

**Quality Improvement Plan
National Hygiene Services Quality Review**

Bantry General Hospital

NB* - Do not submit Self Assessment Documentation on Submission of the Organisations Quality Improvement Plan, also please provide details of two contact people for the National Hygiene Services Quality Review

The Health Information & Quality Authority require the following additional documents:

- Amendments to the Organisation Profile since submission in 2007

Please also include:

- Names of wards in the hospital and specify their specialty
- The numbers of theatres in the hospital
- If the Organisation has a 24 hour Accident & Emergency Facility

- Corporate Hygiene Services Strategic Plan (Executive Summary Only)
- Hygiene Service Plan (Executive Summary Only)
- Hygiene Operational Plan (Executive Summary Only)
- Organisation Chart including the Hygiene Services
- Committee(s) Structure and reporting lines for Hygiene Services
- Organisational Goals and Objectives for the current year for the Hygiene Services
- Any imminent projects due to commence in the coming year and the Capital Development Plans

- **Hygiene related:**
 - Adverse Events in previous two years¹
 - Incidents in previous two years²
 - Complaints in previous two years

- **Cumulative number of cases of:**
 - MRSA over the last 12 months, on a monthly basis
 - C Diff over the last 12 months, on a monthly basis
 - E Coli over the last 12 months, on a monthly basis
 - VRE over the last 12 months, on a monthly basis

- Critical Control Points (CCP's) Flowchart based on Hazard Analysis clearly outlining the CCP's.
- Last three Environmental Health Officer Reports and Resulted Action Plan
- Last three HACCP non conformance reports & resulted Action taken

(Chief Executive/General Manager) Authentication: *Fleanor O'Donovan, Hospital Manager*____
Date: _ 29th April 2009 ____

¹ An Adverse Event is an "incident which results in harm to a patient. Harm includes disease, injury, suffering, disability and death and may be physical, social or psychological".

² A patient safety incident "is an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Incidences may arise from both unintended and intended acts".

International Classification For Patient Safety, World Alliance For Patient Safety Taxonomy, (2007 - 2008)

07	08	09 Potential scores
Total no of A 4	Total no of A = 5	Total no of A
cm 0	cm 1	Cm 20
sd 4	sd 4	Sd 10
Total no of B - 11	Total no of B = 22	Total no of B =
cm 8	cm 15	Cm 10
sd 3	sd 7	Sd 7
Total no of C - 41	Total no of C - 27	Total no of C=
cm 29	cm 19	Cm 7
sd 12	Sd 8	Sd 2
Total no of D - 0	Total no of D - cm 2	None

CRITERION NUMBER	2007	2008	2009	ACTIONS	PROGRESS MADE	DATE	RESPONSIBILITY (TITLE ONLY)	TIMEFRAME TO COMPLETION
CM 1.1	C	C	B	<p>Consultation with Primary care users GP unit and Community Manager to highlight our hygiene issues</p> <p>We are going to advertise in the local paper for service user involvement in a patient forum. Also we are going to have a poster in the front hall inviting service user involvement in the patient forum on an ongoing basis.</p> <p>We will evaluate the process above after 6 months</p>	New patient questionnaire has been formulated to include wider consultation with service users regarding hygiene.		Hospital Manager	July 09
CM 1.2	C	B	B	<p>All minutes of meetings to be available on all aspects of hosp refurbishment plans.</p> <p>Hospital maintenance officer to keep minutes of all meetings and obtain feedback re maintenance issues or plans from staff</p> <p>Structures approach re feedback to be put in place.</p>			Hosp Manager Maintenance Officer	May 09
CM 2.1	C	C	B	<p>Maintenance Officer to audit process of linking with external contractors. Maintenance Officer to obtain feedback from Environmental Officers, County Council, Suppliers etc.</p>	Completed staff evaluations and updated patient satisfaction survey to be more hygiene focused.		Maintenance Officer. Hospital Manager	July 09

