

National Hygiene Services Quality Review 2008

St. Luke's General Hospital, Kilkenny

Assessment Report

Date of Assessment: 30th October 2008

About the Health Information and Quality Authority

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

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

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

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

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

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

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

1 Background and Context

1.1 Introduction

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

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

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

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

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

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

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

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

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

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

Hygiene is defined as:

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

Irish Health Services Accreditation Board Hygiene Standards

1.2 Standards Overview

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

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

The Standards are grouped into two categories:

(a) Corporate Management

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

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

(b) Service Delivery

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

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

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

Core Criteria:

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

1.3 Assessment Process

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

Before the onsite assessment:

- **Submission of a Quality Improvement Plan (QIP) and accompanying information by the hospital to the Authority.** Each hospital was requested to complete a Quality Improvement Plan. This QIP outlined the

plans developed and implemented to address the key issues as documented in the hospital's Hygiene Services Assessment Report 2007.

- **Off-site review of submissions received.** Each Lead Assessor conducted a comprehensive review of the information submitted by the hospital.
- **The Authority prepared a confidential assessment schedule,** with the assessment dates for each hospital selected at random.
- **Selection of the functional areas.** The number of functional areas selected was proportionate to the size of the hospital and type of services provided. At a minimum it included the emergency department (where relevant), the outpatient department, one medical and one surgical ward.

The hospitals were grouped as follows:

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

During the assessment:

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

Following the assessment:

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

- **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 St. Luke's General Hospital, Kilkenny - Organisational Profile¹

St. Luke's General Hospital, Kilkenny is the acute general hospital for Counties Carlow and Kilkenny.

Due to its location in the heart of the South East, St. Luke's General Hospital also provides services to its bordering counties: Tipperary North and South, Waterford, Wexford, Kildare and Laois. Most of these areas lie within a one hour commute of Kilkenny, which is of vital significance, particularly in emergency situations.

The hospital has capacity of 317 beds, which includes 12 beds in day ward. Services provided include general medicine, surgical, obstetrics, gynaecology, paediatrics, cardiology, gastroenterology, endocrinology and hepatology.

2.2 Areas Visited

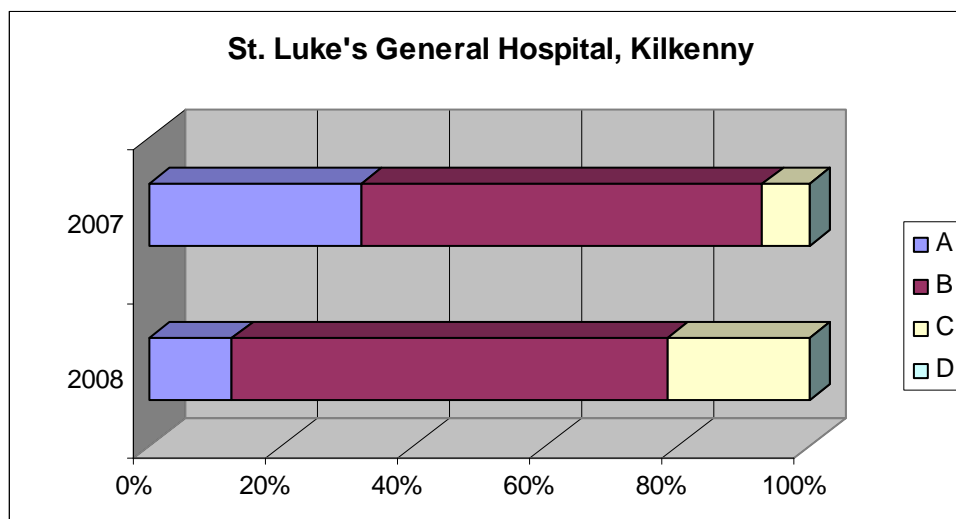
The assessment team visited:

- The emergency department
- The outpatients department
- Medical 1 Ward
- Surgical 2 Ward
- The maternity unit
- The paediatric unit
- Laundry services
- 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.

