Hygiene Quality Improvement Plan (QIP)

Action Plan based on unannounced on-site monitoring assessment: 12 November 2012

Coombe Women and Infants University Hospital

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Role:	Hygiene Services Manager
Date:	8 March 2013.

		Opportunities for improvement identified by Assessors in their Report.	Action agreed	Responsibility	Target Date
Standard 3 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 HCAIs.	**Environment and equipment** Our Lady's and St. Monica's Ward were unclean and there were opportunities for improvement identified in both. • Light to heavy dust on high surfaces and moderate amounts on curtain rails. • Exposed wires at one side of electrical socket on corridor • Paintwork chipped and missing on some walls • Stale food particles on floor of room ready for use • Bed frames beneath mattresses on 3 beds assessed to be unclean and dark pieces of fluff and dust in moderate amounts at base of footboards • Torn protective dustsheet on resuscitation trolley • Telephone handset observed unclean • Unavailability of liquid soap at hand-washing sink in sluice • Stored bedpan slightly soiled. • Shower visibly unclean • Silicone sealant missing or flaking in shower.	A comprehensive review of the existing cleaning service is currently being undertaken. This includes the following; • Evaluate the cleaning schedules for each ward / department • analysis of training needs of operatives, • review cleaning hours available to each area • introduce sign-off in each area to demonstrate work schedule completed. • 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. _____ Ongoing Supervisory audits will monitor this area and in the process of cleaning and sign-off. _____ Develop schedule of general maintenance including painting of all patient care areas and repair of shower and bathroom sealants.	Master / Secretary & General Manager / Hygiene Services Manager. _____ Hygiene Services Manager _____ Master / Secretary & General Manager / Technical Services Manager	End of 2014 Continuous Continuous

		Waste Segregation			
		Sharps disposal bin did not have the temporary closure procedure actioned.	Further training has been carried out on the use of sharps and their disposal. More frequent audits have been put in place in an attempt to rectify this issue.	Hygiene Services Manager	Complete
		Locked yellow storage wheeled bins for healthcare waste were located in the foyer at the entrance to the clinical areas assessed. This may pose a low risk to the spread of HCAI	Financial constraints and layout of building prohibit the creation of dedicated storage areas on each floor, at this time.	Hygiene Services Manager	Ongoing
		Linen			
		Clean linen was stored unprotected on a trolley on the corridor.	A linen trolley cover is currently being sourced where space constraints dictate that a linen press is not available and a trolley must be used. This will remain on the trolley permanently to ensure linen remains protected.	General Services Manager	End May 2013.
		Observed untied soiled / used white and soiled / contaminated red linen bags ready for collection. Contents were visible in the open bags. Used linen bags not securely tied when collected from the ward.	Staff has been re-trained in the management of linen and the correct methods for securing bags. Auditing will be carried out on safe practices and to implement improvements		Continuous
		Cleaning Equipment			
		Buffer pad was observed on a stored floor buffer machine in the dirty utility, contrary to best practice.	Buffer pad disposed of and Staff informed and re-instructed on the importance of adherence to best practice.	Hygiene Services Manager	Complete
Standard 6 Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.		**Hand Hygiene**			
		Clinical hand wash sinks in the areas assessed did not all comply with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene (2005).*	A sink replacement programme to identify priority replacements commenced in 2010 and the hospital is now 66% compliant (50% in 2010). Hand wash sinks are replaced as areas are refurbished and funding becomes available.	Master / Secretary & General Manager	

Criterion 6.1	**There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of HCAI's**	**Observation of hand hygiene opportunities**			
		Non-compliance was observed to take the form of not following best practice technique for hand washing or use of alcohol-based gel and/or length of time taken to complete the hand hygiene procedure.	Continue with mandatory hand hygiene training for all disciplines of staff. Ward Sessions for hand hygiene with glow box and staff specific handouts.	Master / Secretary & General Manager / Hygiene Services Manager / AdoM Prevention and Control of Infection	Continuous
		A culture of hand hygiene practice was not embedded at all levels.	Hand hygiene leaflets disseminated. Hand hygiene display and promotion. World hand hygiene day 5th May promotion Hand hygiene audits incorporated within hygiene audits. Hand hygiene compliance and alcohol gel consumption presented as KPI's on monthly dashboard.		

Signed by: 

Master

Signed by: 

Secretary and General Manager

Date: **14th March 2013**