

## **National Hygiene Services Quality Review 2008**

### **South Infirmary Victoria University Hospital Assessment Report**

**Assessment date: 3<sup>rd</sup> November 2008**

## About the Health Information and Quality Authority

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

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

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

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

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

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

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

# 1 Background and Context

## 1.1 Introduction

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

The aim of the Review is to promote continuous improvement in the area of hygiene services within healthcare settings. This Review is one important part of the ongoing process of reducing Healthcare Associated Infections (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.higa.ie](http://www.higa.ie).

### **Hygiene is defined as:**

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

*Irish Health Services Accreditation Board Hygiene Standards*

## **1.2 Standards Overview**

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

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

The Standards are grouped into two categories:

### **(a) Corporate Management**

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

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

### **(b) Service Delivery**

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

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

The full set of Standards are available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

### **Core Criteria:**

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

### 1.3 Assessment Process

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

#### Before the onsite assessment:

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

- **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
- Six lead assessors covering all the hospitals
- Ratings determined and agreed by the full assessment team
- Each hospital review, and its respective rating, was quality reviewed with selected reviews being anonymously read to correct for bias.

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

**Table 1: Compliance Rating Score**

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

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



## 2 Hospital findings

### 2.1 South Infirmary Victoria Hospital - Organisational Profile<sup>1</sup>

South Infirmary Victoria University Hospital is a voluntary general acute hospital and caters for both public and private patients. It is the third largest acute service provider in the Cork area with a complement of 276 beds. It operates the second largest Emergency Department in Cork, dealing with approximately 30,000 patients per annum. The hospital is the regional centre for ENT and dermatology services and is the major centre in the HSE, Southern Area for the treatment of breast cancer and for gynaecological oncology services. Other services provided include general medicine, dermatology, fenito-urinary medicine, day surgery, plastic surgery and a sexual assault treatment unit. The hospital has academic links with the University College Cork.

### 2.2 Areas Visited

The assessment team visited:

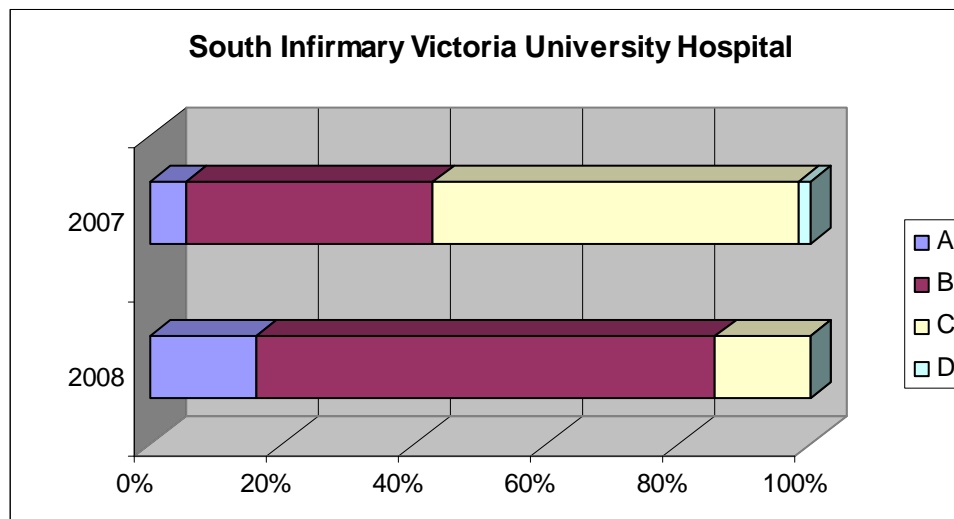
- Emergency department
- Outpatients department
- Male medical ward
- Female medical ward
- Male surgical ward
- Gynaecological Ward
- Laundry service
- Waste compound.

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<sup>1</sup> The organisational 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 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.

