

# **National Hygiene Services Quality Review 2008**

**Cork University Hospital**

**Assessment Report**

**Date of assessment: 8<sup>th</sup> October 2008**

## About the Health Information and Quality Authority

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

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

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

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

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

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

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

# 1 Background and Context

## 1.1 Introduction

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

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

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

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

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

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

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

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

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

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

<b>A</b>	The organisation demonstrated exceptional compliance of greater than 85% with the requirements of the criterion.
<b>B</b>	The organisation demonstrated extensive compliance between 66% and 85% with the requirements of the criterion.
<b>C</b>	The organisation demonstrated broad compliance between 41% and 65% with the requirements of the criterion.
<b>D</b>	The organisation demonstrated minor compliance between 15% and 40% with the requirements of the criterion.
<b>E</b>	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 Cork University Hospital – Organisational Profile<sup>1</sup>

Cork University Hospital (CUH) is the principal teaching hospital attached to University College Cork with 611 in-patient beds. It is the only Level 1 trauma centre for the Republic of Ireland. A wide range of specialties are delivered by the hospital, including cardiac services, neurosciences, general surgery and urology, ophthalmology, emergency medicine and trauma services, radiotherapy and oncology, orthopaedics, obstetrics and gynaecology, general medicine including medicine of the elderly, endocrinology/diabetes, gastroenterology, nephrology, respiratory medicine, rheumatology, haematology, pain relief, paediatrics services and dental surgery.

### 2.2 Areas Visited

The assessment team visited:

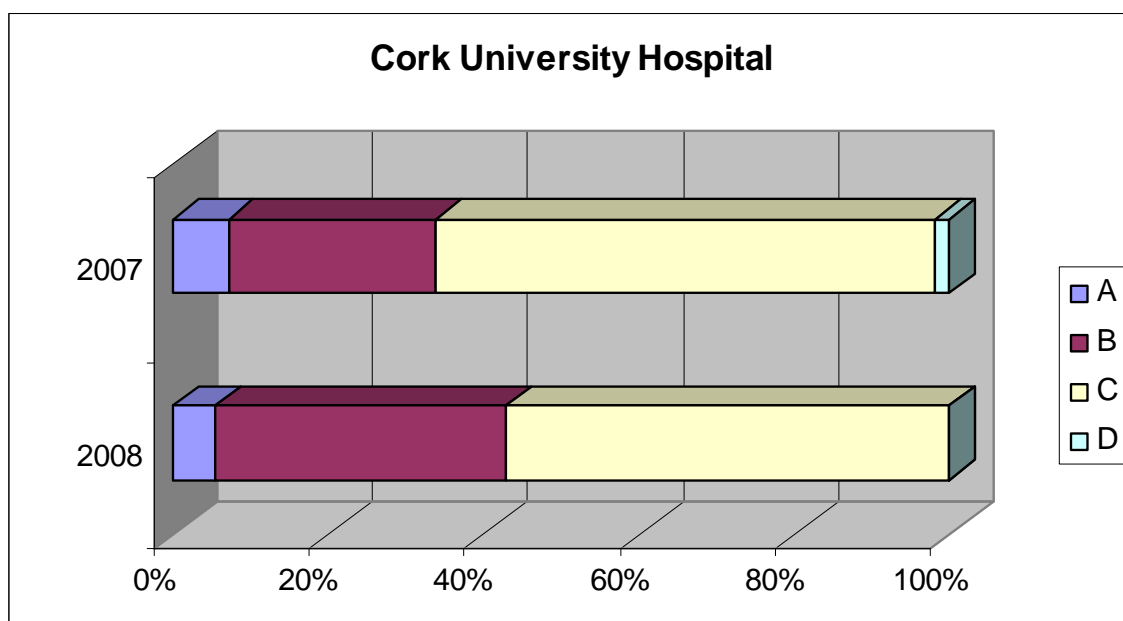
- Emergency department
- Maternity outpatients department
- 5A ophthalmology/5 day ward
- 4B general surgery/vascular ward
- 3B cardio thoracic ward
- 2D burns/haematology ward
- 1A medical
- 3 south maternity
- One antenatal/postnatal ward
- Laundry service
- Waste compound.

