

Portiuncula Hospital Ballinasloe
Hygiene Services Quality Improvement Plan
Following report of unannounced inspection 20th May 2014

This Quality Improvement Plan (QIP) was developed following the HIQA unannounced monitoring assessment in Portiuncula Hospital Ballinasloe on 20th May 2014.

Implementation and monitoring of the QIP is the responsibility of the Hospital's Infection Prevention and Control and Hygiene Services Sub Committee.

Standard 3 Environment and Facilities Management -

The Physical Environment, facilities and resources are developed and managed to maintain and minimise the risk of service users, staff and visitors acquiring a Healthcare associated Infection.

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 reduce the risk of the spread of Healthcare Associated Infections






- 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 store accordingly.







Criterion 3.7







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







- The HIQA Report of the 20th May 2014 and resultant Quality Improvement Plan will be circulated to all Department managers via the designated directorates.
- Focused meetings with Department managers will be facilitated via the designated directorates to clarify responsibility and accountability for Hygiene services within their departments.
- Immediate deep clean arranged to all environmental areas and sanitary accommodation as per verbal feedback received on day of inspection and following report publication to action cleaning deficits noted.
- Hygiene remains an agenda item at all Departmental, Directorate and hospital management team meetings








IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>General Environment Cleanliness of patient areas: Ensure that all patient areas including sanitary accommodation, dirty and clean utility areas are clean and dust free in compliance with standards</p>	<ul style="list-style-type: none"> Identify roles and responsibilities within current hospital cleaning schedules 	Director of Nursing Chairperson IPC & Hygiene Services group Hygiene Services Coordinator	September 2014	
	<ul style="list-style-type: none"> Negotiate and agree defined roles and responsibilities to meet hygiene cleaning standards. 	Director of Nursing Chairperson IPC & Hygiene Services group	October 2014	
	<ul style="list-style-type: none"> Update current cleaning schedules to reflect defined roles and responsibilities 	Chairperson IPC & Hygiene Services group Hygiene Services Coordinator	October 2014	
	<ul style="list-style-type: none"> Ongoing monitoring and supervision to ensure compliance to standards. 	Household Manager/ Contract supervisors Dept/Line Managers	Ongoing monitoring	
	<ul style="list-style-type: none"> Ongoing scheduled audits to ensure compliance to standards 	Hygiene Services Coordinator	On-going as part of technical and managerial audit schedule.	




IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
Cleanliness of patient equipment Ensure that all patient equipment is clean and dust free in compliance with standards	<ul style="list-style-type: none"> Review current processes and schedules for cleaning of patient equipment and update as required 	Chairperson IPC & Hygiene Services group Hygiene Services Coordinator	October 2014	
	<ul style="list-style-type: none"> Develop and agree a validation system that validates equipment has been cleaned 	Chairperson IPC & Hygiene Services group Hygiene Services Coordinator	October 2014	
	<ul style="list-style-type: none"> Provide education and training to staff on correct cleaning processes of patient equipment 	Hygiene Services Coordinator	Commence October 2014	
Cleanliness of patient equipment Ensure that all patient equipment is clean and dust free in compliance with standards	<ul style="list-style-type: none"> Ongoing monitoring of daily equipment cleaning schedule by means of department supervision to ensure compliance to standards 	Dept./Line Managers	October 2014	
	<ul style="list-style-type: none"> Ongoing schedule of audits of patient equipment to ensure compliance with standards 	Chairperson IPC & Hygiene Services group Hygiene Services Coordinator	Ongoing as part of hospital audit schedule	



IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Ensure that all patient equipment is well maintained and intact</p> <p>Patient bed tables. dressing ,drug trolleys/intravenous stands</p>	<ul style="list-style-type: none"> • Develop a prioritised plan to refurbish replace/repair patient bed tables, intravenous stands on a phased basis depending on funding availability and further business case to be submitted for second phase. • Coordinate planned phased refurbishment of patient bed tables and intravenous stands. • Submission of business plan for budgetary approval to refurbish repair replace patient drug trolleys and dressing trolleys as identified in HIQA report. • Ongoing scheduled equipment audit to ensure compliance to standards 	<p>General Manager/Hygiene Services Co-ordinator</p> <p>Hygiene Services Coordinator</p> <p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator</p>	<p>Approved July 2014</p> <p>Commencing 5th August 2014</p> <p>October 2014</p>	<p></p> <p></p> <p></p> <p></p>
<p>General Environment Cleanliness and maintenance of cleaning equipment storage room and cleaning equipment.</p>	<ul style="list-style-type: none"> • Immediate clean of cleaning equipment rooms and cleaning equipment • Review current cleaning equipment schedule as part of roles and responsibilities within cleaning schedules 	<p>Household Manager</p> <p>Director of Nursing Chairperson IPC & Hygiene Services group Hygiene Services Coordinator</p>	<p>May 2014</p> <p>July 2014</p>	<p></p> <p></p>





IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Ensure cleaning equipment storage areas and cleaning equipment are cleaned and maintained to required standards</p>	<ul style="list-style-type: none"> • Submit request to include refurbishment of cleaning equipment rooms to ensure compliance to standard in hospital priority maintenance program. Janitorial sinks not intact and damaged in both areas audited 	<p>Chairperson IPC & Hygiene Services group Maintenance Manager</p>	<p>November 2014</p>	
	<ul style="list-style-type: none"> • Ongoing scheduled audits of cleaning storage rooms and cleaning equipment to ensure compliance to standards 	<p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Household Manager Contract cleaning supervisors</p>	<p>Ongoing as part of technical and managerial audit schedule.</p>	
	<ul style="list-style-type: none"> • Complete hospital cleaning equipment inventory 	<p>Household Manager</p>	<p>July 2014</p>	
	<ul style="list-style-type: none"> • Submit business case to be included in new contract cleaning tender to ensure availability of sufficient equipment to meet cleaning requirements. 	<p>Chairperson IPC & Hygiene Services group</p>	<p>November 2014</p>	
	<ul style="list-style-type: none"> • Ensure all cleaning equipment is well maintained to facilitate safe and effective cleaning. 	<p>Household/Contract cleaning manager/cleaning supervisors</p>	<p>Ongoing</p>	
	<ul style="list-style-type: none"> • Ongoing monitoring by means of department supervision and audit to ensure compliance to standards 	<p>Chairperson IPC & Hygiene Services group Hygiene Services</p>	<p>Ongoing as part of technical and managerial audit</p>	

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
		Coordinator Household Manager Contract cleaning supervisors	schedules	
<p>Internal household and Waste Bins not intact requiring repair/replacement Ensure all internal waste bins are intact correctly labelled and in a good state of repair.</p>	<ul style="list-style-type: none"> Undertake audit of internal bins to identify priority hospital requirements for repair or replacement and prepare business case for approval. Ongoing monitoring and corrective action by means of technical and managerial audit 	<p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator</p> <p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Household Manager Contract cleaning supervisors</p>	<p>September/December 2014</p> <p>Ongoing as part of technical and managerial audit schedules</p>	<p></p> <p></p>
<p>Waste Management Ensure that temporary closure mechanisms on sharps waste disposal bins are activated</p>	<ul style="list-style-type: none"> Continue ongoing education with all staff on sharps and waste management Ensure relevant waste management signage is displayed in key areas prompting staff to best practices in waste management Ongoing monitoring and immediate corrective action by department /line Managers Ongoing scheduled audits to ensure compliance with standards 	<p>Hygiene Services Coordinator</p> <p>Hygiene Services Coordinator</p> <p>Department Managers</p> <p>Hygiene Services Coordinator</p>	<p>Ongoing Education Plan</p> <p>September 2014</p> <p>July 2014 and ongoing</p> <p>As part of hospital audit schedule</p>	<p></p> <p></p> <p></p> <p></p>

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
Linen and soft furnishings Attention to cleanliness of linen trolley covers	<ul style="list-style-type: none"> Ensure linen trolley covers identified at inspection are immediately cleaned. 	HCA/Nursing	Immediate-July 2014	
	<ul style="list-style-type: none"> Develop and implement a documented cleaning process for linen trolley covers 	Hygiene Services Coordinator	September 2014	
	<ul style="list-style-type: none"> Ongoing monitoring and corrective action by means of technical and managerial audit 	Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Household Manager	Ongoing as part of technical and managerial audit schedules	
General Maintenance Issues as per report.	<ul style="list-style-type: none"> Develop a prioritised maintenance plan to address infrastructural deficits identified within the report and seek budgetary allocation from Group/Estates as part of Health and Safety Budget. 	General Manager/ Maintenance Manager	September 2014	
	<ul style="list-style-type: none"> Implement a minor works schedule to correct immediate areas of risk and enable effective and efficient cleaning of the physical environment. 	Maintenance Manager	September/December 2014	
	<ul style="list-style-type: none"> Continue to risk assess and record maintenance issues as identified at department level using agreed processes. 	Department Managers	Ongoing	
Light fixtures requiring repair/replacement as identified in report	<ul style="list-style-type: none"> Immediate replacement /repair of light fittings as identified in HIQA Report 	Maintenance Manager	Immediate –July 2014	

