



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Report on the
Second National
Acute Hospitals Hygiene Audit**

**Commissioned by the
National Hospitals Office
Health Service Executive**

Desford Consultancy Limited

June 2006

1. Executive summary

This report details the results of the second national acute hospitals hygiene audit undertaken by Desford Consultancy Limited on behalf of the National Hospitals Office (NHO), Health Service Executive. The audit was carried out during February, March and April 2006 and a total of fifty three hospital sites were visited.

The second audit mirrored the first audit in all respects. The audit tool and methodology were the same as those utilised in the first audit. The team comprised trained and experienced auditors who had been involved in the first audit. This approach has ensured that the second audit outcomes can be used as a direct comparator with those of the first baseline audit.

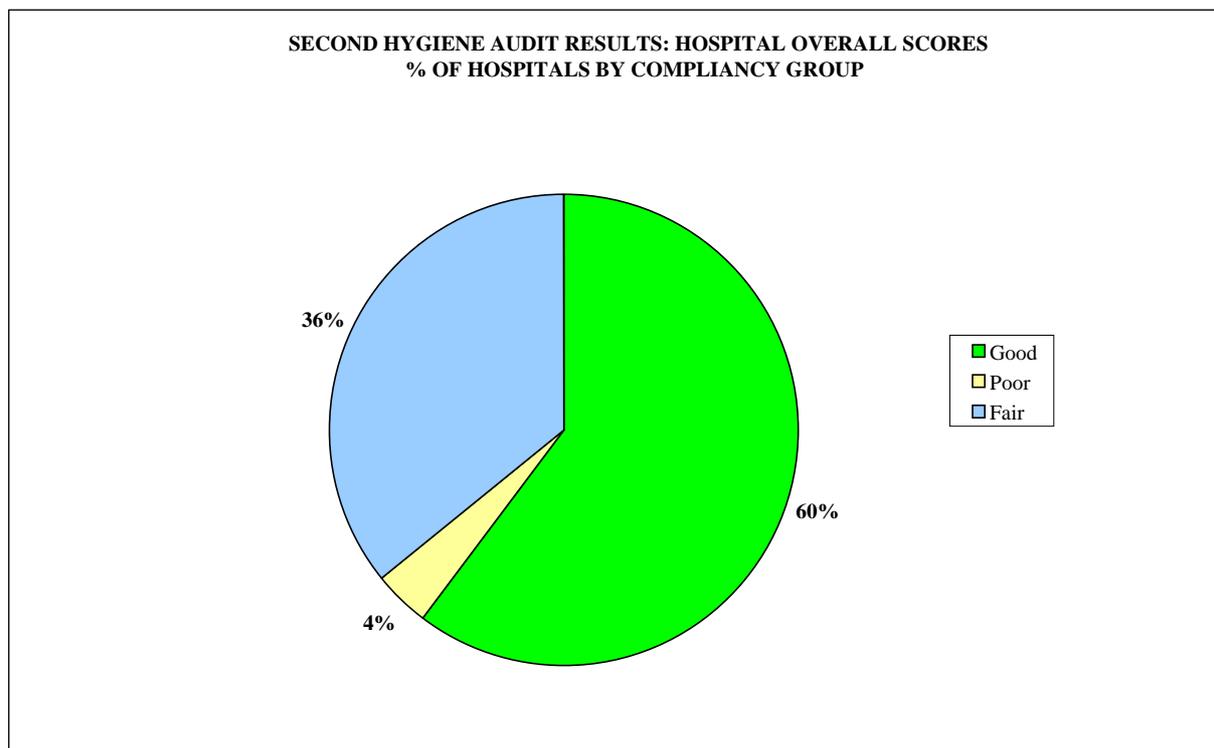
The Infection Control Nurses Association (ICNA) Audit Tool for Monitoring Infection Control Standards (2004) was the audit tool used.

The audit represents a 'spot check' of standards observed on the day of the visit. The results do not represent standards throughout each hospital over a period of time. However, they provide an indication of the elements that may need addressing on a hospital wide basis.