**South Infirmary Victoria University Hospital**

**has achieved an overall rating of:**

**Fair**

**Award date: 2008**

## 2.4 Standards for Corporate Management

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

### PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- There was evidence demonstrated that a Corporate Strategic Plan had been developed since the 2007 National Hygiene Service Quality Review which was approved by the Hygiene Services Team and signed off by the Executive Management Board.
- Evidence was provided to demonstrate that hygiene was a standing agenda item at the Board of Directors meetings.
- Evidence was also demonstrated that members of the Executive Management Board undertook a hospital wide audit. The results of this and other audits, the Patient Advocacy Group, a patient satisfaction survey and comment cards were demonstrated to feed into the needs-assessment process.
- The organisations Operational Plan was demonstrated to be reviewed at the monthly Hygiene Services Team meeting and the action plan was updated against the scheduled timeframe as progress was made.
- The organisation provided evidence to demonstrate that the hospital Service Plan included hygiene.
- There was no formal evaluation of the needs-assessment process demonstrated.

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

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

- The organisation demonstrated it had undertaken a complete refurbishment of the female medical ward and created four negative pressure isolation rooms since the 2007 National Hygiene Services Quality Review.
- The organisation also demonstrated that the cleaning and linen contracts had been tendered.
- Evidence was provided to demonstrate that the contract cleaning service had been reviewed to facilitate a twenty-four hour janitorial service which had commenced on the morning of the review. This

service was demonstrated to be available Monday-Friday at no additional cost due to a review of hours of cleaning.

- The organisation also demonstrated it had organised for one member of the cleaning staff to be assigned to an area for six hours rather than two staff members for three hours as this gave more ownership in each area.
- Evidence was provided to demonstrate that a revised high level cleaning rota had been agreed and implemented following internal environmental audits.
- The organisation did not demonstrate evaluation of the developments and modifications to Hygiene Services.

## ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES

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

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

- The organisation demonstrated that regular meetings occurred with the Network Manager including a weekly teleconference with the Health Service Executive Southern Region Chief Executive Officers.
- Evidence was provided to demonstrate that a number of staff members had linkages with regional and national groups including senior management and infection control.
- Evidence was also provided to demonstrate that a Patient Advocacy Group was in place and that they had three updates on hygiene over the previous twelve months. The organisation also demonstrated that a service user had participated in one of the internal hygiene audits.
- The organisation demonstrated that a staff survey was undertaken in February 2008 by an independent consultant, however no evidence of recommendations or action plans were demonstrated.
- The organisation did not demonstrate any 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.**

- The organisation demonstrated that it had developed a Corporate Hygiene Strategic Plan since the 2007 National Hygiene Service Quality

Review which had clearly defined goals, objectives and priorities, however the plan did not demonstrate related costings.

- Evidence was provided to demonstrate that the plan was approved by the Hygiene Services Committee and signed off by the Executive Management Board and was available to staff on the hospital Intranet.
- No evidence was demonstrated of consultation with patients into the process or of evaluation 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, through the organisational structure, that the provisions for Hygiene Services were clearly defined.
- Evidence was provided to demonstrate that internal and external audits evaluated the teams adherence to legislation and relevant national guidelines
- However no follow up action plans were demonstrated following audits.

### **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.**

- Evidence was provided to demonstrate that hygiene was a standing agenda item on the Board of Directors monthly meetings.
- Evidence was also provided to demonstrate that team members reported to the Executive Management Board on an annual/biannual basis or more frequently if required.
- The organisation demonstrated that the Executive Management Board approved all policies, procedures and guidelines which were evidence based.
- There was no evidence demonstrated of the use of hygiene related Performance Indicators.
- The organisation did not demonstrate that they had evaluated the appropriateness of information received.

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

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

- The organisation demonstrated the availability of library, Internet and Intranet facilities.
- Evidence was provided to demonstrate that best practice information was shared with staff through policies, procedures and guidelines (which are available locally and on the Intranet), the hospital newsletter, heads of department meetings and education awareness sessions.
- The hospitals local cleaning specifications were demonstrated to have been revised based on the Irish Acute Hospitals Cleaning Manual.
- Evidence was also provided to demonstrate that the Aspergillosis policy had been revised.
- The organisation demonstrated that all cleaning staff members had been trained to the British Institute of Cleaning Sciences level one. Internal cleaning staff members were trained to level two.
- There was no evaluation of the appropriateness of Hygiene Services related research or best practice information available to the organisation demonstrated.

