

Name of QIP: **Actions following HIQA Nutrition & Hydration Inspection Monaghan Hospital 13/02/17**

Committee Responsible for oversight:

Nutrition and Hydration Steering Committee

Date of initiation: 13/03/17, Updated 18.4.17

			Implementation			Evaluation		
No.	NSSBH	AREA FOR IMPROVEMENT	INTERVENTIONS/ ACTIONS REQUIRED	PERSON(S) RESPONSIBLE	PROGRESS	DUE DATE	COMPLETED DATE	STATUS
1	1.1, 2.1	Inspectors found that the hospital was not adhering to best practice guidelines with a four hour interval between the end of each main meal and the beginning of the next meal.	Review the time allowing for a four hour interval between the end of each main meal and the beginning of the next meal.	Chair Nutritional Steering Committee	Reviewed at Nutritional & Hydration Committee meeting on 14 th March 2017 and continue to progress to achieve 4 hour interval between meals	June 2017		
2	1.1, 1.4	The hospital should ensure that all patients on texture-modified diets are offered a choice for all meals	Review of menus to ensure that all patients on texture-modified diets are offered a choice for all meals	Catering Manager/CMN11 Ward Manager	Menus have been reviewed and the development of modified texture diet choice at all mealtimes is in progress.	1 st May 2017		
3	2.3	Inspectors were not assured that all patients who had been transferred between Cavan General Hospital and Monaghan Hospital had the	Review of nursing assessment documents to incorporate section to clearly identify the	Nurse Practice Development		May 2017		

		nursing assessment of their nutritional status re-evaluated on transfer as there was no section in the nursing documentation to confirm this.	recording of transfer nutritional details at both hospitals					
4	2.7, 3.1	Not all equipment observed by inspectors indicated that they had been calibrated within the last 12 months	Ensure that there is a Maintenance Plan in place for calibration of weighing equipment and is monitored. Records forwarded to CMN11 on completion.	CMN11/Clinical Engineering Manager	All weighing scales are assigned to the medical device asset management system and are subject to calibration and preventative maintenance. A copy of all calibration and service reports will be forwarded to each department head for records	April 2017	13.04.2017	Complete
5	3.1, 5.11	The hospital needs to progress with the development and implementation of policies in relation to nutrition and hydration care to guide staff and standardise nutrition and hydration care at the hospital	Nutrition and Hydration Policy to be updated in line with national guidance	Chair Nutritional steering committee		Oct 2017		
6	2.1, 2.8	A key area of focus following this inspection is for the hospital to complete analysis of the nutrient content and portion size of all menus as per national guidelines to	A 3 month pilot has commenced on 14 th March to 2 nd June in order to review nutritional detail	Chair of the Catering Sub Group	Commenced	June 2017		

		ensure that nutrition and hydration care continues to improve						
7	5.1	There was no medical representative or pharmacist on the Group in line with national guidelines (Steering Committee)	Request pharmacy and Medical consultant to attend meetings as necessary	Chair Nutritional steering committee	Pharmacist and Medical Registrar to be co-opt to meetings as necessary. Reviewed and agreed at Nutritional & Hydration Committee meeting on 14 th March 2017		14.3.12017	Complete