

National Hygiene Services Quality Review 2008

South Tipperary General Hospital Assessment Report

Assessment date: 7th 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.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 Plans (QIPs). 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.
- **All comments were considered** fully by the Authority prior to finalising each individual hospital report.
- **Risk assessment and notification.** Where assessors identified specific issues that they believed could present a significant risk to the health or welfare of patients, hospitals were formally notified in writing of where action was needed, with the requirement to report back to the Authority with a plan to reduce and effectively manage the risk within a specified period of time.

Following the assessment:

- **Internal Quality Assurance.** Each assessment report was reviewed by the Authority to ensure consistency and accuracy.
- **Provision of an overall report to each hospital, outlining their compliance with the National Hygiene Standards.** Each hospital was given an opportunity to comment on their individual draft review in advance of publication, for the purpose of factual accuracy.

- **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 South Tipperary General Hospital - Organisational Profile¹

South Tipperary General Hospital is a 247 Bed hospital providing acute services for the South Tipperary population of 82,000 people (2006 census). South Tipperary General Hospital also provides services to the bordering areas of North Tipperary and West Waterford increasing the catchment area up to 135,000.

Until January 2007 Acute Hospital Services in South Tipperary were provided on two sites: South Tipperary General Hospital (STGH), Clonmel and Our Lady's Hospital (OLHC), Cashel. Acute hospital services in South Tipperary amalgamated in South Tipperary General Hospital, Clonmel on January 12th 2007 following a major capital development to facilitate the transfer of Emergency department, General Surgery and Oncology services from Our Lady's Hospital, Cashel to Clonmel (Cost €30m). The Obstetric Department, South Tipperary General Hospital provides outreach clinics in both Thurles and Tipperary Town.

South Tipperary General Hospital signed a learning agreement with University College Cork in 2006 for the education of Medical Students; approval is awaited for teaching hospital status from the Department of Health and Children

South Tipperary General Hospital provides the following services: general medicine; gynaecology (day care ward); obstetrics / gynaecology; paediatrics; acute psychiatry; special baby care; cardiac diagnostics and rehabilitation; coronary care; diabetes; endoscopy (day care unit); medical assessment; emergency department; general surgical; intensive care; oncology; physiotherapy; radiology and laboratory services; social services; speech and language therapy and chaplaincy.

2.2 Areas Visited

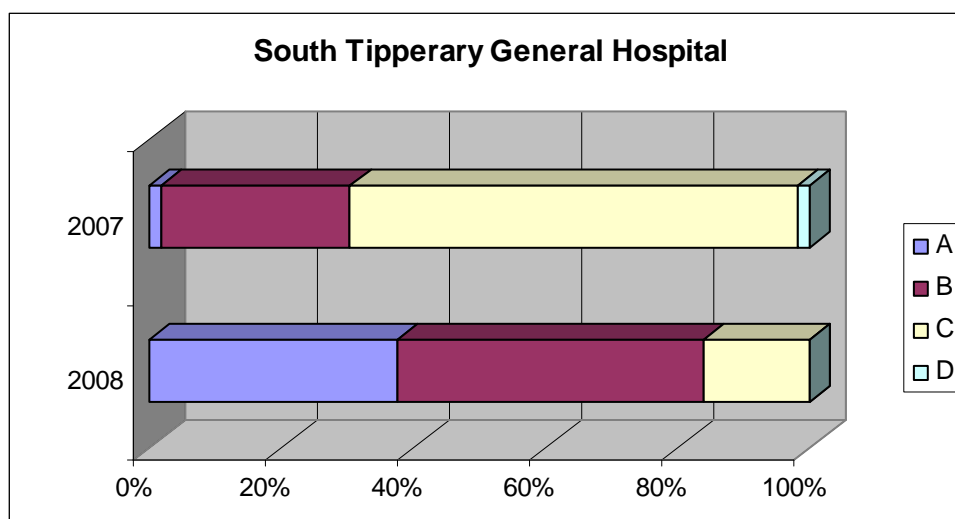
During the course of the assessment the following areas were visited:

- Emergency department
- Outpatients department
- Medical 3
- Surgical 1
- Laundry service
- Waste compound

¹ The organisational profile was provided by the hospital.

2.3 Overall Rating

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

South Tipperary General 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: A (>85% compliance with this criterion)

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

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

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

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

- There was evidence demonstrated of recent developments including a protective covering for wall surfaces, replacement of floor covering, painting, new washable chair coverings and linen trolleys on wards.
- There was insufficient evidence demonstrated of evaluation of developments and modifications to the organisation's Hygiene Services in relation to meeting the service user's needs.