**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.**

- A template for policies, procedures and guidelines, developed in 2008 by the Risk Management Department, was demonstrated and evidence that all policies, procedures and guidelines developed in 2008 were using this template was also demonstrated.
- Evidence was provided to demonstrate that the policies, procedures and guidelines template included a section on frequency of review and method of review to ensure compliance. The review method was demonstrated to be through internal and external audits.
- The organisation demonstrated that all policies, procedures and guidelines were approved by the Executive Management Board and the hygiene co-ordinator held the original signed copy for hygiene related policies, procedures and guidelines.
- However, the organisation did not demonstrate a documented process for the development, approval, revision and control of all Hygiene Services related policies, procedures and guidelines.
- The organisation did not demonstrate a central database of all policies, procedures and guidelines nor a process for controlling policies, procedures and guidelines. Outdated documents were observed in ward areas.

**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, through minutes of the Hygiene Services Team meetings, that the team was updated on projects including the recently refurbished Female Medical Ward.
- However the organisation did not demonstrate a formal process for consulting with the Hygiene Services Team for capital development planning and implementation processes.

**ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES**

**\*Core Criterion**

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

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

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

**\*Core Criterion**

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

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

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

**ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES**

**\*Core Criterion**

**CM 6.1                      Rating: A (>85% compliance with this criterion)**

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

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

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

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

- Evidence was demonstrated, through the minutes of the Hygiene Services Committee, that it had been agreed for all new equipment and products to be reviewed at the committee meeting.
- The organisation demonstrated a revised procurement policy dated 2008, however it did not detail the involvement of the Hygiene Services Committee's role in the purchase of equipment and products. The policy demonstrated was not dated and not in the approved template.
- Evidence was provided to demonstrate that the Supplies Department Manager is a member of the Hygiene Services Committee.

**MANAGING RISK IN HYGIENE SERVICES****\*Core Criterion****CM 7.1****Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that there were processes in place to identify, analyse, prioritise and minimise risk in relation to Hygiene Services through an incident reporting policy, a draft risk management strategy and incident report forms.
- No major adverse events were reported to have occurred in the last two years.
- Evidence was provided to demonstrate that the draft revised organisational safety statement included a section on hygiene and a number of risk assessments were also demonstrated.
- The organisation demonstrated the availability of Material Safety Data Sheets and a Dangerous Goods and Safety Advisor.
- Evidence was provided to demonstrate that the Risk Management and the Health and Safety Departments produced annual reports.
- The organisation submitted recent Environmental Health Officer reports to the Authority as part of their submission with comprehensive action plans.
- Evidence was provided to demonstrate that the organisation were regional winners of the Health Service Executive 2007 Quality and Safety Award.
- Evidence was provided to demonstrate environmental audits however limited evidence of closure was demonstrated.



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

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

- Evidence was provided to demonstrate that the organisation had a Risk Manager, Health and Safety Officer, Hygiene Co-ordinator and Accreditation Co-ordinator.
- The organisation demonstrated that the Risk Manager was a member of the Hygiene Services Committee and that members of the Executive Management Board were members of both the Risk Management and Hygiene Services Committees.
- The organisation also demonstrated that it had a Health and Safety Committee and that the Hygiene Co-ordinator, Risk Manager and Infection Control Nurse are members of that committee.
- Evidence was provided to demonstrate that risk assessment reports were reviewed by the Executive Management Board. The organisation also demonstrated that the Risk Manager reports to the Board of Directors annually and biannually to the Executive Management Board.
- No tracking and trending of risk was demonstrated by the organisation

**CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES****\*Core Criterion****CM 8.1****Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that contracts were negotiated utilising the National Procurement policy.
- Evidence was provided to demonstrate that tendering processes were in place and hygiene was demonstrated to form part of the organisations system for scoring and awarding tenders.
- The cleaning and linen contracts were demonstrated to have been tendered since the 2007 National Hygiene Services Quality Review. Other contracts included waste, sanitary bins and pest control and contracts for same were demonstrated. However the cleaning contract did not demonstrate a reporting structure.
- There was no evidence of a central database of hygiene related contracts demonstrated during the review.
- Contracts were demonstrated to be monitored through internal and external audits including environmental, sharps, waste and hand hygiene audits however there were no action plans demonstrated.

