

Cavan and Monaghan Hospital

MONAGHAN HOSPITAL SITE

PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS

IMPROVEMENT PLAN

July 2014

BASED ON HIQA INSPECTION FINDINGS 13TH February 2013 & FINAL REPORT 4TH April 2013

Total Number of Actions identified	30
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	Number	%
Total Number of Actions completed	30	100%

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.

Stepdown Ward (Ward 1) Monaghan Hospital Action Plan following HIQA Inspection 15/02/13

	Issue	Action Required	Lead Person	Date Completed
	Environmental Issues			
	<ul style="list-style-type: none"> Light layer of dust found on top of the curtain rails in Ward 1. 	<u>A:1</u> Cleaning staff to ensure all curtain rails are cleaned in accordance with cleaning specification and schedule. Curtain rails to be cleaned immediately	Cavan & Monaghan Hospital Support Services Manager	Completed April 2013
	<ul style="list-style-type: none"> Moderate amounts of dust were found on: <ul style="list-style-type: none"> upper ledges of the window frames in room 38 	<u>A:2</u> Cleaning staff to ensure all window frames in R38 are cleaned in accordance with cleaning specification and schedule. Upper window ledges to be cleaned immediately	Cavan & Monaghan Hospital Support Services Manager	Completed April 2013
	<ul style="list-style-type: none"> top of a light over a sink in a patient toilet and shower 	<u>A:3</u> Cleaning staff to ensure top of a light over sink in patient toilet & shower in R38 are cleaned in accordance with cleaning specification and schedule. Top of light over sink to be cleaned immediately	Cavan & Monaghan Hospital Support Services Manager	Completed April 2013

	Environmental Issues Continued	Action Required	Lead Person	Date Completed
	To address all of the cleaning deficits identified during the HIQA inspection at both a strategic and operational level.	<u>A:4</u> Cleaning Staff training to be reviewed and updated in line with cleaning and disinfection policy and departmental cleaning specifications. Training Needs Analysis	Cavan & Monaghan Hospital Support Services Manager	1 st September 2013 Completed 8th October
		A:5 Environmental cleanliness to be monitored through the ongoing environmental audit process as outlined in the Hygiene Operational plan. (Head of Department Hygiene Audit by Clinical Nurse Manager 2 to be completed bimonthly and submitted to A/Site Manager Monaghan Hospital for analysis and an action plan to address deficits identified)	Clinical Nurse Manager 2 Rehabilitation (Wd2) / Stepdown (Ward1) A/Site Manager – Monaghan Hospital	12 th April 2013 Completed and Continuous two monthly
		<u>A:6</u> Cleaning specifications (including cleaning schedules) and allocated resources to be reviewed and updated following review of audit results.	Clinical Nurse Manager 2 and Services Manager with Support from A/Site Manager – Monaghan Hospital, Infection Prevention & Control Clinical Nurse Specialist and Quality & Risk Assurance Officer	Completed 31st August 2013

	Environmental Issues Continued	Action Required	Lead Person	Date Completed
		<u>A:7</u> Corporate walkabouts (which commenced from 2007) to be continued with specific emphasis on environmental cleanliness concerns as outlined by the Health Information & Quality Authority. Progress reports to be reviewed by the Operational Hygiene committee and Infection Prevention & Control steering committee..	A/Site Manager – Monaghan Hospital, Quality & Risk Assurance Officer with support from Senior Management Team	Completed Frequency detailed in Hygiene Operational plan – Continuous programme
	Equipment Issues			
	<ul style="list-style-type: none"> • Rust damage on the wheels of one commode in the 'dirty' utility room Ward 1 	<u>A:8</u> Replace rust damaged wheels on commode	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1& 2)	Complete - 8/4/13
	<ul style="list-style-type: none"> • Two urinals were not stored inverted in the 'dirty' utility area 	<u>A:9</u> Staff to ensure all urinals are placed inverted in their holders in the dirty utility area after cleaning.	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1& 2)	Completed
	<ul style="list-style-type: none"> • Disposable apron dispenser was found to be empty outside the cleaners room 	<u>A:10</u> Ensure apron dispenser outside cleaners room stock is restocked daily.	Cavan & Monaghan Hospital Support Services Manager	Completed and continuous
	<ul style="list-style-type: none"> • White powdery residue was found on the surface of a bedpan which was 'ready for use' 	<u>A:11</u> Ensure all bedpans are decontaminated after use and stored in bedpan rack provided. If light dust on bedpan staff to reinsert in bed pan washer before use.	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1)	Completed April 2013

	Equipment Issue Continued	Action Required	Lead Person	Date Completed
	To address all of the equipment deficits identified during the Health Information & Quality Authority inspection at both a strategic and operational level	<u>A:12</u> Patient equipment to be monitored through the ongoing 2 monthly audits carried out by the Heads Of Department as outlined in the Hygiene Operational plan.	Clinical Nurse Manager 2 Rehabilitation Unit and Stepdown Unit	Completed and Carried out every two months.
		<u>A:13</u> To continue with the Infection Prevention & Control Patient Equipment Audits and address identified deficits.	Infection Prevention & Control Clinical Nurse Specialist	Completed 31.12.2013
		<u>A:14</u> The reporting system in place for Equipment Audit results is to be continued and the results submitted to: <ul style="list-style-type: none"> the Hygiene Operational committee and Infection Prevention & Control Steering Committee 	<ul style="list-style-type: none"> Chairpersons of the Hygiene Operational Committee Infection Prevention & Control Steering Committee 	Completed At each meeting of the : <ul style="list-style-type: none"> Hygiene Operational Committee Infection Prevention & Control Steering Committee
	Signage/Poster			
	One poster was detaching from the wall in the 'dirty' utility room	<u>A:15</u> Ensure poster is reaffixed to the wall appropriately	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1)	Completed

