



**St. John's Hospital, Limerick**

**Quality Improvement Plan based on the HIQA Report from the unannounced monitoring assessment of the hospital on 6th November 2014 published on 19<sup>th</sup> December 2014**

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**Approved by Mr. Fearghal Grimes, Chief Executive on 29<sup>th</sup> January 2015**

**Review Date: 2nd March 2015**

Standard	Issue Identified in HIQA Report	Action Plan	Action Taken	Target/Time Frame	Lead Responsibility	Progress to Date	Outcome
<b>Standard 3. Environment and Facilities Management</b>  <b>Criterion 3.6</b>	<b>Ground Floor Patient equipment</b> <ul style="list-style-type: none"> <li>- Two temperature probe holders were unclean and one holder contained used probe covers suggesting that the equipment was not cleaned after use, which is not in line with best practice. Sticky residue was also present on one probe holder.</li> <li>- The under surface of the seat of one commode was heavily stained.</li> <li>- Light dust was observed in two blood glucose monitor boxes, and one box was stained.</li> <li>- The interior surface of a nebuliser was unclean.</li> <li>- Light to moderate dust was observed on the base and wheels of a blood pressure monitor, on a resuscitation trolley, and the wheels of a patient hoist, a dressing trolley and two trolleys used to store patient supplies.</li> <li>- A plastic cover was partly adhered to the underside of the top shelf of a dressing trolley.</li> <li>- Sticky residue was observed on the frame of a patient hoist.</li> </ul>	<p>Inform relevant cleaning staff of findings.</p> <p>Review cleaning schedule/protocols for equipment ensuring that these specific items are covered</p> <p>Monthly audit of equipment cleaning</p>	<p>Hygiene Service Team has put new cleaning protocols in place</p>	<p>End January 2015</p>	<p>Clinical Nurse Managers &amp; Hygiene Services Team</p>	<p>Closed</p>	<p>Ongoing monitoring, action and evaluation by department, hygiene and nursing managers</p>
	<b>Ground Floor General cleanliness and maintenance</b> <ul style="list-style-type: none"> <li>- Varying levels of dust were found on floor edges throughout the ward.</li> <li>- Heavy dust was visible on the undercarriage of two beds inspected and on the floor under one of the beds. Grease was also observed on the undercarriage of one bed.</li> <li>- Dried tissue was adhered to the sheets on a freshly-made bed.</li> <li>- Residue was observed on the outlet of a tap, and wet tissue was visible at another tap.</li> <li>- The end covers on the legs of some bedside tables were missing, and as a result, the</li> </ul>	<p>Inform relevant cleaning staff of findings.</p> <p>Review cleaning schedule/protocols for equipment ensuring that these items are covered</p> <p>Review equipment for</p>	<p>Hygiene Service Team has put new cleaning protocols in place</p> <p>Review carried out</p>	<p>End January 2015</p> <p>End January</p>	<p>Clinical Nurse Managers &amp; Hygiene Services Team</p> <p>CNM</p>	<p>Closed</p> <p>On-going</p>	<p>Ongoing monitoring, action and evaluation by department, hygiene and nursing managers</p> <p>Equipment</p>

	<p>interior surfaces of the legs were dusty. The edges of tables were chipped and there was a stain on the base of one table.</p> <ul style="list-style-type: none"> <li>- A soap dispenser was observed sitting on a hand wash sink.</li> <li>- The wooden panel behind one bed was damaged, exposing a large section of unpainted wood underneath.</li> <li>- Chipped paint was observed on headboards and in some areas throughout the ward. Sticky residue was also observed on a headboard.</li> <li>- A panel on a wall opposite the 'dirty utility room' was not fully adhered to the wall.</li> <li>- The floor tiles on the main ward corridor were cracked.</li> </ul>	<p>repair/replacement.</p> <p>Removed on the day</p> <p>Include in Refurbishment works on Ground Floor</p>	<p>by CNM</p> <p>Removed on the day</p> <p>Work scheduled for July/August 2015</p>	<p>Removed on the day</p> <p>July/August 2015</p>	<p>CNM</p> <p>Maintenance Manager</p>	<p>Closed</p> <p>On-going</p>	<p>repair/replacement as part of re-furbishment project</p> <p>Item Removed</p> <p>Refurbishment of Ground Floor in 2015 similar to 1<sup>st</sup> Floor refurbishment in 2014</p>
	<p><b>Ground Floor</b> <b>Ward facilities clean utility room:</b></p> <ul style="list-style-type: none"> <li>- The base of a storage unit, shelving and storage containers were dusty. Sticky residue was also observed on the storage containers.</li> <li>- One paper notice was not laminated.</li> <li>- The floor covering at the entrance to the room had lifted, and the exposed flooring was stained and dusty.</li> <li>- There was staining on the paint around the sealant at the clinical hand wash sink.</li> <li>- The edge of a worktop was chipped.</li> </ul>	<p>Inform relevant cleaning staff of findings.</p> <p>Review cleaning schedule for equipment ensuring that this specific item is covered and review during monthly audits</p> <p>Replace with Laminated notice</p> <p>Include in Refurbishment works on Ground Floor</p>	<p>Hygiene Service Team has put new cleaning protocols in place</p> <p>Laminated notice provided</p> <p>Work scheduled for July/August 2015</p>	<p>End January 2015</p> <p>November 2014</p> <p>July/August 2015</p>	<p>Clinical Nurse Managers &amp; Hygiene Services Team</p> <p>CNM</p> <p>Maintenance Manager</p>	<p>Closed</p> <p>Closed</p> <p>On-going</p>	<p>Ongoing monitoring, action and evaluation by department, hygiene and nursing managers</p> <p>Laminated notice provided</p> <p>Refurbishment of Ground Floor in 2015 similar to 1<sup>st</sup> Floor refurbishment in 2014</p>

