

National Hygiene Services Quality Review 2008

Beaumont Hospital

Assessment Report

Date of assessment: 15th October 2008

About the Health Information and Quality Authority

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

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

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

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

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

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

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

1 Background and Context

1.1 Introduction

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

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

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

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

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

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

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

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

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

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

Hygiene is defined as:

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

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

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

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

The Standards are grouped into two categories:

(a) Corporate Management

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

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

(b) Service Delivery

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

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

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

Core Criteria:

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

1.3 Assessment Process

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

Before the onsite assessment:

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

The hospitals were grouped as follows:

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

During the assessment:

- **Unannounced assessments.** The assessments were unannounced and took place at different times and days of the week. All took place within one day, except for one assessment that ran into two days for logistical reasons. Some assessments took place outside of regular working hours and working days.
- Assessments were undertaken by a **team of Authorised Officers** from the Authority to assess compliance against the National Hygiene Standards. Health Information and Quality Authority staff members were authorised by the Minister of Health and Children to conduct the assessments under section 70 of the Health Act 2007.

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

Following the assessment:

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

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

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

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

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- 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 Beaumont Hospital - Organisational Profile¹

Beaumont hospital is one of the country's largest major acute hospitals and is located on the north side of Dublin. The hospital with its complement of 769 beds provides a continuous twenty-four hour emergency call service for its own catchment area of approximately 250,000 people. There are also 69 beds in St Joseph's Hospital in Raheny, which is Beaumont's off-site facility.

Beaumont Hospital is a medical training and research centre for the Royal College of Surgeons in Ireland and the principal hospital providing nurse education for Dublin City University.

The Hospital is also the national referral centre for the specialties of neurosurgery, cochlear implantation, renal and pancreatic transplantation, poisons and national histocompatibility and immunogenetics service for solid organ transplantation.

2.2 Areas Visited

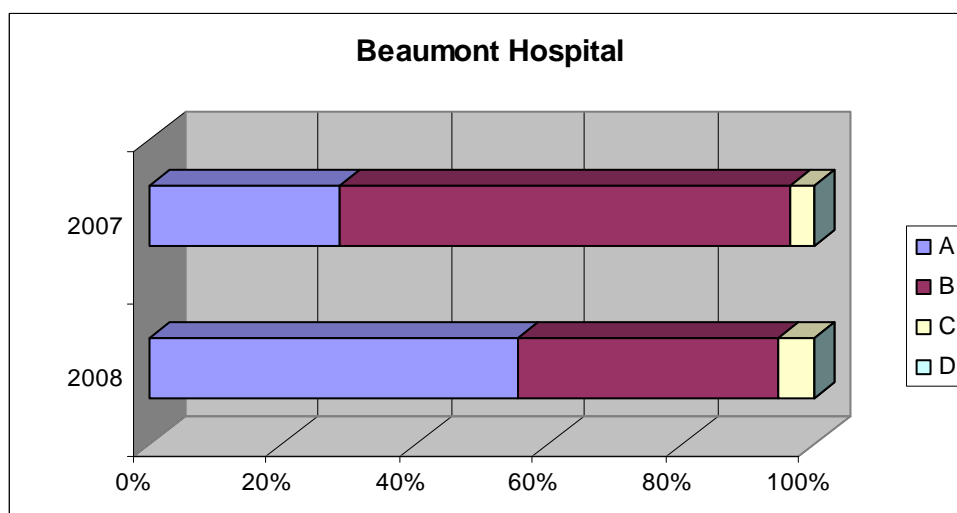
The assessment team visited the following areas:

- Emergency department
- Outpatient department
- AB Clery Ward – vascular and general surgery
- Banks Ward – orthopaedics & general medicine
- Claires Ward – medical oncology and day ward
- St Joseph's Hospital Raheny – 2A
- St Rapheals – neurosurgery and paediatrics
- Mary's medical rheumatology
- Waste compound
- Laundry services.

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.



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.

