

**MALLOW GENERAL HOSPITAL**  
**Quality Improvement Plan 2009**

**The following QIP was compiled for Hygiene Services  
at  
Mallow General Hospital by the Hygiene Services Team**

**It has been amended and approved for implementation by the  
Senior Management Team**

**Signed:\_\_\_\_\_**

**Ms. Mary Owens.  
Director of Nursing.  
On behalf of the SMT**

**April 2009**

# Quality Improvement Plan 2009

## Hygiene Services Mallow General Hospital

### 6 Main Areas to focus on:

- To maintain our rating of 2008
- To look for continuous improvements in all areas
- Focus on the standards that were rated "C" in 2008 - aim to improve
- Focus on the Core Criterion – aim to improve these ratings
- Focus on patient involvement
- Focus on evaluation

### Key Targets:

- Continue to develop documentation processes
- Improve communication in relation to hygiene outcomes with all stakeholders
- Continue to self audit against standards
- Benchmark against other similar hospitals results
- Visit hospitals in "good" category
- Develop Evaluation process

**The Following are the criterion that were rated “C” which we aim to improve**

REFERENCE	2008 →2009 RATING GOAL	OPPORTUNITY FOR IMPROVEMENT IDENTIFIED	GOAL	PROGRESS MADE	RESPONSIBILITY (TITLE ONLY)	TIMEFRAME TO COMPLETION
CM 1.1	C → B	<ol style="list-style-type: none"> <li>1. Patient / client consultation</li> <li>2. Evaluation of efficacy of needs assessment process</li> </ol>	<ol style="list-style-type: none"> <li>1.To begin process of patient / client consultation</li> <li>2. Development of an Evaluation template for use by hygiene services and corresponding KPIs</li> </ol>	Training on Public & Patient Involvement Sub group formed to begin patient involvement process to level 1	DON Multi-Disciplinary HST &SMT in association with Regional Risk Advisor	26 <sup>th</sup> /27 <sup>th</sup> Feb2009- completed by ISQSH 1 year Sept 2009
CM 3.1	C → B	<ol style="list-style-type: none"> <li>1.Corporate strategic plan to include costing</li> <li>2. Input from patients in developing the plan</li> <li>3. Evaluation of the Corporate plans goals and objectives</li> </ol>	<ol style="list-style-type: none"> <li>1. Amend the corporate plan to include costing for hygiene services</li> <li>2. Circulate the plan to all stakeholders</li> <li>3. Involve patients in devising the future plans</li> <li>4.Formal evaluation of plan</li> </ol>	SMT reviewing Corporate Hygiene Plan 3. As above for patient involvement	SMT SMT SMT SMT/ Regional Risk	June 2009 June 2009 1 year
CM 4.1	C →B	<ol style="list-style-type: none"> <li>1. Authority provisions for hygiene not clearly defined in org. structure.</li> </ol>	<ol style="list-style-type: none"> <li>1. Clearly define authority for hygiene. Review of all job descriptions for new</li> </ol>	Senior Management Team are clearly identified as having authority for	Senior Management	Ongoing as posts arise.

			competitions and include responsibilities for hygiene	hygiene services in Corporate plan	Team	
CM 4.4	C → B	Policy template to be used for reviewing hygiene policies.	Policy template to be used by HST when reviewing hygiene policies		HST	Immediate effect
CM 4.5	C → B	1. Needs to be documented evidence of the hygiene teams involvement in capital development planning 2. Evaluation of the involvement by the HST	Hygiene Team to be involved in capital development at the planning stage and at implementation – written into terms of reference		Estates SMT	Ongoing
<b>CM 6.1</b> <b>Core*</b>	C → A	Corporate and Service Plans need to include costings	To include costing in future plans and to amend current plans to include costings.		Senior Management Team Hygiene Services Team	June 2009
CM 6.2	C → A	Hygiene Team needs to be involved in the purchasing of new equipment / products	New purchases are assessed from a hygiene perspective	Purchasing checklist completed by hygiene team and used for assessing new purchases	Hygiene Team	Completed April 2009