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

- There was evidence demonstrated of hygiene issues being discussed at Hospital Executive meetings, with membership representative of management from all stakeholders on the campus.
- There was evidence demonstrated of meetings with the Hospital Network Manager and hygiene was on the agenda.
- There was evidence demonstrated of a recently completed staff satisfaction survey.
- There was evidence demonstrated that the organization utilises the Health Service Executive comment and complaint policy "Your Service, Your Say".

- There was evidence demonstrated of consultation with a patient representative group regarding hygiene issues.
- There was no evidence demonstrated of evaluation of the efficacy of the 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 Hygiene Corporate Strategic Plan with clearly defined goals, objectives and priorities.
- There was evidence demonstrated of consultation with a patient representative group regarding hygiene issues.
- There was evidence demonstrated that the Hygiene Corporate Strategic Plan is e-mailed to all wards/departments and is also available on notice boards throughout the organisation.
- There was no evidence demonstrated of a documented process for the development of a Hygiene Corporate Strategic Plan.

GOVERNING AND MANAGING HYGIENE SERVICES

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

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

- There was evidence demonstrated that overall responsibility for Hygiene Services rests with the Executive Management Team through minutes of meetings.
- There was evidence demonstrated of a range of corporate policies and procedures available throughout the organisation.
- There was evidence demonstrated of the review of authority provisions in the Hygiene Services areas resulting in an amendment of reporting relationships.
- There was no evidence demonstrated of a Code of Corporate Ethics.

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

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

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

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.

- There was evidence demonstrated of a range of policies, procedures and guidelines available at clinical level, on the intranet and in the library.
- There was evidence demonstrated that internet access is freely available in the library to all staff.
- There was evidence demonstrated of quality/safety initiatives, including a mandatory training database to monitor training for.
- There was no evidence demonstrated of evaluation of the appropriateness of Hygiene Services related research and best practice information available.

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 of a process for establishing and maintaining best practice policies, procedures and guidelines through multidisciplinary groups and approval by relevant members of the Hospital Executive.
- There was evidence demonstrated of a range of policies, procedures and guidelines relating to Hygiene Services available throughout the organization and based on a Health Service Executive template.
- 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 consultation with the Hygiene Services Committee regarding capital development initiatives.
- There was no evidence demonstrated of evaluation of the efficacy of the consultation process between the Hygiene Services team and Executive Management in relation to the 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 of a Hygiene Services Team which reports to a Hygiene Services Governance Committee which in turn reports to the Hospital Management Team and ultimately to the Hospital Executive Committee.
- There was evidence demonstrated that reporting relationships of all members of the Hygiene Services Team are clearly outlined.
- There was no evidence demonstrated that job descriptions for Clinical Nurse Managers indicated accountability and responsibility for hygiene.

***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: 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 documented process for the involvement of the Hygiene Services Committee in the procurement of equipment through a procurement form requiring input from the committee.
- There was evidence demonstrated of communication between the Hygiene Services Committee and the Hospital Management Team relating to the purchasing of equipment.
- There was no evidence of evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management related to purchasing.

MANAGING RISK IN HYGIENE SERVICES

***Core Criterion**

CM 7.1 **Rating: A** (>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 compliance of greater than 85% with the requirements of this criterion.

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: 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.

- There was evidence demonstrated that contracts are established regionally according to Health Service Executive National Procurement Policy.

- There was evidence demonstrated of contracts for the provision of contracted hygiene services such as waste management and pest control.
- There was evidence demonstrated that Hygiene Services contracts such as waste management and pest control are monitored by the Maintenance Department.
- There was no evidence demonstrated of a documented process for establishing contracts in the area of Hygiene Services.

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

The organisation involves contracted services in its quality improvement activities.

- There was evidence demonstrated of consultation and meetings with contractors.
- There was no evidence demonstrated of contractor representation on the Hygiene Service Team or Committee.

PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES

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

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

- There was evidence demonstrated of Clinical Nurse Managers trained in risk assessment.
- There was evidence demonstrated of evaluation of the safety of the design, layout and the current environment through completed risk assessments and resulting actions.
- There was evidence of insufficient storage facilities in clinical areas.

***Core Criterion**

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

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

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

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

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

- There was evidence demonstrated of internal hygiene audits.
- There was evidence demonstrated of a patient satisfaction survey.
- There was evidence demonstrated of changes including wall protection, new dishwashers, new floor covering, new linen trolleys and washable covers on chairs.
- There was insufficient evidence demonstrated that the waste compound was adequately enclosed and inaccessible to the public.

CM 9.4 Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

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 staff selection and recruitment is based on the Health Service Executive national recruitment policy.
- There was evidence demonstrated of a range of job descriptions relevant to hygiene Services.
- There was no evidence demonstrated of an evaluation of the process for selecting and recruiting human resources.

