

# **National Hygiene Services Quality Review 2008**

**St John's Hospital**

**Assessment Report**

**Date of assessment: 18th September 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](http://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](http://www.hiqa.ie).

### **Core Criteria:**

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

## **1.3 Assessment Process**

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

### Before the onsite assessment:

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

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

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



## 2 Hospital findings

### 2.1 St John's Hospital - Organisational Profile<sup>1</sup>

St John's is an acute general public voluntary hospital, funded by the Health Service Executive. The Hospital has a total of 103 beds, 93 inpatient beds and 10 daycare beds. Inpatient consultant services provided include breast surgery, general surgery, general medicine and gynaecology. The hospital has a three-bedded combined intensive care/coronary care unit and also provides daycare services in general surgery, general medicine, gynaecology, maxillo-facial surgery, gastroenterology and pain management. St John's provides a range of inpatient and outpatient diagnostic services in pathology, radiology and endoscopy. There are outpatient clinics in general surgery, general medicine, gynaecology, ENT and paediatrics.

### 2.2 Areas Visited

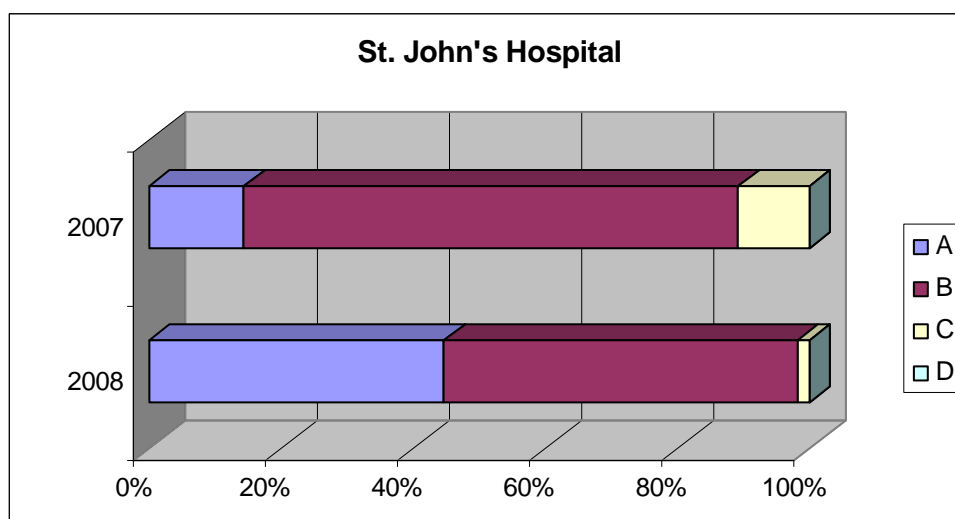
- Medical Ward Ground Floor
- Surgical Ward Middle Floor
- Emergency department
- Outpatients department
- Laundry service
- The waste compound

---

<sup>1</sup> The organisation 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 John's Hospital has achieved an overall rating of:**

**Good**

**Award date: 2008**

## **2.4 Standards for Corporate Management**

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

### **PLANNING AND DEVELOPING HYGIENE SERVICES**

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

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

- The organisation demonstrated a number of processes and initiatives to respond to current and future needs outlined in their Hygiene Corporate, Service and Operational Plans.
- A guideline for assessing and updating current and future hygiene services needs had recently been developed.
- A limited number of documented formal needs assessments were demonstrated.
- It was demonstrated that regular fortnightly departmental audits were undertaken by Department Heads and the Contractor's Supervisor, which were reviewed and evaluated by the Hygiene Services Team.
- Limited evidence pertaining to the evaluation of the efficacy of the needs assessment process was demonstrated.

