

Hygiene Quality Improvement Plan (QIP)

Action Plan based on National Hygiene Services Quality Review 2008

Mercy University Hospital, Cork

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Date:	April 2009

Ref. Nr	Issue	Deliverables	Commencement date	Finish date	Lead Responsibility name and role	References / links	Comments
CM 1.1	Strategic /Capital Plans Evaluation of the efficacy of the needs assessment process was not demonstrated.	Institute routine in-year reviews of progress in implementing Strategies and Plans. Agree and publish detailed hygiene planning process outlines and timetable. Develop a systematic needs assessment and efficacy review process and recording thereof.	Ongoing - Quarterly Ongoing - Quarterly Nov 08	Ongoing - Quarterly Apr 09	DCEO DCEO	Hospital Hygiene Strategic Plan 2009 – 2012 Hygiene Report Timetable Document & EMB Minutes 2008 Hygiene Report	Policies in place and approved by EMB. 2009 Capital Plan completed. Recording of capital funding decisions – ongoing. Ongoing.
CM 1.2	Evidence was not demonstrated of evaluation of developments and modifications to the organisation's hygiene services in relation to meeting the patient's needs.	Develop a standard process for recording variations to service and evaluation, review and loop closing.		Completed	DCEO	Hospital Hygiene Strategic Plan 2009 – 2012 Patient Hygiene Audit - Aug 2008 and Jan 2009.	
CM 2.1	There was no documented evaluation of efficacy of the linkages and partnerships demonstrated.	Develop a systematic needs assessment and efficacy review process and recording thereof.	Nov 08	Apr 09	DCEO	Central Hygiene Correspondence Log. Formal annual cleaning contract review.	Development of a Corporate Patient & Community Consultative Committee – Approved by EMB, in progress.
CM 3.1	The Hygiene Services Operational Plan 2008 was signed off by the Deputy Chief Executive Officer. Costings were not demonstrated. No formal evidence of evaluation of the Hygiene Corporate Strategic plans, goals objectives and priorities was demonstrated.	Ensure all corporate plans and strategies include costings. Develop a systematic needs assessment and efficacy review process and recording thereof.		Completed May 09	CEO	Strategy Document 2009-2012 EMB Minutes 18 March 2009-05-01 Board of Governors Minutes 20 April 2009	EMB and Board of Governors signed off Hygiene Strategy 2009 – 2012 on 18 March 2009 and 20 April 2009 respectively In progress.
CM 4.1	No formal code of corporate ethics was demonstrated. No evidence of evaluation of the appropriateness of the review of authority provisions in hygiene services was demonstrated. Household and contract cleaning manuals observed were not dated, evidence based or signed off.	Publish the Corporate Code of Ethics. Develop a systematic needs assessment and efficacy review process and recording thereof.		Apr 09 Apr 09	CEO DCEO		In progress. In progress.
CM 4.2	Trending of contractor audit results was not demonstrated. No evidence was demonstrated of key performance indicators for Hygiene Services. No evidence of evaluation of the	Establish a trending process for all routine audit reports. Include Key Performance Indicators in the Hygiene Service Plan. Develop a systematic needs assessment		Completed Completed Apr 09	HSM DCEO DCEO	Internal Audit Reports Noonan Cleaners Audit Report Review of Management and Department Self Audits MRSA Report 2006-2008 Hygiene Services Plan	 In progress. In progress.

