

**Action Plan based on 2008 report
Mid-Western Regional Hospital
Nenagh
Co. Tipperary**

Prepared By:	Mr. Frank Keane	Ms. Colette Cowan
Contact Details:	067 42323	067 42323
Role:	Hospital Manager (acting)	Director of Nursing
Hospital:	Mid-Western Regional Hospital Nenagh Co. Tipperary	
Date:	31/03/2009	

Ref. Nr	Issue	Deliverables	Commence ment date	Finish date	Lead Responsibility name and role	References / links	Comments
	<p>PLANNING AND DEVELOPING HYGIENE SERVICES</p> <p>CM 1.1 Rating: C (41- 65% compliance with this criterion)</p> <p>The organisation regularly assesses and updates the organisation's current and future needs for Hygiene Services.</p>	<p>One item, now added to, the agenda of all future local hygiene services committee meetings is the requirements for future development of hygiene provision. This will include the evaluation of peer audits at each meeting.</p> <p>Use of Cleanpass providers to carry out an independent audit of our needs assessment.</p>	<p>March 2009</p> <p>September 2009</p>	<p>Ongoing</p> <p>Annually</p>	<p>Siobhan McLoughney/ Siobhan Smith-Tuohy Hygiene Services Co-ordinators</p>		
	<p>CM 1.2 Rating: C (41- 65% compliance with this criterion)</p> <p>There is evidence that the organisation's Hygiene Services are maintained, modified and developed to meet the health needs of the population served based on the information collected</p>	<p>Service Users Group to be formed</p> <p>One link person from Service Users Group will be asked to become part of Hygiene Services Committee</p>	<p>May 2009</p>	<p>Annually</p>	<p>Colette Cowan Director of Nursing</p>		
	<p>ESTABLISHING LINKAGES AND PARTNERSHIPS FOR HYGIENE SERVICES</p> <p>CM 2.1 Rating: C (41- 65% compliance with this criterion)</p> <p>The organisation links and works in partnership with the Health Service Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services</p>	<p>The Director of Nursing and Hospital Manager attend regional steering committee meetings on hygiene and the recently formed Quality, Risk and Patient Safety Committee.</p> <p>Linkages have been established with the MRSA Limerick group who completed an audit of visitor hand hygiene in the hospital.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Colette Cowan Frank Keane</p> <p>Frank Keane</p>		

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		<p>MRSA statistics for the hospital are issued from infection control on a monthly basis. Going forward, these statistics will be shared with the LHM and GM of PCCC.</p> <p>Delayed Discharge information will be shared with PCCC on a weekly basis so as to manage activity and prevent overcrowding.</p> <p>Minutes of regional meetings will be shared with ward managers, Assistant Directors of Nursing and Hygiene Services Co-ordinators to guarantee linkages throughout the Network</p> <p>Establish relationship with Merlin Park Hospital so as to get assistance on best practice regarding evaluation</p>	<p>March 2009</p> <p>March 2009</p> <p>March 2009</p> <p>March 2009</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Louise Ryan CNS Infection Control</p> <p>Olivia Moyles Discharge Co-ordinator</p> <p>Colette Cowan Director of Nursing</p> <p>Colette Cowan Frank Keane & Hygiene Co-ordinators</p>		
	<p>CORPORATE PLANNING FOR HYGIENE SERVICES</p> <p>CM 3.1 Rating: C (41- 65% compliance with this criterion)</p> <p>The organisation has a clear corporate strategic planning process for Hygiene Services that contributes to improving the outcomes of the organisation</p>	<p>Develop Hospital Corporate Strategic Plan for Hygiene</p> <p>Continue quarterly operational plan for hygiene services provision</p> <p>Develop Hygiene Services organogram</p> <p>Goals, objectives and priorities will be defined in Hospital's Corporate Strategic Hygiene</p>	<p>April 2009</p> <p>Ongoing</p> <p>April 2009</p> <p>April 2009</p>	<p>March 2012</p> <p>Ongoing</p> <p>April 2009</p> <p>Ongoing</p>	<p>Frank Keane Colette Cowan & Hygiene Services Co-ordinators</p> <p>Hygiene Service Co-ordinators</p> <p>Colette Cowan Director of Nursing</p> <p>Colette</p>		

