

**Hygiene Quality Improvement Plan (QIP)**

**Action Plan based 2008 HSAS Report  
Midland Regional Hospital Mullingar**

<b>Prepared By:</b>	<b>William Harding – HSAS Link Person</b>
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<b>Role:</b>	<b>Hospital Quality Manager</b>
<b>Hospital:</b>	<b>Midland Regional Hospital Mullingar</b>
<b>Date:</b>	<b>23/03/08</b>
<b>Comment:</b>	<b>The provision of a high quality Hospital Hygiene service is a priority for the Midland Regional Hospital Mullingar and involves a continuous programme of quality improvement. A significant proportion of actions commenced following the September '08 Audit.</b>

<b>Ref. Nr</b>	<b>Deliverables</b>	<b>Start date</b>	<b>Finish date</b>	<b>Lead Responsibility Name and Role</b>	<b>Ongoing Planned Actions / Comments</b>
CM 1.2 B-C	Quality Improvement Plan outlines actions to be carried out following Audits / Reviews (Internal and External) at the Hospital Environment & Facilities Committee Meetings	Apr '09	Ongoing	Hospital Manager DON Hospital Quality Manager	Action Plan to be discussed at each E&F Committee Meeting with continuous update on plan Hospital Hygiene Team Meeting to discuss hygiene audit findings on weekly basis
CM 2.1 C-C	Minutes of Meeting with Network Manager / Performance Management & Monitoring Unit will now minute meeting correspondence	Feb '09	Ongoing	Hospital Manager	Copy of Meeting Minutes to be forward to Hospital Quality Manager to be held as Evidence Of Compliance to standard Minutes of network Meetings available form Network Managers Office
CM 2.2 C-C	Partnership Committee discuss Matters in relation to Capital Development Consumer Rep is member of E&F committee  Service User Group in Partnership with PCCC will be set up to liase on Hospital Hygiene matters at MRHM	Apr '09  Apr '09	May '09  Aug '09	Co-Chairperson -Partnership Committee / Environment & Facilities Committee  Hospital Quality Manager Hospital Business Manager	Midland Regional Hospital Committee structure has linkages to Hospital Quality Risk Governance Committee which has Hygiene as part of the committee agenda.
CM 3.1 C-C	E&F Committee discuss Matters in relation to hygiene development interventions and Infection sit on Capital Development Committee	Ongoing		Hospital Manager DON Hospital Quality Manager	Minutes of Meetings drafted at meetings

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CM 3.2 C-C	Corporate Strategic Planning by E&F / QRG Committee KPIs including % Attendance at E&F Meetings; % departmental compliance with HS Standards. Quality Risk Governance Committee to review hospital Corporate Strategic Plans	May '09  May '09	Ongoing  Ongoing	Hospital Manager	
CM 4.1 C-C	Consumer Representative now sits on E&F Committee / HSAS Audit and Hygiene is a standard item on this Committee Domestic Services Manager is now a member of the Hospital Environment & Facilities Committee	Mar '08  Oct '08	In Place  In Place	Hospital Manager DON Hospital Quality Manager	
CM 4.1 C-C	Hospital Cleaning Manual to be made available to all wards	Feb '09	May '09	Infection Control Nurse Domestic Services Manager Hygiene Audit Co-ordinator	Document currently in Draft and is under review towards formal publication
CM 4.1 C-C	New Infection Control Guidelines available to all ward / Departments  Hospital Cleaning Manual to be made available to all wards	Jan '09  Feb '09	In Place  May '09	Infection Control Nurse  Infection Control Domestic Services Manager Hygiene Audit Co-Ordinator	

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
	<p>All Domestic Service 'Draft' PPPG's to be reviewed and published upon completion</p> <p>A list of new PPPG 's required in the area of Hygiene Services will be explored, drafted and published</p>	<p>Apr ' 09</p> <p>May '09</p>	<p>Sept ' 09</p> <p>Sept ' 09</p>	<p>Hospital Quality Manager Hygiene Audit Co-Ordinator</p> <p>Hygiene Audit Co-Ordinator</p>	<p>Required PPPG's will be identified thru the Hygiene Audit Process</p>
<p>CM 4.2 C-C</p>	<p>Hygiene Audit Co-ordinator now in place to carry out full-time Hygiene Audits and to co-ordinate Corrective Action Plans with Line Managers</p> <p>All Audit Findings to be discussed at the Hospital Weekly Hygiene Team Meeting</p>	<p>Feb ' 09</p> <p>Apr ' 09</p>	<p>In Place</p> <p>In Place</p>	<p>Hygiene Audit Co-ordinator</p>	<p>Hospital Hygiene Co-ordinator's immediate primary function will be to carry out Hospital Hygiene Audits within all levels / Departments of the Hospital. All Hygiene Audits will now be conducted in the presence of the relevant Line / Ward Manager where all corrective / preventative actions will be documented and implemented as agreed. An Audit Schedule is currently in place and all support documentation in relation to Hygiene Audits (Audit Tool, Follow-up Action Report Template) are currently for review.</p>

