



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

Foreword

The provision of a clean, safe and hygienic environment is an essential element of high quality healthcare.

A clean, safe and hygienic environment of the highest standard should be available to all patients in Ireland and it is the attainment of this standard that has guided and motivated the multidisciplinary team effort at both hospital and national level underpinning this report.

The National Hospitals Office has taken the lead in ensuring that hygiene services are viewed as a priority issue in all acute hospitals. Hospitals have become more proactive and innovative in their approach to improving hygiene standards and this cultural shift was evident during the 2nd audit. Thanks to the range of measures introduced and the efforts of our staff we are beginning to see the results. The findings of this, the second national hospital hygiene audit, show that there has been significant progress in the past year.

The challenge now is for the hospital system to maintain the momentum that has been built up, build on the success to date and implement this report's recommendations so that through continuous improvement all hospitals attain standards of excellence in hygiene.

Mr. John O'Brien

National Director
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Desford Consultancy would like to once again thank the Infection Control Nurses Association (ICNA) for its kind permission to reproduce and use parts of the Audit Tool for Monitoring Infection Control Standards 2004.

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.

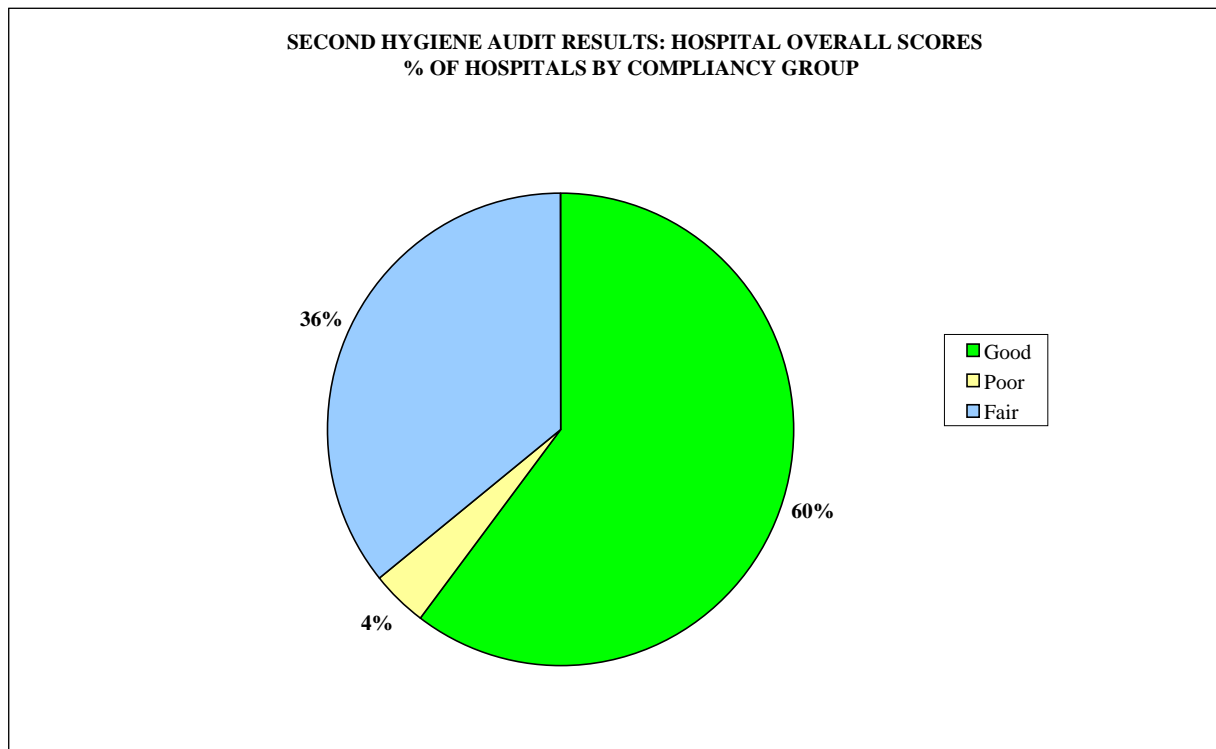
The Infection Control Nurses Association (ICNA) Audit Tool for Monitoring Infection Control Standards (2004) was the audit tool used.

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

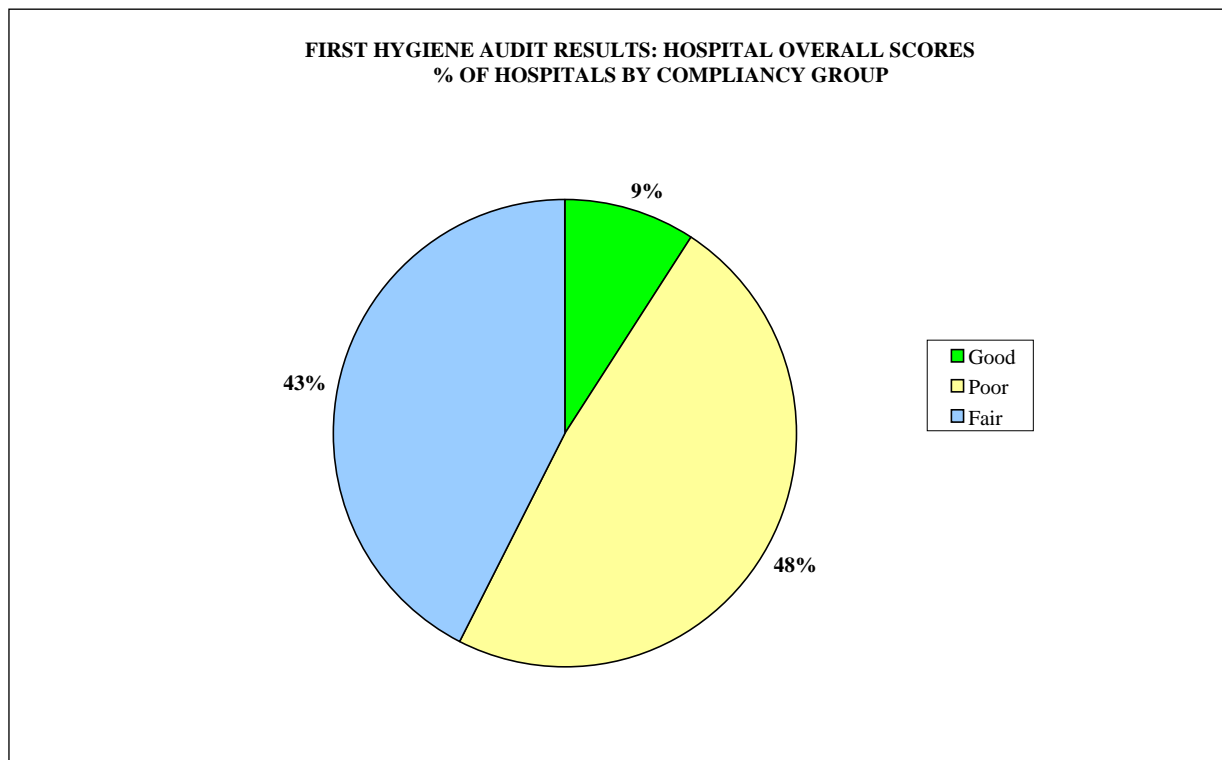
Using the overall hospital score, the figure below shows the percentage of hospitals in each category;



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.

2. Introduction

2.1. 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.

2.2. Prevention and control of healthcare associated infection (HAI) continues to be a challenge for the Health Service Executive (HSE). Hospital and clinical managers have a responsibility to ensure that they have effective systems in place to minimise the risks of infection to patients, staff and visitors.

2.3. 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. This report will present the results in the same format as previous but will also contrast and compare the outcomes against the first audit.

2.4. The audit covers a number of elements, detailed later in this report, covering many aspects of hygiene including environmental cleanliness, hand hygiene and waste management.

2.5. Hygiene standards rely on a multi disciplinary approach being adopted within each hospital. The cleaning service provided, whether in-house or outsourced, is one of the crucial components of a hospital hygiene system. A clean hospital can make a difference to how patients feel about how they have been treated. A clean environment is also key to reducing healthcare associated infections and is important for efficient and effective healthcare.

2.6. The hygiene audit is one part of a wider strategy being implemented by the NHO to improve all aspects of hygiene within healthcare in acute hospitals.

3. Terms of reference

3.1. The terms of reference, as defined by the Health Service Executive, National Hospitals Office, were to undertake a hygiene audit of sample clinical areas in acute hospitals throughout the country. The audit would be undertaken during February, March and April 2006. The visits to each hospital were to be random and unannounced. The audit findings and recommendations were to be documented in a report.

3.2. The specific outcomes required were as follows:

- To establish current levels of hygiene in selected clinical areas
- To advise on the existence of standards
- To make recommendations on the future development of hygiene standards

3.3. The clinical areas and elements to be audited are detailed in Appendix 1.

4. Scope of the audit

4.1. The NHO provided a schedule of hospitals/sites to be visited. This is shown in Appendix 2. In total fifty four sites were identified in the first audit schedule. Due to the fact that at the time of the second audit, one hospital was providing outpatient services only with a transfer of all services from the hospital being imminent, the hospital was excluded from the second audit at the request of the National Hospitals Office.

4.2. The number of areas audited per hospital ranges between two and six. The size of the sample in each hospital was based on the different clinical areas present and not on a percentage of the total number of areas within each site. In addition, the management of waste at a hospital level has been audited on all sites. Each hospital has been allocated a number and this is used throughout this report. Appendix 2 lists the hospitals, their respective number and overall audit scores.

5. The audit tool




5.1. The Infection Control Nurses Association (ICNA) Audit Tool for Monitoring Infection Control Standards (2004) was the audit tool used. Two elements and a number of questions were deemed by the NHO to be outside of the remit of the hygiene audit. The details of the elements included, the particular aspects they cover, the elements and questions excluded are detailed in Appendix 3.

The audit tool is detailed in Appendix 4.

The scoring system

5.2. The ICNA tool requires a score of 85% or more to achieve a 'good' level of compliance. This demonstrates the importance placed on hygiene within the healthcare environment.

5.3. 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

5.4. The Infection Control Nurses Association audit tool calculates scores for each element of the audit. The score, expressed as a percentage, is calculated by dividing the number of 'yes' answers by the total of 'yes' and 'no' answers. 'Not applicable' answers are excluded from the calculation of the percentage score.

For example:

If an element comprises 20 questions, 12 answers are 'yes', 4 answers are 'no' and 4 'not applicable' (N/A), the score is calculated as follows;

12(yes answers) divided by 16 (the total of yes and no answers) multiplied by 100

The score therefore in this example would be 75%

5.5. The methodology in the audit tool to calculate the average percentage score where more than one element/clinical area has been audited is to add up the scores for each element/clinical area and divide by the number of areas audited. This is the standard approach used for calculations.

For example:

Environment	75%
Ward/departmental kitchens	78%
Handling and disposal of linen	90%
Departmental waste handling and disposal	65%
Safe handling and disposal of sharps	79%
Management of patient equipment	84%
Hand hygiene	<u>89%</u>
Total	560

The average score for this area is 560 divided by 7 equals 80%

5.6. This methodology has been used to calculate the hospital average for each element/clinical area and has also been used to calculate the overall hospital score.

6. Methodology

6.1. The methodology used in the first audit was again adopted for the second audit. The team that carried out the second audit comprised trained and experienced auditors who had been involved in the first audit. All members of the audit team attended a briefing day held prior to the commencement of the second audit. The audits commenced on the 20th February 2006 and were completed by 26th April 2006. The Project Director from Desford Consultancy was actively involved in the audit and was in daily contact with each team and the NHO Project Manager.

6.2. The full project methodology is detailed in Appendix 5.

7. Limitations

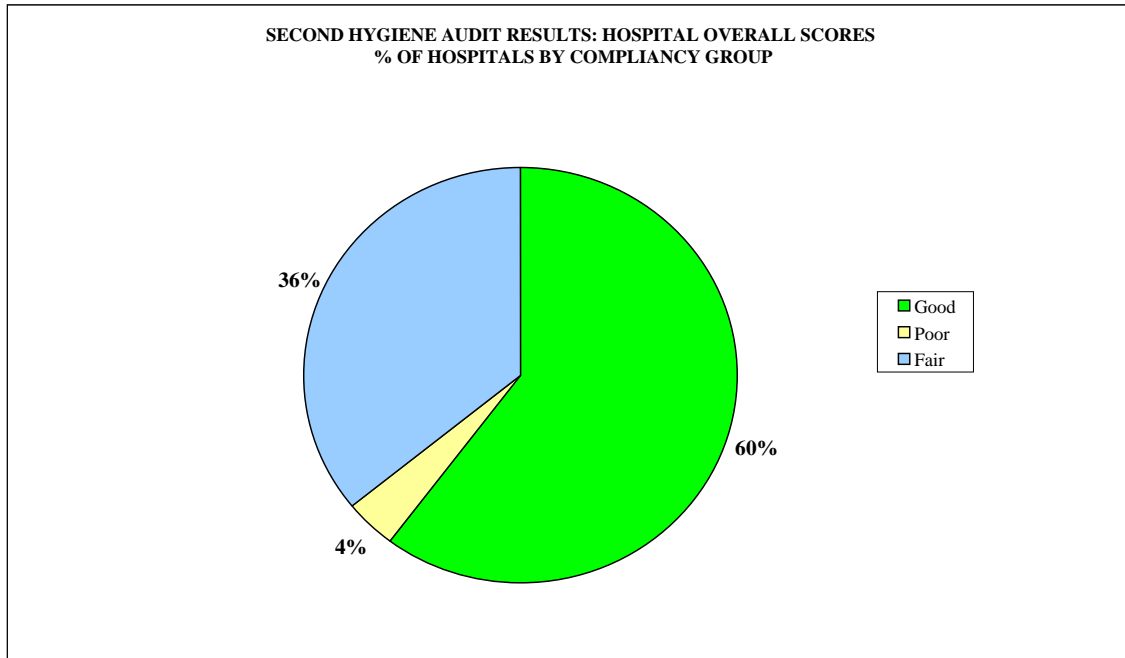
7.1. The audit represents a 'spot check' of standards observed on the day of the visit. The results do not represent standards throughout each hospital over a period of time. However, they do provide an indication of the elements that may need addressing on a hospital wide basis. The timescales involved did not allow the opportunity to revisit areas if a particular element was not observed or staff were unavailable at the time of the visit. Consequently, a 'Not Applicable' entry may appear against a particular question in some areas even though the standard or question was applicable to the area.

7.2. The number of areas audited in each hospital did not reflect a specific sample size. The maximum number of clinical areas audited was six plus hospital wide waste, irrespective of the hospital size. Consequently within the large and medium sized hospitals, the number of areas audited, as a percentage of the total hospital, is relatively low but in the smaller hospitals the percentage may be higher.

8. Overall hospital scores

8.1. The overall average score per hospital has been calculated using the methodology specified in the ICNA audit tool. They are shown in bar chart form in Appendix 6 and pie chart below.

Figure 1



8.2. The overall scores have also been classified into large (more than 301 beds), medium (101 to 300) and small (100 beds or less). Bar charts are shown in Appendix 7, pie charts below.

Figure 2

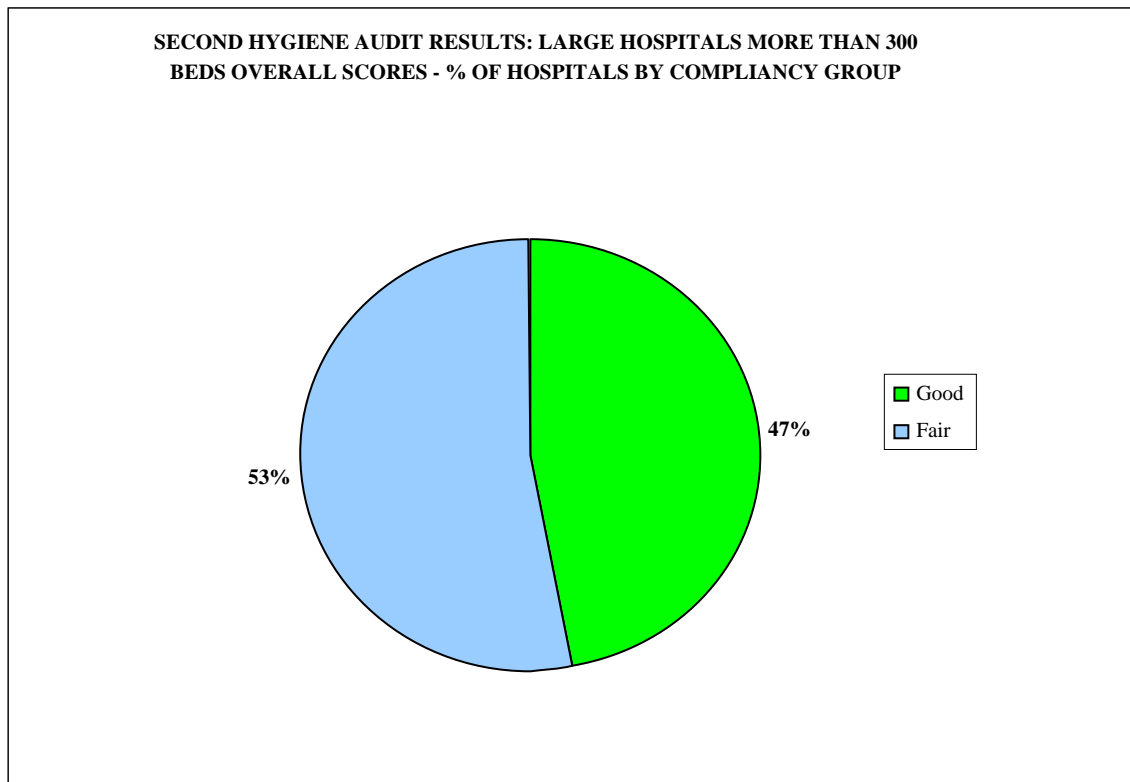


Figure 3

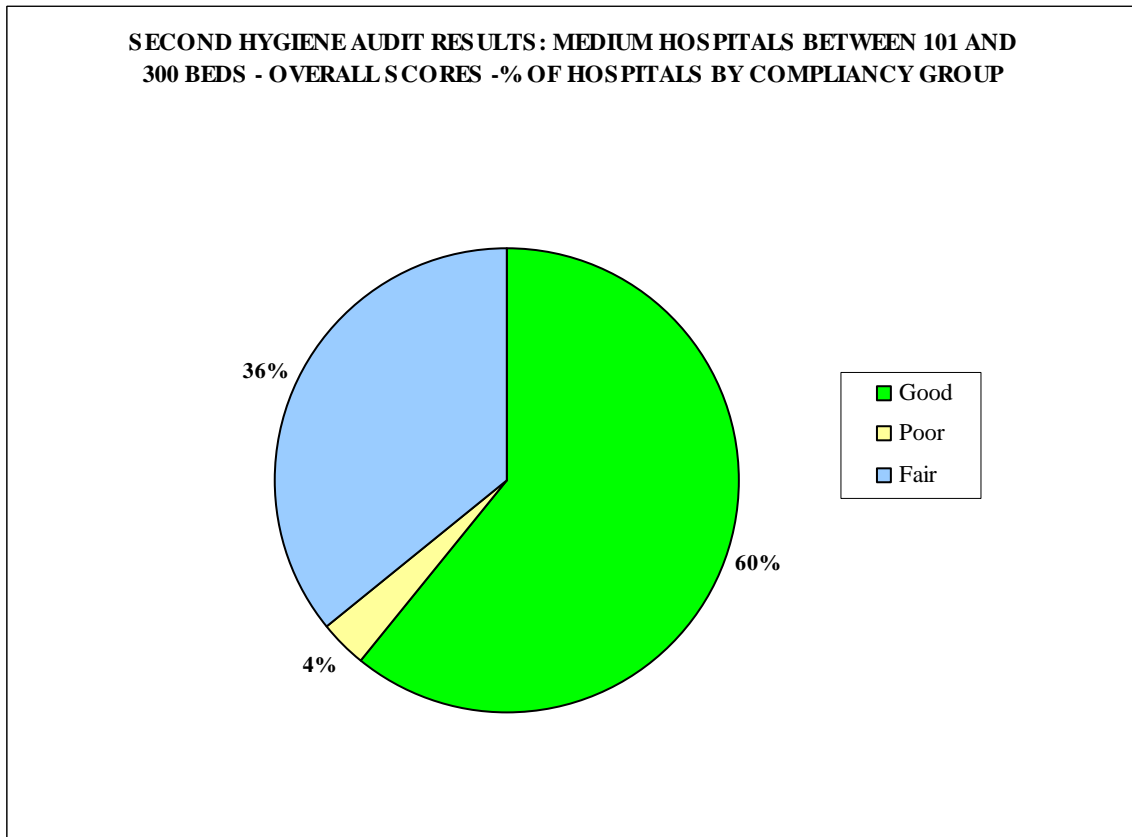
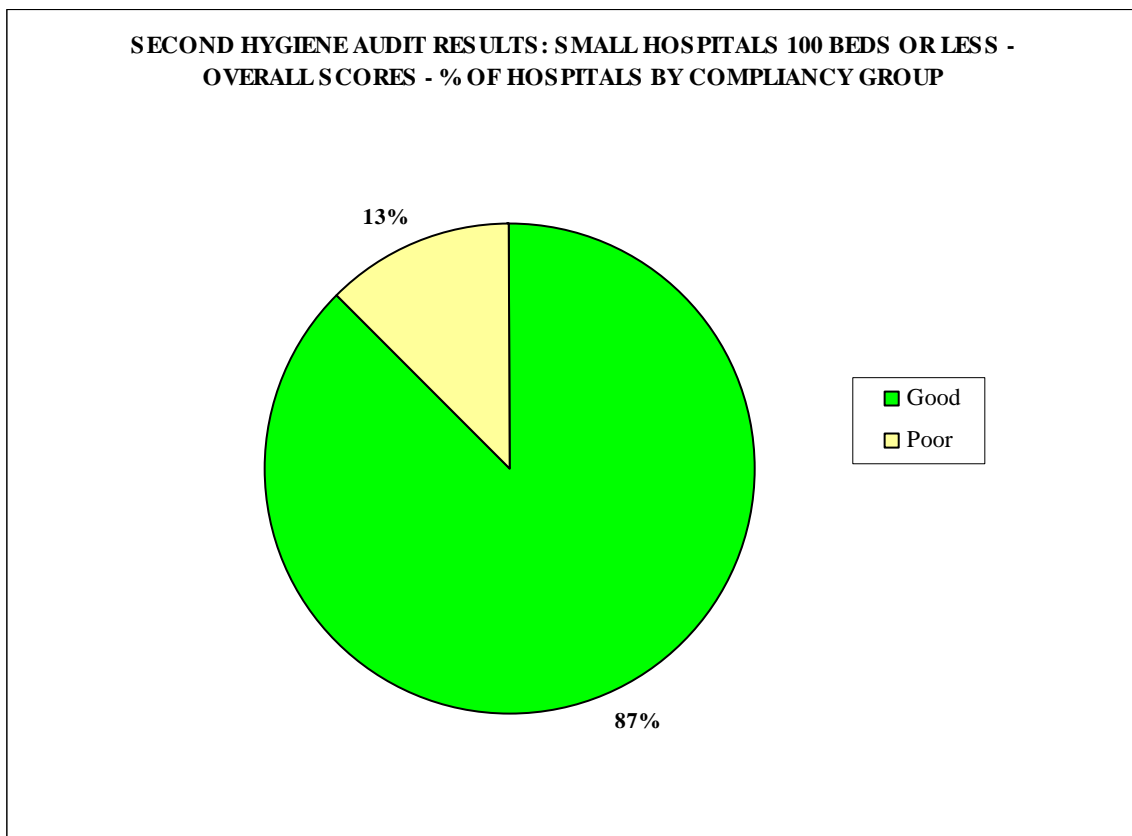


Figure 4



9. Main findings

9.1. This section of the report details the main findings from each of the elements of the audit and also provides a general overview. The findings are based on the main themes arising from the audit of the fifty three hospital sites. It was evident from the audit that a significant amount of work to improve hygiene standards had been undertaken at hospital level. There was also further work planned but not yet started in many hospitals. A small number of hospitals are sharing information and best practice; this does not appear to be replicated throughout the country. All categories of hospitals (small, medium and large) have shown significant improvements overall.

It is worth noting that none of the large hospital sites remained in the 'poor' category. Only 4% of medium (one site) and 13% of small (one site) hospitals remained in the 'poor' category.

9.2. The scores for each hospital for each element and clinical area are shown in Appendix 8. The overall scores for each hospital, for each element and clinical area, are shown as bar charts in Appendices 9 and 10.

The general findings of the second audit are:

9.3. Environment

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 97% and 55%.

Number of hospitals in each category: 24 good, 21 fair and 8 poor

General Environment

- The majority of lockers, chairs and tables were clean and in a good state of repair. It was observed that much of the old and damaged equipment evident in the first audit had been replaced or repaired.
- Almost half of the bed frames were dirty/dusty.
- Whilst a significant number of fabric covered chairs in clinical areas had either been replaced or recovered, many still had a permeable surface.
- Floors, high and low level surfaces were generally dust free.
- In most cases there was evidence of pre-planned curtain changing programmes and curtains and blinds were generally clean and free from dust.
- Fans and air vents were generally dust free.
- Work station equipment in clinical areas i.e. telephones, computer screens and keyboards were clean in the majority of areas.

Clinical room/clean store

- The majority of wards and departments had an area for the storage of supplies and sterile equipment that was clean, and was not used for the storage of inappropriate items.

- Whilst a number of new wash hand basins had been installed, many were still required.
- Floors, high and low surfaces including shelves and cupboards were, in the main, clean and products were stored off the floor.

Bathrooms/washrooms

- More than half of the bathrooms were found to be clean. In those that failed, it generally related to a lack of attention to detail in the cleaning e.g. taps, overflows. However, the majority of floors were clean.
- Communal use items, e.g. talcum powder and hair shampoo, were generally not observed and some wards had single use items available for patients e.g. individual sachets of hair shampoo.
- Cleaning materials or a notice detailing where to access materials to clean baths between uses were observed in approximately half of the bathrooms audited.

Toilets

- The majority of toilets had wash hand basins but not all had soap and/or paper towels available. Some toilets had a hot air dryer/roller towels as well as hand towels and in a small number, only a hot air dryer was available.
- Almost every female toilet had a facility for sanitary waste disposal.
- Floors were generally clean but not all toilets, wash hand basins and surrounds were clean. In many cases this was due to a lack of attention to detail e.g. dirty over flows, plug holes or the underside of sinks.

