

## **National Hygiene Report 2009 – MWRH Ennis Action Plan**

### **STANDARDS FOR CORPORATE MANAGEMENT**

#### **Outcome:**

- Address issues related to D & C scoring in both core corporate and service criteria areas and overall general standards.
- Review report recommendations
- Develop with agreed action plan.
- Improve scoring levels in all criteria with particular emphasis on the Core Criteria C rating of 2008 National HIQA Hygiene audit.

#### **Key Development Tasks/Targets.**

- Develop Evaluation Processes
- Continue to develop documentation Processes.
- Improve Communication in relation to Hygiene outcome, PPG's and Audits.
- Resources- formally identify within hygiene plans.
- Actively manage hygiene risk, identification and control.
- Continue with audits against a formal schedule.
- Continue Hygiene Training for all staff.
- Address service standards criteria against appropriate standards and tools.
- Bench mark against MWRH Hospitals results
- Visit Hospital in Good category- completed 14<sup>th</sup> April 2009- St John's Hospital Limerick.
- Submit Quality Improvement Plan to National Hospitals Office forwarded 21/4/09

Standard	Grade	Recommendation /Observations	Action Plan/ Initial Date	Responsible person for action	Completed Date
<b>CM1.0</b>	<b>Planning &amp; Development Hygiene Services</b>				
CM1.1	C → C	<p>Formal Evaluation of Future Needs</p> <p>PI's to be developed in 2009</p> <p>Evaluation</p> <p>Hospital Hygiene Service Plan</p> <p>Hospital Hygiene Hospital Operational Plan</p>	<ul style="list-style-type: none"> <li>• Draft hygiene needs assessment to be completed for 2009 to include associated costs and inclusion of staff, community and service users in its development.</li> <li>• To include list as 2008 and to include service user input.</li> <li>• Develop Evaluation for Hygiene Needs assessment and Performance indicator's.</li> <li>• Develop for 2009</li> <li>• Develop for 2009</li> </ul>		
CM1.2	B → B	Evaluation	<ul style="list-style-type: none"> <li>• Develop systematic evaluation of hygiene developments/modifi</li> </ul>		

		Details of developments and modifications to hygiene service.	<ul style="list-style-type: none"> <li>• Compile list and folder .</li> </ul>		
<b>CM2.0 Establishing Linkages and Partnerships for Hygiene Services</b>					
CM2.1	<b>B → B</b>	Evaluation	<ul style="list-style-type: none"> <li>• Develop formal evidence of linkages and partnerships.</li> <li>• Develop evaluation process of its efficacy.</li> </ul>		
<b>CM3.0 Corporate Planning for Hygiene Services</b>					
CM3.1	<b>B → B</b>	Evaluation  Communication	<ul style="list-style-type: none"> <li>• Formal evaluation of the Corporate Hygiene Plan in 2009 with network group</li> <li>• Ensure that Hygiene Corporate, service and operational plan are circulated to all Departments at the hospital.</li> <li>• Ensure circulation of Network/ HHSC minutes of meetings to all departments.</li> </ul>	Chair	
CM4.1	<b>B → B</b>	Authority Provisions	<ul style="list-style-type: none"> <li>• Review all job</li> </ul>		

		( review)	descriptions in line with relevant new competitions and include the provision of hygiene.		
CM4.2	B ↓ C	Develop PI's (2009) for Hygiene. Evaluation of efficacy of information received at Corporate and Services Committees.	<ul style="list-style-type: none"> <li>• Develop 2009 PI's</li> <li>• Develop evaluation tool</li> </ul>		Continuous.
CM4.3	C → C	Evaluation of best practice Hygiene information.	<p>Review Hygiene Research and Best Practice and incorporate :</p> <ul style="list-style-type: none"> <li>• Continue development of Hospital and Hygiene PPG's.</li> <li>• Continue Hygiene and IC Training.</li> <li>• Development Hygiene Newsletter.</li> </ul>	<p>HHSC</p> <p>C. Mc A</p> <p>HHSC</p>	
CM4.4	C ↑ B	Evaluation of PPG process development.	<ul style="list-style-type: none"> <li>• Clinical audit commence to develop process.</li> <li>• Documentation control system to be</li> </ul>	P.Mc N	

