



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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## Action Plan based on 2008 Hygiene Audit report

### Roscommon County Hospital

<b>Prepared By:</b>	<b>Hygiene Committee</b>
<b>Contact Details:</b>	<b>Secretary to Group – 090 663 2271</b>
<b>Date:</b>	<b>16<sup>th</sup> April 2009</b>

<b>Ref. Nr</b>	<b>Issue</b>	<b>Deliverables</b>	<b>Commencement date</b>	<b>Due date</b>	<b>Lead Responsibility</b>
	Roscommon County Hospital needs to improve it's Hygiene Assessment score in 2009 by carrying out the following deliverables	1. Long Term Commitment of all staff to promote continuous improvement in the area of hygiene services within Roscommon County Hospital.	Jan 09	Ongoing review of attendance at meetings and by regular feedback  Dec 09	General Manager/ Director of Nursing
		2. Corporate Hygiene Service/ Strategic Plan	April 09	May 09	General Manager/ Director of Nursing
		3. Hygiene Needs analysis	April 09	May 09	General Manager/ Director of Nursing
		4. Hygiene Services Plan	April 09	May 09	General Manager
		5. Hygiene Operational Plan	April 09	May 09	General Manager/ Director of Nursing
		6. Organisation Chart including Hygiene Services	April 09	May 09	General Manager/ Director of Nursing
		7. KPI's for 2009	March 09	Dec 09	General Manager/ Director of Nursing
		8. Capital Development Plans/ Imminent Plans	Jan 09	April 09	General Manager/ Director of Nursing

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		9. Hygiene Related Adverse Incidents/complaints	Jan 09	April 09	Risk Advisor
		10. Coroner Reports and any resultant action taken	Jan 09	June 09	General Manager/ Director of Nursing
		11. Terms of Reference for all committees in Roscommon County Hospital	Jan 09	June 09	General Manager/ Director of Nursing
		12. Establishment of a Patient Partnership forum / focus group	April 09	Dec 09	HR Manager

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CM 3.1	The organisation has a clear corporate strategic planning process for the hygiene services that contributes to improving the outcomes of the organisation.	<ul style="list-style-type: none"> <li>▪ Corporate Hygiene Service/ Strategic Plan</li> <li>▪ Hygiene Services Plan</li> <li>▪ Hygiene Operational Plan</li> <li>▪ Annual Report 2008</li> <li>▪ Dissemination of Corporate Hygiene information</li> <li>▪ Schedule of meetings 2009</li> <li>▪ Circulation of Hygiene meeting minutes hospital wide</li> <li>▪ QIP 2009</li> <li>▪ Evaluation of Hygiene Corporate Strategic Plan</li> </ul>	April 09	May 09	Manager (WHG)
			May 09 Nov 09	June 09 Dec 09	Manager (WHG)
CM 4.4	The organisation has a process for establishing and maintaining best practice policies and	<ul style="list-style-type: none"> <li>▪ PPG Document</li> <li>▪ Demonstrate full</li> </ul>	Sept 08 Ongoing	Sept 08 Dec 09	Risk Advisor

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	procedures and guideline for hygiene services	<p>circle of document control</p> <ul style="list-style-type: none"> <li>▪ Set up a hospital Intranet site</li> <li>▪ Roll out of Q Pulse across hospital</li> <li>▪ Evaluation and review of Document control</li> </ul>	Ongoing	Dec 09	
CM 9.4	There is evidence that patients/clients, staff, visitors and the community are satisfied with the organisations Hygiene Services facilities and environment	<ul style="list-style-type: none"> <li>▪ Hygiene related complaints to be a standing agenda item on Hygiene Committee.</li> <li>▪ Establishment of a Patient Partnership forum / focus group</li> <li>▪ Establish plan for satisfaction surveys to cover Staff, patients &amp; visitors &amp; community partners.</li> </ul>	April 09	April 09	General Manager
			April 09	Dec 09	
			April 09	Dec 09	

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* <b>CM</b> <b>10.5</b>	There is evidence that the identified human resources needs for hygiene services are met in accordance with Hygiene Corporate and service plans.	<ul style="list-style-type: none"> <li>▪ Hygiene services Human resources needs assessment</li> <li>▪ Hygiene services Human resources needs assessment plan to feed into Corporate Strategic Plan or the Services Plan</li> <li>▪ Sample Rotas for Hygiene/Catering services to be made available</li> <li>▪ All Heads of Department to attend Managing Attendance training and manage absenteeism in the work place.</li> </ul>	March 09	May 09	HR Manager
			March 09	May 09	
			On going	On going	
			March 09	Aug 09	

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CM 11.4	Performance of all hygiene service staff, including contractors/agency staff is evaluated and documented by the organisation or their employer.	<p>Establishment of Audit programme for 2009 to include:</p> <ul style="list-style-type: none"> <li>- Plan for Infection Control audits</li> <li style="text-align: center;">&amp;</li> <li>- Plan for CNM II / Domestic Supervisor audit</li> </ul> <ul style="list-style-type: none"> <li>▪ Written and verbal feedback to all relevant staff in a timely manner</li> <li>▪ 3 monthly meetings with Domestic Supervisor and DON to discuss hygiene related issues</li> <li>▪ Dissemination of Corporate Hygiene information and evaluation</li> </ul>	<p>April 09</p> <p>On going</p> <p>Feb 09</p> <p>April 09</p>	<p>Dec 09</p> <p>On going</p> <p>Dec 09</p> <p>June 09</p>	HR Manager

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<b>SD 6.1</b>	Patient/Clients, families and other external partners are involved by the hygiene services team when evaluating it's services	<ul style="list-style-type: none"> <li>▪ Establishment of a Patient Partnership forum / focus group</li> <li>▪ Hygiene to be standing item on Patient Partnership forum/focus group</li> <li>▪ Set up schedule for Questionnaire / survey's for patients, visitors and external partners for 2009</li> <li>▪ Hygiene related issues from "Your service, Your Say" comment box to be discussed at hygiene committee</li> <li>▪ Hygiene to be an agenda item at all meetings with contractors</li> <li>▪ External stakeholders to be invited to participate in internal audits</li> </ul>	April 09	Dec 09	General Manager
			April 09	Dec 09	
			April 09	Dec 09	
			April 09	Dec 09	
			Jan 09	Dec 09	
			April 09	Dec 09	



	Issue	Deliverables	Commencement date	Due date	Lead Responsibility
SD 4.2	The team ensures the organisation's equipment, medical devices and cleaning devices are managed and are clean.	<p>Introduction of Pamac system for managing the maintenance of all equipment in the hospital.</p> <p>A cleaning record will be produced on a weekly basis from the Pamac system. This will identify the specified medical equipment that the Healthcare assistants will be responsible for cleaning</p> <p>Audit of patient wash bowls and bed pans/urinals.</p> <p>Environmental audits with CNM II and Domestic supervisor.</p> <p>Feed back of audits to Hygiene Team meetings</p> <p>Introduction of new check lists to identify responsibility of the cleaning attendant for specified medical equipment.</p> <p>HSE West Regional Infection Control guidelines on cleaning, disinfection and sterilisation in the clinical area.</p>	<p>On going</p> <p>April 09</p> <p>Ongoing</p> <p>May 09</p> <p>May 09</p> <p>Feb 09</p> <p>Jun 09</p>	<p>April 09</p>	<p>Bio Medical Engineer</p>