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<sup>1</sup> The organisational profile was provided by the hospital

## 2.3 Overall Rating

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



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

**Cork University Hospital has achieved an overall rating of:**

**Fair**

**Award date: 2008**

## 2.4 Standards for Corporate Management

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

### PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated that environmental audits, senior management walkabouts, a time in motion study, microbiology reports and occupational health reports fed into their needs assessment processes.
- Evidence of a hygiene corporate strategic plan and service plan was demonstrated however the organisation did not demonstrate an operational plan.
- The organisation demonstrated that it had a Patient Forum who regularly reviewed hygiene related issues with follow up actions.
- There was no evidence demonstrated of a link between the needs assessment process and the Hygiene Corporate Strategic and Service Plan.
- There was no evidence of evaluation of the efficacy of the needs assessment process demonstrated.

#### **CM 1.2                      Rating: C (41-65% compliance with this criterion)**

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

- Evidence of internal audits and senior management walkabouts were demonstrated, however, evidence of modifications to hygiene services were not demonstrated following the audits.
- Revised committee structures were demonstrated however they were not operational at the time of the assessment.
- Evidence was provided that an additional Infection Control Nurse had been recruited however, there were inconsistencies with Infection Control policies within the organisation.
- The organisation did not demonstrate subsequent evaluation or feedback of developments or modifications.

## 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 that the Hospital Manager participated in regional Health Service Executive meetings with the Network Manager
- Evidence was also demonstrated that the Infection Control Committee linked with other organisations through a number of regional meetings.
- The organisation demonstrated, through terms of reference and minutes that a patient forum was in place and hygiene related issues were discussed and report back to the Hygiene Services Committee.
- Evidence of a partnership process was demonstrated with staff members participating in a SKILLS programme.
- The organisation demonstrated that a patient satisfaction survey had been undertaken in 2007 with recommendations, however, no action plans were demonstrated.
- There was no evaluation of the efficacy of the linkages and partnerships demonstrated.

## CORPORATE PLANNING FOR HYGIENE SERVICES

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

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

- The organisation provided evidence of a Hygiene Corporate Strategic Plan with clear goals and objectives, however, they did not demonstrate the documented process for its development.
- Evidence was provided demonstrating that the Strategic Plan was being reviewed by the Hygiene Services Committee.
- There was no evidence demonstrated of consultation with patients into the process or of evaluation against defined needs.

## GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- The organisation demonstrated clear roles, authorities, responsibilities and accountability for the Executive Management Team through the 2003 Governance Policy and the draft clinical governance structure.
- Evidence of current and proposed structures for hygiene services were demonstrated. The organisational chart, provided as evidence, did not include the Hygiene Services Committee and Team and their reporting relationships.
- A code of corporate ethics was demonstrated.
- Evidence of senior management undertaking environmental audits was demonstrated, however, there was no evidence of resultant action plans.
- The Annual Report 2007 demonstrated detailed achievements and targets for 2008.
- There was no evidence provided to demonstrate evaluation of the Hygiene Services Team's adherence to legislation and relevant national guidelines or of the appropriateness of the Hygiene Services provisions.

### **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.**

- Hygiene was demonstrated to be included regularly in the management team meetings where staff members were invited to speak on hygiene related issues.
- The organisation demonstrated that the "Quality Safety Policy Evaluation Group" reviewed and circulated best practice policies, procedures and guidelines.
- There was no evidence provided to demonstrate the use of hygiene related Performance Indicators.
- There was no evaluation of the appropriateness of information received 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 divisional "Quality Safety Policy Evaluation teams" with a senior clinician taking responsibility for sharing best practice.