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		Plan. Needs analysis will be incorporated.			Cowan Frank Keane & Hygiene Services Co-ordinators		
	GOVERNING AND MANAGING HYGIENE SERVICES CM 4.1 Rating: C (41-65% compliance with this criterion) The Governing Body and its Executive Management Team have responsibility for the overall management and implementation of the Hygiene Service in line with corporate policies and procedures, current legislation, evidence based best practice and research	Nursing Directorates will be developed and specific responsibility for Hygiene supervision will be allocated within those structures. Responsibility for hygiene management will be included in all future nurse management job descriptions Director of Nursing and Hospital Manager will request specific hygiene meetings with the Network Manager on a twice yearly basis for specific review of accountability for hygiene	March 2009 March 2009 April 2009	Ongoing Ongoing June/ December 2009	Colette Cowan Director of Nursing Colette Cowan Director of Nursing Frank Keane Hospital Manager (acting)		
	CM 4.2 Rating: C (41- 65% compliance with this criterion) The Governing Body and / or its Executive Management Team regularly receive useful, timely and accurate evidence or best practice information	Copies of peer audits/surveillance outcomes to be circulated to Executive Management Team and discussed at Hygiene meetings Monthly reports on MRSA levels to be circulated to Executive Management Team and PCCC Management Monthly MRSA reports will be evaluated at quarterly Hospital Infection Control Meetings Develop KPIs for Hygiene	April 2009 April 2009 May 2009 April 2009	Ongoing Ongoing Ongoing Ongoing	Hygiene Co-ordinators and Infection Control Hygiene Co-ordinators and Infection Control Louise Ryan CNS Inf Control Colette Cowan Frank Keane Hygiene Co-ordinators and		

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					Infection Control		
	CM 4.3 Rating: B (66-85% compliance with this criterion) The Governing Body and/or its Executive Management Team access and use research and best practice information to improve management practices of the Hygiene Service	<p>The evaluation process will be formalised for training and use of best practice throughout Hygiene Services. This will be further enhanced by the use of post training evaluation forms for all training courses undertaken.</p> <p>Further Cleanpass training will be delivered this year.</p> <p>PPPG Committee will be developed with representation from, and input to, Hygiene Services and Infection Control evidence based policies based on the national template for policy development.</p>	<p>May 2009</p> <p>April 2009</p> <p>March 2009</p>	<p>Ongoing</p> <p>Ongoing</p> <p>December 2009</p>	<p>Hygiene Services Co-ordinators and Infection Control</p> <p>Siobhán Smith-Tuohy, Infection Control</p> <p>Margaret Gleeson, PPPG Co-ordinator</p>		
	CM 4.4 Rating: B (66-85% compliance with this criterion) The organisation has a process for establishing and maintaining best practice policies, procedures and guidelines for Hygiene Services	<p>Development of our PPPG Committee will continue with a nominated senior nurse manager as co-ordinator.</p> <p>Policy will be developed to manage the development, approval, revision and control of all policy documents in the hospital in line with national standards</p> <p>The hospital is now registered with the National Policy Steering Group who review selected policies developed at the hospital. All newly developed policies are submitted to the National Group for information and opinion where appropriate.</p>	<p>March 2009</p> <p>April 2009</p> <p>February 2009</p>	<p>Ongoing</p> <p>April 2009</p> <p>February 2009</p>	<p>Margaret Gleeson PPPG Co-ordinator</p> <p>Margaret Gleeson, PPPG Co-ordinator</p> <p>Margaret Gleeson, PPPG Co-ordinator</p>		