St Luke's Hospital, Kilkenny has achieved an overall rating of:

Fair

Award date: 2008

2.4 Standards for Corporate Management

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

PLANNING AND DEVELOPING HYGIENE SERVICES

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

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

- The organisation demonstrated that external reports, audits, satisfaction surveys, complaints, activity and evidence based practice informed their needs assessment process.
- There was a template provided as evidence, which was introduced in August 2008, to assess the cleaning needs of new developments/services. The organisation demonstrated that it had been used to assess cleaning requirements for newly developed Outpatient Department which was scheduled to open in early 2009.
- The organisation demonstrated a Hygiene Services Corporate Strategy and Service Plan.
- The organisation also demonstrated that there was a Patient Partnership Forum in place with minutes demonstrating that hygiene related issues were regularly reviewed.
- There was no evidence of evaluation of the efficacy of the needs assessment demonstrated.

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.

- The organisation demonstrated some modifications to the Hygiene Services. These included the replacement of one bedpan washer following the 2007 National Hygiene Services Quality Review and an internal audit by the Microbiologist. Evidence that a weekly checklist for the washers had been implemented was also demonstrated.
- Evidence of a wash hand basin replacement programme was also demonstrated.
- The organisation did not demonstrate any evaluation of developments and modifications in relation to meeting the service users 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.

- The organisation demonstrated linkages and partnerships with the HSE through minutes of meetings with the Network Manager and the Hospital Network Quality and Risk Steering Group.
- A Patient Partnership Forum was demonstrated with hygiene featuring regularly on the minutes of the meeting. Recent minutes demonstrated that a service user had agreed to join the Hygiene Services Committee.
- Evidence of an independent review of the forum demonstrated that the hospitals interface with the community was positively evaluated however there was nothing specific around hygiene demonstrated. Evidence that a service user had participated in a recent internal audit was also demonstrated.
- Evidence was also provided demonstrating that the organisation was working with Waterford Institute of Technology in developing a patient satisfaction survey.
- Apart from the evaluation of the Patient Partnership Forum there was no evidence of evaluation of the efficacy of the other 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 there was a Hygiene Services Corporate Strategic Plan for 2007-2010 which was linked with the hospital and network business plan.
- The plan was demonstrated to be developed and approved by the Hygiene Services Committee and signed off by the Executive Management Team.
- There was evidence demonstrated that the plan was circulated to all department heads.
- No evidence was provided to demonstrate that there had been 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.

- The organisation demonstrated that the provisions for Hygiene Services were clearly defined.
- Organisational charts demonstrated responsibility for hygiene services with identified reporting relationships.
- Evidence of audits evaluating the team's adherence to legislation and relevant national guidelines was provided.
- However the organisation did not demonstrate any evidence of evaluation of the provisions for hygiene services.

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

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

- The organisation demonstrated, through emails, that hygiene related information was received regularly from the Health Service Executive via the Network Manager.
- Minutes of a recent Executive Management Team meeting demonstrated that it had been agreed that hygiene would be a standing agenda item for all future meetings.
- Evidence was demonstrated, through minutes of a meeting, that a member of the Executive Management Team had initiated a meeting with members of the Infection Control Team and Hygiene Team to review infection rates and audit findings. It was reported that these meetings were planned to occur every two months.
- Evidence was also provided to demonstrate that the Executive Hygiene Committee received updates on audit findings every two months however the organisation only demonstrated ten audits.
- Evidence of hygiene quality improvement goals, with timeframes and person responsible, were demonstrated which had been agreed by the Hygiene Services Committee.
- The organisation did not demonstrate any evaluation in relation to the appropriateness of the information received and no Key Performance Indicators were demonstrated.

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

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

- The organisation demonstrated that a library, Internet and intranet were available for all staff members.
- All policies, procedures and guidelines demonstrated were evidence based.
- In-service training on hygiene and sharps was demonstrated however local training was reported to be curtailed due to the Health Service Executive employment embargo.
- No evaluation of the appropriateness of hygiene services related research and availability of best practice information was 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

- The organisation demonstrated a regional policy, procedure and guideline template and user manual template which was available on the Intranet for all staff members.
- Evidence of a Policy Development Committee was also demonstrated.
- The organisation demonstrated that they were using a computerised document management system for their policy, procedures and guidelines. Evidence was provided to demonstrate that three staff members had been trained, however it was not available for demonstration due to software issues on the day, which were being addressed by the supplier.
- Hard copies of hygiene services related policies, procedures and guidelines were demonstrated however some of these were out of date and not all were in the regional template.
- No evidence of evaluation of the efficacy of the process for developing and maintaining hygiene services policies, procedures and guidelines was demonstrated.