	appropriateness of the information received was demonstrated.	and efficacy review process and recording thereof.					
CM 4.3	It was advised that cleaning staff were informed of changes to hygiene at weekly meetings with the site manager, however the process for dissemination of information processes was not formalised. Evaluation of the appropriateness of research and best practice information was not demonstrated.	Establish a Hygiene Information Strategy to ensure that all staff are informed of relevant best practice and audit results and which enables the feeding of information from staff into the management of hygiene services systems. Develop a systematic needs assessment and efficacy review process and recording thereof.		Completed Apr 09	HSM/RM DCEO	Communications Strategy	In progress.
CM 4.4	Household and contract cleaning manuals observed were not dated, evidence based or signed off. No evidence of evaluation of the appropriateness of Hygiene Services related research and best practice information available was demonstrated.	Develop a systematic needs assessment and efficacy review process and recording thereof.		Apr 09	DCEO		In progress.
CM 4.5	A documented process for Hygiene Service Committee involvement in the organisation's capital development planning and implementation was not demonstrated. Laundry and CSSD identified as two areas needing significant resource input. Evidence of evaluation of the efficacy of the consultation process was not demonstrated.	Establish a formal process for the involvement of the Quality and Corporate Compliance Committee in capital processes including the recording of recommendations, review and evaluation of equipment purchases and projects. Implement outsourcing of laundry. Undertake risk assessment of CSSD. Develop a systematic needs assessment and efficacy review process and recording thereof.		Apr 09 Completed Mar 09 Apr 09	CEO/DCEO DCEO RM DCEO		In progress. Completed. In progress. In progress.
CM 5.1	Structure Hygiene Services. Job descriptions to include hygiene responsibilities.	Review committee structure. Ensure all relevant staff contracts include Hygiene responsibilities.		Feb 09 Completed	CEO/DCEO HRM	EMB Report 24.02.09 MUH Recruitment & Selection Policy	
CM 6.1	No minor capital or hygiene funding available.	EMB to formally ascribe priority to capital equipment and minor capital works. Establish a formal process for the involvement of the Quality and Corporate Compliance Committee in capital processes including the recording of recommendations, review and evaluation of equipment purchases and projects.		Completed May 09	CEO CEO/DCEO	EMB Report 24.02.09 Verbal report to Board of Governors 20/04/09	In progress.
CM 6.2	The organisation demonstrated that procurement of new products was informally completed through the Product Equipment Evaluation Committee, however, no documented process was demonstrated.	Establish a formal process for the involvement of the Quality and Corporate Compliance Committee in capital processes including the recording of recommendations, review and evaluation of equipment purchases		May 09	CEO/DCEO		In progress.

	No evidence of evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management was demonstrated.	and projects. Develop a systematic needs assessment and efficacy review process and recording thereof.		May 09	DCEO		In progress.
CM 7.1	There was no hospital Legionella policy demonstrated and practices to manage and monitor were informal. Audits for hygiene services including ward environment, hand hygiene, waste, linen and catering were demonstrated with no follow up.	Review Legionella Policy and record keeping processes. Demonstrate follow-up actions post audit.	Jan 2009	Completed	EO	Legionella Site Logbook 2009/2010	Revise Hospitals Policy on “Control of Legionella in Hot and Cold Water Systems” in line with the HPSC’s : Draft Revised Guidelines on the Management of Legionnaires’ Disease in Ireland , 2008 is in progress Bi-annual Legionella Risk Assessment Survey has commenced. EMC to be constituted
CM 7.2	Environmental risk assessment per ward was not demonstrated.	Ward level risk assessments do exist and should be demonstrated in hard copy to assessors automatically. Undertake Environmental Risk Assessments. Establish for approval by the EMB a draft proposal for ensuring that all incidents are reported, investigated, signed off and reviewed.		Completed	RM/CNMs	Risk Assessments	
				Ongoing	EO/RM		Airborne fungal policy in preparation, committee to be formalised.
				Completed	RM	Incident Reporting Process	Revised Untoward Incident reporting form & process including Risk Rating and Risk Register
CM 8.1	Hygiene training was demonstrated for cleaning staff and shop staff however not for other contracted services. Dosing system and routine flushing records were held by the Maintenance Dept – not demonstrated.	Establish and record hygiene training modules for all contract staff. Ensure that all water testing, flushing and treatment processes and timetabled and recorded and that records are produced for assessors automatically.		Completed	HRM	Attendance sheets	
				Completed	EO	Water Flushing Records	Developing a flushing ‘Key Performance Indicator’ (KPI) for the Hospital and individual Departments. The target for this KPI is 85% (returns of completed documentation) .
CM 9.1	The organisation advised that only half the sink replacement programme had been completed due to insufficient funding.	Priority for Minor Capital allocation. EMB to formally ascribe priority to capital equipment and minor capital works. Establish a formal process for the involvement of the Quality and Corporate Compliance Committee in capital processes including the recording of recommendations, review and evaluation of equipment purchases and projects		Completed	DCEO	Correspondence with HSE	Bid submitted.
				Completed	CEO	EMB Report 24.02.09	
				May 09	CEO/DCEO		In progress.
CM 9.2	The organisation advised that the Household and Health Care Assistant tasks included flushing of water outlets, however a documented process for flushing or flushing records was not demonstrated.	Establish Environmental Monitoring Committee. Ensure that all water testing, flushing and treatment processes and timetabled and recorded and that records are demonstrated automatically.		Apr 09	CEO/DCEO		Existing Aspergillus Committee to be formalised.
				Completed	EO	Water Flushing Records	
CM 9.3	The organisation advised that a quality improvement plan was in place to complete the roll out of the new system to ward kitchens and evaluate its implementation. This was not demonstrated.	This finding is contradicted in Section 14.2, however the Hospital will establish a new Quality Improvement plan based upon audit findings for addressing of defects and include in routine reports, ultimately to EMB		Apr 09	DCEO		In progress.