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	CM 4.5 Rating: C (41- 65% compliance with this criterion) The Hygiene Services Committee is involved in the organisation's capital development planning and implementation process	All future capital project meetings will have representation present from Hygiene Services. This will be evidenced in the minutes of such meetings. Capital development is dependant on allocation of funding and as no funding is currently allocated to this hospital, no capital developments are under way.	March 2009	Ongoing	Frank Keane Hospital Manager (acting)		
	ORGANISATIONAL STRUCTURE FOR HYGIENE SERVICES *Core Criterion CM 5.1 Rating: B (66-85% compliance with this criterion) There are clear roles, authorities, responsibilities and accountabilities throughout the structure of the Hygiene Services	Hygiene Services Organogram will be developed for the hospital. This organogram will also demonstrate regional linkages. All future roles in relation to Hygiene Services will be clearly defined in nursing management job specifications. The work schedules of all Hygiene Services Delivery Staff will be amended to reflect clear responsibility for hygiene provision.	April 2009 March 2009	Ongoing Ongoing	Colette Cowan Director of Nursing Colette Cowan Director of Nursing plus Asst. Directors of Nursing		
	*Core Criterion CM 5.2 Rating: A (> 85% compliance with this criterion) The organisation has a multidisciplinary Hygiene Services Committee	A service user will be included in the hospital's multidisciplinary Hygiene Services Committee	May 2009	Ongoing	Colette Cowan Director of Nursing		
	ALLOCATING AND MANAGING RESOURCES FOR HYGIENE SERVICES *Core Criterion CM 6.1 Rating: C (41- 65% compliance with this criterion) The Governing Body and/or its Executive/Management Team allocate resources for the Hygiene Service based on informed equitable decisions and in accordance with corporate and service plans	The management team are currently reviewing hygiene service resource allocations as a factor of acute services reconfiguration across the network. Division of the hospital into hygiene risk rated zones will commence shortly and this process will be one of the key drivers for resource allocation	March 2009 May 2009	August 2009 Ongoing	Frank Keane and Nurse Management at all levels Assistant Directors of Nursing		

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		Documentation relating to formal resource allocation will be reviewed and amended where necessary to provide clarity.	June 2009	Ongoing	Assistant Directors of Nursing		
	CM 6.2 Rating: C (41- 65% compliance with this criterion) The Hygiene Services Committee is involved in the process of purchasing all equipment / products	The terms of reference of the Hygiene Services Committee will be amended to include input into the purchasing of all equipment/products	April 2009	April 2009	Hygiene Service Co-ordinators		
	MANAGING RISK IN HYGIENE SERVICES *Core Criterion CM 7.1 Rating: C (41- 65% compliance with this criterion) The organisation has a structure and related processes to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service	Quality, Risk and Patient Safety committee will be established and will include StarsWeb reports which will highlight adverse events Incident Reports are followed up and reported as required to senior management	March 2009 January 2009	Ongoing Ongoing	Ruth Brennan Risk Advisor (acting) & link person for quality, risk and patient safety. Ruth Brennan Risk Advisor		
	CM 7.2 Rating: C (41- 65% compliance with this criterion) The organisation's Hygiene Services risk management practices are actively supported by the Governing Body and/or its Executive Management Team	All risk management issues are discussed, and minuted, at Quality, Risk and Patient Safety Committee meetings. Decisions regarding funding and, where appropriate, resource allocation are taken at, or shortly after, all such meetings. Risk Advisor now included as a member of the Hygiene Services Committee	January 2009 January 2009	Ongoing Ongoing	Frank Keane Colette Cowan and Ruth Brennan Risk Advisor Siobhán Smith-Tuohy Hygiene Co-ordinator		