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

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

- While there was evidence provided to demonstrate consultation with the Infection Control Team on the current development plan, the organisation did not demonstrate a formal process for involving the Hygiene Services Committee in capital development planning and implementation processes
- No evaluation of the consultation process was demonstrated.

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.

- The organisation demonstrated details of the hygiene service structure through an organisational chart and a committee structure which outlined roles, responsibilities and accountabilities.
- Job descriptions for the Executive Management Team were demonstrated.
- A job description was also demonstrated for the project nurse for sanitation, standards and audits.
- There was no evidence provided to demonstrate that ward manager had responsibilities and accountabilities for hygiene services within their areas.

***Core Criterion**

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

The organisation has a multidisciplinary Hygiene Services Committee.

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

ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES

***Core Criterion**

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

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

- The organisation demonstrated a directorate business case process to allocate resources which were forwarded to the Executive Management Team for prioritisation.
- Pay and non-pay costs were demonstrated for cleaning services for 2007 and 2008 to date.
- Evidence of a minor capital requirement list with associated costing for 2008 was also provided.
- Minutes of the Hygiene Services Committee demonstrated that progress on this list was presented to the committee.
- However funding was mainly distributed to replace essential equipment due to financial constraints.

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

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

- The organisation demonstrated that they utilised the national procurement policy and that the Infection Control Team were consulted when purchasing equipment or products.
- There was no formal process demonstrated for involving the Hygiene Services Committee in the process.
- The organisation demonstrated that an Equipment Procurement Group which had shared membership with the Hygiene Services Committee was in place.
- Evidence of the findings of a mattress audit and the requirement for replacements being discussed at the Hygiene Services Committee was demonstrated; however the request for replacement went directly to a member of the Executive Management Team.

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 they had developed a Risk Management Strategy 2008-2011, however it had not been released as the organisation was awaiting the HSE Quality and Safety Framework.
- An incident report form was also demonstrated.
- No major adverse events were reported to have occurred in the last two years.
- The organisation also demonstrated an 'Emergency Information Pack' for non-clinical risk management that was with the printers on the day of the assessment.
- Evidence of Risk Management and Health and Safety annual reports were demonstrated.
- Environmental Health Officer reports were demonstrated with action plans.
- Environmental, waste and hand hygiene audits were also demonstrated however there was no evidence of action plans 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.

- The organisation demonstrated a number of resources in relation to risk management of Hygiene Services including a Clinical Risk Manager, a regional

Health and Safety Manager, who is on site one to two days per week, a Quality Coordinator and Project Nurse for Hygiene Standards.

- The organisation also demonstrated, through minutes and terms of reference, a Quality and Risk Management Team who discuss hygiene related incidents and a Health and Safety Committee.
- Quarterly reports from Risk Management to the Executive Management Team were also demonstrated however there were no actions, trends or analysis demonstrated.

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 they utilised the National Procurement Policy when establishing contracts.
- Evidence of locally negotiated contacts was demonstrated including pest control, maintenance of vents, air conditioning units and dishwashers.
- The post of Contracts Manager was demonstrated.
- The organisation advised that contracts were monitored through product assessment forms and complaint reports which were forwarded to the Deputy General Manager however there was no evidence demonstrated.

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

The organisation involves contracted services in its quality improvement activities.

- The organisation advised that product complaint forms were utilised for quality improvements however they did not demonstrate the process for inclusion of its contracted services in its quality improvement initiatives.

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.

- The organisation demonstrated that a Development Control Plan was scheduled to commence in 2009.
- Evidence was provided to demonstrate that a risk assessment had been completed in the Emergency Department regarding evacuating a patient

trolley through the fire exit. The organisation demonstrated that a fold-up trolley has been procured in the event of emergency evacuation.

- Evidence was also provided to demonstrate that the sink replacement programme was complete.
- The organisation also demonstrated, through minutes of the Executive Management Team, that a decision had been taken to close two beds on a ward as a result of letters regarding safety from the ward manager and a patient complaint.
- There was no evaluation of the safety of the design, layout and the current environment and its adherence to legislation and best practice demonstrated.