- A library, Internet and intranet facilities were demonstrated to be available for all staff members.
- Evidence of best practice information being shared with staff was demonstrated through newsletters.
- Infection Control sessions were demonstrated to form part of the induction programme for all staff.
- All policies, procedures and guidelines demonstrated were evidence based.

**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 that the two quality improvement groups, "Quality Safety Policy Evaluation Group" and "Quality Safety Policy Evaluation teams", influenced best practice.
- A policy on the development of Policies, Procedures and Guidelines was demonstrated, however, it was not evident that this was being applied in practice as policies were not all in the format outlined in the policy and a number were out of date.

**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 in the current cardiac/renal unit the organisation did not demonstrate a formal process for involving the Hygiene Services Team in capital development planning and implementation.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation process.

**ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES**

**\*Core Criterion**

**CM 5.1                      Rating: C (41-65% compliance with this criterion)**

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

- The 2003 Governance Policy and a draft clinical governance structure detailed the roles and responsibilities of the Executive Management Team.
- Evidence of current and future committee structures for Hygiene Services were demonstrated however the organisation did not demonstrate an organisational chart or the reporting relationships for all members of the Hygiene Services Team.

- A job description for the Services Manager was demonstrated which included hygiene responsibilities however there was no evidence provided to demonstrate that ward managers had responsibility and accountability for Hygiene Services in their areas.

**\*Core Criterion**

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

**The organisation has a multi-disciplinary Hygiene Services Committee.**

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

**ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES**

**\*Core Criterion**

**CM 6.1                      Rating: C (41-65% 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 advised that they produced an end of year priority list however, no formal process for its development was demonstrated.
- A hygiene budget was demonstrated.
- Evidence was demonstrated that special hygiene related needs were catered for, for example, summer locums for annual leave.
- There was no evidence demonstrated of hygiene resource details within the Hygiene Corporate Strategic or Service Plans.

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

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

- While an e-mail was demonstrated confirming input from the Infection Control Team in the purchasing of equipment for the new cardiac/renal unit, no evidence was demonstrated that the Hygiene Service Committee was involved or considered when purchasing of this or any equipment.
- The organisation did not demonstrate a documented process for involving the Hygiene Service Committee in the process of purchasing equipment.

## 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**

- A risk management strategy, incident policy, complaints policy and a draft risk reporting policy were demonstrated.
- Evidence of risk being reported to the Executive Management Board was also demonstrated.
- No major hygiene related adverse events were reported.
- The organisation did not demonstrate follow up on Environmental Health Officer reports.
- Environmental audits were demonstrated, however, there was limited evidence of quality improvement plans.

#### **CM 7.2                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that a Risk Manager was in post and a Clinical Governance Co-ordinator had recently been appointed.
- Evidence that the Risk Manager dealt with complaints was also demonstrated.
- Evidence was provided to demonstrate that a Clinical Governance Committee met monthly and minutes of four meetings were demonstrated. The organisation also demonstrated that this committee reported to the Executive Management Board.
- No evidence of evaluation or trend analysis of incidents or complaints was demonstrated.

## CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

### **\*Core Criterion**

#### **CM 8.1                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that contracts are negotiated utilising the National Procurement Policy.



- A sample of current contracts were provided however no evidence was demonstrated of a formalised system for monitoring all of these contracts.
- Some evidence was demonstrated of meetings with the linen contractor and some audits of the linen service were demonstrated to have taken place.

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

**The organisation involves contracted services in its quality improvement activities.**

- The organisation did not demonstrate any formal process for inclusion of its contracted services in its quality improvement initiatives.
- Evidence was provided demonstrating that the Laundry Contactor has been included in a small number of audits.

**PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES**

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

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

- The organisation advised that major on-site construction continued which was in line with building regulations.
- An organisational safety statement was demonstrated
- Storage facilities were observed to be limited in many areas visited.
- No evaluation of the safety of the design, layout and the current environment was demonstrated.