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	CONTRACTUAL AGREEMENTS FOR HYGIENE SERVICES *Core Criterion CM 8.1 Rating: B (66-85% compliance with this criterion) The organisation has a process for establishing contracts, managing and monitoring contractors, their professional liability and their quality improvement processes in the areas of Hygiene Services	All contractors will be informed, at the time of contract award, of their responsibility to comply with hygiene guidance from hospital staff while working on the premises	May 2009	Ongoing	Philip Brennan Technical Services		
	CM 8.2 Rating: B (66-85% compliance with this criterion) The organisation involves contracted services in its quality improvement activities	Training schedules and content will be requested from the Waste Management contractors. Any waste management or other hygiene related initiatives undertaken will be communicated to all contractors involved	April 2009 April 2009	Ongoing Ongoing	Frank Keane Louise Ryan Infection Control & Philip Brennan Technical Services		
	PHYSICAL ENVORNMENT, FACILITIES AND RESOURCES CM 9.1 Rating: C (41- 65% compliance with this criterion) The design and layout of the organisation's current physical environment is safe, meets all regulations and is in line with best practice	Storage facilities for hygiene equipment have been enhanced at the hospital Quality, Risk and Patient Safety committee has been established and will have responsibility for the compilation of a hospital wide risk register and self assessment of risk in the hospital. Hospital Safety Statement will be updated	February 2009 March 2009 March 2009	February 2009 June 2009 June 2009	Philip Brennan Technical Services and Colette Cowan Director of Nursing Quality, Risk and Patient Safety Committee Frank Keane		

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	*Core Criterion CM 9.2 Rating: C (41- 65% compliance with this criterion) The organisation has a process to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen	<p>Cleaning method statements will be completed</p> <p>Audit of sharps, waste and monthly environmental audits are ongoing</p> <p>Operational planning for hygiene is developed on a quarterly basis</p>	<p>April 2009</p> <p>Jan 2009</p> <p>Jan 2009</p>	<p>April 2009</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Hygiene Co-ordinators</p> <p>Hygiene Co-ordinators</p> <p>Hygiene Co-ordinators</p>		
	CM 9.3 Rating: C (41- 65% compliance with this criterion) There is evidence that the management of the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen is effective and efficient	<p>Environmental Health audits are ongoing in all catering areas on a quarterly basis</p> <p>Weekly surveillance of all areas for hygiene compliance is ongoing</p>	<p>Ongoing</p> <p>Jan 2009</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Catering Manager</p> <p>ADONs, Hygiene Co-ordinators and Infection Control</p>		
	CM 9.4 Rating: C (41- 65% compliance with this criterion) There is evidence that patients/clients, staff, providers, visitors and the community are satisfied with the organisation's Hygiene Services facilities and environment	<p>All correspondence relating to levels of satisfaction with Hygiene Services facilities and environment are replied to, acted on where appropriate and maintained for records.</p> <p>Patient Satisfaction Surveys will contain questions relating to Hygiene Service provision and all results will be analysed and acted on.</p>	<p>January 2009</p> <p>March 2009</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Frank Keane</p> <p>Colette Cowan</p>		

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	SELECTION AND RECRUITMENT OF HYGIENE STAFF CM 10.1 Rating: B (66-85% compliance with this criterion) The organisation has a comprehensive process for selecting and recruiting human resources for Hygiene Services in accordance with best practice, current legislation and governmental guidelines	All future job descriptions will include responsibilities relating to hygiene services As all recruitment is done centrally, evidence will be sought from Central Human Resources to indicate that evaluation of selection processes takes place	March 2009 April 2009	Ongoing April 2009	Colette Cowan Frank Keane Frank Keane		
	CM 10.2 Rating: C (41- 65% compliance with this criterion) Human resources are assigned by the organisation based on changes in work capacity and volume, in accordance with accepted standards and legal requirements for Hygiene Services	Evaluation of staff assignment will be established through a Staff Satisfaction Survey with actions taken on the basis of the results of that survey	June 2009	Ongoing	Ann Jordan/ Agnes Archard ADON office		
	CM 10.3 Rating: C (41- 65% compliance with this criterion) The organisation ensures that all Hygiene Services staff, including contract staff, have the relevant and appropriate qualifications and training	CleanPass training will be provided to all hygiene services delivery staff and an In-house training facility will also be developed.	May 2009	Ongoing	Hygiene Service Co-ordinators		
	CM 10.4 Rating: C (41- 65% compliance with this criterion) There is evidence that the contractors manage contract staff effectively	Vending machine contract will be managed with the assistance of a sign off book for hygiene purposes List of service contracts for equipment (clinical and non-clinical) will be maintained by Technical Services Replacement of sanitary bins will be signed off by ADONs Window cleaning will be signed off at ward level	April 2009 Jan 2009 April 2009 April 2009	Ongoing Ongoing Ongoing Ongoing	Anne Starr, Catering Manager Philip Brennan, Technical Services ADONs Frank Keane Hosp Mngr		