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
CM 4.2 C-C	<p>Regular reports (EHO / HACCP), - Meetings every two months</p> <p>Complaints reviewed by appropriate Committees as per Hospital Management Committee Structures</p> <ul style="list-style-type: none"> <li>• E&amp;F Committee</li> <li>• Hospital QRG Committee</li> <li>• Hospital Hygiene Audit Committee</li> </ul> <p>Service user Group: Service User Group in association with PCCC will be set up to liaise on Hospital Hygiene matters at MRHM</p> <p>Consumer Rep to conduct Hospital Hygiene Audits</p> <p>Hygiene Audits: All Hygiene audits to be discussed at Hospital Weekly Hygiene Team Meeting</p>	<p>In Place</p> <p>In Place</p> <p>Apr ' 09</p> <p>Apr ' 09</p> <p>Apr ' 09</p>	<p></p> <p>Sept ' 09</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Hospital Manager DON Hospital Quality Manager Domestic Services Manager</p> <p>Hospital Quality Manager Hospital Business Manager Mgr PCCC</p> <p>Consumer Rep</p> <p>Hygiene Audit Co-Ordinator</p>	<p>Hospital HACCP /EHO Committee – Meeting chaired by Deputy Hospital Manager</p> <p>All consumer rep hygiene audits to be discussed at the Hospital Environment &amp; Facilities Committee Meeting</p>

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
CM 4.2 C-C	<p>Hygiene KPI's / Incident reports / Complaints / Hazards / Surveys are reviewed by the Quality Risk Governance Committee &amp; Environment &amp; Facilities Committee on a monthly basis</p> <p>Hospital Hygiene Audits discussed at Hospital Hygiene Team meeting on weekly basis</p>	<p>In Place</p> <p>Apr '09</p>	<p>Ongoing</p>	<p>Hospital Manager</p> <p>Hospital Quality Manager Hygiene Audit Co-Ordinator</p>	
CM 4.2 C-C	<p>Hospital QRG Committee / E&amp;F Committee to further Review Hygiene KPIs .</p> <p>Hygiene Incident reports / Complaints / Hazards / Surveys are reviewed by the Quality Risk Governance Committee</p> <p>National development of KPI's to include Hygiene Related KPI's</p>	<p>May '09</p> <p>In place</p> <p>TBD</p>	<p>Ongoing</p>	<p>Hospital Manager</p> <p>DON Hospital Quality Manager Domestic Services Manager</p> <p>Hospital Quality Manager</p>	

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CM 4.3 C-C	Current and New Infection Control Guidelines / Hospital Cleaning Manual / Domestic Service PPPG's to be made available to all wards	Feb '09	May '09	Infection Control Nurse Domestic Services Manager Hygiene Audit Co-ordinator	
CM 4.3 C-C	Hygiene Cleaning Manual in MRHM is published by the NHO  Infection Control PPPGs published 2008 based on current best practice.	In Place  Apr '09	  Sept '09	  Infection Control Nurse Domestic Services Manager Hygiene Audit Co-ordinator	
CM 4.4 C-C	New Infection Control Guidelines available to all ward / Departments  Hospital Cleaning Manual to be made available to all wards        All Domestic Service 'Draft' PPPG's to be reviewed and published upon completion	Jan '09  Feb '09      Apr '09	In Place  May '09      Sept '09	Infection Control    Infection Control Nurse Domestic Services Manager Hygiene Audit Co-Ordinator    Hospital Quality Manager Hygiene Audit Co-Ordinator   Hygiene Audit Co-Ordinator	

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	A list of new PPPG 's required in the area of Hygiene Services will be explored, drafted and published	May '09	Sept ' 09		Required PPPG's will be identified thru the Hygiene Audit Process
CM 4.4 C-C	PPPGs: Review, Registration and Dissemination through the office of the Organisation's Developer of Standards	In Place		Hospital Quality Manager	
CM 8.1 C-C	Pest Control / Food waste / Domestic waste - Contracts in place / Maintenance to review contracts on an ongoing basis	In Place		-Maintenance Department Hospital Manager	
	Window Cleaning Contract to be reviewed	Apr ' 09	June ' 09	Maintenance Department	
	PPPG to be drafted to outline process for new contracts and contract review	Apr ' 09	May ' 09	Maintenance Department	
CM 8.1 C-C	PPPG to be drafted to outline process for establishing new contracts and contract review locally	Apr ' 09	May ' 09	Maintenance Department	



Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
CM 8.2 C-C	<p>Hospital Environment &amp; Facilities Committee to review this concern :</p> <p>Contract Check List to be implemented as tick box to ensure that all contractors are in compliance to the organisations quality initiatives and guidelines. Checklist to be incorporated into the associate PPPG on contract Review</p>	Apr ' 09	May '09	Maintenance Department	
CM 9.1 C-C	<p>Hospital Hygiene Auditor now in place to conduct Hygiene Audits and the Documentation Process for Audits has been reviewed and amended</p> <ul style="list-style-type: none"> <li>Weekly Hygiene Team Meeting to discuss findings in all Hygiene Audits and agree / implement corrective actions from same</li> </ul>	Mar '09	In Place	Hygiene Audit Co-Ordinator	

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CM 9.2 A-C	Linen Management currently being reviewed at MRHM - Plans in place to review handling and storage Linen Policy which is in draft is to be reviewed and amended / Published	Apr '09 May '09	May '09 May '09	Domestic Services Manager  Hygiene Audit Co-Ordinator	
CM 9.2 A-C	Infection Control Department Guidelines to be made available at ward level	Jan '09	In Place	Infection Control Department	
CM 9.3 B-C	Hospital Hygiene Auditor now in place to conduct Hygiene Audits and the Documentation Process for Audits has been reviewed and amended  <ul style="list-style-type: none"> <li>Weekly Hygiene Team Meeting to discuss findings in all Hygiene Audits and agree / implement corrective actions from same</li> </ul>	Mar '09	In Place	Hygiene Audit Co-Ordinator	
CM 10.2 C-C	Pilot Programme on Division of Roles commissioned in 2009 and report on findings presented to Hospital Management	Feb '09	Ongoing	Domestic Services Manager	Trials have now been completed on Division of Roles in Level O and Level 1

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CM 10.2 C-C	Report Completed in January 2009 / Staffing levels for new Wards have been reviewed	Feb '09	Complete	Director of Nursing Domestic Services Manager	Resource issues are of concern in this report issue finding
CM 10.3 B-C	New Employee Induction programme in place Proposed introduction of a Regional Education Board for Hygiene being considered Cleanpass Training ( partnership with Skills) programme currently being reviewed Cleaning Manual – Provide education upon the publication of this manual	In Place May '09 May '09 May '09	TBD Sept '09 June '09	Hospital Manager DON Hospital Quality Manager Domestic Services Manager	
CM 10.4 C-C	Contract Check List to be implemented as tick box to ensure that all contractors are in compliance to the organisations quality initiatives and guidelines. Checklist to be incorporated into the associate PPPG on contract Review	Apr '09	May '09	Maintenance Department	
CM 10.4 C-C	Hospital Environment & Facilities Committee to review this concern :  Contract Check List to be implemented as tick box to	Apr '09	May '09	Maintenance Department	1. Floor Cleaning 2. Window Cleaning

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	ensure that all contractors are in compliance to the organisations quality initiatives and guidelines. Checklist to be incorporated into the associate PPPG on contract Review				
CM 10.5 C-C	Pilot Programme on Division of Roles commissioned in 2009 and report on findings presented to Hospital Management  CLEANPASS hygiene training accreditation body to carry out a Staff Needs Assessment to all Domestic Service Staff	Feb '09  Apr '09	Ongoing  May '09	Domestic Services Manager  Domestic Services Manager Hospital Quality Manager	Trials have now been completed on Division of Roles in Level O and Level 1
CM 11.1 B-B	Hand Hygiene Training provided and Infection & Prevention Education Sessions provided by IPC Nurses	In Place		Infection Control Nurse	
CM 11.2 C-C	'Cleanpass' Certification Programme /Training currently being planned for all Domestic Service Staff at MRHM	Apr '09	Sept '09	Hospital Manager	
CM 11.2 C-C	All staff are encouraged to attend approved education and training programmes	In Place		Quality Risk Governance Committee	

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CM 11.2 C-C	CLEANPASS hygiene training accreditation body to carry out a Staff Needs Assessment to all Domestic Service Staff	Apr '09	May '09	Domestic Services Manager Hospital Quality Manager	
CM 11.3 C-C	Evidence was provided to Auditors on this matter / Complaints / Incident reports Trending	Apr '09	May '09	Domestic Services Manager Hospital Quality Manager	Evidence on Hand Hygiene and Audits of Hand Hygiene present to Auditors
CM 11.3 C-C	Report carried out in late 2007 and Provided as evidence to Hygiene Auditors	In Place	Completed	Hospital Quality Manager	Report discussed at Hospital Environment & Facilities Committee meeting with outcome to set up SAP training record.
CM 11.4 B-C	Following the introduction of CLEANPASS training programme Appraisal will be carried out on an annual basis  CLEANPASS to provide 'Train the Trainer' programmes, and these trained staff will provide annual evaluation on this certified FETAC Level 3 programme to all trained Domestic Service Staff	2010  2010		Director of Nursing Domestic Services Manager  Domestic Services Manager	