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

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

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

### **ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES**

#### **CM 2.1 Rating: A (>85% compliance with this criterion)**

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

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

## 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 evidence of a Hygiene Services Corporate Strategic plan, which outlined high level objectives and aims, however defined goals to achieve the stated objectives were not specified.
- A Hygiene Services and Operational Plan was demonstrated.
- It was demonstrated that an Annual Report was produced for 2007 which outlined hygiene projects undertaken.
- There was limited evidence of an evaluation of the Hygiene Corporate Strategic Plan demonstrated.

## 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 current legislation, evidence-based best practice and research. The Hygiene Service in line with corporate policies and procedures.**

- The organisation demonstrated evidence that the Management Committee had overall responsibility for hygiene services and received monthly reports from the Hygiene Services Committee and Team.
- It was demonstrated that a policy for the Management and Monitoring of Hygiene Services Delivery had recently been developed.
- Limited evidence of evaluation of the appropriateness of the review of the authorities provisions in the hygiene services area was demonstrated.

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

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

- The organisation demonstrated evidence that hygiene was a standing agenda item for minutes of Executive Team meetings.
- It was demonstrated that meetings were attended by the Chair of the Hygiene Services Committee, who provided a verbal report.
- The organisation demonstrated evidence of a recently established suite of performance indicators for ward areas, ward equipment, bathrooms/ toilets, sharps, etc. Evaluation of same was demonstrated, although not submitted formally to the Executive Team.

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

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

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

- The organisation demonstrated that the Assistant Director of Nursing and Infection Control Nurse were members and acted as the link between the Hygiene Services Committee and the Capital Development Project team.
- The organisation had recently developed a guideline for the evaluation of Hygiene Services which documents the process for the evaluation of hygiene services modifications.
- No formalised evaluation of the consultation process was demonstrated.

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

**\*Core Criterion**

**CM 5.2                                      Rating: A (>85% compliance with this criterion)**  
**The organisation has a 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 that refurbishment of the Top Floor Ward and the Operating Theatre had been undertaken through minor capital funding.
- The Hygiene Operational Plan 2008 outlined the human resources allocated to hygiene services.
- Evidence was provided of the inclusion of hygiene related developments in relevant plans.
- Limited evidence was demonstrated in the Hospitals Corporate plan of the Hospitals needs assessment and resource allocation for hygiene services.

**CM 6.2                                      Rating: A (>85% compliance with this criterion)**

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

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

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

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

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

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

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

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

**PHYSICAL ENVIRONMENT, FACILITIES AND RESOURCES**

**CM 9.1** **Rating: 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 evidence of a documented processes for the evaluation of the environment, including the implementation of changes to ensure adherence to best practice, e.g. carpet flooring evaluated and replaced.
- The Hospital is an old building however significant refurbishment work had been undertaken with the recent refurbishment of the Operating Theatre and Top Floor Wards.
- The physical structure, design and layout of a number of other areas were observed not to meet best practice requirements

- Capital development funding had been requested for further refurbishment of additional areas, documented evidence of this was demonstrated

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

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

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

**CM 9.4** **Rating: 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 that the Patient Partnership Forum was represented on the Hygiene Services Committee.
- Evidence was demonstrated of patient satisfaction surveys undertaken and of the organisations complaints process.
- Evidence was noted of changes made to reflect the implementation of recommendations and continuous quality improvements.
- There was limited evidence of staff 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.**

- It was demonstrated that the organisation and its contractors have a process in place for the recruitment and selection of hygiene services staff.
- No evidence was demonstrated of evaluation of the processes used for selection and recruitment.



**CM 10.2                                      Rating: A (>85% compliance with this criterion)**

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

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

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

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

- The organisation demonstrated evidence that their cleaning specification and contract outlined the necessary qualifications for specific hygiene services roles.
- The provision of local induction training and its evaluation was demonstrated.
- Evidence of ongoing training programmes were demonstrated.
- Limited evidence of evaluation of training provided by contractors was demonstrated.