CM 10.2 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated of a work capacity and volume review to facilitate the amalgamation of surgical services from Our Lady's Hospital, Cashel.

- There was evidence demonstrated of increased work volume and concomitant capacity as a result of the amalgamation of surgical services from Lady's Hospital, Cashel in January 2007.
- There was evidence demonstrated that current human resource needs are facilitated within Health Service Executive whole time equivalent ceilings.
- There was no evidence demonstrated of evaluation of the appropriateness of work capacity and volume review process.

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

There is evidence that the contractors manage contract staff effectively.

- There was evidence demonstrated that Security Services are included in hygiene related training, including induction.
- There was evidence demonstrated within the contract of a reporting process for staff employed in the hospital shop.
- There was evidence that the only in-house contract staff are security and shop personnel.
- There was no evidence demonstrated of evaluation of the appropriate use of contract staff.

***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 a designated induction programme, which includes hygiene training.
- There was evidence demonstrated of ongoing training relevant to hygiene, including hand hygiene, waste management and sharps.
- There was evidence demonstrated of a staff handbook, however it does not include hygiene.
- There was evidence demonstrated of records of attendance at training, however there was insufficient evidence demonstrated that attendance levels are monitored.

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 ongoing training for hygiene services staff was facilitated by the organisation.
- There was evidence demonstrated of attendance at training and education sessions relevant to health & safety and complaints.
- There was evidence demonstrated of the provision of facilitators to support staff education, including the Infection Control Nurse.
- There was no 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 performance indicators utilized to evaluate the effectiveness of training, including internal hygiene audits, hand washing audits and hygiene complaints.
- There was evidence demonstrated that the organisation routinely evaluated staff satisfaction of training and education sessions.
- There was no evidence demonstrated of evaluation of attendance levels at education and training sessions.

CM 11.4 Rating: C (41-65% compliance with this criterion)

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

- There was evidence demonstrated that Hygiene Services staff performance was evaluated during their probationary period only.
- There was no evidence demonstrated of ongoing performance evaluation.

- There was no evidence demonstrated 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 available to all staff.
- There was evidence demonstrated of the range of services provided, including vaccinations.
- There was no evidence demonstrated of evaluation of the appropriateness of the service provided by occupational health for staff.

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

- There was evidence demonstrated of a staff satisfaction survey completed in 2008 and evidence of resultant actions.
- There was no evidence demonstrated of an evaluation of the appropriateness of mechanisms used to monitor staff satisfaction.

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.

- There was evidence demonstrated of internal hygiene audits and evidence that the results are discussed by the Hospital Management Team.
- There was evidence demonstrated of healthcare associated infection rates reported to the Infection Control Committee and subsequent presentation the Hospital Management Team.
- There was no evidence demonstrated of evaluation of processes for collection and accessing information and adherence to legal and best practice requirements.
- There was no evidence demonstrated of 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 evidence demonstrated of reports generated by the Hygiene Services including a Hygiene Services Annual Report, internal hygiene audits and minutes of meeting of the Hygiene Services Committee and the Hygiene Services Team.
- There was evidence demonstrated of healthcare associated infection rates reported on a monthly basis.
- There was evidence demonstrated of evaluation of data presentation methods resulting in an amended presentation to ensure the information provided was easily interpreted.
- There was no evidence demonstrated of user satisfaction in relation to the reporting of the data and information.

CM 13.3 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of assessment of the appropriateness of data collection through the internal hygiene audit process and through monitoring of hygiene related performance indicators.
- There was evidence demonstrated of changes to data collection, including the introduction of 'walkabouts' by members of the Executive Management Team and evidence that data collected during this process was utilised in the organisation's action plan.
- There was no evidence demonstrated of evaluation of the appropriateness of the data and information utilisation in relation to service provision and improvement.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

CM 14.1 Rating: A (>85% compliance with this criterion)

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

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

CM 14.2 Rating: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of changes to the organisation's quality improvement system over the last two years, including the introduction of qualitative hygiene audits by the Director of Nursing and the General Manager in addition to the internal hygiene audit process.
- There was evidence demonstrated that audit results were reported to the Hospital Executive which includes representation from Primary Community and Continuing Care and Psychiatry, all of whom are present on the hospital campus.
- There was evidence demonstrated of the dissemination of internal hygiene audit results throughout the organization.
- There was no 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: B (66-85% compliance with this criterion)

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

- There was evidence demonstrated of a standard template for the development of best practice guidelines and evidence of approval by relevant members of the Hospital Management Team.
- There was evidence demonstrated of a range of best practice guidelines available in all clinical areas and in the library.
- There was no evidence demonstrated of evaluation of the efficacy of the process to develop best practice guidelines.

