



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Hygiene
Services Quality
Review **2007**

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Foreword

The rise of healthcare associated infections (HAI) over the last ten to fifteen years has presented a challenge to health systems throughout the world; and Ireland is no different. Addressing HAI and seeking to minimise and eradicate the harm and trauma they cause has to be a priority for all of us involved in planning, providing and quality assuring healthcare services.

Good hygiene practice is a fundamental building-block of safe, effective healthcare. Our health and social care services must be delivered in appropriately clean settings so that our care reduces rather than increases the likelihood of infection. Patients who entrust their care to us should expect nothing less. The principles of good hygiene are well known, basic and straightforward to achieve. Healthcare providers should be able to deliver services in an environment that promotes confidence among patients.

The Hygiene Services Quality Review undertaken by the Health Information and Quality Authority set a robust test for our hospitals. Sustainable improvement depends on strong performance across both the management and delivery of services and this was reflected in the assessment of the 51 Health Service Executive (HSE) funded acute hospitals in this review.

Some hospitals have responded very creditably and we should be encouraged by the many examples of good practice and signs of strong commitment that were evident in the course of this review. But we cannot and should not be content with the predominantly 'fair' performance of the majority of our hospitals in this vital area. Continuous improvement is required and this Review provides a baseline of how well the hospitals are currently improving hygiene and a roadmap for improvement that all can now begin to follow.

At the heart of that improvement needs to come a change in culture in our hospitals in order to spur future improvement. Every hospital should be actively managing its performance of HAI in order to know when it's improving. The HSE needs to introduce standardised monitoring of such performance. As the Authority responsible for driving continuous improvement in our health and social care services, we will be monitoring key indicators as well as incorporating issues related to HAI into our future quality assurance and licensing programmes.

However, HAIs do not confine themselves to hospitals. Therefore the drive for improvement cannot be solely focused on hospitals but also needs to incorporate primary and community care, as well as residential care settings, for example, nursing homes.

People using the services and people visiting facilities also have a key role to play in reducing the spread of HAI. We have therefore included some questions they can ask to help protect themselves and also to draw their own conclusions about hygiene standards.

Overcoming the challenge of healthcare associated infections (HAI) will not be achieved overnight and will require sustained and focused effort by all. Only by working together will we succeed. The Board and staff of the Health Information and Quality Authority are determined the Authority will play a vital role in that process. Therefore driving down HAI is a priority for the Authority. Consequently, this Review represents a first, but important step on the road to improvement.

Finally, I would like to thank the many front-line staff, managers and patients who participated so enthusiastically in all stages of this review. Thanks are also due to the assessors whose hard work and dedication made this Review possible.



Dr. Tracey Cooper
Chief Executive
Health Information and Quality Authority

Executive Summary

This report represents the overall results from the first National Hygiene Services Quality Review conducted in 51 Health Service Executive (HSE) funded acute care hospitals in Ireland between March and September 2007.

Reducing the incidence of infections contracted by patients in health and social care institutions is a challenge faced by many countries worldwide and must be a top priority for the Irish healthcare system. It is vital that there is a concerted and comprehensive programme of measures to drive down the number of healthcare associated infections (HAI). This requires addressing cultural and behavioural factors as well as technical, managerial and clinical factors that contribute to the successful reduction of infections.

This first National Hygiene Services Quality Review focused on both the service delivery elements of hygiene – what happens on the ground – as well as on robust corporate management. While good hygiene practice of front line staff is vital, high performance also depends on good leadership and effective management to ensure that efforts at governing, identifying, managing and reducing infection are sustained.

This emphasis by the Health Information and Quality Authority on a ‘whole system’ approach to hygiene makes this the most comprehensive quality review of its kind in Ireland and sets a new benchmark for Health Service Executive (HSE) hospitals.

The National Hygiene Quality Review is not, and was never intended to be, an absolute assessment of cleanliness in a given hospital or a detailed breakdown of each hospital’s hygiene practice. It provides a general assessment of performance across a range of areas based on observations at a point in time. The detailed assessment is provided to help individual hospitals identify areas of strength and areas for improvement.

How the Review was conducted

The review process involved three main stages:

- ***Self-assessment by the hospitals***
- ***Unannounced visits by a multidisciplinary team of assessors***
- ***Scoring and reporting***

The hygiene services standards, on which the hospitals were assessed, were accredited by the International Society for Quality in Healthcare and focused on two main areas:

Corporate Management

- ***How a hospital leads, governs and monitors hygiene services***

Service Delivery

- ***Environment and Facilities: the condition of the building, all its fixtures, fittings and furnishings***
- ***Hand Hygiene: hand washing, use of antiseptic hand rub and surgical hand antisepsis***
- ***Catering: food safety, kitchens (including ward kitchens) fixtures and fittings***
- ***Laundry: management of linen and soft furnishings, both in-house laundry and external facilities***
- ***Waste and Sharps: handling, segregation, storage and transportation***
- ***Equipment: patient, organisational, medical and cleaning equipment***

Overall Results

The overriding message is that most hospitals can, and should, do better. There are a high number of hospitals - 35 (68%) in the 'fair' category. Seven hospitals (14%) achieved a rating of 'good' and a further nine hospitals (18%) achieved a rating of 'poor'. No hospital achieved a "very good" rating.

A "Good" hospital showed high standards of cleanliness and safety across the majority of wards and departments visited by assessors and also scored a majority of 'A's and 'B's in the corporate management section, suggesting it has the capacity to sustain and improve performance.

A "Fair" hospital scored relatively well, with generally acceptable performance in the service delivery section of the review. However, opportunities for improvement were evident in corporate management, raising questions over the hospital's capacity to sustain or improve performance. Specific risks may have been highlighted by assessors.

A "Poor" hospital requires significant improvement in both service delivery and in corporate management. In addition at least one area of specific risk was highlighted by the assessors.

Service Delivery

Overall, hospitals performed fairly well in the important areas of service delivery – those aspects most visible to patients. Most hospitals achieved either extensive or exceptional compliance in meeting the service delivery standard at the time of assessment.

Areas of good or notable practice highlighted by the assessment teams included:

- ***good hand washing practices***
- ***positive commitment and attitude of staff***
- ***adherence to mandatory staff training on hygiene practices***
- ***effective management of hazardous waste***

The message about the importance of high quality hygiene practice does seem to be getting through to the front line and this is to be welcomed.

Corporate Management

The area where most hospitals scored poorly was on the issue of corporate management aspects of their hygiene services.

One hospital did not submit any information regarding corporate management on the basis that there was confusion regarding who was responsible. This is unacceptable and this hospital received 'no rating'. A further five hospitals were not compliant with providing a clear corporate planning process for hygiene management. Only three hospitals received an exceptional score and the largest group (19) only broadly complied with the standards.

