

## **National Hygiene Report 2009 – MWRH Ennis Action Plan**

### **STANDARDS FOR CORPORATE MANAGEMENT**

#### **Outcome:**

- Address issues related to D & C scoring in both core corporate and service criteria areas and overall general standards.
- Review report recommendations
- Develop with agreed action plan.
- Improve scoring levels in all criteria with particular emphasis on the Core Criteria C rating of 2008 National HIQA Hygiene audit.

#### **Key Development Tasks/Targets.**

- Develop Evaluation Processes
- Continue to develop documentation Processes.
- Improve Communication in relation to Hygiene outcome, PPG's and Audits.
- Resources- formally identify within hygiene plans.
- Actively manage hygiene risk, identification and control.
- Continue with audits against a formal schedule.
- Continue Hygiene Training for all staff.
- Address service standards criteria against appropriate standards and tools.
- Bench mark against MWRH Hospitals results
- Visit Hospital in Good category- completed 14<sup>th</sup> April 2009- St John's Hospital Limerick.
- Submit Quality Improvement Plan to National Hospitals Office forwarded 21/4/09

| Standard     | Grade  | Recommendation /Observations  | Action Plan/ Initial Date   | Responsible person for action | Completed Date |
|--------------|--|---|---|-------------------------------|----------------|
| <b>CM1.0</b> | <b>Planning &amp; Development Hygiene Services</b> |   |   |                               |                |
| CM1.1        | <b>C → C</b>                                       | <p>Formal Evaluation of Future Needs</p> <p>PI's to be developed in 2009</p> <p>Evaluation</p> <p>Hospital Hygiene Service Plan</p> <p>Hospital Hygiene Hospital Operational Plan</p> | <ul style="list-style-type: none"> <li>• Draft hygiene needs assessment to be completed for 2009 to include associated costs and inclusion of staff, community and service users in its development.</li> <li>• To include list as 2008 and to include service user input.</li> <li>• Develop Evaluation for Hygiene Needs assessment and Performance indicator's.</li> <li>• Develop for 2009</li> <li>• Develop for 2009</li> </ul> |                               |                |
| CM1.2        | <b>B → B</b>                                       | Evaluation  | <ul style="list-style-type: none"> <li>• Develop systematic evaluation of hygiene developments/modifi</li> </ul>  |                               |                |

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|  |              | Details of developments and modifications to hygiene service. | <p>cations.</p> <ul style="list-style-type: none"> <li>• Compile list and folder .</li> </ul>   |       |  |
| <b>CM2.0 Establishing Linkages and Partnerships for Hygiene Services</b> |              |   |   |       |  |
| CM2.1  | <b>B → B</b> | Evaluation  | <ul style="list-style-type: none"> <li>• Develop formal evidence of linkages and partnerships.</li> <li>• Develop evaluation process of its efficacy.</li> </ul>  |       |  |
| <b>CM3.0 Corporate Planning for Hygiene Services</b>                     |              |   |   |       |  |
| CM3.1  | <b>B → B</b> | Evaluation<br><br>Communication                               | <ul style="list-style-type: none"> <li>• Formal evaluation of the Corporate Hygiene Plan in 2009 with network group</li> <li>• Ensure that Hygiene Corporate, service and operational plan are circulated to all Departments at the hospital.</li> <li>• Ensure circulation of Network/ HHSC minutes of meetings to all departments.</li> </ul> | Chair |  |
| CM4.1  | <b>B → B</b> | Authority Provisions  | <ul style="list-style-type: none"> <li>• Review all job</li> </ul>  |       |  |

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|       |       | ( review)  | descriptions in line with relevant new competitions and include the provision of hygiene.  |  |             |
| CM4.2 | B ↓ C | Develop PI's (2009) for Hygiene.<br>Evaluation of efficacy of information received at Corporate and Services Committees. | <ul style="list-style-type: none"> <li>• Develop 2009 PI's</li> <li>• Develop evaluation tool</li> </ul>   |  | Continuous. |
| CM4.3 | C → C | Evaluation of best practice Hygiene information.   | <p>Review Hygiene Research and Best Practice and incorporate :</p> <ul style="list-style-type: none"> <li>• Continue development of Hospital and Hygiene PPG's.</li> <li>• Continue Hygiene and IC Training.</li> <li>• Development Hygiene Newsletter.</li> </ul> | <p>HHSC</p> <p>C. Mc A</p> <p>HHSC</p> |             |
| CM4.4 | C ↑ B | Evaluation of PPG process development.   | <ul style="list-style-type: none"> <li>• Clinical audit commence to develop process.</li> <li>• Documentation control system to be</li> </ul>  | P.Mc N                                 |             |