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	*Core Criterion CM 10.5 Rating: B (66-85% compliance with this criterion) There is evidence that the identified human resource needs for Hygiene Services are met in accordance with Hygiene Corporate and Service plans	Annual Hygiene Services Reports will be generated	December 2009	Ongoing	Hygiene Services Committee		
	ENHANCING STAFF PERFORMANCE *Core Criterion CM 11.1 Rating: B (66-85% compliance with this criterion) There is a designated orientation/induction programme for all staff which includes education regarding hygiene	All participants in induction training will be asked to complete evaluation forms at the end of such training	July 2009	Ongoing	Angela O'Sullivan, Staff Officer and Cathrina Ryan, Assistant Director of Nursing		
	CM 11.2 Rating: C (41- 65% compliance with this criterion) Ongoing education, training and continuous professional development is implemented by the organisation for the Hygiene Services team in accordance with its Human Resource plan	Hygiene Workshops will be conducted twice yearly	May 2009	Ongoing	Hygiene Co-ordinators		
	CM 11.3 Rating: C (41- 65% compliance with this criterion) There is evidence that education and training regarding Hygiene Services is effective	Hygiene Workshops will be conducted twice yearly	May 2009	Ongoing	Hygiene Co-ordinators		
	CM 11.4 Rating: C (41- 65% compliance with this criterion) Performance of all Hygiene Services staff, including contract/agency staff is evaluated and documented by the organisation or their employer	Hygiene Workshops will be conducted twice yearly	May 2009	Ongoing	Hygiene Co-ordinators		
	PROVIDING A HEALTHY WORK ENVIRONMENT FOR STAFF CM 12.1 Rating: B (66-85% compliance with this criterion) An occupational health service is	The issue of evaluation of appropriateness of Occupational Health Services will be discussed with the Occupational	April 2009	April 2009	Frank Keane		

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	available to all staff	Health Department					
	CM 12.2 Rating: C (41- 65% compliance with this criterion) Hygiene Services staff satisfaction, occupational health and well-being is monitored by the organisation on an ongoing basis	Staff satisfaction survey will be completed Absenteeism is routinely monitored with back to work interviews and the assistance of Occupational Health is offered to staff in appropriate circumstances	June 2009 March 2009	Ongoing Ongoing	Hygiene Co-ordinators Colette Cowan		
	COLLECTING AND REPORTING DATA AND INFORMATION FOR HYGIENE SERVICES CM 13.1 Rating: C (41- 65% compliance with this criterion) The organisation has a process for collecting and providing access to quality Hygiene Services data and information that meets all legal and best practice requirements	All infection control data circulated will be backed up in the infection control department with the formal laboratory results that give rise to the generation of such information	April 2009	Ongoing	Louise Ryan, CNS Infection Control		
	CM 13.2 Rating: C (41- 65% compliance with this criterion) Data and information are reported by the organisation in a way that is timely, accurate, easily interpreted and based on the needs of the Hygiene Services	Evaluation of hospital processes will be conducted with all staff as part of the previously mentioned staff satisfaction survey	June 2009	Ongoing	Siobhán Smith-Tuohy Hygiene Co-ordinator		
	CM 13.3 Rating: C (41- 65% compliance with this criterion) The organisation evaluates the utilisation of data collection and information reporting by the Hygiene Services team	The outputs of hygiene audits and hygiene workshops will be considered by the Hygiene Services Committee and acted upon	April 2009	Ongoin	Hygiene Services committee		