			sourced for Hospital PPPG's		
CM4.5	<b>B ↓ C</b>	<p>Profile on capital projects not available for perusal.</p> <p>Infection Control not overtly noted as a member of the Project team.</p> <p>Consultation Hygiene HS committee prior to capital projects required.</p> <p>Evaluation of the efficacy of the consultation process between HHSC and senior management.</p>	<ul style="list-style-type: none"> <li>• Full Hospital profile/Folder on Hospital Developments to be compiled.</li> <li>• See above membership list.</li> <li>• See above.</li> <li>• Infection control PPPG's.</li> <li>• Review and evaluate as part of the process.</li> </ul>	<p>JD</p> <p>JSM</p>	Revised April 2009
<b>CM5.0 Organisational Structure for Hygiene Services</b>					
<b>CM5.1 Core</b>	<b>B → B</b>	No Recommendation	<ul style="list-style-type: none"> <li>• Develop Job description profile/folder for all staff.</li> <li>• Develop Ward/dept management job descriptions to overtly include hygiene.</li> </ul>		

CM5.2 Core	A → A	No recommendation			
<b>CM6.0 Allocating and Managing Resources for Hygiene Services</b>					
CM6.1 Core*	B ↓ C	Systemic Approach to allocation of Funding	<ul style="list-style-type: none"> <li>Local SOP available.</li> <li>Develop Hygiene Service Plan (2009)</li> <li>Develop Operational Plan(2009)</li> <li>Develop Strategic Plan</li> </ul>	Jan 2008	completed
CM6.2	C ↑ B	Evaluation of the efficacy of the consultation process between HHSC and senior management	<ul style="list-style-type: none"> <li>Review and evaluate as part of the process.</li> </ul>		
<b>CM7.0 Managing Risk in Hygiene Services</b>					
CM7.1- Core*	B ↓ D	<p>Safety Statement</p> <p>Risk Reports</p> <p>Management of identified</p>	<ul style="list-style-type: none"> <li>Continue with development</li> <li>Continue with rollout of starsweb reports.</li> <li>Annual report for 2008 to be compiled.</li> <li>Aespirgillosis</li> </ul>	JSM	For sign off

		<b>Aspergillus's risk</b>	<b>report compiled and recommendations complied with including: development of PPG, Training and awareness.</b>	JSM	Completed
		<b>Hygiene Audits</b>	<ul style="list-style-type: none"> <li>• <b>Continue with audits in line with annual schedule.</b></li> </ul>	CMcA	On- going
CM7.2	<b>A ↓ C</b>	Follow through of risk reports.	<ul style="list-style-type: none"> <li>• Improve the feedback and closure of hygiene audit results and identified risk issues.</li> <li>• Identify Risk resources provided on an annual basis.</li> </ul>		

<b>CM8.0 Contractual Agreements for Hygiene Services</b>					
<b>CM8.1- Core*</b>	<b>B ↓ C</b>	<b>Formalised monitoring of localised and regional contracts</b>  <b>Formal system for the management of contractors</b>	<ul style="list-style-type: none"> <li>• <b>Local SOP</b></li> <li>• <b>Review vending machine contract and monitoring.</b></li> <li>• <b>Develop a process</b></li> </ul>	<b>Jan 2008 MOR</b>	<b>completed</b>

		<b>while on site</b>			
CM8.2	C→C	Process for the inclusion of contractors in the hygiene quality improvement plan.	Develop		
<b>CM9.0 Physical Environment, Facilities and Resources</b>					
CM9.1- Core*	C ↓ D	Aespirgillosis Risk	<ul style="list-style-type: none"> <li>• Aespirgillosis report compiled and recommendations complied with including: development of PPG, Training and awareness.</li> <li>• Continue with audits in line with annual schedule.</li> <li>• Stringent awareness by senior management staff in line with facilities best practice procedures.</li> </ul>		
CM9.2- Core*	B ↓ C	Formal Process for equipment replacement	<ul style="list-style-type: none"> <li>• Develop/review equipment</li> </ul>		

			<b>replacement process.</b> <ul style="list-style-type: none"> <li>• Continue with PPPG's development.</li> </ul>		
CM9.3	C→C	Hygiene Audit schedule  PI.s	<ul style="list-style-type: none"> <li>• Develop annual hygiene audit schedule</li> <li>• Undertake Trending of PI's.</li> </ul>	C. Mc A	Completed Feb 2009
CM9.4	C↑B	Develop patient/Client/ Staff satisfaction processes	<ul style="list-style-type: none"> <li>• Patient and staff satisfaction survey to be carried out April 2009</li> </ul>	MC	
<b>CM10.0 Selection and Recruitment of Hygiene Staff</b>					
CM10.1	B→B	HR evaluation of the recruitment and selection process	<ul style="list-style-type: none"> <li>• Request from HR if this process has been the subject of an evaluation and obtain results if applicable.</li> </ul>		
CM10.2	B ↓ C	Review Hygiene/Catering separation of Duties.  HR Hygiene needs assessment	<ul style="list-style-type: none"> <li>• Referred to Partnership Group</li> <li>• Develop a HR needs</li> </ul>		On- going

