

**National Hygiene Services Quality Review 2008
The Rotunda Hospital
Assessment Report**

Assessment date: 6th November 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 (HCIs) 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.higa.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 Organisational Profile

The Rotunda Hospital is a 194 bedded Hospital situated in central Dublin. The hospital's 4.5 acres campus consists of nine main buildings that vary in age from 1757 to buildings commissioned in 2003. The Main Hospital was built in the year 1757 and parts of the building have been extended in the 19th century. The hospital provides a comprehensive range of services to meet the needs of pregnant women and their babies, women with gynaecological conditions and women and men experiencing infertility. The Rotunda Hospital is a training school for both doctors and midwives.

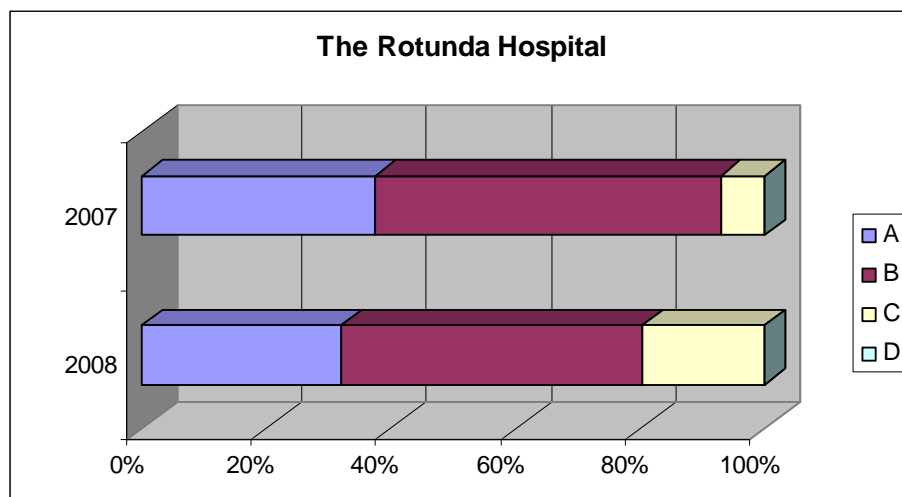
2.2 Areas Visited

The assessment team visited:

- Emergency department
- Maternity Outpatient department
- General prenatal
- Gynaecology ward
- Laundry services
- Waste compound.

2.3 Overall Rating

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



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

The Rotunda Hospital has achieved an overall score of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

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

CM 1.2 Rating: 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 organisation demonstrated a number of minor capital projects which had been undertaken in 2008 including a sluice room, storage facilities, a new ventilation system in the catering department and a painting programme.
- A major capital development was underway in the main reception area and the organisation demonstrated that there was shared membership between the development group and the Corporate Management Hygiene Services Advisory Committee.
- Results of comment cards were demonstrated including where patients had requested more privacy in the reception area. Evidence was provided to demonstrate that this had been included in the renovation plans.
- A new waste compound was demonstrated that removed clinical waste bins from the car park to a more secure area.
- There was no evidence of evaluation of developments and modifications 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 organisation demonstrated linkages and partnerships with the HSE through the Network Manager internal monitoring review meeting commentary.

- There was also evidence provided that a member of the Infection Control Team was a member of the Local Implementation Team winter initiative group.
- The organisation also demonstrated linkages with Dublin City Council when planning the development of the reception area.
- A patient satisfaction survey was also provided as evidence of compliance.
- A partnership committee was also demonstrated as was the appointment of a contract cleaning supervisor who was a member of the Corporate Management Hygiene Services Advisory Committee.
- No evidence was demonstrated of evaluation of the efficacy of the linkages and partnerships.

CORPORATE PLANNING FOR HYGIENE SERVICES

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

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

- The organisation demonstrated a documented process for the development of a Corporate Hygiene Strategic Plan. The Strategic Plan was also demonstrated. This plan was approved by the Corporate Management Hygiene Services Advisory Committee and the General Purposes Committee, a sub committee of the Board of Governors, as demonstrated through minutes of meetings.
- No evidence was demonstrated of consultation with patients for the process or of evaluation of the plans goals, objectives and priorities against defined needs.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- The organisation demonstrated that its provisions for hygiene services were clearly defined.
- Organisational charts were provided as evidence to demonstrate that they outlined responsibility for hygiene services at all levels up to and including the Board of Governors with the exception of the contract cleaning service.
- The organisation demonstrated a corporate governance framework, however they did not demonstrate any evidence of evaluation of the review of hygiene services provisions.

