

**Action Plan based on HIQA 2008 Report
Midland Regional Hospital, Portlaoise, Co. Laois**

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Hospital:	Midland Regional Hospital, Portlaoise, Co.Laois
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Comment	The provision of a high quality Hospital Hygiene service is a priority for the Midland Regional Hospital, Portlaoise and involves a continuous programme of quality improvement. A significant proportion of actions commenced following the September '08 Audit.

HIQA Standard	Rating	Deliverables	Commencement date	Finish date	Lead Responsibility name and role	Commentary	Comments
CM1.1	C	<ul style="list-style-type: none"> - Recruitment of Hygiene Services Manager 2009. - Commission Needs Assessment for Hospital Hygiene Services (2009). - Develop Hospital Operational Plan (2009) - Commission Service Plan for Hospital Hygiene (2009). - Commission In-house Audit Plan for Hospital Hygiene (2009). - Commission Hand Hygiene Plan for CPD - Review of membership of E&F Committee - Complete hospital-wide audit of clinical hand wash sinks by end April '09. 	2007 Q4 2008 Q4 2008 Q1 2009 Q1 2009 Q1 2009 Q1 2009 Q1 2009 Q1 2009	Feb'09 Q1 2009 Q1 2009 Q1 2009 Q1 2009 Q1 2009 Q2 2009	----- Hospital Manager Hygiene Services Manager, Hospital Manager Director of Nursing Director of Nursing E&F Committee, Chair. Infection Control Nurse Manager		
CM 3.1	C	<ul style="list-style-type: none"> - Develop Corporate Strategic Plan outlining goals, objectives and priorities for HS. - Develop communication plan to for wide dissemination of Corporate Strategy to Staff. - Develop plan for engagement with consumer on E&F Committee 	Q4 2008 Q1 2009 Q1 2009	Feb.'09 Q2 '09 June 2009	Hospital Manager Hospital Manager Hospital Manager Director of Nursing		
CM 4.1	C	<ul style="list-style-type: none"> - Organisation Chart/ Outline authority of E&F Committee in TORs. - Demonstrate use of legislative and best practice in (recent) capital developments, SOP Development. - Demonstrate how In-house Audit Programme is communicated to Senior Management Team: Organogram - Demonstrate continued engagement with EHO, H&S Authority. - Demonstrate Evidence-based Cleaning Manual 	Q4 2008 Ongoing Q1 2009 Q1 2009 2008	Apr.'09 Q2 2009 Ongoing Jan. 2009	Hospital Manager/E&F Com. E&F Committee Quality/Accreditation Manager Quality/Accreditation Manager Hygiene Services Manager		
CM 4.2	C	<ul style="list-style-type: none"> - Communication Plan in and between Committees. - Communicate via Staff newsletter - Develop hygiene-related KPIs - Evaluation of Information received by E&F Committee 	Q4 2008	Q2 2009 Ongoing Q2 2009 Quarterly	Hospital Manager: E&F Committee E&F Committee E&F Committee		
CM 4.4	C	<ul style="list-style-type: none"> - Dissemination of newly published SOPs to all hospital departments - Dissemination of Infection Control Manual of IC Guidelines. 	Q4 2008 2008	Q2. '09 End Feb. '09	Hygiene Services Manager Infection Control		
CM 6.2	C	<ul style="list-style-type: none"> - Develop formal submission for Business Planning for product change, or equipment purchase. - Evaluation of the efficacy of Business planning for new product ranges, Equipment purchased. 	Q4 2008	Q2 2009 Ongoing	Hospital Manager; Maintenance Infection Control E&F Committee		
CM 8.1	C	<ul style="list-style-type: none"> - Commission system to manage contracts evidence of formal monitoring arrangements with contractors. 	Q4 2008	Q3 2009	Hospital Manager, Maintenance Infection Control/ Clinical Engineering Contracts Sub-Committee		
CM 8.2	C	<ul style="list-style-type: none"> - Formal involvement of contractors in Quality improvement Planning 	Q4 2008	Q3 2009	Hospital Manager		