***Core Criterion**

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

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

- There was evidence of a sharps, linen, infection control and decontamination of equipment policies and a Hazard Analysis Critical Control Point plan demonstrated.
- A Waste Management Plan (2007) was demonstrated however the Plan did not specify the policy for segregation of healthcare risk and non risk waste including the national colour coding scheme.

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.

- The organisation demonstrated that they had undertaken 10 departmental environmental audits in 2008 with reports issued to the department manager. There was no evidence demonstrated of follow up.
- Evidence was also provided to demonstrate that the Infection Control Team had undertaken a small number of hand hygiene audits however there were no results or action plans demonstrated.
- The organisation demonstrated that complaints were managed through the Complaints Officer.
- No evidence of changes to the environment and facilities, equipment, kitchens, waste, sharps and linen were demonstrated.

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

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

- The organisation demonstrated through minutes of the Patient Partnership Forum that hygiene was a regular feature at meetings.
- There was evidence demonstrated that complaints, which were managed through the 'Your Service Your Say' process were monitored
- However hygiene related complaints were not demonstrated to be discussed at the Hygiene Services Committee.
- There was no evidence of satisfaction surveys demonstrated.

SELECTION AND RECRUITMENT OF HYGIENE STAFF

CM 10.1 Rating: B (66-85% compliance with this criterion)

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

- The organisation demonstrated a regional recruitment and selection policy that was based on national guidelines.
- It was reported that permanent staff were recruited through the human resources regional office and temporary staff were recruited through the local office.
- Job descriptions that set out the required qualifications for employees were demonstrated, however due to a recruitment embargo, it was reported that there had been minimal recruitment.
- There was no evidence of evaluation of the recruitment and selection process demonstrated.

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

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

- The organisation demonstrated a template that had been developed to assess hygiene services requirements for new developments however there was no evidence base demonstrated for the template.
- The organisation did not demonstrate any evaluation of the appropriateness of work capacity and volume review processes.

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.

- The organisation demonstrated that human resource processes ensured that staff members had the appropriate qualifications and a range of job descriptions were also demonstrated.
- Evidence was provided to demonstrate that infection control and health and safety education were an integral part of mandatory training.

- Evidence was also provided to demonstrate that catering staff members received food hygiene training.

CM 10.4 Rating: C (41-65% compliance with this criterion)

There is evidence that the contractors manage contract staff effectively.

- The organisation advised that reporting processes were contained within contracts however this was not demonstrated during the review.
- There was no evidence that an evaluation had taken place to assess the appropriate use of contract staff.

***Core Criterion**

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

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

- Evidence that absenteeism has been reduced significantly was demonstrated.
- A Hygiene Services Corporate Strategic and Service plan and annual report were demonstrated.
- The organisation reported that due to low turnover and the Health Service Executive employment ceiling there was no human resource needs assessment process. No evidence was demonstrated.

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 programme for the catering department.
- An induction pack was demonstrated for household, catering, portering and midwifery/nursing staff.
- A regional employee handbook was also demonstrated however it contained minimal hygiene related information.
- Evidence was demonstrated of Health Care Assistants having completed the Level 5 Further Education and Training Awards Council course.
- Evidence was also provided to demonstrate that the majority of catering staff members had received hand hygiene training and half had received a refresher on food hygiene.
- No induction/orientation attendance levels were demonstrated.

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.

- While the organisation demonstrated that there was mandatory training they did not demonstrate a formal schedule and attendance levels were not demonstrated.
- Evidence of line managers attending risk management training was demonstrated.
- The Infection Control Department demonstrated that they utilised a DVD to augment infection control presentations and/or facilitate staff education.
- There was no evidence of evaluation of the relevance of education to each staff member demonstrated.

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

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

- The organisation demonstrated that they utilised incident reporting and internal hygiene audits to assess the effectiveness of hygiene services education and training however the incident statistics demonstrated were for a six month period during 2006.
- There was no evidence of evaluation of attendance levels at education and training sessions demonstrated.

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.