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

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

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

**\*Core Criterion**

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

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

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

## ENHANCING STAFF PERFORMANCE

### \*Core Criterion

**CM 11.1                      Rating: A (>85% compliance with this criterion)**  
**There is a designated orientation / induction programme for all staff which includes education regarding hygiene.**

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

**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.**

- The organisation demonstrated that regular education and training is provided for staff members, with monitoring and evaluation of attendance
- It was demonstrated that staff members were facilitated to attend training while on duty, with training structured and organised to facilitate maximum participation.
- The organisation's Safety Statement outlined specific training requirements.
- Staff members needs were identified in the "Healthcare Risk Waste Segregation and Disposal Policy".
- Limited evidence was demonstrated of evaluation of training provided by contractors.

**CM 11.3                      Rating: A (>85% compliance with this criterion)**

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

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

**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.**

- Informal processes for the performance evaluation of hygiene services staff members occurs through: internal audits, departmental checklists, regular supervision by department heads and supervisors, and regular meetings between department heads and supervisors.
- There was no evidence demonstrated of formal performance evaluation by the organisation or contractor.

- A letter from the contractor was demonstrated and outlined that formalised evaluation was planned.

## PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF

### **CM 12.1                      Rating: A (>85% compliance with this criterion)**

#### **An occupational health service is available to all staff.**

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

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

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

- It was demonstrated that a staff satisfaction survey was conducted in 2007 for all staff members, which considered staff occupational health and well being.
- There was limited evidence available of ongoing evaluation.

## COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES

### **CM 13.1                      Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

### **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 evidence that departmental audits are undertaken on a fortnightly basis.
- It was demonstrated that summary reports of all hygiene internal audits were circulated to department heads and discussed at the Hygiene Services Committee and Team meetings.
- The Hospital had not formally evaluated user satisfaction in relation to the reporting of data and information.

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

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

- The organisation provided evidence through minutes of meetings that hygiene audit outcomes were reviewed at the Hygiene Services Committee and Team meetings.
- Minutes of meetings were available through the intranet and copies of audit reports were held locally within departments.
- The organisation had recently developed a procedure for the evaluation of data and information utilisation. No evidence was provided to demonstrate that the procedure had been implemented.

**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.**

- The organisation demonstrated that hygiene was a standing agenda item for Executive Management Team meetings.
- It was demonstrated that the Executive Management Team was actively involved in the development of hygiene services management, delivery and evaluation.
- Evidence was provided to demonstrate that resources had been allocated for the refurbishment of a number of areas, for example, Top Floor Wards and the Operating Theatre.
- Evidence was demonstrated that a number of areas require refurbishment and that the organisation was actively pursuing the necessary resources.

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

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

- The organisation demonstrated that they had recently produced a suite of key performance indicators across all areas of Hygiene Services.
- Members of the Hygiene Services Committee were included in all project teams with responsibilities in the pre-planning of all new environmental developments.
- No evidence of formal benchmarking was demonstrated.

- Limited evidence of improved outcomes in Hygiene Services delivery as a result of the quality improvement system was 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 had a documented process for the development and approval of all policies, procedures and guidelines.
- The cleaner's contract includes cleaning specifications in line with best practice.
- No evidence of evaluation of the efficacy of the processes used to develop best practice guidelines was demonstrated.

#### **SD 1.2                                      Rating: A (>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 compliance of greater than 85% with the requirements of this criterion.

### 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 evidence that hygiene related promotional information and posters were accessible to the public.

- It was demonstrated that the organisation held a hygiene awareness week in 2007.
- Evidence was demonstrated of a Patient Partnership Forum and that a representative from this Forum sat on the Hygiene Services Committee.
- No evidence of evaluation of the efficacy of activities undertaken 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 multidisciplinary team in cooperation with providers from other teams, programmes and organisations.**

- The organisation demonstrated that the Hygiene Services Committee and Team were multidisciplinary evidenced by team membership and attendance records.
- Clear linkages with other teams and committees were demonstrated.
- No evidence of formal evaluation of the efficacy of the multidisciplinary team structure 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.**

- The physical environment of the areas visited were clean, however the following was noted in some of the areas visited: flaking paint on walls and window sills; high dust – television shelf; low dust under beds.
- It was demonstrated that departmental audits were undertaken every two weeks and actioned accordingly.