			assessment tool. <ul style="list-style-type: none"> <li>• Develop operational tool for assessment of work capacity and volume.</li> </ul>		
CM 10.3	B → B	Training- non attendee tracking	<ul style="list-style-type: none"> <li>• Development of tool to track training non attendees.</li> </ul>	C Mc A	Completed Feb 2009
CM10.4	B ↓ C	Documented process for contract staff	<ul style="list-style-type: none"> <li>• Development of a documented process required to include any contractor on site.</li> </ul>		
<b>CM10.5- Core*</b>	C → C	<b>HR Hygiene Needs Assessment Plan to be developed</b>	<ul style="list-style-type: none"> <li>• <b>Source HR Needs Plan and implement</b></li> </ul>		
<b>CM11.0      Enhancing Staff Performance</b>					
<b>CM11.1-Core</b>	C ↑ B	No recommendation	<ul style="list-style-type: none"> <li>• Continue training and education for all staff.</li> <li>• Collect and collate training records.</li> </ul>		

CM11.2	B ↓ C	Apparent incomplete training records and attendance  Evaluation of the relevance of training to each staff member.	<ul style="list-style-type: none"> <li>• Continue training and education for all staff.</li> <li>• Collect and collate training records</li> <li>• Mandatory hand hygiene training for all grades.</li> <li>• Evaluation of training cards</li> </ul>		
CM11.3	B ↓ C	Attendance levels at training  Evaluation of Training  Trending of Training to improvement	<ul style="list-style-type: none"> <li>• To be actively monitored</li> <li>• To be developed</li> <li>• commenced</li> </ul>	C Mc A  C Mc A  C Mc A	Has commenced.
CM11.4	C → C	Performance review of staff	Framework for People Management protocol.		
<b>CM12.0 The organisation's work environment is safe, healthy and positive for all Hygiene Service's Staff</b>					
CM12.1	B ↓ C	Evaluation of Occupational Health services	<ul style="list-style-type: none"> <li>• Review with OH</li> </ul>		
CM12.2	C → C	Monitor Staff satisfaction with OH	<ul style="list-style-type: none"> <li>• Review with OH</li> </ul>		

		Develop Staff satisfaction processes Evaluation	<ul style="list-style-type: none"> <li>• Develop Staff satisfaction survey in 2009</li> <li>• Evaluate staff satisfaction results.</li> </ul>	MC	
<b>CM13.0 Collecting and Reporting Data and Information for Hygiene Services</b>					
CM13.1	C ↑ B	Evaluation	<ul style="list-style-type: none"> <li>• Develop documented process for collecting data</li> </ul>		
CM13.2	B → B	Evaluation	<ul style="list-style-type: none"> <li>• Satisfaction surveys</li> <li>• Circulate minutes of HHSC and Network HSC to all departments.</li> </ul>	MC Chair	2009 On-Going
CM13.3	C ↑ B	Evaluation	<ul style="list-style-type: none"> <li>• Appropriateness of the data collection and information reporting.</li> </ul>		
<b>CM14.0 Assessing and Improving Performance For Hygiene Services</b>					
CM14.1	B → B	No recommendation	<ul style="list-style-type: none"> <li>• Continue reporting to HEC</li> </ul>		On-going

			<ul style="list-style-type: none"> <li>• Continue as agenda item on all committees including Q&amp;R</li> </ul>		On-going
CM14.2	B → B	Benchmarking	<ul style="list-style-type: none"> <li>• Develop formal documented processes for benchmarking.</li> <li>• Continue to be part of the Network Hygiene Steering group</li> <li>• Arrange Visit to peer hospital in good category (2008)</li> </ul>	St John's Hospital	<p>Ongoing</p> <p>Completed 14/4/09</p>

## National Hygiene Report 2009 – Action Plan

### STANDARDS FOR SERVICE DELIVERY

Standard	Grade	Recommendation /Observations	Action Plan/ Initial Date	Responsible person for action	Completed Date
<b>SD 1.0 Evidence Based Best Practice and New Interventions in Hygiene Services</b>					
SD 1.1	B→B	Lack of awareness of HS PPG's by support staff No audit of Isolation procedures available No Evaluation of the efficacy of the process used to develop best practice guidelines	<ul style="list-style-type: none"> <li>• Training programme on HS PPG's.</li> <li>• Inclusion in audit schedule</li> <li>• Develop process.</li> </ul>	C Mc A	On- going
SD 1.2	C↑B	No evaluation of the efficacy of the process for new/changed HS interventions	<ul style="list-style-type: none"> <li>• Develop process</li> </ul>		
<b>SD 2.0 Prevention and Health Promotion</b>					
SD 2.1	B→B	Health Promotion activities	Evaluation of projects need to include improvements.	C. Mc I	
<b>SD 3.0 Integrating and Coordinating Hygiene Services</b>					

