

National Hygiene Services Quality Review 2008

Mid Western Regional Orthopaedic Hospital, Croom Assessment Report

Assessment date: 20th 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 Hospital 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 Mid Western Regional Orthopaedic Hospital – Organisational Profile¹

The Mid Western Regional Orthopaedic Hospital is located approximately on a six-acre site situated a few hundred yards from the main Limerick/Cork road at Croom, approximately 11 miles from the Mid Western Regional General Hospital.

The site has recently been listed by Limerick County Council as a protected structure and all new developments are referred to the Limerick County Conservation Officer for his review. The last few years have seen a ward refurbishments programme carried out under capital and National Development Fund funding.

The hospital has a current bed complement of 67 inpatient beds and 10 day-beds. The full range of services includes radiology, physiotherapy and outpatient facilities.

Services provided

- Elective orthopaedic surgery
- Minor day ward trauma
- Paediatric services
- Rheumatology
- Acute Pain services
- Social work
- Radiology
- Physiotherapy/hydrotherapy
- Joint replacement nurse services
- Bone bank
- Pre-assessment clinic

2.2 Areas visited

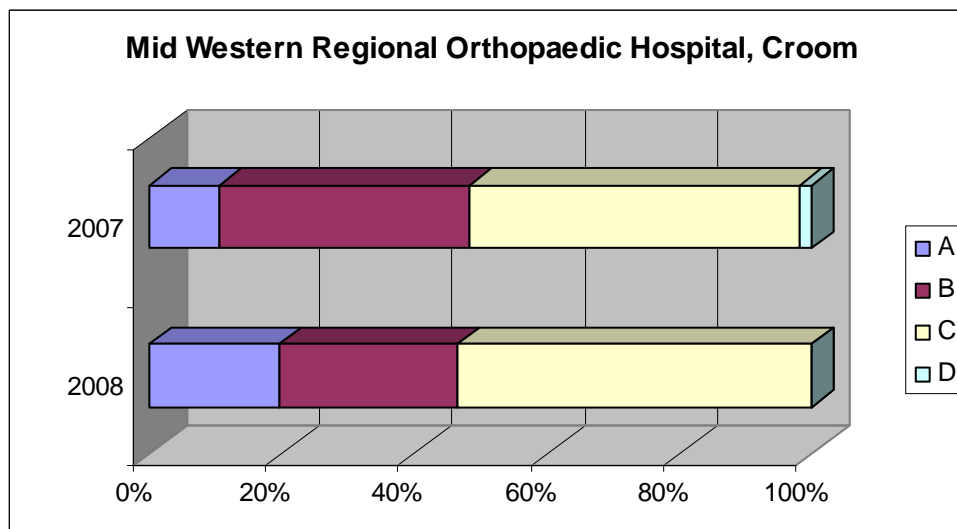
Clinical areas visited during the assessment were:

- Outpatients department
- St. Joseph's
- St. Patrick's
- The laundry services
- The waste compound

¹ The organisational profile was provided by the hospital

2.3 Overall Rating

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

Mid Western Regional Orthopaedic Hospital, Croom 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.

- There was evidence demonstrated of a needs assessment process primarily based on internal hygiene audits carried out each fortnight and "walkabouts" conducted by members of the Hygiene Team.
- There was evidence demonstrated of a hygiene corporate strategic plan, hygiene services plan and operational plan.
- There was evidence demonstrated of consultation with patients through a patient satisfaction survey containing hygiene related questions, given to all patients on discharge with a "Freepost" envelope.
- There was evidence demonstrated of an evaluation of the needs assessment process resulting in an increase in the number of Hygiene Team members involved in the "walkabouts".

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

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

- There was evidence demonstrated of some recent modifications including the replacement of some of the wash-hand basins, new floor covering and the purchase of a separate trolley to transport clean linen to ward areas.
- There was no evidence demonstrated of an evaluation or resultant actions as a result of these modifications.

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

CM 2.1 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of a Hospital Management Committee reporting to the General Manager for the Acute Hospitals Network 7.
- There was evidence demonstrated of patients' satisfaction with hygiene services being evaluated through a questionnaire given to all patients at discharge.
- There was no evidence demonstrated of a staff satisfaction survey relevant to hygiene issues.
- There was no evidence demonstrated of reported meetings with the Network Manager of the Health Service Executive West.
- There was no evidence demonstrated of an evaluation of the efficacy of linkages and partnerships.

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.