		Ensure that environmental and facilities monitoring is undertaken as part of normal audit processes and reported fully.		Apr 09	HST		In progress.
CM 9.4	There was a Complaints Officer position, which was currently vacant; however the organisation advised that this function was being implemented by the Nursing Office on an interim basis. A patient survey which included hygiene was not demonstrated. There was no evidence demonstrated of collated and trended complaints.	Incorporate complaints officer role in the roles of Departmental Directors. Consider development of a Corporate Patient & Community Consultative Committee. Ensure demonstration of surveys. Ensure demonstration of complaints log to assessors. Complete trend report for complaints.		May 09 Completed Mar 09	CEO DoN/Q&CCM	2008 & 2009 Patient Surveys.	In progress. In progress.
CM 10.1	The contract for contract cleaning staff was in place. A new cleaning contract document had been developed however it had not yet gone to tender. Evidence of evaluation of the process for selecting and recruiting human resources was not demonstrated. Job descriptions were demonstrated however hygiene responsibilities were not explicit. New human resource policy to be approved.	Incorrect finding, service went to tender but contract not yet awarded. Ensure efficacy of all selection and recruitment policies are reviewed annually. Ensure all relevant staff contracts include hygiene responsibilities. Submit Manpower Plan to EMB for approval (overtaken by cost containment)		May 09 Jun 09 Completed May 09	EMB HRM HRM HRM	MUH Recruitment & Selection Policy.	In progress. In progress. In progress.
CM 10.2	There was no documented processes demonstrated for reviewing changes in hygiene services work capacity and volume. The human resource quality improvement plan had not been implemented.	Develop a systematic needs assessment and efficacy review process and recording thereof. Revise and implement HR QIP.		Mar 09 Mar 09	DCEO HRM	Evaluation of Extension of Services Report.	 In progress.
CM 10.3	In house staff job descriptions demonstrated had not been updated to reflect hygiene responsibilities.	Ensure all relevant staff contracts include hygiene responsibility.		Completed	HRM	MUH Recruitment & Selection Policy.	
CM 10.4	It was advised that hand-hygiene training was mandatory for all staff at induction, however, not thereafter. No evidence of evaluation of the use of contract staff was demonstrated	Records of staff annual hand hygiene training to be recorded centrally by control of infection staff. Evaluation of effectiveness of the use of contract staff should be undertaken prior to contract renewals and retendering.		Completed May 10	COI Team HSM	COI Records	 Under preparation.
CM 10.5	Most of the hygiene quality improvement plan has not been implemented. Six month report for the first half of 2008 was demonstrated.	Ensure reasons for non-implementation are reported in routine reviews. Demonstrate 2008 Annual Report		Completed	DCEO		In progress.