<b>CM 7.1</b> <b>Core*</b>	C → B	1. Need to track and trend internal audit results 2. Need annual risk management report	To minimise risk and to identify hygiene related risks	1. Hygiene Team track audit results on a bi-monthly basis 2. Safety Management Team due to produce report for 2009	Hygiene Team Safety Management Team	End of 2009
CM 7.2	C → B	Need to collate and feedback information from the STARS web system	Ensure timely reports from the STARS web system for SMT and HST		Hospital Manager	Ongoing
<b>CM 9.1</b> <b>Core*</b>	C → B	1. Need to consult Infection Control prior to refurbishment work 2. Storage identified as a shortcoming in the physical environment	1. Ensure refurbishment work is carried out with infection control measures in place. 2. Improve physical environment with additional storage solutions	Documented process for Risk assessment by Infection Control prior to refurb work now in place 2. Issue identified to the SMT. Refer to Estates for advice and solution	Infection Control Committee Estates Hospital Manager SMT	Completed March 2009  End of 2009
CM 9.4	C → B	Needs to be feedback from the "Your Service, Your Say" comment and complaint process & Patient Satisfaction Surveys	Ensure Feedback from "Your Service, Your say" Review of hygiene related complaints by HST and SMT	Training completed on public and patient involvement.	Hospital Manager	Ongoing

CM 10.1	C → B	Job description for MTA and HCA needs to contain specific reference to hygiene 2. Evaluation of recruitment process	Recruitment process adheres to best practice guidelines – clearly defined accountability Request evaluation of recruitment process from HR.	New job descriptions make reference to hygiene	SMT HR  HST	Ongoing  May 2009
CM 10.2	C → B	1.Need a documented process for reviewing hygiene services work when capacity and volume change 2.Evaluation of the review process	Human resources are assigned based on changes to work capacity and volume Develop an operational tool for assessment of work capacity and volume		HST/HR	Ongoing  Sept 2009
CM 10.4	C → B	Contracted services need hygiene training and orientation	To ensure that contractors are managed effectively		Maintenance / Hospital Manager	Ongoing into the future

<b>CM 10.5</b> <b>Core*</b>	C → B	1. Hygiene Services operational plan needs to make reference to human resource needs	Amend the Operational Plan to reflect human resource needs		Hygiene Team	June 2009
		2. Hygiene Team needs to produce an annual report	Produce Annual Report		HST	July 2009
		3. Need a documented human resource needs assessment process	Develop Hygiene Services Human resource needs assessment process		SMT /HR	End of 2009
CM 11.2	C → B	Staff need training in health and safety hazards, conducting risk assessments and handling of patients complaints	Provide training in health and safety hazards, conducting risk assessments, and handling patients complaints	Medical Gas training Health & Safety Fire drill Fire training planned for May and August 2009 Handling Complaints	SMT    Hospital Manager	Completed Dec 08  Nov 2009 End of 2009
CM 11.3	C → B	1. Evaluation of effectiveness of training 2. Need to demonstrate evidence of resultant actions in response to attendance levels at training provided	Develop PI's to evaluate the effectiveness of education and training		SMT	End of 2009

CM 11.4	C → B	1. Needs to be ongoing performance reviews for staff 2. Evaluate the evaluation process	On going performance evaluation and development of all Hygiene services staff	On going in-house training/education E.g. C difficile	Catering and Household manager Ward managers	Ongoing
CM 12.2	C → B	There is a need to evaluate the means by which staff satisfaction is monitored	To monitor staff satisfaction and well being		SMT/OH	Ongoing
CM 13.1	C → B	Evaluation of process used for data collection, evaluation of data reliability, accuracy and validity	To have a defined process for the evaluation of the process for collection and accessing hygiene related information	Review of the process in place in hospitals who had an A rating with a view to sharing best practice	SMT HST Regional Risk Advisor	End of 2009
CM 13.3	C → B	There is a need to evaluate the mechanisms used to assess the appropriateness of data collected	Ensure the organisation evaluates the utilisation of data collection and information reporting by the Hygiene Team		SMT HST	End of 2009