- There was evidence demonstrated of a Hygiene Corporate Strategic Plan containing goals and objectives and includes a reference to priorities and funding, however these are not clearly defined.
- There was evidence demonstrated that members of the Hospital Management Committee are on the Hygiene Services Team and are also members of the Regional Hygiene Committee.
- There was evidence demonstrated that the Hygiene Corporate Strategic Plan is available in all wards.
- There was no evidence demonstrated of a medical representative on the Hygiene Services Team, however the assessors were advised that a medical representative has indicated availability to attend meetings as required, however there was no evidence of attendance as yet.
- There was no evidence demonstrated of a documented process for developing the Hygiene Corporate Strategic Plan.
- There was no evidence demonstrated of evaluation of the plans' goals, objectives and priorities against defined needs.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- There was evidence demonstrated that the Hygiene Services Team has representation on the regional Hygiene Services Committee and also on the Hospital Management Team.
- There was evidence demonstrated of an extensive range of policies, procedures and guidelines available throughout the organisation and adherence is monitored through the internal hygiene audit process.
- There was no evidence demonstrated of an evaluation of the appropriateness of the review of authority provisions in the area of Hygiene Services.

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

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

- There was evidence demonstrated that internal hygiene audits are carried out on a fortnightly basis and the audit process includes monitoring compliance with hand hygiene guidelines and compliance with the colour coding system used for the segregation of cleaning equipment.
- There was evidence demonstrated that the results of internal hygiene audits are reported to the Hygiene Services Team that includes the Hospital Manager and the Assistant Director of Nursing.
- There was evidence demonstrated of attendance by a Clinical Nurse Manager at regional infection control meetings as a link nurse and reports back to the Hygiene Services Team.
- There was no evidence demonstrated of a regular review of Hygiene Service performance indicators.
- There was no evidence demonstrated of an evaluation of the appropriateness of the information received.

CM 4.3 Rating: C (41-65% 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.

- There was evidence demonstrated of a range of policies, procedures and guidelines available throughout the organisation.

- There was evidence demonstrated of a Quality Forum, comprising mainly of Clinical Nurse Managers, which meets regularly and resulted in the addition of hygiene questions to the patient questionnaire and also to an improvement in hygiene related signage.
- There was evidence demonstrated of staff attendance at regional training provided in the Mid-Western Regional Hospital, Dooradoyle such as waste management and infection control.
- There was evidence demonstrated of hand hygiene training available on-site for staff.
- There was no evidence demonstrated of 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

- There was evidence demonstrated that policies, procedures and guidelines are developed and approved by a regional Policy Committee based in the Mid-Western Regional Hospital, Dooradoyle and there was evidence that the organisation has a representative on this group.
- There was evidence demonstrated that a number of policies, procedures and guidelines had not been reviewed by the recommended date.
- There was no evidence demonstrated of an evaluation of the efficacy of the process of developing and maintaining Hygiene Services policies, procedures and guidelines.

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

- There was evidence demonstrated, through minutes of meetings, that the Hygiene Services Committee has been consulted prior to some capital development initiatives.
- There was no evidence demonstrated of a structured process to ensure consultation with the Hygiene Services Committee prior to all capital development.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation process between the Hygiene Services team and senior management in relation to capital development.

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.

- There was evidence demonstrated that attendant staff report to the Clinical Nurse Managers in their respective areas and ultimately to the Assistant Directors of Nursing.
- There was evidence demonstrated that the Hygiene Services Team is accountable for hygiene within the organisation.
- There was no evidence demonstrated of details of roles, authority, responsibilities and accountability of the Governing Body in relation to hygiene services.
- There was no evidence demonstrated of responsibility and accountability of ward managers for hygiene in their wards.

***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: 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.

- There was evidence demonstrated of a Hygiene Corporate Strategic Plan and a Hygiene Service Plan.
- The assessors were advised that priority areas are identified by the Hygiene Services Team to the regional Technical Services Department for modification/development within available resources.
- The assessors were advised of limited flexibility within the budget locally and any large expenditure must be approved regionally by the General Manager of the Network 7 Hospital Group.
- There was no evidence demonstrated of a dedicated budget for hygiene.

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

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

- There was evidence demonstrated of discussions by the Hygiene Services Committee in relation to purchases of equipment.
- There was no evidence demonstrated of a structured process to ensure consultation with the Hygiene Services Committee prior to the purchase of all equipment/products.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 Rating: 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

- There was evidence demonstrated of an incident reporting procedure.
- There was evidence demonstrated that incident reports are uploaded to the STARSweb system.
- There was evidence demonstrated of a regional Risk Management Steering Committee with representation from the organisation.
- There was evidence demonstrated of a quarterly report from the STARSweb system and evidence of discussion at the Clinical Nurse Manager 2 Forum and also at the Quality Forum.
- There was evidence demonstrated of Environmental Health reports with resultant actions.
- There was evidence demonstrated of internal hygiene audits.
- The assessors were advised that there were no hygiene related adverse events within the last two years.
- There was no evidence demonstrated of Health and Safety reports.