The majority of hospitals had a multidisciplinary team in place to oversee hygiene practices, however, many teams were very new and roles and responsibilities were not always clearly defined at a management or delivery level.

Areas of potential risk were observed where no strategic or service plans were evident, resulting in a lack of clear, measurable goals and objectives. Risk notifications were also issued where no formal processes were in place to establish, manage and monitor external contracts; for the selection and recruitment of external contract staff; and for lack of plans to manage their facilities and environment to mitigate inherent risks.

The level of corporate planning to deliver high quality hygiene services needs to improve and should be a priority area for Irish hospitals. Specifically, hospitals need to focus on improving:

- ***corporate management structures to support hygiene - for example, strategic and service planning and clear roles and responsibilities***
- ***active management of less than ideal environments***
- ***standardised measurement and evaluation programmes across sites***
- ***active monitoring and management of rates of infection***
- ***effective monitoring of external contracts***
- ***ensuring catering standards are met in all settings***
- ***harnessing the views and actions of patients and visitors to drive improvements***

The main reason nine hospitals received a poor rating is that, among other issues, they received risk notifications for lack of plans to manage significant risks in their environment and facilities. These included:

- ***potential injury to people due to an open stairwell***
- ***potential risks of cross contamination in an operating theatre and hospital sterile supplies unit***

The fact that these issues had to be drawn to the attention of hospital staff underlines the reality that we still have some way to go to embed the culture and practice of measuring, monitoring and improvement. However, it is acknowledged that steps have been taken by the individual hospitals and the HSE to address the issues raised.

Recommendations

Based on the findings of the first National Hygiene Services Quality Review, the Health Information and Quality Authority has made the following specific recommendations.

- 1** *The HSE should formalise corporate management structures to include long term strategic planning and annual service planning with clear goals and objectives for hygiene and reducing healthcare associated infection. This should be implemented at local, regional and national levels for acute, primary and community care settings.*
- 2** *Hospitals must establish robust arrangements for implementing, monitoring and managing external contracts for hygiene related services.*
- 3** *The HSE should establish a national set of indicators for monitoring hygiene and infection prevention and control performance.*
- 4** *Hospitals with less than ideal environments should implement specific and active plans for managing hygiene practice, including regular internal reviews and risk assessments.*
- 5** *Hospitals should review ward-based catering facilities on a regular basis to ensure compliance with Hazard Analysis Critical Control Points (HACCP), standards.*

Conclusions

A comprehensive approach to hygiene and infection control and prevention which incorporates strategic and operational leadership, monitoring, education and public awareness is necessary to achieve the required improvement in hygiene.

Whilst the hygiene practice of front line staff is vital, sustained high performance also depends on good leadership and effective management across all services to ensure sustainable efforts at governing, identifying, managing and reducing infection.

Focusing on hospitals alone will not be enough to overcome what is a national challenge. There needs to be an integrated national plan to address healthcare associated infection that incorporates all care settings and recognises the fact that not all infections arise in hospitals. We need a monitoring and improvement programme that operates across the boundaries between acute and primary care incorporating residential care settings, for example, nursing homes.

The Authority is currently working with managers and clinicians to develop national standards for infection prevention and control. When completed these, along with the national hygiene standards, will provide a comprehensive framework for management and improvement of the Irish healthcare system's performance in the area of healthcare associated infections.

Going forward, hygiene and infection control will form a key dimension of the Authority's quality assurance programme and licensing regimes. All hospitals must continue to pay close attention to the issues raised in this report. In parallel to developing the standards, we will work with the HSE and others to develop and roll out a national suite of performance indicators aimed at focusing improvement in the areas most needed.

Background

This report presents the overall results from the first national Hygiene Quality Services Review carried out at 51 Health Service Executive (HSE) funded acute care hospitals between March and September 2007 (Appendix 1).

The Hygiene Quality Services Review was initiated at the request of the Chief Medical Officer in 2006 to build on previous work and further promote awareness of the factors that comprise good hygiene practice. It was developed in collaboration with the HSE and carried out by the former Irish Health Services Accreditation Board (IHSAB) which became part of the Health Information and Quality Authority on the 15th May 2007.

Fifty two acute hospitals were requested to complete the self-assessment phase of this review late in 2006. In 2007 a reconfiguration of these hospitals resulted in St. Finbarr's and the Erinville Hospitals, Cork, moving from the National Hospitals Office to Primary, Community and Continuing Care. St. Finbarr's Hospital requested that the Authority continue the process. Therefore this report relates to 51 acute care hospitals.

Reducing the incidence of infections contracted by patients in healthcare institutions is a challenge faced by many countries worldwide and must be a top priority for the Irish healthcare system. The review was designed to focus on both the service delivery elements of hygiene – what happens on the ground and to highlight the crucial importance of robust corporate management.

This emphasis on a 'whole system' approach to hygiene made this the most comprehensive review of its kind in Ireland and sets a new benchmark for hospitals to aim for on behalf of their patients.

This report is not, and was never intended to be, an absolute assessment of cleanliness in a given hospital or a detailed breakdown of each hospital's hygiene practice. It provides a general assessment of performance across a range of areas based on observations at a point in time.

An overall rating for each hospital has been provided to allow the HSE assess the performance of its hospitals and to identify priority areas to be addressed at a national level. Individual detailed reports have been provided to each hospital to inform them of areas of strength and areas for further improvement.

The results of each hospital are clustered in alphabetical order within their overall rated group, this is described later in the report.

Given the extended timeframe of this exercise it is likely that changes for improvement will have been made by the hospitals concerned, indeed given that immediate feedback was provided, we would hope and expect this to be the case.

This Hygiene Services Quality Review assessed hygiene practices in the acute hospital setting only and marks the first stage of a wider drive to improve performance in this area. It will be an important and recurring topic of the Health Information and Quality Authority's work programme going forward.

How the Review was conducted

The hygiene services standards which form the basis of this Review, were accredited by the International Society for Quality in Healthcare and focused on two main areas:

Corporate Management

- ***How a hospital leads, governs, manages and monitors hygiene services***

Service Delivery

- ***Environment and Facilities: the condition of the building, all its fixtures, fittings and furnishings***
- ***Hand Hygiene: hand washing, use of antiseptic hand-rub and surgical hand antisepsis***
- ***Catering: food safety, kitchens (including ward kitchens) fixtures and fittings***
- ***Laundry: management of linen and soft furnishings, both in-house laundry and external facilities***
- ***Waste and Sharps: handling, segregation, storage and transportation***
- ***Equipment: patient, organisational, medical and cleaning equipment***

The review process began in January 2007 and involved three main stages:

- ***Self-assessment***
- ***Unannounced assessment visits – including direct feedback on the day***
- ***Scoring and reporting***

Self-assessment

The self-assessment process took place between January and February 2007. This followed extensive training of hospital staff in the process and allowed hospitals to evaluate their hygiene services systematically against a set of internationally validated standards. This process was an important step to familiarise hospital staff with the new standards and promote improvements from within a hospital. It gave hospitals the opportunity to identify, prioritise and address any shortfalls in advance of the assessment process. The self-assessments were completed by a multidisciplinary team, within the hospital, over a period of two months.