CM 11.1	Ongoing education records were not complete and were located in different areas depending on who provided the training.	Ensure training records for Hygiene Staff are collated centrally.		Completed	HRM	Attendance Sheets	
	The staff hand book demonstrated was in draft format.	Ensure Staff handbook is signed off by OMG.		Mar 09	HRM		In progress.
	The HR plan demonstrated was in draft format.	Ensure HR Service Plan is signed off by EMB.		Mar 09	HRM		In progress.
CM 11.2	Records demonstrated that not all staff had attended the mandatory training.	Ensure there is a process to follow up staff not trained and record their training.		Apr 09	HRM		In progress.
	Infection Control staff provided training, however no schedule was demonstrated.	Ensure COI training schedule is demonstrated.		Apr 09	DoN		In progress.
	The organisation advised that evaluation was not always completed, and effectiveness was measured through hygiene audits.	Establish a spot check system of checks to check implementation and to provide a tool for evaluation.		Completed	DoN	Hygiene Spot Check Report April 2009	
	Evaluation of relevance of education to each staff member was not demonstrated.	Establish staff feedback system for all hygiene training.		Apr 09	HRM		In progress.
CM 11.3	There was no formal process in place for evaluation of hygiene training other than through changes made from audit results.	Establish routine system for evaluation COI training.		Apr 09	DoN		In progress.
	No evidence of staff satisfaction rates with training was demonstrated.	Establish staff feedback system for evaluation COI training.		Apr 09	HRM		In progress.
	No performance indicators for training were demonstrated.	Establish and monitor PIs for training.		Apr 09	HRM		In progress.
CM 11.4	The organisation advised that a staff appraisal form was in place for nursing staff, this was not demonstrated.	Demonstrate Nurse staff appraisal form.		Apr 09	DoN		In progress.
	No formal appraisal system was demonstrated for hygiene staff, other than by regular hygiene audit.	Establish formal staff appraisal system for hygiene staff.		Apr 09	HRM/HSM		In progress.
	No evidence of evaluation of the appropriateness of performance evaluation processes was demonstrated.	Establish an annual review of performance evaluation processes.		Apr 09	HRM		In progress.
CM 12.1	An occupational health annual report was stated to be in place, however this was not demonstrated.	Demonstrate Occupational Health Annual Report 2008.		Completed	HRM	2008 Occupational Health Annual Report	
	No evidence of evaluation of the appropriateness of the service was demonstrated.	Establish an annual review of performance evaluation processes.		Apr 09	HRM		In progress.
CM 12.2	No evidence of key performance indicators for Occupational Health were demonstrated.	Establish KPI process for Occupational Health.		Completed	HRM	2008 Occupational Health Annual Report	
	Evidence of evaluation of the appropriateness of mechanisms for monitoring staff satisfaction was demonstrated.	Establish an annual review of performance evaluation processes.		Mar 09	HRM		In progress.

CM 13.1	No evidence of evaluation in relation to reliability, accuracy, validity and appropriateness of data was demonstrated.	Include review of data probity and appropriateness in Hygiene Operational Plan.		Completed	DCEO	Hygiene Services Plan	
CM 13.2	The organisation advised that the Hygiene Services Team and Hygiene Services Committee minutes were approved at the next meeting, however, this was not demonstrated. The Hygiene Services Committee did not produce an annual report for 2007. No evaluation of user satisfaction in relation to reporting of data and information was demonstrated.	Chair to sign minutes once approved. Demonstrate Annual Report for 2008. Include review of data probity and appropriateness in Hygiene Operational Plan.		Completed Completed Completed	 DCEO	Minutes of Hygiene Services Team and Hygiene Services Committee. 2008 Hygiene Annual Report Hygiene Services Plan	
CM 13.3	The evaluation of data collection and reporting for Hygiene Services was a quality improvement identified however it had not been implemented.	Include review of data probity and appropriateness in Hygiene Operational Plan. Develop a corporate policy for the dissemination and dated reviews of polices, plans and procedures by EMB/OMG or Hospital Quality & Safety Steering Committee.		Completed Completed	DCEO CEO/DCEO	Hygiene Services Plan Processes for Creation, Review and Amendment of Policies Policy EMB Report 17.03.09	
CM 14.1	50% of sink replacement was completed in 2007 and this was an identified quality improvement initiative, however the organisation advised that there had been no progress in 2008 due to financial constraints. There was an extensive quality improvement plan in place however there was limited progress demonstrated on its implementation.	EMB to formally ascribe priority to capital equipment and minor capital works. Priority for Minor Capital allocation. Demonstrate QIP is being implemented.		Completed Feb 09 Completed	CEO DCEO DCEO	EMB Report 24.02.09 Correspondence with HSE Updated QIP	Bid submitted.
CM 14.2	There was no long term Hygiene Strategic Plan demonstrated. Performance indicators for hygiene were not demonstrated.	Demonstrate Hygiene Services Long Term Strategy. Incorporate a scheme for Hygiene PIs		Completed Completed	DCEO/Q&CCC DCEO/Q&CCC	Hospital Hygiene Strategic Plan 2009 – 2012 Hygiene Services Plan	