CM 7.2 Rating: B (66-85% compliance with this criterion)4

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

- There was evidence demonstrated that the organisation has a representative on the Regional Risk Management Committee and is also a member of the Hygiene Services Team.
- The assessors were advised that the representative on the Regional Risk Management Committee monitors incidents locally.

- There was evidence demonstrated of quarterly reports from the STARSweb system and Environmental Health reports.
- There were no reported major Hygiene Service adverse events over the last two years.

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, its professional liability and its quality improvement processes in the areas of Hygiene Services.

- There was evidence demonstrated that all major contracts including waste management are established regionally and copies were not demonstrated during the assessment process.
- There was no evidence demonstrated of a documented process for establishing contracts locally.
- There was evidence demonstrated that periodic work, such as window cleaners, are sourced locally but there was no evidence demonstrated of a written contract.

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

The organisation involves contracted services in its quality improvement activities.

- There was evidence demonstrated of regular meetings with Hygiene Services contractors as a means of communicating quality improvement initiatives.
- There was no evidence demonstrated of contractor representation on the Hygiene Services Committee or Team.

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.

- There was evidence demonstrated of safety representatives within the organisation that monitor the safety of the physical environment.
- It was reported that the Technical Services department ensure that the physical environment complies with relevant regulations and best practice, however this was not supported by documented evidence.
- There was no evidence demonstrated of Health & Safety reports.

***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 demonstrated evidence of documented processes for planning and managing the environment and facilities, equipment and devices, kitchens, waste and sharps and linen through a range of policies, procedures and guidelines.

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.

- There was evidence demonstrated that the organisation utilises the Health Service Executive comment and complaint policy "Your Service, Your Say".
- There was evidence demonstrated of a patient satisfaction survey given to all patients on discharge.
- There was no evidence demonstrated of a staff satisfaction survey.
- There was no evidence demonstrated of quality improvement planning as a result of patient feedback.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 Rating: C (41-65% 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.

- There was evidence demonstrated that human resource recruitment is conducted regionally through the Health Service Executive Human Resource Department.
- There was no evidence demonstrated that job descriptions detailed responsibility and accountability for hygiene.
- There was no evidence demonstrated of human resources recruitment records for Hygiene Services.
- There was no evidence demonstrated evaluation of the process for selecting and recruiting human resources.

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 assessors were advised that human resources are assigned by the organisation within the limitations of the HSE whole time equivalent ceilings.
- The assessors were advised that increases to work volume, such as the introduction of a rheumatology service and a pain management service, have been accommodated by restructuring work schedules.
- There was no evidence demonstrated of evaluation of the appropriateness of work capacity and volume review process.

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.

- There was evidence demonstrated that the process for ensuring all Hygiene Services staff have the relevant qualifications is conducted through the recruitment process.
- There was no evidence demonstrated that the local induction programme includes hygiene related training.
- There was no evidence demonstrated of qualifications for Hygiene Services roles

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence demonstrated of meetings with contractors through minutes of meetings.
- There was no evidence demonstrated of evaluation of the appropriate use of contract staff.

***Core Criterion**

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

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

- There was evidence demonstrated that human resource needs are assessed through the internal hygiene audit process.
- There was evidence demonstrated that staff cover to provide the necessary services is facilitated within the HSE whole time equivalent ceiling.
- There was evidence demonstrated of a Hygiene Corporate Strategic Plan, Hygiene Service and Operational Plan.
- There was evidence demonstrated of a Hygiene Services Annual report, however it did not contain a detailed account of 2007 Hygiene Services activities

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.

- There was evidence demonstrated of an induction programme, however there was no evidence demonstrated that hygiene training is included.
- There was evidence demonstrated that hand hygiene, infection control and waste and sharps management training is provided on an ongoing basis.
- There was evidence demonstrated of a standard HSE Employee Resource Manual, however it makes no reference to hygiene.
- There was no evidence demonstrated that attendance levels at induction/orientation training is monitored.

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.