Unannounced visits

Teams of assessors carried out unannounced assessment visits to hospitals as part of the review process. Senior professionals from the areas of medicine, nursing and corporate management were recruited and trained as assessors, in addition to independent senior professionals with specialist knowledge in the core areas. These multidisciplinary teams were led by an experienced infection control professional.

To ensure as far as possible the visits were genuinely unannounced various steps were taken including:

- ***formal confidentiality agreements with assessors***
- ***limited, password controlled access to visiting schedule***
- ***tight timelines around final schedule***
- ***other additional security measures***

The assessment process included:

- ***documentation review – looking at policies, procedures, monitoring reports and contracts***
- ***structured interviews with management, staff and patients***
- ***observation – visits to a range of ward and department areas***
- ***audit – checking for compliance against specific core standards***

At the end of each day of the review, feedback was provided to the Chief Executive (or General Manager) and the senior management team of each hospital by the Assessment Team Leader. Immediate concerns were highlighted and these potential risks were then followed up by the Authority requesting immediate action be taken.

Table 1: Examples of areas visited and reviewed by assessors

Locations	Topics assessed
Surgical and Medical Wards	Management Structures
Intensive Care Unit	Clean environment, equipment and medical devices
Accident & Emergency Department	Management of cleaning equipment
X-Ray	Kitchen standards
Out Patients Department	Policies, procedures and guidelines based on notable practice
Operating Theatre	Notable practice for handling waste and sharps
Hospital Sterile Supply Unit (HSSU)	Management of linen and soft furnishings
Specialist Units i.e. Dialysis	Management of hand hygiene

Consistency and fairness across all hospitals was a key priority. The Authority promoted this by:

- ***robust process for selecting assessors***
- ***standardised training for all assessors***
- ***four team leaders covered all 51 hospitals***
- ***database of findings created to promote consistency***
- ***ratings determined by two assessors***
- ***the Authority's co-ordinators overseeing the overall process and monitoring outcomes of ongoing evaluation by both assessors and hospitals***

Site visits for the larger academic teaching hospitals were completed over two days with four assessors. In the smaller hospitals, assessments were completed over one and a half days with three assessors. The team assessed the organisation's compliance with the standards and helped to guide its improvement.

All unannounced visits were scheduled to occur over a three month period from March to June 2007. However, it was decided to suspend assessments during the two month industrial action by nurses, as the impact of an assessment had the potential to create an additional distraction from patient care and a number of assessors were involved in the action. Consequently all visits were not completed until the beginning of September 2007.

Scoring and reporting

For each standard, a number of requirements known as 'criteria' were described to help hospital staff identify what was working well and where improvement was needed.

To help prioritise improvements, criteria were divided into 'core' – meaning basic or high priority steps and 'quality improvement' – meaning moving towards notable practice.

Core criteria (*Appendix 2*) were given a higher weighting in the scoring system to reflect their importance. This means a shortfall or strength in a core area had a bigger effect on the overall score than those in a quality improvement area.

Each criterion was rated by the assessors on a scale of A to E. These were then allocated a score taking account of the weighting for core criteria.

A	B	C	D	E	N/A
Exceptional Compliance	Extensive Compliance	Broad Compliance	Minor Compliance	Not Compliant	Not Applicable
>85%	66-85%	41-65%	15-40%	<15%	

A full schedule of the standards can be seen on the Authority's website at www.hiqa.ie or can be requested by contacting the Authority directly.

In addition to immediate feedback provided to hospitals, an individual report setting out findings and recommendations has been provided to each hospital. A quality review group of the Authority which included senior staff from clinical backgrounds reviewed all 51 reports to ensure consistency.

By the end of October 2007 all 51 acute care hospitals had received a copy of their individual report for points of clarity in relation to factual accuracy.

This national report, as part of this process, is the aggregation of all of the assessments and is intended to highlight areas of general learning to be taken on board by hospitals and the HSE, other providers and other health and social care settings.

What the ratings mean

Very Good

Hospitals showed very high standards of cleanliness and safety across all wards and departments visited by the assessors. They scored a majority of A's and no rating is below a C. These hospitals have robust strategic and service plans with clear lines of responsibility.

Good

Hospitals showed high standards of cleanliness and safety across the majority of wards and departments visited by assessors. They also scored a majority of A's and B's in the corporate management section, suggesting they have the capacity to sustain and improve their performance.

Assessors' comments about 'good' hospitals included:

- "Hygiene is taken seriously at every level in the organisation"
- "A strong commitment from senior management regarding hygiene services was evident"
- "Overall, the policies reflected the practices observed at ward level"
- "Compliance with hand hygiene procedures was evident"
- "The inclusion of patients to plan and evaluate the service is welcomed"

Fair

Hospitals scored relatively well in the service delivery section of the review with generally acceptable performance. However, opportunities for improvement were evident in corporate management, for example, the absence of clear lines of responsibility for hygiene or effective monitoring of performance. Specific risks may have been highlighted by assessors.

Assessors' comments about 'fair' hospitals included:

- "The organisation should apply a formalised approach to implementing opportunities identified in the hygiene audits and assessments"
- "It is recommended that hygiene becomes a mandatory requirement on all service/executive meeting agendas"
- "Staff commitment to maintaining a high standard of Hygiene within the organisation was very good, however it was difficult to identify formal structures at a senior level"

Poor

These hospitals required significant improvement in both service delivery and corporate management areas. In addition at least one area of specific risk was highlighted by assessors.

Assessors' comments about 'poor' hospitals included:

- "The hospital should develop a Corporate Strategic Hygiene Services plan and a more formalised executive management structure needs to be developed, where information is disseminated and acted upon"
- "The positioning of the autoclave in the theatre is inappropriate as it may lead to a risk of cross contamination within the theatre environment"
- "A risk of cross contamination exists, as the entrance to the operating theatre is the same as the Hospital Sterile Supply Unit (HSSU). There is also a risk of cross contamination in the HSSU as the process does not allow for the separation of dirty, clean and sterilised instruments"

Continuous Improvement

This is the first National Hygiene Services Quality Review and should be used as a new baseline to measure future improvements. Going forward a quality improvement plan should be drawn up by all hospitals individually and collectively by the Health Service Executive (HSE). This will continue to be monitored by the Authority as part of its ongoing quality assurance programme.