**\*Core Criterion**

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

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

- The organisation provided evidence of waste management, sharps and decontamination of equipment policies.
- They did not demonstrate that they had a process in place to manage food waste in ward kitchens.
- The organisation demonstrated a plan for the corporate management of the above through the proposed Environment and Facilities Group however this group had not met.

**CM 9.3                      Rating: C (41-65% compliance with this criterion)**

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

- There was evidence demonstrated that the organisation had reviewed and made changes to their linen policy.
- The organisation demonstrated that environmental audits and management walkabouts had taken place however no schedule or evidence of resultant 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 through the Patient Forum and the patient satisfaction survey that they considered the views of stakeholders.
- Recommendations from the Patient Forum were followed up and demonstrated through the minutes of the Hygiene Services Committee.
- The organisation demonstrated that a patient satisfaction survey was undertaken in 2007 with recommendations however no evidence of follow up was 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 that the recruitment and selection of staff is based on national guidelines and reflects legislation and best practice.
- Job descriptions were demonstrated which set out the required qualifications for employees.
- The organisation did not demonstrate any consultation between the cleaning contractor and the organisation regarding the job descriptions of contract staff nor did they demonstrate any evaluation of the process.

**CM 10.2                      Rating: C (41-65% 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 a review of work capacity and volume had taken place in the maternity unit however no documented process or tool was demonstrated.
- There was evidence provided to demonstrate the availability of a mobile hygiene services team who facilitated rotational deep cleans of wards/departments in the main hospital.
- The organisation did not demonstrate any evaluation of the appropriateness of work capacity and volume review processes.

**CM 10.3                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that human resources recruitment processes ensured that staff members had the appropriate qualifications.
- The organisation demonstrated that the cleaning contractors provided an induction programme for their staff members and ensured their staff had British Institute of Cleaning Services training.
- Evidence of a comprehensive induction programme for nursing and midwifery staff was demonstrated, however, the organisation did not demonstrate a similarly detailed programme for hygiene support staff members.

**CM 10.4                      Rating: B (66-85% compliance with this criterion)**

**There is evidence that the contractors manage contract staff effectively.**

- Documented processes for the management of contract staff were demonstrated by the organisation.
- The organisation demonstrated that the Cleaning Supervisor and the Contract Manager report to the Housekeeping Services Manager.
- Evidence was provided that the cleaning contractor provide British Institute of Cleaning Services training programmes for contract staff and contract staff were facilitated to attend relevant in-service education.
- No evaluation of the use of contract staff was demonstrated.

**\*Core Criterion**

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

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

- The Corporate Strategic Plan was demonstrated to mention the requirement for a needs assessment process, however, there was no formal human resources needs assessment process demonstrated with the exception of the one undertaken prior to the opening of the maternity unit.
- There was no Operational Plan demonstrated.
- Targets for 2008 were detailed in the 2007 Annual Report.

**ENHANCING STAFF PERFORMANCE**

**\*Core Criterion**

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

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

- A comprehensive induction programme for nursing/midwifery staff members was demonstrated, which included hand hygiene and standard precautions, however, a similarly comprehensive programme was not demonstrated for hygiene support staff members.
- The Health Service Executive employee handbook was demonstrated however there was limited information regarding hygiene contained within the handbook.
- Orientation/induction attendance levels were not demonstrated.

**CM 11.2                      Rating: C (41-65% compliance with this criterion)**

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

- Evidence that the Infection Control Team maintained a database of their training was demonstrated however the organisation did not demonstrate a formal schedule of training.
- Evidence was provided to demonstrate that the Infection Control Team provided training on hand hygiene and special precautions however, they had not been evaluated.
- The organisation demonstrated that the British Institute of Cleaning Services training was provided, however, not all staff had been trained.
- There was no evaluation of the relevance of education to each staff member 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 by the organisation demonstrating that a draft evaluation form had been developed.
- The organisation did not demonstrate any performance indicators relating to education and training.
- No evidence was provided to demonstrate that the organisation had evaluated staff satisfaction with education and training sessions.
- There was no evaluation of attendance levels demonstrated by the organisation.