				Manager to link with Security Staff.					
CM 3.1	C	C	A	The corporate plan to include feedback from patient questionnaires and from staff and, costings, KPI's and copy to be put in library until patient forum can be set up	Plan to be signed off by EMB	April 09	Risk adviser	July 09	
CM 4.1	C	B	A	Feedback from EMB Evaluation of the appropriateness of information received by EMB to be done by member of EMB			Senior Medical Scientist	July 09	
CM 4.2	C	C	A	KPI's have been identified and circulated to all staff. Hygiene policy to include the process for evaluating the work of the hygiene team. Ie, what issues are highlighted to committee and timeframe for resultant actions.			Matron/DON. Assistant Matron	May 09	March
CM 4.3	C	C	A	*A structured educational programme to be put in place including all Ward Sisters to be briefed on cleaning schedules and audit to be undertaken.*Evidence of cleaning regimes in line with best practice and policies to be demonstrated. Evaluation of the appropriateness of the cleaning manual will be			Assistant Matron. *Infection Control Nurse	July '09 July '09	

				undertaken			
CM 4.4	C	C	A	The hygiene strategy will include multi-disciplinary teams. Policy and procedure guidelines are similar to the regional HSE templates on policies, guidelines and procedures. Quality control system to be put in place and maintained.			Risk Advisor July '09
CM 4.5	C	c	A	<ul style="list-style-type: none"> Policy to be put in place that will demonstrate that any capital initiatives and developments must involve a hygiene services committee member. <p>There will be a template showing the consultation process between senior team management and hygiene services committee</p>			Hospital Manager Risk Advisor July 09 July 09
CM 5.1	B	B	A	<ul style="list-style-type: none"> All job descriptions to be reviewed and to ensure that hygiene and related matters be an integral aspect of a job description. 			Matron/DON July '09

				<ul style="list-style-type: none"> • All Ward Sisters and Line Managers to be instructed to bring their staff members up to speed on the hygiene committee, be knowledgeable on the strategy, the standards, the hygiene corporate policies and documentation of same to be put in staff minutes and emailed back to the Director of Nursing ensuring same has been undertaken. • A template showing the responsibilities for staff in different departments and hygiene will be developed 				
CM 5.2	B	A	A					
CM 6.1	B	B	A	The Hygiene Corporate Strategic Plan will include as will the Operations Plan incorporate resources required and received for hygiene services.	A list of requirements for 2009 has been made up for hygiene services		Matron/DON Supplies Officer Hospital Manager	April '09

				<p>A detailed account will be got from last year's reports as to the amount of money that was spent on hygiene matters.</p> <p>Data spread sheets to be set up in supplies</p>			
CM 6.2	C	C	A	<p>An assessment to be undertaken to demonstrate the efficacy of the hygiene committee and senior management and a template to be drafted up showing procurement links between senior management an hygiene committee.</p>			<p>Risk Advisor Supplies Officer</p> <p>July '09</p>
CM 7.1	C	D	A	<p>A corporate governance plan is being set up with the risk advisor supporting an identified member of staff for a minimum of 8hours a week. An incident reporting strategy and policy to be set out.</p> <p>*It will cover management of incidents including hygiene related incidents. It will also include risk management safety, annual report to include training for all staff.</p>	<p>Draft policies discussed and plan to be signed off by EMB.</p>		<p>Risk Advisor</p> <p>July '09</p>
CM 7.2	C	D	A	<ul style="list-style-type: none"> The risk management policy will outline roles and responsibilities and who is responsible for the overall 	<p>Draft awaiting approval from EMB</p>		<p>*Matron/DON and Risk Advisor.</p> <p>July '09</p>