How did hospitals perform?

This section sets out the headline findings from the Review and examines specific areas to explore why the reviewed hospitals achieved these ratings. For further information please refer to Appendix 1 where the hospitals are listed according to their overall rating.

Overall Result

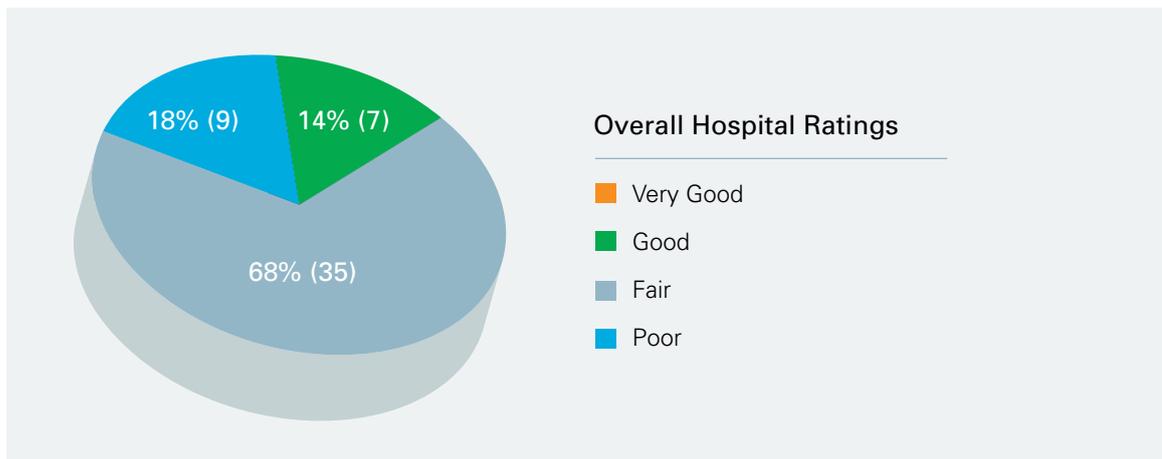


Chart 1

Chart 1 shows the breakdown of overall ratings achieved in the Hygiene Service Quality Review. No hospital was rated as 'very good' and seven (14%) were rated as 'good'. Thirty-five hospitals (68%) achieved a "fair" rating and nine (18%) hospitals were rated as 'poor'.

The overriding message to hospitals is that they can and should do better. There is a disappointingly large number of hospitals in the 'fair' category; if this group could improve, it would make a significant difference.

There is clearly room for improvement, but underlying this headline picture there are signs that are a source of encouragement. Overall, hospitals have performed fairly well in the important areas of service delivery – those aspects most visible to patients. However they have fallen down on the corporate management aspects of hygiene which is so important for long term sustainability and improvement.

A number of hospitals were also marked down for specific problem areas identified by the assessors.

[This section now looks in more detail at the findings.](#)

Corporate Management

The importance of clear and effective corporate management arrangements lies in their impact on hospitals' ability to sustain and improve performance. Without clear responsibilities, effective planning, intelligent use of resources and continuous monitoring of performance, services will struggle to consistently meet standards. It is in this general area of corporate management and organisation of hygiene services that most hospitals need to improve.

The corporate management standards evaluated activities in relation to hygiene services at an organisational level. These are set out in more detail below. One hospital, St Mary's Orthopaedic Hospital, Cork did not submit any information regarding corporate management. This is not acceptable as every hospital should have someone at site-level taking responsibility for these important issues. In the following charts that hospital is marked as having **No Rating**.

Corporate Planning for Hygiene Services

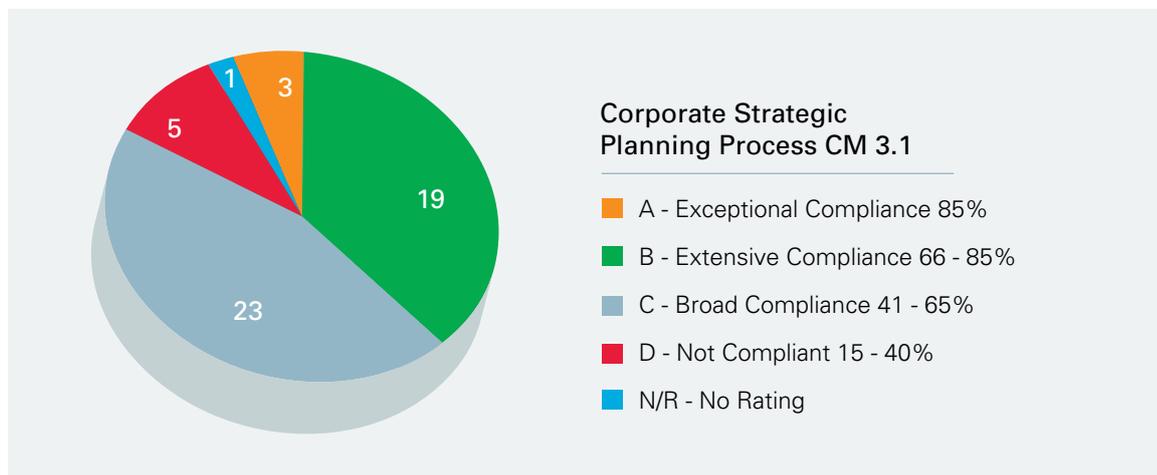


Chart 2

A clear corporate planning process is necessary to improve outcomes. Three hospitals received an exceptional score and five were not compliant. Twenty three broadly complied with the standards. This indicates that the level of corporate planning to deliver high quality hygiene services needs to improve and should be a priority area for development. Areas of potential risk were observed where no strategic or service plans were evident, resulting in the absence of clear measurable goals and objectives.

Recommendation 1

The Health Service Executive should formalise corporate management structures to include long term strategic planning and annual service planning with clear goals and objectives for hygiene and healthcare associated infections. This should be implemented at local, regional and national levels for acute, primary and community care settings.