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Pipe work exposed in areas hindering effective cleaning Ensure all surfaces are intact and can be cleaned effectively in compliance with standards</p>	<ul style="list-style-type: none"> Immediately address/enclose exposed pipe work areas as identified in report. (St Josephs Store room) 	Maintenance Manager	June 2014	
<p>Paintwork on walls skirting boards, door frames and radiators chipped and scuffed hindering effective cleaning. Ensure all surfaces are intact and can be cleaned effectively in compliance with standards</p>	<ul style="list-style-type: none"> Develop a prioritised hospital painting schedule with the maintenance manager on a phased basis dependent on funding availability. Ongoing monitoring and surveillance of areas by means of department supervision and audit 	General Manager Maintenance Manager Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Department Managers Household Manager. Contract cleaning supervisors	September 2014 Ongoing as part of technical and managerial audit schedule	 

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Floor covering in areas not intact as per report hindering effective cleaning</p> <p>Ensure floor covering in areas are intact and in a good state of repair</p> <p>Sanitary accommodation floor St Johns covering requiring repair</p> <p>Dirty utility St Johns floor requires repair.</p> <p>Linen store room St Johns requires repair</p> <p>Cleaning equipment room – St Johns and St Josephs floor</p>	<ul style="list-style-type: none"> • Develop a hospital priority floor covering replacement program on a phased basis with the maintenance manager and submit business case via the Estates for funding for priority areas. • Ongoing monitoring and surveillance of areas by means of department supervision technical and managerial audit 	<p>General Manager Maintenance Manager</p> <p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Department Managers Household Manager. Contract cleaning supervisors</p>	<p>September 2014- April 2015</p> <p>Ongoing as part of technical and managerial audit schedule</p>	<p></p> <p></p>

require repair IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Ceiling tiles damaged marked in areas</p> <p>Ensure ceiling tiles in areas are clean and in a good state of repair</p>	<ul style="list-style-type: none"> • Replace ceiling tiles as required and identified. • Ongoing monitoring and corrective action by means of technical and managerial audit 	<p>Maintenance Manager</p> <p>Chairperson IPC & Hygiene Services group Hygiene Services Coordinator Department Managers Household Manager. Contract cleaning supervisors</p>	<p>October 2014</p> <p>Ongoing</p>	<p></p> <p></p>
<p>Hand Wash Sanitary Ware damaged and not intact hindering effective cleaning</p> <p>Ensure that all hand wash and sanitary ware are well maintained and intact</p>	<p><u>St Johns male and female /washroom.</u></p> <ul style="list-style-type: none"> • Repair wall damage around wash hand basin and shower panels • Replace seal around wash-hand basin in identified areas • Repair damage noted to shower wall panel in female shower room • Replace shower tray seals • Ongoing monitoring and surveillance of areas by means of department supervision and audit 	<p>Maintenance Manager</p> <p>Infection Prevention and Control CNS Hygiene Services Coordinator</p>	<p>October 2014</p> <p>October 2014</p>	<p></p> <p></p>

Standard 6

Hand Hygiene practices that prevent control and reduce the risk of the spread of Healthcare Associated infections are in place

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







- **The number and location of hand washing sinks**
- **Hand hygiene frequency and technique**
- **The use of effective hand products for the level of decontamination needed**
- **Readily accessible hand washing products in all areas with clear information circulated around the service**
- **Service users,relatives,carers and visitors are informed of the importance of practicing hand hygiene**







Criterion 6.3



Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are feedback to relevant frontline staff and used to improve the service provided

- **Compliance with Hand Hygiene standards remains an agenda item at all departmental and Directorate meetings throughout the hospital.**
- **Annual attendance at hand-hygiene training is mandatory for all staff with targeted departmental training undertaken throughout the hospital.**