				<p>management of risk management in the hospital and for incident reporting and analysis. An assessment tool to be put in place.</p> <ul style="list-style-type: none"> • A twice yearly review will be undertaken to emphasise hygiene standards and risk management practices. • Lack of microbiologist and the necessity for input or advice and a microbiologist to attend Bantry has been acknowledged on going dialogue by the Network Manager. 		*Network Manager	
CM 8.1	C	C	B	Template to be constructed that would set out monitoring of local contracts.		Hospital Manager Maintenance Officer Supplies Officer	July '09
CM 8.2	C	B	A	Template to be constructed that sets out the local contracts linkage with bantry services ie. security/federal security, downtown laundry,		Maintenance Officer. Hospital	July '09

				chiroprody services, hairdresser and maintenance services to include vents for cleaning, shower heads, gases etc.			Manager	
CM 9.1	C	B	A	Executive walkabouts to be set up demonstrating in their feedback storage management in all areas of the hospital. Policy for broken equipment.	New Extensions to Medical and Surgical include storage space		Hospital Manager. Matron/DON Maintenance Officer	July '09
CM 9.2	B	B	A	A needs assessment to include costings and timelines to be set up and template to be set out. This process is to be included in operational plan yearly.	Done by hospital manager and Matron/DON for 2009		Matron/DON Hospital Manager	in place
CM 9.3	B	B	A	Policy required for hazard analysis and critical control point evaluations for the organisation of the kitchens.	Contact has been made with environmental health officer in relation to required policies for kitchens.		Assistant Matron. Acting Chef.	July '09
CM 9.4	C	C	A	Satisfaction survey to include all hygiene services activities for patients, visitors and also for staff.	Completed		Clinical Development Co-ordinator	End of March '09
CM 10.1	B	B	A	Link with HSE recruitment regarding selection and recruiting of human resources for hygiene services			Matron/DON	In place

CM 10.2	C	B	A	Assistance to be sought from the Human Resources Department in measuring work volume and capacity			Matron/DON	July '09
CM 10.3	B	B	A	A monitoring process to be put in place that will demonstrate all training undertaken and the number of staff yet not trained for hygiene activities and for risk management that are deemed as mandatory training and to bring this to the new quality committee.			Infection Control Nurse	July 09
CM 10.4	C	C	A	Policy to be put in place for the reporting of all contractors coming to Bantry and using Naas General Hospital's evaluation tool that checks on these processes.			Maintenance Officer. Supplies Officer. Hospital Manager	July '09
CM 10.5	C	B	A	A human resource needs assessment process/template to be designed with appropriate feedback mechanism.	Matron/DON and Assistant Matron			July 09
CM 11.1	B	B	A	Linked with 10.5 formal monitoring process to be set up to check on all levels of induction and training for the hospital to include all mandatory training as well as other aspects of			Clinical Development co-ordinator	July '09

				training.				
CM 11.2	C	C	A	Link Cm 11.1 Policy on risk assessments to be drawn up. Structured education programme for hygiene services.			Clinical Development Co-Ordinator, Infection Control Nurse & Risk Advisor	July '09
CM 11.3	C	C	A	Evaluation templates to be set up to include performance indicators of training undertaken			Clinical Development co-ordinator and Infection Control Nurse.	July 09
CM 11.4	C	C	A	An induction programme has been set up in order to evaluate staff performance in hygiene			Assistant Matron	May '09
CM 12.1	C	B		An evaluation of the occupational health service to be included in the annual staff survey.			Clinical Development Co-ordinator	July 09
CM 12.2	C	C		Exit interviews to be evaluated and actions outlined as a result of same to be demonstrated.	Staff survey performed		Matron/DON	May 09
CM 13.1	C	C		As part of the hygiene services strategy reporting requirements through the new Clinical Governance Committee will be mandated to give six monthly updates to EMB.			Risk Advisor as part of hygiene strategy	July 09