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

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

- The organisation demonstrated through minutes of meetings that the Board of Governors General Purposes Committee was updated on hygiene related issues and satisfaction surveys.
- Evidence was provided to demonstrate that members of the Board had 'elevenses' meetings with staff members to get feedback two to three times per year.
- Minutes of Executive Management Team meetings demonstrated that hygiene related information, including satisfaction surveys, was reviewed.
- The organisation demonstrated, through audit findings, that members of the Executive Management Team were involved in environmental audits.
- The organisation did not demonstrate any evaluation in relation to the appropriateness of the information received and no key performance indicators were demonstrated.

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

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

- The organisation demonstrated that a library, Internet, intranet and computerised document management system were available to all staff members.
- A library newsletter was demonstrated which included hygiene services information. In one edition, a literature review on 'surgical hand antisepsis' was demonstrated.
- All policies, procedures and guidelines demonstrated were evidence based.
- Details of Infection Control and Waste Management sessions were demonstrated to form part of the induction programme for all staff members.
- No evaluation was demonstrated of the appropriateness of hygiene services related research and best practice information available.

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

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

- The organisation demonstrated a policy for the development, maintenance and review of hospital policies, procedures and guidelines.
- All policies, procedures and guidelines were demonstrated to be available on a computerised document management system for all staff members; however some staff members had to access the system via their manager or supervisor.
- A hard copy of all policies, procedures and guidelines was demonstrated to be available at all times via the midwifery/nursing administration office.

- No evaluation of the efficacy of the process for developing and maintaining hygiene services policies, procedures and guidelines was demonstrated.

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

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

- While there was evidence of consultation with the Infection Control Team on the reception project the organisation did not demonstrate a formal process for involving the hygiene services team in capital development planning and implementation.
- The organisation demonstrated shared membership of a number of committees, however there was no formal link between the hygiene services committee and capital development planning.
- No evaluation of the efficacy of the consultation process was demonstrated.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

The organisation has a 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: A (>85% compliance with this criterion)

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

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

CM 6.2 Rating: A (>85% compliance with this criterion)

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

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

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 Rating: A

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: 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.

- The organisation demonstrated a number of contracts in place including laundry, sanitary bins and pest control which were managed through a joint Dublin maternity hospital procurement group.
- The organisation demonstrated evidence of a Procurement Committee.
- The organisation provided evidence to demonstrate that an audit of the laundry supplier had taken place and corrective actions were also demonstrated.
- The organisation also demonstrated a waste management contract and a service level agreement for contract cleaning services.

- No documented process for establishing contracts was demonstrated, however the organisation did demonstrate a Contractors Policy for managing contracts.
- The organisation demonstrated a service level agreement for the contract cleaners that outlined duration, liabilities and conflict resolution.
- It did not detail clear specifications or reporting relationships.

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

The organisation involves contracted services in its quality improvement activities.

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

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

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

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

- Through their minor capital works projects list for 2008, the organisation demonstrated they had identified limitations including storage, ventilation, and flooring.
- Through their major capital works list for 2008 the organisation demonstrated that they had also identified the need to redevelop the reception area.
- Evidence was provided to demonstrate that the architects, utilised by the organisation, had prepared a draft document regarding regulations and best practice.
- There was evidence demonstrated that the waste compound had been expanded to ensure all healthcare risk waste bins were locked within the compound at all times.
- A Health and Safety Committee was demonstrated and a safety statement was provided as evidence.
- It was observed that all wash hand basins were compliant to best practice in all clinical areas visited with the exception of the Emergency Room.

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

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

- The organisation demonstrated that they evaluated the management of the organisation's environment and facilities, equipment and devices, kitchens, waste, sharps and linen through patient and staff satisfaction surveys and audits.
- The patient and staff satisfaction surveys relating to hygiene were completed in February 2008 by external consultants and the report demonstrated recommendations; however no action plans were demonstrated.
- Internal environmental audits by the senior management team were demonstrated; however no action plans were demonstrated.
- The Infection Control Team demonstrated two hand hygiene audits and a hand hygiene facilities audit; however no action plans were demonstrated.