Dirty utility

- The majority of wards and departments had a dedicated dirty utility although some were shared with other areas.
- Not all dirty utilities had separate hand washing facilities with soap and paper towels.
- The rooms were generally clean and were not used for the storage of inappropriate items/equipment.
- Cleaning equipment was generally colour coded and information available. Mops and buckets were stored according to hospital policy.

Cleaner's room

- Not all wards/departments had a dedicated cleaner's room. Some were a shared facility within the ward, others shared with another ward or in some cases, only a cupboard was available.
- In all areas where staff were observed working, personal protective clothing was available and used correctly.
- Whilst most cleaning equipment and machinery were clean, not all of the rooms/cupboards were locked.
- Generally products for cleaning and disinfection complied with policy, were used at correct dilution rates and were discarded after 24 hours.
- Whilst newly installed wash hand basins were observed in some cases, the majority did not have these facilities.

9.4. Ward/departmental kitchens

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 99% and 69%.

Number of hospitals in each category: 33 good, 13 fair and 7 poor

- Some wards/departments may show a score for kitchens even though there may not be a kitchen available; this is due to water coolers being present in the area.
- The kitchen floors were generally clean including edges and corners.
- There was no evidence of infestation.
- Many kitchens had fly screens fitted although some of the fly screens were damaged or being used incorrectly. Of the areas that did not have screens, auditors were advised that there were plans in place for them to be fitted.
- The vast majority of ward kitchens had a notice or locked door to the room restricting access to staff only. A policy stating the access restrictions was also available.
- The majority of cleaning materials for kitchen use were stored separately.
- Although it was evident that some ward kitchens had newly fitted hand wash basins installed, they were still many without either a wash hand basin, soap or hand towels. Many hospitals had ongoing programmes in place for the installation of wash hand basins into kitchens.
- Where observed or questioned, almost all staff washed hands prior to serving patient meals and drinks.
- Fixtures, fittings, shelves, cupboards and drawers were generally in a good state of repair and clean.
- Daily temperatures of refrigerators and freezers were recorded and records kept in the majority of kitchens.
- Patient and staff food in refrigerators was generally labelled and the majority of food products were within their expiry date.
- Whilst the majority of bread products were stored in appropriate containers, not all open food e.g. cereals were stored in containers.
- Toasters and microwaves were generally clean but a number of milk coolers were not clean.
- Where microwaves were allowed to heat patient food, a temperature probe was available in the majority of kitchens.
- Many hospitals had planned preventative maintenance for kitchen equipment.
- In most cases, disposable paper roll was available for drying equipment, crockery and surfaces instead of tea towels.
- The majority of waste bins were foot operated, clean and labelled.

9.5. Handling and disposal of linen

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 100% and 61%.

Number of hospitals in each category: 39 good, 10 fair and 4 poor

- The majority of wards and departments had a clean designated area for the storage of clean linen which was clean and dust free.
- Virtually all linen was free from stains.
- In most cases, linen was segregated into colour coded bags, which were less than two thirds full and stored correctly prior to disposal.
- In the majority of cases, the correct procedures were in use for the movement and handling of linen.
- Four areas visited had ward based laundry facilities in use but most did not have a pre planned maintenance programme for the equipment.
- Not all of these areas had written guidelines/ procedures for the use of the equipment.

9.6. Waste management (hospital wide)

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 100% and 43%.

Number of hospitals in each category: 26 good, 16 fair and 11 poor

- Virtually all hospitals had evidence available on site to show that waste contractors were registered with valid licences.
- More than half of the hospitals had an appropriately designated waste officer who had undergone training within the last two years. In some hospitals, training was planned but at the time of the audit had not taken place.
- The majority of hospitals had documentation relating to the transfer and disposal of both clinical and special waste.
- Nearly half of the hospitals had undertaken an audit of the waste contractor from the site to final disposal and had supporting evidence available.
- More than half of the waste compounds were locked and inaccessible to the public but not all were clean and tidy with appropriate cleaning facilities.
- The majority of hospitals had appropriate signage in the area.
- In the majority of hospitals, special waste was stored correctly and safely.
- Virtually all containers were clean and in a good state of repair.
- Not all wards and departments had a clinical waste storage area away from the public.
- Many hospitals had a spill kit available in the waste compound.
- Almost all sharps boxes were correctly sealed, labelled and stored.
- Some clinical waste sacks were not secured/labelled prior to leaving the ward/department and were not always stored in locked bins.
- Waste containers used for transporting waste were mostly clean and in a good state of repair. However, not all waste was segregated during transport through the hospital.
- Virtually all hospitals kept a record of the coded tags issued to wards/departments.

9.7. **Departmental waste handling and disposal**

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 100% and 63%

Number of hospitals in each category: 25 good, 19 fair and 9 poor

- Virtually all areas had waste policies and/or posters identifying waste segregation procedures.
- Over half of the areas visited had enclosed, foot operated waste bins in good working order. However, in some cases the bins were not labelled and some areas did not have bins for the disposal of glass.
- Three quarters of bins checked were found to be clean.
- Whilst a number of new storage areas were observed, less than half were either locked or inaccessible to the public.
- The majority of staff were using the correct waste bags and very few overfilled bags were observed.
- The majority of staff had attended a waste training session and were aware of waste segregation procedures.

9.8. **Safe handling and disposal of sharps**

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 100% and 77%.

Number of hospitals in each category: 48 good, 5 fair and nil poor

- All sharps' bins complied with United Nations (UN) standards and all had been assembled correctly.
- The majority of bins were stored safely when in use, were off the floor and safely secured.
- The temporary closure mechanism was generally used when bins were not in use.
- Generally, the bins were stored in sluices but the sluice rooms were not always locked.
- An empty sharps' bin was generally available on the cardiac arrest trolley but was not always stored safely.
- In the majority of areas, clean sharps' trays with compatible integral bins were available.
- In all areas needles and syringes were discarded as one unit and staff stated that inappropriate re-sheathing of needles did not occur.
- In virtually all instances, sharps were disposed of directly into a sharps' bin at the point of use.
- Virtually all staff questioned were aware of the procedure following an inoculation injury.
- There was a policy and/or posters detailing the management of an inoculation injury in virtually all areas.

9.9. **Management of patient equipment**

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 100% and 64%.

Number of hospitals in each category: 31 good, 14 fair and 8 poor

- Virtually all wards/departments had a decontamination policy in place.
- The majority of staff questioned were aware of the need to contact infection control for purchasing advice.
- The majority of staff could describe the symbol used to indicate a 'single use item'.
- Virtually all staff could state the decontamination procedure for patient equipment and were aware of the staff group responsible for cleaning different items. A number of hospitals had the responsibilities specified in writing.
- More than half of all areas audited were using decontamination certificates for equipment requiring to be sent for repair.
- Most instruments were sent to a CSSD for decontamination and the majority were safely stored prior to collection. Some wards/departments were cleaning instruments in clinical areas.
- Patient wash bowls were generally washed and correctly stored.
- Mattresses and pillows were generally clean and in a good state of repair.
- Some cot sides were dirty.
- The majority of patient equipment, e.g. IV stands and cardiac monitors were clean but some dressing trolleys and blood pressure cuffs were unsatisfactory.

9.10. **Hand hygiene**

The overall scores for each hospital for this element are shown as a bar chart in Appendix 9.

The scores range between 98% and 69%.

Number of hospitals in each category: 17 good, 30 fair and 6 poor

- Generally there were adequate facilities for hand hygiene, although in some of the older hospital buildings, there was insufficient available. During the audit, it was observed that a number of hospitals had installed new and additional wash hand basins or had planned programmes in place to fit additional/ appropriate sinks.
- Liquid soap and paper hand towels were available at the majority of wash hand basins and virtually all soap was available as single use cartridges.
- Some nozzles on soap, alcohol gel and hand cream dispenser were dirty and blocked.
- Elbow operated taps were generally available in clinical areas. However, many wash basins did not conform to the required standard as they had either plugs, overflows or the water jet flowed directly into the plug hole. Many hospitals had either upgraded basins or had a planned replacement programme.
- A small number of areas had fitted thermostatic mixing valves or had an implementation programme in place.

- Hand washing facilities, including taps and splash backs, were not clean or intact in many of the areas checked. A number of hospitals reported that a programme was in place to replace broken facilities.
- Alcohol rub was available at the entrance to wards/departments, at the point of care and portable for clinical procedures in the majority of areas.
- Although very few nursing staff were observed wearing watches/bracelets or stoned rings, a number of medical staff were observed wearing jewellery.
- Virtually all staff had clean, short and varnish free nails.
- The majority of staff confirmed that they had received training in hand hygiene. In most cases, the training was carried out at ward level.
- Posters promoting hand hygiene were displayed in virtually all areas.

10. Comparison of first audit and second audit scores

This section compares the results of the first and second audits using pie charts.

Appendix 11 details the overall hospital score from the first audit, the score achieved in the second audit and movements between ‘poor, fair and good’.

10.1. Overall

Figure 5

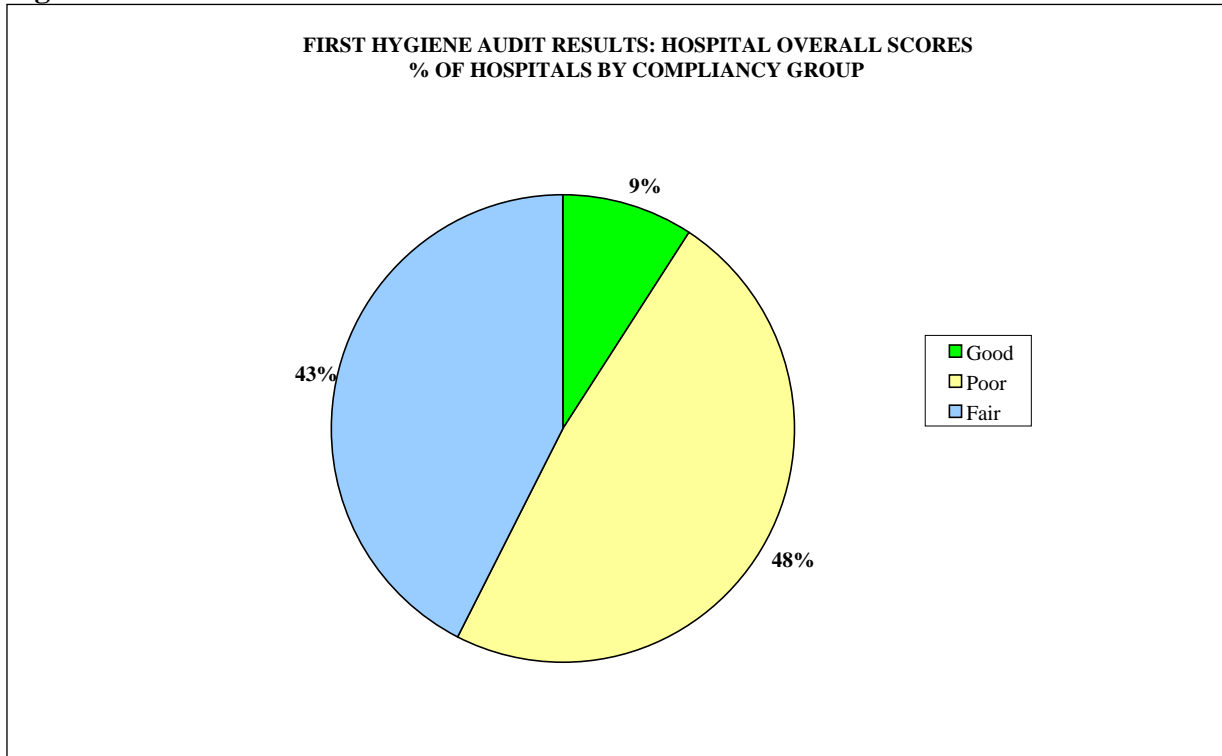
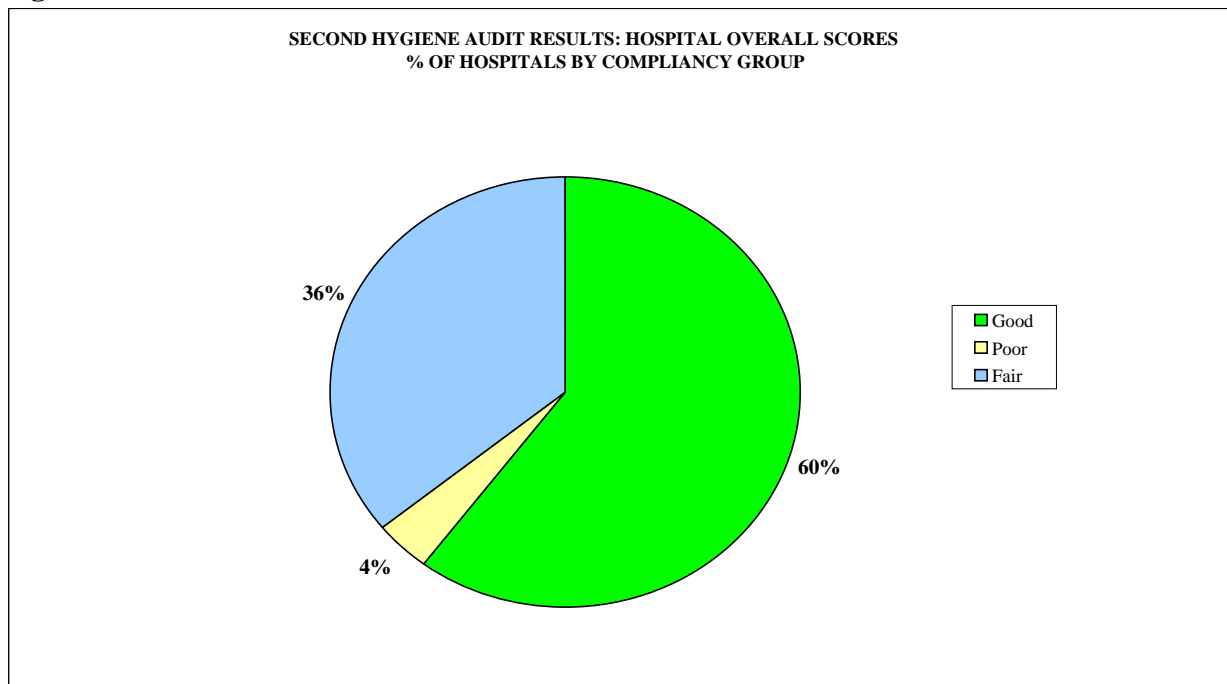


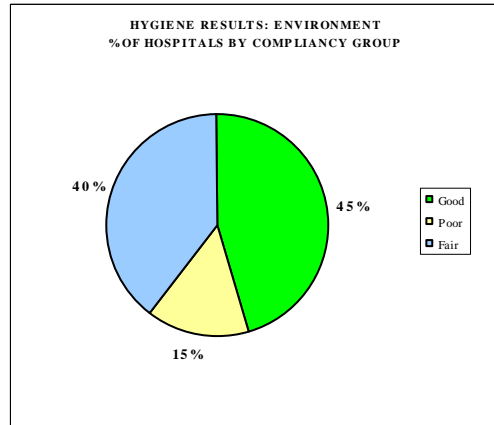
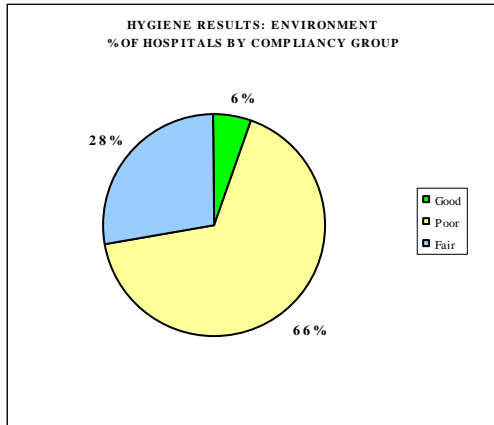
Figure 6



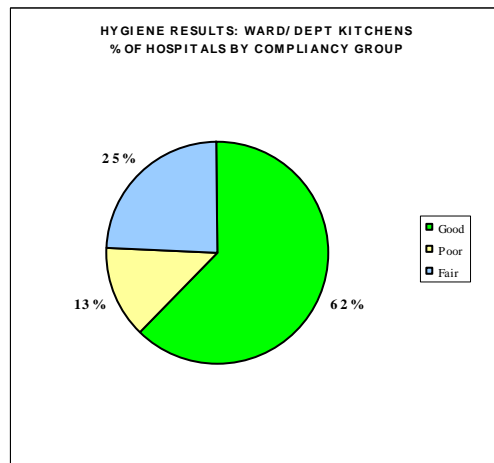
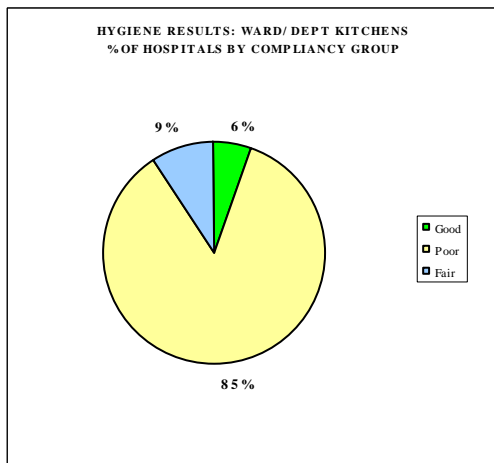
FIRST AUDIT

SECOND AUDIT

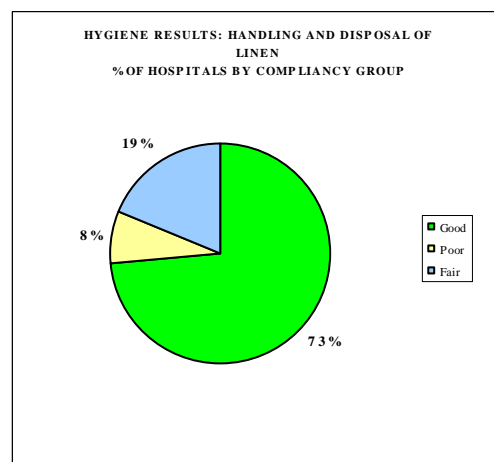
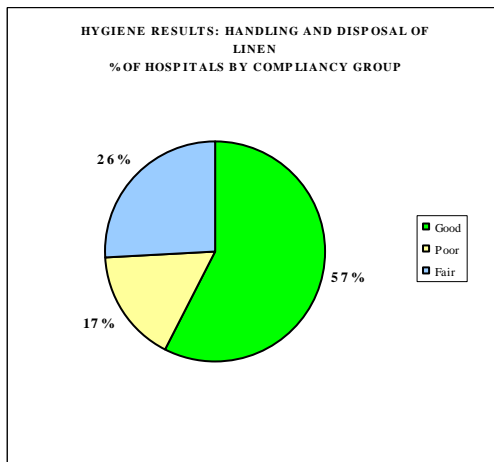
10.2. Environment (including cleanliness of the environment)



10.3. Ward/departmental kitchens



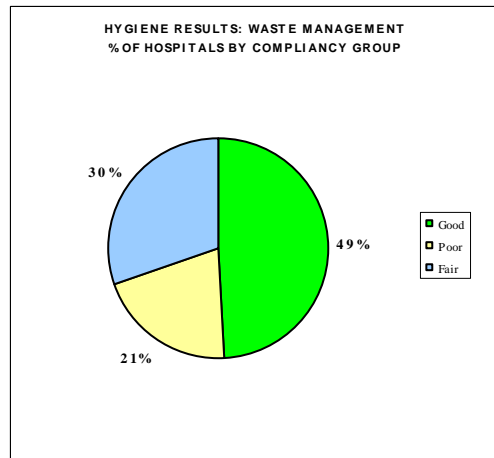
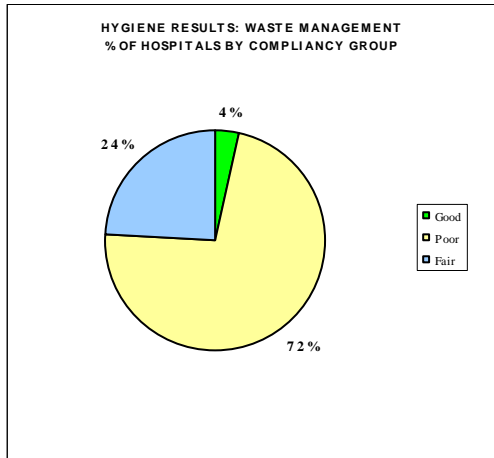
10.4. Handling and disposal of linen



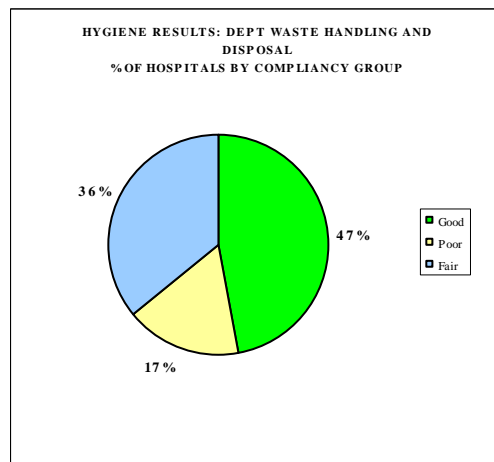
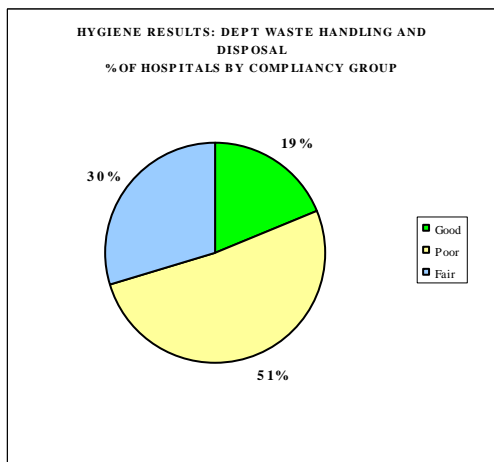
FIRST AUDIT

SECOND AUDIT

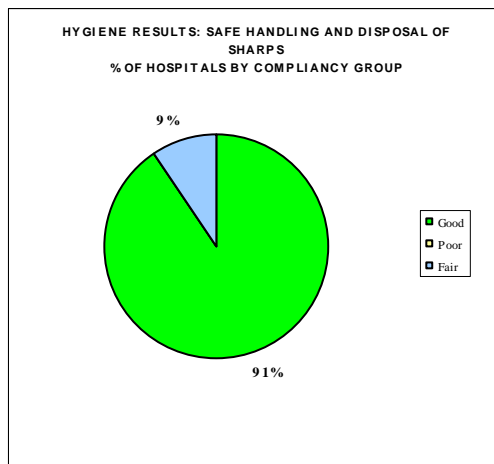
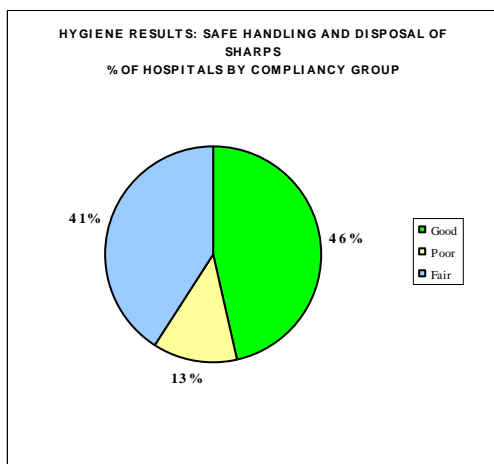
10.5. Waste management (hospital wide)



10.6. Departmental waste handling and disposal



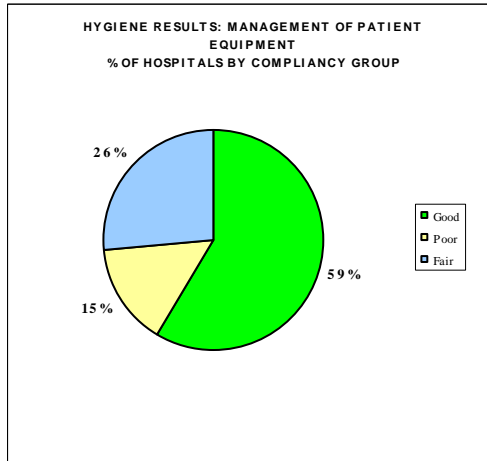
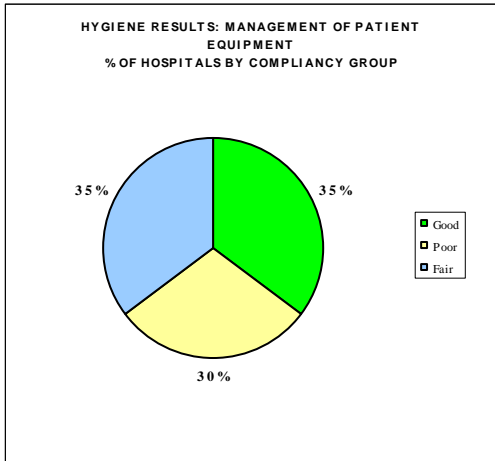
10.7. Safe handling and disposal of sharps



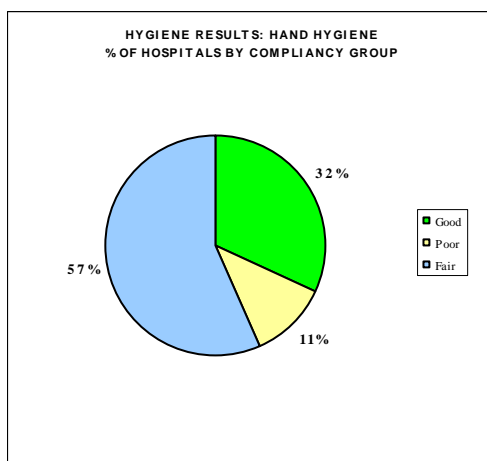
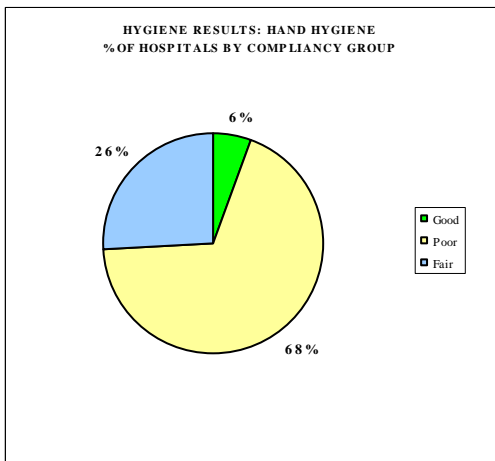
FIRST AUDIT

SECOND AUDIT

10.8. Management of patient equipment



10.9. Hand hygiene



11. Discussion

11.1. The first hygiene audit took place approximately six months prior to the commencement of the second audit. In January 2006, following the first audit, the NHO organised two information sessions. These sessions allowed hospital representatives from all disciplines to ask questions and clarify aspects of the audit tool. These sessions were well attended and provided useful feedback to hospital representatives.

