

Cavan & Monaghan Hospital

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CAVAN HOSPITAL SITE
PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS
IMPROVEMENT PLAN
DECEMBER 2014
BASED ON HIQA INSPECTION FINDINGS 9th October 2014
FINAL REPORT 14TH November 2014
Last Updated 28th August 2015
Updated 24th December 2015

Total Number of Actions Identified	34
Total Number of Actions Complete	33
Total Number of Actions Not yet done	0
Total Number of Actions Late	1

Standard 3, Criterion 3.5: All systems including water and ventilation systems are designed, maintained and audited in line with national and international guidelines to minimize the possible spread of healthcare associated infections e.g. Aspergillus species and Legionella species.

	Area for Improvement	Action Required	Lead Person	Date Completed
1	Some water flushing records were not completed for the week beginning 29 th September 2014.	A1: Water flushing records must be monitored, maintained and updated in accordance with hospital policy.	Support Service Manager C&MH and Contract Cleaning Supervisor.	Completed October 2014 and ongoing.

Surgical 1

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 the service user and dignity and to reduce the risk of the spread of HCAI's.

	Area for Improvement	Action Required	Lead Person	Date Completed
2	Patient Equipment	A2: A system needs to be in place to ensure that commodes are cleaned immediately after use by patients in accordance with cleaning specification and ready for use label is attached.	CNM2 Surgical 1	Completed October 2014
		A replacement programme to be developed to replace damaged commodes	CNM2 Surgical 1 and CGH Stores Manager.	
		A3: A process and system is required to be in place to ensure that all reusable patient equipment is cleaned after patient usage i.e. Oxygen Saturation Probe, Wheels of Intravenous stands, Glucometer holders, Cardiac Monitors, Dressing Trolley and wheel chairs.	CNM2 Surgical 1	Completed December 2014
		Equipment check list to be introduced hospital wide	Hygiene Operational Group (set up post HIQA inspection)	Completed December 2014 and ongoing

	Area for Improvement	Action Required	Lead Person	Date Completed
3	General Cleanliness and Maintenance	A4: Develop a documented process and schedule whereby all patient beds are cleaned in accordance with cleaning specifications. ✓All beds are identified and numbered for each area. ✓Ensure staff implement cleaning specifications and schedules as per cleaning policy ✓Review cleaning standards through environmental audits.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		A5: A replacement programme to be developed for damaged bedside tables and lockers	CNM2 Surgical 1 and CGH Stores Manager.	Completed Q2 2015
4	Ward Facilities – Clean Utility	A6: Repair/replace key pad lock on door.	CNM2 Surgical 1 and Maintenance Manager	Completed October 2014 and ongoing monitoring
		Ensure that there is a system in place for drug fridge and cupboard to be locked when not in use.	CNM2 Surgical 1	Completed October 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
	Ward Facilities – Clean Utility	Remove inappropriate items from hand wash sink and ensure cleaning of this area is carried out in according to cleaning specifications	CNM2 Surgical 1, Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Ensure all inappropriate items are removed from the floor space	CNM2 Surgical 1	Completed October 2014 and ongoing monitoring
		Review all signage in Surgical 1 to ensure signage in clinical areas are laminated	CNM2 Surgical 1	Completed October 2014 and ongoing monitoring
	Ward Facilities – Ward Sluice and Dirty Utility	A7: Repair/replace key pad lock on door.	CNM2 Surgical 1 and Maintenance Manager	Completed October 2014
		All Chemical Agents must be stored in a locked cupboard – Reaffirm this to all Staff	CNM2 Surgical 1, Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Cupboard – Replace or repair damaged cupboard i.e. rusty hinge and damaged shelf identified	CNM2 Surgical 1 and Maintenance Manager	Completed December 2014 and ongoing monitoring
		Stained wall tiles to be cleaned and damaged tiles to be replaced.	CNM2 Surgical 1, Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Deep clean this area and ensure that no item is stored on the floor.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
	Ward Facilities – Equipment Store	Equipment store to be deep cleaned and de-cluttered and no item to be stored on floor space.	CNM2 Surgical 1, Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Further storage areas for Equipment to be identified for Surgical 1.	CNM2 Surgical 1, Operational Service Manager, Service Manager Surgical Services and Maintenance Manager.	Plans for completion Quarter 2 2016
	Ward Facilities – Treatment Room	A8: Staff must be reminded to ensure that this door is kept closed when not in use.	CNM2 Surgical 1	Completed October 2014 and ongoing monitoring
		Deep clean this area and ensure that no item is stored on the floor.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
	Ward Facilities – Sanitary Facilities	A9: Deep clean all toilets and patient shower rooms and ensure that no item is stored on the floor.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Repair / replace damaged shower seat and stool	CNM2 Surgical 1 and Stores manager.	Completed October 2014 and ongoing monitoring
		Erect laminated signage in bathrooms and toilets informing user to remove their personnel belongings when leaving this area.	CNM2 Surgical 1	Completed October 2014 and ongoing monitoring
	Ward Facilities – Linen Cupboard	A10: Deep clean the linen storage area and ensure no items are stored on the floor space. Inappropriate items are not to be stored in this area.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
	Ward Facilities – Cleaning Facilities	A11: Storage of Cleaning Equipment - Ensure Cleaning staff are reminded of best practice when storing their equipment	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Reaffirm to all staff the importance of ensuring that all cleaning equipment including trolley and storage area are kept clean in line with the policy.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Review the cleaning specification for cleaners trolleys	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
	Ward Facilities – Isolation Room door propped open.	A12: This practice is not unacceptable and staff to be made aware of best practice.	CNM2 Surgical 1 and IP&C CNS.	Completed October 2014 and ongoing monitoring