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CM 11.4 B-C	Occupational Health to be invited to become a member of the MRH Mullingar Quality Risk Governance Committee	TBD		Hospital Manager	Invite OH to attend Meetings
CM 12.2 C-C	KPI's are discussed at the Hospital Quality Risk Governance Committee Meetings Trending in relation to complaints / Mandatory Training is reviewed.	In Place		Hospital Manager DON Hospital Quality Manager	
CM 12.2 C-C	Regional Health Promotion Services Quality of Life Survey  CLEANPASS hygiene training accreditation body to carry out a Staff Needs Assessment to all Domestic Service Staff	Apr ' 09	Completed  Completed  May ' 09	Hospital Manager Hospital Quality Manager  Domestic Services Manager Hospital Quality Manager	
CM 13.1 C-C	Regular reports (EHO / HACCP), - Meetings every two months  Complaints reviewed by appropriate Committees as per Hospital Management	In Place  In Place		Hospital Manager DON Hospital Quality Manager Domestic Services Manager	Hospital HACCP /EHO Committee – Meeting chaired by Deputy Hospital Manager

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
	<p>Committee Structures</p> <ul style="list-style-type: none"> <li>• E&amp;F Committee</li> <li>• Hospital QRG Committee</li> <li>• Hospital Hygiene Audit Committee</li> </ul> <p>Service user Group: Service User Group in association with PCCC will be set up to liase on Hospital Hygiene matters at MRHM</p> <p>Consumer Rep to conduct Hospital Hygiene Audits</p> <p>Hygiene Audits: All Hygiene audits to be discussed at Hospital Weekly Hygiene Team Meeting</p>	<p>Apr ' 09</p> <p>Apr ' 09</p> <p>Apr ' 09</p>	<p>Sept ' 09</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Hospital Quality Manager Hospital Business Manager Mgr PCCC</p> <p>Consumer Rep</p> <p>Hygiene Audit Co-Ordinator</p>	<p>All consumer rep hygiene audits to be discussed at the Hospital Environment &amp; Facilities Committee Meeting</p>
CM 13.1 C-C	E&F Committee / Quality Risk Governance Committee review all Hygiene Data as part of Agenda - Audits / Risk /Hazards / Surveys / Complaints / Hygiene	In Place		Hospital Manager DON Hospital Quality Manager Domestic Services Manager	

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	Reports				
CM 14.1 B-C	E&F Committee Meeting to evaluate Improvement initiatives as they are presented to meeting by the Hospital Hygiene Audit Co-Ordinator / DS Manager	In Place		Hygiene Audit Co-Ordinator Manager / Hospital Quality Manager	
CM 14.2 B-C	KPI's relating to Hygiene are discussed at the Hospitals E&F Committee Meeting / KPI Policy document currently being developed	In Place		Hospital Quality Manager	
CM 14.2 B-C	E&F Committee Meeting discuss / evaluate Improved outcomes as they are presented to meeting by the Hospital Hygiene Audit Co-ordinator  Audit Results to be 'scored' to allow to measure if any improvements are pending	In Place  July ' 09	  Sept ' 09	Hygiene Audit Co-ordinator Manager / Hospital Quality Manager  Hygiene Audit Co-ordinator	
	<a href="#">Service Delivery Standards</a>				



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SD 1.1 B-C	<p>Infection Control Guidelines now at ward level / Hospital Cleaning Manual will be published in April 2009 and issued to all Wards</p> <ol style="list-style-type: none"> <li>1. Curtain Change Programme</li> <li>2. Patient equipment list</li> <li>3. All draft PPPG's to be reviewed and formalised</li> <li>4. New Hygiene related</li> <li>5. PPPG's to be drafted</li> </ol>	<p>In Place</p> <p>In Place</p> <p>Mar '09</p> <p>April '09</p>	<p>July '09</p> <p>Aug '09</p>	<p>Infection Control Nurse Domestic Services Hygiene Audit Co-ordinator</p> <p>Hygiene Audit Co-ordinator / Hospital QA Manager Hygiene Audit Co-ordinator / Hospital QA Manager</p>	
SD 1.1 B-C	<p>Catering- HACCP Guidelines</p> <p>Internal Hygiene Audits</p> <p>Daily Check List Audited – Domestic Services Dept.</p> <p>Cleaning Audits</p>	<p>In Place</p> <p>Ongoing</p> <p>In Place</p> <p>Ongoing</p>		<p>Domestic Services Manager</p> <p>Hygiene Audit Co-ordinator</p>	<p>Cleanpass -FETAC Level 3 Training Programme in Hospital Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar</p>
SD 1.2 B-C	<p>Hospital Hygiene Audit Co-Ordinator to review and formalise all new Hygiene Service Interventions - New products / Processes</p>				<p>New/changed Hygiene Services interventions process in place.</p>