11.2. In January 2006 the Clean Hospitals Summit facilitated by the Irish Patients Association and supported by the Department of Health and Children and the Health Service Executive presented a forum for shared learning. All hospitals were represented at the summit.

11.3. Although a relatively short time has elapsed since the results of the first audit were published, hospitals have achieved a significant improvement in hygiene standards. The degree of improvement achieved has required hospitals to develop and implement focussed action plans addressing the shortfalls. This has been achieved through a multi disciplinary approach and a high level of team work. Throughout the second audit, evidence was provided by hospitals to demonstrate their commitment to improving hygiene standards. This ranged from hospital wide strategies to improve standards, minutes of task force meetings, internal audit results and training records. The commitment was further reinforced by the comments made by staff to the auditors during the visits. Generally, hospitals viewed the audit process as a learning tool as well as a method for achieving continuous improvement.

11.4. The National Hygiene Services Standards are nearing completion and supporting documentation, including National Risk Categories and National Minimum Cleaning Frequencies, has been developed and are under consultation. These documents will be included in the National Cleaning Manual which is nearing completion

11.5. The comparative results, by element, of the two audits are shown in section 10 of the main report. Appendix 11 compares the overall hospital scores achieved in the first and second audits.

11.6. Policies and procedures

11.6.1. Virtually all staff interviewed during the audit were aware of the policies and procedures in operation and were able to locate them. A number of hospitals now have access to policies and procedures via the hospital computer intranet. Many hospitals had identified the policies required during the audit and made them easily accessible for staff at ward level. However, there is still a requirement in some instances, for the documents to be more concise and user friendly.

11.6.2. It was noted by the auditors that the information required prior to the start of the audit, including policies and procedures, were in the majority of hospitals complete and indexed. This reduced the time spent locating the information and resulted in an earlier start on the wards and departments.

11.6.3. Colour coding system for cleaning equipment and cloths

- The use of colour coding equipment and cloths in different areas e.g. toilets, ward kitchens and general areas is to prevent cross contamination.
- Since the first hygiene audit, the NHO has developed a national colour coding policy which is currently under consultation. The use of a national system will ensure consistency throughout hospitals and will reduce the need to re-train staff when moving from one hospital to another.
- A number of hospitals had introduced a colour coding system since the last audit although some were waiting until the national policy was introduced.
- Some hospitals still had a number of different and conflicting systems in operation.
- Appropriately colour coded cloths were not generally used for the cleaning of patient related equipment.
- In some cases, incorrect colour coded cloths were observed being used. When questioned, the auditors were informed that the hospital had run out of the correct coloured cloth.

11.6.4. Linen segregation

- A national linen policy which includes segregation and colour coding has been developed and is under consultation.
- Many hospitals were segregating linen into colour coded bags; however, not all hospitals were able to achieve this as there were insufficient coloured bags available in the system
- A few hospitals had implemented a system at ward and department level but had not updated the hospital linen policy to reflect the new system.

11.6.5. Uniform and work wear

- It is understood that each hospital has a uniform policy in place. However, the policy is not always adhered to by all staff. A national uniform policy will aid compliance with health and safety requirements, infection prevention and control standards and project a corporate image throughout the HSE.
- Staff were observed wearing clean and smart uniforms and work wear during the audit.
- Whilst the majority of nursing staff did not wear wrist watches and jewellery, a number of medical staff were observed wearing watches, stoned rings and other wrist jewellery. A National Uniform Policy should provide guidance on what is allowed to be worn.

11.6.6. Ward/department based kitchens

- The responsibility for the management of ward kitchens is generally the remit of the catering department but the cleaning of floors may fall to another staff group e.g. cleaning staff. This results in floors sometimes being cleaned at inappropriate times and frequencies which may result in poor standards. The main catering related policies and procedures are kept in the main kitchen. However, it is important that the relevant policies and procedures are also available to ward based staff. Many hospitals have now made this information available at ward level. This includes cleaning schedules, materials and equipment to be used for the cleaning of kitchen equipment, work schedules, kitchen access policies, guidance on the use of microwaves and records of the temperature monitoring of refrigerators and freezers.
- A National Ward Kitchen Policy is currently being developed which will promote a clean, safe and hygienic environment for patients, staff and visitors.

11.6.7. Decontamination/cleaning and disinfection policy

- Since the first audit, some hospitals had introduced a decontamination document confirming that surgical equipment had been correctly decontaminated prior to being repaired or serviced. However, the information provided on the document was not consistent and varied between hospitals.
- The cleaning and disinfectant policies reviewed in hospitals were still not sufficiently detailed or explicit for staff use. Trade names are still generally used instead of generic names e.g. neutral detergent, and are not updated when products change.
- The use of disinfectant wipes was widespread for the cleaning of patient related equipment although very often, the cleaning and disinfection policies stated that equipment should be cleaned first and disinfected as appropriate. The disinfectant 'wipe' cannot be used as a cleaning cloth.
- As many different cleaning chemicals are used in wards/departments by different staff, a regularly updated schedule, together with hazardous indications, would provide better health and safety compliance.
- Some staff involved in cleaning were observed wearing disposable gloves for long periods which negates the protection provided by the glove.

11.6.8. Service Level Agreements

- Few hospitals had comprehensive service level agreements detailing the services provided at ward/department level e.g. curtain changing programmes, cleaning and waste collection schedules and planned preventative maintenance of equipment schedules. A number had curtain changing programmes in place detailing the due date and completion date.
- A National Service Level Agreement/Cleaning Specification template, which will also be included in the National Cleaning Manual, is being developed.

11.7. **Hospital accommodation**

- Whilst both internal and external storage space at many hospitals is limited, some innovative solutions to the problem were observed. Large corridors and lobbies were utilised to provide cleaning rooms and segregated waste and linen storage areas. Despite this, many hospitals were still storing linen and clinical and household waste together, due to space constraints.
- Dual hand wash basins and bucket sinks (for filling/ emptying mop buckets) had been fitted in some cleaning rooms to maximise space and provide suitable facilities.
- In some hospitals, particularly in older buildings, where additional wash hand basins are almost impossible to install, hospitals have tackled the problem by increasing the number and availability of alcohol gel dispensers.
- Generally there was a better utilisation of space and areas were tidy.

11.8. **Hand hygiene**

- Whilst there has been an improvement in the overall hand hygiene score, it should be noted that the National Hygiene Audit has a far greater focus on the physical aspects relating to hand hygiene i.e. the availability and suitability of hand washing facilities and their cleanliness. It does not involve any observational audit relating to the decontamination of hands.
- 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 the wearing of jewellery.
- Hospitals had adopted a variety of methods to ensure that staff were aware of hand hygiene issues. This included ward based training sessions, formal training sessions and practical sessions using ultra violet technology.
- Although progress had been made, the main issues were still in relation to the suitability of hand wash sinks, appropriate temperature control and the cleanliness and integrity of the facilities. The majority of hospitals had plans in place to upgrade the facilities.
- It will be important to carry out risk assessments of wash hand basins, baths and showers prior to installing thermostatic mixing valves (TMVs).

11.9. **Maintenance of equipment and building fabric**

- It was noted that the exterior of the hospital buildings and grounds were generally well maintained, clean and tidy.
- Whilst it was evident that some hospitals had carried out refurbishment of wards and departments and some departments had moved into new buildings, many areas were still in need of refurbishment. This included the replacement of floors and walls due to damage, wear and tear.
- Many of the fixtures and fittings in ward kitchens that were noted as in a poor condition in the first audit had been replaced or repaired. Not all refurbishment programmes had been completed at the time of the second audit but in many cases there was evidence provided to show the planned improvements.
- Many old lockers, chairs and bed tables had been replaced in wards and there was an ongoing programme to either replace or recover fabric chairs in clinical.

- Whilst fly screens had been fitted in many ward kitchens they were not always adequately maintained and some screens were dirty, damaged or not correctly fitted. In areas where the window fixture inhibits the fitting of fly screens, the windows should be secured to ensure that they cannot be opened.
- Many hospitals had now invested in planned preventative maintenance programmes for water coolers, dishwashers and ice machines. In some instances, water coolers were situated outside of the kitchen and it was not clear who was responsible for their cleaning.

11.10. **Waste management**

- Between the time of the first audit and the second, a number of hospitals had reviewed staff responsibilities and designated a person with responsibility for waste management. Most had provided adequate training and support for the post holder and others had training planned. It was identified that more in depth waste management training was required at some hospitals.
- 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.
- Systems had been put into place to ensure that documentation relating to the generation and final disposal of waste could be tracked and documentation was generally well organised.
- There is still a lack of consistency in the use of colour coded waste bags. In some hospitals, clear bags were used for both domestic waste and paper re-cycling. Rubbish bags were still observed tied to various types of trolleys. This would indicate that a more appropriately designed trolley is required in some instances e.g. a phlebotomy trolley.
- Hospitals had invested in trolleys to transport segregated waste around the hospital. Some were of a superior design as they were completely enclosed, spill proof, easy to clean and aesthetically pleasing. Linen was observed being transported with clinical waste in some hospitals.

11.11. **Equipment and cleaning materials**

- Out dated and inappropriate items of equipment were still in use in a number of hospitals e.g. wooden brooms in ward kitchens and burnishing machines without vacuums in clinical areas. In many hospitals, the efficiency and effectiveness of cleaning could be improved by the use of battery operated ride- on/stand -on scrubber dryers in large areas.
- Some hospitals were using micro fibre technology for mops and cloths although in some areas, the systems were not being used correctly and re-training is recommended.

11.12. **Technical support**

- In order to continuously improve hygiene standards, all hospitals must have access to information and technical support in areas such as waste management, infection control, cleaning services and health and safety. The level of resources available varies between hospitals but is generally available in larger sites.
- 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 of the country, it is not consistent.
- A multidisciplinary audit tool for cleaning has been developed and will be included in the Cleaning Manual. This will ensure a consistent and objective approach to the monitoring of cleaning standards irrespective of who delivers the service i.e. cleaning service staff, health care assistants and porters.

11.13. **Training and development**

- Ongoing training and development of staff in such a diverse environment requires planning and an innovative approach in the delivery and timing of training sessions e.g. out of hour's sessions or interactive computer based learning.
- A report from the NHO detailing training requirements and options in the form of a National Training Framework is nearing completion.
- Ongoing training and development of all clinical and support staff is imperative to ensure continuous improvement in hygiene standards and safe working practices.
- It was evident that hospitals had made training and briefing sessions available for all staff groups but due to a variety of reasons, not all staff attended.
- In an effort to get the information across to staff, a variety of methods were used, for example information on computer screen savers, posters, information with pay slips and on the job training and briefings.

12. Conclusions

12.1. It is clear from the results of the second audit that significant work has been carried out at national and hospital 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.

12.2. The elemental results for hospitals, detailed in Appendix 9, show hospitals recording 'fair' and 'poor' for certain elements. This demonstrates that there is still more improvement required to bring scores for all elements up to the maximum score.

12.3. Hygiene is high on the agenda at national and local level. 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% in all areas and elements.

12.4. At a national level the following have been actioned in line with the recommendations from the first audit:

- Linen segregation policy.
- Colour coding policy for cleaning equipment and cloths.
- Service level agreement/cleaning specification.
- Ward kitchen policy.
- Patient visiting policy.
- Uniform policy.
- Multidisciplinary cleaning audit tool.
- Training framework.
- Cleaning manual.

12.5. Minor capital funding is being made available by the HSE to all hospitals to assist in the improvement of hygiene standards following the first audit.

12.6. In many hospitals the following have been actioned in line with the recommendations from the first audit:

- A lead hygiene manager identified and a multidisciplinary hygiene group established
- A hygiene audit action plan produced
- Internal audits implemented
- Hygiene related training undertaken
- Improved utilisation of space in relation to storage facilities
- Replacement of waste bins, ward furniture and fixtures and fittings including wash hand basins

13. Recommendations

13.1. 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.
- To 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.

13.2. 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 clinical and non clinical 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.

Clinical areas and elements to be audited

The clinical areas were defined as:

- Accident and Emergency Department
- Surgical Ward
- Medical Ward
- Intensive Care Unit
- Outpatients Department
- Specialist area (e.g. Orthopaedics, Paediatrics, Maternity, Gynaecology)

The elements were defined as:

- Environment
- Ward/departmental kitchens
- Handling and disposal of linen
- Waste management (hospital wide)
- Departmental waste handling and disposal
- Safe handling and disposal of sharps
- Management of patient equipment
- Hand hygiene

Appendix 2

Hospital/Site numbers, names and overall audit score (second and first audits)

No.	Hospital Name/Site	Audit Score		No.	Hospital Name/Site	Audit Score	
		<u>2nd</u>	<u>1st</u>			<u>2nd</u>	<u>1st</u>
1	Waterford Regional Hospital.....	86	62	28	Midland Regional Hospital, Mullingar.....	94	63
2	St. Luke's General Hospital, Kilkenny.....	89	76	29	Midland Regional Hospital, Tullamore.....	82	73
3	Wexford General Hospital.....	85	76	30	Midland Regional Hospital, Portlaoise.....	84	65
4	South Tipperary General Hospital.....	92	80	31	Midwestern Regional Hospital, Dooradoyle.....	85	65
5	Lourdes Orthopaedic Hospital, Kilcreene.....	89	73	32	Midwestern Regional Maternity Hospital, Limerick	87	73
6	Our Lady's Hospital, Cashel.....	88	69	33	St. John's Hospital, Limerick.....	92	81
7	Cork University Hospital.....	83	81	34	Midwestern Orthopaedic Hospital, Croom.....	90	80
8	St Finbarr's Hospital, Cork.....	78	79	35	Midwestern Regional Hospital Ennis.....	89	68
9	Kerry General Hospital, Tralee.....	88	63	36	Midwestern Regional Hospital, Nenagh.....	92	71
10	Mercy Hospital, Cork.....	79	78	37	Mater Misericordiae, Dublin.....	84	70
11	South Infirmary/Victoria Hospital, Cork.....	75	72	38	St. James's Hospital, Dublin.....	86	86
12	Bantry General Hospital.....	88	82	39	Beaumont Hospital, Dublin.....	83	62
13	St. Mary's Orthopaedic Hospital, Gurrabraher.....	83	70	40	The Adelaide & Meath Hospital inc NCH Tallaght.	79	78
14	Mallow General Hospital.....	91	88	41	Our Lady's Hospital for Sick Children, Crumlin....	93	86
15	Erinville Maternity Hospital, Cork.....	80	69	42	Connolly Hospital, Blanchardstown.....	89	76
16	Our Lady of Lourdes Hospital, Drogheda.....	88	77	43	Coombe Womens' Hospital, Dublin.....	90	76
17	Our Lady's Hospital Navan.....	90	80	44	National Maternity Hospital, Holles St, Dublin.....	85	79
18	General Hospital, Cavan.....	76	71	45	Rotunda Hospital, Dublin.....	89	80
19	Monaghan General Hospital.....	75	78	46	St. Luke's Hospital, Rathgar.....	96	66
20	Louth County Hospital.....	86	77	47	The Children's Hospital, Temple Street, Dublin.....	85	79
21	Sligo General Hospital.....	86	68	48	Cappagh National Orthopaedic Hospital.....	90	70
22	Letterkenny General Hospital.....	84	71	49	Naas General Hospital.....	86	82
23	University College Hospital, Galway.....	88	85	50	Royal Victoria, Eye and Ear, Dublin.....	93	81
24	Mayo General Hospital.....	82	68	51	Hume Street Hospital, Dublin.....	N/A	67
25	Portiuncula Hospital.....	82	80	52	St. Vincent's University Hospital, Elm Park, Dublin	83	83
26	Merlin Park Regional Hospital, Galway.....	81	85	53	St. Columcille's, Loughlinstown.....	84	62
27	Roscommon County Hospital.....	76	65	54	St. Michael's Hospital, Dun Laoghaire.....	84	74

Appendix 3**The detail of the elements included, the particular aspects they cover, the elements and questions excluded****Elements of the audit tool**

The audit tool comprises eight elements as detailed in Appendix 1. Each is designed to achieve a particular standard and they cover a number of aspects. The standard and areas covered in each element are shown below.

Environment

Standard: The environment will be maintained appropriately to reduce the risk of cross infection.

- Adequate facilities for hand hygiene are available i.e. one wash basin per 6 beds or enclosed area
- Facilities available including clean and dirty utility, toilets and bathrooms, domestic rooms and hand washing facilities
- Cleanliness of each of the areas in the ward or department
- The general state of repair of fixtures, fittings and equipment
- Cleanliness of fixtures, fittings and equipment
- Storage facilities available for cleaning equipment and materials
- The availability of colour coded equipment/cloths

Ward/departmental kitchens

Standard: Kitchens will be maintained to reduce the risk of cross infection in accordance with legislation.

- Cleanliness of the area
- Cleaning materials
- The general state of repair of fixtures, fittings and equipment
- The cleanliness of fixtures, fittings and equipment
- Temperature recording of refrigerator/freezer
- Correct storage of food
- Dish washing facilities
- Availability of hand washing facilities
- Evidence of planned, preventative maintenance of equipment
- The availability of suitable, labelled and clean waste bins

Handling and disposal of linen

Standard: Linen is managed and handled appropriately to prevent cross infection.

- Adequate storage facilities
- Cleanliness of the area
- Segregation and adherence to colour coding policy
- Safe handling of linen, use of protective clothing, safe handling of linen bags
- Safe storage of clean and dirty linen
- Use of local laundry facilities, evidence of planned, preventative maintenance (PPM) of equipment

Waste management (hospital wide)

Standard: Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

- Waste contractors have appropriate licenses
- There is an adequately trained and designated Waste Officer who has received training in the last 2 years
- All documentation is available and kept for one year e.g. transfer notes and completed consignment notes.
- A secure, clean, covered and dedicated compound is available with adequate segregation facilities
- Each category of waste is stored appropriately
- The waste bins are secure, clean and appropriate
- An audit trail is available to physically trace waste to final disposal
- Waste is segregated for transportation within the hospital

Departmental waste handling and disposal

Standard: Waste is disposed of safely without the risk of contamination or injury.

- Each category of waste is stored appropriately
- Staff knowledge of segregation procedures
- Staff are appropriately trained
- Waste handling
- Waste is stored securely
- Waste bins are clean and appropriate
- Waste bags are not tied onto trolleys/containers

Safe handling and disposal of sharps

Standard: Sharps will be handled safely to prevent the risk of needle stick injury

- Sharps' bins comply to national standards
- Sharps' bins are used in accordance with hospital policy
- Safe practice
- Promotion of a sharps policy

- Policy awareness amongst staff
- Sharps' bins are stored securely

Management of patient equipment

Standard: There is a system in place that ensures as far as reasonably practicable that all reusable equipment is properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are adequately managed. All decontamination must be undertaken in accordance with local policy and manufacturers' instructions.

- A decontamination policy is available at ward/departmental level
- Knowledge of decontamination policy
- Appropriate storage of surgical instruments
- Cleanliness of patient equipment e.g. IV stands, pillows, wheelchairs
- The responsibility for cleaning equipment is clearly defined

Hand hygiene

Standard: Hands will be decontaminated correctly and in a timely manner using a cleansing agent, at the facilities available, to reduce the risk of cross infection.

- Adequate facilities for hand washing are available i.e. One wash basin per six beds or enclosed area
- Facilities are appropriate e.g. taps are automatic or elbow operated in clinical areas
- Availability and cleanliness of hand washing materials/dispensers
- Availability of alcohol rub
- Promotional materials are clearly displayed
- Staff training has been undertaken

The Infection Control and Cleaning Standards Working Group decided to exclude two elements and a number of questions from the tool as they were deemed by the NHO to be outside of the remit of the hygiene audit. Agreement to use the tool in its modified form was given by the ICNA.

Elements excluded from the audit

The following elements of the audit tool were excluded:

- The Management of Patient Equipment in Specialist Areas (section 4.8 of the audit tool). This section covers specialist areas such as physiotherapy, occupational therapy and dermatology departments that were not included in the scope of the audit.
- Clinical Practice (section 4.10 of the audit tool) The ICNA advise that, "the clinical practice audit should be completed over a period of time to allow for the observation of as many practice elements as possible. The assistance of link personnel and ward staff may be required to achieve this." Due to the timescale of the audit this would not be achievable and was therefore excluded.

Six sections from the Management of Patient Equipment (general) element (section 4.7 questions 16 to 39) were excluded as they were also deemed to be outside the remit of the audit.

Similarly, eight other questions were deemed not to be applicable within the Irish healthcare environment as either a national standard did not exist or time constraints would not allow for the observations of procedures. The questions deemed to be not applicable were:

- 4.2 Ward/department kitchens. Question 15- There is a thermometer in the fridge and freezer
- 4.4 Waste Management. Question 20- Biological agents are made safe by autoclaving before leaving the laboratory for final disposal
- 4.4 Waste Management. Question 32- Supplies of mattress bags are available and are used for contaminated mattresses ready for disposal
- 4.5 Departmental waste handling and disposal. Question 12- All prescription only medicines must be disposed of as hazardous/special waste and the bin labeled accordingly
- 4.6 Safe handling and disposal of sharps. Question 5- All sharps' bins are labeled and signed according to hospital policy
- 4.9 Hand Hygiene. Question 7- Antibacterial solutions are used for invasive procedures and surgical scrubs
- 4.9 Hand Hygiene. Question 22- Patients are offered hand hygiene facilities after using the toilet/commode/bedpan e.g. hand wipe
- 4.9 Hand hygiene. Question 23- Patients are offered hand hygiene facilities prior to meals

Since the first audit, one further question has been excluded:

- 4.5 Departmental handling and disposal. Question 19 – UN approved rigid burn bins are available for the disposal of body parts, equipment etc.

Apart from these exclusions, the audit tool has remained as devised by the Infection Control Nurses Association. A blank copy of the audit questionnaire used is shown in Appendix 4.

