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## Action plan based report: St Mary's Orthopaedic Hospital

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## **Action Plan based report**

### **St. Marys Orthopaedic Hospital**

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<b>Date:</b>	<b>07/04/09</b>

# **Quality Improvement Plan 2009**

## **Hygiene Services St. Marys Orthopaedic Hospital**

### **Main Areas to focus on for 2009:**

- **To improve our rating of 2008**
- **To look for continuous improvements in all areas**
- **Improve on the standards that were rated "D" and "C" in 2008**
- **Develop on patient input**
- **Improve on all areas of documentation, with emphasis on recording all evaluations**
- **Ensure all Staff on campus are fully engaged in the process**
- **Benchmark against other hospitals of similar nature and size**

<b>Ref. Nr</b>	<b>Issue</b>	<b>Deliverables</b>	<b>Commencement date</b>	<b>Finish date</b>	<b>Lead Responsibility name and role</b>	<b>Reference / links</b>	<b>Comments</b>
1	Learn from those who have performed well in terms of their experience of the assessment process and share best practice.	Place SMOH in a position to benchmark itself against a similar hospital in terms of size and service capacity and share relevant information.	Jan. 2009	Ongoing	Hygiene Services Committee SMOH		Link with Cappagh Orthopaedic Hospital
2	All staff need to see hygiene as their responsibility. It is not just the responsibility of those involved in the committee/team or those who work directly in hygiene related services.	Hygiene Committee and Action Team to foster a culture change hospital wide in relation to hygiene, to include : <ul style="list-style-type: none"> <li>• Forwarding of all hygiene related information</li> <li>• Responsibility led by the EMB</li> <li>• Clear roles and responsibilities within the organisation /hospital</li> </ul>	March 2009	Ongoing	EMB and Hygiene Services Committee CUH /SMOH		SMOH Hygiene Services Action Group formed March 2009 to devolve responsibility and ensure prompt response to issues raised at Ward/Dept. level audits.
3 CM 1.2	Formal evaluation systems	All new products are now subjected to a formal documented evaluation process	November 2008	Ongoing	Hygiene Services Committee SMOH		
4 CM 4.4	Lack of evidence to demonstrate evaluation of hygiene related policies and procedures	Process being developed to review current policies and procedures in relation to hygiene matters and to ensure that all new policies are developed in line with best practice	March 2009	Ongoing	Hygiene Services Action Group		

5 CM 5.1	Reporting relationships were not clearly defined	Set up a Hygiene Action Group to ensure that issues raised by internal audits are promptly managed.	April 2009	Completed	Hospital Manager		
		Assign primary responsibility for hygiene matters to local Ward/Department Manager	March 2009	Ongoing	Hygiene Services Committee		
6 CM 6.2	Hygiene Committee not involved in purchasing of equipment	All new products and equipment to be assessed from a hygiene perspective	March 2009	Ongoing	Hygiene Services Committee		Supplies Officer to advise Hygiene Committee of proposed purchases and present for evaluation
7 CM 8.1	Evidence of managing contracts and monitoring contractors	All contracts to be presented to the Hygiene Committee for assessment.  Continue to improve processes to monitor external contractors while operating on campus.	March 2009	Ongoing	Hygiene Services Committee		
8 CM 8.2	Involvement of contractors in the audit process	Develop improved links with external contractors to ensure that they are involved in the hygiene audit process.	March 2009	Ongoing	Hygiene Services Action Group		Set up a schedule of meetings with contractors to engage them in the process.
9 CM 9.1	Failure of area in Block 4 to meet the Hygiene Standard.	Baby changing area and faulty radiator removed. Electrical fitting repaired.	November 2008	November 2008	Chair of Hygiene Services Committee		Work completed.