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|  |              |  | sourced for Hospital PPPG's   |                      |                    |
| CM4.5  | <b>B ↓ C</b> | <p>Profile on capital projects not available for perusal.</p> <p>Infection Control not overtly noted as a member of the Project team.</p> <p>Consultation Hygiene HS committee prior to capital projects required.</p> <p>Evaluation of the efficacy of the consultation process between HHSC and senior management.</p> | <ul style="list-style-type: none"> <li>• Full Hospital profile/Folder on Hospital Developments to be compiled.</li> <li>• See above membership list.</li> <li>• See above.</li> <li>• Infection control PPPG's.</li> <li>• Review and evaluate as part of the process.</li> </ul> | <p>JD</p> <p>JSM</p> | Revised April 2009 |
| <b>CM5.0 Organisational Structure for Hygiene Services</b> |              |  |   |                      |                    |
| <b>CM5.1 Core</b>  | <b>B → B</b> | No Recommendation  | <ul style="list-style-type: none"> <li>• Develop Job description profile/folder for all staff.</li> <li>• Develop Ward/dept management job descriptions to overtly include hygiene.</li> </ul>  |                      |                    |

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| CM5.2 Core  | A → A | No recommendation   |   |          |              |
| <b>CM6.0 Allocating and Managing Resources for Hygiene Services</b> |       |   |   |          |              |
| CM6.1 Core*   | B ↓ C | Systemic Approach to allocation of Funding  | <ul style="list-style-type: none"> <li>Local SOP available.</li> <li>Develop Hygiene Service Plan (2009)</li> <li>Develop Operational Plan(2009)</li> <li>Develop Strategic Plan</li> </ul>             | Jan 2008 | completed    |
| CM6.2   | C ↑ B | Evaluation of the efficacy of the consultation process between HHSC and senior management | <ul style="list-style-type: none"> <li>Review and evaluate as part of the process.</li> </ul>   |          |              |
| <b>CM7.0 Managing Risk in Hygiene Services</b>                      |       |   |   |          |              |
| CM7.1- Core*  | B ↓ D | <p>Safety Statement</p> <p>Risk Reports</p> <p>Management of identified</p>               | <ul style="list-style-type: none"> <li>Continue with development</li> <li>Continue with rollout of starsweb reports.</li> <li>Annual report for 2008 to be compiled.</li> <li>Aespirgillosis</li> </ul> | JSM      | For sign off |

|       |              |                                 |   |      |           |
|-------|--------------|---------------------------------|---|------|-----------|
|       |              | <b>Aspergillus's risk</b>       | <b>report compiled and recommendations complied with including: development of PPG, Training and awareness.</b>   | JSM  | Completed |
|       |              | <b>Hygiene Audits</b>           | <ul style="list-style-type: none"> <li>• <b>Continue with audits in line with annual schedule.</b></li> </ul>   | CMcA | On- going |
| CM7.2 | <b>A ↓ C</b> | Follow through of risk reports. | <ul style="list-style-type: none"> <li>• Improve the feedback and closure of hygiene audit results and identified risk issues.</li> <li>• Identify Risk resources provided on an annual basis.</li> </ul> |      |           |

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| <b>CM8.0 Contractual Agreements for Hygiene Services</b> |              |  |  |                     |                  |
| <b>CM8.1- Core*</b>                                      | <b>B ↓ C</b> | <b>Formalised monitoring of localised and regional contracts</b><br><br><b>Formal system for the management of contractors</b> | <ul style="list-style-type: none"> <li>• <b>Local SOP</b></li> <li>• <b>Review vending machine contract and monitoring.</b></li> <li>• <b>Develop a process</b></li> </ul> | <b>Jan 2008 MOR</b> | <b>completed</b> |

