

Hygiene Quality Improvement Plan for St. Columcille's Hospital. 2009

Ref No.	Issue	Deliverables	Commencement Date	Finish Date	Lead Responsibility Name and Role	Ref/Links
C.M. 1.1	No Strategic Hygiene Plan	Develop Strategic Plan	April 2009	May 2009	Hospital Manager	
C.M. 1.2	Lack of evidence of internal audit results being collated or evaluated.	<ul style="list-style-type: none"> Continue with technical hygiene audits Improve Audit Policy. Liaise with St. Vincent's University Hospital Infection Control Team and Support Services to bench mark all relevant information regarding audits Evaluate the process 	Jan 2009 May 2009	Continuous Continuous	General Support Services Manager Consultant Microbiologist Infection Prevention Clinical Nurse Manager	<ul style="list-style-type: none"> Infection Control Team St. Vincent's
C.M. 2.1	Lack of information gleaned from Patient Satisfaction Surveys	<ul style="list-style-type: none"> Use results from Patient Satisfaction Surveys to improve quality of patient services Hygiene to become a standardised item on all relevant committees, e.g. Hygiene Standards Group, Hospital Management Committee 	Jan 2009	Continuous	Household Services Manager	<ul style="list-style-type: none"> Infection Control Maintenance Catering Nursing General Support Services Stores
C.M. 3.1	No Corporate Hygiene Plan	Develop Corporate Strategic Plan which should be reflected in the Corporate and Hygiene Service Plans	Feb 2009	Continuous	Hospital Manager General Support Services Manager Hygiene Services Standards Committee	Hygiene Assessment

C.M. 4.1	Lack of evaluation of PPPGs	Evaluate our adherence to policies, procedures, to legislation and relevant national guidelines	April 2009	Continuous	Hygiene Services Team/Standards Committee	Legislation
C.M. 4.2	Lack of structured system to provide information to Hospital Management Committee	To put in place a structured system to provide information on hygiene standards in a timely manner	April 2009	Continuous	Deputy Hospital Manager, General Support Services Manager Infection Prevention Clinical Nurse Manager	National Hygiene Standards
C.M. 4.3	Polices and procedures removed from ward/departments for review	To introduce system whereby PPPGs are reviewed at ward level, i.e. manuals will not leave ward/department areas	March 2009	September 2009	Waste Manager for HSE General Support Services Team	Hygiene Standards Estate Management
C.M. 4.4	There was no evidence of a documented process demonstrated for the development of policies, procedures and guidelines. No evidence of evaluation was demonstrated	Develop a framework for the development of the policies, procedures and guidelines for Hygiene Services and evaluate the process	June 2009	Dec 2009	General Support Services Manager	Hygiene Services Standards and Team Health, Safety & Committee
C.M. 4.5	See 4.4		May 2009	Sept 2009	General Support Services Manager	
C.M. 5.1	See C.M. 4.5					
C.M. 5.2	Lack of client/customer	Patient representative recently recruited and now participating in the Hygiene	March 2009	Continuous	Hospital Manager	

	voice on Hygiene Standards Committee	Services Standards Committee				
C.M. 6.1	No dedicated budget for Hygiene Services	Budget for the Hygiene Services is based on a needs analysis/service plan and on the National Hygiene Assessment	Jan 2009	Continuous	Hospital Manager Hygiene Standards Committee	
C.M. 6.2	Local purchasing policy was awaiting approval by the Management Committee	<ul style="list-style-type: none"> • Management committee to review and approve new local procurement policy • To continue to have relevant committees' approval prior to purchasing new equipment and products • Demonstrate value for money 	April 2009	Continuous	Purchasing Manager Hygiene Standards Committee/Team	
C.M. 7.1	There was no formalised process demonstrated in relation to process to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service	Educate clinicians and increase awareness of the importance of recording and the appropriate forms to record all hygiene risk related incidents	Jan 2009	Continuous	General Services Support Manager and Supervisors	
C.M. 7.2	There was no evidence demonstrated of a formal risk management structure	Quality and Risk Committee to develop a strategic plan of action to comply with the HSE guidelines and all relevant legislation including a formalised process for prioritising risks.	Feb 2009	Continuous	Deputy Hospital Manager	
C.M.	Lack of formal	To set up a formal process with	April 2009	Continuous	General Support	

