

**Cavan & Monaghan Hospital**

**MONAGHAN HOSPITAL SITE**

**PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS**

**QUALITY IMPROVEMENT PLAN**

**December 2015**

**BASED ON HIQA INSPECTION FINDINGS 8<sup>TH</sup> May 2014 & FINAL REPORT 2014**

**Last Updated: 24<sup>th</sup> December 2015**

<b>Total Number of Actions Identified</b>	<b>21</b>
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<b>Total Number of Actions Completed</b>	<b>21</b>
<b>Total Number of Actions Not yet done</b>	<b>0</b>
<b>Total Number of Actions Late</b>	<b>0</b>

**Standard 3.1, 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 Health Care Associated Infections. This includes but is not limited to : All equipment, medical and non-medical including cleaning devices, are effectively managed, decontaminated and maintained : the linen supply and soft furnishings used are in line with evidence based best practice and are managed, decontaminated, maintained and stored.

### Ward 1 and Ward 2 Monaghan Hospital Action Plan following HIQA Inspection 08/05/14

#### Environment and Facilities Management

Issue	Action Required	Lead Person	Due Date
<b>Environment &amp; Equipment</b>			
Light layer of dust found on patient bedside lockers.	<p>Cleaning staff to ensure all bedside lockers are cleaned in accordance with cleaning specification and schedule. Bedside lockers to be cleaned immediately.</p> <p>Continue the Environmental hygiene audits to ensure future monitoring of environmental cleanliness</p>	<p>Cavan &amp; Monaghan Hospital Support Services Manager</p> <p>Clinical Nurse Manager (CNM2)</p>	Complete and monitoring ongoing
Chipped paint was observed on a wall at the nurses' station on Ward 2 and on patient bedside tables.	Repair of chipped/missing paintwork	CNM2 /Maintenance Manager	Complete

Issue	Action Required	Lead Person	Due Date
A plastic fitting around a shower outlet in patient toilet/washroom was damaged.	Identify damaged shower outlet in patient toilet/washroom and repair.	CNM2/ Maintenance Manager	Complete
The water outlet in the hand wash sink was unclean and there was a black residue on a join on the splash back under the sink. There was a brown stain on the floor around the toilet and the area where the toilet seat attached to the toilet was unclean.	<p>Cleaning staff to ensure that all areas are cleaned in accordance with cleaning specification and schedule.</p> <p>Continue the Environmental hygiene audits to ensure future monitoring of environmental cleanliness</p>	<p>Cavan &amp; Monaghan Hospital Support Services Manager</p> <p>Clinical Nurse Manager (CNM2)</p>	<p>Complete</p> <p>Monitoring ongoing</p>
A record of toilet checks posted at the toilet/washroom showed that it had been completed for two periods in advance	Cleaning staff to ensure that toilet checks are carried out at regular intervals as per cleaning specification and signed after completion and not in advance. Regular audit to ensure compliance	CNM2/ Cavan & Monaghan Hospital Support Services Manager	Complete and ongoing monitoring

Issue	Action Required	Lead Person	Due Date
There was paper lodged in the water outlet in a hand wash sink in another patient washroom.	Cleaning staff to ensure all areas are cleaned in accordance with cleaning specification and schedule	CNM2/Cavan & Monaghan Hospital Support Services Manager	Complete
A red stain was visible on the surface of a glucometer.	Glucometer cleaned in accordance with cleaning specification or equipment replaced.	CNM2/ Cavan & Monaghan Hospital Support Services Manager	Complete
The wheel areas of a drug trolley were unclean and a sticky substance was observed on the bottom shelf of the trolley.	Drug trolley cleaned in accordance with cleaning specification and cleaning schedule adhered to.	CNM2/Cavan & Monaghan Hospital Support Services Manager	Complete
Rust coloured staining was observed on the top step of a foot stool	Footstools to be cleaned in compliance with cleaning specification to include inspection of equipment. Damaged items to be notified for repair/replacement using traffic light system in place.	CNM2/ Cavan & Monaghan Hospital Support Services Manager	Complete

Issue	Action Required	Lead Person	Due Date
<p>There was black staining on the seal behind the hand wash sink in the clean utility room on Ward 1. The water outlet in the hand wash sink in the clean utility room on Ward 2 was unclean and yellow staining was observed at the bottom of the radiator.</p>	<p>Seal replaced. Hand wash sink &amp; Radiator cleaned in accordance with cleaning specification and cleaning schedule adhered to.</p>	<p>CNM2/Cavan &amp; Monaghan Hospital Support Services Manager Maintenance Manager</p>	<p>Complete</p>
<p>A cardboard box was stored on the floor of a store room on Ward 2.</p>	<p>Ensure suitable storage area for all items with adequate shelving within the department.</p>	<p>CNM2/ Cavan &amp; Monaghan Hospital Support Services Manager</p>	<p>Complete</p>
<p>While the doors of the dirty utility rooms on Ward 1 and Ward 2 were lockable with a keypad and a sign stating 'Please ensure that the door is kept closed at all times' the doors of both rooms were unlocked during the inspection</p>	<p>Monitor compliance with regulation</p>	<p>CNM2</p>	<p>Monitoring process ongoing</p>