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

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

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

**PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES**

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

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

- There was evidence demonstrated that the organisation had upgraded four main ward areas and had developed four negative pressure isolation rooms.
- The organisation provided evidence to demonstrate that a submission for further funding had been sent to the Health Service Executive, however no funding had been received for outstanding work.
- The organisation also demonstrated evidence of a draft revised organisational safety statement which included a section on hygiene.
- Evidence was provided to demonstrate that an audit of hand washing facilities was in the process of being undertaken.

**\*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 a three year Corporate Strategic Plan and an Operational Plan, which were reviewed monthly by the Hygiene Services Committee.
- There was evidence demonstrated of waste management, sharps, infection control and decontamination of equipment policies and a Hazard Analysis Critical Control Point plan.
- A centralised medical equipment database was demonstrated which was maintained by the Biomedical Engineer and a curtain changing database was also demonstrated that was maintained by the Portering Supervisor.

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

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

- The organisation demonstrated that it utilised patient and staff satisfaction surveys, national reports and the internal audit process.
- An organisation wide audit was demonstrated to have been undertaken by members of the Executive Management Board. Evidence was provided of three further environmental audits. The organisation demonstrated that they had replaced a number of clinical waste bins to more appropriate areas due to audit findings which demonstrated that waste was being disposed of inappropriately. No other actions following the audits were demonstrated.
- Minutes of the Hygiene Services Committee meetings demonstrated that scheduling a suitable time for cleaning clinical waste bins was still outstanding.
- The organisation also demonstrated changes in linen practice with increased collection times and delivery times however soiled linen was stored in the open due to space restrictions.

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

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

- The organisation demonstrated through the Patient Advocacy Group and the patient and staff satisfaction surveys that they considered the views of stakeholders.
- The organisation also demonstrated that a member of the Patient Advocacy Group had agreed and were included in a recent environmental audit.
- The complaints process was also demonstrated as feedback, and the organisation demonstrated where a hygiene related complaint had been closed.
- The organisation also provided evidence to demonstrate the introduction of a contract cleaning complaints form for staff to complete if dissatisfied with the cleaning within their department.

**SELECTION AND RECRUITMENT OF HYGIENE STAFF****CM 10.1****Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated a comprehensive process for selecting and recruiting human resources for Hygiene Services through a recruitment and selection policy, procedure and flow chart which were based on national guidelines.
- Job descriptions were demonstrated to set out the required qualifications for employees.
- The organisation demonstrated that a member of the Hygiene Services Committee had been involved in the selection of the cleaning contract supervisor.
- The organisation did not demonstrate any evaluation of the selection and recruitment process.

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

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

- The organisation demonstrated that a review of cleaning hours had taken place in 2006.
- Further reviews were demonstrated to have taken place as the result of environmental audits and changes included increasing the hours of the janitorial service to twenty four hours between Monday and Friday which had commenced on the day of the review.
- It also demonstrated a change in hours of ward cleaning. It was reported that where ward areas had two cleaning staff members assigned for three hours this had been changed to one person for six hours to give more ownership.
- Further environmental audits demonstrated improvements following the change in staff allocation.
- No formal evaluation of the appropriateness of work capacity and volume review processes was demonstrated.

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

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

- Human resources processes were demonstrated to ensure staff members had the appropriate qualification.
- The organisation demonstrated a comprehensive induction programme for all staff members.
- All members of the cleaning team, including contract staff had been certified by the British Institute of Cleaning Sciences level 1 and internal staff members had achieved level 2.
- Competency assessment was carried out by the cleaning contract supervisor, however on review of a competency assessment not all

areas were signed off for a member of the contract cleaning team who was observed to be cleaning the floor in a manner that did not follow the floor cleaning procedure.

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

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

- The organisation demonstrated a documented process for management of contract staff.
- It was reported that the contract cleaning supervisor reported to the Hygiene Service Co-ordinator however this was not demonstrated in the contract.
- Evidence was provided to demonstrate that the contract cleaning supervisor was involved in the environmental audits.
- It was also demonstrated that contract cleaning staff had received their relevant vaccinations and attended in-service training, for example hand hygiene and standard precautions updates.
- Certificates were also demonstrated for the British Institute of Cleaning Sciences level 1 training.
- No evaluation of the appropriate use of contract staff was demonstrated.