	<p><b>Ground Floor</b> <b>Ward facilities dirty utility room:</b></p> <ul style="list-style-type: none"> <li>- Maintenance work was last carried out on the bed pan washer in August 2013.</li> <li>- One wall tile was cracked and a segment of it was missing, and several other wall tiles were missing from the area under the sluice hopper.</li> <li>- The floor was dusty and the floor covering had lifted in several places around the door.</li> </ul>	<p>Service bed pan washers</p> <p>Include in Refurbishment works on Ground Floor</p>	<p>Service carried out on bed pan washers on 13th November 2014</p> <p>Work scheduled for July/August 2015</p>	<p>November 2014</p> <p>July/August 2015</p>	<p>Maintenance Manager</p> <p>Maintenance Manager</p>	<p>Closed</p> <p>On-going</p>	<p>Maintenance/ Service Contract put in place for 2015</p> <p>Refurbishment of Ground Floor in 2015 similar to 1<sup>st</sup> Floor refurbishment in 2014</p>
	<p><b>Ground Floor</b> <b>Store Room</b></p> <ul style="list-style-type: none"> <li>- The lock on the door was broken, potentially allowing unauthorised access to needles and syringes stored on open shelving inside the room. The Authority was informed that this matter has been highlighted to the maintenance department.</li> <li>- Dust was observed on the skirting board and on the radiator.</li> <li>- A jug containing a small amount of yellow liquid was sitting on the bottom shelf of a storage trolley in the room.</li> </ul>	<p>Repair Lock</p> <p>Inform relevant cleaning staff of findings.</p> <p>Item removed on the day</p>	<p>Lock Repaired</p> <p>Hygiene Service Team has put new cleaning protocols in place</p> <p>Item removed on the day</p>	<p>November 2014</p> <p>End January 2015</p> <p>6<sup>th</sup> November 2015</p>	<p>Maintenance Manager</p> <p>Clinical Nurse Manager &amp; Hygiene Services Team</p> <p>CNM</p>	<p>Closed</p> <p>On-going</p> <p>Closed</p>	<p>Lock Repaired</p> <p>Ongoing monitoring, action and evaluation by department, hygiene and nursing managers</p> <p>Item removed</p>
	<p><b>Ground Floor</b> <b>Sanitary facilities</b></p> <ul style="list-style-type: none"> <li>- Dust was observed on the floor of three shower rooms inspected, one ceiling vent and in the upper corner of one shower.</li> <li>- The outlets on two hand wash sinks were unclean and the coating on the taps of one sink was worn.</li> </ul>	<p>Inform relevant cleaning staff of findings.</p> <p>Review cleaning</p>	<p>Hygiene Service Team has put new cleaning protocols in place</p>	<p>End January 2015</p>	<p>Clinical Nurse Managers &amp; Hygiene Services Team</p>	<p>On-going</p>	<p>Ongoing monitoring, action and evaluation by department, hygiene and</p>