CM 9.4**Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated a patient satisfaction survey (translated into four languages) with a specific section on hygiene which was undertaken twice a year. This survey was demonstrated to be independently analysed however there was no evidence of follow-up.
- Evidence was provided to demonstrate that the results of the patient satisfaction survey had been discussed at the Quality and Safety Committee, however there was no evidence provided to demonstrate that they had been discussed at the Corporate Management Hygiene Services Advisory Committee.
- A complaints management system was also demonstrated, however there was no evidence provided to demonstrate that hygiene related complaints were discussed at the Corporate Management Hygiene Services Advisory Committee.
- The organisation demonstrated that a staff satisfaction survey had been completed in January 2008 however there were no recommendations or action plans demonstrated.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

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

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

- The organisation demonstrated a recruitment and selection policy, approved in 2005, that was based on national guidelines and reflected legislation and best practice.
- A Human Resources department strategy was also demonstrated, with detailed objectives, which was approved in 2007
- Job descriptions were demonstrated that set out the required qualifications for employees.
- The 2007 Human Resources Annual Report was demonstrated which included a recruitment exercise comparison between 2006 and 2007 including turnaround times and posts not filled.
- The organisation demonstrated a service level agreement for the contract cleaners that had no detail in relation to reporting relationships, training needs or occupational health needs.

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

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

- The organisation demonstrated that they had undertaken a review of the Maternity Care Assistant role from 2007-2008 and the role was demonstrated to have been expanded to include responsibility for clinical waste and sharps.
- The organisation also demonstrated that a service level agreement had been established for window cleaning, wall washing and high dusting.
- A flowchart of an assessment of hygiene services human resource requirements on implementation of a new service was also demonstrated.
- No evaluation of the appropriateness of work capacity and volume review was demonstrated.

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

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

- The organisation demonstrated that human resources processes ensured that staff members had the appropriate qualifications and a range of job descriptions were also demonstrated.
- The organisation's induction/orientation programme was demonstrated to include hygiene services.

- It was demonstrated by the organisation that the majority of the household staff members had participated in a three day hygiene awareness training programme that was provided by an external company.
- The service level agreement demonstrated for the contract cleaners did not detail qualifications or training requirements.

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

There is evidence that the contractors manage contract staff effectively.

- The organisation demonstrated that the cleaning contractor has a supervisor onsite, Monday to Friday with cleaning contract staff on site seven days per week.
- Evidence of meetings between the external contractors and support services management were demonstrated however the service level agreement did not document the reporting relationship of the site supervisor (or staff in their absence) or occupational needs, training or orientation for the cleaning contract staff.
- The organisation demonstrated some training certificates for contract cleaners and evidence of vaccination.
- There was no evidence of evaluation of the appropriate use of contract staff demonstrated.

***Core Criterion**

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

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

- The organisation demonstrated a review of the Maternity Care Assistant's role and areas where they work and evidence was provided of the appointment of a Maternity Care Assistant in the operating theatre.
- There was evidence demonstrated, through minutes of a meeting that the Human Resources Manager presented to the Executive Management Team on a regular basis regarding vacancies.
- The Human Resources Strategy for 2007 was demonstrated, however evidence of a documented needs assessment process was not provided.

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.

- The organisation demonstrated a training and development policy and an education assistance policy and procedure.
- Evidence was provided to demonstrate that the corporate induction programme included a presentation from the Infection Control Team on hand hygiene, occupational blood exposure and waste management sessions and attendance records were demonstrated.
- No evaluation of the relevance of education to each staff member was demonstrated.

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

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

- Evidence was provided to demonstrate that two hand hygiene audits were completed by the Infection Control Team in 2008.
- The organisation demonstrated a section in the employee feedback questionnaire regarding education and training however the findings of this questionnaire, were not demonstrated.
- The organisation did not demonstrate any Performance Indicators utilised to evaluate the effectiveness of education and training.

CM 11.4 Rating: C (41-65% compliance with this criterion)

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

- The organisation demonstrated a probationary policy and probationary assessment forms that were completed with new staff members at three, six, and nine months.
- The organisation did not demonstrate a formal evaluation of the appropriateness of performance evaluation process/processes for hygiene services staff or contract cleaning staff.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff.