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	New/changed Hygiene Services interventions Guideline to be drafted upon completion and agreement of process for same	Mar' 09	May ' 09	Infection Control Nurse Domestic Services Hygiene Audit Co-Ordinator	
SD 1.2 B-C	Hospital Hygiene Audit Co-Ordinator to review and formalise all new Hygiene Service Interventions - New products / Processes New/changed Hygiene Services interventions process in place.	Apr ' 09	May ' 09	Infection Control Domestic Services Hygiene Audit Co-Ordinator	Committee currently reviewing new products
SD 2.1 C-C	Hospital Newsletter published every two months and is available throughout the Hospital Hand wash signs posted hospital wide Information signs to be posted at Hospital entrance Voice over to be installed at main Hospital Entrance Information Stand at Hospital Entrance	In Place In Place Apr' 09 Apr ' 09 Apr ' 09	May ' 09 May ' 09 Apr ' 09 May ' 09	Hospital Quality Manager	
SD 2.1 C-C	Hospital Newsletter and Hospital Visitor -In Patient Leaflet is made available in main Hospital Lobby and throughout Hospital Service User Group in association	Apr ' 09	Aug ' 09	Hospital Quality Manager	Service User Groups to be set up

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	with PCCC will be set up to liaise on Hospital Hygiene matters at MRHM  Service User to carry out Hygiene Audits on Monthly basis and present findings to Hospital E&F Committee	Apr ' 09	Ongoing	Hospital Business Manager Mgr PCCC  Director of Nursing	
SD 2.1 C-C	This finding to be reviewed / Role out of Visiting Policy / Hand Hygiene posters & Hospital Newsletter in Public areas also local media are involved in the role - out of Hygiene Related Information  Local Media – Newspapers Radio Messages Additional Signage Internet / Intranet messaging	In Place		Hospital Manager -Corporate Communications Infection Control CNM II's – Ward Level	The Hospital will soon have controlled 'swipe – pass' access to all wards upon completion of Capital Development stage  All methodology and messages discussed at the Hospital Environment & Facilities Committee
SD 4.1 B-D	Division of Roles (Catering / Cleaning) / Shortage of Staff to clean all areas / Ongoing Audits / More Supervision / Cleaning Checklists			Director of Nursing Domestic Services Manager / Hygiene Audit Co-Ordinator	Cleanpass -FETAC Level 3 Training Programme in Hospital Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar.  All Domestic Service Staff to partake in this intensive

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
	<p>Develop Cleaning Schedule for all Hospital Areas</p> <p>Pilot Study to be carried out on the Division of Roles All areas to be on Audit Schedule Plan</p> <p>'Cleanpass' – Staff Training to be introduced.</p> <p>More Supervision of Cleaning to be carried out by Domestic Service Management</p>	<p>In Place</p> <p>Feb ' 09</p> <p>Mar ' 09</p> <p>Apr ' 09</p> <p>Mar ' 09</p>	<p>Completed</p> <p>Done</p> <p>Sept' 09</p> <p></p> <p>Ongoing</p>	<p>Hygiene Audit Co-Ordinator Support Services Hygiene Audit Co-Ordinator Hospital Manager DON</p> <p>Domestic Services</p>	<p>3 day training programme</p>
SD 4.1 B-D	<p>Hand Gel is widely available at MRH Mullingar, and will be improved by the following: Information Stand to be set up in Hospital Lobby to promote the use of Hand Gel</p> <p>More Hand Gel Dispensers to be placed in Hospital Lobby</p> <p>'Voice over' to be installed at Hospital entrance to inform public upon entry to hospital to</p>	<p>Apr ' 09</p> <p>Apr ' 09</p> <p>Apr ' 09</p>	<p>May ' 09</p> <p>Apr ' 09</p> <p>Apr ' 09</p>	<p>Hospital Quality Manager</p> <p>Hospital Quality Manager Infection Control Nurse Hospital Quality Manager</p> <p>Maintenance Dept.</p>	<p>Information Stand to be set up in Hospital Lobby to promote the use of Hand Gel</p> <p>Lockable Gel Holders will be placed in main Hospital Lobby to deter theft of same.</p>

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	use hand gel.				
SD 4.1 B-D	New Work cleaning schedule introduced / Disposable Curtains are in place and to be changed on a service need basis / communicate with staff on concern  Curtain Schedule to be put in place for all applicable departments	In Place	Done	Domestic Services Manager Hygiene Audit Co-Ordinator / Ward Managers / CNM II  Hygiene Audit Co-Ordinator /	
SD 4.1 B-D	New product for cleaning sinks currently being introduced  Work Practice to be Reviewed  Division of Roles (More frequent cleaning)  Education to staff Cleanpass -FETAC Level 3	Mar ' 09  Mar ' 09  Mar ' 09  Apr ' 09	In progress  Ongoing  Ongoing  Sept ' 09	Domestic Services Manager / Hygiene Audit Co-Ordinator / Ward Manager Infection Control       Hospital Manager DON	New Product Intervention Committee currently reviewing / trialling new products for sink cleaning