**\*Core Criterion**

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

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

- The organisation demonstrated that a full review of cleaning services had taken place in 2006 and cleaning hours had been doubled.
- Evidence was also provided to demonstrate that the organisation had introduced a 24 hour janitorial service from Monday to Friday and a specific janitorial service that cleaned all rooms utilised for isolating patients.
- The organisation demonstrated a Corporate Strategic Plan, an Operational Plan and a Hygiene Services Annual Report which included the allocation of working hours for the contract cleaning service and in-house cleaning service.

## 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**

- The organisation demonstrated an induction training policy which included roles and responsibilities.
- It also demonstrated an induction programme was in place and new staff members attended within one month of commencing employment. The programme was demonstrated to include an overview of infection control and risk management (including incident reporting and complaints management).
- It was reported that practical sessions on hand hygiene followed in the relevant department, however no evidence was provided that these sessions occurred.
- The organisation demonstrated a catering and household employee's handbook which included information on hygiene.
- The organisation did not demonstrate attendance rates at hand hygiene or waste management training.

**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.**

- The organisation demonstrated an induction and training policy and a study leave policy, however it did not demonstrate a formal schedule of training.
- All internal cleaning staff members were demonstrated to have been certified to level 2 British Institute of Cleaning Sciences training. Contract cleaning staff members were certified to level 1.
- The organisation also demonstrated that Health Care Assistants were undertaking the Further Education and Training Awards Council training programme.
- Evidence was provided to demonstrate that members of the Infection Control team, Catering team and Hygiene team provided some of the staff training.
- There were no central records of training demonstrated.
- There was no evidence provided to demonstrate evaluation of the relevance of the education to each staff member.

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

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

- The organisation demonstrated that they utilised the results of audits and incidents to evaluate the effectiveness of education and training.
- Evaluation forms following education and training were demonstrated with results showing satisfaction with the programmes.
- The organisation demonstrated that sharps training had been altered following results of sharps audits.
- The organisation did not demonstrate evaluation of attendance levels at education and training sessions provided.

**CM 11.4                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that performance of Hygiene Services staff is evaluated through probation and disciplinary policies and procedures.
- A probation policy, monitoring guidelines and review form were demonstrated with all new staff members on probation for the first 12 months.
- The organisation also demonstrated that internal household and catering staff members had an annual performance evaluation.
- As part of the new cleaning contract, the organisation demonstrated that it had increased the hours of the cleaning supervisor from five hours to twelve hours per day.
- There was no evaluation demonstrated of the appropriateness of the performance evaluation processes utilised.

**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**

- The organisation demonstrated the availability of an Occupational Health service for all staff members with two Occupational Health Nurses on site and a visiting Occupational Health Physician.
- Evidence was provided to demonstrate that the service was promoted via the hospital Intranet and included a vaccination programme. Evidence of follow up for non-attendees was also demonstrated.
- An Employee Assistance Programme and Wellness Programme were also demonstrated to be available.

- An Annual Report was demonstrated with reviews of occupational blood exposure and violent incidents to staff.
- There was no formal evaluation of the appropriateness of the service provided by Occupational Health demonstrated.

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

**Hygiene Services staff satisfaction, occupational health and well-being is monitored by the organisation on an ongoing basis**

- The organisation demonstrated that it utilised absenteeism rates, vaccination uptake and satisfaction surveys to monitor staff satisfaction, occupational health and wellbeing.
- A staff satisfaction survey was demonstrated which had been undertaken in early 2008 by an independent consultant, however no recommendations or action plans were demonstrated.
- An Absence Policy was also demonstrated with staff members on long term sick leave attending the Occupational Health Department and all staff members attending return to work interviews with their line manager.
- Evidence was provided to demonstrate exit interviews when staff resigned however there were no recommendations or action plans following the findings of these interviews.

**COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES**

**CM 13.1                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated that it collected hygiene related information via satisfaction surveys, audits, incidents, infection surveillance and complaints and reported to the relevant internal and external bodies.
- There was limited evidence demonstrated of evaluation of the processes for collection and accessing information, or, the quality, reliability, accuracy and appropriateness of the data.

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

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

- The organisation demonstrated that a number of reports were produced including annual reports, complaints, infection rates and



minutes of meetings. The organisation also demonstrated that the Operational Plan was reviewed at every Hygiene Services Committee meeting and updated against agreed timeframes.

- Evidence was provided to demonstrate that an updated report on hygiene services was provided to the Infection Control Committee biannually.
- There was no evaluation of user satisfaction in relation to reporting of data and information demonstrated.
- The results of the staff satisfaction survey undertaken in February 2008 were not demonstrated to have been actioned.

**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 provided to demonstrate that hygiene related information was reported to the Hygiene Services Committee, Executive Management Board, Risk Management Committee and Board of Directors.
- The organisation demonstrated that it utilised the Infection Control Nurses Association tool for their audits.
- There was no evidence provided to demonstrate evaluation of the appropriateness of the data and information.

**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.**

- The organisation demonstrated that, through its Operational Plan, progress reports were developed after each monthly Hygiene Services Committee meeting.
- Audits and satisfaction surveys were also demonstrated to evaluate the efficacy of the quality improvement systems.

- There was limited evidence demonstrated of hygiene related information being reported back to individual departments.

## 2.5 Standards for Service Delivery

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

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

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

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

- Evidence was provided to demonstrate a policies, procedures and guidelines template and a sample of policies, procedures and guidelines demonstrated both the utilisation of this template and that they were evidence based.
- The organisation did not demonstrate a documented process for establishing, adopting, maintaining and evaluating best practice policies, procedures and guidelines.
- Evidence was provided to demonstrate that colour coding was utilised by the team for cleaning, waste and sharps disposal.
- There was no evaluation of the efficacy of the processes used to develop best practice guidelines by the Hygiene Services Team demonstrated.

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

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

- The organisation demonstrated a procurement policy.
- Hygiene Services changes included the routine use of single use tea towels which the organisation demonstrated had been trialed prior to introduction.
- The organisation also demonstrated a pilot of changed cleaning hours, however there was no formal evaluation of this process.

- 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: B (66-85% 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 through posters, information leaflets and a talking hand gel station in the Reception Area that it supported hygiene related health promotion activities.
- The Infection Control Team demonstrated that they had held a hand hygiene awareness session during the national infection control week.
- No evaluation of the efficacy of the activities was demonstrated.

## INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- The organisation demonstrated that the team was multi-disciplinary and appropriate linkages exist between various teams and committees.
- Evidence was provided to demonstrate that the Hygiene Services Team met on a monthly basis, however knowledge of staff members, interviewed during the process, was limited with regards to who represented them on the team.

## 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: 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.**

- Kitchens visited were visibly clean with separate hand wash facilities, fly screens and bait boxes.
- The organisation advised that fridge and freezer temperatures were recorded, however no food temperature recordings were available during the visits to the ward kitchens. It was reported that the supervisor probes the food in all areas prior to serving.
- While restricted access was documented on the kitchen doors, kitchen doors were held open in most areas visited.
- Personal Protective Equipment was not readily available.
- A food safety policy was demonstrated in each kitchen, however it only dealt with food storage.
- In one kitchen a "Staff Food Press" was observed.

**\*Core Criterion**

**SD 4.5**

**Rating: B (66-85% 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 policies for segregation of clinical and non clinical waste were demonstrated and compliance was observed.
- The waste collection system was observed to meet best practice standards.
- Segregation at the waste compound was also observed to be in line with best practice, however there was no hand wash facility in the area.
- C1 and destruction certificates were demonstrated as was the license and permit, however the date was not visible on the permit.
- The inside of the waste bins were observed to be unclean during the visits to clinical areas especially the clinical waste bins and a number needed to be replaced.