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Hand hygiene sinks in areas non compliant to standard Health building Note 00-10 Part C Sanitary assemblies. Ensure hand hygiene sinks in clinical areas are compliant to standards</p>	<ul style="list-style-type: none"> • Ensure hand hygiene sinks are compliant to required standard and in place in identified areas. Further funding required. • Hand Hygiene Sinks replacement program near completion in St Johns ward end July 2014 • Ongoing monitoring and surveillance of areas by means of department supervision and audit • Continue to risk assess and record maintenance issues as identified at department level using agreed processes 	<p>Maintenance Manager</p> <p>Department Manager Infection Prevention and Control C.N.S. Hygiene Services Coordinator</p> <p>Department Managers</p>	<p>July 2014 and ongoing</p> <p>Ongoing as part of hospital audit schedule</p> <p>Ongoing as part of hospital audit schedule</p>	<p></p> <p></p> <p></p>
<p>Attention to cleanliness of hand hygiene dispensers and sinks Ensure that all hand hygiene dispensers are clean and dust free in compliance with standards</p>	<ul style="list-style-type: none"> • Immediate Clean • Ongoing monitoring and surveillance of areas by means of department supervision and audit 	<p>Household Manager</p> <p>Department Managers Infection Prevention and Control C.N.S. Hygiene Services Coordinator</p>	<p>July 2014</p> <p>Ongoing as part of hospital audit schedule</p>	<p></p> <p></p>

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
<p>Hand Hygiene Staff Training Ongoing hand hygiene training to ensure that hand hygiene best practices are achieved.</p>	<ul style="list-style-type: none"> Continue with current hand hygiene training to ensure that Hand hygiene practices are improved and maintained and National compliance targets achieved Identify Hand Hygiene Champions at Department level that will participate in hand hygiene training and promote hand hygiene compliance at departmental level 	<p>Infection Prevention and Control CNS Senior Management IPC Committee</p> <p>Director of Nursing Chairperson IPC Hygiene Services group Infection Prevention and Control CNS</p>	<p>December 2014</p> <p>December 2014</p>	<p></p> <p></p>
<p>Accessible Hand Washing Products in all areas</p>	<ul style="list-style-type: none"> Ensure that alcohol hand gel products are available at point of care and that these products are clean, in date, accessible and opened. Ongoing monitoring and surveillance of areas by means of department supervision and audit 	<p>All Staff Household Managers Contract cleaning supervisors</p> <p>Department Manager Infection Prevention and Control CNS Hygiene Services Coordinator</p>	<p>July 2014</p> <p>Ongoing as part of hospital audit schedule</p>	<p></p> <p></p>
<p>Hand Hygiene Policies and Practices are regularly monitored and audited</p>	<ul style="list-style-type: none"> Ongoing observational hand hygiene audits by IPC team and lead auditors Members of the Senior Management Team will continue to participate in Hand Hygiene Observational Audits. 	<p>Infection Prevention and Control CNS Senior Management Lead Auditors.</p> <p>Senior Management</p>	<p>Ongoing as part of hospital audit schedule</p> <p>Ongoing as part of hospital audit schedule</p>	<p></p> <p></p>

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
	<ul style="list-style-type: none"> Non-conformances to be addressed immediately and monitored by dept manager 	Infection Prevention and Control CNS Senior Management Lead Auditors	Ongoing as part of hospital audit schedule	
Observed Hand hygiene practice indicated a lack of awareness of the defined healthcare zone and patient zone	<ul style="list-style-type: none"> Emphasise the divisions between health care and patients zones at local hand hygiene training program and at audit result feedback 	Department Managers Infection Prevention and Control CNS Lead Auditors Hand Hygiene Champions	Ongoing	
	<ul style="list-style-type: none"> Promote the Wi-Five IT training programme available to staff on desktop in clinical areas 	Infection Prevention and Control CNS	Ongoing	
Continue to elevate the profile of Hand Hygiene Awareness for all staff and public	<ul style="list-style-type: none"> Hand hygiene observational audit score to be displayed in each department raising staff awareness of department performances 	Chairperson IPC & Hygiene Services group	September 2014	
	<ul style="list-style-type: none"> Introduction of the Departmental Hand Cleaning Pledge – pilot has commenced on St Joseph's Ward 	Senior Management Team/Infection Prevention and Control CNS	November 2014	
	<ul style="list-style-type: none"> Continue to support staff who are hand hygiene trainers in the clinical areas 	Infection Prevention and Control CNS	Ongoing	

IDENTIFIED ISSUE	QUALITY IMPROVEMENT ACTION REQUIRED	PERSON(S) RESPONSIBLE	TARGET TIME FRAME	STATUS
	<ul style="list-style-type: none"> Continue to promote the 'It's OK to Ask' hand hygiene initiative Continue to promote hand hygiene initiatives such as the Paediatric Department participation in 'Henry the Handbook' initiative for hand hygiene 	Infection Prevention and Control CNS Infection Prevention and Control CNS	Ongoing Ongoing	 

Approved By:



Ms. Chris Kane,
General Manager.

7th August 2014.