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CM 9.1	D	-Capital developments including new Emergency Department consider and implement all legislative and best practice requirements.	2007	Q4 2008	Completed	(Move to new build ED completed Dec. 2008)	
CM 9.3	C	<ul style="list-style-type: none"> - Planning process for audit of internal environment including kitchens, waste, sharps and linens - Evaluation of Audit results - Demonstrate EHO Reports/resultant actions for 2 year period - Demonstrate H&S Reports/resultant actions for 2 year period 	Q4 2008 Q1 2009 Q1 2009 Q1 2009	Q1 2009 Ongoing Ongoing Ongoing	Director of Nursing Director of Nursing Catering Manager Asst. Hospital Manager		
CM 9.4	C	<ul style="list-style-type: none"> - Your Service, Your Say: Monthly analysis of complaints/compliments - Report of Training in Complaints management 	Q4 2008 Q2 2009	Ongoing Q2 2009	Complaints Manager Complaints Manager		
CM 10.2	D	<ul style="list-style-type: none"> - Whole hospital review of wte allocation by department with publication of plan to re-allocate resource (Manpower Plan). - Develop Absence Management Plan MRHP. - Local SOP Absence Management - Training in Absence Management - HealthStat Monitoring Reports to E&F Committee 	Q4 2008 Q1 2009 Q3 2008 Q2 2009 Q2 2009	Q1 2009 Q1 2009 Q1 2009 Q2 2009 Ongoing	Hygiene Services Manager Hospital Manager/Director of Nursing HR Department Quality/Accreditation Manager		
CM 10.4	C	<ul style="list-style-type: none"> - Develop inventory of Contractors - Involve contractors in Quality Improvement Planning and requirements in relation to Hospital Hygiene. - Feedback to Contractors on In-house audit results as applicable 	Q4 2008 Q3 2008	Q2 2009 Q3 2009	Contracts Sub-Committee Contracts Sub-Committee		
CM 10.5	C	<ul style="list-style-type: none"> - Corporate Strategic Plan (Hygiene) - Operational Plan (Hygiene) - Annual Report (Hygiene) - Manpower Plan/roster format by Hospital Department - Hospital Microbiology Service arrangements 	Q4 2008 Q1 2009 Q1 2009 Q1 2009 Q1 2009	Q.1 2009. Q1 2009 Q2 2009 Q1 2009 Q1 2009	Hospital Manager, Hygiene Service Manager. Quality/Accreditation Manager Hygiene Service Manager Infection Control Nurse Mgr.	*Moratorium March 2009.	
CM 11.1	C	<ul style="list-style-type: none"> - Commission (Regional) Education Committee - Develop in-house Induction Programme for Hygiene Services - Develop CPD for existing staff - Develop Evaluation Tool for Hygiene Education/Training 	Q1 2009 Q2 2009 Q2 2009 Q2 2009	Q1 2009 Q2 2009 Q2 2009	Director of Nursing (Regional) Hygiene Education Committee (Regional Hygiene Education Committee (Regional) Hygiene Education Committee		
CM 11.2	C	<ul style="list-style-type: none"> - Education/Training plans for Hygiene Services - Register of staff training records 	Q2 2009 Q2 2009	Q2 2009 ongoing	Director of Nursing Hygiene Services Manager		
CM 11.3	C	<ul style="list-style-type: none"> - Formal evaluation of the effectiveness of training programmes - Satisfaction Rates with Training programmes 	Q2 2009 Q2 2009	Ongoing Ongoing	E&F Committee E&F Committee		
CM 11.4	C	<ul style="list-style-type: none"> - Evaluation of Sign-off on Cleaning Check Sheets 	Q1 2009	Ongoing	Hygiene Services Manager		
CM 12.2	C	<ul style="list-style-type: none"> - KPI Development for Occupational Health Services - Formal evaluation of staff satisfaction with Occupational Health Services - Portfolio of OH Services including new developments. 	Q1 2009 Q1 2009	Q3 2009 Q2 2009	Director of Nursing/Quality/Accreditation Manager Quality/Accreditation Manager		