**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 that audits were undertaken and that these were used informally to monitor performance.
- Evidence that the cleaning contractors evaluated contract staff in the maternity unit annually through a competency based assessment was also demonstrated.
- The organisation did not demonstrate a formal evaluation process for Hygiene Services 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 well-being is monitored by the organisation on an ongoing basis**

- The organisation demonstrated that they utilised absenteeism and vaccination uptake rates to monitor staff satisfaction, occupational health and wellbeing.
- Evidence that the Occupational Health Department had undertaken a staff satisfaction survey was also demonstrated however there were no resultant actions provided.

## COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

### **CM 13.1                      Rating: C (41-65% compliance with this criterion)**

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

- The organisation demonstrated that it collected hygiene related information via satisfaction surveys, audits, incidents, infection surveillance and complaints.
- There was no evidence provided to demonstrate evaluation of the processes for collection and accessing information or quality data reliability, accuracy, validity and 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 Infection Control Team demonstrated that they collate surveillance data and this information was reflected in their annual report.
- The organisation did not demonstrate that hygiene related information was being considered in a timely manner by the Hygiene Services Committee.
- There was limited formal evaluation provided to demonstrate user satisfaction in relation to the reporting of data and information.

### **CM 13.3                      Rating: C (41-65% compliance with this criterion)**

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

- While the organisation demonstrated that they had reviewed and updated their structures for reporting of hygiene related information, these structures had not been implemented.
- There was no evidence provided to demonstrate that the organisation evaluated the appropriateness of the data and information utilisation in relation to service provision and improvement.

## ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

### **CM 14.1                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that it had fully reviewed its corporate governance structure, however, this revised structure was not in place on the day of the assessment.
- Evidence that the two quality improvement groups "Quality Safety Policy Evaluation Group" and "Quality Safety Policy Evaluation teams" were active in implementing quality initiatives was also demonstrated.

### **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 a plan for improving their hygiene services quality improvement system, however, this had not been implemented on the day of the assessment.
- There was limited evidence of hygiene related information being reported back to individual departments.
- The organisation did not demonstrate that hygiene related Performance Indicators were routinely used to assess the effectiveness of the hygiene services provided.
- There was no evidence provided to demonstrate any benchmarking of Hygiene Services

## **2.5 Standards for Service Delivery**

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

## EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES

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

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

- The organisation demonstrated that there was a policy in place for the development of policies, procedures and guidelines, however, there was no evidence of the policy being implemented on a consistent basis.
- Colour coding procedures were in place for linen, waste and sharps.
- No evaluation of the efficacy of the process used to develop best practice guidelines was demonstrated.

### **SD 1.2                      Rating: C (41-65% compliance with this criterion)**

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

- The only evidence of evaluation demonstrated was through the informal hygiene audit process.
- The organisation did not demonstrate a consistent approach for assessing new hygiene services 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.**

- The organisation demonstrated linkages with the community to promote hygiene related issues through their Infection Control Team who provided evidence of public hand hygiene education sessions.
- The assessors observed limited signage regarding hygiene throughout the organisation.



## INTEGRATING AND COORDINATING HYGIENE SERVICES

### **SD 3.1                      Rating: B (66-85% compliance with this criterion)**

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

- There was evidence from the terms of reference and membership that the Hygiene Services Team was multidisciplinary.
- Linkages to other committees were demonstrated to be maintained through common membership.
- No evidence was demonstrated of evaluation of the team's efficacy.

## 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.**

- While overall areas visited were clean there was evidence of chipped paint in older areas of the hospital and poor ventilation.
- The assessors observed no cleaning records on display in bathroom/toilet areas and there was no evidence of a policy on the flushing of outlets.
- There was a lack of storage observed in a number of areas visited.
- A lack of hygiene related signage was also observed

### **\*Core Criterion**

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

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

- In general, equipment was observed to be clean, however, there was no record of cleaning in place in a number of areas visited.
- Fans were observed in a number of wards however the organisation did not demonstrate a policy in relation to cleaning of this equipment.