Rehabilitation Ward (Ward 2)

Monaghan Hospital Action Plan following Health Information & Quality Authority Inspection 15/02/13

Issue	Action Required	Lead Person	Date Completed
<u>Environmental Issues</u> <ul style="list-style-type: none"> Small stain was observed on the wall under the toilet tissue dispenser in room number 33 on Ward 2. Chipped and missing paintwork was observed on the walls in room number 32 on Ward 2. Light layer of dust found on <ul style="list-style-type: none"> The base of two pieces of patient equipment in Ward the surface of the resuscitation trolley 	<u>A:16</u> Small stain on the wall under the toilet tissue dispenser in room number 33 to be cleaned immediately	Cavan & Monaghan Hospital Support Services Manager	Completed
	<u>A:17</u> Cleaning staff to ensure cleaning Specification and schedule are adhered to.	Cavan & Monaghan Hospital Support Services Manager	Completed & Continuously ongoing
	<u>A:18</u> Repair of chipped/missing paintwork R32.	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 2) Maintenance Manager	Completed June 2013
	<u>A:19</u> Ensure staff are adhering to the cleaning processes/specifications/schedules for patient equipment cleaning	Cavan & Monaghan Hospital Support Services Manager	Completed
	<u>A:20</u> All patient equipment is cleaned after use . The Medical Equipment "Traffic Light Label System" is put on equipment when ready for use	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1& 2)	Completed
	<u>A:21</u> Ensure staff adhere to cleaning specification/schedules for the resuscitation trolley	Clinical Nurse Manager 2 Rehabilitation / Step-down Wards (Ward 1& 2)	Completed & Continuously ongoing

Waste Segregation

	Issue	Action Required	Lead Person	Date Completed
	Copies of the waste management policy at ward level were out of date with a review date for July 2012 referenced.	A:22 Remove all out of date copies and replace with the up to date version i.e. <u>Health Service Executive Dublin North East Guidelines for the Management of Clinical Risk Wastes In Acute Hospitals (2011)</u>	Head of Department	Completed 1 st May 2013
		A:23 Acting Site Manager – Monaghan Hospital, to request all Heads of Department's have copies of the up to date <u>Health Service Executive Dublin North East Guidelines for the Management of Clinical Risk Wastes In Acute Hospitals (2011)</u> in their department	Acting Site Manager – Monaghan Hospital,	Completed April 2013

Hand Hygiene (Rehabilitation (Ward 2) / Stepdown Ward (Ward1))

	Issue	Action Required	Lead Person	Date Completed
	<ul style="list-style-type: none"> • Authority observed 20 hand hygiene opportunities. However, only 11 complied with best practice recommendations. • Hand hygiene practice observed by the Authority would suggest that a culture of best practice hand hygiene could be more operationally embedded at all levels • While the Authority was informed that central hand hygiene training records were maintained, local records in Ward 1 demonstrated that 17 staff out of a total of 46 had not attended hand hygiene training in the past two years. Training for a further 12 staff was out of date since 13 May 2012 	<u>A:24</u> Schedule for all staff to attend standard precautions training including mandatory hand hygiene updates to be continued Priority to be given to staff who had not attended the training sessions and ensure they receive training in April 2013.	Infection Prevention & Control Clinical Nurse Specialist and Clinical Nurse Manager 2 (Rehabilitation / Stepdown Unit)	Completed and Training sessions held on 12/4/13 & 25/4/13. Mandatory training is ongoing.
		<u>A:25</u> Monitoring of Hand Hygiene attendance at Infection Prevention & Control mandatory updates Rehabilitation/Stepdown unit Hand Hygiene records will be reviewed quarterly by head of department to determine attendance levels and inform targeted training of staff. Quarterly Reviews of attendance records e.g. January, April and August	Clinical Nurse Manager 2 Rehabilitation / Stepdown Unit	Completed and continuous since April 2013

Hand Hygiene Continued	Action Required	Lead Person	Date Completed
	<u>A:26</u> Hand Hygiene records will be reviewed quarterly by each head of department to determine attendance levels Quarterly Reviews of attendance records e.g April, August and December	Clinical Nurse Manager 2 Rehabilitation / Stepdown	Completed and Continuous
	<u>A:27</u> Hand hygiene results are to be reported to the Quality and Risk Steering Committee, Infection Prevention & Control Steering Committee and Senior Management Team with an improvement action plan. (August 2013 and November 2013)	Infection Prevention & Control Clinical Nurse Specialist	Completed and Continuous
	<u>A:28</u> National Hand Hygiene Audits are to be performed at Cavan & Monaghan Hospital within the time frames set out in National Hand Hygiene Observational Audit Tool which are May 1st-31st and October 1st-30 th 2013	Infection Prevention & Control Clinical Nurse Specialist	Completed and Continuous
	<u>A:29</u> National Hand hygiene audit results to be analysed and reported to the Senior Management Team in June 2013 and December 2013.	Infection Prevention & Control Clinical Nurse Specialist	Completed and Continuous
	<u>A: 30</u> Local Auditors to be identified in each department and Local auditor training to commence. Local auditing to take place in line with Health Service Executive Hand Hygiene Observational Audit	Clinical Nurse Manger 2 Rehabilitation/ Stepdown Unit and supported by Infection	Completed

	Issue	Action Required	Lead Person	Date Completed
		A: 30 Continued: Infection Prevention & Control Clinical Nurse Specialist to arrange dates for training	Prevention & Control Clinical Nurse Specialist	Completed May 2014

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

(Patricia McDermott)

