

National Hygiene Services Quality Review 2008

Monaghan General Hospital Assessment Report

Assessment date: 2nd October 2008

About the Health Information and Quality Authority

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

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

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

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

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

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

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

1 Background and Context

1.1 Introduction

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

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

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

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

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

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

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

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

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

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

Hygiene is defined as:

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

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

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

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

The Standards are grouped into two categories:

(a) Corporate Management

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

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

(b) Service Delivery

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

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

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

Core Criteria:

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

1.3 Assessment Process

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

Before the onsite assessment:

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

The hospitals were grouped as follows:

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

During the assessment:

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

Following the assessment:

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

1.4 Patient Perception Survey

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

1.5 Scoring and Rating

Evidence was gathered in three ways:

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

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

- Standardised training for all assessors
- Multiple quality review meetings with assessors
- A small number of assessors completing the assessments
- Assessors worked in pairs at all times
- Six lead assessors covering all the hospitals
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

On the day of the visit, the hospital demonstrated to the Assessment Team their evidence of compliance with all criteria. The evidence demonstrated for each criterion informed the rating assigned by the Authority's Assessment Team. This compliance rating scale used for this is shown in Table 1 below:

Table 1: Compliance Rating Score

A	The organisation demonstrated exceptional compliance of greater than 85% with the requirements of the criterion.
B	The organisation demonstrated extensive compliance between 66% and 85% with the requirements of the criterion.
C	The organisation demonstrated broad compliance between 41% and 65% with the requirements of the criterion.
D	The organisation demonstrated minor compliance between 15% and 40% with the requirements of the criterion.
E	The organisation demonstrated negligible compliance of less than 15% with the requirements of the criterion.

This means the more A or B ratings a hospital received, the greater the level of compliance with the standards. Hospitals with more C ratings were meeting many of the requirements of the standards, with room for improvement. Hospitals receiving D or E ratings had room for significant improvement.

2 Hospital findings

2.1 Monaghan General Hospital – Organisational Profile¹

Monaghan General Hospital site is part of the Cavan and Monaghan Hospital Group and provides a general acute hospital service to the catchment area of Monaghan. The hospital is a three-storey hospital which opened in 1938 and contains the following buildings:

- Main hospital block with two small adjacent buildings on the hospital grounds
- Temporary off-site, recently purposely refurbished outpatients department on the grounds of St Davnet's Hospital.

As a result of the major current refurbishments of two inpatient wards, the outpatients department has been relocated off-site to St Davnet's Hospital, and inpatient beds have been reorganised within the hospital. The complement of beds total 88 is currently as follows:

Medical Inpatient Beds	65 (includes 6 HDU beds)
Surgical Day beds	10
Day Ward Beds	13

Services provided

- Acute general medicine
- Medical outpatient services, e.g. echo, stress, haemachromatosis
- General surgery (day services)
- Obstetrics/gynaecology (day services)
- Paediatrics (outpatients)
- E.N.T (outpatient service)
- Endoscopy (day services)
- Pathology
- Radiology
- Physical medicine
- Minor injuries unit
- Minor injury advanced nurse practitioner
- Clinical nurse specialist service diabetes, stoma, tissue viability, smoking cessation, anticoagulation, heart failure, ICU/CCU
- Oncology (outreach service.)

2.2 Areas visited

Areas visited during the assessment were:

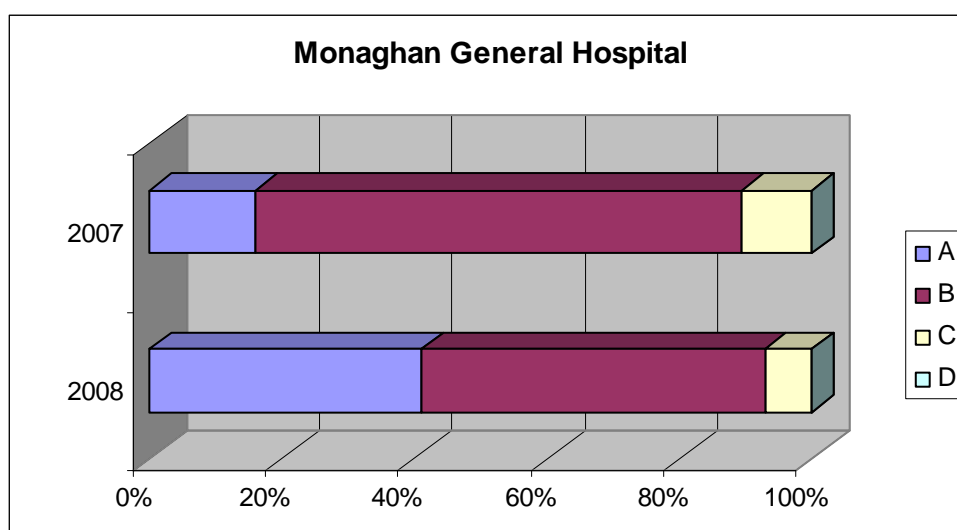
- Outpatients department
- Day services unit

