



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**“Winning ways”**

**Sharing Strategies for  
High Performing Hygiene Services**

**Patient Safety and Health Care Quality Unit  
National Hospitals Office**

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# Summary

## ***Cleanliness counts***

Ensuring a clean environment is fundamental to the provision of safe and high quality care. The hospital environment is one of the first things which patients and their families experience when they seek care and ensuring this is clean gets the first impression right. Importantly, some aspects of hygiene services support the prevention and control of healthcare infection. Healthcare infection is a concern for those receive and provide care alike and, while recent downwards trends in MRSA-related bloodstream infection are encouraging, there is no room for complacency.

## ***Lessons learned***

Two key lessons emerged from HIQA's hygiene service reviews in 2007 and 2008. Firstly, hospitals operated or funded by the HSE are making improvement; fundamentals are in place with services on the ground performing well and hospitals are now developing the corporate management to sustain performance and ensure continuous improvement. Secondly, however, against a background of overall improvement, a wide spread of performance emerged: a few hospitals are exemplary, most are making reasonable and steady improvement, however, some struggle to keep up with the pace of progress.

In response to these reviews, in 2009 the NHO at the HSE has applied a "targeted intervention" to hospitals which it identified as making slower progress with the improvement of hygiene services. The principles underpinning this intervention are accountability and sharing of learning across peers.

## ***Accountability and sharing learning***

Accountability in healthcare is a complex and multifaceted concept. It is important that there is accountability for good performance as well as poor performance. How else can we acknowledge what is done well and learn from it to drive further performance? Sharing of learning from peers is recognized as a strategy for improving performance of teams and organizations. In the case of hygiene service, it was evident to the NHO that the expertise to drive high performance already exists within the system; the challenge is to unlock this expertise and share it widely across hospitals.

## ***"Winning ways"***

Early in 2009, the NHO contacted hospitals identified as having high performing hygiene services based on their results in HIQA's reviews in 2007 and 2008. Hospital managers/CEOs and their hygiene service teams were asked to provide the NHO with examples of strategies which they use to drive high performance and continuous improvement. These tips on winning ways were collated by the NHO. The main themes were as follows:

- ***Make hygiene services a priority through leadership***
- ***Make roles, responsibilities and reporting relationships clear***
- ***Set the right direction and align efforts***
- ***Link with prevention and control of healthcare associated infection***
- ***Get service users involved***
- ***Get staff involved***
- ***Keep external contractors in close check***
- ***Use information to monitor and evaluate performance and provide feedback***

This document presents these strategies with examples of implementation so as to share them and to spread good practice across all hospitals.

# 1. Introduction

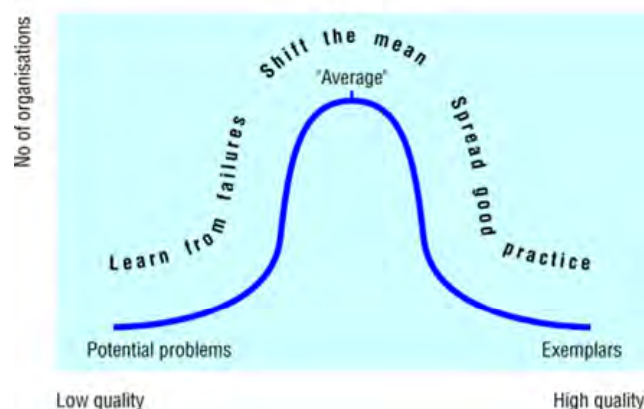
High performing hospital hygiene services is a priority for the National Hospitals Office (NHO) of the Health Service Executive (HSE). We strive to ensure that we all have easy access to services which are safe, centered on our needs and result in the best possible outcomes. Hospital hygiene is important because being treated in a clean environment is central to our experience of care. It is also important because some aspects of hospital hygiene services contribute to the control and prevention of healthcare associated infections.

## 1.1. Lessons learned from HIQA Hygiene Services Quality Reviews 2007 and 2008

Following two external and independent hygiene reviews which were commissioned by the NHO, the Health Information and Quality Authority (HIQA) undertook hygiene services quality reviews in 2007 and 2008. Together, these reports showed that, collectively, hospitals operated or funded by the HSE are on a path of improvement. The fundamentals are in place. Hospitals have generally scored well on service delivery standards. Importantly, the patient survey conducted as part of the 2008 reviewed showed that patients found hospitals were generally clean. However, good services on the ground need to be supported by good corporate management - how services are led, planned, organized, monitored and reviewed. In 2007, HIQA identified the need for the HSE to strengthen corporate management of hygiene services. This was necessary to sustain good performance in service delivery and to drive continuous improvement. In 2008, the hospitals operated or funded by the HSE made significant progress with regard to corporate management of hygiene services, in particular clarifying governance arrangements. These improvements were noted by HIQA – in 2008, 92% of hospitals were awarded an A or B rating for corporate management standard five (organization structure for hygiene services); within corporate management standard five, criteria 5.2 (multidisciplinary hygiene services committee) was the criterion with the highest level of compliance across all hygiene standards.