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SD 1.1	The Infection Control Manual was available in all clinical areas. Input from relevant personnel was identified however there was no documented process for this.	Demonstrate the process for reviewing the Control of Infection Manual.		Mar 09	DoN		Requires formal demonstration of documentation.
	No evidence of evaluation of the efficacy of processes used to develop best practice guidelines for the Hygiene Services Team was demonstrated.	Demonstrate the processes used in evaluating best practice guidelines for the HST.		Mar 09	HSM		In progress.
SD 1.2	No evidence of evaluation of the efficiency of the assessment process for new/changed Hygiene Services interventions was demonstrated.	Develop a standard process for recording variations to service and evaluation, review and loop closing. Review the variations process annually and demonstrate results.		Completed Apr 09	DCEO HST	New Contract Variation Policy approved by EMB on 31 March 2009	In progress.
SD 2.1	No evidence of evaluation of the efficacy of activities undertaken or participated in by the team in the community in relation to hygiene was demonstrated.	Demonstrate that activities recorded have actually taken place. Demonstrate patient and staff feedback system.		Completed Apr 09	DoN DoN	Hygiene Report Timetable document, EMB Minutes & HSC minutes.	In progress.
SD 3.1	Medical staff representation was identified as a gap. No evidence of evaluation of the efficacy of the multidisciplinary team structure was demonstrated.	Role of Consultant Microbiologist to be expanded. Appoint Clinical Director. Demonstrate the evaluation of the efficacy of team with examples and QIP.		Apr 09 Completed Apr 09	CEO/Clinical Director DCEO		In progress. In progress.
SD 4.1	The environment was generally clean and tidy, however there was evidence of light dust on high surfaces and the undercarriage of beds. Uncovered mattresses were observed to be stored on the floor in one ward. It was reported that there was a process in place for curtain changing however documentation to support this was limited.	Address deficiencies through audit system. Provide alternative storage for mattresses. Document curtain changing and demonstrate transition to vertical blinds.		Completed Completed Completed	HSM HSM HSM	Audit record reviews & action point logs New storage area	
SD 4.3	One cleaners' storeroom had a sink however there was no sluice. Cleaning equipment was located in one sluice room (due to space constraint) and this room had a sluice however there was no wash hand basin.	Review provision of cleaner's sinks/sluices and make recommendations accordingly.		Apr 09	EO	HAS Enforcement Notice April 2006	Programme plan in place to upgrade hand-wash basins, sluices etc. to HBN 65. Priority for Minor Capital allocation.
SD 4.5	The waste compound was adjacent to the hospital and close to the main entrance and readily accessible to the public. A large bin for the collection of clinical waste in the compound was left unlocked with the lid open.	Investigate security of compound and make recommendations for improvement. Audit safe practices and implement improvements.		Apr 09 Apr 09	EO EO	Letter to Security Manager 31.03.09 DGSA Audit 04.12.08 and Internal Audit 19.03.09	Wrote to Security Manager to review the security of the compound access gate onto Prospect Row and await recommendations. Instruction to Maintenance Operative not to use bins with faulty locking mechanisms. Email to SCRL re faulty locking mechanisms on bins.