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	ASSESSING AND IMPROVING PERFORMANCE FOR HYGIENE SERVICES CM 14.1 Rating: B (66-85% compliance with this criterion) The Governing Body and/or its Executive Management Team foster and support a quality improvement culture throughout the organisation in relation to Hygiene Services	Evaluation process to be implemented and staff feedback requested	July 2009	Ongoing	Hygiene Services Committee		
	CM 14.2 Rating: B (66-85% compliance with this criterion) The organisation regularly evaluates the efficacy of its Hygiene Services quality improvement system, makes improvements as appropriate, benchmarks the results and communicates relevant findings internally and to applicable organisations	Patient Satisfaction Surveys will be analysed so as to drive change in all appropriate areas, especially hygiene service provision	August 2009	Ongoing	Colette Cowan		
	EVIDENCE BASED BEST PRACTICE AND NEW INTERVENTIONS IN HYGIENE SERVICES SD 1.1 Rating: B (66-85% compliance with this criterion) Best Practice guidelines are established, adopted, maintained and evaluated, by the team	Update Infection Control Policy Develop formal evaluation of policies	May 2009 May 2009	May 2009 Ongoing	Louise Ryan CNS Infection Control Infection Control Team		
	SD 1.2 Rating: C (41- 65% compliance with this criterion) There is a process for assessing new Hygiene Services interventions and changes to existing ones before their routine use in line with national policies	Develop an evaluation policy for hygiene services products Implementation of zoning and new hygiene services staff work schedules	May 2009 May 2009	Ongoing May 2009	Hygiene Co-ordinators Hygiene Co-ordinators		

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		Evaluation of efficacy of work schedule changes will take place	August 2009	Ongoing	Hygiene Co-ordinators		
	PREVENTION AND HEALTH PROMOTION SD 2.1 Rating: B (66-85% compliance with this criterion) The team in association with the organisation and other services providers participates in and supports health promotion activities that educate the community regarding Hygiene	A list of health promotion activities which support hygiene service provision will be drawn up Information session will be provided for clergy who minister to the sick in the hospital	May 2009 May 2009	Onoging May 2009	Mary K. McCarthy, HPH Co-ordinator Hygiene Co-ordinators		
	INTEGRATING AND COORDINATING HYGIENE SERVICES SD 3.1 Rating: B (66-85% compliance with this criterion) The Hygiene Service is provided by a multidisciplinary team in cooperation with providers from other teams, programmes and organisations	Develop organogram for Hygiene Services Committee membership displaying linkages to other teams and organisations	April 2009	April 2009	Hospital Manager		
	IMPLEMENTING HYGIENE SERVICES *Core Criterion SD 4.1 Rating: B (66-85% compliance with this criterion) The team ensures the organisation's physical environment and facilities are clean	Develop schedule of general maintenance including painting of all patient care areas Commence rollout of disposable curtains throughout the hospital and formulate a curtain changing schedule for them.	Ongoing April 2009	Ongoing Ongoing	Philip Brennan Tech Svcs Hygiene Co-ordinators and ADONs		
	*Core Criterion SD 4.2 Rating: B (66-85% compliance with this criterion) The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean	Develop documented cleaning schedule for equipment	May 2009	June 2009	Hygiene Co-ordinators and ADONs		
	*Core Criterion SD 4.3 Rating: B (66-85% compliance with this criterion)	New storage area has been identified for the storage of	April 2009	April 2009	Technical Services		