CM 14.2	C → B	Evaluation of the hygiene quality improvement system	Regular evaluation of the quality improvements and to make improvements where necessary	On going bi monthly audits with resultant action plans	HST	Ongoing
SD1.1	C → B	1.Need a documented process for establishing best practice guidelines 2.Need to evaluate this process	To ensure that all hygiene service policies and guidelines are evidenced based	Updated hospital cleaning guidelines based on best practice guidelines as set out in NHO Cleaning Manual and SARI guidelines	Hygiene Services Team	Completed April 2009
SD1.2	C → B	1. Need a documented process for assessing new hygiene service interventions. 2.Need to evaluate this process	New hygiene service interventions are assessed		HST	Ongoing
SD 2.1	C → B	1. Involvement of community groups in hygiene related health promotion activities 2.Evaluation of activities undertaken	Involvement of community groups, primary health teams, and other organisations in health promotion activities in relation to hygiene.		Health Promotion Team	End of 2009

SD3.1	C → B	<p>1. Consultation with patients regarding hygiene services.</p> <p>2. Evaluation of multi-disciplinary team structure.</p>	<p>Appropriate linkages between various teams and committees.</p> <p>Establish formal linkage with Regional Risk Management</p>	<p>Established through terms of reference of committees in hospital</p>	SMT	<p>Completed</p> <p>Ongoing</p>
<b>SD 4.4</b> <b>Core*</b>	C → A	<p>1. Need for kitchen staff to use PPE's</p> <p>2. Segregation of catering and cleaning duties for MTA's</p> <p>3. Access to kitchens to be restricted to designated personnel</p>	<p>To ensure that kitchens are managed in accordance with best practice and current legislation</p>	<p>HACCP training for all staff updated</p> <p>Signage for staff room OPD</p>	Catering Dept.	<p>Immediate</p> <p>Completed March 2009</p>
SD 5.2	C → A	<p>Need to complete patient /visitor info leaflet.</p> <p>Evaluation of patient, family/visitor comprehension satisfaction with info provided</p>	<p>To ensure that patients / visitors are provided with relevant information regarding hygiene services.</p> <p>To evaluate their comprehension /satisfaction with same</p>	<p>Sub group updating information leaflet for patients and visitors to include reference to hygiene.</p> <p>2 day training on patient/public involvement</p>	Multi-Disciplinary	<p>End of 2009</p> <p>Completed Feb 2009</p>

SD 5.3	C → A	Need for staff training in relation to complaints. Feedback from 'Your Service, Your Say'	To ensure staff can manage complaints in relation to hygiene services effectively.		Hospital Manager	Ongoing
SD 6.1	C → B	Need for greater involvement of patients, families when the hygiene team is evaluating its service.	Patients views are considered when evaluating hygiene services Extend patient comment cards to all areas/departments	Planned focus groups	Multi-Disciplinary	Ongoing  Sept 2009
SD 6.2	C → B	Need to evaluate the initiatives undertaken by the hygiene team as a result of benchmarking and audits.	To ensure that the team regularly evaluates and benchmarks the quality of its service Plan-Do-Check-Act	Team benchmarks self audits bi monthly	Hygiene Team	Ongoing
SD 6.3	C → B	Hygiene Team needs to produce an annual report	Team produces a report on its annual work.	Plan to produce an annual report for July 2009.	Hygiene Team	By end of July 2009