¹ The organisational profile was provided by the hospital

- Medical Unit – Ward 2
- Minor Injuries Unit
- Laundry service
- Waste compound

2.3 Overall Rating

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



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

Monaghan General Hospital has achieved an overall rating of:

Good

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated documented evidence of processes for the needs identification and management of hygiene services.
- There was evidence demonstrated that the General Manager conducted a walkabout and findings were discussed at committee meetings.
- There was evidence demonstrated of a hygiene corporate strategic plan, service plan and operational plan.
- There was evidence demonstrated of a number of patient advocates consulted regularly regarding needs assessment for hygiene services.
- There was no evidence demonstrated of evaluation of the efficacy of the needs assessment process.

CM 1.2 Rating: A (>85% compliance with this criterion)

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

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

ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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

- There was evidence demonstrated that the General Manager had responsibility for the Cavan/Monaghan group and chaired meetings of the Senior Management Team.
- There was evidence demonstrated through minutes of meetings that hygiene had been discussed at Senior Management Team meetings.

- The assessors were advised that the General Manager met regularly with the Network Manager, however minutes were not available to demonstrate hygiene was discussed.
- There was evidence demonstrated of consultation with patients through an identified patient advocates.
- There was no evidence demonstrated of evaluation of the efficacy of linkages and partnerships.

CORPORATE PLANNING FOR HYGIENE SERVICES

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

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

- There was evidence demonstrated of a Corporate Strategic Plan 2008 to 2011, which was developed by the Hygiene Services Committee using a Health Service Executive template.
- There was evidence demonstrated of consultation with patient advocates in relation to hygiene.
- There was some evidence demonstrated of evaluation of the Hygiene Corporate Strategic plans' goals, objectives and priorities against defined needs.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

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

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

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

- There was evidence demonstrated that results of audits, external reports and infection control issues were discussed at senior management level.

- There was evidence demonstrated that internal hygiene audit results were analysed using an information management system and were then reported to the Hygiene Services Committee.
- There was evidence demonstrated of the establishment of a dedicated email account for Hygiene Services for the Cavan/Monaghan group.
- There was no evidence demonstrated of evaluation of the appropriateness of the information received.

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

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

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

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

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

- There was evidence demonstrated that all hygiene policies, procedures and guidelines were approved by the Quality and Risk steering group and were based on a regional HSE template.
- There was evidence of an extensive range of policies, procedures and guidelines available throughout the organisation.
- There was no evidence demonstrated of an evaluation of the efficacy of the process for developing and maintaining hygiene services policies, procedures and guidelines.

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

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

- There was evidence demonstrated of a regional Estates Group, which included members from the Hygiene Services Committee and also the General Manager, Capital Planning Coordinator and Clinical Engineer.
- At a local level there was evidence demonstrated of a project user group that included membership of both the Hygiene Services Committee and Hygiene Operational Team.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation between hygiene services and senior management in relation to capital development process.

ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES

***Core Criterion**

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

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

- There was evidence demonstrated that the Hygiene Operational Team reported to the Hygiene Services Committee, which in turn had links to the Quality and Risk Steering Group and Senior Management Team.
- There was evidence demonstrated through the Corporate Strategy that all staff had responsibility for hygiene.
- There was insufficient evidence demonstrated that all job descriptions for Ward Managers had a specific reference to accountability for hygiene.

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

CM 6.1 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of resources allocated to hygiene services over the last two years.
- There was evidence demonstrated of a corporate hygiene strategic plan.
- There was evidence demonstrated of a hygiene service plan outlining required resources.
- There was no evidence demonstrated of a documented process for the allocation of resources.

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

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

- There was evidence demonstrated of a regional procurement department, but there was no evidence demonstrated of a representative on the Hygiene Services Committee.
- There was evidence demonstrated that the Infection Control Nurse was consulted regarding equipment purchases.
- There was evidence demonstrated of consideration by the Hygiene Services Committee prior to equipment/product purchases.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management in relation to the procurement process.

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 that the regional risk manager for the Cavan-Monaghan group was a co-opted member of the Hygiene Services Committee.
- There was evidence demonstrated that hygiene incidents were recorded and monitored and trend reports were submitted to the Hygiene Services Committee.
- There was no evidence demonstrated of a risk management or health and safety annual report.

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

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

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

CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES

***Core Criterion**

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

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

- The organisation demonstrated compliance in excess of 85% with the requirements of this criterion.

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

The organisation involves contracted services in its quality improvement activities.