10 CM 9.2	Concerns over the Laundry premises.	Health & Safety and Fire Safety Audits completed on the Laundry premises. Decision to close the facility and contract the service.	November 2008	Laundry closed on 20/4/2009	Hygiene Services Action Group		Service contracted to Spring Grove Ltd.
11 CM 10.1	Responsibility for hygiene matters in job descriptions	Job descriptions for all new posts include specific reference and responsibility for hygiene matters	January 2009	Ongoing	Hygiene Services Committee		No new Staff had been recruited during 2007 and 2008.
12 CM 10.4	Lack of evidence that contractors manage contract staff	Maintenance Department ensure robust management of contract staff on campus. Contractors issued with 'permit to work' pass. Maintenance Management to validate all work and record completion.	March 2009	Ongoing	General Foreman		
13 CM 10.5	Lack of evidence of human resources needs assessment process for hygiene services	Produce an Annual Report  Develop human resources needs assessment for hygiene services	July 2009  April 2009	September 2009  December 2009	Hygiene Services Committee		
14 CM 13.1	Lack of a structured documented process for receiving and acting on Hygiene related issues eg. Environment, waste handling, hand hygiene, to include ward/dept. results.	Implementation of a structured audit process to enable data collection on the specific hygiene related areas. This will be twofold in deliverables : <ul style="list-style-type: none"> <li>Identifying exemplars of excellence and areas that require improvement</li> </ul>	Jan.2009	End of May 2009	Hygiene Services Committee		CUH audit tool to be introduced when passed by QUESPEG. SMOH Audits conducted on a weekly basis by Ward/Dept. Manager and member of the

		<ul style="list-style-type: none"> <li>• Problem solving under a structured framework permeating up and down the governance in SMOH.</li> <li>• Hygiene related tasks/goals to be incorporated into EMB report.</li> </ul>					Housekeeping Staff. Dept. Manager is responsible for action on non-compliance and reports to the Hygiene Action Committee on a monthly basis.
15 CM 13.1	Organisation of compliance documentation.	Enhanced compliance documentation in terms of: .Appropriateness .Access and presentation	Jan. 2009	Ongoing	Hygiene Services Committee		Centralised point of data collection and storage related to hygiene matters.
16 CM 14.1	Lack of evidence of key performance indicators for hygiene services	Develop a range of performance indicators for the improved delivery of hygiene services	May 2009	July 2009	Hygiene Services Committee		
17 SD 1.1	Lack of evidence of evaluation of hygiene processes	Update cleaning guidelines to include review and evaluation facility	May 2009	July 2009	Hygiene Services Committee		
18 SD 3.1	No evaluation of the efficacy of the multidisciplinary team structure	Develop documentation to evaluate the efficiency of the multidisciplinary approach to the delivery of hygiene services	May 2009	July 2009	Hygiene Services Committee		
19 SD 4.1	Flip top bins in clinical areas and locking of chemical cupboards	Remove all flip top bins from clinical areas and ensure that all areas where chemicals are stored are locked	December 2009	Completed	Chair of Hygiene Services Committee		Completed

20 SD 4.2	Ensure that equipment is cleaned	Develop documentation to ensure that record is kept of all cleaning related to equipment	March 2009	Ongoing	Chair of Hygiene Services Committee		
21 SD 4.3	Cleaning products are stored in locked areas	Ensure that all areas where cleaning materials are stored and locked	December 2009	Completed	Chair of Hygiene Services Committee		Completed
22 SD 4.4	Replace sinks in Block 2	New sinks installed to the required standard	November 2009	Completed	Chair of Hygiene Services Committee		Completed
23 SD 4.5	Some Sharps boxes were not tagged and Waste Compound open when not attended.	New Sharps Boxes numbered tagging system introduced.	January 2009	March 2009	Hygiene Services Committee		Completed
		Waste Compound now locked at all times when unattended.	November 2008	November 2008	General Foreman		Completed
24 SD 4.6	Failure of Laundry to meet Hygiene standards	Following the audit of 2008 a health and safety audit and fire safety audit were conducted. An EMB decision was made post these to close the on site laundry and to outsource the provision of the laundry services.	November 2008	Laundry closed 20/04/2009	EMB and HR		Laundry Service now provided by Spring Grove Ltd. under the same service contract conditions as per CUH.
25 SD 4.7	Some wash hand basins not compliant with standards	Programme to replace wash hand basins that do not meet the standard	December 2009	Ongoing	Hygiene Services Action Group		This is dependant on the provision of funding
26 SD 5.2	Evaluation of hygiene related literature	Develop documentation to evaluate all hygiene related literature, including posters	March 2009	July 2009	Chair of Hygiene Services Committee		

27	2008 Hygiene assessment score disappointing, optimise performance.	Engage with HIQA in terms of learning from previous assessments and identify methodology that optimises demonstration of hospitals performance on assessment.	February 2009		Chair of Hygiene Services Committee	HIQA Assessment Report of October 2008	
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