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|   |       | <b>while on site</b>  |   |  |  |
| CM8.2   | C→C   | Process for the inclusion of contractors in the hygiene quality improvement plan. | Develop   |  |  |
| <b>CM9.0 Physical Environment, Facilities and Resources</b> |       |   |   |  |  |
| CM9.1- Core*  | C ↓ D | Aespirgillosis Risk   | <ul style="list-style-type: none"> <li>• Aespirgillosis report compiled and recommendations complied with including: development of PPG, Training and awareness.</li> <li>• Continue with audits in line with annual schedule.</li> <li>• Stringent awareness by senior management staff in line with facilities best practice procedures.</li> </ul> |  |  |
| CM9.2- Core*  | B ↓ C | Formal Process for equipment replacement  | <ul style="list-style-type: none"> <li>• Develop/review equipment</li> </ul>  |  |  |



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|  |       |  | <b>replacement process.</b> <ul style="list-style-type: none"> <li>• Continue with PPPG's development.</li> </ul>   |         |                    |
| CM9.3  | C→C   | Hygiene Audit schedule<br><br>PI.s   | <ul style="list-style-type: none"> <li>• Develop annual hygiene audit schedule</li> <li>• Undertake Trending of PI's.</li> </ul>                            | C. Mc A | Completed Feb 2009 |
| CM9.4  | C↑B   | Develop patient/Client/ Staff satisfaction processes                             | <ul style="list-style-type: none"> <li>• Patient and staff satisfaction survey to be carried out April 2009</li> </ul>                                      | MC      |                    |
| <b>CM10.0 Selection and Recruitment of Hygiene Staff</b> |       |  |   |         |                    |
| CM10.1   | B→B   | HR evaluation of the recruitment and selection process                           | <ul style="list-style-type: none"> <li>• Request from HR if this process has been the subject of an evaluation and obtain results if applicable.</li> </ul> |         |                    |
| CM10.2   | B ↓ C | Review Hygiene/Catering separation of Duties.<br><br>HR Hygiene needs assessment | <ul style="list-style-type: none"> <li>• Referred to Partnership Group</li> <li>• Develop a HR needs</li> </ul>   |         | On- going          |

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|  |              |   | assessment tool. <ul style="list-style-type: none"> <li>• Develop operational tool for assessment of work capacity and volume.</li> </ul>           |        |                    |
| CM 10.3  | B → B        | Training- non attendee tracking                         | <ul style="list-style-type: none"> <li>• Development of tool to track training non attendees.</li> </ul>  | C Mc A | Completed Feb 2009 |
| CM10.4   | B ↓ C        | Documented process for contract staff                   | <ul style="list-style-type: none"> <li>• Development of a documented process required to include any contractor on site.</li> </ul>                 |        |                    |
| <b>CM10.5- Core*</b>                           | <b>C → C</b> | <b>HR Hygiene Needs Assessment Plan to be developed</b> | <ul style="list-style-type: none"> <li>• <b>Source HR Needs Plan and implement</b></li> </ul>   |        |                    |
| <b>CM11.0      Enhancing Staff Performance</b> |              |   |   |        |                    |
| <b>CM11.1-Core</b>                             | <b>C ↑ B</b> | No recommendation                                       | <ul style="list-style-type: none"> <li>• Continue training and education for all staff.</li> <li>• Collect and collate training records.</li> </ul> |        |                    |

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| CM11.2  | B ↓ C | Apparent incomplete training records and attendance<br><br>Evaluation of the relevance of training to each staff member. | <ul style="list-style-type: none"> <li>• Continue training and education for all staff.</li> <li>• Collect and collate training records</li> <li>• Mandatory hand hygiene training for all grades.</li> <li>• Evaluation of training cards</li> </ul> |                                    |                |
| CM11.3  | B ↓ C | Attendance levels at training<br><br>Evaluation of Training<br><br>Trending of Training to improvement                   | <ul style="list-style-type: none"> <li>• To be actively monitored</li> <li>• To be developed</li> <li>• commenced</li> </ul>  | C Mc A<br><br>C Mc A<br><br>C Mc A | Has commenced. |
| CM11.4  | C → C | Performance review of staff  | Framework for People Management protocol.   |                                    |                |
| <b>CM12.0 The organisation's work environment is safe, healthy and positive for all Hygiene Service's Staff</b> |       |  |   |                                    |                |
| CM12.1  | B ↓ C | Evaluation of Occupational Health services   | <ul style="list-style-type: none"> <li>• Review with OH</li> </ul>  |                                    |                |
| CM12.2  | C → C | Monitor Staff satisfaction with OH   | <ul style="list-style-type: none"> <li>• Review with OH</li> </ul>  |                                    |                |