The scores have been categorised and colour coded as follows;

	Green indicates good - a score of 85% or above
	Blue indicates fair - a score of 76% to 84%
	Yellow indicates poor - a score of 75% or below

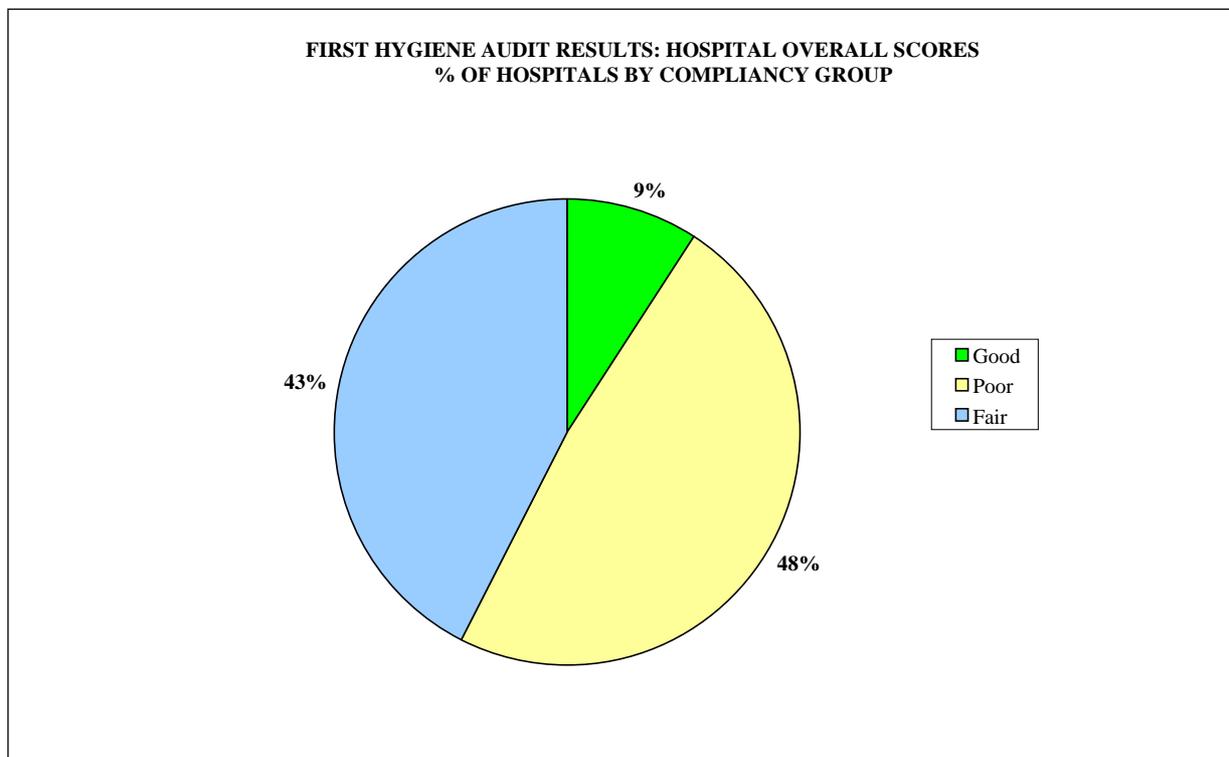
Using the overall hospital score, the figure below shows the percentage of hospitals in each category;



It is clear from the results of the second audit that significant work has been carried out at hospital and national level. Almost every hospital has increased its overall score since the first audit, with some of the most significant improvements being shown by those hospitals that recorded ‘poor’ scores in the first audit.

- Thirty two hospitals were in the ‘good’ category in the second audit compared to five in the first audit.
- Nineteen hospitals were in the ‘fair’ category compared to twenty three in the first audit.
- Only two hospitals were categorised as ‘poor’ in the second audit compared to twenty six in the first audit. Furthermore, these two hospitals were both only 1% short of achieving the ‘fair’ categorisation.