The Audit Tool

4.1 Environment

Standard: The environment will be maintained appropriately to reduce the risk of cross infection

(a)	General environment	Yes	No	N/A	Comments
1	Adequate facilities for hand hygiene are available in accordance with national guidance (refer to hand hygiene audit tool for details)				
2	Bed frames are clean and free from dust				
	The following are free of splashes, soil, film, dust, fingerprints, and spillage:	Yes	No	N/A	Comments
3a	Lockers				
3b	Chairs and stools				
3c	Tables				
	The following pieces of equipment are in a good state of repair:	Yes	No	N/A	Comments
4a	Lockers				
4b	Chairs				
4c	Tables				
5	All chairs and stools in clinical areas are covered in an impermeable material e.g. vinyl				
6	Floors including edges and corners are free of dust and grit.				
7	All high and low surfaces are free from dust and cobwebs				
8	Curtains and blinds are free from stains, dust and cobwebs				
9	There is evidence of an effective pre-planned programme for curtain changes				
10	Fans are clean and free from dust				
11	Air vents are clean and free from excessive dust				
12	Patient call bells are clean and free from debris				
13	Ear phone pads are single use and changed between patients				
14	Reusable ear phones are cleaned between patients				
15	Patient audio visual systems are clean and free of dust and marks				

16	Work station equipment in clinical areas are visibly clean e.g. phones, computer keyboards				
(b)	Clinical room/clean store	Yes	No	N/A	Comments
17	There is an identified area for the storage of clean and sterile equipment				
18	The area is clean and there are no inappropriate items of equipment				
19	Hand hygiene facilities are available in the clinical room/clean store				
20	Floors including edges and corners are free of dust and grit.				
21	All high and low surfaces are free from dust and cobwebs				
22	Shelves, bench tops and cupboards are clean inside and out, and are free of dust and spillage				
23	All products are stored above floor level				
(c)	Bathrooms/washrooms	Yes	No	N/A	Comments
24	Bathrooms/washrooms are clean				
25	There is no evidence of inappropriate storage of communal items e.g. single use creams, talcum powder				
26	Bathrooms are not used for equipment storage				
27	Baths, sinks and accessories are clean				
28	Wall tiles and wall fixtures (including soap dispensers and towel holders) are clean and free from mould				
29	Shower curtains and bath mats are free from mould, clean and dry				
30	There is evidence that baths, showers and sinks taken out of use have planned provision for running the water weekly				
31	Appropriate cleaning materials are available for staff to clean the bath between use (and there is information regarding its whereabouts)				
32	Floors including edges and corners are free of dust and grit.				
(d)	Toilets	Yes	No	N/A	Comments
33	The toilet, hand wash sink, handrails and surrounding area is clean and free from extraneous items				
34	Floors including edges and corners are free of dust and grit				
35	Hand washing facilities are available including soap and paper towels				
36	There is a facility for sanitary waste disposal				
(e)	Dirty utility	Yes	No	N/A	Comments

37	A dirty utility is available				
38	A separate sink is available for decontamination of patient equipment				
39	A sluice hopper is available for the disposal of body fluids				
40	The integrity of fixtures and fittings are intact				
41	Separate hand washing facilities are available including soap and paper towels				
42	The room is clean and free from inappropriate items				
43	The floor is clean and free from spillage				
44	Floors including edges and corners are free of dust and grit				
45	Cleaning equipment is colour coded				
46	Mops and buckets are stored according to the local policy				
47	Mop heads are laundered daily or are disposable (single use)				
48	Macerators and bed pan washers are clean and in working order				
49	Shelves and cupboards are clean inside and out and free of dust, litter or stains				
(f)	Domestic's room	Yes	No	N/A	Comments
50	Floors including edges and corners are free of dust and grit				
51	Equipment used by the domestic staff is clean, well maintained and stored in a locked area				
52	Machines used for floor cleaning are clean and dry				
53	No inappropriate materials or equipment are stored in the domestic's room				
54	Products used for cleaning and disinfection comply with policy and are used at the correct dilution				
55	Diluted products are discarded after 24 hours				
56	Personal protective clothing is available and appropriately used				
57	Information on the colour coding system in use is available in the domestic's room				
58	Hand hygiene facilities are available for domestic use				

4.2 Ward /departmental kitchens

Standard: Kitchens will be maintained to reduce the risk of cross infection in accordance with legislation

	Ward kitchens	Yes	No	N/A	Comments
1	The floor is free of dust, grit, litter, marks, water or other liquids				
2	Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots				
3	There are no inappropriate items or equipment in the kitchen				
4	There is no evidence of infestation or animals in the kitchen				
5	Fly screens are in place where required				
6	There is a policy regarding patient and visitor access to the kitchen				
7	Cleaning materials used in the kitchen are identifiable (e.g. colour coded) and are stored separately to other ward cleaning equipment and away from food				
8	Hand wash sink, liquid soap and disposable paper towels are available				
9	Hands are decontaminated and a clean plastic apron is worn to serve patient meals and drinks				
10	Fixtures and fittings are in a good state of repair				
11	Fixtures, surfaces and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs				
12	Shelves, cupboards and drawers are clean inside and out and are free from damage, dust litter or stains and in a good state of repair				
13	Kitchen trolleys are clean and in a good state of repair				
14	Refrigerators/freezers are clean and free of ice build up				
15	There is a thermometer in the fridge and freezer				

	Ward kitchens	Yes	No	N/A	Comments
16	There is evidence that daily temperatures are recorded and appropriate action is taken if standards are not met (refrigerator temperature must be less than 8o c or as local policy Freezer temperature –18oc)				
17	Patient and staff food in the fridge is labeled with name and date				
18	There are no drugs/blood for transfusion or pathology specimens in the fridge				
19	Microwaves are visibly clean				
20	Where local policy allows a microwave to be used to heat patient food a temperature probe is used to ensure correct temperature has been reached				
21	Toasters are visibly clean				
22	Milk coolers are visibly clean				
23	Bread is stored in a clean bread bin				
24	All food products are within their expiry date				
25	All opened food is covered or stored in containers				
26	Milk is stored under refrigerator conditions				
27	Water coolers and ice machines for patient use are mains supplied				
28	Water coolers are visibly clean and on a pre-planned maintenance programme				
29	Ice machines are visibly clean and on a pre-planned maintenance programme and cleaning schedule is in place				
30	Scoop used for ice is stored outside of the machine in a lidded container				
31	There is a satisfactory system for cleaning crockery and cutlery such as central wash-up or dishwasher, achieving disinfection temperatures evidenced by a maintenance programme				
32	Disposable paper roll is available for drying equipment and surfaces				
33	Waste bins are foot operated and in good working order				
34	Waste bins are clean and labeled 'for general waste'				

4.3 Handling & disposal of linen

Standard: Linen is managed and handled appropriately to prevent cross infection

	Ward management of linen	Yes	No	N/A	Comments
1	Clean linen is stored in a clean designated area separate from used linen (not in the sluice or bathroom)				
2	Clean linen is free from stains (randomly check linen)				
3	Clean linen store is clean and free from dust				
4	Clean linen store is free from inappropriate items				
5	Linen is segregated in appropriate colour coded bags according to policy				
6	Bags are less than 2/3 full and are capable of being secured				
7	Bags are stored correctly prior to disposal				
8	Linen skips and the appropriate bags are taken to the area required. (Staff are not carrying soiled linen or leaving it on the floor)				
9	Gloves and apron are worn when handling contaminated linen				
10	Ward based washing machines are only used with the agreement of Infection Control				
11	A washing machine if used is situated in an appropriate designated area				
12	There is written guidance regarding the use of the washing machine				
13	There is evidence that the guidelines are being adhered to (question staff and observe use)				
14	If a washing machine is in use a tumble dryer is also available which is externally exhausted				
15	There is evidence that the washing machine and tumble dryer are on a pre-planned maintenance programme				
16	Hand washing facilities are available in the laundry room				

4.4 Waste management

Standard: Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation

	Management contractual arrangements and documentation	Yes	No	N/A	Comments
1	There is evidence that the waste contractor is registered with a valid licence (check records)				
2	There is an appropriately designated Waste Officer who has undergone training within the last two years (check Job Description and training record)				
3	There are completed transfer notes detailing final disposal details for waste collection over the last 12 months				
4	Completed consignment notes for special/hazardous waste detailing final incineration details for waste collection over the last 12 months are available				
5	There is annual audit monitoring of the contractor. Check for evidence which includes an audit trail of waste from the site to the incinerator				
6	All clinical waste must be transported in UN approved rigid containers				
7	There is a dedicated compound for the safe storage of clinical waste, which is under cover from the elements and free from pests and vermin				
8	All wards/depts should have a clinical waste storage area away from the public				
9	Waste containers are locked and inaccessible to the public				
10	The compound is locked and inaccessible to public				
11	The compound has appropriate signs in the area				
12	Returned containers are clean				
13	Containers are in a good state of repair				
14	Special waste is stored separate to other waste]				
15	Special waste storage area is clearly labeled]				
16	Special waste storage area/ bin is kept locked]				
17	Sharps boxes are correctly sealed				

18	Sharps boxes are correctly labeled				
19	Sharps boxes are safely stored				
20	Biological agents are made safe by autoclaving before leaving the laboratory for final disposal			N/A	
21	There are no inappropriate items in the household or recycling bins				
22	Spill kit & heavy duty gloves or alternative are available				
23	There is no storage of inappropriate items in the waste compound				
24	The area is clean and tidy (there are cleaning facilities)				
25	Clinical waste sacks are labeled and secured before leaving the ward/dept				
26	A record is kept of the coded tags used for each hospital/ward/practice				
27	There is no storage of waste in corridors, inside/outside the hospital whilst awaiting collection				
28	There is a system for transporting the waste through the hospital (i.e. which avoids manual handling of waste)				
29	Clinical waste is segregated from other waste for transportation				
30	All waste containers used for transport are clean				
31	All waste containers are in a good state of repair				
32	Supplies of mattress bags are available and are used for contaminated mattresses ready for disposal			N/A	

4.5 Departmental waste handling & disposal

Standard: Waste is disposed of safely without the risk of contamination or injury

	Waste handling	Yes	No	N/A	Comments
1	Clinical waste posters and/or a waste policy identifying waste segregation are available in all areas				
2	All bags are tied, labeled and secured before leaving the place of generation (e.g. ward)				
3	All waste bins are enclosed to minimise the risk of injury				
4	All waste bins in the area are foot operated, lidded and in good working order				
5	All waste bins are visibly clean				
6	Supplies of bins labeled as "Clinical", "Household", "Hazardous" or "Glass and Aerosol" are available				
7	Nursing staff are aware of waste segregation procedures (Randomly question a Nurse)				
8	Medical staff are aware of waste segregation procedures (Randomly question a Doctor)				
9	Allied Health Care Professionals (AHP) are aware of waste segregation procedures (Randomly question an AHP)				
10	Ancillary staff are aware of waste segregation procedures (Randomly question an Ancillary Staff member)				
11	Staff are using correct waste bags for household, glass, aerosols, batteries and clinical/hazardous waste (Visibly check bin contents)				
12	All prescription only medicines must be disposed of as hazardous/special waste and the bin labeled accordingly			N/A	
13	Glass and aerosol boxes are not used for prescription only medicine bottles				
14	Waste bags are removed at least daily				
15	There is no transfer of clinical waste from one bag to another				
16	There are no overfilled bags. Bags are no more than 2/3 full				

17	Waste bags are not tied onto containers/trolleys				
18	Suction waste must be disposed of in a manner which prevents spillage e.g. canisters/liners are disposed of into rigid leak-proof containers or suction waste has been solidified with a gelling agent				
19	UN approved rigid burn bins are available for disposal of body parts, equipment etc			N/A	
20	Staff have attended a training session which includes the correct and safe disposal of clinical waste				
21	Internal storage is inaccessible to the public or locked				
22	Bags are not observed in corridors. They are stored in an appropriate holding area				

4.6 Safe handling & disposal of sharps

Standard: Sharps will be handled safely to prevent the risk of needle stick injury

(a) All sharps bin		Yes	No	N/A	Comments
1	The bins in use comply with national standards (UN 3291, BS 7320)				
2	Bins have not been filled above the fill line				
3	Bins are free from protruding sharps				
4	All bins have been assembled correctly				
5	All sharps bins are labeled and signed according to hospital policy			N/A	
6	Sharps bins are stored safely, away from the public and out of reach of children				
7	Bins are stored appropriately off the floor				
8	Sharps bins are used in accordance with ergonomic manual handling principles i.e. using brackets				
9	The temporary closure mechanism is used when bins are not in use				
10	Once full the bin aperture is locked				
11	Sealed and locked bins are stored in a locked room, cupboard or container, away from public access				
(b) Safe practice		Yes	No	N/A	Comments
12	An empty sharps bin is available on the cardiac arrest trolley				
13	The sharps bin on the cardiac arrest trolley is stored safely				
14	Sharps trays with integral sharps bins are available for use				
15	Sharps trays are compatible with the sharps bins in use				
16	Sharps trays in use are visibly clean				
17	Sharps are disposed of directly into a sharps bin at the point of use (i.e. medicine trolleys and laboratory equipment)				
18	Inappropriate re-sheathing of needles does not occur. Observe or question a member of staff.				

19	Needles and syringes are discarded into a sharps bin as one unit				
(c)	Policy awareness	Yes	No	N/A	Comments
20	Nurse/clinical manager in charge are aware of the action required following an inoculation injury. They should include immediate first aid, informing the manager, occupational health or A&E, completion of an incident form and describe the action for high risk injuries involving blood borne viruses (Question the nurse/clinical manager in charge)				
21	Medical staff are aware of the action required following an inoculation injury as above (Question a member of medical staff)				
22	Allied Health Care Professionals are aware of the first aid action required following an inoculation injury (Question a member of AHP staff)				
23	Ancillary staff are aware of the first aid action required following an inoculation injury (Question a member of Ancillary staff)				
24	Students are aware of the action required following an inoculation injury. (Question a member of staff)				
25	Staff can identify where the safe handling of sharps policy is located				
26	There is a policy and or poster available for the management of an inoculation injury				

4.7 Management of patient equipment (general)

Standard: There is a system in place that ensures as far as reasonably practicable that all reusable equipment is properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are adequately managed All decontamination must be undertaken in accordance with local policy and manufacturers' instructions

	Knowledge of decontamination	Yes	No	N/A	Comments
1	A written comprehensive decontamination policy, approved by the ICT/ICC is available to all staff				
2	Staff are aware of the need to contact infection control for advice when purchasing new equipment				
3	Manufacturers' instructions are available for the decontamination of newly purchased equipment				
4	Staff can state the procedure for decontamination of commonly used patient care equipment e.g. commodes, mattresses, IV stands				
5	Staff can describe the symbol used to indicate single use items				
6	Staff are aware of the need for decontamination and a certificate before equipment is maintained/serviced/ repaired whether within the area or transferred from the area				
7	Local decontamination of reusable surgical instruments is not undertaken in clinical areas. (Check if bench top autoclaves are used. If they are in use refer to the NHS Estates Decontamination Audit Tools.)				
8	Used instruments are safely stored in an appropriate container prior to collection for decontamination in CSSD				
	The following general equipment is visibly clean, check:	Yes	No	N/A	Comments
10a	IV stands				
10b	IV pumps/syringe drivers				
10c	Cardiac monitors				
10d	Near patient testing equipment e.g. blood gas machines				
10e	Dressing trolleys				
10f	Blood pressure cuffs				

10g	Pillows				
10h	Mattresses				
10i	Cot sides				
10j	Wheelchairs and cushions				
10k	Oxygen saturation probes				
11	Patient wash bowls are decontaminated appropriately between patients and are stored clean dry and inverted				
12	Standard mattress covers are in a good state of repair (Select a bed at random and undertake a mattress test1)				
13	Pressure relieving mattresses covers are visibly clean (open mattress cover and observe for any staining with bodily fluids, perform mattress test 1)				
14	Pressure relieving mattresses with removable cells are decontaminated between patient uses according to manufacturers' instructions. Infection control must verify that external companies provide appropriate decontamination				
15	Disposable paper towel on couches/trolleys is changed between each patient use				

4.9 Hand hygiene

Standard: Hands will be decontaminated correctly and in a timely manner using a cleansing agent, at the facilities available to reduce the risk of cross infection

		Yes	No	N/A	Comments
1	Liquid soap is available at all hand washing sinks				
2	Liquid soap must be single use cartridge dispensers				
3	Dispenser nozzles are visibly clean				
4	Soft absorbent paper towels are available at all hand washing sinks				
5	Wall mounted or pump dispenser hand cream is available for use				
6	Antibacterial solutions/scrubs are not used for social hand washing				
7	Antibacterial solutions are used for invasive procedures and surgical scrubs			N/A	
8	There are no nail brushes on hand wash sinks in clinical areas				
9	The hand wash sinks are free from used equipment and inappropriate items				
10	Hand wash sinks are dedicated for that purpose				
11	Hand wash sinks conform to HBN 95. Check that they do not have plugs, overflows or that the water jet does not flow directly into the plughole				
12	There are sufficient numbers of hand wash sinks available in accordance with national and local guidance				
13	Access to hand wash sinks is clear				
14	Hand washing facilities are clean and intact. (Check sinks, taps, splash backs)				
15	There is appropriate temperature control to provide suitable hand wash water at all sinks				
	Alcohol hand rub is available for use throughout clinical areas, check:	Yes	No	N/A	Comments
17a	Entrance/exits to wards and departments				

17b	Directly accessible at the point of care				
17c	Portable for clinical procedures				
18	No wrist watches/stoned rings or other wrist jewellery are worn by staff carrying out patient care				
19	Staff nails are short, clean and free from nail varnish				
20	Posters promoting hand decontamination are available and displayed in areas visible to staff before and after patient contact				
21	Staff have received training in hand hygiene procedures within the last year. (Ask a member of medical, nursing, ancillary and AHP staff)				
22	Patients' are offered hand hygiene facilities after using the toilet/commode/bedpan e.g. hand wipe			N/A	
23	Patients' are offered hand hygiene facilities prior to meals			N/A	

Project Methodology

Preparation

The team that carried out the second audit comprised trained and experienced auditors who had been involved in the first audit. Guidance notes were again produced by Desford Consultancy Limited and circulated to all auditors. Each person involved was an experienced auditor with an in depth knowledge of hygiene related issues. All members of the audit team attended a briefing day held prior to the commencement of the second audit. The project plan was then devised and teams were allocated specific hospitals to visit during each week.

Prior to the start of the audit, each hospital was notified in writing by the NHO of the policies, procedures and documentation required on the day of the visit e.g. information relating to waste management, colour coding policy. Similarly, each hospital was required to provide contact details of the key personnel at each hospital who would be involved in the visit.

Conducting the audit

The audits commenced on the 20th February 2006 and were undertaken by teams of auditors who visited all the 53 hospital sites involved in the survey. All audits were unannounced. Each team comprised two auditors and the visits were undertaken between 20th February and 26th April 2006 inclusive. The Project Director from Desford Consultancy was actively involved in the audit and was in daily contact with each team and the NHO Project Manager.

Upon arrival at each hospital the audit team contacted the nominated person and then chose which areas they wished to visit e.g. a surgical ward, a medical ward etc. On entering a ward/department the auditors introduced themselves to the person in charge and confirmed that it was convenient to carry out the audit. The audits were carried out without reference to cleaning service specifications. The audit comprised a physical inspection based on the elements and standards in the audit tool.

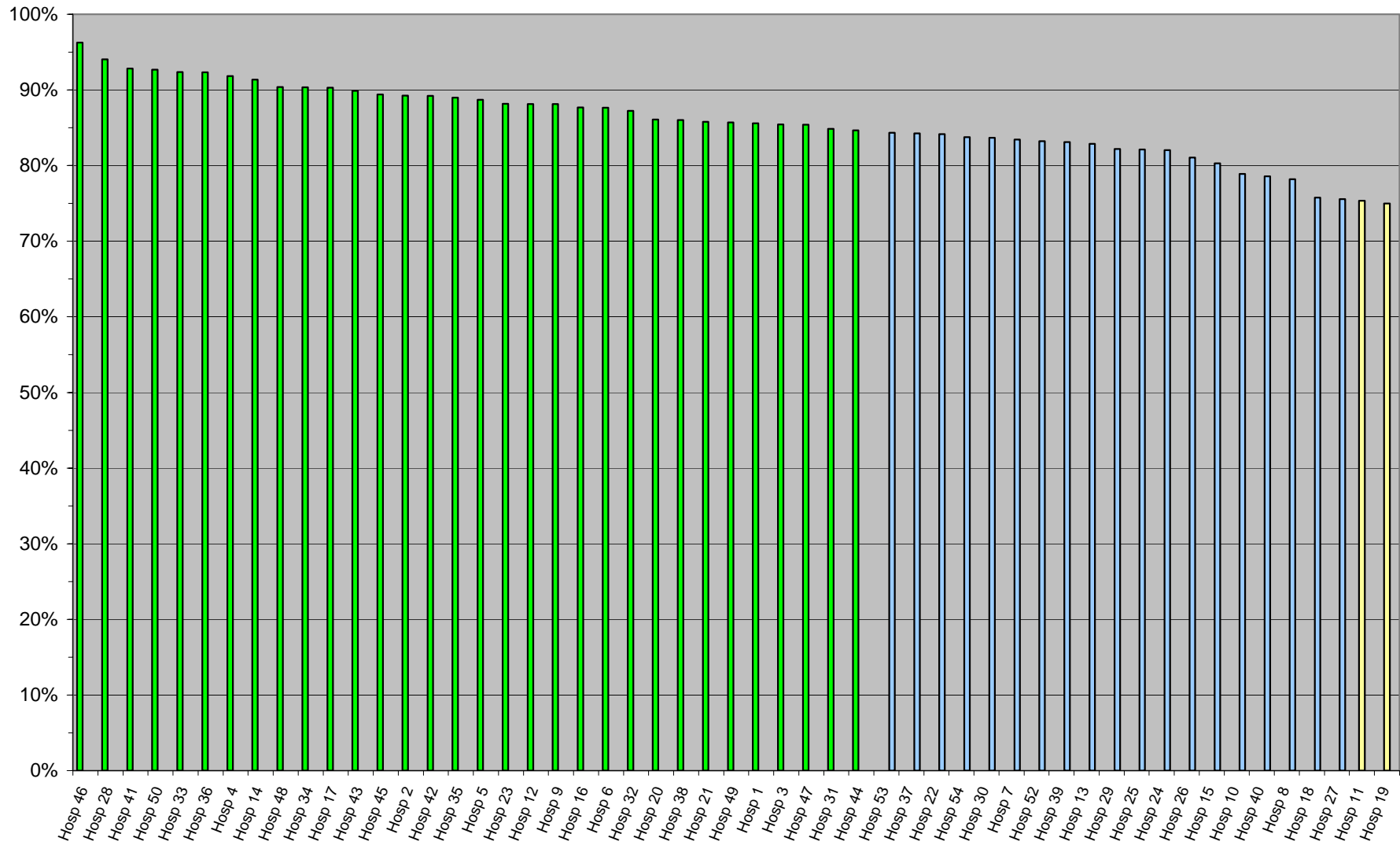
The standards and processes observed were classed as either 'Yes' they conform, 'No' they do not conform or 'Not Applicable'. The latter category was used to indicate that a question was either not applicable to the area e.g. pressure relieving mattresses in OPD or if the standard or process was not observed at the time of the visit e.g. staff were not available to answer questions.

Analysis and validation

The information from the audit was entered into specially devised computer software and the scores were calculated for each hospital. Validation of the data and results was undertaken at each stage of the process.