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|--|-------|--|---|-------------|------------------|
|  |       | Develop Staff satisfaction processes<br>Evaluation | <ul style="list-style-type: none"> <li>• Develop Staff satisfaction survey in 2009</li> <li>• Evaluate staff satisfaction results.</li> </ul>     | MC          |                  |
| <b>CM13.0 Collecting and Reporting Data and Information for Hygiene Services</b> |       |  |   |             |                  |
| CM13.1   | C ↑ B | Evaluation   | <ul style="list-style-type: none"> <li>• Develop documented process for collecting data</li> </ul>  |             |                  |
| CM13.2   | B → B | Evaluation   | <ul style="list-style-type: none"> <li>• Satisfaction surveys</li> <li>• Circulate minutes of HHSC and Network HSC to all departments.</li> </ul> | MC<br>Chair | 2009<br>On-Going |
| CM13.3   | C ↑ B | Evaluation   | <ul style="list-style-type: none"> <li>• Appropriateness of the data collection and information reporting.</li> </ul>                             |             |                  |
| <b>CM14.0 Assessing and Improving Performance For Hygiene Services</b>           |       |  |   |             |                  |
| CM14.1   | B → B | No recommendation                                  | <ul style="list-style-type: none"> <li>• Continue reporting to HEC</li> </ul>   |             | On-going         |

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|        |       |              | <ul style="list-style-type: none"> <li>• Continue as agenda item on all committees including Q&amp;R</li> </ul>  |                    | On-going                                |
| CM14.2 | B → B | Benchmarking | <ul style="list-style-type: none"> <li>• Develop formal documented processes for benchmarking.</li> <li>• Continue to be part of the Network Hygiene Steering group</li> <li>• Arrange Visit to peer hospital in good category (2008)</li> </ul> | St John's Hospital | <p>Ongoing</p> <p>Completed 14/4/09</p> |

## National Hygiene Report 2009 – Action Plan

### STANDARDS FOR SERVICE DELIVERY

| Standard   | Grade | Recommendation /Observations  | Action Plan/ Initial Date  | Responsible person for action | Completed Date |
|--|-------|---|--|-------------------------------|----------------|
| <b>SD 1.0 Evidence Based Best Practice and New Interventions in Hygiene Services</b> |       |   |  |                               |                |
| SD 1.1   | B→B   | Lack of awareness of HS PPG's by support staff<br>No audit of Isolation procedures available<br>No Evaluation of the efficacy of the process used to develop best practice guidelines | <ul style="list-style-type: none"> <li>• Training programme on HS PPG's.</li> <li>• Inclusion in audit schedule</li> <li>• Develop process.</li> </ul> | C Mc A                        | On- going      |
| SD 1.2   | C↑B   | No evaluation of the efficacy of the process for new/changed HS interventions   | <ul style="list-style-type: none"> <li>• Develop process</li> </ul>  |                               |                |
| <b>SD 2.0 Prevention and Health Promotion</b>  |       |   |  |                               |                |
| SD 2.1   | B→B   | Health Promotion activities   | Evaluation of projects need to include improvements.   | C. Mc I                       |                |
| <b>SD 3.0 Integrating and Coordinating Hygiene Services</b>                          |       |   |  |                               |                |

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|---|--------------|---|---|------------------------------|--|
| SD 3.1                                      | <b>B→B</b>   | Integration<br><br>Evaluation   | <ul style="list-style-type: none"> <li>• 2009 TOR</li> <li>• Reporting structure</li> <li>• Team awareness</li> <li>• Efficacy of the team structure</li> </ul>   |                              |  |
| <b>SD 4.0 Implementing Hygiene Services</b> |              |   |   |                              |  |
| SD 4.1- Core                                | <b>B ↓ C</b> | <ul style="list-style-type: none"> <li>• General dust observed.</li> <li>• Empty Hand gel and paper towels</li> <li>• No records of cleaning</li> <li>• Flushing of outlets</li> <li>• Lack of storage space</li> <li>• Compliance to standard</li> </ul> | <ul style="list-style-type: none"> <li>• Audit and QIP/feedback</li> <li>• Process to be developed to ensure hand gels and paper towels are replenished on a regular basis.</li> <li>• Implement signed cleaning records</li> <li>• Review process</li> <li>• Space utilisation committee to monitor</li> <li>• Review/Refer to IAHC Manual 2005</li> </ul> | Water management in place RN |  |
| SD 4.2-Core                                 | <b>A ↓ C</b> | <ul style="list-style-type: none"> <li>• Records of cleaning not available</li> <li>• Multi use of sluice rooms</li> <li>• Hospital</li> </ul>  | <ul style="list-style-type: none"> <li>• Implement signed cleaning records</li> <li>• Review</li> <li>• Audit.</li> </ul>   |                              |  |