Issue	Action Required	Lead Person	Due Date
Sticky tape residue was visible on a wall in the dirty utility room on Ward 1.	Cleaning staff to ensure all areas are cleaned in accordance with cleaning specification and schedule. Tape residue to be removed. Environmental audit to monitor environmental barriers to cleanliness	CNM2/Support Services Manager	Complete and ongoing monitoring
The material covering the seats of three commodes and on the armrest of one of the commodes was torn. White staining was visible on the back rest and seat of another commode. Rust coloured staining was visible on the wheel areas of some of the commodes. A commode in a patient toilet was unclean.	Commodes to be cleaned in compliance with cleaning specification to include inspection of equipment. Damaged items to be identified during environmental monitoring and notified for repair/replacement using traffic light system in place.	CNM2/Support Services Manager Maintenance Manager	Complete and ongoing monitoring
Chipped paint and black plastic material was observed to be attached to the foot operated levers of some non-clinical waste disposal bins. Some foot operated levers on non-clinical waste disposal bins were not operating correctly and as a result the lids were not closing correctly.	Bins to be cleaned in compliance with cleaning specification to include inspection of equipment. Damaged items to be identified by environmental auditing and notified for repair/replacement using traffic light system in place.	CNM2/Support Services Manager Maintenance Manager	Complete

Issue	Action Required	Lead Person	Due Date
<b>Linen</b>			
<p>Inappropriate items including Christmas decorations and telemetry pouches were stored on shelving in the linen store room on Ward 2. This is not in line with best practice as such items attract and retain dust therefore increasing the risk of linen contamination.</p>	<p>Ensure suitable storage area for all items with adequate shelving within the department. Christmas decorations and telemetry pouches to be removed.</p>	<p>CNM2/ Support Services Manager</p>	<p>Complete</p>
<b>Cleaning Equipment</b>			
<p>The interior surface of a plastic container on the cleaning trolley on Ward 1 was damaged and white/red staining was visible on the surface. Dust was visible at the bottom of the trolley.</p>	<p>Ensure staff are adhering to the cleaning schedules for equipment cleaning. All equipment is cleaned after use and damaged items to be notified for repair/replacement using traffic light system in place</p>	<p>Cavan &amp; Monaghan Hospital Support Services Manager</p>	<p>Complete and monitoring ongoing</p>



**Standard 3.2, Criterion 3.7:** The inventory, handling, storage, use and disposal of hazardous waste material/equipment is in accordance with the evidence based codes of best practice and current legislation.

**Ward 1 and Ward 2 Monaghan Hospital Action Plan following HIQA Inspection 08/05/14**

**Waste**

Issue	Action Required	Lead Person	Due Date
<p>The Authority observed during the inspection that clinical waste disposal bins are used in Isolation rooms. However, clinical waste disposal bins were not observed in any other area on Wards 1 and 2 during the inspection. The Authority was informed that clinical waste disposal bins are normally located in the dirty utility rooms and a clinical waste disposal bin was subsequently placed in the dirty utility room on Ward 2 during the inspection.</p>	<p>Ensure that clinical waste bins are provided in the dirty utility rooms.</p>	<p>CNM2</p>	<p>Complete</p>

**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. These include but are not limited to the following:

- the implementation of the Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005 the
- number and location of hand-washing sinks
- hand hygiene frequency and technique
- the use of effective hand hygiene products for the level of decontamination needed
- readily accessible hand-washing products in all areas with clear information circulated around the service
- service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene

## Hand Hygiene

Issue	Action Required	Lead Person	Due date
The design of clinical hand wash sinks in the dirty utility rooms on Wards 1 and 2 does not conform to Health Building Note 00-10 Part C: Sanitary assemblies.	<p>A review of the clinical hand wash sinks to be completed with view to amending/replacing in compliance with current Health Building Notes</p> <p>These changes will be incorporated as part of the proposed new Primary Care building works due to commence on the Monaghan Hospital Site in Q1 2015.</p>	IPC CNS/Maintenance Manager Estates Manager/Project Manager	Completed December 2015
<p>Increase audit score in observation of hand hygiene opportunities (target score over 90%)</p> <p><i>Employee was wearing a wrist watch, which is not in line with best practice</i></p>	QIP based on HPSC Hand Hygiene Observational Audit SOP and WHO Multimodal Strategy; increased frequency of local Hand Hygiene Audit to be undertaken following planned training of local auditors in October 2014. This includes focus on facilities, workplace reminders, education, technique and attendance with repeat audit and feedback to IPC Steering Committee as indicated	IPC CNS / Director of Nursing/ Head of Department	Completed and Ongoing monitoring

	by compliance scores. Audit process and ongoing monitoring to include "bare below the elbows" as indicated in hospital infection prevention and control guidelines		
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**Approved by:**



**Evelyn Hall (Cavan & Monaghan Hospital, General Manager)**



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

**Date: 19<sup>th</sup> February 2016**