Organisational Structure for Hygiene Services

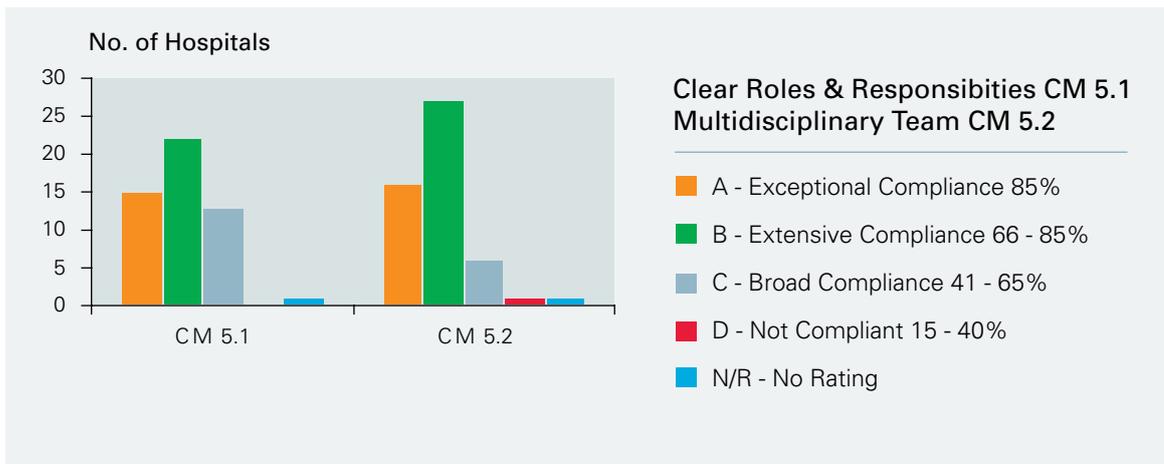


Chart 3

The majority of hospitals had a multidisciplinary team in place to oversee hygiene practices. However, roles and responsibilities were not always clearly defined either at a management or service delivery level. Clearly, whilst the presence of these teams is to be welcomed, this process needs to be embedded into the organisation.

Contractual Agreements for Hygiene Staff

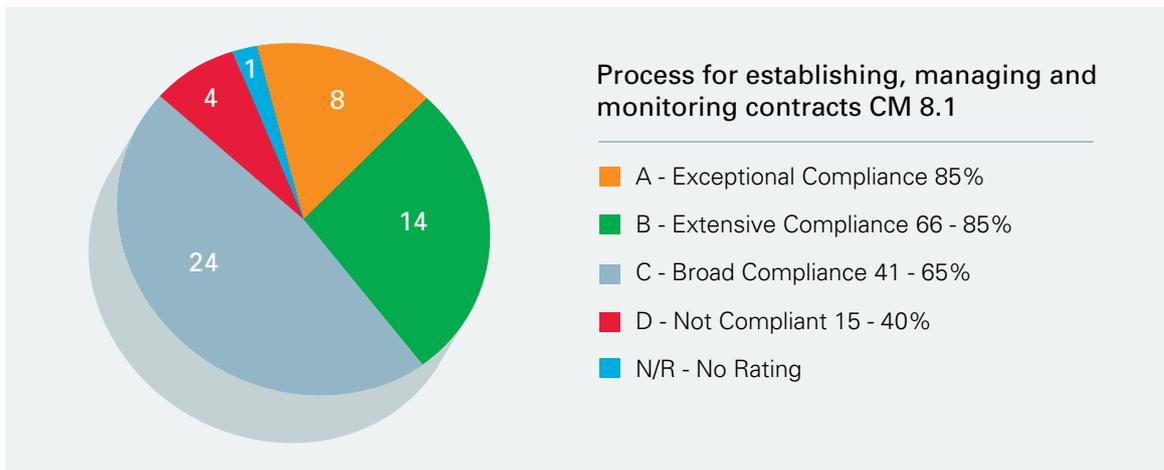


Chart 4

Many vital hygiene services are provided by external contract staff and it is extremely important that these contracts are monitored effectively. This standard looked at the process for establishing, managing and monitoring contracts. Again, the overall picture was mixed, with significant room for improvement in many hospitals. Five hospitals had no processes to monitor contracts and received risk notifications. The hospitals concerned have acknowledged these notifications and are currently addressing the deficits.

Selection and Recruitment of Hygiene Staff

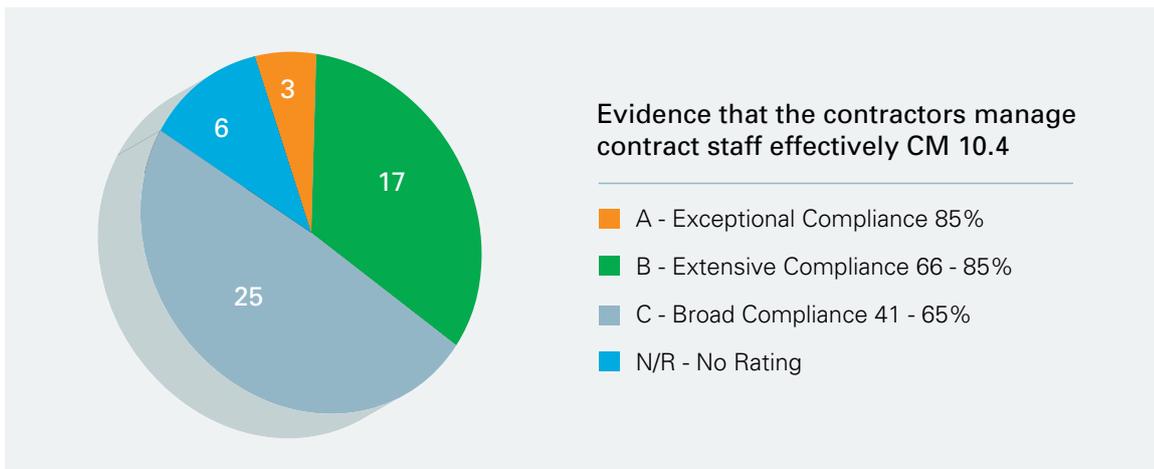


Chart 5

The majority of hospitals were broadly compliant in their selection and recruitment of both internal and contracted hygiene staff. However, six hospitals received risk assessments and notifications as no processes were in place for the selection and recruitment of external contract staff.

Recommendation 2

Hospitals must establish robust arrangements for implementing, monitoring and managing external contracts for hygiene related services.