8.1	review process for contractors.	contractors to review the service being provided on a six monthly basis to improve value for money			Service's manager.	
C.M. 8.2	Lack of structure for suppliers' audit	Ensure suppliers audit St. Columcille's Hospital and supply feedback	June 2009	Dec 2009	General Support Services Manager Procurement Manager	
C.M. 9.1	Less than ideal physical environment	Continue to monitor the sampling for Legionella species in the water supply. Inform consultants of findings. Review the Laundry storage space in St. Brigid's Ward	Jan 2009	Continuous	Microbiologist Maintenance Officer Deputy Hospital Manager	
C.M. 9.2	There was evidence that the process for managing waste and linen was not being adhered to.	<ul style="list-style-type: none"> Review and improve waste management systems Arrange waste management education sessions for staff. Reduce risk to all service users and providers. 	Jan 2009	Dec 2009	General Support Services Manager and Supervisors	
C.M. 9.3	Lack of feedback re technical audits to relevant parties	<ul style="list-style-type: none"> Continue with our technical Hygiene Audits Provide feedback to all relevant parties concerned 	Jan 2009	Continuous	General Support Services Manager	
C.M. 9.4	Dearth of patient participation	<ul style="list-style-type: none"> Develop a patient focus group Seek patients' views of their journey through the hospital from point of entry to point of discharge 	May 2009	Continuous	General Support Services Manager and the Deputy Hospital manager. Patient Liaison Officer	
C.M.	There was no	<ul style="list-style-type: none"> Review the hygiene services 	May 2009	Continuous	Clinical Nurse	

10.1	evidence to evaluate the induction programme	<p>induction for all new staff</p> <ul style="list-style-type: none"> • Provide refresher training in Infection Prevention, Hygiene Training, H.A.C.C.P. training • Evaluate Induction Training 			specialist General Support Services Management Team	
C.M. 10.2	There was no formal process to review changes in hygiene services work capacity	Review working arrangements with current staff to facilitate changes in the Hygiene Services. This review should facilitate the re-deployment of staff to areas lacking in staff	April 2009	Continuous	General Support Services Management Team	
C.M. 10.3	See C.M. 10.1					
C.M. 10.4	No formalised structure for dealing with contractors or their staff	Put in place six monthly meetings with contractors to discuss any problems with their service or staff	April 2009	Dec 2009	General Support Services Management Team	
C.M. 10.5	There was no formal human resources needs assessment. No strategic plan in place	See C.M. 1.1 Develop a needs analysis for formal human resources assessment	April 2009	June 2009	Hospital Manager General Support Services Manger.	
C.M. 11.1	SEE C.M. 10.1					
C.M. 11.2	There was no documented evidence that ensured continuous professional development for all hygiene staff.	<ul style="list-style-type: none"> • Continue with education programme through Skill Vec as a critical mass site • Continuous mandatory hygiene and infection prevention training 	Sept 2008	Continuous	General Services Management Team	
C.M. 11.3	There was no key performance	Develop key performance indicators	April 2009	June 2009	General Services Management Team	

	indicators					
C.M. 11.4	Need for the improvement of formal process to performance appraisal	Performance of the Hygiene Service to be monitored through Technical Audits Results to be discussed at all relevant committees and with Ward managers and hygiene services staff	Jan 2009	Continuous	General Services Management Team	
C.M. 12.1	No evidence of evaluation was demonstrated for the service that the Occupational Health Department Provided	Evaluate service provided by Occupational Health	Jan 2009	Continuous	Deputy Hospital Manager	
C.M. 12.2	No evidence of ongoing evaluation was demonstrated	Develop a key performance indicator to monitor absenteeism	April 2009	Continuous	Hospital Manager General Services Management Team	
C.M. 13.1.	No I.T. System in place for collating and logging Internal Audits	Q Pulse management system is currently in use in St. Columcilles and it is being requested for use in General Support Services Department. This will incur a monetary cost. This system will improve collation of all information in regards to Hygiene Services and Risk Management	August 2009	Continuous	Hospital Manager General Support Services Manager	
C.M 13.2	No evidence of results of technical audits being received in a timely manner	As C.M. 13.1. Internal Technical Hygiene Audits to continue and be evaluated on a monthly basis, results to be sent to relevant parties, discussed with CNMs, Hospital Manager and	Jan 2009	Continuous	Hospital Manager General Support Services Management Team	

		Director of Nursing				
C.M. 13.3	No evidence was demonstrated of a systematic process to evaluate the utilisation of data and information	See C.M. 13.1 <ul style="list-style-type: none"> • 360 ° feedback to all relevant heads of departments • Audit results to become a standardised item on the Management Committee and Hygiene Standards Committee 				
C.M. 14.1	Foster a quality improvement culture	<ul style="list-style-type: none"> • Set up of the Quality and Risk Committee. • Continue to have Hygiene issues and Technical Audit results discussed at all relevant committees • Assess feasibility of introducing a news letter regarding hygiene issues every 6 monthly 	April 2009 May 2009	Continuous Continuous	Deputy Hospital Manager Hygiene Standards committee	
C.M. 14.2	Evaluate and improve the efficacy of Hygiene Services.	<ul style="list-style-type: none"> • Internal Hygiene Audits being collated and sent to all relevant personnel • Results are then discussed with Hospital Manager, Relevant Heads of Departments and Nursing Administration. • Results to be benchmarked against each department in the Hospital. • Results then to be benchmarked against St. Vincent's Hospital using an Audit Tool developed in St. Vincent's Hospital 	Jan 2009 May 2009	Continuous Continuous	General Support Services Team Infection Control Team	