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

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

CM 9.1 Rating: A (>85% compliance with this criterion)

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

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

***Core Criterion**

CM 9.2 Rating: 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.

- There was evidence demonstrated of an extensive range of policies, procedures and guidelines available throughout the organisation.
- There was evidence demonstrated of internal hygiene audits conducted on a monthly basis.
- There was evidence demonstrated of a Hazard Analysis and Critical Control Point (HACCP) plan for the kitchen.
- There was evidence demonstrated that some policies, procedures and guidelines had not been reviewed by the recommended date.

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

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

- There was evidence demonstrated of internal hygiene audits conducted in all departments on a monthly basis.
- There was evidence demonstrated of a "walkabout" by the General Manager to monitor hygiene within the organisation.
- There was insufficient evidence demonstrated of resultant actions from all issues identified.

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.

- There was evidence demonstrated of a patient satisfaction survey, complaints policy and the HSE "Your Service, Your Say" comment and complaint cards.
- There was evidence of action plans resulting from these discussed at committee meetings.
- There was no evidence demonstrated of a staff satisfaction survey.

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.

- There was evidence demonstrated that the recruitment process adhered to the Health Service Executive national recruitment policy.
- There was evidence demonstrated of a needs assessment for cleaning staff.
- There was no evidence demonstrated of evaluation of the process for selecting and recruiting human resources.

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

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

- There was evidence demonstrated of a needs analysis for human resources carried out in 2007, however additional resource requirements identified in the report were not recruited due to ward closures and reassignment of staff.
- There was evidence demonstrated of the recruitment of an additional contract cleaner as a result of patient comments.
- There was evidence demonstrated of the imminent introduction of a division of roles for caring, catering and cleaning.
- There was no evidence demonstrated of evaluation of the appropriateness of work capacity and volume review processes.

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

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

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

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

There is evidence that the contractors manage contract staff effectively.

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

***Core Criterion**

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

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

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

ENHANCING STAFF PERFORMANCE

***Core Criterion**

CM 11.1 Rating: B (66-85% 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 that included hygiene and infection control training.
- There was evidence demonstrated of monthly infection control and hygiene training sessions available for all staff.
- There was evidence demonstrated of generic HSE staff handbook, however, it did not contain a reference to hygiene.
- There was evidence demonstrated of a monitoring process for attendance levels at induction.

CM 11.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated that the Human Resource administration system was used to highlight names that have attended specific education sessions, however, access was restricted to nursing administration.
- The assessors were advised that ward managers monitor attendance levels at compulsory training, however this was not demonstrated at ward level.
- There was insufficient evidence demonstrated of evaluation of the relevance of education to each staff member.

CM 11.3 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of the use of informal performance indicators to monitor the effectiveness of training such as hand hygiene audits and patient complaints.
- There was evidence demonstrated that waste management training had been amended as a result of feedback from training evaluation.
- 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.

- The assessors were advised that performance evaluation was through absenteeism records, incidents and question and answer sessions.
- There was no evidence demonstrated of staff records containing 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: B (66-85% compliance with this criterion)

An occupational health service is available to all staff.

- There was evidence demonstrated that an Occupational Health Service was available to all staff and could be accessed on-site twice weekly.
- There was evidence demonstrated of the range of services available through occupational health, including vaccinations.
- The assessors were advised of an evaluation of the service provided by occupational health, however, evidence was not demonstrated during the assessment process

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

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

- There was evidence demonstrated of Performance Indicators used to monitor staff satisfaction, including absenteeism.
- There was no evidence demonstrated of changes initiated as a result of ongoing monitoring over the last two years.
- There was no evidence demonstrated of a staff satisfaction survey.
- There was no evidence demonstrated of evaluation of the 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.

- The assessors were advised that the patient management system incorporated an alert system to identify patients known to have healthcare associated infections.
- There was evidence demonstrated of a dedicated email address for hygiene services.
- There was evidence demonstrated of an information management system used to analyse internal hygiene audit data.
- There was insufficient evidence demonstrated of evaluation of the process 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: B (66-85% compliance with this criterion)

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

- There was extensive evidence demonstrated of reports generated by the hygiene services, including a hygiene services annual report, hygiene service strategic plan, hygiene services report to the management team and internal hygiene audits.
- There was no evidence demonstrated of evaluation of 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.

- There was evidence demonstrated that data collection methods are informally evaluated at team and committee meetings, and there was evidence demonstrated of resulting actions, such as a dedicated email account and an alert mechanism on the patient management system.
- There was evidence demonstrated of changes in data collection and information reporting over the last two years including the introduction of a dedicated email account for hygiene services.