SD 4.6	The laundry department was observed to be in a state of disrepair.	Undertake contract laundry service.		Completed	DCEO		
		Convert Theatre drapes to disposables.		Completed	DoN	Purchase Orders	
	Patient's personal laundry was observed to be stored in plastic bags following laundering and stored on top of pipes.	Review cleanliness of storage areas for patient's clothing and implement appropriate cleaning regime.		Completed	HSM		
SD 4.7	A large number of sinks did not meet best practice standards.	Priority for Minor Capital allocation..		Completed	DCEO	Bids submitted	
SD 4.8	Records of flushing were not demonstrated although the organisation advised that these were kept off site.	This observation is incorrect, flushing records are maintained on site by the Engineering Officer.		Completed	EO	Water flushing records folder.	
SD 4.9	No hygiene related patient satisfaction survey was demonstrated.	Implement Corporate Patient and Community Consultative Committee.		Jun 09	EMB/DCEO		In progress.
		Undertake annual patient satisfaction survey.		Sept 09	Q&CCM		In progress.
SD 5.1	The organisation advised that the maintenance of patient/client dignity during hygiene service delivery was included verbally during induction. There was no evidence to demonstrate this.	Content of induction to be strengthened.		Apr 09	HRM		In progress.
	Local colour coding signage for isolation was demonstrated.	Convert signage to National colour coding.		Mar 09	HSM		In progress.
SD 5.2	Patients/clients were reported to be satisfied however no survey was demonstrated.	Undertake annual patient satisfaction survey.		Sept 09	Q&CCM		In progress.
		Implement Corporate Patient and Community Consultative Committee.		Jun 09	EMB/DCEO		In progress.
SD 5.3	No trending or evaluation of complaints was demonstrated.	Ensure demonstration of complaints to assessors.		Completed	DoN/Q&CCM	Complaints register.	
		Complete trend report for complaints.		Apr 09	DoN/Q&CCM		In progress.
		Undertake at least annual patient surveys.		Sept 09	DoN/Q&CCM		In progress.
SD 6.1	A verbal patient survey conducted by senior nurse managers each week was demonstrated. There was evidence of a log however no recommendations were demonstrated. No evidence of evaluation of the extent to which patients/clients, families and other organisations are involved by the team when evaluating its Hygiene Services was demonstrated.	Verbal satisfaction visit log to be created.		Completed	DoN	Log Documentation	
		All senior management staff to record their verbal exchanges with patients in log.		Completed	DoN	Management REcords	
		Subsequent action and loop closing (where required) is to be documented in the log.		Completed	EMB/OMG	Introduction of formal consultative committee in progress	
SD 6.2	The organisation advised that internal audits teams had been trained in audit processes and conducted the audits in each other's areas. Evidence of this was not demonstrated. Some trended results were presented.	Demonstrate training records for audit teams.		Completed	HSM		

	Audit reports were the only hygiene specific key performance indicator identified. No evidence of evaluation of the extent to which hygiene services quality initiatives are the result of evaluation and benchmarking was demonstrated.	Include Key Performance Indicators in the Hygiene Service Plan. Evaluate the extent to which hygiene services quality initiatives are the result of evaluation and benchmarking.		Completed May 09	DCEO HST	Hygiene Service Plan	In progress.
SD 6.3	No Hygiene Services Annual Report for 2007 was demonstrated. There was a Cleaning Contractor Annual Report for 2007 and six-month report for the first half of 2008 demonstrated.	Demonstrate Annual Report for 2008 Demonstrate 6 monthly cleaning contractor reports.		Completed May 09	DCEO HSM	2008 Hygiene Annual Report	In progress.

KEY

BoG	Board of Governors
CEO	Chief Executive Officer
CNM	Clinical Nurse Manager(s)
DCEO	Deputy Chief Executive Officer
DD	Director of Development
DoN	Director of Nursing
EMB	Executive Management Board
EO	Engineering Officer
HRM	Human Resources Manager
HSM	Hotel Services Manager
HST	Hygiene Services team
OMG	Operational Management Group
Q&CCC	Quality and Corporate Compliance Committee
Q&CCM	Quality and Corporate Compliance Manager
RM	Risk Manager