**\*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: C (41-65% 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 did not demonstrate that food safety policies were in place within departmental kitchens.
- While restricted access was via keypads in ward kitchens all doors were observed to be open in the areas visited.
- Personal protective equipment was not readily available and staff food and clothing were observed in two areas visited.
- Chipped paint and broken tiles were observed in some areas, and, in some kitchens the fly screen was either absent or not used appropriately.

**\*Core Criterion**

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

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

- The organisation did not demonstrate a consistent approach to the management, including segregation, of waste.
- Not all areas visited, that were used to store waste, were locked, and a number of untagged bags were observed.
- The Sharps Policy was not always adhered to as in one area an open sharps box was left unattended beside a patient over a period of time. However, it was attended to before the assessors left the area.
- While one waste collection permit demonstrated was observed to be out of date since April 2008 a fax confirmed that this was under active review.

**\*Core Criterion**

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

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

- The organisation demonstrated a linen policy.
- Soiled linen was observed in a number of areas to be stored with either waste or on the corridors awaiting collection.
- Linen cupboards in a number of areas did not meet best practice (wooden shelving).
- The area utilised to hold linen pending collection by the contractor was observed not to be secure.

**\*Core Criterion**

**SD 4.7                      Rating: C (41-65% 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**

- A large number of non compliant wash-hand basins were observed during the review.
- A wash hand basin replacement programme was not demonstrated.
- On entering the maternity unit no hand gels were available at the entrance.
- Signage throughout the organisation was observed to be limited.

**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 a risk management process was in place that included incident reporting.
- No major adverse events were reported to have occurred in the last two years.
- Incident reporting forms were demonstrated and there was evidence that these were considered by the management team.
- The assessors were informed that there was limited feedback at ward level.

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

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

- Evidence was provided demonstrating that a Patient Forum was in place and information from this group informed the Hygiene Services Committee. For example, the group had requested that the availability of alcohol gel be increased in public areas.
- A visiting policy was demonstrated.
- Evidence was provided demonstrating that a patient satisfaction survey was carried out in 2007 and a report was compiled, however, the organisation did not demonstrate any action plans.

**PATIENT'S/CLIENT'S RIGHTS**

**SD 5.1                      Rating: C (41-65% compliance with this criterion)**

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

- The dignity of the patient was demonstrated to be included in the induction programme for nurses/midwives, however, it was not demonstrated to be included in the programme for hygiene staff members.
- In clinical areas confidentiality was demonstrated to be respected through appropriate signage on doors.

**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.**

- There was evidence of some hygiene related leaflets and posters available to visitors and patients.
- There was no evidence demonstrated of formal evaluation.

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

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

- The hospital demonstrated a formal process for dealing with hygiene related complaints through 'Your Service Your Say', however, no evidence was demonstrated that this information was reported back to the Hygiene Services Committee.
- There was no evidence of tracking and trending of complaints demonstrated.

## 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 a Patient Forum was in place and that hygiene related issues were reviewed. Some recommendations were demonstrated to be implemented by the Hygiene Services Team.
- Findings from the 2007 patient satisfaction survey were demonstrated however, no evidence of action plans were demonstrated.
- There was no evaluation demonstrated of the extent to which patient and families were involved by the team in evaluating hygiene services.

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

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

- While the organisation demonstrated that an informal audit process was in place there was no schedule of auditing demonstrated.
- The organisation did not demonstrate any hygiene related Performance Indicators or benchmarking process.
- The hospital provided evidence of an Annual Report for 2007 which included 2007 achievements and objectives for 2008

### **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.**

- Evidence of an Annual Report for Hygiene Services was demonstrated.
- The organisation demonstrated that achievements for 2007 were contained within the Annual Report.
- There was no evidence provided to demonstrate that the appropriateness of the Annual Report had been evaluated.
- There was also no evidence provided that patients and families had been consulted with regarding the report.

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

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