Beaumont Hospital has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated evidence of a number of processes and initiatives to respond to current and future needs outlined in their hygiene corporate, service and operational plans.
- Evidence was provided of a needs assessment process through an external review and a schedule of multidisciplinary hygiene audits, the results of which were analysed and acted upon by the Hygiene Task Group and the Hygiene Strategic Group.
- Evidence was demonstrated of the output from hygiene comment boxes held within departments and resultant actions. Limited other evidence was demonstrated of consultation with patients in relation to current and future needs of the organisation. A patient satisfaction survey had not been conducted since 2004. The Patient Council had not met in the preceding twelve month period.
- Evidence was presented to demonstrate that a staff satisfaction survey had recently been conducted however the results of same had not yet been analysed or presented.
- No evidence of evaluation of the needs assessment process was demonstrated.

CM 1.2 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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 Service Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.

- The organisation demonstrated evidence of linkages and partnerships through its senior management team with the Health Service Executive, National Hospital Office, Primary and Continuing Care and the Department of Health and Children.
- Other evidence of linkages demonstrated included: The Dublin Academic Teaching Hospitals Group, Universities and nursing homes.
- Hygiene suggestion boxes were observed within departments and evidence was presented to demonstrate that the output from same was analysed by the general services department however no evidence was demonstrated that results were formally presented to the Hygiene Strategic or Task Groups.
- The Hospital Patients' Council was demonstrated not to have met in the past twelve months and there was currently no patient representative on the Hygiene Strategic or Task Groups.
- No evidence was demonstrated of evaluation of the efficacy of linkages and partnerships.

CORPORATE PLANNING FOR HYGIENE SERVICES

CM 3.1 **Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

GOVERNING AND MANAGING HYGIENE SERVICES

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.

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.

- The organisation demonstrated that the Executive Management Team regularly receive information, including the minutes of the Hygiene Strategic and Task groups, audit reports and key performance indicator (KPI)_reports.
- Hygiene was demonstrated to be a standing agenda item for Executive Management Team meetings.
- No evidence was demonstrated of formal evaluation of the appropriateness of information received.

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 library, Internet and intranet facilities. There was evidence of best practice information being made available through the organisation's policies, procedures and guidelines, newsletters, Infection Control awareness held during the week of October 20-24th 2008 and in house education programmes.
- The organisation provided evidence of a change of staff dress code in some areas as a result of recommendations from the subgroup established with a remit to review dress code arrangements against best practice requirements.
- No evidence was presented to demonstrate evaluation of the appropriateness of hygiene services related research and best practice information available.

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

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

- The organisation demonstrated evidence of a policy for the development, approval, revision and control of policies, procedures and guidelines, which included a policy template. However a number of policies were demonstrated not to comply with the approved template and were over due for review.
- No evidence of a central index was presented.
- No evidence of evaluation of the efficacy of the process used for the development and maintenance of Hygiene Services policies, procedures and guidelines.

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

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

- The organisation demonstrated evidence of cross membership on the Hygiene Services Strategic Group and the Capital Project Review Group.
- The Deputy Chief Executive Officer Chairs both groups.
- Evidence was presented of a status report of project and estate management which was presented.
- Some evidence was presented of capital projects overviews being discussed at the Hygiene Services Strategic and Task Groups.
- No evidence was demonstrated of evaluation of the efficacy of the consultation process between the Hygiene Services Team and senior management.

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

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

- The organisation demonstrated evidence that a procurement representative is a member of the Hygiene Services Task Group and of regular discussions at the group meetings in relation to the purchase of equipment and products.
- All equipment and products are purchased through the Procurement Non Pay Committee.
- No evidence was demonstrated of evaluation of the consultation process between the Hygiene Services Task Group and senior management in relation to the purchase of equipment / products.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

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

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

- The organisation demonstrated structures and processes to manage risk related to the Hygiene Services.
- The evidence included: a risk management strategy, policies for the identification, analysis and minimisation of risk and for the follow up and investigation of all serious incidents, draft guidelines for the management, reporting and investigation of incidents and near misses and actions taken as a result of environmental health reports.
- The organisation advised that quarterly risk management reports of all incidents and near misses was submitted to department and divisional heads.
- Limited evidence was presented of trending of incidents and near misses.
- No evidence was presented to demonstrate that trended reports on hygiene related incidents, risks and complaints were formally discussed at the Hygiene Services Task Group.