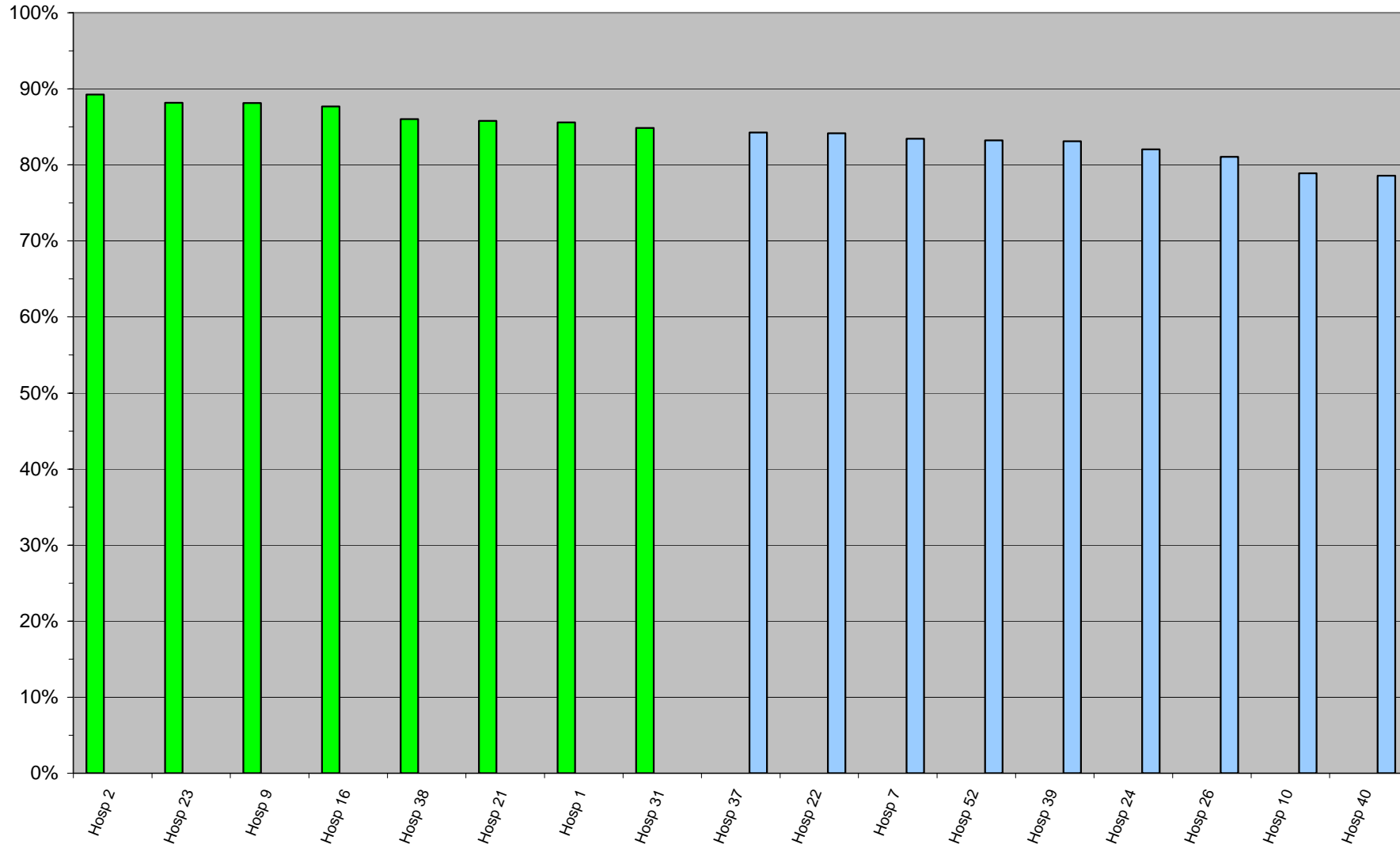
Bar chart of overall hospital scores

SECOND HYGIENE AUDIT RESULTS OVERALL HOSPITAL SCORES

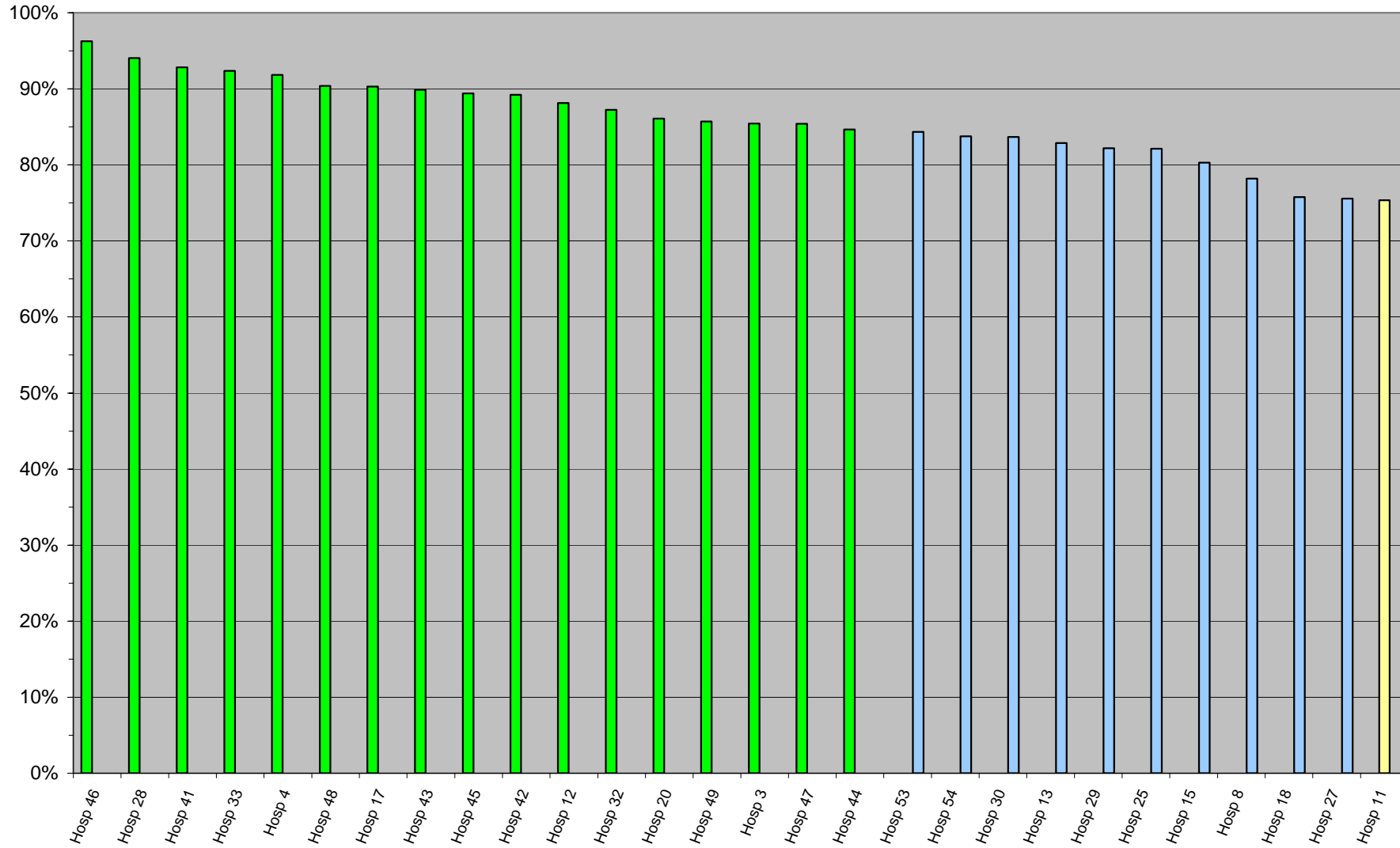


Bar charts of overall scores for large, medium and small hospitals

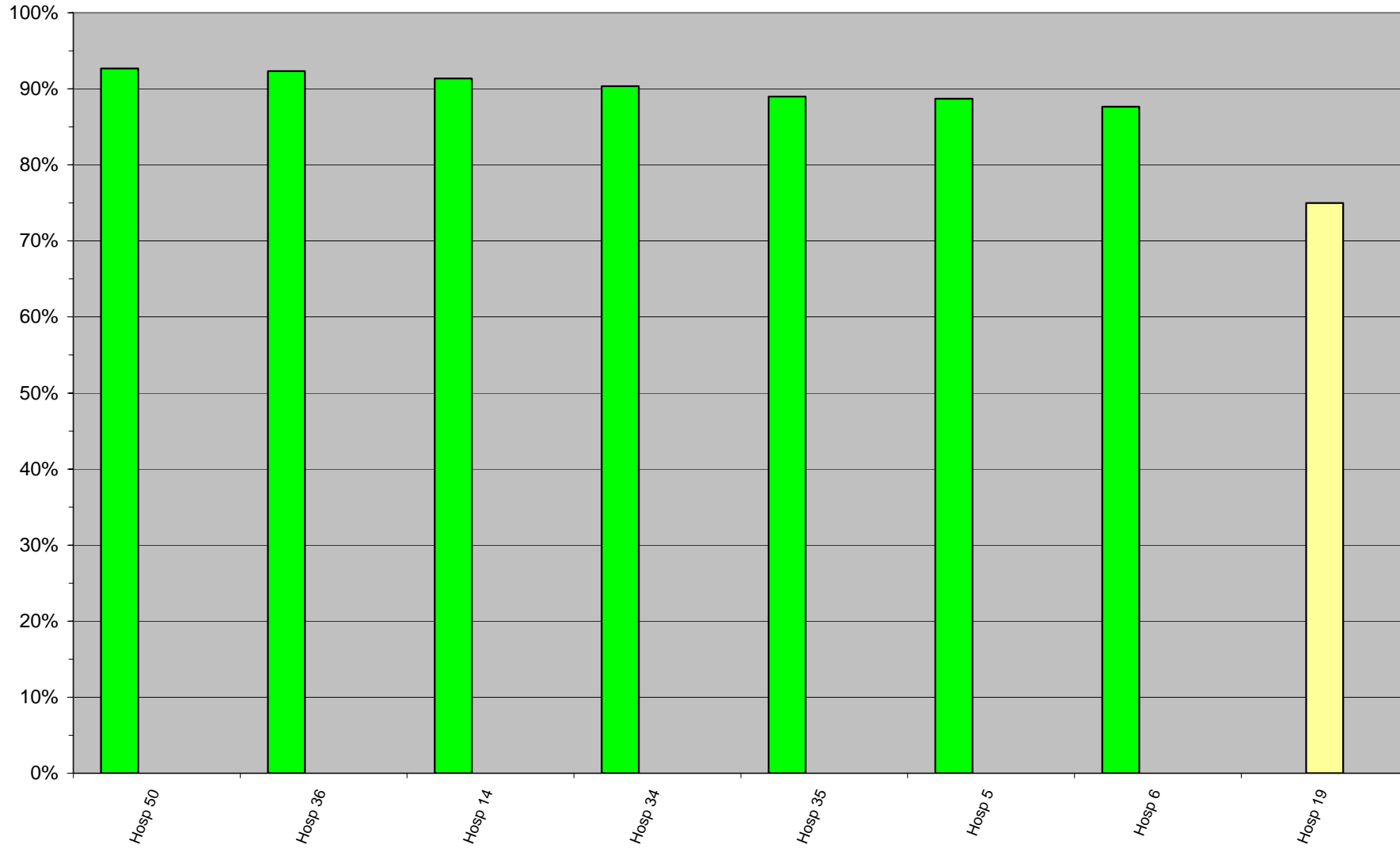
SECOND HYGIENE AUDIT RESULTS LARGE HOSPITALS MORE THAN 300 BEDS - OVERALL SCORES



**SECOND HYGIENE AUDIT RESULTS
MEDIUM HOSPITALS BETWEEN 101 AND 300 BEDS - OVERALL SCORES**



SECOND HYGIENE AUDIT RESULTS SMALL HOSPITALS 100 BEDS OR LESS - OVERALL SCORES



The score achieved by each hospital for each element and clinical area

Please note that actual values (to two decimal places) have been used in all calculations in this section but the results shown have been rounded to the nearest whole number.

The overall hospital score is an average of all the individual scores for each element and clinical area including the hospital wide waste management score (element number 4.4).

It should be noted that **element 4.5, departmental waste handling and disposal**, relates to practices and procedures at ward and department level e.g. storage, segregation, training and availability of waste bins. This element has been audited in each clinical area.

Element 4.4, waste management (hospital wide), relates to practices and procedures at a whole hospital level e.g. the waste compound, waste contractor's licences, transportation of waste around the hospital, documentation. This element has been audited once at each hospital/site.

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 1									
Hospital Name Waterford Regional Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Ortho	Misc	OPD	A&E	Average for Element
4.1	Environment	90%	86%	88%	93%		90%	91%	90%
4.2	Ward/dept kitchens	66%	79%	88%	79%			91%	80%
4.3	Handling and disposal of linen	89%	100%	100%	100%		89%	100%	96%
4.5	Dept waste handling and disposal	78%	67%	67%	67%		80%	83%	74%
4.6	Safe handling & disposal of sharps	96%	88%	91%	90%		100%	91%	93%
4.7	Management of patient equipment	94%	84%	94%	83%		100%	89%	91%
4.9	Hand hygiene	76%	81%	67%	77%		81%	76%	76%
Average for Department/Ward		84%	83%	85%	84%		90%	89%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	77%							86%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number		2							
Hospital Name		St. Luke's General Hospital, Kilkenny							
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	74%	74%	96%	82%		79%	69%	79%
4.2	Ward/dept kitchens	97%	83%	0%	97%				69%
4.3	Handling and disposal of linen	100%	100%	100%	100%		100%	100%	100%
4.5	Dept waste handling and disposal	100%	100%	100%	100%		100%	100%	100%
4.6	Safe handling & disposal of sharps	100%	100%	100%	96%		100%	95%	98%
4.7	Management of patient equipment	94%	84%	100%	93%		88%	100%	93%
4.9	Hand hygiene	68%	82%	86%	77%		77%	82%	79%
Average for Department/Ward		90%	89%	83%	92%		91%	91%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							89%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 3									
Hospital Name Wexford General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	88%	91%	90%	83%		91%	93%	89%
4.2	Ward/dept kitchens	83%	93%		78%				85%
4.3	Handling and disposal of linen	89%	89%	100%	89%		100%	80%	91%
4.5	Dept waste handling and disposal	74%	68%	80%	94%		82%	69%	78%
4.6	Safe handling & disposal of sharps	87%	96%	84%	91%		88%	94%	90%
4.7	Management of patient equipment	85%	94%	94%	90%		94%	95%	92%
4.9	Hand hygiene	77%	68%	82%	73%		71%	73%	74%
Average for Department/Ward		83%	86%	88%	85%		88%	84%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	77%							85%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number		4								
Hospital Name		South Tipperary General Hospital								
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element	
4.1	Environment		88%				91%	92%	90%	
4.2	Ward/dept kitchens		87%					93%	90%	
4.3	Handling and disposal of linen		89%					100%	94%	
4.5	Dept waste handling and disposal		100%				100%	100%	100%	
4.6	Safe handling & disposal of sharps		100%				100%	100%	100%	
4.7	Management of patient equipment		91%				100%	85%	92%	
4.9	Hand hygiene		82%				73%	86%	80%	
Average for Department/Ward			91%				93%	94%		
Element No.	Element	Hospital Wide								
4.4	Waste Management	80%								
								Overall Hospital Score	92%	

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number		5							
Hospital Name		Lourdes Orthopaedic Hospital, Kilcreene							
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	82%					85%		83%
4.2	Ward/dept kitchens	86%							86%
4.3	Handling and disposal of linen	100%							100%
4.5	Dept waste handling and disposal	100%					94%		97%
4.6	Safe handling & disposal of sharps	95%					100%		98%
4.7	Management of patient equipment	84%					91%		88%
4.9	Hand hygiene	73%					86%		80%
Average for Department/Ward		89%					91%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	77%							89%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 6									
Hospital Name Our Lady's Hospital, Cashel									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	68%					85%		77%
4.2	Ward/dept kitchens	77%							77%
4.3	Handling and disposal of linen	100%					100%		100%
4.5	Dept waste handling and disposal	100%					100%		100%
4.6	Safe handling & disposal of sharps	100%					100%		100%
4.7	Management of patient equipment	86%					88%		87%
4.9	Hand hygiene	68%					82%		75%
Average for Department/Ward		86%					92%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	73%							88%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 7									
Hospital Name Cork University Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	88%	89%	95%	85%		71%	89%	86%
4.2	Ward/dept kitchens	82%	82%	90%	85%			86%	85%
4.3	Handling and disposal of linen	100%	86%	100%	100%		83%	88%	93%
4.5	Dept waste handling and disposal	83%	89%	65%	83%		75%	71%	78%
4.6	Safe handling & disposal of sharps	95%	95%	71%	86%		82%	64%	82%
4.7	Management of patient equipment	89%	65%	86%	94%		79%	82%	82%
4.9	Hand hygiene	86%	73%	91%	82%		77%	77%	81%
Average for Department/Ward		89%	83%	85%	88%		78%	79%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	66%							83%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 8									
Hospital Name St. Finbarr's Hospital, Cork									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	50%			65%		75%		63%
4.2	Ward/dept kitchens	84%			67%		88%		80%
4.3	Handling and disposal of linen	67%			44%		89%		66%
4.5	Dept waste handling and disposal	83%			89%		94%		89%
4.6	Safe handling & disposal of sharps	85%			91%		100%		92%
4.7	Management of patient equipment	48%			85%		100%		78%
4.9	Hand hygiene	77%			71%		81%		77%
Average for Department/Ward		71%			73%		90%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							78%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number	9								
Hospital Name	Kerry General Hospital, Tralee								
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	
4.1	Environment	70%	75%	86%			79%	73%	Average for Element 77%
4.2	Ward/dept kitchens	83%	84%					83%	84%
4.3	Handling and disposal of linen	89%	89%	89%			89%	78%	87%
4.5	Dept waste handling and disposal	89%	94%	100%			100%	95%	96%
4.6	Safe handling & disposal of sharps	96%	91%	100%			100%	100%	97%
4.7	Management of patient equipment	88%	82%	100%			95%	90%	91%
4.9	Hand hygiene	86%	82%	86%			86%	86%	85%
Average for Department/Ward		86%	85%	93%			91%	87%	
Element No.	Element	Hospital Wide							Overall Hospital Score 88%
4.4	Waste Management	83%							