Waste Criterion 3.7 The inventory, handling, storage, use of and disposal of hazardous material/equipment is in accordance with evidence – based codes of best practice and codes of current legislation

	Area for Improvement	Action Required	Lead Person	Date Completed
5	Clinical Waste: Disposal of used Incontinence Pad	A13: Staff must be made aware of the correct disposal of clinical waste in accordance with: <i>Health Service Executive Dublin North East Guidelines for the Management of Clinical Risk Wastes In Acute Hospitals (2011)</i>	CNM2 Surgical 1 and IP&C CNS.	Completed October 2014 and ongoing monitoring
	Sharps Bins – Temporary closure mechanisms not activated when not in use.	Staff awareness of the importance of ensuring that sharps bins temporary closure is activated when not in use.	CNM2 Surgical 1 and IP&C CNS.	Completed October 2014 and ongoing monitoring
	Waste Bin – Lid not functioning	Replace all damaged or malfunctioning bins	CNM2 Surgical 1 and store manager	Completed October 2014 and ongoing monitoring

Surgical 2

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 the service user and dignity and to reduce the risk of the spread of HCAI's.

	Area for Improvement	Action Required	Lead Person	Date Completed
1	Patient Equipment	A14: A system needs to be in place to ensure that commodes are cleaned immediately after use by patients in accordance with cleaning specification and ready for use label is attached.	CNM2 Surgical 2	Completed October 2014 and ongoing monitoring
		Equipment check list to be introduced hospital wide	Hygiene Operational Group (set up post HIQA inspection)	Completed December 2014 and ongoing.
		Damaged wheelchair to be replaced.	CNM2 Surgical 2 and CGH Stores Manager.	Completed October 2014 and ongoing monitoring
		A process and system is required to be in place and functioning to ensure that all reusable patient equipment is cleaned after patient usage i.e. Temperature probe, Glucometer holder, cardiac monitor, resuscitation trolley, suction apparatus and intravenous pumps .	CNM2 Surgical2	Completed December 2014
		Equipment check list to be introduced hospital wide	Hygiene Operational Group (set up post HIQA inspection)	Completed December 2014 and ongoing.
		Implement the Equipment patient traffic light system	CNM2 Surgical2	Completed December 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
2	General Cleanliness and Maintenance	A15: Develop a documented process and schedule whereby all numbered & labeled patient beds inclusive of mattress are cleaned in accordance with cleaning specifications.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Develop a process to check mattress for damage and replacement programme.	CNM2 Surgical 2, Tissue Viability CNS and Stores Manager	Completed October 2014 and ongoing monitoring
		Review cleaning standards through environmental audits.	CNM2 Surgical 2, Hygiene Co-coordinator	Completed October 2014 and ongoing monitoring
		A replacement programme to be developed for damaged bedside tables and chairs (this is inclusive of all departments in CGH)	CNM2 and CGH Stores Manager.	Completed Q1 2015
		A repainting of damaged paintwork schedule for Surgical 2 to be developed.	CNM2 Surgical 2, Operational Services Manager, Service Manager Medical Inpatients and Maintenance Manager.	Due Quarter 2, 2015