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: 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: A (>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.

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

***Core Criterion**

CM 9.2 Rating: A (>85% compliance with this criterion)

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

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

CM 9.3 Rating: A (>85% compliance with this criterion)

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

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

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

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

- The organisation demonstrated some evidence of processes for patients, staff and visitors to provide feedback on the organisation's hygiene services facilities and environment which included a complaints evaluation process and the establishment of a hygiene help desk.
- As a result of evaluation of patient comments, evidence was provided of a plan to redesign the public toilets.
- A catering patient satisfaction survey was undertaken in March 2007.
- A patient satisfaction survey in relation to the overall hygiene services had not yet been undertaken. Evidence was presented of a draft patient survey questionnaire.
- The Hospital Patients' Council had not met in the past twelve months, however evidence was provided to demonstrate that the organisation were in the process of re-establishing the group.
- It was demonstrated that there was no patient representative on the Hygiene Services Strategic or Task Group.

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 provided evidence of a local policy for the recruitment and selection of human resources, which was not dated, signed off or in the organisation's proposed template for policies.
- Evidence was demonstrated relating to the Contractors processes for the selection and recruitment of staff.
- Evidence was demonstrated of a vacancy approval committee.
- No evidence of evaluation of the process for selection and recruitment was demonstrated.

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.

- Some evidence of evaluation of work capacity and volume was demonstrated in relation to the hygiene contract specification and through internal audits results analysis.
- Limited evidence of a formalised documented process for reviewing changes in work capacity and volume 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 evidence of an ongoing programme of training for Hygiene Services staff including: British Institute of Cleaning Science Further Education and Training Awards Council, SKILLS and Infection Control.
- Evidence was presented of a "training passport record" for all contract staff which outlined training and qualifications.
- Job descriptions detailed qualifications required for specific roles.
- Further to a trial, the organisation have installed a specific training software package, however limited trended reports were available from the system in relation to numbers trained and the training status of each contract staff member.

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: 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 that regular education and training was provided for staff which includes the British Institute of Cleaning Science, Further Education and Training Awards Council, SKILLS and Infection Control.
- Evidence was presented of a "training passport record" for all contract staff which outlined training and qualifications.
- It was demonstrated that staff were participated to attend training while on duty, with training structured and organised to facilitate maximum participation.
- Further to a trial, the organisation had installed a specific training software package.
- Limited evidence to demonstrate monitoring and evaluation of attendance was presented.

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

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

- The organisation demonstrated evidence of staff satisfaction evaluations in relation to education and training sessions provided.
- Limited evidence was provided to demonstrate evaluation of attendance levels at education and training sessions. It was demonstrated that the organisation were in the process of implementing a specific training software package system which it was reported would facilitate training attendance monitoring and evaluation.
- No evidence was provided of formalised performance indicators to evaluate the effectiveness of education and training.

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 organisation demonstrated performance evaluation by the contractor for contract staff.
- In addition the organisation demonstrated evidence of informal performance evaluation of the hygiene services staff through: internal audits, departmental checklists and regular meetings between supervisors and department heads.
- Limited evidence was demonstrated of formal performance evaluation for internal staff.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

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

An occupational health service is available to all staff

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

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

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

- The organisations demonstrated evidence of monitoring of absenteeism rates, uptake of occupational health services and attendance at corporate induction.
- Evidence was documented of a catering staff satisfaction survey undertaken in 2007.