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 10									
Hospital Name Mercy Hospital, Cork									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	72%	75%	74%			79%	51%	70%
4.2	Ward/dept kitchens	89%	75%	93%					86%
4.3	Handling and disposal of linen	100%	89%	44%			100%	100%	87%
4.5	Dept waste handling and disposal	78%	65%	74%			71%	65%	70%
4.6	Safe handling & disposal of sharps	91%	82%	85%			86%	90%	87%
4.7	Management of patient equipment	76%	71%	75%			100%	90%	83%
4.9	Hand hygiene	77%	68%	82%			86%	50%	73%
Average for Department/Ward		83%	75%	75%			87%	74%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	80%							79%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 11									
Hospital Name South Infirmary/Victoria Hospital, Cork									
Element No.	Element	Surgical	Medical	ICU	Specialist Gynae	Misc	OPD	A&E	Average for Element
4.1	Environment	41%	49%	73%	48%		75%	45%	55%
4.2	Ward/dept kitchens	85%	85%	80%	77%		100%	50%	79%
4.3	Handling and disposal of linen	89%	89%	78%	89%		100%	100%	91%
4.5	Dept waste handling and disposal	50%	89%	71%	72%		71%	67%	70%
4.6	Safe handling & disposal of sharps	83%	87%	83%	86%		91%	91%	87%
4.7	Management of patient equipment	64%	76%	90%	70%		88%	57%	74%
4.9	Hand hygiene	77%	64%	71%	68%		64%	71%	69%
Average for Department/Ward		70%	77%	78%	73%		84%	69%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							75%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 12									
Hospital Name Bantry General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Rehab	Misc	OPD	A&E	Average for Element
4.1	Environment	95%	91%	92%	93%		82%		91%
4.2	Ward/dept kitchens	89%			86%		50%		75%
4.3	Handling and disposal of linen	89%	88%	100%	100%		88%		93%
4.5	Dept waste handling and disposal	74%	75%	72%	83%		93%		79%
4.6	Safe handling & disposal of sharps	87%	95%	100%	95%		100%		96%
4.7	Management of patient equipment	90%	85%	100%	100%		86%		92%
4.9	Hand hygiene	86%	91%	91%	82%		86%		87%
Average for Department/Ward		87%	88%	93%	91%		84%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	83%							88%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 13									
Hospital Name St. Mary's Orthopaedic Hospital, Gurrabraher									
Element No.	Element	Surgical	Medical	ICU	Specialist Recovery	Misc	OPD	A&E	Average for Element
4.1	Environment	85%			95%		81%		87%
4.2	Ward/dept kitchens	72%			87%				80%
4.3	Handling and disposal of linen	89%			89%		57%		78%
4.5	Dept waste handling and disposal	88%			78%		94%		87%
4.6	Safe handling & disposal of sharps	95%			90%		72%		86%
4.7	Management of patient equipment	88%			95%		60%		81%
4.9	Hand hygiene	86%			86%		77%		83%
Average for Department/Ward		86%			89%		74%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	75%							83%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 14									
Hospital Name Mallow General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	89%	89%	92%			97%		92%
4.2	Ward/dept kitchens	89%	96%				100%		95%
4.3	Handling and disposal of linen	100%	100%	100%			100%		100%
4.5	Dept waste handling and disposal	83%	89%	89%			87%		87%
4.6	Safe handling & disposal of sharps	86%	95%	95%			100%		94%
4.7	Management of patient equipment	88%	100%	100%			93%		95%
4.9	Hand hygiene	68%	82%	77%			86%		78%
Average for Department/Ward		86%	93%	92%			95%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	86%							91%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 15									
Hospital Name Erinville Maternity Hospital, Cork									
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc	OPD	A&E	Average for Element
4.1	Environment			100%	72%				86%
4.2	Ward/dept kitchens				89%				89%
4.3	Handling and disposal of linen			67%	56%				61%
4.5	Dept waste handling and disposal			88%	83%				86%
4.6	Safe handling & disposal of sharps			85%	90%				88%
4.7	Management of patient equipment			88%	76%				82%
4.9	Hand hygiene			86%	77%				81%
Average for Department/Ward				86%	78%				
Element No.	Element								Overall Hospital Score
4.4	Waste Management	Hospital Wide 67%							80%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 16									
Hospital Name Our Lady of Lourdes Hospital, Drogheda									
Element No.	Element	Surgical	Medical	ICU	Specialist Ortho	Misc	OPD	A&E	Average for Element
4.1	Environment	75%	81%	92%	67%		72%		78%
4.2	Ward/dept kitchens	90%	86%	93%	77%				86%
4.3	Handling and disposal of linen	100%	100%	100%	100%		100%		100%
4.5	Dept waste handling and disposal	83%	83%	89%	65%		78%		80%
4.6	Safe handling & disposal of sharps	95%	95%	95%	91%		95%		94%
4.7	Management of patient equipment	85%	84%	100%	80%		94%		89%
4.9	Hand hygiene	82%	91%	100%	77%		86%		87%
Average for Department/Ward		87%	89%	96%	80%		88%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							88%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 17									
Hospital Name Our Lady's Hospital, Navan									
Element No.	Element	Surgical	Medical	ICU	Specialist Ortho	Misc	OPD	A&E	Average for Element
4.1	Environment	83%	89%	92%	85%		94%	97%	90%
4.2	Ward/dept kitchens	87%	96%	92%	93%				92%
4.3	Handling and disposal of linen	100%	100%	100%	89%				97%
4.5	Dept waste handling and disposal	94%	88%	94%	78%		88%	88%	88%
4.6	Safe handling & disposal of sharps	100%	91%	95%	95%		95%	100%	96%
4.7	Management of patient equipment	71%	76%	100%	77%		100%	90%	86%
4.9	Hand hygiene	86%	91%	90%	86%		81%	86%	87%
Average for Department/Ward		89%	90%	95%	86%		92%	92%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	83%							90%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 18									
Hospital Name General Hospital, Cavan									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	86%	83%	83%	77%		80%	82%	82%
4.2	Ward/dept kitchens	92%	88%	100%	100%				95%
4.3	Handling and disposal of linen	100%	78%	89%	57%			100%	85%
4.5	Dept waste handling and disposal	59%	74%	76%	56%		61%	67%	65%
4.6	Safe handling & disposal of sharps	83%	67%	90%	73%		70%	77%	77%
4.7	Management of patient equipment	63%	56%	74%	53%		88%	53%	64%
4.9	Hand hygiene	76%	81%	81%	75%		71%	70%	76%
Average for Department/Ward		80%	75%	85%	70%		74%	75%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	43%							76%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 19									
Hospital Name Monaghan General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	77%	67%	77%				56%	69%
4.2	Ward/dept kitchens	86%	87%	83%					85%
4.3	Handling and disposal of linen	89%	100%	100%				80%	92%
4.5	Dept waste handling and disposal	58%	67%	60%				69%	63%
4.6	Safe handling & disposal of sharps	83%	87%	78%				80%	82%
4.7	Management of patient equipment	67%	67%	62%				72%	67%
4.9	Hand hygiene	68%	71%	71%				71%	71%
Average for Department/Ward		75%	78%	76%				71%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	67%							75%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 20									
Hospital Name Louth County Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	80%	79%				100%	84%	86%
4.2	Ward/dept kitchens	93%	97%					100%	97%
4.3	Handling and disposal of linen	100%	88%					100%	96%
4.5	Dept waste handling and disposal	72%	72%				92%	82%	80%
4.6	Safe handling & disposal of sharps	91%	91%				94%	81%	90%
4.7	Management of patient equipment	81%	78%				86%	83%	82%
4.9	Hand hygiene	76%	67%				85%	81%	77%
Average for Department/Ward		85%	82%				91%	87%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							86%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 21									
Hospital Name Sligo General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Ophthalmic	Misc	OPD	A&E	Average for Element
4.1	Environment	77%	86%	87%	93%		86%	74%	84%
4.2	Ward/dept kitchens	100%	100%		96%				99%
4.3	Handling and disposal of linen	86%	89%	78%	89%		100%	89%	88%
4.5	Dept waste handling and disposal	67%	78%	89%	76%		78%	68%	76%
4.6	Safe handling & disposal of sharps	96%	100%	95%	91%		100%	78%	93%
4.7	Management of patient equipment	63%	67%	94%	88%		100%	86%	83%
4.9	Hand hygiene	82%	91%	76%	82%		86%	81%	83%
Average for Department/Ward		81%	87%	86%	88%		92%	80%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							86%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 22									
Hospital Name Letterkenny General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	88%	80%	91%	80%		83%	72%	82%
4.2	Ward/dept kitchens	88%	91%	100%	72%		100%	100%	92%
4.3	Handling and disposal of linen	100%	100%	100%	89%		86%	89%	94%
4.5	Dept waste handling and disposal	68%	68%	83%	78%		88%	74%	77%
4.6	Safe handling & disposal of sharps	91%	96%	91%	95%		89%	96%	93%
4.7	Management of patient equipment	75%	79%	79%	71%		88%	78%	78%
4.9	Hand hygiene	73%	86%	82%	76%		76%	76%	78%
Average for Department/Ward		83%	86%	89%	80%		87%	83%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	57%							84%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 23									
Hospital Name University College Hospital, Galway									
Element No.	Element	Surgical	Medical	ICU	Specialist Oncology	Misc	OPD	A&E	Average for Element
4.1	Environment	81%	86%	92%	90%		91%	88%	88%
4.2	Ward/dept kitchens	93%	93%	93%	100%		100%	93%	95%
4.3	Handling and disposal of linen	89%	78%	75%	89%		100%	75%	84%
4.5	Dept waste handling and disposal	84%	79%	89%	94%		87%	95%	88%
4.6	Safe handling & disposal of sharps	92%	82%	70%	86%		89%	100%	86%
4.7	Management of patient equipment	100%	81%	100%	80%		75%	95%	89%
4.9	Hand hygiene	86%	91%	95%	91%		77%	86%	88%
Average for Department/Ward		89%	84%	88%	90%		88%	90%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	81%							88%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 24									
Hospital Name Mayo General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	75%	65%	79%	77%		89%	89%	79%
4.2	Ward/dept kitchens	93%	85%		89%		50%	95%	83%
4.3	Handling and disposal of linen	89%	89%	89%	89%		100%	89%	91%
4.5	Dept waste handling and disposal	75%	58%	81%	65%		59%	74%	69%
4.6	Safe handling & disposal of sharps	82%	91%	89%	86%		85%	91%	87%
4.7	Management of patient equipment	83%	75%	88%	79%		75%	95%	83%
4.9	Hand hygiene	86%	90%	81%	81%		90%	82%	85%
Average for Department/Ward		83%	79%	85%	81%		78%	88%	
Element No.	Element								Overall Hospital Score
4.4	Waste Management	73%							82%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 25									
Hospital Name Portiuncula Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc	OPD	A&E	Average for Element
4.1	Environment	79%	83%	92%	85%		82%	78%	83%
4.2	Ward/dept kitchens	65%	68%	81%					71%
4.3	Handling and disposal of linen	89%	67%	88%	88%		89%	78%	83%
4.5	Dept waste handling and disposal	67%	50%	94%	65%		69%	67%	69%
4.6	Safe handling & disposal of sharps	95%	87%	95%	89%		95%	78%	90%
4.7	Management of patient equipment	95%	92%	100%	89%		94%	100%	95%
4.9	Hand hygiene	91%	82%	91%	90%		62%	55%	78%
Average for Department/Ward		83%	76%	92%	84%		82%	76%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	81%							82%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 26									
Hospital Name Merlin Park Regional Hospital, Galway									
Element No.	Element	Surgical	Medical	ICU	Specialist Renal	Misc	OPD	A&E	Average for Element
4.1	Environment	69%	71%	85%	80%		78%		77%
4.2	Ward/dept kitchens	55%	82%		84%				74%
4.3	Handling and disposal of linen	67%	78%	88%	67%		86%		77%
4.5	Dept waste handling and disposal	82%	83%	88%	63%		94%		82%
4.6	Safe handling & disposal of sharps	80%	90%	89%	85%		91%		87%
4.7	Management of patient equipment	95%	84%	82%	80%		94%		87%
4.9	Hand hygiene	82%	82%	91%	81%		73%		82%
Average for Department/Ward		76%	82%	87%	77%		86%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	78%							81%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 27									
Hospital Name Roscommon County Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist CCU	Misc	OPD	A&E	Average for Element
4.1	Environment	68%	66%		74%		79%	91%	76%
4.2	Ward/dept kitchens	81%	56%		78%		100%	100%	83%
4.3	Handling and disposal of linen	78%	50%		67%		89%	78%	72%
4.5	Dept waste handling and disposal	63%	67%		72%		63%	72%	67%
4.6	Safe handling & disposal of sharps	82%	78%		100%		95%	64%	84%
4.7	Management of patient equipment	50%	60%		89%		71%	100%	74%
4.9	Hand hygiene	64%	68%		77%		68%	77%	71%
Average for Department/Ward		69%	64%		80%		81%	83%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							76%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 28									
Hospital Name Midland Regional Hospital, Mullingar									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	93%	93%	98%			94%	87%	93%
4.2	Ward/dept kitchens	96%	100%	100%				96%	98%
4.3	Handling and disposal of linen	100%	100%	100%			100%	89%	98%
4.5	Dept waste handling and disposal	95%	95%	94%			76%	89%	90%
4.6	Safe handling & disposal of sharps	91%	95%	91%			95%	96%	94%
4.7	Management of patient equipment	95%	83%	100%			94%	100%	94%
4.9	Hand hygiene	82%	91%	95%			95%	91%	91%
Average for Department/Ward		93%	94%	97%			92%	93%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	100%							94%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 29									
Hospital Name Midland Regional Hospital, Tullamore									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	81%	84%	91%	67%		81%	75%	80%
4.2	Ward/dept kitchens	83%	77%	100%			50%		77%
4.3	Handling and disposal of linen	89%	78%	89%	75%		63%	78%	78%
4.5	Dept waste handling and disposal	84%	75%	82%	78%		75%	79%	79%
4.6	Safe handling & disposal of sharps	100%	100%	90%	73%		88%	91%	90%
4.7	Management of patient equipment	88%	95%	100%	55%		87%	88%	85%
4.9	Hand hygiene	86%	82%	91%	82%		68%	86%	83%
Average for Department/Ward		87%	84%	92%	72%		73%	83%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							82%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number	30								
Hospital Name	Midland Regional Hospital, Portlaoise								
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	69%	73%	88%			72%	64%	73%
4.2	Ward/dept kitchens	94%	100%						97%
4.3	Handling and disposal of linen	78%	78%	78%			100%	88%	84%
4.5	Dept waste handling and disposal	95%	94%	88%			100%	89%	93%
4.6	Safe handling & disposal of sharps	91%	95%	95%			100%	86%	94%
4.7	Management of patient equipment	55%	68%	85%			67%	63%	68%
4.9	Hand hygiene	82%	82%	86%			82%	86%	84%
Average for Department/Ward		80%	84%	87%			87%	79%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							84%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number	31								
Hospital Name	Midwestern Regional Hospital, Dooradoyle								
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	66%	68%	90%			90%	48%	72%
4.2	Ward/dept kitchens	85%	91%						88%
4.3	Handling and disposal of linen	78%	100%	100%			100%	89%	93%
4.5	Dept waste handling and disposal	78%	89%	83%			100%	94%	89%
4.6	Safe handling & disposal of sharps	95%	100%	95%			100%	95%	97%
4.7	Management of patient equipment	74%	58%	78%			88%	80%	75%
4.9	Hand hygiene	77%	73%	86%			82%	77%	79%
Average for Department/Ward		79%	83%	89%			93%	81%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	93%							85%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 32									
Hospital Name Midwestern Regional Maternity Hospital, Limerick									
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc	OPD	A&E	Average for Element
4.1	Environment			85%	78%		88%		84%
4.2	Ward/dept kitchens				93%				93%
4.3	Handling and disposal of linen			100%	78%		89%		89%
4.5	Dept waste handling and disposal			82%	94%		100%		92%
4.6	Safe handling & disposal of sharps			95%	100%		89%		95%
4.7	Management of patient equipment			74%	79%		82%		78%
4.9	Hand hygiene			86%	82%		82%		83%
Average for Department/Ward				87%	86%		88%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							87%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 33									
Hospital Name St. John's Hospital, Limerick									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	90%	98%	95%			88%	87%	92%
4.2	Ward/dept kitchens	89%	100%				100%	100%	97%
4.3	Handling and disposal of linen	100%	100%	100%			100%	100%	100%
4.5	Dept waste handling and disposal	76%	82%	94%			75%	83%	82%
4.6	Safe handling & disposal of sharps	95%	100%	95%			95%	95%	96%
4.7	Management of patient equipment	86%	90%	100%			76%	84%	87%
4.9	Hand hygiene	100%	95%	100%			82%	100%	95%
Average for Department/Ward		91%	95%	97%			88%	93%	
Element No.	Element								Overall Hospital Score
4.4	Waste Management	80%							92%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 34									
Hospital Name Midwestern Orthopaedic Hospital, Croom									
Element No.	Element	Surgical	Medical	ICU	Specialist Ortho	Misc	OPD	A&E	Average for Element
4.1	Environment				77%		87%		82%
4.2	Ward/dept kitchens				92%				92%
4.3	Handling and disposal of linen				78%				78%
4.5	Dept waste handling and disposal				94%		100%		97%
4.6	Safe handling & disposal of sharps				100%		100%		100%
4.7	Management of patient equipment				88%		93%		90%
4.9	Hand hygiene				82%		95%		89%
Average for Department/Ward					87%		95%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							90%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 35									
Hospital Name Midwestern Regional Hospital, Ennis									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	80%	78%	98%			88%	92%	87%
4.2	Ward/dept kitchens	82%	79%	89%			50%		75%
4.3	Handling and disposal of linen	100%	100%	100%			100%	88%	98%
4.5	Dept waste handling and disposal	89%	100%	100%			81%	100%	94%
4.6	Safe handling & disposal of sharps	100%	96%	100%			94%	100%	98%
4.7	Management of patient equipment	83%	80%	88%			95%	94%	88%
4.9	Hand hygiene	82%	64%	95%			77%	77%	79%
Average for Department/Ward		88%	85%	96%			84%	92%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	97%							89%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 36									
Hospital Name Midwestern Regional Hospital, Nenagh									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	79%	69%	87%			88%	75%	79%
4.2	Ward/dept kitchens	93%	85%						89%
4.3	Handling and disposal of linen	100%	100%	100%			100%	88%	98%
4.5	Dept waste handling and disposal	100%	95%	100%			100%	100%	99%
4.6	Safe handling & disposal of sharps	91%	95%	100%			100%	100%	97%
4.7	Management of patient equipment	90%	68%	86%			100%	74%	84%
4.9	Hand hygiene	100%	100%	100%			95%	95%	98%
Average for Department/Ward		93%	87%	96%			97%	89%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	93%							92%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 37									
Hospital Name Mater Misericordiae Hospital, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Cardiac	Misc	OPD	A&E	Average for Element
4.1	Environment	77%	84%	95%	95%		83%	80%	86%
4.2	Ward/dept kitchens	89%	86%	92%	90%			93%	90%
4.3	Handling and disposal of linen	78%	100%	100%	89%		78%	86%	88%
4.5	Dept waste handling and disposal	67%	74%	83%	72%		83%	76%	76%
4.6	Safe handling & disposal of sharps	86%	82%	90%	91%		90%	90%	88%
4.7	Management of patient equipment	84%	90%	74%	74%		86%	56%	77%
4.9	Hand hygiene	68%	73%	100%	100%		86%	86%	86%
Average for Department/Ward		78%	84%	91%	87%		84%	81%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	83%							84%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number		38							
Hospital Name		St. James's Hospital, Dublin							
Element No.	Element	Surgical	Medical	ICU	Specialist Haemo	Misc	OPD	A&E	Average for Element
4.1	Environment	73%	87%	94%	81%		84%	88%	85%
4.2	Ward/dept kitchens	80%	78%	83%	96%			85%	84%
4.3	Handling and disposal of linen	89%	78%	100%	89%		88%	78%	87%
4.5	Dept waste handling and disposal	71%	79%	95%	78%		83%	71%	79%
4.6	Safe handling & disposal of sharps	86%	91%	96%	80%		95%	89%	90%
4.7	Management of patient equipment	83%	84%	100%	94%		88%	80%	88%
4.9	Hand hygiene	91%	82%	91%	86%		82%	91%	87%
Average for Department/Ward		82%	83%	94%	86%		87%	83%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	97%							86%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 39									
Hospital Name Beaumont Hospital, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Renal	Misc	OPD	A&E	Average for Element
4.1	Environment	83%	84%	87%	90%		72%	45%	77%
4.2	Ward/dept kitchens	70%	83%	89%	97%		50%	59%	75%
4.3	Handling and disposal of linen	89%	100%	100%	100%		100%	63%	92%
4.5	Dept waste handling and disposal	81%	80%	89%	88%		81%	78%	83%
4.6	Safe handling & disposal of sharps	80%	95%	90%	90%		90%	96%	90%
4.7	Management of patient equipment	81%	76%	93%	88%		100%	74%	85%
4.9	Hand hygiene	82%	77%	91%	82%		77%	73%	80%
Average for Department/Ward		81%	85%	91%	91%		81%	69%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	80%							83%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 40									
Hospital Name The Adelaide & Meath Hospital inc NCH Tallaght									
Element No.	Element	Surgical	Medical	ICU	Specialist Paeds	Misc	OPD	A&E	Average for Element
4.1	Environment	73%	77%	80%	45%		86%	67%	71%
4.2	Ward/dept kitchens	73%	93%	88%	74%			93%	84%
4.3	Handling and disposal of linen	56%	67%	88%	56%		89%	67%	70%
4.5	Dept waste handling and disposal	74%	70%	68%	65%		100%	61%	73%
4.6	Safe handling & disposal of sharps	74%	92%	80%	70%		96%	82%	82%
4.7	Management of patient equipment	86%	84%	100%	68%		100%	77%	86%
4.9	Hand hygiene	73%	73%	100%	85%		91%	73%	82%
Average for Department/Ward		73%	79%	86%	66%		94%	74%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							79%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 41									
Hospital Name Our Lady's Hospital for Sick Children, Crumlin									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	98%	96%	95%			96%	88%	95%
4.2	Ward/dept kitchens	97%	97%						97%
4.3	Handling and disposal of linen	100%	100%	100%			100%	78%	96%
4.5	Dept waste handling and disposal	95%	94%	84%			94%	85%	91%
4.6	Safe handling & disposal of sharps	95%	84%	86%			95%	86%	89%
4.7	Management of patient equipment	84%	100%	85%			100%	100%	94%
4.9	Hand hygiene	91%	95%	91%			91%	95%	93%
Average for Department/Ward		94%	95%	90%			96%	89%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							93%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number	42								
Hospital Name	Connolly Hospital, Blanchardstown								
Element No.	Element	Surgical	Medical	ICU	Specialist Rheumo	Misc	OPD	A&E	Average for Element
4.1	Environment	98%	97%	100%	96%		91%	98%	97%
4.2	Ward/dept kitchens	90%	84%	93%	87%		100%	89%	91%
4.3	Handling and disposal of linen	89%	89%	89%			88%	89%	89%
4.5	Dept waste handling and disposal	72%	100%	71%	100%		73%	72%	81%
4.6	Safe handling & disposal of sharps	90%	91%	95%	95%		85%	86%	90%
4.7	Management of patient equipment	76%	76%	100%	83%		88%	91%	86%
4.9	Hand hygiene	100%	95%	95%	95%		91%	77%	92%
Average for Department/Ward		88%	90%	92%	93%		88%	86%	
Element No.	Element	Hospital Wide							
4.4	Waste Management	79%							
									Overall Hospital Score
									89%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 43									
Hospital Name Coombe Womens' Hospital, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc Maternity	OPD	A&E	Average for Element
4.1	Environment			85%	94%	96%			92%
4.2	Ward/dept kitchens				100%	93%			96%
4.3	Handling and disposal of linen			86%	100%	89%			92%
4.5	Dept waste handling and disposal			89%	89%	84%			88%
4.6	Safe handling & disposal of sharps			90%	94%	75%			86%
4.7	Management of patient equipment			100%	100%	100%			100%
4.9	Hand hygiene			82%	86%	82%			83%
Average for Department/Ward				89%	95%	88%			
Element No.	Element								Overall Hospital Score
4.4	Waste Management	Hospital Wide 73%							90%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 44									
Hospital Name National Maternity Hospital, Holles St. Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc Gynae	OPD	A&E	Average for Element
4.1	Environment				57%	74%	67%		66%
4.2	Ward/dept kitchens				65%	73%	100%		79%
4.3	Handling and disposal of linen				100%	100%	100%		100%
4.5	Dept waste handling and disposal				82%	89%	88%		86%
4.6	Safe handling & disposal of sharps				95%	83%	82%		87%
4.7	Management of patient equipment				93%	95%	93%		93%
4.9	Hand hygiene				82%	73%	81%		78%
Average for Department/Ward					82%	84%	87%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	90%							85%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 45										
Hospital Name Rotunda Hospital, Dublin										
Element No.	Element	Surgical	Medical	ICU	Specialist Maternity	Misc	OPD	A&E	Average for Element	
4.1	Environment				85%		88%		86%	
4.2	Ward/dept kitchens				97%				97%	
4.3	Handling and disposal of linen				88%		100%		94%	
4.5	Dept waste handling and disposal				81%		81%		81%	
4.6	Safe handling & disposal of sharps				95%		95%		95%	
4.7	Management of patient equipment				83%		93%		88%	
4.9	Hand hygiene				82%		91%		86%	
Average for Department/Ward					87%		91%			
Element No.	Element	Hospital Wide								Overall Hospital Score
4.4	Waste Management	93%								89%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 46									
Hospital Name St. Luke's Hospital, Rathgar									
Element No.	Element	Surgical	Medical	ICU	Specialist Oncology	Misc	OPD	A&E	Average for Element
4.1	Environment				97%		97%		97%
4.2	Ward/dept kitchens				93%		100%		97%
4.3	Handling and disposal of linen				100%		89%		94%
4.5	Dept waste handling and disposal				95%		100%		97%
4.6	Safe handling & disposal of sharps				95%		96%		96%
4.7	Management of patient equipment				100%		95%		97%
4.9	Hand hygiene				95%		95%		95%
Average for Department/Ward					97%		96%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	97%							96%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 47									
Hospital Name The Children's Hospital, Temple Street, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Renal	Misc	OPD	A&E	Average for Element
4.1	Environment	64%	82%	74%	87%		96%		81%
4.2	Ward/dept kitchens	93%	92%		89%				91%
4.3	Handling and disposal of linen	100%	89%	100%	100%				97%
4.5	Dept waste handling and disposal	84%	71%	81%	67%		88%		78%
4.6	Safe handling & disposal of sharps	96%	95%	95%	82%		89%		91%
4.7	Management of patient equipment	70%	94%	84%	70%		87%		81%
4.9	Hand hygiene	82%	91%	82%	73%		86%		83%
Average for Department/Ward		84%	88%	86%	81%		89%		
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	87%							85%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 48										
Hospital Name Cappagh National Orthopaedic Hospital										
Element No.	Element	Surgical	Medical	ICU	Specialist Ortho	Misc	OPD	A&E	Average for Element	
4.1	Environment				88%		97%		93%	
4.2	Ward/dept kitchens				97%		50%		73%	
4.3	Handling and disposal of linen				100%		100%		100%	
4.5	Dept waste handling and disposal				89%		93%		91%	
4.6	Safe handling & disposal of sharps				100%		100%		100%	
4.7	Management of patient equipment				100%		94%		97%	
4.9	Hand hygiene				68%		86%		77%	
Average for Department/Ward					92%		89%			
Element No.	Element	Hospital Wide								Overall Hospital Score
4.4	Waste Management	93%								90%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 49									
Hospital Name Naas General Hospital									
Element No.	Element	Surgical	Medical	ICU	Specialist HDU	Misc	OPD	A&E	Average for Element
4.1	Environment	83%	78%	91%	81%		93%	78%	84%
4.2	Ward/dept kitchens	85%	97%	92%	93%			96%	93%
4.3	Handling and disposal of linen	100%	78%	100%	100%		100%	89%	94%
4.5	Dept waste handling and disposal	72%	88%	100%	94%		54%	82%	82%
4.6	Safe handling & disposal of sharps	95%	86%	88%	86%		100%	56%	85%
4.7	Management of patient equipment	80%	61%	95%	87%		81%	24%	71%
4.9	Hand hygiene	95%	91%	100%	95%		95%	90%	95%
Average for Department/Ward		87%	83%	95%	91%		87%	74%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	70%							86%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 50									
Hospital Name Royal Victoria, Eye & Ear, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Ophthalmic	Misc	OPD	A&E	Average for Element
4.1	Environment				91%		90%		90%
4.2	Ward/dept kitchens				97%				97%
4.3	Handling and disposal of linen				100%		100%		100%
4.5	Dept waste handling and disposal				100%		100%		100%
4.6	Safe handling & disposal of sharps				95%		95%		95%
4.7	Management of patient equipment				94%		82%		88%
4.9	Hand hygiene				77%		86%		82%
Average for Department/Ward					93%		92%		
Element No.	Element	Hospital Wide							
4.4	Waste Management	90%							
									Overall Hospital Score
									93%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 52									
Hospital Name St. Vincent's University Hospital, Elm Park, Dublin									
Element No.	Element	Surgical	Medical	ICU	Specialist Oncology	Misc	OPD	A&E	Average for Element
4.1	Environment	84%	89%	83%	96%		85%	85%	87%
4.2	Ward/dept kitchens	89%	85%		89%		50%		78%
4.3	Handling and disposal of linen	78%	89%	88%	56%		89%	78%	79%
4.5	Dept waste handling and disposal	74%	95%	74%	88%		74%	72%	79%
4.6	Safe handling & disposal of sharps	86%	92%	82%	95%		83%	88%	88%
4.7	Management of patient equipment	77%	90%	90%	100%		95%	91%	91%
4.9	Hand hygiene	81%	73%	82%	86%		81%	82%	81%
Average for Department/Ward		81%	87%	83%	87%		79%	83%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	73%							83%

Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

Hospital Number 53									
Hospital Name St. Columcille's, Loughlinstown									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	78%	91%	94%			97%	59%	84%
4.2	Ward/dept kitchens	96%	89%	82%				74%	85%
4.3	Handling and disposal of linen	86%	57%	88%			86%	100%	83%
4.5	Dept waste handling and disposal	84%	89%	88%			88%	100%	90%
4.6	Safe handling & disposal of sharps	100%	96%	86%			79%	95%	91%
4.7	Management of patient equipment	79%	50%	88%			81%	65%	73%
4.9	Hand hygiene	86%	86%	86%			73%	82%	83%
Average for Department/Ward		87%	80%	87%			84%	82%	
Element No.	Element	Hospital Wide							Overall Hospital Score
4.4	Waste Management	93%							84%

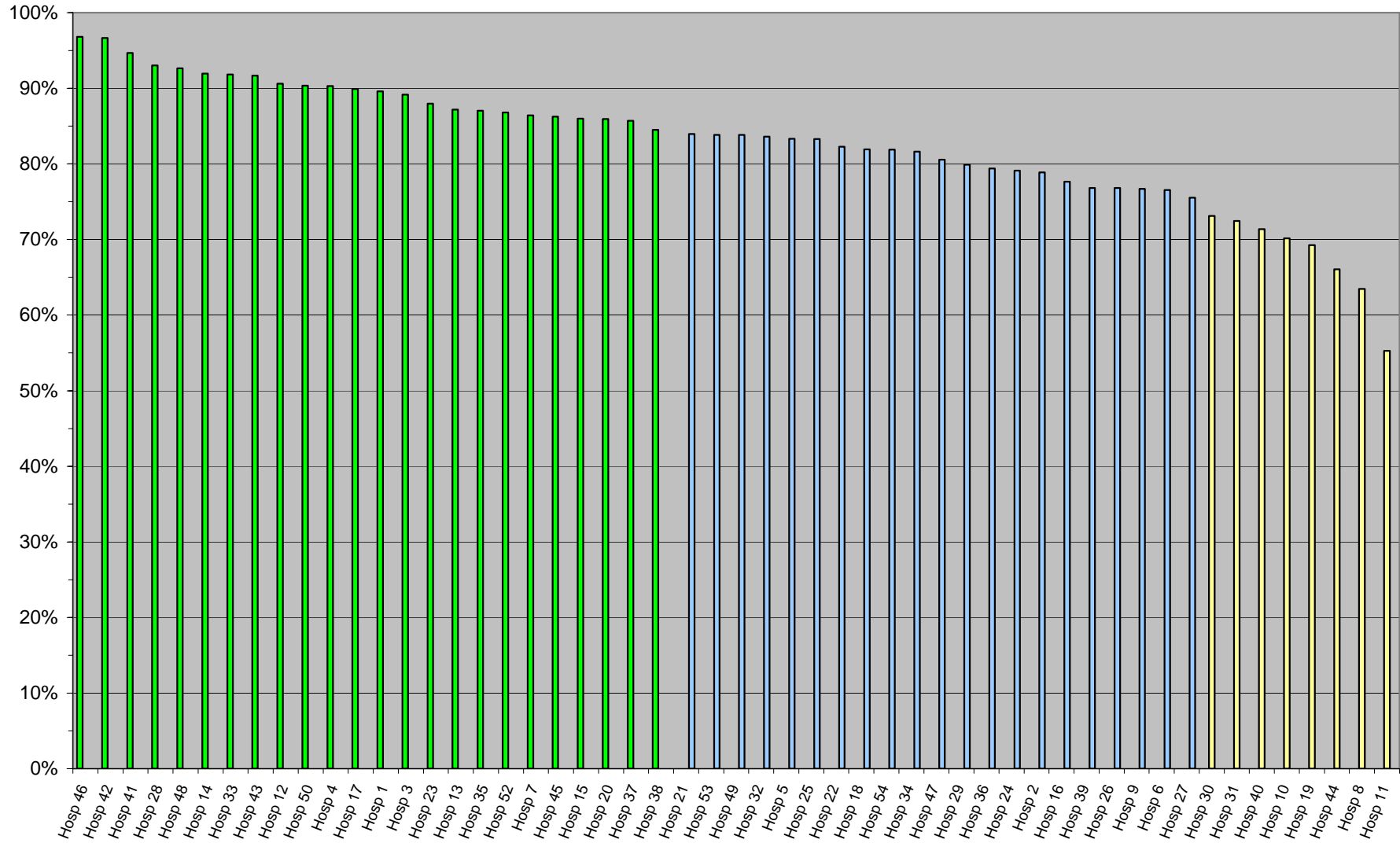
Hygiene Audit Results

indicates **good** (85% or above)
 indicates **fair** (76% to 84%)
 indicates **poor** (75% or below)

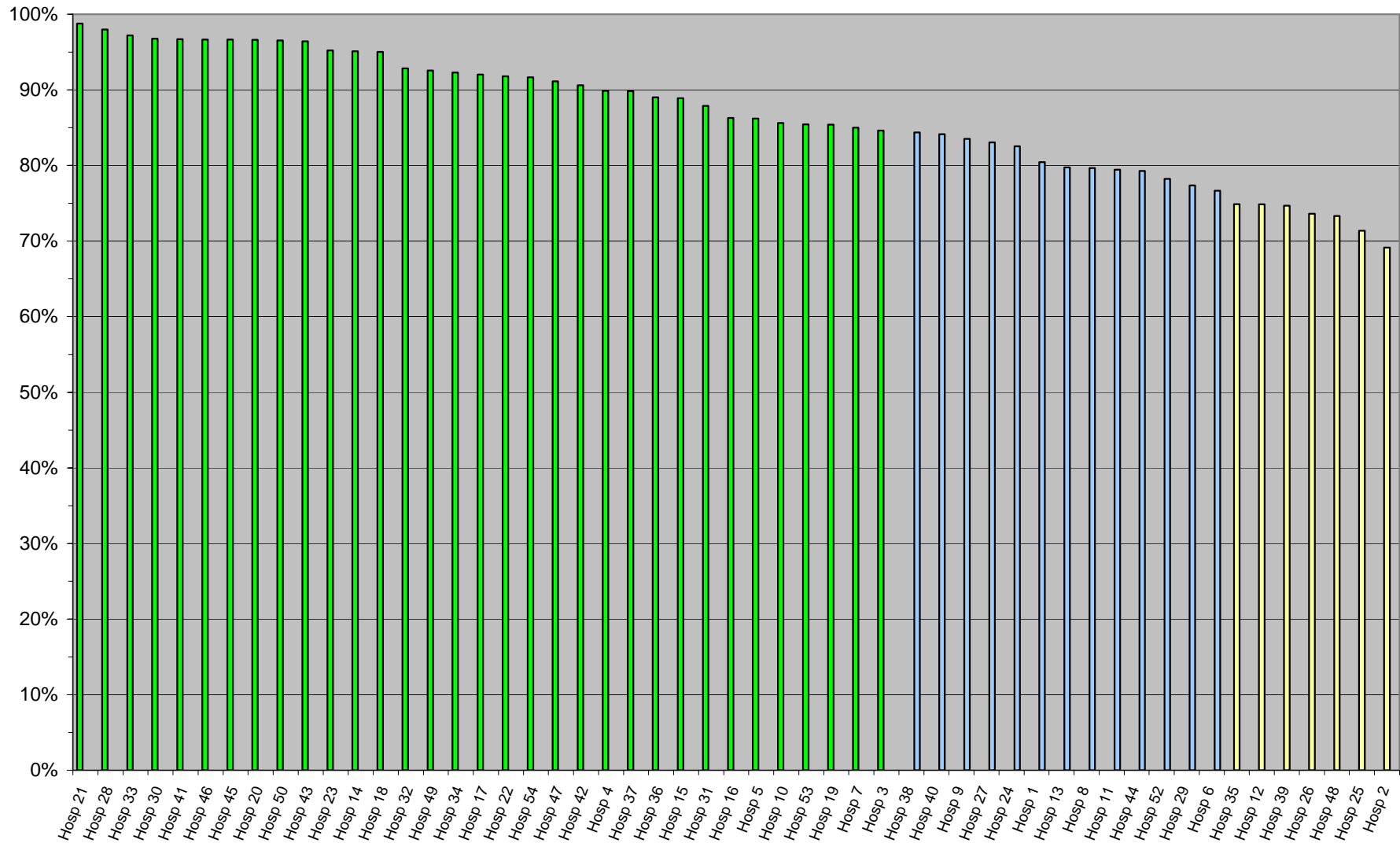
Hospital Number 54									
Hospital Name St. Michael's Hospital, Dun Laoghaire									
Element No.	Element	Surgical	Medical	ICU	Specialist	Misc	OPD	A&E	Average for Element
4.1	Environment	83%	81%	85%			67%	94%	82%
4.2	Ward/dept kitchens	93%	89%	93%					92%
4.3	Handling and disposal of linen	75%	86%	78%			89%	78%	81%
4.5	Dept waste handling and disposal	84%	81%	88%			78%	88%	84%
4.6	Safe handling & disposal of sharps	87%	96%	90%			84%	90%	90%
4.7	Management of patient equipment	89%	81%	90%			81%	75%	83%
4.9	Hand hygiene	73%	82%	82%			81%	77%	79%
Average for Department/Ward		83%	85%	87%			80%	84%	
Element No.	Element	Hospital Wide							
4.4	Waste Management	80%							
									Overall Hospital Score
									84%