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	The team ensures the organisation's cleaning equipment is managed and clean	cleaning equipment and will be commissioned on both floors in the hospital					
	*Core Criterion SD 4.4 Rating: C (41- 65% compliance with this criterion) The team ensures the organisation's kitchens (including ward/department kitchens) are managed and maintained in accordance with evidence based best practice and current legislation	Provide training to increase awareness on PPE for all workers involved in food preparation	May 2009	Ongoing	Catering Officer and Hygiene Co-ordinators		
	*Core Criterion SD 4.5 Rating: C (41- 65% compliance with this criterion) The team ensures the inventory, handling, storage, use and disposal of Hygiene Services hazardous materials, sharps and waste is in accordance with evidence based codes of best practice and current legislation	Revisit waste management training with attendant grades	May 2009	Ongoing	Hygiene Co-ordinators and Infection Control Team		
	*Core Criterion SD 4.6 Rating: C (41- 65% compliance with this criterion) The team ensures the Organisations linen supply and soft furnishings are managed and maintained	Planning is underway regarding the possible centralisation of laundry services as exists in other hospitals in the region.	April 2009	Ongoing	Hospital Manager & Director of Nursing		
	*Core Criterion SD 4.7 Rating: B (66-85% compliance with this criterion) The team works with the Governing Body and/or its Executive Management team to manage hand hygiene effectively and in accordance with Strategy for the control of Antimicrobial Resistance in Ireland (SARI) guidelines	Any existing air hand dryers will be removed Hand hygiene will be mandatory and in line with best practice	May 2009 April 2009	May 2009 April 2009	Technical Services Louse Ryan, CNS Infection Control		

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	SD 4.8 Rating: C (41- 65% compliance with this criterion) The team ensures all reasonable steps to keep patients/clients safe from accidents, injuries or adverse events	<p>Training schedule/database to be provided by our external trainer</p> <p>Hygiene will be discussed at all Quality, Risk and Patient Safety committee meetings</p> <p>Monthly statistics on infection will be circulated to PCCC</p> <p>Risk management report to be run for any hygiene related risk issues prior to Quality, Risk & Patient Safety committee meetings</p>	<p>May 2009</p> <p>April 2009</p> <p>March 2009</p> <p>April 2009</p>	<p>May 2009</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Hygiene Co-ordinators</p> <p>Gillian Daly, Chairperson</p> <p>Louise Ryan, CNS Infection Control</p> <p>Ruth Brennan Risk Advisor</p>		
	SD 4.9 Rating: B (66-85% compliance with this criterion) Patients/Clients and families are encouraged to participate in improving Hygiene Services and providing a hygienic environment	A service user group will be formed and one service user will be part of hygiene audits	June 2009	Ongoing	Director of Nursing and Hygiene Co-ordinators		
	PATIENT'S/CLIENT'S RIGHTS SD 5.1 Rating: B (66-85% compliance with this criterion) Professional and organisational guidelines regarding the rights of patients/clients and families are respected by the team	<p>New patient information booklet will be published</p> <p>Develop a policy on patient/client dignity</p>	<p>September 2009</p> <p>September 2009</p>	<p>September 2009</p> <p>September 2009</p>	<p>Hospital Manager</p> <p>Cathrina Ryan ADON</p>		
	SD 5.2 Rating: C (41- 65% compliance with this criterion) Patients/Clients, families, visitors and all users of the service are provided with relevant information regarding Hygiene Services	Review content of draft Patient Information Booklet in light of service reconfiguration prior to publication	September 2009	September 2009	Director of Nursing and Hospital Manager		

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	SD 5.3 Rating: C (41- 65% compliance with this criterion) Patient/Client complaints in relation to Hygiene Services are managed in line with organisational policy	Develop a documented process for recording informal complaints and their management	May 2009	May 2009	Hygiene Services Committee		
	ASSESSING AND IMPROVING PERFORMANCE SD 6.1 Rating: C (41- 65% compliance with this criterion) Patient/Clients, families and other external partners are involved by the Hygiene Services team when evaluating its service	Develop action plan based on patient feedback and discuss at monthly nurse management meetings	June 2009	Ongoing	Director of Nursing		
	SD 6.2 Rating: C (41- 65% compliance with this criterion) The Hygiene Services team regularly monitors, evaluates and benchmarks the quality of its Hygiene Services and outcomes and uses this information to make improvements	Develop Performance Indicators for Hygiene	June 2009	Ongoing	Hygiene Services Committee		
	SD 6. 3 Rating: C (41- 65% compliance with this criterion) The Multidisciplinary Team, in consultation with patients/clients, families, staff and service users, produces an Annual Report that is received and signed off by the Board or Senior Management Team as applicable	Formulate annual report for hygiene	2009	Ongoing	Hygiene Services Committee		