SD 3.1	<b>B→B</b>	Integration  Evaluation	<ul style="list-style-type: none"> <li>• 2009 TOR</li> <li>• Reporting structure</li> <li>• Team awareness</li> <li>• Efficacy of the team structure</li> </ul>		
<b>SD 4.0 Implementing Hygiene Services</b>					
SD 4.1- Core	<b>B ↓ C</b>	<ul style="list-style-type: none"> <li>• General dust observed.</li> <li>• Empty Hand gel and paper towels</li> <li>• No records of cleaning</li> <li>• Flushing of outlets</li> <li>• Lack of storage space</li> <li>• Compliance to standard</li> </ul>	<ul style="list-style-type: none"> <li>• Audit and QIP/feedback</li> <li>• Process to be developed to ensure hand gels and paper towels are replenished on a regular basis.</li> <li>• Implement signed cleaning records</li> <li>• Review process</li> <li>• Space utilisation committee to monitor</li> <li>• Review/Refer to IAHC Manual 2005</li> </ul>	Water management in place RN	
SD 4.2-Core	<b>A ↓ C</b>	<ul style="list-style-type: none"> <li>• Records of cleaning not available</li> <li>• Multi use of sluice rooms</li> <li>• Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Implement signed cleaning records</li> <li>• Review</li> <li>• Audit.</li> </ul>		

		<ul style="list-style-type: none"> <li>equipment dusty</li> <li>Compliance to standard</li> </ul>	<ul style="list-style-type: none"> <li>Review process</li> <li>Review/Refer to IAHC Manual 2005</li> </ul>		
SD 4.3-Core	B ↓ C	<ul style="list-style-type: none"> <li>Cleaning equipment dirty</li> <li>Requirement for Hand wash basins in sluice and cleaning rooms.</li> <li>Compliance to standard</li> </ul>	<ul style="list-style-type: none"> <li>Audit schedule</li> <li>Observation</li> <li>Training.</li> <li>Programme in Place/to be completed</li> <li>Review/Refer to IAHC Manual 2005</li> </ul>		
SD 4.4- Core	A ↓ C	<ul style="list-style-type: none"> <li>Kitchen Hygiene</li> <li>Colour coding in main kitchen</li> <li>Ineffective rodent prevention</li> <li>Management of Staff Clothing</li> <li>Catering Trolleys</li> </ul>	<ul style="list-style-type: none"> <li>Continuous Audit against schedule</li> <li>Staff Hygiene Training</li> <li>Review HACCP manual</li> <li>Audit/ cleaning programme</li> <li>Review dress code policy</li> <li>Review Staff locker facilities.</li> <li>Review fittings.</li> <li>Documented process for review</li> </ul>		

		<ul style="list-style-type: none"> <li>• Quality of Insect proof window seals</li> <li>•</li> <li>• Restricted access</li> <li>• Aspergillosis risk</li> <li>• Compliance to standard</li> </ul>	<ul style="list-style-type: none"> <li>• Active management/observation</li> <li>• Management</li> <li>• Food Hygiene Guidelines</li> <li>• Review/Refer to IAHC Manual 2005</li> </ul>		
SD 4.5- Core	A↓C	<ul style="list-style-type: none"> <li>• Old furniture/bins</li> <li>• No external hand wash areas</li> <li>• Double handling of waste and linen</li> <li>• Compliance to standard</li> </ul>	<ul style="list-style-type: none"> <li>• Clearance of items</li> <li>• Spring Clean blitz of old and broken hospital equipment etc.</li> <li>• Review and implement</li> <li>• Review</li> <li>• DOHC Segregation Packaging guidelines for Risk Waste</li> </ul>	RN RN/Partnership Group	March 2009  April 2009
SD 4.6- Core	C→C	<ul style="list-style-type: none"> <li>• Linen Audits</li> <li>• Storage of</li> </ul>	<ul style="list-style-type: none"> <li>• Continue audit programme on a scheduled basis.</li> <li>• Review dirty linen</li> </ul>	This standard will be lead by Mary Bermingham-	