### **\*Core Criterion**

### **SD 4.2 Rating: B (66-85% compliance with this criterion)**

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

- The organisation demonstrated a system for cleaning of equipment after use with a number of items included in a "special clean" rota.
- The equipment in a small number of storage rooms were noted to be dusty with some wheels in need of further cleaning.

**\*Core Criterion**

**SD 4.3                                      Rating: A (>85% compliance with this criterion)**  
**The team ensures the organisation's cleaning equipment is managed and clean.**

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

**\*Core Criterion**

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

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

- In general the ward kitchens visited were clean.
- It was demonstrated that refurbishment of a number of them was planned pending funding.
- It was reported that hair protection was worn during food preparation and serving, however staff members working in ward kitchen areas were observed not to be wearing hairnets, though they were available.

**\*Core Criterion**

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

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

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

**\*Core Criterion**

**SD 4.6                                      Rating: B (66-85% compliance with this criterion)**

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

- In general linen and soft furnishings were managed and maintained.
- Storage of linen in a small number of clinical areas visited were not observed to adhere to best practice requirements.
- Linen bags were observed to be overfilled in some areas, with inappropriate segregation of contaminated linen.

**\*Core Criterion**

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

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

- The organisation demonstrated evidence that attendance at hand hygiene training was mandatory
- Evidence was demonstrated of a wash hand basin replacement programme, with a number on the Top Floor Wards recently replaced.
- Staff hand washing practices observed, were noted to follow recommended practice.
- It was observed that a significant number of wash hand basins did not meet best practice requirements.

**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 evidence of a risk management system which included: an incident reporting process; trend analysis reports of incidents and near misses; safety statements held locally within departments with written risk assessments; Hazard Analysis and Critical Control Point Compliance reports; key performance indicators for hygiene related risks.
- Staff members within departments were noted to be unclear regarding the risk management processes.

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

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

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

**PATIENTS'/CLIENTS' RIGHTS**

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

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

- The organisation had guidelines in place in relation to maintaining patients' dignity during hygiene services.



- There was evidence of job descriptions and professional codes of conduct which enforce the privacy, dignity and confidentiality of the patient.
- Patients' dignity was observed to be respected during hygiene service delivery.
- A questionnaire had been developed for the Patient Partnership Forum meeting, however it was not demonstrated to have been implemented.
- Limited evidence of evaluation was demonstrated.

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

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

- There was evidence of posters, leaflets, hand gel stands and information in relation to hygiene demonstrated.
- No evidence of evaluation of patient, family and visitor comprehension of and satisfaction with the information provided was demonstrated.

**SD5.3                                      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 provided evidence of a complaints policy and trend reports.
- Evidence was demonstrated of a process whereby hygiene related complaints were reviewed at the Hygiene Services Committee and Team meetings.
- Limited evidence of a formal evaluation of the complaints process was demonstrated.

**ASSESSING AND IMPROVING PERFORMANCE**

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

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

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

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

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

- The organisation demonstrated evidence of fortnightly departmental hygiene audits undertaken by department heads and the Contract Supervisor, with resultant actions.

- An action plan structure for the delivery of hygiene services had recently been implemented.
- Evidence of informal benchmarking between individual departments was demonstrated.
- Evidence was demonstrated of a recently developed suite of key performance indicators.
- No evidence of evaluation of the extent to which Hygiene Services quality initiatives are being undertaken was demonstrated.

**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.**

- Further to the 2007 National Hygiene Services Quality Review the organisation had produced a Hygiene Annual Report for 2006 and 2007, which had been approved by the Management Committee.
- The organisation demonstrated only limited evidence of evaluation of the process used to develop the report.

## Appendix A: Ratings Details

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

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

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