CM 13.2	C	C		<ul style="list-style-type: none"> Hygiene related incidents to be part of the risk management programme and assessment of same. The risk strategy to include an audit tool for staff satisfaction re feedback on risk mgt data 	Draft policy to be approved by EMB		Risk Advisor	July 09
CM 13.3	C	C		<ul style="list-style-type: none"> Links with 13.2. Feedback/evaluation to the new governance framework and also the EMB regarding the audits undertaken and the evaluations taken for hygiene services including improvement data. New policies will identify that all audits are discussed through the new governance structures. 			<ul style="list-style-type: none"> Risk Advisor Matron/DON and Hospital Manager 	May '09
CM 14.1	C	B		Quality report on all improvements and activities to be undertaken for year end.	Annual report for 2008 done		Clinical Development Co-ordinator & Risk Advisor	Dec 09
CM 14.2	C	C		Strategy will identify other hospitals for benchmarking and also for setting up performance indicators with benchmarked on a yearly basis as part of the strategy as outlined	Benchmarked with Naas General Hospital		Risk Manager	May 09

				by the Risk Advisor to use a successful rating hospital.				
SD 1.1	C	B		Evaluation of the development and implementation of policies, guidelines etc			Clinical Development Co-ordinator	May '09
SD 1.2	C	C		Will assess effectiveness of the change from spirigel to cutan. Plan to survey 25 staff and service users/visitors on the cutan product. All new products are to be evaluated using the evaluation tool, and re-evaluated 6 months later. This process to be written into the hygiene policies. New patient bed screens to be assessed using this process versus the use of curtains.			Infection Control Nurse	June '09
SD 2.1	C	C		Patient Forum to assist in promotional hygiene awareness with Visitors and community. Staff tick information given on careplan re MRSA, pack given on admission includes hand hygiene information and infection control information, minutes to be kept of outbreak meetings showing the restrictions of visitors and communications to the public re			Infection Control Nurse	June '09

				outbreaks. Cardiac rehab nurse provides health promotion lectures to community. Posters and information available throughout the hospital regarding infection control and hand hygiene				
SD 3.1	C	B		Audit template to be constructed and undertaken once yearly on the functioning of the team			Clinical Development co-ordinator & Assistant Matron	June '09
SD 4.1	B	B		Performance Indicator 100% Instructions at all hand basins, soaps etc. Continuous Audit.			Assistant Matron	In Place
SD 4.2	A	B		Key performance indicator 100% through exec walkabouts			Matron/DON Hospital Manager (EMB)	May '09
SD 4.3	A	A						
SD 4.4	A	C		Key performance indicator exec walkabout to be put in place. Policy to rotate food to be put in place. Use blue aprons instead of white when handling food suggested, will do a trial of blue aprons. evaluate the process then.			EMB Acting Chef Clinical Nurse Manager 2	June '09

SD 4.5	A	A						
SD 4.6	B	A						
SD 4.7	B	A						
SD 4.8	C	C		Incident reporting policy to be in place. Incident Report training scheduled on New Incident Report Forms.	DRAFT POLICY		Matron/DON taking the lead on incident reporting	May '09
SD 4.9	C	C	A	Patient forum to be set up. Evaluate the type and location of hand hygiene posters and make a decision on one poster only. New patient satisfaction surveys to be evaluated Security to monitor that visiting policy is being adhered to.	In place		Infection Control Nurse Clinical Development Co-ordinator Night Superintendent Security Staff	June 09
SD 5.1	C	B	A	Draft policy on privacy and dignity to be in place	Privacy and dignity policy is in place in St Josephs Unit to be drafted for all		Clinical Development Co-ordinator	May '09

					areas.			
SD 5.2	C	C	A	Survey and Feedback from service users to be evaluated. New patient satisfaction survey completed.			Clinical Development Co-ordinator	April 09
SD 5.3	C	C	A	Complaints policy to be put in place Evaluate process			Clinical Development Co-ordinator	May 09
SD 6.1	C	C	A	Patient forum to be involved in hygiene services and posters to be put up highlighting participation by service users. Patient satisfaction survey to be updated			Clinical Development Co-ordinator	July 09
SD 6.2	C	C	A	Benchmarking with NAAS general Hospital and contact different hospitals as needed	Communications made with hospitals		Clinical Development Co-ordinator	ongoing
SD 6.3	C	B	A	Undertake staff and patient evaluation audit of annual report			Clinical Development Co-ordinator	DEC09