Physical Environment, Facilities and Resources

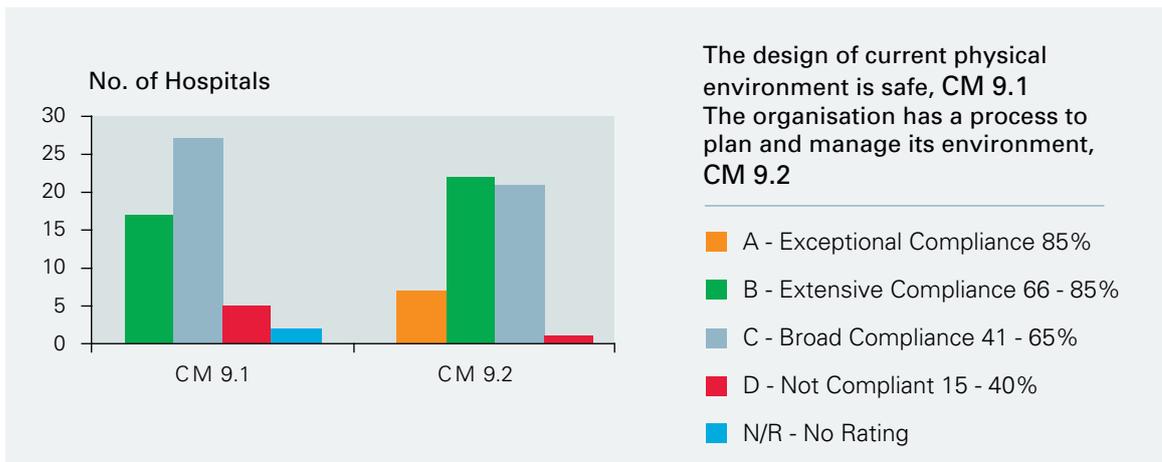


Chart 6

This standard requires hospitals to ensure the design and layout of the environment is safe and the organisation has a plan to manage the resources.

Nine hospitals received risk notifications for lack of plans to manage their environment and facilities and mitigate any inherent risks. These included for example:

- ***potential injury to people due to an open stairwell***
- ***potential risks of cross contamination in an operating theatre and hospital sterile supplies unit.***

The risk notifications issued to hospitals during the assessment process had an impact on their overall ratings. However it has to be acknowledged that all these hospitals now have plans in place to address these risks and should be performance managed by the HSE to ensure that these are addressed. They will be continually monitored by the Authority.

Patient Satisfaction

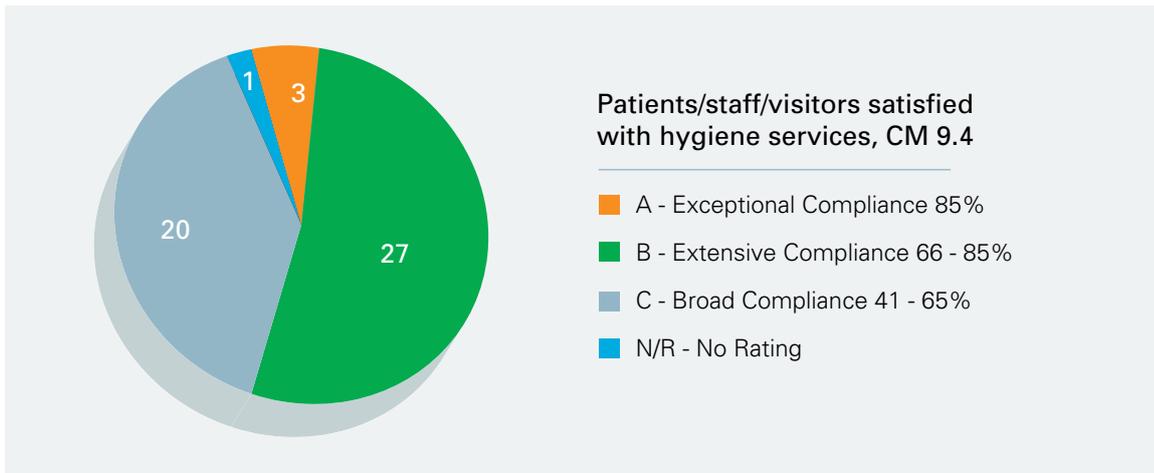


Chart 7

The role of patients and their visitors in promoting hygiene and minimising the risk of infection is extremely important. They are often in the best position to see how well or otherwise services are working.

The assessors evaluated the extent to which hospitals were trying to find out what patients thought about levels of hygiene and how they are involving them in improving services. Overall, the inclusion of patients and visitors varied; in some hospitals patients were included on committee membership on the Hygiene Services Team; others undertook patient satisfaction surveys and unfortunately in others there was very little communication at all.

Again, it is a mixed picture where the good practice of those doing this well should be used to inform those who need to improve.

Patients and/or visitors were interviewed in all 51 hospitals. Some expressed an interest to the Authority's assessors in playing their part in controlling the spread of infection.

Patients and their visitors may find the following questions and suggestions helpful.

Questions that Patients/Visitors could ask

Did you clean your hands?

What are the correct and safe ways to clean hands?

Can you show me the correct way?

Where can I obtain your information leaflet on reducing infection?

Who can I notify if there is not proper information?

There is no handwashing liquid soap/towels etc available, who do I tell about this?

What is the infection rate in your hospital?

Points to be aware of:

Staff taking blood, changing dressings or caring for tubes inserted in the body, should be wearing gloves, if not, ask them why they are not

Before you visit your relative or friend in hospital make sure that you use the hand cleaning fluid that should be provided near every patient area

Service Delivery

Service Delivery (SD) includes such important areas as; physical environment (SD 4.1), equipment, medical devices and cleaning devices (SD 4.2), cleaning equipment (SD 4.3), kitchens (SD 4.4), hazardous materials, sharps and waste (SD 4.5), linen (SD 4.6) and hand hygiene (SD 4.7).

Most hospitals were found to be performing reasonably well in these areas. Chart 8 shows that many hospitals have achieved either extensive or exceptional compliance.

Implementing hygiene services

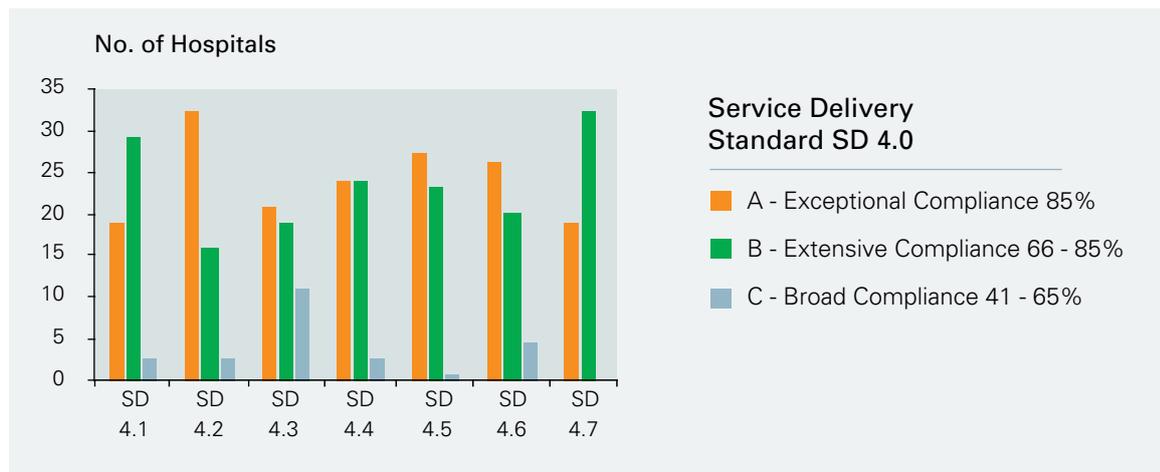


Chart 8

Overall there was extensive compliance with the standard for implementing hygiene services. Good practice was particularly evident in, for example, the management of hazardous waste (SD 4.5). Encouragingly there were also many instances of good practice in the implementation of Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines (SD 4.7) introduced to improve hand hygiene among other things. However, there were some areas where the need for improvement was noted by the assessors.