- An Occupational Health service was available to all staff members and contract cleaning staff which was demonstrated in the employee handbook.
- Evidence was provided to demonstrate that one Occupational Health Nurse was available Monday-Friday and an Occupational Health Physician attended regularly.
- Evidence was also provided to demonstrate that the Occupational Health Nurse presented at the corporate induction programme.
- The organisation demonstrated that Hepatitis B and influenza vaccines were available to staff members.
- No evaluation of the appropriateness of the occupational health service was 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 organisation demonstrated that they were participating in the 'Great Place to Work' programme and initial questionnaires had been completed.
- Evidence was provided to demonstrate that the 2007 Human Resources Measures Report detailed the numbers referred to the occupational health service.
- Evidence was also provided to demonstrate that absenteeism rates were monitored and reviewed by the Executive Management Team.
- An Absenteeism Policy was demonstrated and staff members on long term or repeat sick leave were referred to the Occupational Health Service. Return to work interviews were also demonstrated when staff members returned from sick leave.
- No evaluation of the appropriateness of mechanisms for monitoring staff satisfaction was demonstrated.

COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

CM 13.1 Rating: 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.

- The organisation demonstrated that it collected hygiene related information through satisfaction surveys, incident reporting processes, complaints, audits, infection rates and evaluation of training processes.

- A computerised document management system was demonstrated.
- No evaluation was demonstrated of data reliability, accuracy, validity or appropriateness.

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

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

- The organisation demonstrated satisfaction survey reports, minutes of meetings and the Hygiene Services Annual Report.
- No evaluation of data and information turnaround or user satisfaction in relation to reporting of data and information was demonstrated.
- Evidence was provided of patient and staff satisfaction surveys having been completed however no recommendations or action plans were demonstrated.

CM 13.3 Rating: B (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 they had redesigned the patient satisfaction survey to include a section on hygiene services.
- They also demonstrated that they had utilised occupancy rates and infection rates in the Neonatal Intensive Care Unit to increase staffing levels.
- No other evidence of utilisation of data was demonstrated to the assessors.

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

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

- The organisation demonstrated that they had reviewed the membership of the Corporate Management Hygiene Services Advisory Committee.
- Evidence was provided to demonstrate a Quality and Safety Committee.
- Evidence was also provided to demonstrate that the quarterly newsletter is utilised to communicate hygiene related information.
- The organisation demonstrated that audit findings were e-mailed back to the department management; however evidence of follow up actions were not provided.
- The organisation did not demonstrate that hygiene related performance indicators or benchmarking processes were routinely used to assess the effectiveness of the hygiene services provided.

2.5 Standards for Service Delivery

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

EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

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

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

- The organisation demonstrated a policy on the development of policies, procedures and guidelines and their computerised document management system provided the template to develop the policies, procedures and guidelines. All policies, procedures and guidelines were demonstrated to be evidence based.
- A colour coding system was demonstrated to be in place for cleaning, waste, sharps and linen.
- Revised checklists were demonstrated with increased frequency of cleaning.
- Some members of staff were required to access policies, procedures and guidelines via their manager or supervisor as they were only available on the computerised document management system or in the Midwifery/Nursing administration office.
- Audits were demonstrated as the process for evaluation of compliance with policies, procedures and guidelines, however no evidence was demonstrated of evaluation of the efficacy of the processes used to develop best practice guidelines.

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

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

- The organisation demonstrated evidence of a procurement policy and a Procurement Group and their terms of reference.
- A number of new Hygiene Services interventions were demonstrated including high dusting 'wands', hand held cordless scrubbing equipment, a different

quality stainless steel and Methicillin Resistant *Staphylococcus aureus* (MRSA) resistant curtains which were being reviewed by the group.

- The organisation did not demonstrate a formal evaluation of the interventions.

PREVENTION AND HEALTH PROMOTION

SD 2.1 Rating: C (41-65% 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.