- While the organisation demonstrated that team-based performance management is in place for the Information Management Team and the Quality and Risk Management Team there was no formal process of performance measurement demonstrated for other teams or departments.
- There was no evidence of evaluation of the appropriateness of performance evaluation demonstrated.

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 a regional Occupational Health service for all staff members with two Occupational Health Nurses on site and a visiting Occupational Health Physician.
- They also demonstrated an occupational health handbook for all staff members.
- Evidence was provided to demonstrate the availability of a vaccination programme, including Hepatitis B. The organisation also demonstrated evidence of follow-up of non-attendees.
- An Employee Assistance Programme was also demonstrated to be available.
- No evidence of evaluation of the appropriateness of the service was 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 utilises absenteeism rates and vaccination uptakes to monitor staff satisfaction, occupational health and wellbeing.
- The organisation provided evidence to demonstrate that there had been a significant reduction in absenteeism rates during the year.
- There was no evidence of a staff satisfaction survey demonstrated.
- No other evaluation of the appropriateness of mechanisms for monitoring staff satisfaction was demonstrated.

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 through incident reporting processes, audits, complaints, bed occupancy reports and infection rates.
- Infection control manuals were demonstrated to be available in all departments.

- The organisation demonstrated that an Information Management Team evaluated information gathered, however it was unclear how this team reported back to the Hygiene Services Committee.
- No evaluation of data reliability, accuracy, validity or appropriateness was demonstrated.

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.

- The organisation demonstrated that a number of reports were produced by the hospitals Hygiene Services including infection surveillance, Corporate Strategic Plan, Service Plan, minutes of meetings and an Annual Report.
- No evaluation of data presentation methods or user satisfaction was demonstrated.

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 by the Hygiene Services Team to the Executive Management Team, Quality and Risk Management Team and other regional groups
- Internal audits were demonstrated however there was no evidence of implementation of action plans demonstrated.
- There was no clear evidence that the organisation evaluated its utilisation of the data collected throughout the organisation.

ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES

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

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

- Evidence was provided to demonstrate that the Executive Management Team were members of the Hygiene Services Committee. This committee was demonstrated to drive hygiene related quality improvements throughout the organisation.
- Evidence of the results of an audit of bedpan washers being reviewed by the Executive Management Team and the purchase of new bedpan washers, where required, was demonstrated.

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 a quality improvement plan and audit findings, however there was no evidence of action plans implemented following the audits.
- Evidence of minutes of the hygiene services meetings being circulated to departments was also demonstrated.
- The organisation did not demonstrate that hygiene related Performance Indicators were routinely used to assess the effectiveness of the hygiene services provided and there was no benchmarking demonstrated.

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.

- The organisation demonstrated that they utilised the regional template for policies, procedures and guidelines, however some of the examples demonstrated were out of date and others were not in the regional template.
- Evidence was provided to demonstrate that colour coding was utilised by the team for cleaning, linen and waste.
- No evaluation of the efficacy of the processes used to develop best practice policies, procedures and guidelines by the Hygiene Services Team was 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 that they utilised the national procurement policy.
- Evidence of the introduction of link nurses was demonstrated however there was no evidence of evaluation provided.
- Evidence of procuring a new bedpan washer and mattresses was also demonstrated, however there was no evidence of them being trialled or evaluated before purchase.

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 and information leaflets, that it supported hygiene related health promotion.
- The Infection Control Team demonstrated that they had held an infection control awareness week for patients, visitors and staff in November 2007
- However 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 Hygiene Services Committee was multidisciplinary.
- There was limited evidence provided, apart from shared membership that appropriate linkages exist between various teams and committees.
- There was limited knowledge of the activities of the Hygiene Services Committee in the departments visited
- Evidence that a service user had agreed to join the Hygiene Services Committee was demonstrated.

IMPLEMENTING HYGIENE SERVICES

***Core Criterion**

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

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

- In general areas visited were clean and tidy. There was varying levels of high and low dust in most areas.
- Chipped paint on walls and skirting boards, missing tiles in bathrooms and broken floor covering was also observed.
- Checklists for cleaning were in place however they were not completed consistently.