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	Training Programme in Hospital Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar				
SD 4.1 B-D	Check List to be put in all toilets in clinical areas - currently this list is in all public toilets	Apr ' 09	May ' 09	Domestic Services Manager / Hygiene Audit Co-ordinator /Ward Manager	New Check-Sheet also being developed and this will be placed in all clinical toilets
SD 4.1 B-D	Plans / Drawings in place to refurbish this Room / Plans to include assisted shower  Equipment within to be removed to appropriate location	Apr' 09  Apr ' 09	Apr ' 09  Done	Director of Nursing Domestic Services Manager / Hygiene Audit Co-ordinator Ward Manager Maintenance Manager	
SD 4.1 B-D	This process has been reviewed and all Ward Managers have been instructed of this concern at CNM Meetings  Guideline # RMD 022 to be reviewed and updated to outline clearly the safety of the process for this collection of urine samples	Mar ' 09  Apr ' 09	Mar ' 09  Completed	Director of Nursing Ward Manager / CNM II  Director of Nursing	

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SD 4.1 B-D	Curtain Change Programme distributed to all Ward levels  Audit of adherence to Curtain Change Programme carried out during departmental Hygiene Audits and findings reported to E&F Committee	In Place  Mar ' 09	Done  Ongoing	Domestic Services Manager Hygiene Audit Co-ordinator / Ward Manager / CNM II  Hygiene Audit Co-ordinator /	
SD 4.1 B-D	Utility Rooms to be kept closed at all times  Staff informed and re-instructed on importance of this concern  Ongoing Supervisory Audits to monitor this concern	Ongoing  Ongoing  Apr ' 09	  Ongoing	Domestic Services Manager  Hygiene Audit Co-ordinator / Ward Manager  Hygiene Audit Co-ordinator	Through the remit of the Hospital Health & Safety Committee / Hospital Watch Committee / Security Walk-about..etc..etc.. this concern is of major discussion  It was agreed that we do not lock associated doors but pay special attention / observation to ensure their closure at all times
SD 4.1 B-D	Division of Roles (Catering / Cleaning) / Lack of Staff to clean all areas / Ongoing Audits / More Supervision / Cleaning Checklists  Cleaning Checklist to be revised	  Mar ' 09	  Done	  Domestic Services Manager	

<b>Ref. Nr</b>	<b>Deliverables</b>	<b>Start date</b>	<b>Finish date</b>	<b>Lead Responsibility Name and Role</b>	<b>Ongoing Planned Actions / Comments</b>
	<p>to ensure that fly-screens are part of daily check / cleaning</p> <p>Domestic Services to pay special attention in the supervision of this process of cleaning and sign off on any inspections carried out</p> <p>Contractors to carry out an assessment on the existing fly-screens in place to ensure that they are correctly fitted</p>	<p>Mar '09</p> <p>Feb '09</p>	<p>Ongoing</p> <p>Completed</p>	<p>Hygiene Audit Co-ordinator / Ward Manager / DS Dept.</p> <p>Maintenance Manager</p>	
SD 4.2 A-D	<p>Division of Roles (Catering / Cleaning) / Lack of Staff to clean all areas / Ongoing Audits / More Supervision / Cleaning Checklists</p> <p>Develop Cleaning Schedule for all Hospital Equipment</p> <p>Pilot Study to be carried out on the Division of Roles All areas to be on Audit Schedule Plan</p> <p>'Cleanpass' – Staff Training to be introduced.</p>	<p>Mar '09</p> <p>Mar' 09</p> <p>Apr '09</p>	<p>Completed</p> <p>Completed</p> <p>Sept '09</p>	<p>Hygiene Audit Co-ordinator Support Services</p> <p>Hygiene Audit Co-ordinator Hospital Manager</p> <p>DON Hospital Manager Domestic Services Manager</p>	<p>Cleanpass -FETAC Level 3 Training Programme in Hospital Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar.</p> <p>All Domestic Service Staff to partake in this intensive 3 day training programme</p>



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	More Supervision of Cleaning to be carried out by Domestic Service Management	Mar '09	Ongoing		
SD 4.2 A-D	<p>This concern will be placed on all checklists and audited by the Hospital Hygiene Audit Co-Ordinator</p> <p>Issue to be part of the Hygiene Audit Process / continuous auditing</p> <p>Staff Information and Re-education on this concern thru the CNM II meetings and the Hospital Newsletter</p>	Feb '09	Ongoing	<p>Domestic Services Manager Hygiene Audit Co-Ordinator / Ward Manager</p> <p>DON Hospital Quality Manager</p>	
SD 4.2 A-D	<p>New PPPG to be put in place with accompanied checklists at ward level</p> <p>All Medical Devices to be put on a Cleaning Check List</p>	Apr '09	May '09	<p>Director of Nursing Domestic Services Manager</p> <p>Hygiene Audit Co-Ordinator Ward Manager</p>	
		Apr '09	Completed		