Assessing and Improving Performance



Chart 9

It was identified that measuring, monitoring and assessing performance requires attention. Whilst hospitals had commenced some evaluation programme (SD 6.2) this was still in its infancy and in need of further development.

The 51 hospitals were asked, as part of their self-assessment submission, to identify key performance indicators they were using for Methicillin Resistant Staphylococcus aureus (MRSA) however, less than half (43%) responded to this request. Of the 22 hospitals that did list measurements, no two were defined in the same way. This underpins the need for a national approach to measuring, monitoring and acting on hygiene and infection prevention and control issues, including actual infection.

Recommendation 3

The HSE should establish a national set of indicators for monitoring hygiene and infection prevention and control performance.

Management of environments and facilities

Many of our hospitals have state of the art facilities; however, some include areas and facilities that are less than ideal. It is important that, where this is the case, it is actively managed as an issue by hospitals, with risk assessments and regular checks to ensure patient and staff safety are preserved.

Recommendation 4

Hospitals with less than ideal environments should implement specific and active plans for managing hygiene practice, including regular internal reviews and risk assessments.

Catering standards

Many hospitals did not fully meet the requirements of Hazard Analysis Critical Control Points (HACCP) standards especially in ward areas. For example, preparation of food in the ward kitchen rather than in the main kitchens and processes to ensure stock rotation is in place. This could represent a risk to patients and staff and needs to be monitored closely by hospitals.

Recommendation 5

Hospitals should review ward-based catering facilities on a regular basis to ensure compliance with Hazard Analysis Critical Control Points (HACCP) standards.

Conclusion

The first National Hygiene Services Quality Review sets new standards for hospitals in the area of hygiene. For the first time, hospitals were assessed both in terms of service delivery and corporate management. The Authority believes that a comprehensive approach to hygiene and infection prevention and control that incorporates strategic and operational leadership, monitoring, education and public awareness, is necessary if improvement is to be achieved. These results set a new benchmark for Ireland's hospitals.

Throughout this report we have highlighted examples of good and notable practice and it is encouraging that we could have included many more. In fact every single hospital in this review received positive feedback from our assessors on at least one aspect of their service delivery or corporate arrangements. These included:

- ***good hand washing practices***
- ***positive commitment and attitude of staff***
- ***adherence to mandatory staff training on hygiene practices***
- ***management of hazardous waste***
- ***multidisciplinary approach to hygiene services***

The message about the importance of high quality hygiene practice does seem to be getting through to the front line and this is to be welcomed.

However, there is no room for complacency and there were a number of hospitals where concerns were identified and hospital staff were notified of these on the day of the assessment.

These risk notifications were followed up by the Authority and we understand that the individual hospitals and the HSE are addressing the issues raised.

The fact that these issues needed to be drawn to the attention of hospital staff by our teams underlines the fact that we still have some way to go to embed the culture and practice of measuring, monitoring and improving which is vital if our performance in the area of hygiene and infection control is to improve. The Authority believes strongly that standardising performance indicators and requiring these to be monitored should be a key priority for the health service.

This in turn exemplifies the general finding that corporate management structures and processes are still not focused sufficiently clearly on the range of factors that lead to sustainable high quality performance and improvement in the quality and safety of patient care. Specifically, hospitals need to focus on improving:

- ***corporate management structures to support hygiene - for example strategic and service planning and clear roles and responsibilities***
- ***active management of less than ideal environments***
- ***standardised measurement and evaluation programmes across sites***
- ***effective monitoring of external contracts***
- ***ensuring catering standards are met in all settings***
- ***harnessing the views and actions of patients to drive improvements***

Next steps

Focusing on hospitals is not sufficient to drive down healthcare associated infections and overcome what is now a national challenges. There needs to be an integrated national plan to address healthcare associated infection that incorporates all care settings and recognises the fact that infections do not confine themselves to hospitals. We need a monitoring and improvement programme that operates across the boundaries between acute and community care, incorporating residential care settings, for example, nursing homes and general practice and primary care settings.

The Authority is working currently with managers and clinicians to develop national standards for Infection Prevention and Control. When completed these, along with the national hygiene standards, will provide a comprehensive framework for management and improvement of the Irish healthcare system's performance in the area of healthcare associated infections.

Going forward, hygiene and infection prevention and control will form a key dimension of the Authority's quality assurance programme and licensing regimes. All hospitals must continue to pay close attention to the issues raised in this report. In parallel to developing the standards we will work with the HSE and others to develop and roll out a national suite of performance indicators aimed at focusing improvement in the areas most needed.

Appendix 1

Hospital ratings

The ratings of the 51 acute hospitals that took part in the National Hygiene Services Quality Reviews are as follows. These are clustered in alphabetical order within their overall rated group.

Hospital Name	Rating
Adelaide and Meath Hospital Dublin Incorporating the National Children's Hospital (AMINCH), Dublin	Good
Beaumont Hospital, Dublin	Good
St. James' Hospital, Dublin	Good
St. Luke's Hospital, Kilkenny	Good
St. Vincent's Hospital, Dublin	Good
Rotunda Hospital, Dublin	Good
Naas General Hospital, Kildare	Good
Bantry General Hospital, Cork	Fair
Cappagh National Orthopaedic Hospital, Dublin	Fair
Cavan General Hospital	Fair
Connolly Hospital, Blanchardstown, Dublin	Fair
Cork University Hospital	Fair
Kerry General Hospital	Fair
Letterkenny General Hospital, Donegal	Fair
Lourdes Orthopaedic Hospital, Kilkenny	Fair
Louth County Hospital	Fair
Mater University Hospital, Dublin	Fair
Mayo General Hospital	Fair
Mercy University Hospital, Cork	Fair
Merlin Park Regional Hospital, Galway	Fair
MWRH, Dooradoyle, Limerick	Fair
MWRH, Ennis, Clare	Fair
MWR, Maternity Hospital, Limerick	Fair
MWR, Orthopaedic Hospital, Croom, Limerick	Fair
MRH, Mullingar, Westmeath	Fair