S.D. 1.1.	No formal process for developing policies, procedures and guidelines	Develop a standardised procedure for the development of Policies and procedures	April 2009	June 2009	Hygiene standard committee	
S.D. 1.2	Evaluation sheet introduced	Evaluate the evaluation sheet.				
S.D. 2.1	See C.M. 8.1	To continue the training and evaluation of all newly introduced systems. Continuous education and provide information to the public.	Jan 2009	Continuous	General Support Services Management Team and Hygiene Standards Committee	
S.D. 3.1	Increase multidisciplinary approach	<ul style="list-style-type: none"> • Continue with regular Hygiene Standards multidisciplinary committee • Continue meetings of the Hygiene Services Team and 360 feedback • Encourage open communication from service users and all departments 	Jan 2009	Continuous	Hygiene standards Committee and Hygiene Standards Committee	
S.D. 4.1.	Lack of documentation	<ul style="list-style-type: none"> • Provide refresher hygiene training and infection prevention training for all General Support Services Staff • Continue with return to learning programme and Skill Vec programme • Improve record keeping 	April 2009	Continuous	General Support Services Management Team	

S.D. 4.2	Poor storage space	<ul style="list-style-type: none"> • Provide janitorial rooms for cleaning equipment • Tag all items of patient equipment with a reference number so a detailed record of decontamination can be recorded 	Jan 2009	Continuous	General Support Services management Team and Discharge Team	
S.D. 4.3	As 4.2	Monthly Audits to be carried out on all cleaning equipment and results sent to all relevant parties	Feb 2009	Continuous	General Support Services Management Team.	
S.D. 4.4	Lack of review of H.A.C.C.P. Records	<ul style="list-style-type: none"> • General Support Services Supervisor to attend the 2nd part of H.A.C.C.P. Training • Continue to audit ward pantries on a monthly basis • Feed back results to all relevant staff. • Review meal times for patient 	Jan 2009	Continuous	General Support Services Management Team	
S.D. 4.5	See C.M.9.2	<ul style="list-style-type: none"> • Carry out Waste Audit • Source clinical waste training 	April 2009	Sept 2009	General Support Services management Team	
S.D. 4.6	Lack of Linen storage on St. Brigids Ward	Review the linen store in St. Brigid's Ward	April 2009	April 2009	General Support Services Management	
S.D. 4.7	Lack of access to Hand Hygiene Stations	<ul style="list-style-type: none"> • Use Technical Hygiene Audits to raise awareness of the importance of not obstructing Hand Hygiene Facilities 	Jan 2009	Continuous	General Support Services Management Team Infection Control	

		<ul style="list-style-type: none"> Continue with Mandatory Hand Hygiene Training for all disciplines of staff 			Team	
S.D. 4.8	Infection Control incidents did not routinely feed into the incident reporting process	Risk management committee to be formed All incidents and near misses are recorded and entered on the Stars Web. New infection control Incident form introduced	Feb 2009	Continuous	Deputy Hospital Manager Infection Control Team	
S.D. 4.9	No patient representative on Hygiene Standards Committee	<ul style="list-style-type: none"> Patient representative now a member of the Hygiene Standards Committee Set up patient focus group 	Feb 2009	Continuous	General Support Services Management Team	
S.D. 5.1	Confidentiality and dignity of patient	Highlight to all staff that confidentiality and the dignity of the patient is essential at all times. This to be achieved through induction training and refresher training.	March 2009	Continuous	Deputy Hospital Manager Nursing Administration	
S.D. 5.2	No evidence of evaluation to demonstrated that families, visitors and all users of the service are provided with relevant information regarding hygiene services	SEE C.M. 14.1 Forward results of Patient Satisfaction Survey to the Hygiene Services Standards Committee for comment and evaluation	April 2009	Continuous	General Support Services manager	
S..D. 5.3	See S.D. 5.2					

S.D. 6.1	No patient representative on Hygiene Standards Committee	<ul style="list-style-type: none"> • Patient Representative recently recruited to committee • Hold hand hygiene session with the public on Hospital Campus or perhaps in the community 	Sept 2009	Continuous	General Support Services Management Team	
S.D. 6.2	Absence of key performance indicators for the quality of hygiene	Develop Key Performance Indicators for Hygiene	April 2009	Continuous	General Support Services Management Team	
S.D. 6.3	No evidence of evaluation of the Annual Hygiene Report or the evidence for the communication to stakeholders	<ul style="list-style-type: none"> • Evaluate Annual Report for Hygiene Services • Make Annual Report for Hygiene Services available to the public and have a emailing list for internal stakeholders 	June 2009	June 2009	General Support Services management Team Hygiene Services Standards Committee	