- Hygiene information was demonstrated in the hospital newsletter.
- Hand hygiene posters were observed throughout the organisation, however only a small range of hygiene related information leaflets were demonstrated.
- There was lack of evidence demonstrated by the organisation regarding hygiene related health promotion activities.
- The organisation did not demonstrate an evaluation of the efficacy of activities undertaken in relation to hygiene services.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- The organisation demonstrated that the Corporate Management Hygiene Services Advisory Committee was multidisciplinary however membership was demonstrated to be at a high level within the organisation. There was limited knowledge by staff interviewed in wards/departments visited regarding who represented them on the committee.
- Limited evidence was provided, apart from shared membership, that appropriate linkages existed between various teams and committees.
- No evidence was demonstrated of evaluation of the efficacy of the hygiene services team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

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

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

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

***Core Criterion**

SD 4.7

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

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

- Wash-hand basins were observed to be compliant to best practice, with the exception of one in the emergency room.
- Alcohol-based hand rub was not available at the entrance to the maternity out-patients department and in a few locations within the organisation. The majority of the nozzels on the alcohol hand rub dispensers in the areas visited were observed to be clogged.
- Staff interviewed advised that they had been shown the DVD on hand hygiene; however no practical demonstration was reported to have taken place.
- The organisation demonstrated that two hand hygiene audits had been undertaken in one department in the last twelve months.

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

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

- The organisation demonstrated that it had a risk management process in place that included incident reporting. They also demonstrated how incidents were reported as hygiene related and were actioned. However the assessors were advised by ward staff that there was limited feedback at ward level.
- Evidence was provided to demonstrate that incident reporting forms were reviewed by the risk managers and the Director of Midwifery/Nursing. They were also demonstrated to be considered at the Risk Management Committee however there was no evidence provided to demonstrate that they had been considered at the Corporate Management Hygiene Services Advisory Committee.
- The organisation demonstrated a safety statement.
- The assessors were aware that an incident had occurred in one of the areas visited on the morning of the assessment. There was a leak in the ceiling and ceiling tiles were required to be replaced, however no risk assessment was demonstrated to have been undertaken.

SD 4.9**Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated hygiene related posters and a limited number of hygiene related information leaflets, a visiting policy and hygiene related information on their website.
- A satisfaction survey and comment cards were also demonstrated, however the organisation did not demonstrate any action plans.
- The organisation did demonstrate where comment cards had influenced the planning of the Reception Area.
- The organisation did not demonstrate any evaluation of patients satisfaction with participation in service delivery.

PATIENT'S/CLIENT'S RIGHTS**SD 5.1****Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that a confidentiality policy was in place for all employees.

- Evidence was also provided to demonstrate that in clinical areas confidentiality was respected through appropriate signage on doors.
- The organisation demonstrated that following comments received on comment cards and a complaint the redevelopment of the Reception Area included a separate waiting area for patients awaiting assessment or admission.
- The organisation did not demonstrate any information leaflets that provided information regarding the rights of patients.

SD 5.2 Rating: C (41-65% compliance with this criterion)

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

- A range of hygiene related posters were observed throughout the organisation.
- There was a limited number of hygiene related leaflets observed or demonstrated for patients and visitors. Visiting times, MRSA and *Clostridium Difficile* information leaflets were demonstrated.
- There was no evidence of formal evaluation of patient and visitor comprehension and satisfaction with the information provided demonstrated.

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.

- The organisation demonstrated that members of the Board of Governors visited departments and met with staff three times per year.
- Patient satisfaction surveys and comment cards were demonstrated to encourage patients to feedback on hygiene related issues.
- The organisation also demonstrated that they had commissioned a piece of research, through Trinity College Dublin 'The Rotunda and Women of North Inner City Dublin: an exploratory descriptive study' which included a section on hygiene services.

- No evaluation of the extent to which patients and other organisations were involved by the team in evaluating hygiene services was demonstrated.

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

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

- The organisation demonstrated a number of completed audits however no action plans were demonstrated.
- Evidence was provided to demonstrate that checklists for cleaning staff had been reviewed and were signed off by the cleaning supervisors.
- Comment cards and satisfaction surveys were also demonstrated to monitor the quality of hygiene services however the organisation did not demonstrate an action plan following the last patient satisfaction survey.
- No formal hygiene related performance indicators or evaluation was demonstrated.

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

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

- The organisation demonstrated a Hygiene Services Annual Report for 2007.
- However there was no evidence that patients had been consulted with or that the appropriateness of the Annual Report had been evaluated.

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

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