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
SD 4.3 B-B	<p>Required wear now in place</p> <p>HACCP currently being introduced /HACCP Guidelines currently being Introduced at ward level</p> <p>EHO Audits to monitor this concern</p>	<p>Apr ' 09</p> <p>Apr ' 09</p> <p>In Place</p>	<p>Done</p> <p>Completed</p>	<p>Domestic Services Manager</p> <p>Director of Nursing / Domestic Services Manager</p> <p>Hygiene Audit Co-ordinator / Ward Manager</p>	<p>Catering (CPU) Department and all ward based kitchenettes whom are audited by the EHO have their EHO reports discussed at Hospital EHO / HACCP Committee Meetings</p>
SD 4.4 B-D	<p>Division of Roles (Catering / Cleaning) / Lack of Staff to clean all areas / Ongoing Audits / More Supervision / Cleaning Checklists</p> <p>Cleaning Checklist to be revised to ensure that fly-screens are part of daily check / cleaning</p> <p>Domestic Services to pay special attention in the supervision of this process of cleaning and sign off on any inspections carried out</p> <p>Contractors to carry out an assessment on the existing fly-</p>	<p>Mar ' 09</p> <p>Mar '09</p> <p>Feb ' 09</p>	<p>Done</p> <p>Ongoing</p> <p>Completed</p>	<p>Domestic Services Manager</p> <p>Hygiene Audit Co-Ordinator / Ward Manager / DS Dept.</p> <p>Maintenance Manager</p>	

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	screens in place to ensure that they are correctly fitted				
SD 4.4 B-D	Coded Lock Mechanism to be discussed as an alternative to address concern  Continuous Auditing of Concern to educate / inform staff on importance of this issue	Apr ' 09	TBD	Director of Nursing Domestic Services Manager  Hygiene Audit Co-ordinator	
SD 4.4 B-D	New product for cleaning sinks currently being introduced  Work Practice to be Reviewed  Division of Roles (More frequent cleaning)  Education to staff Cleanpass -FETAC Level 3 Training Programme in Hospital	Mar ' 09  Mar ' 09 Mar ' 09 Apr ' 09	In progress  Ongoing Ongoing Sept ' 09	Domestic Services Manager / Hygiene Audit Co-ordinator / Ward Manager Infection Control  DON Hospital Manager	New Product Intervention Committee currently reviewing / trailing new products for sink cleaning

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	Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar				
SD 4.4 B-D	<p>Required wear now in place ( Hair-net to be worn when serving food)</p> <p>HACCP currently being introduced /HACCP Guidelines currently being Introduced at ward level</p> <p>EHO Audits to monitor this concern</p>	<p>Apr ' 09</p> <p>Apr ' 09</p> <p>In Place</p>	<p>Done</p> <p>Completed</p>	<p>Domestic Services Manager</p> <p>Director of Nursing Domestic Services Manager</p> <p>Hygiene Audit Co-Ordinator / Ward Manager</p>	<p>Catering (CPU) Department and all ward based kitchenettes whom are audited by the EHO have their EHO reports discussed at Hospital EHO / HACCP Committee Meetings</p> <p>Note: Aprons to be worn during cleaning duty only</p>
SD 4.4 B-D	This process is ongoing / Pilot of Division of Roles has taken Place and Report being discussed at Hospital Management Level	Mar ' 09	Completed	<p>Director of Nursing</p> <p>Domestic Services Manager</p> <p>Hospital Manager</p>	
SD 4.7 A-B	New product for cleaning sinks currently being introduced	Mar ' 09	In progress	<p>Domestic Services Manager / Hygiene Audit Co-Ordinator / Ward Manager</p> <p>Infection Control</p>	New Product Intervention Committee currently reviewing / trailing new products for sink cleaning

Ref. Nr	Deliverables	Start date	Finish date	Lead Responsibility Name and Role	Ongoing Planned Actions / Comments
	<p>Work Practice to be Reviewed</p> <p>Division of Roles (More frequent cleaning)</p> <p>Education to staff Cleanpass -FETAC Level 3 Training Programme in Hospital Cleaning Currently being progressed to commencement in the Midland Regional Hospital Mullingar</p> <p>New Hospital wards have new taps and conform to all Hygiene Standard Requirements</p>	<p>Mar ' 09</p> <p>Mar ' 09</p> <p>Apr ' 09</p> <p>Mar '08</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Sept ' 09</p> <p>Completed</p>	<p>DON Hospital Manager</p> <p>Infection Control</p>	
SD 4.8 B-C	Hospital Hygiene CQI Plan in place and agreed actions and implementation process implemented resulting from Plan	Mar ' 09	Ongoing	Hospital Quality Manager	CQI Plan and Hygiene Audit Resultant actions discussed at the Hospital Environment & Facilities Committee meeting and at the Hospital Weekly Hygiene Audit Committee Meetings
SD 4.9 C-C	Service User Group in association with PCCC will be set up to liase on Hospital Hygiene matters at MRHM	Apr ' 09	Aug ' 09	<p>Hospital Quality Manager Hospital Business Manager Mgr PCCC</p> <p>Director of Nursing</p>	