The hygiene services quality reviews in 2007 and 2008 also provide an insight into the progress being made by individual hospitals. Some hospitals are to be congratulated for maintaining high performing hygiene services and for making huge improvements from 2007 to 2008. Most hospitals managed to make some progress, although they have opportunities for further improvement. However, the reviews revealed that the pace of improvement in some hospitals was slow; indeed it was evident that some hospitals were struggling to make any progress. In other words, against a background of overall improvement, a wide spread of performance emerged.

Figure 1: The “quality curve”<sup>1</sup>



<sup>1</sup> Scally G and Donaldson LJ. Looking Forward: Clinical governance and the drive for quality improvement in the new NHS in England. *Br Med J* 1998;317:61-65.

This key theme emerging from the 2008 HIQA report is a well described feature of quality management in healthcare and has been referred to as the “quality curve” (figure 1 above) - a few hospitals are exemplary, most hospitals are making reasonable and steady improvement, however, some struggle to keep up with the pace of progress. The challenge is to drive continuous improvement across all hospitals (“shift the mean”) while at the same time trying to close the gap between the high-performing hospitals and those making slower progress. One strategy to achieve this is to ensure that problems are learned from and that good practice is shared across all hospitals.

### **1.2. HSE response to the HIQA Hygiene Services Quality Reviews 2008**

The HSE has a HCAI Governance Group in place to plan and oversee the management of healthcare associated infections across the organization. It does these through implementing its “Say No To Infection” strategy in conjunction with local implementation teams. From 2008, this group will also be driving improvement of hygiene services.

Besides driving improvement across hospitals, in recognition of the need to address the wide spread of performance – the “quality curve” – the National Hospitals Office is applying a “targeted intervention” to hospitals struggling to make progress with hygiene service performance. The principles underpinning the intervention are as follows:

- Accountability – being clear about who is responsible for what and to whom they must report. Clear accountability is a fundamental element of good governance for safe and high quality healthcare.
- Sharing of learning across peers – ensuring that good practice from exemplary hospitals is spread across all hospitals and in particular across hospitals making slower progress. Sharing of learning from peers is recognized as a strategy for improving performance of teams and organizations.<sup>2</sup>

The National Hospitals Office undertook a detailed review of the scores received by each hospital from HIQA in 2007 and 2008. It identified hospitals making outstanding progress with strongest hygiene services performance; it also identified fourteen hospitals where progress was slow. For hospitals making slower progress, a series of meetings took place between those with responsibility for hygiene services (including hospital managers), hospital network managers and the National Director for the National Hospitals Office to discuss the results of the HIQA reviews. Barriers to progress and strategies to overcome these barriers were examined. Arrangements were then made for these staff to visit hospitals with strongest hygiene services performance to learn from their good practice. In response, these fourteen hospitals making slower progress have developed hygiene service quality improvement plans which will be implemented through 2009. To strengthen accountability, these plans are being made publicly available through the HSE website. The implementation of these plans will be overseen by hospital network managers. At the end of the year, a status update will be provided and also made public. Learning from peers has also been facilitated through a hospital group benchmarking tool which allows for the identification of best practice so that these can be shared with other hospitals.

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<sup>2</sup> Walburg J, Bevan H, Wilderspin J, Lemmens K. Performance Management in Health Care. Routledge; London. 2005.

### **1.3. *About this document***

Accountability in healthcare is a complex and multifaceted concept. It is important that there is accountability for good performance as well as poor performance. How else can we acknowledge what is done well and learn from it to drive further improvement?

To augment the sharing of learning from peers which has been facilitated through the series of hospital visits set out above, early in 2009, the NHO contacted hospitals identified as having high performing hygiene services based on their results in HIQA's reviews in 2007 and 2008. Hospital Managers/CEOs and their hygiene service teams were asked to provide the NHO with examples of strategies which they use to drive high performance and continuous improvement. These tips on winning ways were collated by the NHO and the main themes were identified. This document presents these strategies with examples of implementation and so as to share them and to spread good practice across all hospitals.

## 2. Strategies for high performing hygiene services

The National Hospitals Office contacted hospitals with exemplary performance and collected strategies for high performing hygiene services. Senior management at these hospitals provided examples of strategies which they believe underpin the success of their hygiene services and made these available to be shared with other hospitals. This feedback has been analyzed to identify the key themes together with examples of implementation of the most commonly used strategies for high performing hygiene services.