- There was insufficient evidence demonstrated of an 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 of the introduction of an information management system to collate the results of internal hygiene audits and the introduction of a dedicated e-mail account for hygiene services.
- There was evidence demonstrated of performance indicators used to monitor hygiene services reported to the Hygiene Services Committee quarterly.
- There was evidence demonstrated of benchmarking internal hygiene audit results with Cavan General Hospital.
- There was insufficient evidence demonstrated of evaluation of improved outcomes 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 of a regional process for the establishment, adoption, maintenance and evaluation of best practice guidelines.
- There was evidence demonstrated of the utilisation of best practice guidelines at ward level including the use of a colour coding system for cleaning, linen segregation and waste management.
- There was no evidence demonstrated of evaluation of the efficacy of processes used to develop best practice guidelines by the Hygiene Services Team.

SD 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 a protocol used for the assessment of new hygiene service interventions.
- There was evidence demonstrated of the introduction of a new hand hygiene product over the last two years.
- 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: A (>85% compliance with this criterion)

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

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

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

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

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- There was evidence of light dust on high surfaces throughout the organisation and on the underside of beds.
- There was no evidence of sign-off sheets in a number of bathrooms and sluice rooms to indicate cleaning frequency.
- In the minor injuries ward there was minimal storage facilities and walls, skirting board and floor surfaces were chipped.

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

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

- Cleaning equipment appeared to be well maintained.
- Flat mopping and colour coding was evidenced in practice, except in isolation rooms where colour coded mop handles and buckets were observed not to be used as policy directed.

***Core Criterion**

SD 4.4

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

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

- There was evidence that some hygiene staff were not wearing personal protective equipment and food safety policies were not demonstrated in all areas.
- While separation of roles between caring, cleaning and catering was imminent, it was not evidenced in practice on the day of the assessment.

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

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

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

SD 4.8 Rating: A (>85% compliance with this criterion)

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

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

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

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

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

PATIENTS'/CLIENTS' RIGHTS

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

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

- There was evidence demonstrated that the importance of confidentiality was included in contract cleaners training.
- There was evidence demonstrated of a range of information leaflets available throughout the organisation.
- There were no reported patients' and families' rights violations in relation to hygiene services.
- There was no evidence demonstrated of a monitoring process to ensure adherence to processes for maintaining patient dignity during hygiene services delivery.

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

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

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

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

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

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

ASSESSING AND IMPROVING PERFORMANCE

SD 6.1 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of consultation with a patient advocate and evidence of actions undertaken as a result.
- The organisation utilised the HSE comment and complaint policy "Your Service, Your Say".
- There was no evidence demonstrated of evaluation of the extent to which patients, families and other organisations were involved by the team when evaluating hygiene services.

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

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

- There was evidence demonstrated that the organisation regularly monitored and benchmarked the quality of its hygiene services through environmental hygiene audits and hygiene self-assessments.
- There was evidence demonstrated that Methicillin-Resistant *Staphylococcus aureus* (MRSA) rates and alcohol gel usage were used as performance indicators.
- There was evidence demonstrated that initiatives resulting from the monitoring process included additional waste segregation awareness training.
- There was insufficient evidence demonstrated of evaluation of the extent to which hygiene services quality initiatives were being undertaken by the Hygiene Operational Team as a result of evaluation and benchmarking.

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

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

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

Appendix A: Ratings Details

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

Criteria	2007	2008
CM 1.1	B	B
CM 1.2	B	A
CM 2.1	B	B
CM 3.1	B	B
CM 4.1	B	A
CM 4.2	B	B
CM 4.3	B	A
CM 4.4	B	B
CM 4.5	B	B
CM 5.1	B	B
CM 5.2	B	A
CM 6.1	B	B
CM 6.2	B	B
CM 7.1	B	B
CM 7.2	B	A
CM 8.1	C	A
CM 8.2	B	A
CM 9.1	B	A
CM 9.2	B	B
CM 9.3	B	B
CM 9.4	B	B
CM 10.1	C	B
CM 10.2	B	B
CM 10.3	B	A
CM 10.4	C	A
CM 10.5	B	A
CM 11.1	B	B
CM 11.2	B	B
CM 11.3	B	B
CM 11.4	C	C
CM 12.1	B	B
CM 12.2	C	B
CM 13.1	B	C

Criteria	2007	2008
CM 13.2	B	B
CM 13.3	B	C
CM 14.1	B	A
CM 14.2	B	B
SD 1.1	B	C
SD 1.2	B	B
SD 2.1	B	A
SD 3.1	B	A
SD 4.1	A	B
SD 4.2	A	A
SD 4.3	A	B
SD 4.4	A	B
SD 4.5	A	A
SD 4.6	A	A
SD 4.7	A	A
SD 4.8	B	A
SD 4.9	B	A
SD 5.1	A	B
SD 5.2	A	A
SD 5.3	B	A
SD 6.1	C	B
SD 6.2	B	B
SD 6.3	B	A