Bar charts of each element by hospital

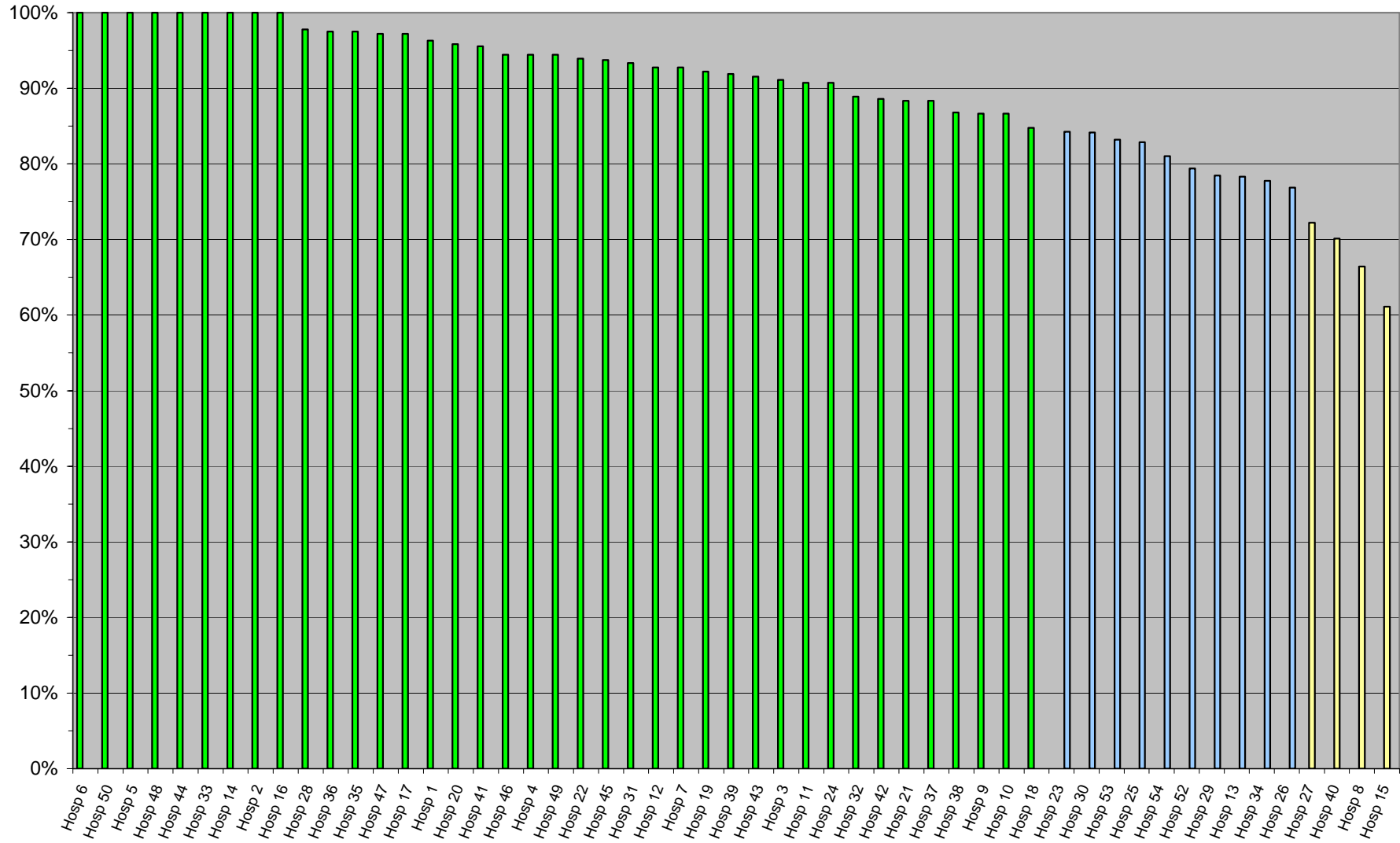
HYGIENE AUDIT RESULTS ENVIRONMENT (ELEMENT 4.1) SCORES



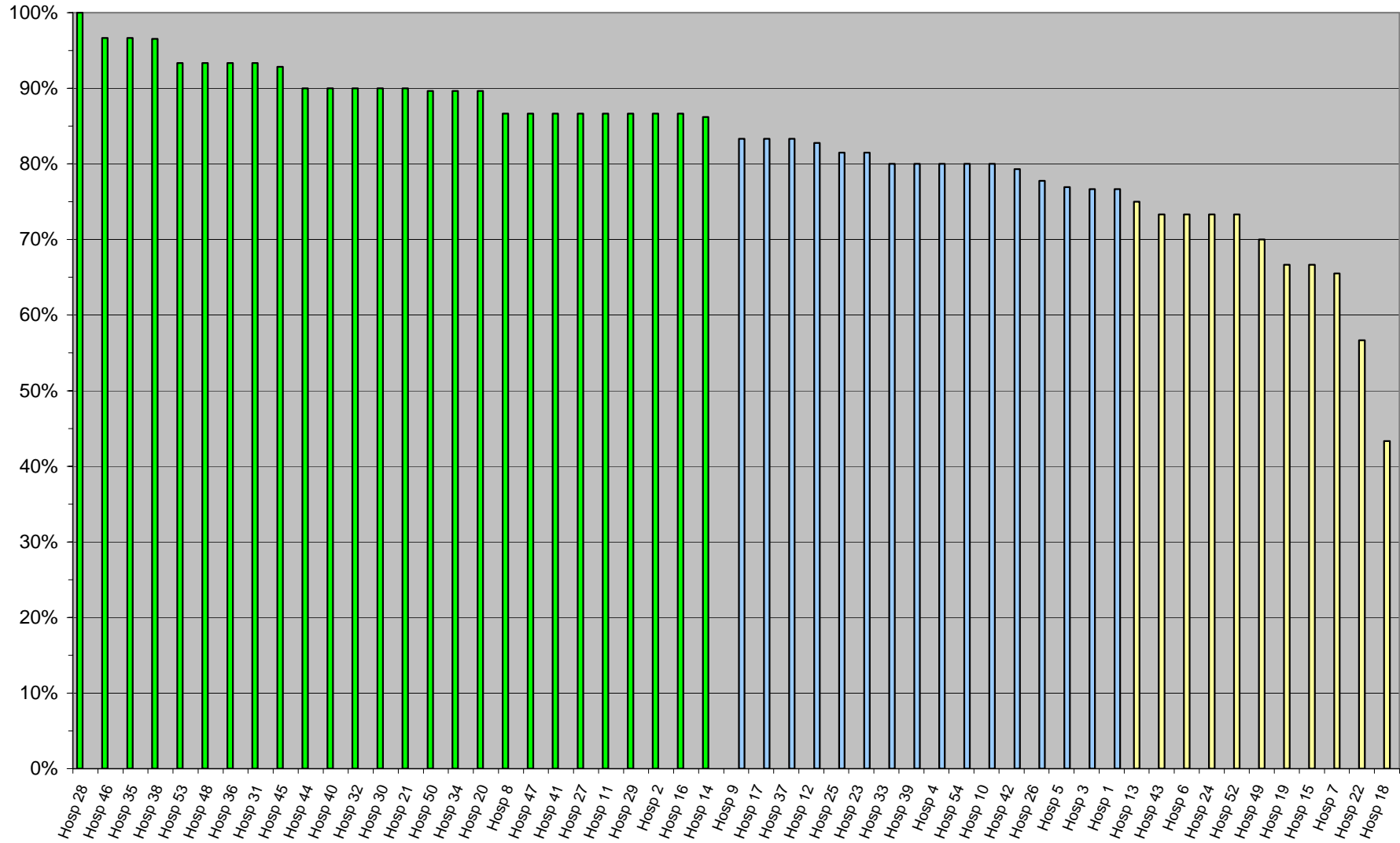
HYGIENE AUDIT RESULTS WARD/DEPT KITCHENS (ELEMENT 4.2) SCORES



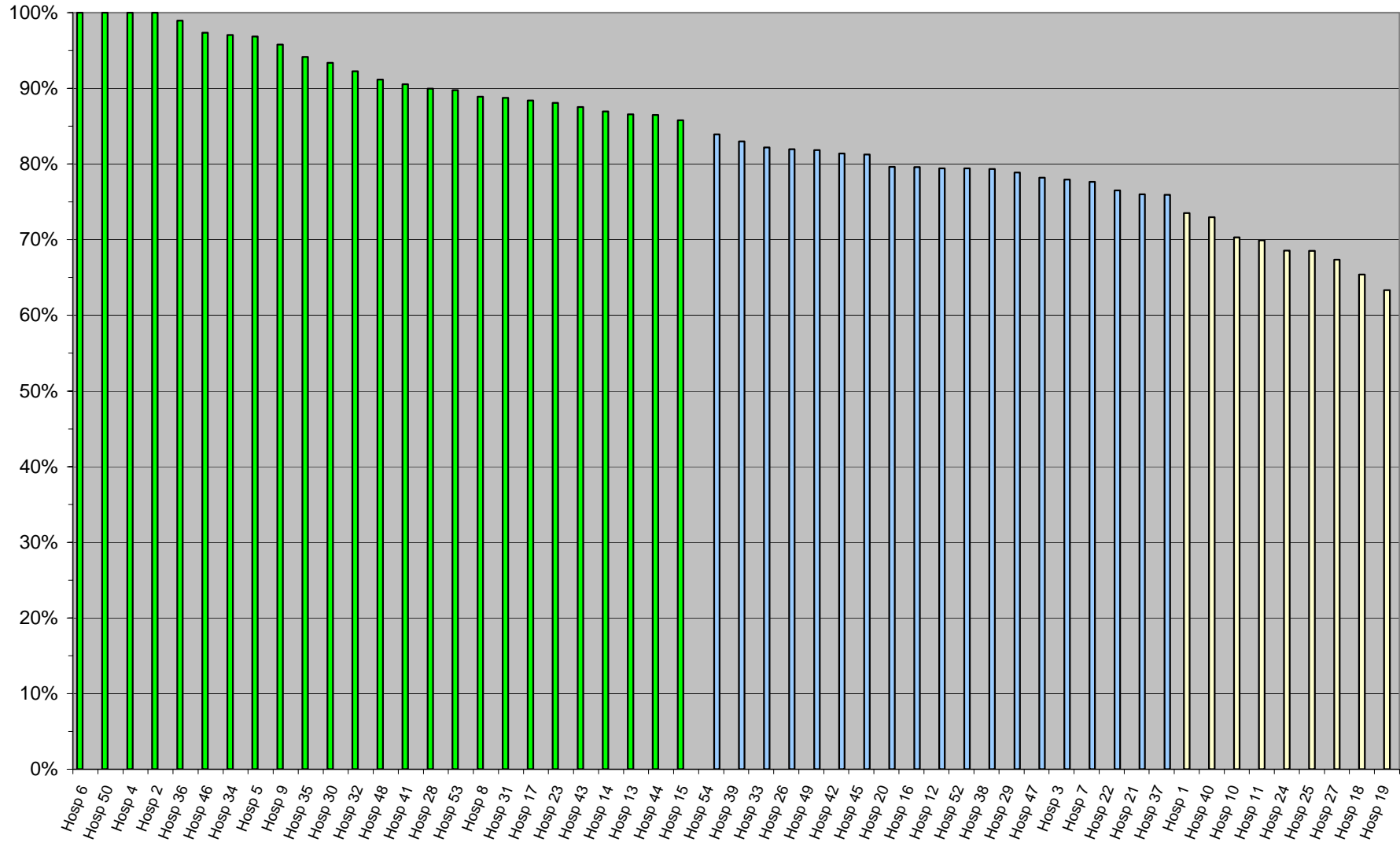
HYGIENE AUDIT RESULTS HANDLING AND DISPOSAL OF LINEN (ELEMENT 4.3) SCORES



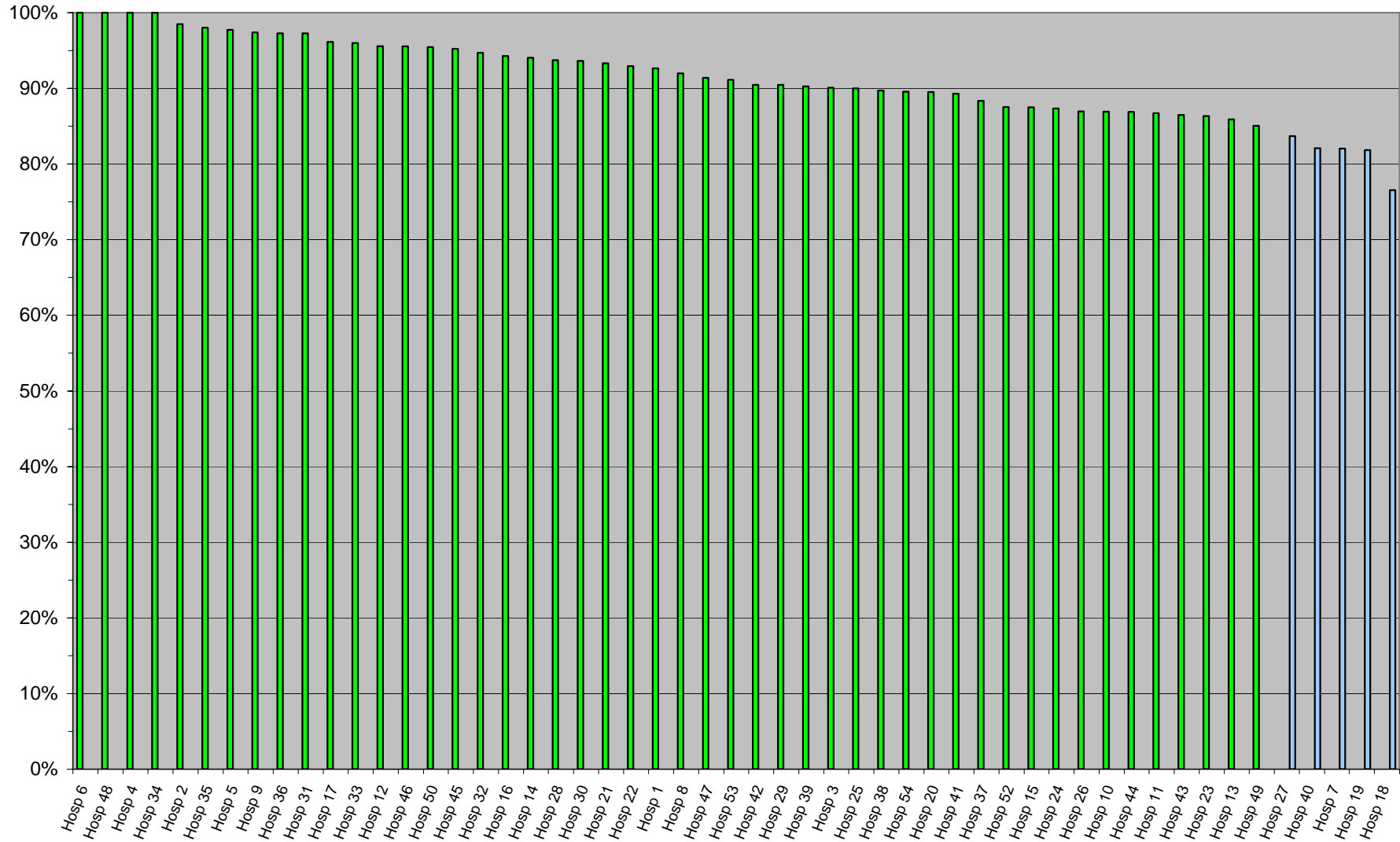
HYGIENE AUDIT RESULTS WASTE MANAGEMENT (ELEMENT 4.4) SCORES



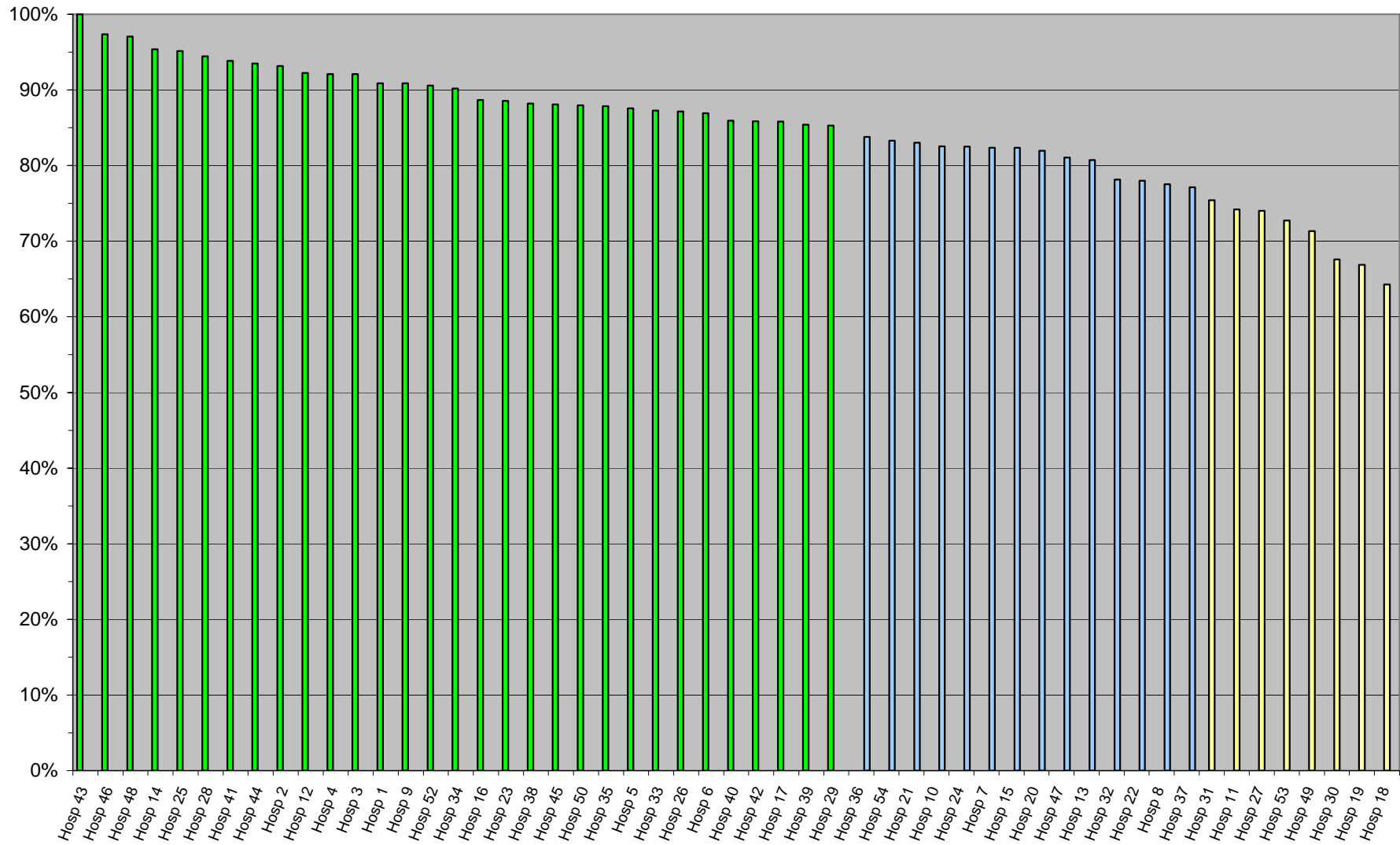
HYGIENE AUDIT RESULTS DEPT WASTE HANDLING AND DISPOSAL (ELEMENT 4.5) SCORES



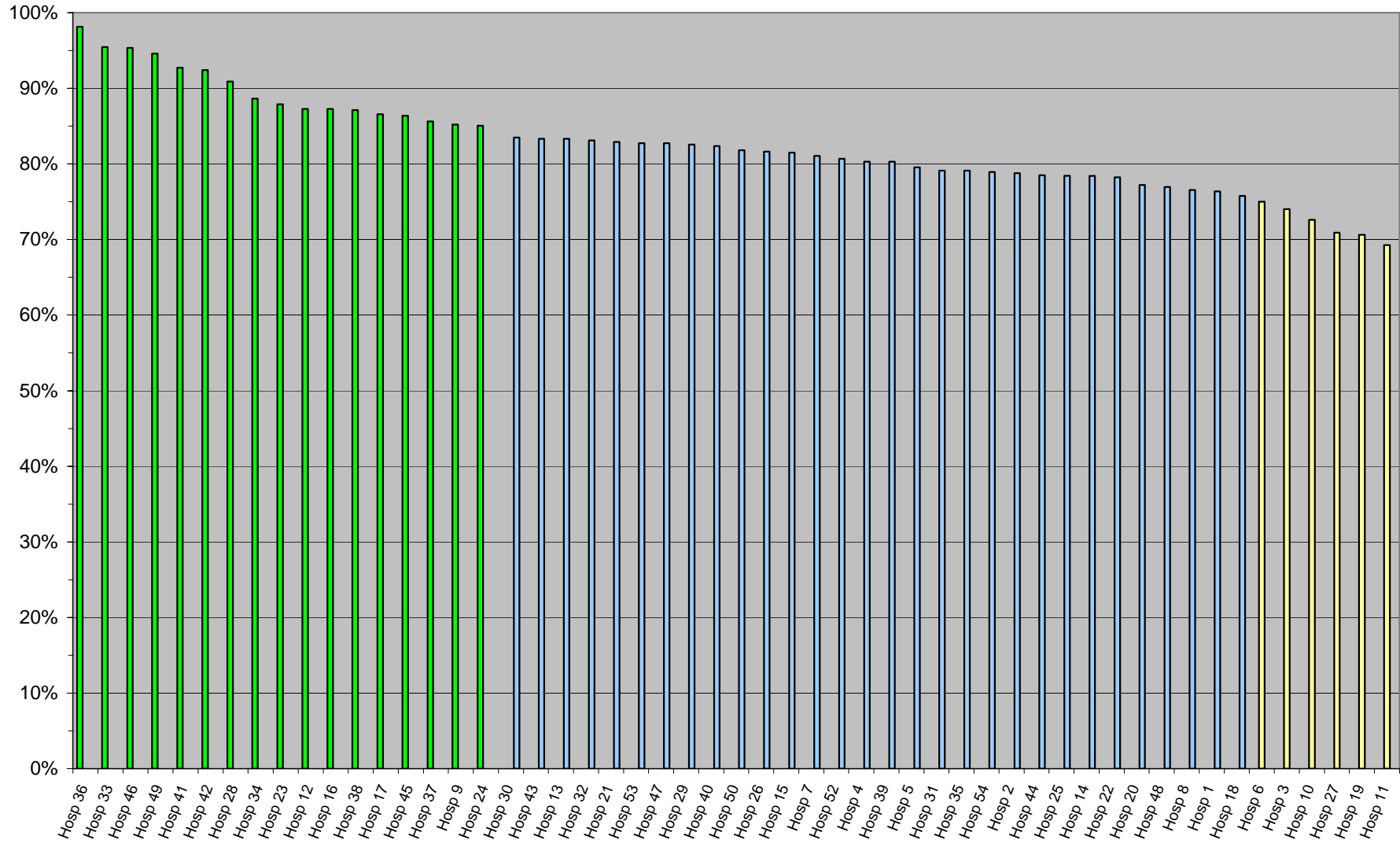
HYGIENE AUDIT RESULTS SAFE HANDLING AND DISPOSAL OF SHARPS (ELEMENT 4.6) SCORES



HYGIENE AUDIT RESULTS MANAGEMENT OF PATIENT EQUIPMENT (ELEMENT 4.7) SCORES

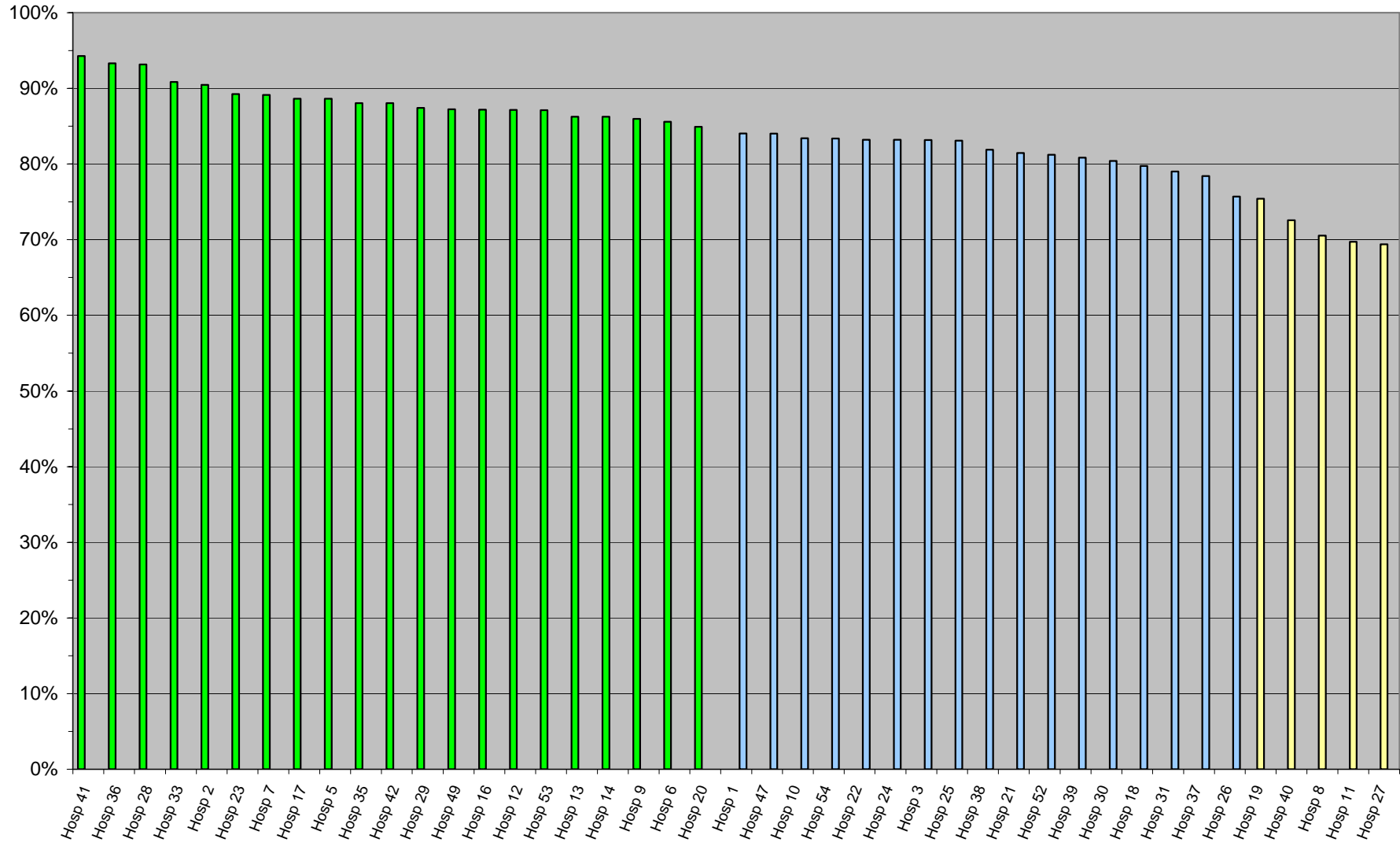


HYGIENE AUDIT RESULTS HAND HYGIENE (ELEMENT 4.9) SCORES

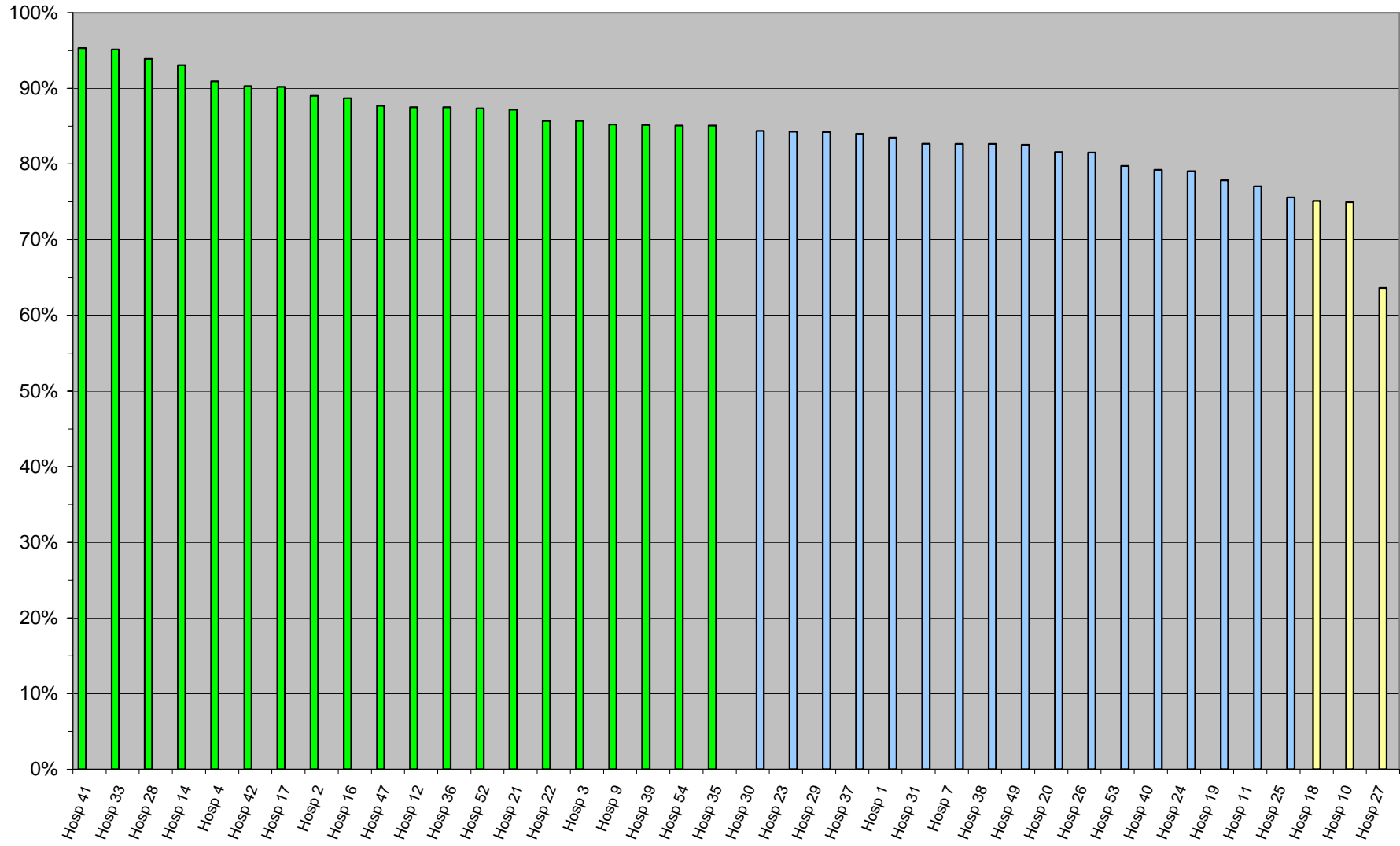


Bar charts of each clinical area

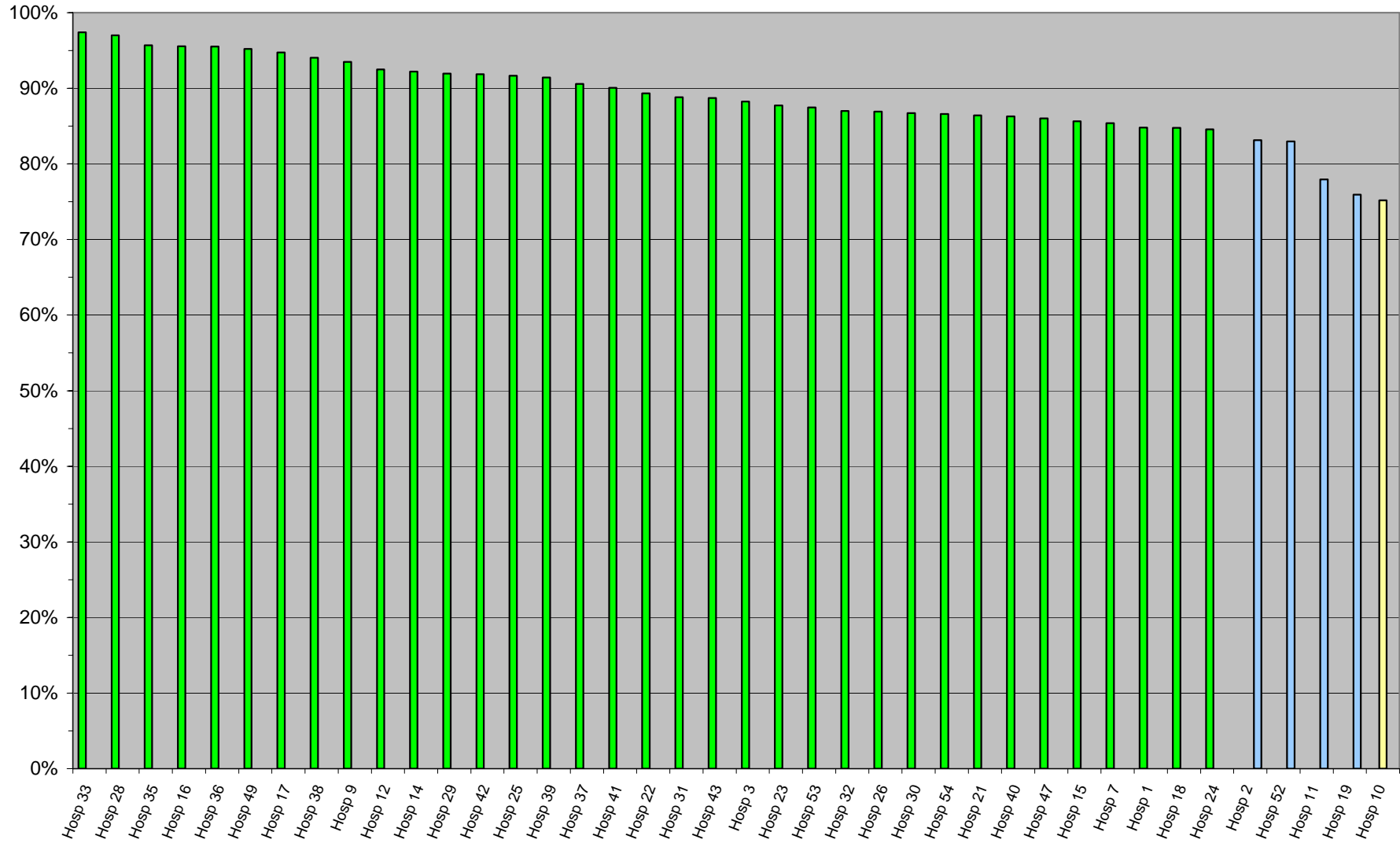
HYGIENE AUDIT RESULTS SURGICAL WARDS OVERALL SCORES



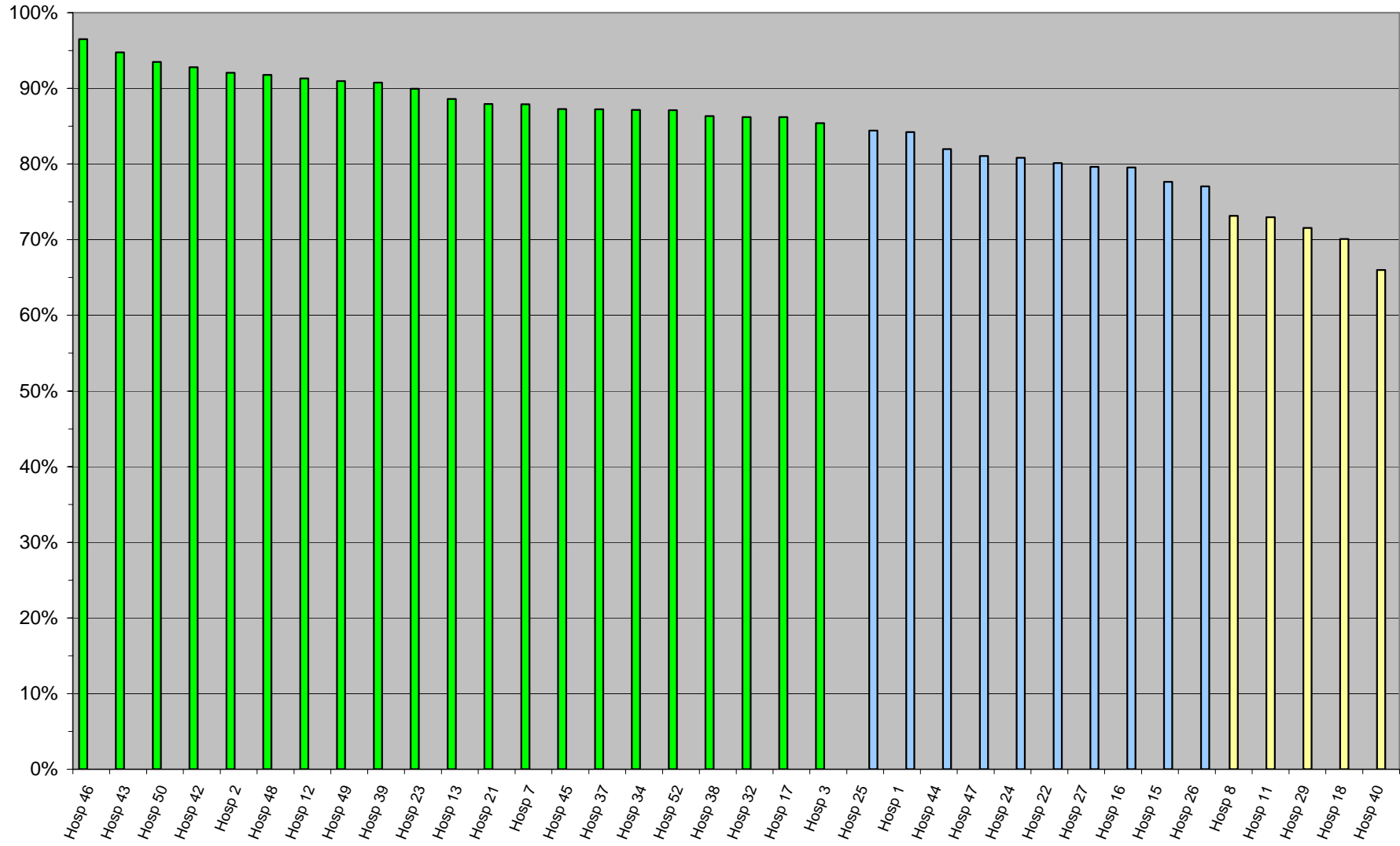
HYGIENE AUDIT RESULTS MEDICAL WARDS OVERALL SCORES



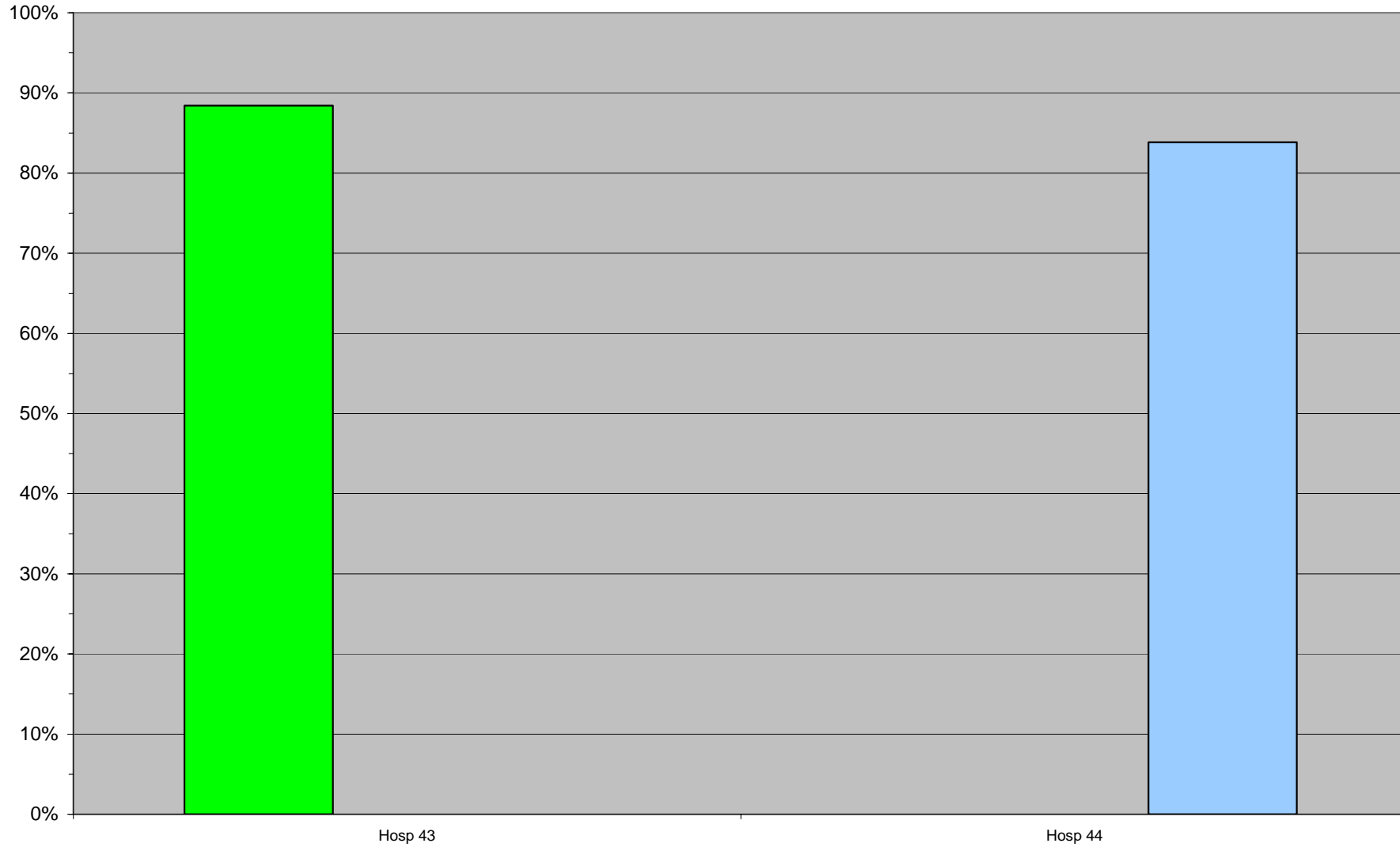
HYGIENE AUDIT RESULTS ICU WARDS OVERALL SCORES



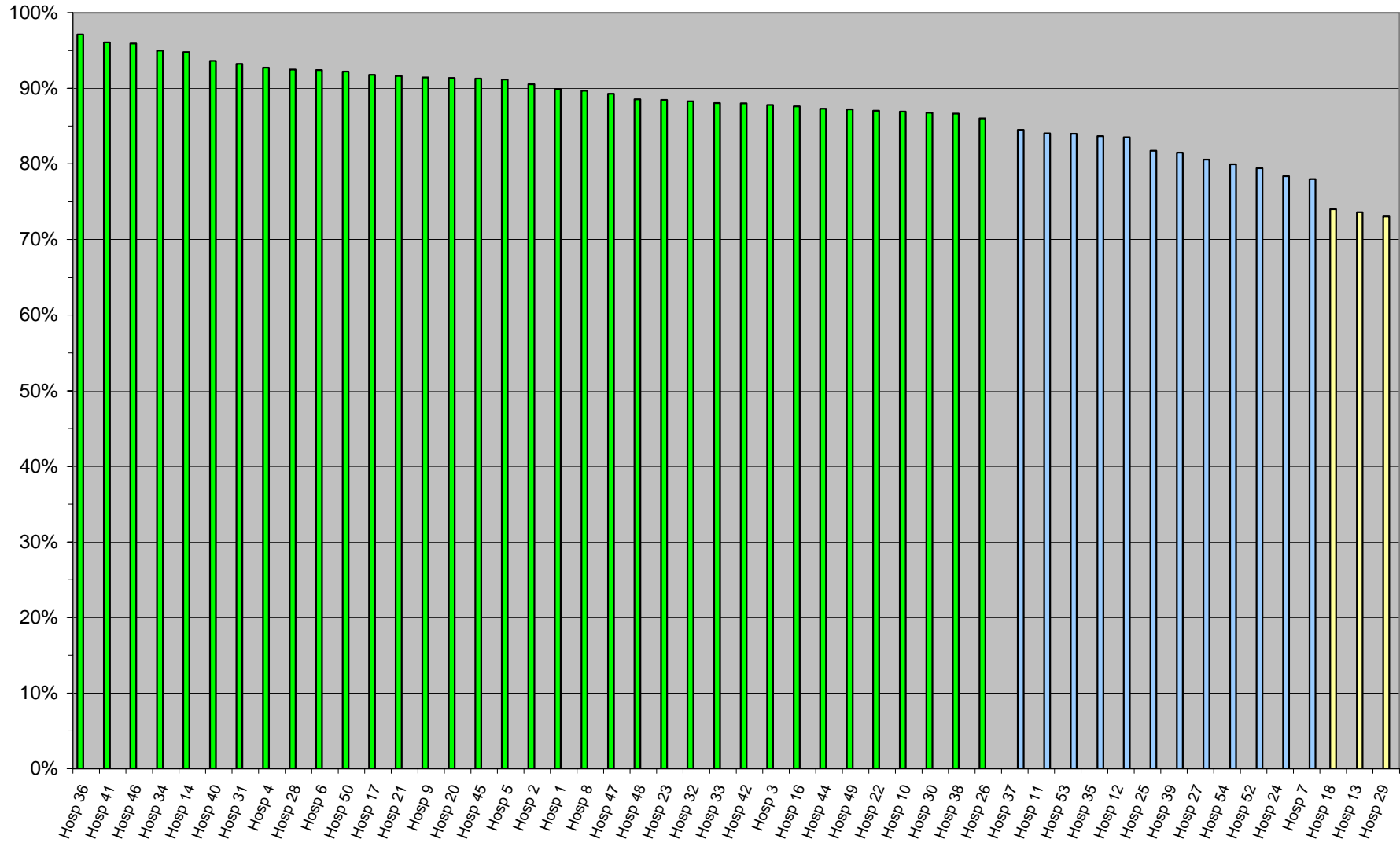
HYGIENE AUDIT RESULTS SPECIALIST WARDS OVERALL SCORES



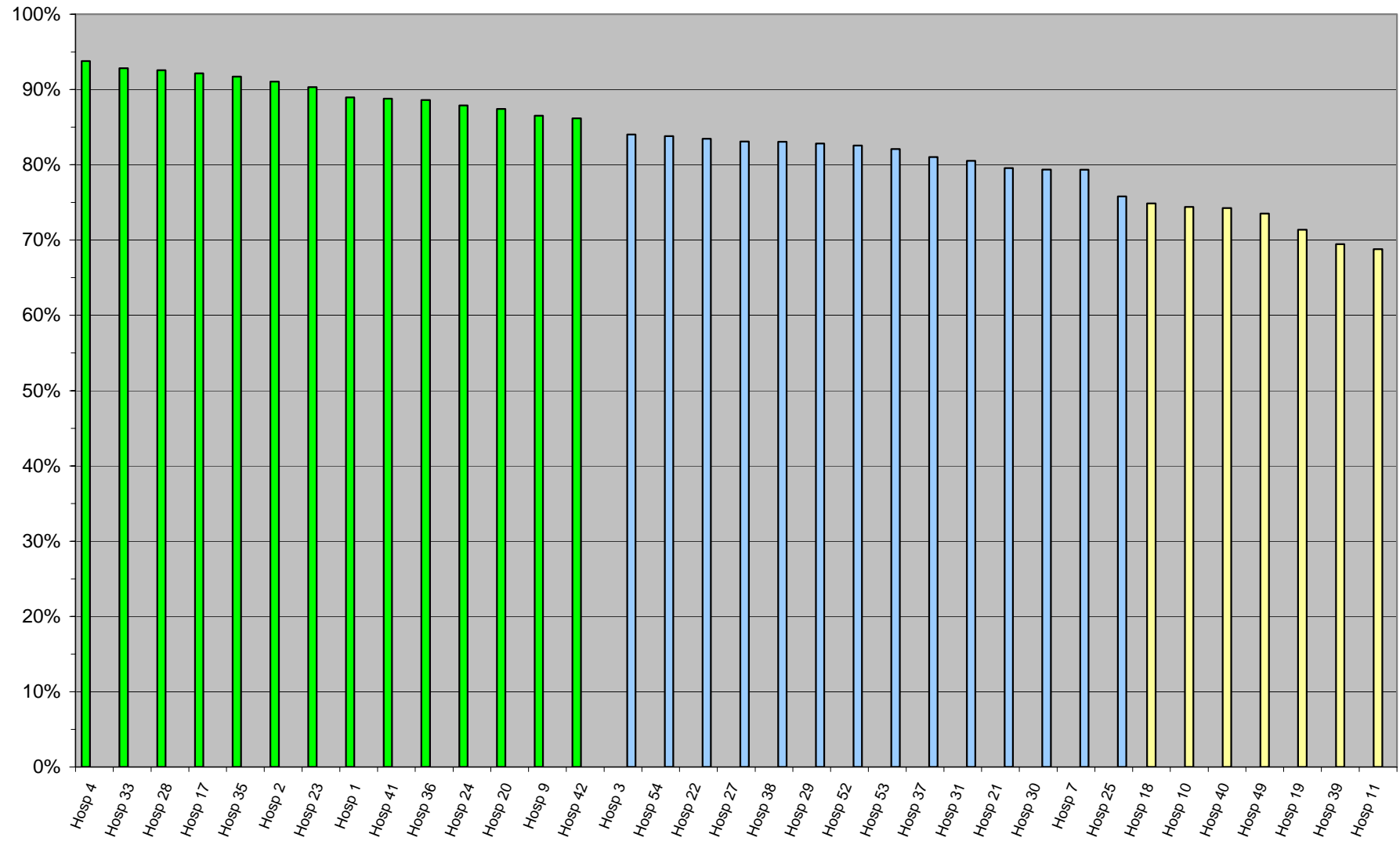
HYGIENE AUDIT RESULTS MISCELLANEOUS WARD/DEPTS OVERALL SCORES



HYGIENE AUDIT RESULTS OUTPATIENT DEPT OVERALL SCORES



HYGIENE AUDIT RESULTS A&E DEPARTMENTS OVERALL SCORES



Appendix 11

Hygiene audit results- comparison of the 1st and 2nd audits

Hospitals with a compliancy level of Poor in 1st audit				
Hospital	Hospital Type	Overall Score First Audit	Overall Score Second Audit	Change from 1st Audit
Hosp 53	Medium	62%	84%	Improved to Fair
Hosp 1	Large	62%	86%	Improved to Good
Hosp 39	Large	62%	83%	Improved to Fair
Hosp 9	Large	63%	88%	Improved to Good
Hosp 28	Medium	63%	94%	Improved to Good
Hosp 27	Medium	65%	76%	Improved to Fair
Hosp 30	Medium	65%	84%	Improved to Fair
