

CAVAN and MONAGHAN HOSPITAL
PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS

Cavan General Hospital

IMPROVEMENT PLAN

November 2013

(BASED ON HIQA INSPECTION FINDINGS 8TH NOVEMBER 2012 & FINAL REPORT 30TH JANUARY 2013)

Total Number of Actions identified	26
---	-----------

	Number	%
Total Number of Actions completed	26	100%
Total Number of Actions classified as not yet done	0	0%
Total Number of Actions Late	0	0%

Standard 3, Criterion 3.6: The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAs.

Department: Emergency Department

	Issue	Action Required	Lead Person	Date Completed
1	Used Needle on item of equipment in Resuscitation room, on the Blood Gas Machine.	<u>A:1</u> Identify all staff on duty 8 th November 2012	CNM2 and Lead ED Consultant	Immediate November 2012
		<u>A:2</u> Identify who uses the blood gas machine.		Completed
		<u>A:3</u> Member of staff identified by Lead consultant and General Manager informed as the person was not a member of the ED staff.		
		<u>A:4</u> Arrange Education & training for all members of staff in the dept on correct handling and disposal of sharps-	CNM2, Lead Consultant in ED, IP&C CNS and H&S	Immediate November 2012. Completed and continuous
		<u>A:5</u> Introduction of Blood gas syringes – needle free system	Senior Medical Scientist	January 2013 Completed
2	Vinyl Pillow Ripped	<u>A:6</u> Review all pillows and replace as required	ED CNM2	Immediate Completed 30 th November 2012
3	Environmental cleaning issues observed.	<u>A:7</u> Ensure staff implement cleaning specifications and schedules as per cleaning policy. <u>A:8</u> Review cleaning standards through environmental audits.	ED CNM2, Acting Support Services Manager, Contract Cleaning Company Supervisor.	December 2012 Completed and continuous

Updated 21.11.13

	Issue	Action Required	Lead Person	Date Completed
3	Environmental cleaning issues observed (continued)	<u>A:9</u> Undertake corporate hygiene walkabout <u>A:10</u> Schedule of walkabouts circulated to Senior Management Team.	Operational Service Manager and Quality & Risk Assurance Office	31 st January 2013 Completed and continuous
4	Resuscitation Trolley Dust visible	<u>A:11</u> Cleaning specification for resuscitation trolley to be incorporated into the daily check	ED CNM2	December 2012 Completed and continuous
5	Drugs fridge – Stains visible	<u>A:12</u> Implement cleaning schedule and sign-off records.	ED CNM2	December 2012 Completed
6	Patient Equipment – Sub standard	<u>A:13</u> Implement the Patient equipment traffic light system for all patient equipment	ED CNM2, A/Support Service Manager, IP&C CNS and Clinical Engineer	November 2012 Completed
		<u>A:14</u> Patient equipment audits carried out.	ED CNM2 (Part of HOD 2mthly audit)	December 2012 Completed and continuous
		<u>A:15</u> Replace faulty equipment	ED CNM2	December 2012 Completed
7	Management of Healthcare Waste	<u>A:16</u> Secure, locked Clinical waste storage area to be developed within Emergency Dept.	Clinical Business Manager, Urgent Care	February 2013 Completed

Updated 21.11.13

Paediatric Ward Action Plan following HIQA Inspection 08/11/12

	Issue	Action Required	Lead Person	Date Completed
1.	Patient Equipment	<u>A:17</u> Replace damaged chairs	CNM2 Paediatric Ward	November 2012 Completed
		<u>A:18</u> Review all chairs in Paediatric ward and identify and replace as appropriate.	CNM2 Paediatric Ward	November 2012 Completed
2.	Some Signage not Laminated	<u>A:19</u> Review all signage in the department to ensure it is laminated	CNM2 Paediatric Ward	December 2012 Completed
3.	Management of Healthcare waste	<u>A:20</u> Clinical waste storage area required for Paediatric Ward that is secure and locked	Clinical Business Manager,	March 2013 Completed

ED and Paediatric Ward Hand Hygiene Compliance Action Plan following HIQA Inspection 08/11/12

	Issue	Action Required	Lead Person	Date Completed
1.	Inadequate Hand Hygiene Compliance	<u>A:21</u> To facilitate staff to repeat mandatory training	CNM2 ED and Paediatric Ward Supported by IP&C CNS	Training commenced with scheduled and Regularised dates in place. Continuous
		<u>A:22</u> Review staff attendance records at Hand Hygiene Education & Training.	CNM2 ED and Paediatric Ward Supported by IP&C CNS	November 2012 Completed
		<u>A:23</u> Continuous hand hygiene audits to be conducted by Infection Prevention & Control CNS.	Infection Prevention & Control Nurse	Completed and continuous
		<u>A:24</u> Heads of Departments to identify staff hand hygiene auditors within departments (ED included) who will be trained on hand hygiene auditing.	CNM2 ED & Lead Consultant supported by Service Manager	December 2012 Completed
		<u>A:25</u> When local hand hygiene auditors are identified and trained conduct 'observational audits' of hand hygiene.	Local hand hygiene auditors in depts, wards etc	Completed November 2013 (Auditor Training is ongoing continuously)
		A:26 Schedule for hand hygiene audits to be submitted to IP&C CNS.	ED CNM2 & Paediatric Ward supported by IP&C CNS.	Completed – schedule detail in observation hand hygiene operational plan

Updated 21.11.13

Implementation of this improvement plan will be overseen by the Cavan General Hospital Hygiene Operational Committee

The improvement plan will be directly monitored by the Senior Management Team

Six weekly update on this improvement plan will be reported to the C&MH Infection Prevention and Control Steering Committee.

Approved by: _____ (C&MH General Manager)

(Bridget Clarke)

_____ (Acting Director of Nursing)

(Margaret Scott)

_____ Chair of the Cavan General Hospital Hygiene Operational Committee

(Renee Stephenson - Egan)