Common themes which have emerged are as follows: making hygiene services a priority through leadership; making roles, responsibilities and reporting relationships clear; setting the right direction and aligning efforts; linking with prevention and control of healthcare associated infections; getting service users involved; getting staff involved; keeping external contractors in close check; and using information to work smarter and better.

These themes are now discussed further together with examples of implementation.

### **1.4. Make hygiene services a priority through leadership**

In healthcare, strong leadership sets the direction of the organization, develops its culture, ensuring delivery of safe and high quality care and maintains effective governance.<sup>3</sup> Good leaders will point to areas which require improvement, and then inspire people to bring about change to deliver improvement, overcoming obstacles that they may find in their way. In other words, they build a culture of improvement where safe and high quality care is seen as everyone's top priority. Hospitals cannot achieve high performing hygiene services unless managerial and clinical leadership is in place which identifies hygiene as a priority for continuous improvement. Here are some examples of how some hospitals make hygiene services a priority through leadership:

- *Ensure that the General Manager/CEO chairs the Corporate Hygiene Committee meetings.*
- *Make hygiene an important issue at Senior Management meetings and ensure hygiene is on the weekly agenda at meetings. For hospitals with their own board, ensure hygiene is on the board's agenda.*
- *Make use of walkabouts as a symbol of the priority attached to hygiene in the hospital and to gather information first hand from the ground. Walkabouts which involve senior managers and which also involve patient representatives are a powerful symbol.*

### **1.5. Make roles, responsibilities and reporting relationships clear**

Accountability arrangements within a hospital set out who is responsible for what and to whom they must report. Like leadership, clear accountability arrangements are fundamental to safe and high quality care, including high performing hygiene services. Clear accountability is what gives effect to the priority-setting and inspiration of good leaders. Here are some examples of how some hospitals make roles, responsibilities and reporting relationships clear for hygiene services:

- *Review internal management arrangements and as required develop support documentation to strengthen accountability for hygiene services throughout the organisation.*
- *Establish multi-disciplinary teams and committees for hygiene services. Ensure these teams and committees are clear in terms of their responsibility and reporting relationships. Try to keep reporting relationships as simple as possible. Reports should eventually lead to the hospital manager/CEO who has ultimate accountability for hygiene services.*
- *Roles and responsibilities of front line staff should also be made clear; the role of the nurse manager at a ward level is pivotal.*

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<sup>3</sup> Commission on Patient Safety and Quality Assurance. *Building a Culture of Patient Safety*. 2008

### **1.6. Set the right direction and align efforts**

Once leadership is in place and given effect through clear accountability arrangements, hospitals must set out the right direction for the hygiene services in the form of a plan and then ensure that efforts are aligned behind this in terms of their financial, human resource and capital development planning. Here are some examples of how some hospitals set the right direction and align efforts for hygiene services:

- *A comprehensive hygiene strategy should be developed and adopted by the hospital which encompasses all key aspects of hygiene service, including quality assurance model.*
- *This strategic plan needs to link with other planning processes.*
- *The hospital should have a process to identify, prioritize and allocate resources for hygiene services. Risk assessment is a tool for prioritization.*
- *The hospital's human resource plans and management and capital development plan and estates management need to be aligned with the hygiene strategy if it is to be delivered on.*

### **1.7. Link with prevention and control of healthcare associated infection**

Certain aspects of hygiene services control the prevention and control of healthcare associated infection. HIQA's emerging standards for the prevention and control of healthcare associated infection will incorporate hygiene services through the standard relating to the environment. Here are some examples of how some hospitals link with for prevention and control of healthcare associated infection and hygiene services:

- *Committee structures for hygiene services and the prevention and control of healthcare associated infection should be linked either through representation or through reporting relationships.*
- *Ensure that the hygiene strategy and operation of hygiene services is informed by requirements for healthcare associated infection prevention and control.*

### **1.8. Get service users involved**

Patients and their families are at the centre of everything we do as providers of healthcare. In terms of hygiene services, there are a number of different ways they can be involved. The views of patients and their families can inform the monitoring of hygiene services – complaints give us a valuable insight into areas for improvement and satisfaction surveys can be a very formal way of tracking progress. Patients and their families can also be informed on issues like encouraging hand hygiene and indeed they can play a role in the control and prevention of healthcare infection themselves through hand washing, observing visiting restrictions, and sensible use of antibiotics. Here are some examples of how some hospitals link with service users and their families:

- *Involve patients and families in hygiene walkabouts with senior hospital management. This is a very powerful symbol staff and patients that the views of patients and their families matter.*
- *Conduct Patient Satisfaction Surveys and use the feedback to inform hygiene service actions plans.*
- *Feedback from patients and their families through "Your Service Your Say" in relating to issues around hospital hygiene should be formally monitored both in terms of their number and content as an indicator of performance and as a source of learning for improvement.*

### **1.9. Get staff involved**

Staff at all levels of the hospitals and in every role must play their part in hospital hygiene. Leadership from senior managers and clinicians can help to develop a culture where all staff work towards excellence in terms of hospital hygiene and feel encouraged to overcome potential obstacles. Here are some examples of how some hospitals get staff involved in hygiene services:

- *Consider undertaking a hygiene services training needs assessment and following this with a training plan which is monitored and evaluated.*

- *Ensure that the induction programme for incorporates training in relation to hygiene services, waste management and infection control.*
- *Follow this up with sporadic training events on hygiene services, waste management and infection control as well as structured rolling programmes for staff.*
- *Consider specific targeted training programme for contract catering and cleaning staff.*
- *Hand hygiene should be a particular focus of training for staff. Use a risk-assessment or the results of audit to focus on particular staff groups.*
- *Ensure staff are aware of complaints as well as complaints relating to hygiene services arising from “Your Service Your Say”.*

#### **1.10. Keep external contractors in close check**

In most hospitals, the delivery of hygiene services is highly dependent on the performance of external contract staff. External contracts need to be carefully managed and external contractors kept in close check if hospitals are to achieve high performing hygiene services. Monitoring and evaluation of the contractors is essential. Here are some examples of how some hospitals keep external contractors in close check:

- *Senior management in the hospital should meet regularly with external contractors to discuss the performance of hygiene services.*
- *Performance standards for hygiene services should be explicitly stated to external contractors and incorporated where possible into contracts.*
- *Monitoring of agreed key performance indicators should be undertaken; the results should be presented to senior management in the hospital.*
- *Compare the results of external contractor conducted audits with internal hospital audits and other sources of performance information to provide assurance.*

#### **1.11. Use information to monitor and evaluate performance and provide feedback**

Hospitals can only ever know if their hygiene services are on track and continuously improving if they constantly use information to monitor and evaluate performance and to inform further improvement. Good information management is the platform for continuous improvement in healthcare.<sup>4</sup> Information can come from a number of sources including audit, complaints, and rates of infection. Information which reflects the views and experience of service users and outcomes of care is especially powerful. Information must be fed back to those who manage and operate hygiene services so that they can effect change necessary for improvement. Here are some examples of how some hospitals use information and monitor and evaluate performance and provide feedback:

- *Implement a system of audit and review including environmental audit, peer review, unannounced spot audit and internal departmental review.*
- *Make comparative results available. Work with areas making slower progress to understand and overcome barriers to improvement. Sharing learning from areas with high performance can be especially powerful.*
- *Get staff from different disciplines involved in conducting audits.*
- *Develop and implement a set of local Key Performance Indicators for hygiene services; examples include infection rates, hand hygiene audits, staff training, environmental hygiene audits and patient complaints.*

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<sup>4</sup> Berwick DM, Godfrey AB, Roessner J. *Curing Health Care: New Strategies for Quality Improvement*. Jossey Bass; San Francisco. 2002.



## 2. Conclusions

Cleanliness counts. Ensuring a clean environment of care is fundamental to the provision of safe and high quality care. The hospital environment is one of the first things which patients and their families experience when they seek care and ensuring this is clean gets the first impression right. Importantly, some aspects of hygiene services support the prevention and control of healthcare infection. Healthcare infection is a concern for those receive and provide care alike and, while recent downwards trends in MRSA-related bloodstream infection are encouraging, there is no room for complacency.

While the reviews of hygiene service quality in hospitals operated or funded by the HSE by HIQA in 2007 and 2008 present a picture of overall improvement, a wide spread of performance emerged: a few hospitals are exemplary, most are making reasonable and steady improvement, however, some struggle to keep up with the pace of progress.

This document presents “winning ways” – strategies for high performing hygiene services. They reflect the expertise and experience of hospitals which have made significant progress with hygiene service improvement. Improvement is a continuous process. All hospitals have something new learn to ensure they make further improvement. Hospital Managers/CEOs and hygiene teams should reflect carefully on the learning presented in this document and should use it to continuously strive towards hygiene service excellence.

# Acknowledgement

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Mater Hospital  
Children's University Hospital, Temple Street  
The Rotunda Hospital  
St James's Hospital  
National Maternity Hospital, Holles Street  
St Johns Hospital, Co Limerick  
Cavan General Hospital  
Monaghan General Hospital  
Waterford Regional Hospital  
Merlin Park/Galway University Hospital

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