3	Ward Facilities – Clean Utility	A16: CNM2 to reaffirm to cleaning staff for this area the importance of maintaining accurate records i.e. checklist sign off sheet.	CNM2 Surgical 2 Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Deep clean this area	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Macerator servicing record to be maintained and displayed.	CNM2 Surgical 2 and Maintenance Manager	Completed October 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
	Ward Facilities Continued: – Clean Utility	A17: Remove inappropriate items from hand wash sink from top of bed pan washer	CNM2 Surgical 2,	Completed October 2014 and ongoing monitoring
		Ensure that patient reusable washbasins are decontaminated after each use in accordance with best practice and specifications.	CNM2 Surgical 2	Completed October 2014 and ongoing monitoring
	Ward Facilities – Sanitary Facilities	A18: Deep clean all toilets and patient shower rooms and ensure that no item is stored on the floor.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Repair / replace damaged domestic waste bin, toilet flush not working in one area, cracked shower tray, damaged wall tiles.	CNM2 Surgical 2 and Stores manager.	Completed October 2014 and ongoing monitoring
	Ward Facilities – Isolation Room	A19: Staff must ensure that doors of Isolation Rooms are closed at all times.	CNM2 Surgical 2	Completed October 2014 and ongoing monitoring
		Deep clean all Isolation Rooms inclusive of their toilet / shower rooms	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Suction equipment to be stored and replaced in line with best practice.	CNM2 Surgical 2	Completed October 2014 and ongoing monitoring

	Area for Improvement	Action Required	Lead Person	Date Completed
	Ward Facilities Continued: – Cleaning Facilities	A20: Inappropriate items i.e. kitchen knife, clinical waste bag not to be stored in cleaning rooms	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Reaffirm to all staff the importance of ensuring that the door to this area is kept closed at all times.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		This room requires deep cleaning inclusive floor covering, walls, shelving, sinks etc.	Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Replace damaged floor covering in this room.	Operational Services Manager and Maintenance Manager	Completed Quarter 2 2015

Waste Criterion 3.7 The inventory, handling, storage, use of and disposal of hazardous material/equipment is in accordance with evidence – based codes of best practice and codes of current legislation

	Area for Improvement	Action Required	Lead Person	Date Completed
	Sharps Bins label – Details of assembly, ward detail etc incomplete	A21: Staff awareness of the importance of ensuring that sharps bins label is completed by the person assembling and final closing of the bin etc	CNM2 Surgical 1 and IP&C CNS.	Completed October 2014 and ongoing monitoring
	Clinical Waste Segregation Poster – None present	Erect laminated appropriate Clinical Waste Segregation Poster in Sluice Room and Clinical Waste Rooms.	CNM2 Surgical 1 and IP&C CNS.	Completed October 2014 and ongoing monitoring

Standard 6. Hand Hygiene. Criterion 6.1: There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections.

