and as a result information was now being provided monthly rather than on a 6 monthly basis.
- Evidence was also demonstrated that in order to improve data in relation to infection control issues an infection control medical scientist was now in place.
- The hospital advised that information in relation to slips, trips and falls was being made available more frequently and was being acted on but no evidence of this was demonstrated.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: A (>85% compliance with this criterion)

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

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

CM 14.2 Rating: A (>85% compliance with this criterion)

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

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

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.

- Evidence was demonstrated that there was a policy on the development of policies, procedures and guidelines in place.
- A document management system was being implemented and the hospital advised that policies, procedures and guidelines were being uploaded onto this.
- Evidence was demonstrated of a flat mop system in use in clinical areas but no evidence was demonstrated of a colour coding system being adhered to.
- No evidence was demonstrated of evaluation of the process of developing policies, procedures and guidelines.

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

- Evidence was demonstrated of two types of alcohol hand gel being trialed, evaluated and a decision on use of one type made.

- A new hospital sterile services department had been brought into use in the last year for the purpose of decontamination of equipment.
- No evidence was demonstrated of evaluation of this.
- Procurement assessment forms and tender analysis summaries were demonstrated.

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.

- Evidence was demonstrated that a member of the senior nursing team chaired the local health promoting hospitals group.
- The hospital advised that there was a GP liaison group and a Public Health Nurse Community Network.
- Evidence was demonstrated throughout the hospital of promotional posters and leaflets relating to hygiene issues.
- No evidence of 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.

- Evidence was demonstrated that the Hygiene Services Committee and Hygiene Services Team were multidisciplinary in nature.
- The organisational structure was demonstrated and set out linkages with other teams/committees
- Terms of reference were demonstrated and set out roles and responsibilities.
- No evidence was demonstrated of the evaluation of the multidisciplinary team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- Areas visited were noted to be dusty.
- In Unit 3 shower floors and a toilet bowl were visibly soiled.

- In the 6 bedded overflow area the wash hand basin was inside a patient's bed space.
- Sluice rooms were cluttered and doors were open.

***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.

- Equipment seen was dusty.
- There was no record indicating that equipment was clean.
- Some bed pans were noted to be stained.

***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 equipment seen was dusty.
- Cleaning products were stored in sluice rooms that were open.
- Colour coding cloths were in place but no colour coding of flat mopping was evident.

***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.

- The fly screen in Unit 3 was noted to be broken and in need of cleaning despite the checklist indicating it had been cleaned on the previous 3 days.
- Segregation of roles of cleaner and caterer was awaiting progression.

***Core Criterion**

SD 4.5 Rating: C (41-65% 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.

- An open clinical waste bin was observed outside the lifts on the 2nd. Floor.
- In Unit 4 there was no clinical waste bin in the treatment room.

- In the waste compound the locked area was insufficient for the hospital needs and clinical waste bins were stored in an area of the car park awaiting collection. This area was accessible to the public.

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

SD 4.9 Rating: A (>85% compliance with this criterion)

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

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

PATIENT'S/CLIENT'S RIGHTS

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

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

- Evidence was demonstrated that patient dignity was included as an item in job descriptions and was covered in the staff handbook.
- Evidence was demonstrated that there was a clinical governance framework in place and a patient charter was displayed in clinical areas.
- Limitations with the building proved a challenge in relation to dignity in some areas visited for example the wash hand basin was located behind a patient's curtain in a multiple bedded area.
- It was advised that breaches of patient dignity were managed through the risk management and complaints processes
- Dignity was covered in a question in the patient satisfaction survey.

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

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

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

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

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

- The hospital demonstrated that it used the HSE "your Service, Your Say" policy and procedure in relation to complaints management.
- The hospital provided evidence in relation to hygiene complaints received.
- No evidence of evaluation or resulting action was demonstrated.

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

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

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

ASSESSING AND IMPROVING PERFORMANCE

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.

- Evidence was demonstrated that the Hygiene Service Team measured performance through audits and performance indicators.
- Many examples of hygiene service quality initiatives over the last two years were demonstrated, for example, upgrading of some areas, provision of isolation rooms, hygiene related health promotion activities, contract reviews and increased cleaning hours.
- The hospital produced a hygiene service annual report that formed part of the hospital services annual report (pages 54-55) and was available on the internet.

SD 6.3 Rating: A (>85% compliance with this criterion)

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

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

Appendix A: Ratings Details

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

Criteria	2007	2008
CM 1.1	C	B
CM 1.2	B	B
CM 2.1	C	B
CM 3.1	C	B
CM 4.1	C	A
CM 4.2	B	B
CM 4.3	C	A
CM 4.4	C	B
CM 4.5	C	B
CM 5.1	C	A
CM 5.2	C	A
CM 6.1	B	B
CM 6.2	C	B
CM 7.1	B	A
CM 7.2	B	A

Criteria	2007	2008
CM 8.1	A	A
CM 8.2	B	B
CM 9.1	D	C
CM 9.2	C	B
CM 9.3	B	B
CM 9.4	B	B
CM 10.1	C	B
CM 10.2	B	A
CM 10.3	B	A
CM 10.4	B	A
CM 10.5	B	A
CM 11.1	B	A
CM 11.2	B	A
CM 11.3	B	A
CM 11.4	B	B
CM 12.1	B	B
CM 12.2	B	B
CM 13.1	C	B
CM 13.2	C	C
CM 13.3	B	B
CM 14.1	A	A
CM 14.2	B	A
SD 1.1	C	C
SD 1.2	C	C
SD 2.1	B	B
SD 3.1	C	B
SD 4.1	B	B
SD 4.2	C	B
SD 4.3	B	B
SD 4.4	B	B
SD 4.5	A	C
SD 4.6	B	A
SD 4.7	B	A
SD 4.8	B	A
SD 4.9	B	A
SD 5.1	B	B
SD 5.2	B	A
SD 5.3	B	B
SD 6.1	B	A
SD 6.2	C	B
SD 6.3	B	A