As a comparator, the corresponding results from the first audit are shown below;



The key findings arising from the second audit are;

- Policies and procedures –At a national level, a significant amount of work has been undertaken, particularly in relation to the development of policies, procedures and standards. Hospitals had ensured that key policies and procedures were now available at ward level and there was good policy awareness amongst staff.
- Hospital accommodation – Whilst both internal and external storage space at many hospitals is limited, some innovative solutions to the problem were observed. Despite this, many hospitals were still storing linen and clinical and non clinical waste together, due to space constraints. Additional hand washing facilities had been installed or were due to be installed in a number of areas.

- Hand hygiene – In relation to hand hygiene training, posters and policies and the cleanliness of nails virtually all hospitals scored well. One of the issues was related to staff wearing rings, watches and other wrist jewellery.
- Maintenance of equipment and building fabric – Whilst it was evident that some hospitals had carried out refurbishment of wards and departments, many areas were still in need of refurbishment. This included the replacement of floors and walls due to damage, wear and tear. Many hospitals had replaced damaged/broken items e.g. waste bins, chairs and kitchen fittings.
- Waste management – A number of hospitals had reviewed staff responsibilities and had designated a person with responsibility for waste management. It was evident that many hospitals, both at ward and department level and hospital wide, now had a better understanding of waste management requirements although there were still some inconsistencies within hospitals. There is still a lack of consistency in the use of colour coded waste bags.
- Equipment and cleaning materials – Out dated and inappropriate items of cleaning equipment were still in use in a number of hospitals. Some hospitals had introduced new technology in the form of micro fibre systems.
- Technical support – The unitary approach to healthcare has opened up channels of communication between hospitals and the formulation of multidisciplinary network groups has encouraged the exchange of information and sharing of best practice. Whilst this is working well in some areas, it does not appear to be replicated throughout the country.
- Training and development - A considerable amount of training had been undertaken within hospitals since the first audit. A national training framework is being developed by the NHO.

It is clear that hygiene is high on the agenda at national and local level. A considerable amount of work to improve hygiene standards had been undertaken at hospital and national level and a multi disciplinary approach has been adopted. Within almost every hospital, there are a number of elements in one of more clinical areas where the standards need to improve. These can be seen in the individual hospital score sheets.

The key recommendations arising from the audit are:

National level

- Continue with the work already underway on developing the national policies and procedures. Set a timetable for final approval and implementation, and promote continuous improvement in hygiene standards. In addition to those policies already under development, a national decontamination policy is recommended.
- Collect, collate and distribute examples of innovative approaches and best practice relating to hygiene.

- Review the structure and availability of technical support for hygiene in hospitals e.g. waste management, infection prevention and control, cleaning services and health and safety amongst others.
- Support the broadening of the scope of hygiene audits to include all areas e.g. theatres, physiotherapy and radiology.
- Develop a strategy for hygiene audits for non acute hospitals (care of the elderly, mental health and primary care) based on hospital size and risk category as appropriate.
- Promote the education and training in hygiene and infection prevention and control for clinical staff (including post and under graduate) and non clinical staff

Hospital level

- Review progress against the recommendations of the first audit.
- Develop an action plan to address any elements where a 'good' classification was not achieved.
- Provide audit training for staff involved in quality assurance.
- Provide induction training and ongoing development of hygiene training and education for all staff.
- Broaden the scope of internal audit to cover all other areas.
- Review the national policies following ratification and undertake a gap analysis. Develop action plans to implement new policies and work through any resource issues.
- Review the responsibility for cleaning within ward kitchens and designate one staff group to take ownership.
- Develop service level agreements outlining the type of service required, frequency and standard necessary for hygiene services provided to wards and departments e.g. waste removal, curtain changing, planned preventative maintenance, cleaning etc.

The results of the second audit are very encouraging and show significant improvement. Hospitals have become more proactive and innovative in their approach to improving hygiene standards and this cultural shift was evident during the audit. The challenge now is for hospital staff and the NHO to maintain the momentum in order to address the outstanding issues. It will require continuous improvement to achieve 100% across all areas and elements of the audit.