**The Following Criterion were rated an "A" or "B". Aim is to Maintain or Improve Rating**

CM 1.2	B → A	Require a process for evaluating developments and modifications in relation to meeting needs of service users	To ensure that the hygiene services are developed to meet the needs of the public served		HST	End of 2009
CM 2.1	B → A	Require patient and staff satisfaction surveys	To ensure that the hospital links with all stakeholders with regard to hygiene services	Training on patient/public involvement	SMT HST	Completed Feb 2009
CM 4.3	B → B	Need to evaluate appropriateness of hygiene related research and information available	To ensure that the SMT has access to and use best practice information		SMT	On going
<b>CM 5.1</b> <b>Core *</b>	B → A	Need to clearly define reporting relationships for all members of HST	To have clear roles and responsibilities throughout Hygiene Services		HST SMT	End of Sept 2009
<b>CM 5.2</b> <b>Core *</b>	A → A	No recommendations	Maintain rating			On Going
<b>CM 8.1</b> <b>Core *</b>	B → A	Local policy required for establishment & management of contractors	Ensure the hospital has a process for managing contractors effectively		HST/SMT Central Contracts	End of 2009

CM 9.3	B → B	Need to involve patients in evaluating the hospitals environment and facilities	To ensure that the hospital manages its environment and facilities effectively	See CM 1.1 above	HST	End of 2009
CM 10.3	A → A	No recommendations	To ensure ongoing training in hygiene for all staff		SMT	On going
<b>CM 11.1</b> <b>Core *</b>	A → A	No recommendations	Maintain rating	As Always	SMT/Assistant DONs	On going
CM 12.1	B → A	Evaluation of the appropriateness of the service provided by Occ Health.	To ensure that staff well being and occ health is monitored on an ongoing basis	Request evaluation from Occ. Health Dept.	Occ. Health Dept	End of Sept 2009
CM13.2	B → B	Evaluation of data presentation methods and evaluation of user satisfaction in relation to the reporting of information	To ensure that data and info is reported in a timely, accurate, easily interpreted manner and based on the needs of Hygiene Services		SMT HST	On Going
CM 14.1	B → B	Need to coordinate quality improvement activities with other performance monitoring activities	To foster a culture of quality improvement throughout the hospital		SMT	On Going

<b>SD4.1</b> <b>Core*</b>	B → A	1.Ensure all areas are free from dust. 2.Requirement for additional storage space 3.Ensure alcohol gel is available at all entrances to rooms and wards 4.Require bathroom facilities for A&E	To ensure that the physical environment is clean. Maintain excellent compliance with national cleaning standards Provide additional storage space	Bi-monthly audits  Senior Management Team briefed (03/04/09) on storage requirements-forwarded to Estates Dept.	SMT/Estates	On Going
<b>SD4.2</b> <b>Core*</b>	A → A	No recommendations	Maintain rating		Multidisciplinary	Ongoing
<b>SD4.3</b> <b>Core*</b>	B → B	1.Requirement for additional storage space for cleaning equipment, 2.storage facilities to be kept locked	See 4.1 above	As 4.1 above	Estates  Ward managers/Multi Task Attendants	Ongoing
<b>SD4.5</b> <b>Core*</b>	A → A	No recommendations	Maintain rating		Multidisciplinary	Ongoing

<b>SD4.6 Core*</b>	B → A	1.Require additional storage for linen 2.Linen cupboards are not to be used for staff personal belongings	To ensure that linen supply is managed effectively. Provide additional storage space.	See4.1 above	Estates/SMT	Ongoing
<b>SD4.7 Core*</b>	A → A	No recommendations	Maintain rating		Multidisciplinary	Ongoing
SD4.8	B → A	1.Need a documented process for the delivery of hygiene services in non-routine situations	To ensure adverse events are limited and patient safety is maintained	Cleaning manual amended to include guideline on non-routine situations	HST	April 2009
SD4.9	B → B	1.Evaluation of patient / families satisfaction with participation in service delivery	To encourage families to participate in improving hygiene	As 5.2 above	Multidisciplinary	Ongoing