- No evidence of evaluation of the appropriateness of mechanisms used for monitoring staff satisfaction were 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 provided evidence of collecting Hygiene Services data through: the incident reporting and complaints processes; infection control surveillance and the auditing process.
- Access to data and information was demonstrated through: evidenced based policies, procedures and guidelines; education and training; membership of committees; minutes of meetings circulated to departments; hygiene checklists and audit reports.
- No evidence was demonstrated of evaluation of the process for collecting and accessing information and adherence to legal and best practice requirements, or of evaluation of the quality data reliability, accuracy, validity and appropriateness of information provided.

CM 13.2 Rating: B (66-85% 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 evidence that data and information relating to the Hygiene Services was reported to the Board, Executive Team and the Hygiene Services Strategic and Task Groups.
- Evidence of a computer aided design system which facilitated data and information statistical presentations was demonstrated.
- Evidence of evaluation of data presentation regarding quarterly reports to the Board was demonstrated with resultant change of format.
- Limited other evidence of formal evaluation of user satisfaction in relation to the reporting of data and information was demonstrated.

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.

- The organisation demonstrated evidence of evaluation of data presentation methods in relation to a number of quarterly Board reports which resulted in a change of format.

- Evidence was demonstrated of a computer aided design system which facilitated data and information statistical presentations.
- The organisation reported that informal evaluation of data in meetings occurred, however there was no documentary evidence to support same.

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

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

- The organisation demonstrated evidence of a policy for the development, approval, revision and control of policies, procedures and guidelines, which included a policy template. However non compliances were demonstrated, including a number which were over due for review and did not comply with the approved template.
- There was evidence of recently updated hygiene manuals available in areas however the infection control policy was not easily accessible in a number of areas visited.
- Limited evidence of evaluation of the efficacy of the processes used to develop best practice guidelines was demonstrated.

SD 1.2 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

PREVENTION AND HEALTH PROMOTION

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

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

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

INTEGRATING AND COORDINATING HYGIENE SERVICES

SD 3.1 Rating: A (>85% compliance with this criterion)

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

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

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- In general the physical environment of the areas visited was clean, however the following was observed in some areas: chipped wall paint, a number of high vents which required attention, high and low dust, unsatisfactory cleaning of chairs, broken flooring and a number of cluttered sluice rooms (one shared between three wards).
- Evidence of regular departmental audits was demonstrated.

***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: 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 Strategy for the control of Antimicrobial Resistance in Ireland (SARI) 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: 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 provided evidence of: patient information leaflets, posters regarding hygiene and visiting times, appropriately placed alcohol based hand rub dispensers and a visiting policy which adhered to national policy.

- No evidence was provided of a patient satisfaction survey or of evaluation of patients and families 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 evidence of a patients charter and code of ethics.
- No documented evidence was provided to outline a requirement to respect patients privacy and confidentiality during Hygiene Service delivery, although it was observed to be respected.

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: 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 some evidence of involving patients in evaluating its hygiene services through patient comment cards and the establishment of a hygiene help desk with resultant analysis of results and actions.
- As a result of evaluation of patient comments, evidence was provided of a plan to redesign the public toilets.
- The Hospital Patient's Council had not met in more than twelve months, however it was observed through poster campaigns that the organisation are actively recruiting members.

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

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

- The organisation demonstrated evidence that the Hygiene Services Team regularly monitor and evaluate hygiene services through audits.
- Evidence of an evaluation of the current discharge team was demonstrated.
- The organisation demonstrated that they were in the process of developing key performance indicators.
- No evidence of benchmarking was demonstrated.

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	B	B
CM 1.2	A	A
CM 2.1	B	B
CM 3.1	B	A
CM 4.1	B	A
CM 4.2	B	B
CM 4.3	B	B
CM 4.4	C	C
CM 4.5	B	B
CM 5.1	B	A
CM 5.2	B	A
CM 6.1	A	A
CM 6.2	B	B
CM 7.1	B	B
CM 7.2	B	A
CM 8.1	B	A
CM 8.2	A	A
CM 9.1	B	A
CM 9.2	B	A
CM 9.3	B	A

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