Hospital Name	Rating
MRH Portlaoise, Laois	Fair
MRH, Tullamore, Offaly	Fair
Monaghan General Hospital	Fair
National Maternity Hospital, Dublin	Fair
Our Lady's Hospital for Sick Children, Dublin	Fair
Royal Victoria Eye & Ear Hospital, Dublin	Fair
Sligo General Hospital	Fair
South Infirmity Victoria University Hospital, Cork	Fair
South Tipperary General Hospital	Fair
St. Columcille's Hospital, Dublin	Fair
St. Finbarr's Hospital, Cork	Fair
St. John's Hospital, Limerick	Fair
St. Luke's Hospital Rathgar, Dublin	Fair
The Children's University Hospital, Temple Street, Dublin	Fair
The Coombe Women's Hospital, Dublin	Fair
University College Hospital, Galway	Fair
Waterford Regional Hospital	Fair
MWRH, Nenagh, Tipperary	Poor
Our Lady of Lourdes Hospital, Louth	Poor
Mallow General Hospital, Cork	Poor
Our Lady's Hospital, Navan, Meath	Poor
Portiuncula Hospital, Ballinasloe, Galway	Poor
Roscommon County Hospital	Poor
St. Mary's Orthopaedic Hospital, Cork	Poor
St. Michael's Hospital, Dun Laoghaire, Dublin	Poor
Wexford General Hospital	Poor

A copy of the standards is available on the Authority's website www.hiqa.ie or directly from the Authority.

Appendix 2

Ratings explained

Rating Scale

The rating of individual criterion is designed to assist self-assessment teams and the organisation in general, to prioritise areas for development. The rating for the criterion can be determined based on the percentage level of compliance.

The rating scale utilised by the Hygiene Services Assessment Process is a five-point scale:

A Exceptional Compliance

- *There is evidence of exceptional compliance (greater than 85%) with the criterion provisions.*

B Extensive Compliance

- *There is evidence of extensive compliance (between 66% and 85%) with the criterion provisions.*

C Broad Compliance

- *There is evidence of broad compliance (between 41% and 65%) with the criterion provisions.*

D Minor Compliance

- *There is evidence of only minor compliance (between 15% and 40%) with the criterion provisions.*

E Non Compliant

- *Only negligible compliance (less than 15%) with the criterion provisions is discernible.*

N/A Not Applicable

- *The criterion does not apply to the areas covered by the Self Assessment Team. Rationale must be provided. This cannot be used for a core criterion.*

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.

In the Corporate Management standards, core criteria cover:

- ***Allocation of resources, accountability, risk management, contract management and human resource management.***

In the Service Delivery standards, core criteria cover:

- ***Waste management, hand hygiene, kitchens and catering, management of linen, equipment, medical and cleaning devices and the organisation's physical environment.***

Definition of Risk Rating

A risk assessment must be carried out where a criterion has received a D or E rating.

Then the risk must be further analysed to determine its significance. This is achieved by scoring 3 questions:

- ***Likelihood of Event***
How easily could an adverse event occur?
- ***Impact***
How serious would it be if the adverse event occurred?
- ***Urgency***
How quickly should remedial action be taken?

Each category must be scored as High (3) Medium (2) or Low (1)

Risk Rating: Criterion that receive a rating greater than 7 is deemed a significant risk and require immediate action.

Score

The decision mechanism used to translate an organisation's criteria into a score is based on a quantitative analysis of the assessment results which ensures consistency of application. The decision mechanism used is:

Very Good

Translation Rules

Core Criteria Ratings

- ***All "Core Criteria" must have achieved an A rating***

Non Core Criteria Ratings

- ***Greater than 66% of "Non Core Criteria" must have achieved a rating of B, with no "Non Core Criteria" achieving less than a C rating***

At this level, the organisation will be acknowledged with an award for the duration of one year.

Good

Translation Rules

Core Criteria Ratings

- ***Greater than 33% of "Core Criteria" must have achieved a rating of A, with no "Core Criteria" achieving less than a B rating***

Non Core Criteria Ratings

- ***Greater than 51% of "Non Core Criteria" must have achieved a rating of B, with no "Non Core Criteria" achieving less than a C rating***

Fair

Translation Rules

Core Criteria Ratings

- ***Greater than 33% of "Core Criteria" must have achieved a rating of B, with no "Core Criteria" achieving less than a C rating***

Non Core Criteria Ratings

- ***Greater than 66% of "Non Core Criteria" must have achieved a rating of C, with no "Non Core Criteria" achieving less than a D rating***

Risk Ratings

- ***No "Non Core Criteria" have received a risk rating of greater than 7, (where a risk of High = 3; Medium = 2; Low = 1)***

Poor

Translation Rules

Core Criteria Ratings

- ***All "Core Criteria" must have achieved a C rating or greater***

Non Core Criteria Ratings

- ***Greater than 51% of "Non Core Criteria" must have achieved a rating of C, with no "Non Core Criteria" achieving less than a D rating***

Risk Ratings

- ***An immediate and significant threat to patients/clients, public or staff exist***

Appendix 3

Core Criteria

Core Criteria for Corporate Management Standards

- CM 5.1** There are clear roles, authorities, responsibilities and accountabilities throughout the structure of the Hygiene Services.
- CM 5.2** The organisation has a multi-disciplinary Hygiene Services Committee
- CM 6.1** The Governing Body and/or its Executive/Management Team allocate resources for the Hygiene Service based on informed equitable decisions and in accordance with Hygiene Corporate and Service plans.
- CM 7.1** The organisation has a structure and related processes to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service.
- CM 8.1** 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.
- CM 9.2** The organisation has a process to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen.
- CM 10.5** There is evidence that the identified human resource needs for Hygiene Services are met in accordance with Hygiene Corporate and Service plans.
- CM 11.1** There is a designated orientation / induction programme for all staff which includes education regarding hygiene.

Core Criteria for Service Delivery Standards

- SD 4.1** The team ensures the organisation's physical environment and facilities are clean.
- SD4.2** The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean.
- SD 4.3** The team ensures the organisation's cleaning equipment is managed and clean.
- SD 4.4** The team ensures the organisation's kitchens (including ward/ departmental kitchens) are managed and maintained in accordance with evidence based best practice and current legislation.
- SD 4.5** 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.
- SD 4.6** The team ensures the appropriate management and maintenance of the organisation's linen supply and soft furnishings.
- SD 4.7** 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.

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