



St. John's Hospital, Limerick

Quality Improvement Plan based on the HIQA Report from the unannounced monitoring assessment of the hospital on 11th December 2013

Developed and Updated by:

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- **Mr. John Cummins, Deputy Chief Executive, Chairperson Infection Prevention & Control Committee**

Approved by the Infection Prevention & Control Committee on 6th March 2014

Approved by Mr. Fearghal Grimes, Chief Executive on 10th March 2014

Review Date: 27th March 2014

Standard	Issue Identified in HIQA Report	Action Plan	Action Taken	Target/Time Frame	Lead Responsibility	Progress to Date	Outcome
Standard 3. Environment and Facilities Management	Top Floor - A light layer of dust was visible on the base of an intravenous stand.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - A light layer of dust was visible on the in-tray at the base of a cardiac monitor.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - A light layer of dust was visible on the surface of a resuscitation trolley and there was sticky tape residue on the side of the resuscitation trolley.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered. Reinforce the prohibition on the use of tape on equipment. Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - A light layer of dust was visible on the cross-bars underneath a wheelchair.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers

Standard	Issue Identified in HIQA Report	Action Plan	Action Taken	Target/Time Frame	Lead Responsibility	Progress to Date	Outcome
	Top Floor - A moderate layer of dust was visible on the base of a blood pressure monitor.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - The wheel areas of two dressing trolleys were unclean and there was rust coloured staining on the wheel areas of another trolley.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - Items such as an extension cable, cardboard boxes, sharps boxes and a bag were stored directly on the floors in some of the storerooms, hindering effective cleaning.	Inform Ward Manager of findings and put storage regime in place that facilitates effective cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - two cardboard boxes of supplies were stored directly on the floor in the clean utility room, hindering effective cleaning.	Inform Ward Manager of findings and put storage regime in place that facilitates effective cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers
	Top Floor - Rust coloured staining was visible on the wheel areas of three commodes stored in the 'dirty' utility room. White coloured staining was visible on the ridges of the covering at the back of a commode. There was a soiled tissue under the seat cover on one commode.	Inform relevant cleaning staff of findings. Review cleaning schedule for equipment ensuring that this specific item is covered Monthly audit of equipment cleaning	Cleaning Supervisor and CMN2 advised of HIQA auditors finding and requested to take corrective action.	End January 2014	Clinical Nurse Managers & Hygiene Services Team	Closed	Ongoing monitoring, action and evaluation by department, hygiene and nursing managers

Standard	Issue Identified in HIQA Report	Action Plan	Action Taken	Target/Time Frame	Lead Responsibility	Progress to Date	Outcome
Standard 6. Hand Hygiene	Of the 20 hand hygiene opportunities, 18 were taken and the hand hygiene technique used in all 18 opportunities taken was observed to comply with best practice.	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.
	However, during hand hygiene preparation, five employees were observed to be wearing long sleeves, which is not in line with best practice	Continue Hand Hygiene Training Programme with emphasis on "bare below the elbow" as best practice	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