	Area for Improvement	Action Required	Lead Person	Date Completed
1	Hand Hygiene Access and Cleanliness of Hand Hygiene Sink	A22: Inappropriate items i.e. patient's personal items, jugs, should not be stored on or around hand wash - sinks to ensure egress to facility & all staff awareness of this.	HOD, Support Service Manager and Contract Cleaning Supervisor	Completed October 2014 and ongoing monitoring
		Deep clean all Hand wash sinks & Replace silicon around taps & edges	Support Service Manager and Contract Cleaning Supervisor & Maintenance	Completed October 2014 and ongoing monitoring
2	Improve Hand Hygiene compliance to achieve national Hand Hygiene target of 90%	A23: Hand Hygiene compliance sub-group to be established	Director of Nursing / Clinical Director	Completed October 2014 and ongoing monitoring
		Identify Hand Hygiene Champions which includes members of the Senior Operational Management Team	Hand Hygiene Compliance subgroup	Completed October 2014 and ongoing monitoring
3	Training	A24: Hand Hygiene champions to receive training on the 5 moments of hand hygiene	IPCT	Completed November 2014 and ongoing monitoring
		Each member of staff to receive training on hand hygiene (mandatory training) every two years.	Heads of Department	Currently in process and will be ongoing
		Attendance at hand hygiene training to be reflected in the IP&C Annual Report	• IPCT	Completed November 2015 and ongoing monitoring
4	Hand hygiene Audit	A25: Generate a hospital league table for Hand Hygiene	IPCT	Completed March 2015 and will be ongoing

Continued - Standard 6. Hand Hygiene. Criterion 6.1: There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections

	Area for Improvement	Action Required	Lead Person	Date Completed
	Corporate and Clinical Governance	A26: Senior Management Team to communicate to all staff the requirement to comply with hand hygiene policy and the target hand hygiene compliance target	Executive Management Team	Completed October 2014 and ongoing monitoring
		Hand hygiene to become a standing agenda item on QSEC meeting agenda and Senior Operational Management Team meetings agenda Hand hygiene results to be reviewed at all levels in the Corporate organisational structure	<ul style="list-style-type: none"> • IP&CSC • Q&SEC • SOMT 	Completed and ongoing monitoring
		Each clinical governance committee to develop their own QIP for hand hygiene in conjunction with the Hand Hygiene Compliance sub-group	Chairs of the Clinical Governance Committees	Completed and ongoing monitoring
5	Hand Hygiene point of care resources	A27: Undertake a review of all hand gel dispensers and hand wash sinks throughout the hospital to ensure there is adequate supply and ease of access	IPCT/Hygiene Coordinator	Hand gel completed January 2015 Sink audit completed April 2015
6	Educational supports	A28: As required, specific groups of staff and individual staff members will be targeted for education if compliance rates are not achieved.	IPCT	Commenced October 2014 and ongoing monitoring

Clostridium Difficile Action Plan

	Issue	Action Required	Lead Person	Date Completed
1	Antimicrobial Stewardship	A33: Revise and Implement the Antimicrobial Stewardship programme	Consultant Microbiologist	Completed Quarter 4 2014 and ongoing monitoring
		Review the local antibiotic guidelines with a view to recommending restricting use of high risk (for CDI) antimicrobials	Consultant Microbiologist	Completed Quarter 4 2014 and ongoing monitoring
		Document the process for antibiotic stewardship rounds & seek sign off at D&T committee	Consultant Microbiologist	Completed November 2014 and ongoing monitoring
		Introduce an “app” for antibiotic prescribers	RCSI Consultant Microbiologists	Completed Quarter 4 2014 and ongoing monitoring
		Undertake gap analysis against national guidelines and recommendations	C Diff subcommittee	Completed October 2014 and ongoing monitoring
2	Staff resources	A34: Progress recruitment of 1.0 wte. IPCN CNS/CNM2	General Manager / NRS	Completed October 2014 and ongoing monitoring
		Progress recruitment of permanent 1.0 wte. Antimicrobial Pharmacist through NRS.	General Manager / NRS	Completed Quarter 4 2014 and ongoing monitoring

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

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

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

Approved by:



Evelyn Hall (Cavan & Monaghan Hospital, General Manager)



Marian Kiernan (Cavan & Monaghan Hospital, Director of Nursing)

Date: 19th February 2016