



*Health Service Executive
Midland Regional Hospital Tullamore*

HIQA Report of the unannounced inspection at the MRHT Date:- 16th June 2016 - PCHCAI-670

Approved By: _____



Date: 21/11/2016

**Ms. Orlagh Claffey
General Manager
Midland Regional Hospital Tullamore**

HIQA Report of the unannounced inspection at the MRHT Date:- 16th June 2016 - PCHCAI-670



Not Yet Due: 21
Late: 0
Ready: 2

Current Review Date: 22/11/2016

| Action | Responsible | I/A | Date Entered | Target Date | Completed Date |
|--|---|--|--------------|-------------|--------------------------|
| HIQA PCHCAI-670 Unannounced Visit 16.06.2016 - Implementing the Recommendations | | | | | |
| 66.0 1 | The unannounced findings MRHT 2016 - This will be addressed locally by the surgical Ear Nose and Throat ward | Surgical Directorate DNM Theatre Clinical Nurse Manager | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 2 | The unannounced findings MRHT 2016. - This will be addressed locally by the Support Services Department. | Support Services Manager | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 3 | The unannounced findings MRHT 2016. This will be presented to the next Heads of Department /Support Services/Clinical Nurse Managers Meeting as an opportunity for learning. | General Manager Director of Nursing Support Services Manager | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 4 | Endoscope Reprocessing Unit - A complete review of the endoscope reprocessing unit has been completed. This review was guided by the Authorised Person for this service. Comprehensive plan for submission to the Hospital Development Control Plan Project Team in relation to the environment. Business Plan submitted for additional WTE, Endoscopy Operative. | Surgical Directorate Business Manager, DNM, General Manager | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 5 | Key Findings relating to Hand Hygiene, Hand Wash Sinks - Hospital wide sink replacement program is a work in progress. | General Manager | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 6 | Key findings in Patient Equipment Hygiene - Glucometer hygiene monitoring to be audited weekly by the CNM II's using the glucometer audit tool developed by the IPCN's | Director of Nursing CNM II, IPCN's | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |
| 66.0 7 | Key findings relating to Patient Equipment Hygiene - Review of the equipment cleaning check sheets | CNM II's | Action | 08/11/2016 | 02/01/2017 |
| | | | | | Status Not Due |

HIQA Report of the unannounced inspection at the MRHT Date:- 16th June 2016 - PCHCAI-670



Current Review Date: 22/11/2016

| Action | Responsible | I/A | Date Entered | Target Date | Completed Date | |
|------------|--|---|--------------|-------------|-----------------------|--------------------------|
| 66.0 8 | Key findings relating to Patient Equipment/Mattress Audits - Mattress audits are being conducted quarterly. The feedback from the audits are actioned upon and the governance surrounding this is by the CNM II | CNM II's | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 9 | Key findings in relation to management of environmental hygiene resources and practices - The hospital hygiene action group has been established and the chair of that group has been changed on the recommendations of HIQA to DNM's. Since Oct 17th 2016 the newly appointed Grade 7 Senior Support Services Manager, will now assume this position. | Director of Nursing | Action | 08/11/2016 | 08/11/2016 01/11/2016 | Status Ready |
| 66.0 10 | Key findings in relation to Management of Environmental Hygiene Resources and Practices – MTA. The processes and resources available to the service will be reviewed by the new Senior Support Services Manager. | Support Services Manager, HMT, Quality and Patient Safety Manager | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 11 | Key findings in relation to Transmission based precautions - A risk assessment is in place to address when necessary that isolation rooms are kept closed and in relation to the appropriate signage being displayed this will be discussed at the CNM II meeting. | Director of Nursing | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 12 | Key findings in relation to Hand Hygiene - Training and Education. The hospital needs to improve on the uptake of training and education in respect of hand hygiene. Additional training sessions have been provided and are ongoing and HSEland Elearning has been promoted. | IPC Nurses Head of Department HMT | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 13 | Key findings in relation to Hand Hygiene - The training SOP is under development and clerical resources have been allocated to manage the training records internally. | ICPN | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 14 | National Hand Hygiene Audits Hand Hygiene Training sessions are ongoing. There is encouragement to participate in the HSEland elearning program | All heads of department, Ward Managers | Action | 08/11/2016 | 02/01/2017 | Status Not Due |
| 66.0 15 | Key findings in relation to Hand Hygiene - Local Hand Hygiene Audits As per the MRHT hand hygiene action plan. CNM II's will be reminded to submit a hand hygiene action plan on receipt of local and national audits, according to hand hygiene compliance rate to the IPCN. The current hand hygiene products and signage are under review. | CNM II's, HMT | Action | 08/11/2016 | 02/01/2017 | Status Not Due |

HIQA Report of the unannounced inspection at the MRHT Date:- 16th June 2016 - PCHCAI-670



| Not Yet Due | Late | Ready |
|-------------|------|-------|
| 21 | 0 | 2 |

Current Review Date: 22/11/2016

| Action | Responsible | I/A | Date Entered | Target Date | Completed Date | Status |
|--|---|--------|--------------|-------------|----------------|---------|
| 66.0 16 Key findings in relation to Renal Dialysis Services. A second toilet for patients was installed in Sept 2016 | Renal Dialysis Clinical Nurse Manager | Action | 08/11/2016 | 30/09/2016 | 30/09/2016 | Ready |
| 66.0 17 A review of existing treatment room accommodation available to Renal Dialysis. | Renal Dialysis Clinical Nurse Manager Divisional Nurse Manager | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 18 Permanent Venous Access Devices. There is review of the current SLA with ST. James for interventional radiology. | Renal Dialysis Clinical Nurse Manager Divisional Nurse Manager | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 19 Key findings in relation to Renal Dialysis Unit - Nursing Staff Skill Mix To commence a bespoke campaign to recruit dialysis nurses. | Director of Nursing | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 20 The legionella control measures identified in the independent legionella risk assessment are managed by the Maintenance Department in line with current national guidelines. | Maintenance Manager | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 21 Key findings in relation to Risk Management. All relevant personnel will review the existing risk register to ensure that it is current. | Divisional Nurse Manager, Clinical Risk HMT | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 22 Key findings in relation to staffing resources. A risk assessment has been completed and is under review by HMT | HMT | Action | 08/11/2016 | 02/01/2017 | | Not Due |
| 66.0 23 Key findings in relation to Elective Orthopaedic Prosthetic Joint Surgery. The Surgical Site Surveillance committee will be conveyed to deal with the governance arrangements and recommendations for various recent reports. | HMT | Action | 08/11/2016 | 02/01/2017 | | Not Due |