Hosp 31	Large	65%	85%	Improved to Good
Hosp 46	Medium	66%	96%	Improved to Good
Hosp 21	Large	68%	86%	Improved to Good
Hosp 24	Large	68%	82%	Improved to Fair
Hosp 35	Small	68%	89%	Improved to Good
Hosp 15	Medium	69%	80%	Improved to Fair
Hosp 6	Small	69%	88%	Improved to Good
Hosp 37	Large	70%	84%	Improved to Fair
Hosp 13	Medium	70%	83%	Improved to Fair
Hosp 48	Medium	70%	90%	Improved to Good
Hosp 18	Medium	71%	76%	Improved to Fair
Hosp 22	Large	71%	84%	Improved to Fair
Hosp 36	Small	71%	92%	Improved to Good
Hosp 11	Medium	72%	75%	Remained Poor
Hosp 32	Medium	73%	87%	Improved to Good
Hosp 29	Medium	73%	82%	Improved to Fair
Hosp 5	Small	73%	89%	Improved to Good
Hosp 54	Medium	74%	84%	Improved to Fair

Hospitals with a compliancy level of Fair in 1st audit				
Hospital	Hospital Type	Overall Score First Audit	Overall Score Second Audit	Change from 1st Audit
Hosp 43	Medium	76%	90%	Improved to Good
Hosp 2	Large	76%	89%	Improved to Good
Hosp 42	Medium	76%	89%	Improved to Good
Hosp 3	Medium	76%	85%	Improved to Good
Hosp 20	Medium	77%	86%	Improved to Good
Hosp 16	Large	77%	88%	Improved to Good
Hosp 10	Large	78%	79%	Remained Fair
Hosp 19	Small	78%	75%	Deteriorated to Poor
Hosp 40	Large	78%	79%	Remained Fair
Hosp 44	Medium	79%	85%	Improved to Good
Hosp 8	Medium	79%	78%	Remained Fair
Hosp 47	Medium	79%	85%	Improved to Good
Hosp 45	Medium	80%	89%	Improved to Good
Hosp 4	Medium	80%	92%	Improved to Good
Hosp 17	Medium	80%	90%	Improved to Good
Hosp 34	Small	80%	90%	Improved to Good
Hosp 25	Medium	80%	82%	Remained Fair
Hosp 33	Medium	81%	92%	Improved to Good
Hosp 50	Small	81%	93%	Improved to Good
Hosp 7	Large	81%	83%	Remained Fair
Hosp 12	Medium	82%	88%	Improved to Good
Hosp 49	Medium	82%	86%	Improved to Good
Hosp 52	Large	83%	83%	Remained Fair

Hospitals with a compliancy level of Good in 1st audit				
Hospital	Hospital Type	Overall Score First Audit	Overall Score Second Audit	Change from 1st Audit
Hosp 26	Large	85%	81%	Deteriorated to Fair
Hosp 23	Large	85%	88%	Remained Good
Hosp 38	Large	86%	86%	Remained Good
Hosp 41	Medium	86%	93%	Remained Good
Hosp 14	Small	88%	91%	Remained Good