- There was evidence demonstrated that a record is maintained of staff that attend hygiene related training.
- There was evidence demonstrated that Clinical Nurse Managers are trained in Risk Assessment & Hazard Identification.
- There was evidence demonstrated that staff are facilitated to attend in-house training during working hours.
- There was evidence demonstrated of facilitators available within the organisation to provide training such as manual handling and hand hygiene.
- There was no evidence demonstrated of training provided to staff in relation to handling patient's complaints.
- There was no evidence demonstrated that attendance at mandatory training is monitored.
- There was no evidence of evaluation of relevance of education to each staff member.

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

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

- There was evidence demonstrated that hand hygiene audits are used to monitor the effectiveness of hand hygiene training, but there was no evidence demonstrated of a specific suite of indicators to evaluate effectiveness of other hygiene related training.
- There was no evidence demonstrated of evaluation of staff satisfaction rates with training.
- There was no evidence demonstrated of evaluation of attendance levels at education and training sessions provided.

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.

- There was evidence demonstrated that performance evaluation takes place during the probationary period for new staff.
- There was no evidence demonstrated of evaluation of the number of Hygiene Services staff who undergo performance evaluation.

- There was no evidence demonstrated of evaluation of the appropriateness of performance evaluation processes.

PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

CM 12.1 Rating: C (41-65% compliance with this criterion)

An occupational health service is available to all staff.

- There was evidence demonstrated of an Occupational Health Service available to all staff regionally and details of the service are made available to the staff through e-mail and posters.
- There was evidence demonstrated of a range of services available to staff, including vaccinations.
- There was no evidence demonstrated of evaluation of the appropriateness of the service provided by Occupational Health Department for staff.

CM 12.2 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of a number of staff health initiatives such as wellness and stress management used as a process to monitor staff satisfaction, occupational health and wellbeing.
- There was no evidence demonstrated of Performance Indicators used to monitor staff satisfaction, occupational health and wellbeing.
- There was no evidence demonstrated of evaluation of appropriateness of mechanisms for monitoring staff satisfaction.

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.

- There was evidence demonstrated that each department completes a fortnightly internal hygiene audit.
- There was evidence demonstrated that the results of internal hygiene audits are collated and presented to the Hygiene Services Committee and the Hygiene Services Team.
- There was evidence demonstrated that healthcare associated infection rates are monitored regionally and reported to the Infection Control Committee.
- There was evidence demonstrated of quarterly reports from the STARSweb system.

- There was no evidence demonstrated of evaluation of processes for collection and accessing information and adherence to legal and best practice requirements.
- There was no evidence demonstrated of evaluation of 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.

- There was evidence demonstrated of reports generated by the Hygiene Services including minutes of Hygiene Services Committee and Team meetings, internal hygiene audits and a Hygiene Services Annual Report.
- There was no evidence demonstrated of evaluation of data and information turnaround.
- There was no evidence demonstrated of evaluation of data presentation methods.
- There was no evidence demonstrated of evaluation of user satisfaction in relation to the reporting of data and information.

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.

- There was evidence demonstrated of recent developments including the incorporation of hygiene questions into the patient discharge questionnaire.
- There was evidence demonstrated that information gathered through the internal hygiene audit process is now collated by an audit facilitator.
- There was no evidence demonstrated of evaluation of 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: 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: B (66-85% compliance with this criterion)**

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

- There was evidence demonstrated that the Hygiene Services Team is now involved in "walkabouts" to support the internal hygiene audit process.
- There was evidence demonstrated that department managers audit hand hygiene and adherence to the colour coding system for cleaning.
- There was evidence demonstrated that Hygiene Services activities are communicated to nursing staff via Clinical Nurse Manager meetings.
- There was evidence demonstrated that Hygiene Services findings are communicated to portering and attendant staff through quarterly meetings.
- There was no evidence demonstrated of evaluation of improved in Hygiene Services delivery as a result of the quality improvement system.

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.

- There was evidence demonstrated that best practice guidelines are established regionally and adopted locally by the Hygiene Services Team.
- There was evidence demonstrated of best practice guidelines utilised by the Hygiene Services Team including a colour coded cleaning system, linen segregation and waste and sharps management.
- There was no evidence demonstrated of a process for the maintenance and evaluation of best practice guidelines.
- There was no evidence demonstrated of evaluation of the efficacy of the process used to develop best practice guidelines.

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

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

- There was evidence demonstrated of the introduction of new bathroom cleaning products and there was evidence of evaluation.
- There was no evidence demonstrated of a documented process for assessing new Hygiene Service interventions and changes to existing ones.
- There was no evidence demonstrated of evaluation of the efficacy of the assessment process for new/changed 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.