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

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

- There was evidence demonstrated of new Hygiene Services interventions such as the use of ward cleaning checklists to monitor cleaning.
- There was no evidence demonstrated of a documented process for assessing new Hygiene Services and changes to existing ones.
- There was no evidence demonstrated of an evaluation of the efficacy of the assessment process for new/changed Hygiene Services interventions.

PREVENTION AND HEALTH PROMOTION

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

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

- There was evidence demonstrated of articles written by the organisation in the local media promoting adherence to visiting hours for hygiene purposes.
- There was evidence demonstrated of hygiene related posters and information leaflets available throughout the organisation.
- There was no evidence demonstrated of recent hygiene related health promotion initiatives involving the community.
- There was no evidence demonstrated of evaluation of the efficacy of activities undertaken and/or participated in by the team in relation to hygiene.

INTEGRATING AND COORDINATING HYGIENE SERVICES

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

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

- There was evidence demonstrated of a multidisciplinary team with representatives from relevant disciplines within the organisation.
- There was evidence demonstrated of awareness of each others role through job descriptions.
- There was evidence demonstrated of linkages with other teams including the Quality & Risk Patient Safety Group.
- There was evidence demonstrated of consultation with a patient representative group.
- There was no evidence demonstrated of evaluation of the efficacy of the multidisciplinary team structure.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

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

***Core Criterion**

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

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

- The organisation demonstrated evidence that waste segregation complied with best practice in all clinical areas visited.
- There was evidence that the external waste compound was not locked and is easily accessible by members of the public from within the hospital and through the service gates externally, which are kept open to allow delivery of goods to the hospital

***Core Criterion**

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

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

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

***Core Criterion**

SD 4.7 Rating: A (>85% compliance with this criterion)

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

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

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

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

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

SD 4.9 Rating: 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.

PATIENT'S/CLIENT'S RIGHTS

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

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

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

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

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

- There was evidence demonstrated that hygiene related posters and leaflets are readily available and visible throughout the organisation.
- There was no evidence demonstrated that hospital information leaflets provided to all patients on admission, make any reference to hygiene related issues.
- There was no evidence demonstrated that patients', family and visitors' comprehension of and satisfaction with the information provided was evaluated.

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 a patients' representative forum and evidence that hygiene issues have been discussed.
- There was evidence demonstrated of changes to Hygiene Services as a result of service user information, including the installation of motion activated voice

prompts to encourage visitors to use hand gel at the main hospital entrance and the repositioning of hand gel dispensers for ease of access.

- There was no evidence demonstrated of evaluation of the extent to which patients, families and other organisations have been involved by the team when evaluating its 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 of mechanisms used by the Hygiene Services Team to evaluate the quality of its Hygiene Services, including internal hygiene audits and self assessment.
- There was evidence demonstrated of performance indicators used for the purpose of benchmarking, including hand hygiene audits, internal hygiene audits and hygiene related complaints.
- There was no evidence demonstrated of evaluation of the extent to which Hygiene Services quality initiatives are being undertaken as a result of the evaluation process.

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.

- There was evidence demonstrated of a Hygiene Services Annual Report for 2007.
- There was evidence demonstrated of a documented process for the development of the report contained in the Hygiene Corporate Strategic Plan.
- There was no evidence demonstrated of evaluation of the appropriateness of the Hygiene Services Annual Report.

Appendix A: Ratings Details

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

Criteria	2007	2008
CM 1.1	C	A
CM 1.2	B	B
CM 2.1	C	B
CM 3.1	D	B
CM 4.1	C	B
CM 4.2	C	A
CM 4.3	C	B
CM 4.4	C	B
CM 4.5	B	B
CM 5.1	C	B
CM 5.2	C	A
CM 6.1	C	A
CM 6.2	B	B
CM 7.1	B	A
CM 7.2	B	A
CM 8.1	B	B
CM 8.2	C	C
CM 9.1	C	C
CM 9.2	B	A
CM 9.3	C	C
CM 9.4	C	A
CM 10.1	B	B
CM 10.2	C	C
CM 10.3	B	A
CM 10.4	C	C
CM 10.5	C	A
CM 11.1	C	B
CM 11.2	C	B
CM 11.3	C	B
CM 11.4	C	C
CM 12.1	B	B
CM 12.2	C	B
CM 13.1	C	B
CM 13.2	C	B
CM 13.3	C	B
CM 14.1	C	A
CM 14.2	C	B
SD 1.1	C	B
SD 1.2	C	C

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