|              |       |  |   |  |  |
|--------------|-------|--|---|--|--|
|              |       | <ul style="list-style-type: none"> <li>equipment dusty</li> <li>Compliance to standard</li> </ul>  | <ul style="list-style-type: none"> <li>Review process</li> <li>Review/Refer to IAHC Manual 2005</li> </ul>  |  |  |
| SD 4.3-Core  | B ↓ C | <ul style="list-style-type: none"> <li>Cleaning equipment dirty</li> <li>Requirement for Hand wash basins in sluice and cleaning rooms.</li> <li>Compliance to standard</li> </ul>                               | <ul style="list-style-type: none"> <li>Audit schedule</li> <li>Observation</li> <li>Training.</li> <li>Programme in Place/to be completed</li> <li>Review/Refer to IAHC Manual 2005</li> </ul>  |  |  |
| SD 4.4- Core | A ↓ C | <ul style="list-style-type: none"> <li>Kitchen Hygiene</li> <li>Colour coding in main kitchen</li> <li>Ineffective rodent prevention</li> <li>Management of Staff Clothing</li> <li>Catering Trolleys</li> </ul> | <ul style="list-style-type: none"> <li>Continuous Audit against schedule</li> <li>Staff Hygiene Training</li> <li>Review HACCP manual</li> <li>Audit/ cleaning programme</li> <li>Review dress code policy</li> <li>Review Staff locker facilities.</li> <li>Review fittings.</li> <li>Documented process for review</li> </ul> |  |  |



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|--------------|-----|--|--|--|--------------------------|
|              |     | <ul style="list-style-type: none"> <li>• Quality of Insect proof window seals</li> <li>•</li> <li>• Restricted access</li> <li>• Aspergillosis risk</li> <li>• Compliance to standard</li> </ul> | <ul style="list-style-type: none"> <li>• Active management/observation</li> <li>• Management</li> <li>• Food Hygiene Guidelines</li> <li>• Review/Refer to IAHC Manual 2005</li> </ul>   |  |                          |
| SD 4.5- Core | A↓C | <ul style="list-style-type: none"> <li>• Old furniture/bins</li> <li>• No external hand wash areas</li> <li>• Double handling of waste and linen</li> <li>• Compliance to standard</li> </ul>    | <ul style="list-style-type: none"> <li>• Clearance of items</li> <li>• Spring Clean blitz of old and broken hospital equipment etc.</li> <li>• Review and implement</li> <li>• Review</li> <li>• DOHC Segregation Packaging guidelines for Risk Waste</li> </ul> | RN<br>RN/Partnership Group                     | March 2009<br>April 2009 |
| SD 4.6- Core | C→C | <ul style="list-style-type: none"> <li>• Linen Audits</li> <li>• Storage of</li> </ul>   | <ul style="list-style-type: none"> <li>• Continue audit programme on a scheduled basis.</li> <li>• Review dirty linen</li> </ul>   | This standard will be lead by Mary Bermingham- |                          |

|                     |              |   |   |  |  |
|---------------------|--------------|---|---|--|--|
|                     |              | <p><b>laundry Bags</b></p> <ul style="list-style-type: none"> <li>• <b>Bags overfilled</b></li> <li>• <b>Mattress Bags</b></li> <li>• <b>Linen Disposal</b></li> <li>• <b>Compliance to standard</b></li> </ul> | <p><b>storage at ward level.</b></p> <ul style="list-style-type: none"> <li>• <b>Awareness of linen criteria to be dissimilated to staff.</b></li> <li>• <b>Awareness/introduction of mattress bags for mattress storage/disposal.</b></li> <li>• <b>Review outside storage /secure area.</b></li> <li>• <b>Review/Refer to IAHC Manual 2005</b></li> </ul> | <b>HSSU Manager</b>  |  |
| <b>SD 4.7- Core</b> | <b>B ↓ C</b> | <ul style="list-style-type: none"> <li>• <b>Hand Hygiene audits</b></li> <li>• <b>Hand wash Sinks</b></li> <li>• <b>Hand rub</b></li> <li>• <b>SARI Guidelines</b></li> </ul>                                   | <ul style="list-style-type: none"> <li>• <b>Continue audit programme</b></li> <li>• <b>Programme in Place/to be completed</b></li> <li>• <b>Introduce hand rub at clinical bases without sinks.</b></li> <li>• <b>Manage compliance in line with SARI guidelines.</b></li> </ul>  | <p><b>C Mc A</b></p> <p><b>JD/RN</b></p> <p><b>Unit/ward managers</b></p> <p><b>HHSC</b></p> |  |
| <b>SD 4.8</b>       | <b>B ↓ C</b> | Risk Management processes need development  | <ul style="list-style-type: none"> <li>• <b>Review reporting of incidents related to hygiene</b></li> <li>• <b>Feedback to all areas of</b></li> </ul>  | <b>B. Mc A</b>   |  |