***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: 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.

- A sharps policy and waste management plan (2007) was demonstrated however the plan did not specify the policy for segregation of healthcare risk and non risk waste including the national colour coding scheme.
- The waste compound was locked and all bins within it were also locked however it was observed that not all bags or sharps bins were tagged in a bin within the hospital.
- C1 and destruction certificates as well as the license and permit were demonstrated.
- Training records for waste management were retained manually however there was no formal training schedule and limited analysis of numbers who had attended training were demonstrated.

***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 SARI guidelines

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

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 a clinical and non-clinical incident report form.

- The organisation demonstrated that feedback was delivered directly back to department managers by the Clinical Risk Manager or Health and Safety Officer.
- There was no evidence of tracking or trending of incidents demonstrated.
- Departmental safety statements were also demonstrated.
- Signs displaying "Very Hot Water" were observed at a number of wash-hand basins throughout the organisation.

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 Partnership Forum, posters and information leaflets that, it encourages patients to participate in improving hygiene services.
- A draft hygiene information leaflet was demonstrated which included a feedback questionnaire. This was demonstrated to have been approved by the Patient Partnership Forum and was with the printers at the time of the assessment visit.
- A revised Visiting Policy was also demonstrated with an associated information leaflet.
- There was no evaluation demonstrated.

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 provided to demonstrate that hygiene related information leaflets and posters were available to patients and visitors.
- A patient admission pack was demonstrated however patients spoken to had not received the information pack.
- Evidence was provided to demonstrate that the infection control awareness week had included a public stand at Reception for patients and visitors.
- There was no evidence of formal evaluation of information provided to patients and visitors.

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 that they had a formal process for dealing with hygiene related complaints through 'Your Service Your Say'.
- A record of complaints was demonstrated with actions outlined.
- The organisation demonstrated full closure of a hygiene related incident
- However there was no evidence demonstrated of feedback to departments.

ASSESSING AND IMPROVING PERFORMANCE

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

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

- The organisation demonstrated that it had a Patient Partnership Forum in place where hygiene related issues were reviewed.
- Minutes of a meeting of the paediatric focus group demonstrated that there was concern raised regarding the placement of a wheelie bin within the department. It was reported back to the Hygiene Services Committee and moved from inside to outside the unit.
- Minutes of a Forum meeting also showed that a service user had agreed to join the Hygiene Services Committee however they had yet to attend.
- No evaluation of the extent to which patients/families and other organisations were involved by the team in evaluating hygiene services was demonstrated.

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

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

- The organisation demonstrated ten departmental environmental audits that had taken place during the year.
- Evidence was provided to demonstrate that the hygiene services quality improvement plan was updated every two months. Evidence demonstrating that infection rates were being monitored was also provided.
- There was limited evidence of trending demonstrated and benchmarking was reported not to be formalised.
- No formal hygiene related performance indicators or evaluations were demonstrated.

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

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

- The organisation demonstrated an Annual Report that was signed off by the Executive Management Team in April 2008.
- There was no evidence of consultation with patients or families demonstrated.
- Not all staff members in departments visited were aware of the report.
- There was no evidence of any evaluation of the appropriateness of the 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	B	B
CM 1.2	B	B
CM 2.1	B	B
CM 3.1	B	B
CM 4.1	B	B
CM 4.2	B	C
CM 4.3	B	B
CM 4.4	C	C
CM 4.5	B	C
CM 5.1	A	B
CM 5.2	A	A
CM 6.1	A	B
CM 6.2	B	B
CM 7.1	A	B
CM 7.2	B	B
CM 8.1	A	B
CM 8.2	C	C
CM 9.1	C	B
CM 9.2	A	B
CM 9.3	B	C
CM 9.4	B	B
CM 10.1	B	B
CM 10.2	C	C
CM 10.3	B	B
CM 10.4	B	C
CM 10.5	B	C
CM 11.1	A	B
CM 11.2	B	B
CM 11.3	B	C
CM 11.4	B	C
CM 12.1	A	B
CM 12.2	A	B
CM 13.1	A	B
CM 13.2	B	B
CM 13.3	B	C
CM 14.1	B	B
CM 14.2	B	B
SD 1.1	B	B
SD 1.2	B	B
SD 2.1	B	B
SD 3.1	B	B
SD 4.1	A	B
SD 4.2	A	A
SD 4.3	A	A

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