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CM 13.1	C	<ul style="list-style-type: none"> - Formal reporting procedures on Incidents, Complaints, H&S Issues, In-house and external audits & EHO reports. - Communications with staff via newsletter. 	Q4 2008	Ongoing	Complaints Officer, Risk Manager, Health & Safety Committee		
CM 13.2	C	<ul style="list-style-type: none"> - Develop communication line for Minutes and Reports from E&F Committee. - Mechanism for feedback on In-house Audit to departmental staff. - Notice Boarding for Hygiene Services Communications 	Q4 2008 Q1 2009 Q1 2009	Q 2 2009 Q1 2009 Q2 2009	E&F Committee Hygiene Services Manager Hygiene Services Manager		
CM 13.3	C	<ul style="list-style-type: none"> - Implement Standing Order on Agenda of Senior Management Team to report on hospital hygiene. Letter to Chairs of all committees to copy. - Agenda E&F: Review of timeliness and effectiveness of feedback mechanisms. - Record of changes made following evaluation. - Identification of new suite of KPIs following evaluations: e.g. Absence monitoring, HealthStat. 	Q4 2008 Q2 2009 Q2 2009 Q1 2009	Q2 2009 Q2 2009 Ongoing Q2 2009	Hospital Manager E&F Committee E&F Committee E&F Committee		
CM 14.1	C	<ul style="list-style-type: none"> - SOP Development via Regional Hygiene Committee - Education & CPD Programme development via Regional Ed Committee - New Appointment to Hygiene Services - New build (ED) - Continuous Hand Hygiene Education - New Job description (Multitask Attendant). - Continuing upgrade of hospital environment and facilities. - Visiting arrangements roll-out 	Q1 2008 Q1 2009 2007 Q1 2009 Q3 2008 Q1 2009 Q3 2008	Q1 2009 Q2 2009 Q4 2008 Q4 2008 Ongoing Q4 2008 Ongoing Q2 2009	Director of Nursing Director of Nursing ----- Infection Control Nurse Mgr. Quality/ Accred. Mgr. Hospital Manager Director of Nursing		
CM 14.2	C	<ul style="list-style-type: none"> - Review of in-house audit plan and audit results. - Feedback plan for minutes of E&F meetings, Audit reports - Adoption of processes developed in good performing hospital (Patient Satisfaction Questionnaire). 	Q4 2008 Q1 2009 Q1 2009	End Q4 '09 Ongoing Q2 2009	E&F Committee E&F Committee Director of Nursing		
SD 1.2	C	<ul style="list-style-type: none"> - SOP for the formal assessment of new products before procurement. 	Q4 2008		Hospital Manager, Maintenance Clinical Engineer Infection Control Nurse Manager.		
SD 3.1	C	<ul style="list-style-type: none"> - Define role of multidisciplinary membership of E&F Committee - Formation of Sub-Committee to assist E&F i.e. Waste Management. - Develop Communication system to increase staff awareness of E&F function. 	Q4 2008 Q1 2009 Q2 2009	Q2 '09 Q2 2009 Q3 2009	Hospital Manager Quality/Accreditation Mgr. Quality/Accreditation Mgr.		
SD 4.1	C	<ul style="list-style-type: none"> - NHO Hospital Hygiene Cleaning Manual (2006) adopted for SOP development - Plan for formal evaluation of cleaning checklists - Outline of continuous upgrade programme (Service Plan) 	2007 Q1 2009 Q1 2009	Q2 2009 Q2 2009 Q1 2009	E&F Committee Hygiene Service Manager Quality/Accreditation Mgr.		
SD 4.2	C	<ul style="list-style-type: none"> - SOP on cleaning of equipment including fans 	Q4 2008	Q2 '09	Clinical Engineer		
SD 4.8	C	<ul style="list-style-type: none"> - Adverse events: Incident reporting - Mechanism for feedback following reporting of an incident. 	Ongoing Ongoing	Ongoing	Risk Management Risk Management		
SD 4.9	C	<ul style="list-style-type: none"> - Hospital Visiting Policy roll-out - Patient Satisfaction Tool (adapted from WRH) following visit. - Formal Plan for the evaluation of Patient Satisfaction 	Q4 2008 Q1 2009 Q2 2009	Q2 2009 Q2 2009 Q2 2009	Director of Nursing Assistant Hospital Manager Quality/Accred. Manager		

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SD 5.3	C	<ul style="list-style-type: none"> - Your Service Your Say Policy - Complaints Analysis Reports to Hospital Manager - Complaints KPI developed. 	Q4 2008	Q2 2009	Complaints Officer		
SD 6.1	C	Patient Satisfaction Survey	Q4 2008	Q3 2009	Assistant Hospital Manager,		
SD 6.2	C	In-house Audit Programme & Evaluation of results.	Q4 2008	ongoing	E&F Committee		
SD 6.3	C	- Annual Report Hygiene Services	Q4 2008	Q4 2009	E&F Committee.		