|   |            |  |   |          |                            |
|---|------------|--|---|----------|----------------------------|
|   |            |  | <ul style="list-style-type: none"> <li>risk issues</li> <li>Hygiene training of risk issues to be continued.</li> </ul>   |          |                            |
| SD 4.9                                  | <b>B→B</b> | Process for Evaluation of satisfaction surveys be developed. | <ul style="list-style-type: none"> <li>Patient satisfaction survey carried out April 2009.</li> <li>Evaluation of Patient satisfaction .</li> <li>Results/Actions of the evaluation to Q&amp;R Committee and the HEC</li> </ul> | MC       |                            |
| <b>SD 5.0 Patients / Clients Rights</b> |            |  |   |          |                            |
| SD 5.1                                  | <b>B↓C</b> | Documented processes for client privacy/dignity during HS.   | <ul style="list-style-type: none"> <li>Develop process</li> </ul>   |          |                            |
| SD 5.2                                  | <b>B→B</b> | Process for Evaluation of satisfaction surveys be developed  | <ul style="list-style-type: none"> <li>Patient satisfaction survey carried out April 2009.</li> <li>Evaluation of Patient satisfaction .</li> <li>Results of the evaluation to Q&amp;R Committee and the HEC</li> </ul>         | MC<br>MC |                            |
| SD 5.3                                  | <b>B→B</b> | No evidence of Complaint Training records for staff          | <ul style="list-style-type: none"> <li>Staff training commenced in Nov 2008- record of training available</li> </ul>  | JD/JSM   | In progress since Nov 2008 |

|  |  |                             |   |  |  |
|--|--|-----------------------------|---|--|--|
|  |  | No evaluation of Complaints | <ul style="list-style-type: none"> <li>A system to be developed incorp. complaints, risk management and FOI's.</li> </ul> |  |  |
|  |  |                             |   |  |  |

| <b>SD 6.0 Assessing and Improving Performance</b> |       |   |  |        |                      |
|---|-------|---|--|--------|----------------------|
| SD 6.1  | B → B | Evaluation  | <ul style="list-style-type: none"> <li>Patient/Staff satisfaction survey to be carried out in 2009</li> </ul>  | MC     |                      |
| SD 6.2  | B → B | <p>Audit Schedule</p> <p>Regular Audits/Action Plans to be further developed.</p> <p>No grounds maintenance audit</p> <p>Lack of evidence of initiatives undertaken as result of evaluation</p> | <ul style="list-style-type: none"> <li>Development of Performance Indicators for Hygiene</li> <li>Dev. Of Audit schedule</li> <li>Continue internal QIP actions/audits.</li> <li>Include audit in schedule.</li> <li>Address this issue</li> </ul> | C.Mc A | Completed March 2009 |
| SD 6.3  | B → B | Annual Report 2008  | <ul style="list-style-type: none"> <li>Annual Report to be available for 2008 in April</li> </ul>  | JSM    | For sign off         |

|   |  |  |                      |  |  |
|---|--|--|----------------------|--|--|
|   |  | Evaluation of the appropriateness of the of the HS Annual Report | 2008<br>• Evaluation |  |  |
| <p><b>This Quality Improvement Plan has been drafted for consideration following discussions with members of the Hygiene Services Committee by:</b></p> <p><b>Joan Somers- Meaney DON</b></p> <p><b>John Doyle: Hospital Manager</b></p> <p><b>And has been circulated to the Hospital Executive Committee and the Hospital Hygiene Services Committee and Heads of departments for addition and approval.</b></p> <p><b>26<sup>th</sup> March 2009</b></p> |  |  |                      |  |  |