<b>Ref. Nr</b>	<b>Deliverables</b>	<b>Start date</b>	<b>Finish date</b>	<b>Lead Responsibility Name and Role</b>	<b>Ongoing Planned Actions / Comments</b>
	Service User to carry out Hygiene Audits on Monthly basis and present findings to Hospital E&F Committee  Hygiene Audit 'walk-about' to be carried out to gauge patient satisfaction at MRHM	Apr '09  Apr' 09	Ongoing  Ongoing	Director of Nursing	Walk-about audits discussed at the Hospital Environment & Facilities Committee Meetings
SD 5.1 C-C	Policy will be drafted and implemented upon sign-off	Apr '09	July '09	Director of Nursing	Hospital CNM's to draft up policy and submit to Hospital Management for approval
SD 5.2 C-C	Hand Gel is widely available at MRH Mullingar, and will be improved by the following: Information Stand to be set up in Hospital Lobby to promote the use of Hand Gel  More Hand Gel Dispensers to be placed in Hospital Lobby  'Voice over' to be installed at Hospital entrance to inform public upon entry to hospital to use hand gel.	Apr '09  Apr '09  Apr '09	May '09  Apr '09  Apr '09	Hospital Quality Manager  Hospital Quality Manager Infection Control  Hospital Quality Manager Maintenance Dept.	Information Stand to be set up in Hospital Lobby to promote the use of Hand Gel  Lockable Gel Holders will be placed in main Hospital Lobby to deter theft of same.

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SD 5.2 C-C	Ward Satisfaction Surveys conducted in conjunction with patients and family members by DON / Domestic Services Department	Mar '09	Ongoing	Director of Nursing Hygiene Audit Co-ordinator	Satisfaction Surveys to be completed and evaluated. Ward Audit 'Walk-about's to be conducted by the Director of Nursing and the Hospital Manager
SD 5.3 B-B	Hygiene and Complaints are now an Standing discussion Items on our Hospital Quality Risk Governance Committee Meetings ( Monthly)  Hygiene Related Complaints to be discussed at the Weekly Hygiene Team Meetings	In Place  Apr '09	  Ongoing	Hospital Manager  Hospital Quality Manager	All Hygiene Concerns to be discussed at the Hospital Weekly Hygiene Team meetings
SD 6.1 C-C	Consumer Representative on E&F Committee  Ward Satisfaction Surveys conducted in conjunction with patients and family members  Service User Group in association with PCCC will be set up to liase on Hospital Hygiene matters at MRHM	In Place  Mar '09  Apr '09	  Ongoing  Aug '09	  Hospital Manager Director of Nursing Hygiene Audit Co-Ordinator  Hospital Quality Manager Hospital Business Manager	Satisfaction Surveys to be completed and evaluated. Ward Audit 'Walk-about's to be conducted by the Director of Nursing and the Hospital Manager

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SD 6.1 C-C	Hospital Hygiene Co-Ordinator now in place to conduct full time Hygiene Audits  Hygiene Audit Schedule for all Clinical Areas to be put in place	Feb '09  Feb '09	In Place  In Place	DON Hospital Quality Manager  Hygiene Audit Co-Ordinator	Hygiene Co-Ordinators immediate primary function will be to carry out Hospital Hygiene Audits within all levels / Departments of the Hospital. All Hygiene Audits will now be conducted in the presence of the relevant Line / Ward Manager where all corrective / preventative actions will be documented and implemented as agreed. An Audit Schedule is currently in place and all support documentation in relation to Hygiene Audits ( Audit Tool, Follow-up Action Report Template ) are currently for review.
SD 6.2 C-C	Formal Intervention process on new initiatives now in place.  New initiatives are 'Flat Mopping' system and new catering trolleys	Mar '09	Ongoing	Domestic Services	All new Hygiene initiatives are discussed at the Hospital Environment & Facilities Committee meeting
SD 6.3 B-C	Hospital Hygiene Annual Report will be amended to collate all due and completed activities for post year	Apr '09	May '09	Hospital Quality Manager	
SD 6.3 B-C	2008 HSAS Annual Review Report will be placed in Library and Heads of Department will be informed of its publication	May '09	June '09	Hospital Quality Manager	