

National Standards for the Prevention and Control of Healthcare Associated Infections

Quality Improvement Plan (QIP)

QIP based on unannounced inspection: 20 March 2014

Coombe Women and Infants University Hospital

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Date: 26 May 2014.
Review: 15 January 2015

| | | Opportunities for improvement identified by Assessors in their Report. | Action agreed | Responsibility | Target Date |
|--|---|--|--|--|----------------------------------|
| Standard 3 Environment and Facilities Management The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection (HCAI) | | | | | |
| Criterion 3.6 | The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of HCAs. | Environment and equipment | | | |
| | | <p>Our Lady's Ward was found to be clean and well maintained with some exceptions and St. Gerard's Ward was observed to be generally unclean on the day of inspection and there were opportunities for improvement identified.</p> <p>St. Gerard's Ward</p> <ul style="list-style-type: none"> Dust was observed in all areas Paintwork was visibly chipped on walls and skirting boards. There was chipped paint on an intravenous drip stand, the foot pedals of two bins and the end of bed tables. A member of staff transporting a patient in a wheelchair placed the wheelchair back in storage without cleaning it after use. Rust coloured staining was visible on wheel area of a dressing trolley. Skirting board was loose and not adhered to the wall and floor covering observed to be missing under work top area. A black mould-like staining was visible on the sealant between the wall and shower tray in a patient shower room. Shower tray & sink unclean Joint between unit and wall above toilet in shower room was not completely sealed. | <p>The comprehensive review of the cleaning service is ongoing with improvements already in place. These include the following;</p> <ul style="list-style-type: none"> Completion of BICS training for all cleaning operatives in 2013. Examination of equipment used to perform the cleaning function to determine suitability for each area. Increased auditing of areas of concern to educate and inform staff of the importance of these issues. <p>Further improvements as a result of the review will include the following;</p> <ul style="list-style-type: none"> Introduction of sign-offs in each area to demonstrate work schedule completion. Evaluation of cleaning schedules for each ward/department Standardisation of functions of cleaning operatives. Review of cleaning hours available to each area. | Master / Secretary & General Manager / Hygiene Services Manager. | End of 2014 Still ongoing |

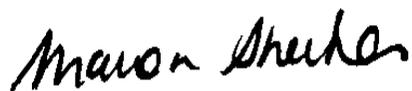
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| | | <p>Our Lady's Ward</p> <ul style="list-style-type: none"> • The edges of some bedside lockers were chipped • Black staining visible between wall tiles in showers and on the sealant around trays • Chipped paint and plasterwork on wall and one border floor tile was cracked. • Dirty utility room was lockable but was open during inspection. • An inappropriate item i.e. soft drink can containing liquid, was stored in the cupboard. • Dust visible on floor in linen store. | <p>Increased auditing by middle and senior management within the hospital will identify and rectify issues that arise in a speedier fashion.</p> <p>_____</p> <p>A schedule of general maintenance including painting of all patient care areas and repair of shower and bathroom sealants is ongoing and completed in some areas.</p> | <p>Hygiene Services Manager</p> <p>Master / Secretary & General Manager / Technical Services Manager</p> | <p>Continuous</p> <p>Painting complete in St. Gerard's Ward Oct 2014</p> <p>Shower sealant replacement now completed.</p> |
| | | Cleaning Equipment | | | |
| | | <p>A cleaning cupboard used to store the vacuum cleaner and floor buffer in the utility had heavy dust visible on the floor and floor edges.</p> | <p>Buffer pad disposed of and staff informed and re-instructed on the importance of adherence to best practice.</p> <p>Programme of deep cleaning of all vacuum cleaners and floor buffers has been completed and this equipment is now regularly audited to ensure they remain up to standard</p> | <p>Hygiene Services Manager</p> | <p>Complete</p> <p>Complete</p> |
| | | Linen | | | |
| | | <p>The linen cupboard was observed to be full and additional linen was stored in an open, uncovered linen trolley outside the linen cupboard. The storage of extra linen outside of the designated storage area is not in line with best practice.</p> | <p>The storage of clean linen is currently being investigated for improvements. This has resulted in the centralised storage of linen in one of the four floors within the hospital. The other three floors are being assessed for suitability of central storage areas.</p> | <p>Hygiene Services Manager / General Services Manager</p> | <p>Complete</p> |

| | | Waste Segregation | | | |
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| Criterion 3.7 | The inventory, handling, storage, use and disposal of hazardous material / equipment are in accordance with evidence-based codes of best practice and current legislation. | Yellow rigid clinical waste bin observed in utility room in St Gerard's ward but labelled as assembled in 'theatre'. All waste packages must be tagged with a unique reference number which is traceable to the point of production. The tagging system and location should represent the same point of generation. | Waste segregation training is ongoing within the Hospital and this issue has been highlighted during that training. | Hygiene Services Manager | Continuous |
| | | Summary | | | |
| | | An ongoing assurance mechanism is required to ensure that results presented on a weekly basis give a true reflection of the hygiene within the hospital. | Multi-disciplinary training has been carried out on conducting audits and a guidance booklet has been developed and distributed amongst all staff. In addition, an analysis of HIQA findings in all hospitals has been developed and distributed to enhance the understanding of environmental and facilities cleanliness. | Hygiene Services Manager | Continuous |
| Standard 6 Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place. | | Hand Hygiene | | | |
| | | The design of some clinical hand wash sinks did not conform to Health Building Note 00-10 Part C: Sanitary assemblies. | The rate of compliance with Hand Hygiene sinks is now 68% with sinks being replaced as areas are refurbished and funding becomes available. | Master / Secretary & General | Continuous |

| Criterion 6.1 | Observation of hand hygiene opportunities | | | | |
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| | <p>There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of HCAI's</p> | <p>Access to designated hand hygiene sink in the utility room of St. Gerard's Ward was obstructed by a linen trolley.</p> <p>Hand hygiene soap dispenser was empty and there were no hand towels located beside the sink.</p> <p>Waste disposal bins for used paper towels were not available by the hand wash sinks in the store room or in the paediatric room in Our Lady's Ward.</p> | <p>Both these issues were immediately rectified by staff on St. Gerard's Ward when brought to their attention.</p> <p>Bins were on order at the time of the monitoring inspection and are now in place.</p> | <p>Master / Secretary & General Manager / Hygiene Services Manager / AdoM Prevention and Control of Infections.</p> | <p>Complete</p> <p>Complete</p> |

| | | Human Resources | | | |
|--|--|--|---|---|--|
| Standard 4 Human resources are effectively and efficiently managed in order to prevent and control the spread of healthcare Associated Infections. | | | | | |
| Criterion 4.5 | All staff receives mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation / induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees. | Up-to-date hand hygiene staff training records were not available at the time of the inspection. | <p>Database for training records of all staff in process of being set up.</p> <p>The hand hygiene training in both areas inspected showed that the majority of staff was up-to-date with hand hygiene training.</p> <p>Hand Hygiene Training updates ongoing.</p> | Secretary / General Manager and ADoMN for Infection Prevention and Control. | <p>End of 2014 Still ongoing</p> <p>Continuous Training carried out.</p> |

Signed by:
Master



Date: 15 January 2014

Signed by:
Secretary and General Manager