- There was evidence demonstrated of hygiene related posters and information leaflets available for members of the public that visit the hospital.
- There was no evidence demonstrated of Hygiene Services activities undertaken or participated in by the team in the community.
- There was no evidence demonstrated of evaluation of efficacy of activities undertaken by the team in the community in relation to hygiene

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- There was evidence demonstrated of a multidisciplinary Hygiene Services Team.
- There was evidence demonstrated of consultation with patients through a satisfaction survey given to all patients on discharge.
- There was evidence demonstrated of an agreement from a member of the medical staff to attend Hygiene Services Team meetings when required, however there was no evidence demonstrated that this had occurred.
- There was no evidence demonstrated of evaluation of the efficacy of the multidisciplinary team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

SD 4.7 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of compliance with best practice guidelines by staff in hand washing technique.
- There was evidence demonstrated that hand gel was widely available and readily visible throughout the organisation.
- There was evidence demonstrated of the commencement of a process to replace wash hand basins.
- There was evidence that the majority of wash hand basins were not compliant with the Strategy for the control of Antimicrobial Resistance in Ireland guidelines due to the absence of mixer taps and the presence of plugs in some wash-hand basins.

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

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

- There was evidence demonstrated of hygiene related posters and information leaflets available throughout the organisation for patients and their families.

- There was evidence demonstrated of a visitor's policy, but it is overdue for review and it does not comply with the National Hospital Visitor Policy.
- There was no evidence demonstrated of evaluation of patients and families satisfaction with participation in service delivery.

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.

- There was evidence demonstrated in staff job descriptions of a confidentiality clause.
- There was evidence demonstrated of patients' right to confidentiality contained in the patient information leaflet.
- There was no reported patient or families' rights violation in relation to Hygiene Services.
- There was no evidence demonstrated of a documented process for maintaining patients' dignity during Hygiene Services delivery.

SD 5.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of a range of hygiene related leaflets and posters available throughout the organisation.
- There was evidence demonstrated of a patient satisfaction survey.
- There was evidence demonstrated of a patient information leaflet given to all patients prior to admission, however it does not contain a reference to hygiene.

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

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

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

ASSESSING AND IMPROVING PERFORMANCE

SD 6.1 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.

- There was evidence demonstrated of consultation with patients through the patient satisfaction survey.
- There was evidence that the HSE comment and complaint policy “your service, your say” is implemented.
- There was no evidence demonstrated of changes to Hygiene Services over the last two years as a result of service user information.
- There was no evidence demonstrated of evaluation of the extent to which patients, families and other organisations are involved by the team when evaluating its 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.

- There was evidence demonstrated of evaluation mechanisms used by the Hygiene Services Team through internal hygiene audits and “walkabouts”.
- There was evidence demonstrated of quality initiatives including the upgrade of floor surfaces and the purchase of a designated trolley for the distribution of clean linen.
- There was evidence demonstrated of a Hygiene Services Annual Report, however it lacks detail in relation to the results of all monitoring and evaluation activities.
- There was no evidence demonstrated of evaluation of the extent to which hygiene services quality initiatives are undertaken as a result of evaluation.

SD 6.3 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of a Hygiene Services Annual Report 2007.
- There was no evidence demonstrated of communication of the report to all stakeholders within the organisation.
- There was no evidence demonstrated of a documented process for the compilation of the Hygiene Services Annual Report.
- There was no evidence demonstrated of a documented process for the audit of Hygiene Services policies/procedures/guidelines.
- There was no evidence demonstrated of an evaluation of the appropriateness of the Hygiene Services Annual 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	B	B
CM 2.1	C	C
CM 3.1	C	C
CM 4.1	C	B
CM 4.2	B	C
CM 4.3	C	C
CM 4.4	C	C
CM 4.5	C	C
CM 5.1	B	C
CM 5.2	B	A
CM 6.1	B	C
CM 6.2	C	C
CM 7.1	B	B
CM 7.2	B	B
CM 8.1	B	C
CM 8.2	C	B
CM 9.1	D	C
CM 9.2	B	B
CM 9.3	B	A
CM 9.4	B	C
CM 10.1	C	C
CM 10.2	C	C
CM 10.3	B	C
CM 10.4	C	B
CM 10.5	C	B
CM 11.1	B	C
CM 11.2	B	C
CM 11.3	B	C
CM 11.4	C	C
CM 12.1	C	C
CM 12.2	C	C
CM 13.1	C	C
CM 13.2	C	C
CM 13.3	C	B
CM 14.1	C	A
CM 14.2	C	B
SD 1.1	C	C
SD 1.2	C	B
SD 2.1	C	C

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