**\*Core Criterion**

**SD 4.6**

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

**The team ensures the organisations linen supply and soft furnishings are managed and maintained.**

- There was evidence demonstrated of a Linen Policy.
- Bags were filled as per policy and segregation was observed.
- Clear plastic bags were used to hold used linen as the holding area for soiled linen was in the open. This area was accessible to the public. Bags of soiled linen were observed, in this area, on top of open trolleys.
- One linen room visited had wrapped clean linen on the floor.
- There was no evidence demonstrated that separate trolleys were used to transport clean and used linen nor was there evidence that trolleys were cleaned between use.

**\*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 (SARI) guidelines.**

- Clinical wash hand sinks were observed to be mainly compliant to best practice standards.
- The hand wash techniques demonstrated were observed to meet best practice.
- A number of alcohol based hand rubs were observed to be out of date
- On requesting a member of the clinical team to demonstrate their hand-washing technique they reported they were unable to do so due to a hand injury. There was no evidence of any mechanisms put in place to mitigate this risk.

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

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

- The organisation demonstrated an incident reporting policy and report form, health and safety and infection control policies and a hygiene manual.
- However there was very limited evidence of feedback, trends or analysis of incidents when discussing risk with departmental managers.

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

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

- The organisation demonstrated through its Patient Advocacy Group, satisfaction surveys, comment cards, posters and information leaflets that it encouraged patients to participate in improving Hygiene Services.
- Evidence was provided to demonstrate that one member of the Patient Advocacy Group had been involved in an internal environmental audit.
- The organisation demonstrated a pre-admission information leaflet containing information on infection control and flowers, however there was no information regarding hand hygiene.
- Evidence was provided to demonstrate that a visiting policy was in place and the organisation also demonstrated that the introduction of a swipe card access system improved compliance.

## PATIENT'S/CLIENT'S RIGHTS

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

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

- Evidence was provided to demonstrate that a confidentiality policy was in place. Evidence was also provided to demonstrate that non compliance of staff with the policy was dealt with through the disciplinary policy.
- The dignity of the patient was demonstrated to be covered through the organisation's values statement "Respect and Dignity" and in the induction programme.
- In clinical areas confidentiality was demonstrated to be respected through appropriate signage on doors.
- The admission booklet was also demonstrated to include a section on patient dignity.
- There was no evaluation of patients' rights violations in relation to Hygiene Services being managed in line with organisational policy demonstrated.

### **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 provided to demonstrate that the organisation provided a pre-admission leaflet which contained information on infection control and flows, however it did not contain information on hand hygiene.
- A number of hygiene related posters were observed throughout the organisation as well as a "talking" alcohol based hand rub stand at the Entrance to the hospital.
- A small range of hygiene related information leaflets were also provided as evidence.
- However there was no evidence of formal evaluation of the information provided.

### **SD 5.3                      Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated a formal process, through their complaints policy, for dealing with hygiene related complaints.
- Complaints were demonstrated to be discussed at the Risk Management Committee.

- The organisation provided evidence to demonstrate full closure of a hygiene related complaint
- However there was no evidence demonstrated of feedback to departments.

## ASSESSING AND IMPROVING PERFORMANCE

### **SD 6.1                      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.

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

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

- The organisation demonstrated that a number of internal environmental audits had been completed however there was no action plans demonstrated.
- Evidence was provided to demonstrate that the organisation monitors infection rates.
- Evidence was also provided to demonstrate that the Operational Plan progress report is updated after each monthly Hygiene Services Committee meeting.
- There was limited evidence of trending demonstrated and it was reported that benchmarking was yet to be formalised.

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

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

- The organisation demonstrated an Annual Report for Hygiene Services however, there was no evidence of consultation with patients and families.
- This report was demonstrated to be available to all staff members on the hospitals Intranet.
- There was no evaluation of the appropriateness of the Annual Report demonstrated.



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

Criteria	2007	2008
SD 2.1	C	B
SD 3.1	C	B
SD 4.1	B	A
SD 4.2	A	A
SD 4.3	A	A
SD 4.4	A	B
SD 4.5	B	B
SD 4.6	B	C
SD 4.7	B	B
SD 4.8	B	B
SD 4.9	C	B
SD 5.1	C	B
SD 5.2	B	B
SD 5.3	B	B
SD 6.1	C	A
SD 6.2	C	B
SD 6.3	C	B