	<ul style="list-style-type: none"> <li>- Staining was visible on two shower doors, on the grouting between wall tiles and on the sealant in a shower tray.</li> <li>- Rust-coloured staining was observed on one shower seat.</li> <li>- One toilet seat inspected was unclean.</li> <li>- There was sticky residue on the walls of one patient shower room.</li> </ul>	schedule for equipment ensuring that this specific item is covered					nursing managers
	<b>Ground Floor Linen</b> <ul style="list-style-type: none"> <li>- The floor of the linen store room was dusty.</li> <li>- Rust-coloured staining was visible on the wheels of a linen trolley.</li> <li>- One pillow case and one curtain that had been laundered were stained</li> </ul>	<p>Inform relevant staff of findings and review cleaning schedule/protocols</p> <p>Review laundry issues with Central Laundry</p>	<p>Hygiene Service Team has put new cleaning protocols in place</p> <p>Central Laundry notified of findings</p>	<p>January 2015</p> <p>January 2015</p>	<p>Clinical Nurse Manager &amp; Hygiene Services Team</p> <p>Deputy Chief Executive</p>	<p>On-going</p> <p>On-going</p>	<p>Ongoing monitoring, action and evaluation by department, hygiene and nursing managers</p>
	<b>Ground Floor Waste</b> <ul style="list-style-type: none"> <li>- The temporary closing mechanisms on three sharps waste disposal boxes inspected were not fully engaged.</li> </ul>	Inform Ward Manager of findings to ensure that staff are reminded of appropriate storage of sharps.	CMN2 advised of finding and requested to remind staff of correct sharps disposal practice	January 2015	Clinical Nurse Manager	Closed	Staff reminded of correct sharps disposal practice
<b>Standard 5. Communication Management</b>  <b>Criterion 5.1.</b>	<b>Ground Floor Isolation facilities</b> <ul style="list-style-type: none"> <li>- Signage on the door of the two-bedded room where a patient was isolated did not sufficiently alert staff to contact precautions, instead it only requested people to check with staff before entering the room. In addition, the room door was open towards the end of the inspection which did not make the sign clearly visible to persons entering the room.</li> <li>-</li> </ul>	Inform CNM2 of findings and request her to ensure that appropriate alerts are in place if St. Cecelia's Ward is used for isolation	CMN2 advised of HIOA auditors finding and requested to take corrective action.	January 2015	Clinical Nurse Manager	Closed	Staff made aware of requirement for isolation precautions
<b>Standard 6. Hand Hygiene</b> <b>Criterion 6.1.</b>	<ul style="list-style-type: none"> <li>- The design of clinical hand wash sinks on the Ground Floor did not conform to Health Building Note 00-10 Part C: Sanitary</li> </ul>	Replace non-conforming hand wash sinks	Included in work specification for planned	July/August 2015	Maintenance Manager	On-going	Re-furbishment of Ground Floor scheduled for

	assemblies.4		re-furbishment works				July/August 2015
	- The Authority noted a lack of availability of alcohol hand rub at the point of care on the Ground Floor. The Authority was informed that alcohol hand rub dispensers were previously placed on the end of beds but the dispensers were removed because they were constantly getting damaged. The Authority was also informed that hand hygiene toggles, which enable small containers of alcohol hand rub to be attached to the clothing of staff, were previously trialed in the hospital but are not used by staff on the Ground Floor.	Provide alcohol hand rub at the point of care on the Ground Floor.	Alcohol hand rub/toggles provided	January 2015	Clinical Nurse Manager via Pharmacist	On-going	On-going provision of alcohol hand rub/toggles
	- Four of the 17 hand hygiene opportunities were taken. The 13 opportunities which were not taken comprised the following: - - three after touching a patient - - Ten after touching patient surroundings.	Continue Hand Hygiene Training Programme	Infection Prevention & Control CNS has a hand hygiene training programme in place	On-going	Infection Prevention & Control CNS	On-going	On-going hand hygiene training and audit
	- Three hand hygiene actions where there were barriers to the correct technique, such as sleeves to the wrist and wearing a wrist watch.	Continue Hand Hygiene Training Programme	Infection Prevention & Control CNS has a hand hygiene training programme in place	On-going	Infection Prevention & Control CNS	On-going	On-going hand hygiene training and audit
	- Most of the non-compliances involved a combination of (i) lack of availability of alcohol hand rub at the point of care and (ii) touching the curtains around patient beds after touching a patient or touching patient surroundings prior to performing a hygiene hand action. This also suggests a lack of awareness of the defined healthcare area and patient zone.	Continue Hand Hygiene Training Programme and provision of hand rub/toggles	Infection Prevention & Control CNS has a hand hygiene training programme in place	On-going	Infection Prevention & Control CNS	On-going	On-going hand hygiene training and audit. On-going provision of alcohol hand rub/toggles