		<p><b>laundry Bags</b></p> <ul style="list-style-type: none"> <li>• <b>Bags overfilled</b></li> <li>• <b>Mattress Bags</b></li> <li>• <b>Linen Disposal</b></li> <li>• <b>Compliance to standard</b></li> </ul>	<p><b>storage at ward level.</b></p> <ul style="list-style-type: none"> <li>• <b>Awareness of linen criteria to be dissimilated to staff.</b></li> <li>• <b>Awareness/introduction of mattress bags for mattress storage/disposal.</b></li> <li>• <b>Review outside storage /secure area.</b></li> <li>• <b>Review/Refer to IAHC Manual 2005</b></li> </ul>	<b>HSSU Manager</b>	
<b>SD 4.7- Core</b>	<b>B ↓ C</b>	<ul style="list-style-type: none"> <li>• <b>Hand Hygiene audits</b></li> <li>• <b>Hand wash Sinks</b></li> <li>• <b>Hand rub</b></li> <li>• <b>SARI Guidelines</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Continue audit programme</b></li> <li>• <b>Programme in Place/to be completed</b></li> <li>• <b>Introduce hand rub at clinical bases without sinks.</b></li> <li>• <b>Manage compliance in line with SARI guidelines.</b></li> </ul>	<p><b>C Mc A</b></p> <p><b>JD/RN</b></p> <p><b>Unit/ward managers</b></p> <p><b>HHSC</b></p>	
<b>SD 4.8</b>	<b>B ↓ C</b>	Risk Management processes need development	<ul style="list-style-type: none"> <li>• <b>Review reporting of incidents related to hygiene</b></li> <li>• <b>Feedback to all areas of</b></li> </ul>	<b>B. Mc A</b>	

			<p>risk issues</p> <ul style="list-style-type: none"> <li>Hygiene training of risk issues to be continued.</li> </ul>		
SD 4.9	<b>B→B</b>	Process for Evaluation of satisfaction surveys be developed.	<ul style="list-style-type: none"> <li>Patient satisfaction survey carried out April 2009.</li> <li>Evaluation of Patient satisfaction .</li> <li>Results/Actions of the evaluation to Q&amp;R Committee and the HEC</li> </ul>	MC	
<b>SD 5.0 Patients / Clients Rights</b>					
SD 5.1	<b>B↓C</b>	Documented processes for client privacy/dignity during HS.	<ul style="list-style-type: none"> <li>Develop process</li> </ul>		
SD 5.2	<b>B→B</b>	Process for Evaluation of satisfaction surveys be developed	<ul style="list-style-type: none"> <li>Patient satisfaction survey carried out April 2009.</li> <li>Evaluation of Patient satisfaction .</li> <li>Results of the evaluation to Q&amp;R Committee and the HEC</li> </ul>	MC MC	
SD 5.3	<b>B→B</b>	No evidence of Complaint Training records for staff	<ul style="list-style-type: none"> <li>Staff training commenced in Nov 2008- record of training available</li> </ul>	JD/JSM	In progress since Nov 2008

		No evaluation of Complaints	<ul style="list-style-type: none"> <li>A system to be developed incorp. complaints, risk management and FOI's.</li> </ul>		

<b>SD 6.0 Assessing and Improving Performance</b>					
SD 6.1	B → B	Evaluation	<ul style="list-style-type: none"> <li>Patient/Staff satisfaction survey to be carried out in 2009</li> </ul>	MC	
SD 6.2	B → B	<p>Audit Schedule</p> <p>Regular Audits/Action Plans to be further developed.</p> <p>No grounds maintenance audit</p> <p>Lack of evidence of initiatives undertaken as result of evaluation</p>	<ul style="list-style-type: none"> <li>Development of Performance Indicators for Hygiene</li> <li>Dev. Of Audit schedule</li> <li>Continue internal QIP actions/audits.</li> <li>Include audit in schedule.</li> <li>Address this issue</li> </ul>	C.Mc A	Completed March 2009
SD 6.3	B → B	Annual Report 2008	<ul style="list-style-type: none"> <li>Annual Report to be available for 2008 in April</li> </ul>	JSM	For sign off

		Evaluation of the appropriateness of the of the HS Annual Report	2008 • Evaluation		
<p><b>This Quality Improvement Plan has been drafted for consideration following discussions with members of the Hygiene Services Committee by:</b></p> <p><b>Joan Somers- Meaney DON</b></p> <p><b>John Doyle: Hospital Manager</b></p> <p><b>And has been circulated to the Hospital Executive Committee and the Hospital Hygiene Services Committee and Heads of departments for addition and approval.</b></p> <p><b>26<sup>th</sup> March 2009</b></p>					

