



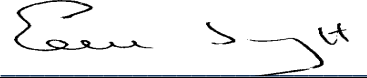


**Beaumont Hospital**

**Quality Improvement Plan - 16th October 2013 - Updated 30th October 2013 & 2nd January 2014 & February 2014 & 20th March 2014 & 24th June 2014**  
**HIQA unannounced on-site monitoring assessment - 23rd July 2013**

**10th**

**Introduction:** On the 23rd July 2013 HIQA carried out an unannounced on-site assessment of compliance with Standard 3 (Environment and Facilities) In relation to Standard 3, the authority found much evidence of good practice but also found evidence of practice that was not compliant with the National

<b>Approved by:</b>		<b>Date:</b>	
Mr. Liam Duffy			24th June 2014
Chief Executive			
Mr. Paul Brennan			
Lead Clinical Director			
Dr. Edmond Smyth			
Chair of Clinical Governance			

**Standard 6: Hand Hygiene**

No.	Opportunities for Improvement	Action Required	By Whom (will deliver action)	Timeframe / status	Monitoring & Evaluation
1	Poor compliance with hand hygiene best practice during ward rounds in the Emergency Department and the Neurosurgical Intensive Care Unit	Continue current hand hygiene audit programme - quarterly in each directorate but increasing to weekly, if 90% compliance is not achieved.	Directorate Management Teams	Ongoing - currently weekly audits in RICU.	Quarterly audits by directorate & staff group - results reviewed by SMT & submitted to HSE
		Increased frequency of hand hygiene observations by inclusion of observations in bi-weekly hygiene audits	Hygiene & General Services Manager	Ongoing	Review of results at Hygiene Services Task Group monthly
		Develop local quality improvement plans:	Directorate Management	Complete 02/08/2013	NeuroCent & Medical Directorates to review local action plans at

NeuroCent Medical / ED	Teams		Governance meetings
Corporate communication	CEO	Complete	
Set up hand hygiene / Standard Precautions compliance group, meeting weekly initially and reporting to the Healthcare Associated Infection (HCAI) Task Force quarterly and ultimately to the Hospital Board through the Services and Governance Sub- Committee. TOR & proposed membership approved by HCAI Task Force on 14/08/13. Updated January 2014.	Hygiene & General Services Manager	As of 16/10/11 Hand hygiene champions meetings alternate weeks.	Hand Hygiene Champion reports submitted to HCAI task force 13/09/13, 20/11/13 and will continue quarterly during 2014.
Hand hygiene champions(identified by compliance group) to create visible presence in Emergency Department and Neurosurgical and General Intensive Care units, particularly at ward rounds for one month, then re-audit hand hygiene compliance & embed practice in units through CNMs	Hand Hygiene / Standard Precautions compliance group	Complete	Quarter 4 Hand Hygiene audit overall result is 87.7% compared to 77.7% the previous quarter.
Extend hand hygiene champion programme to other areas of the Hospital	Hand Hygiene / Standard Precautions compliance group	Rolling programme developed for 2014 to cover all clinical areas.	
Finalise and sign off on procedure for sanctions where staff are found non-compliant with the Hand Hygiene Policy	Senior Management Team	Complete - implement from 4/11/13	Escalation forms have been completed and submitted to relevant line managers.

		Remove barriers to hand hygiene: ensure adequate lockers for staff to store personal belongings / coat hooks at ward level - prepare funding request for additional lockers	Hygiene & General Services Manager / TSD	Complete - new lockers in Drs. Residence since 15th January 2014 & additional lockers available at ward level as required.	
2	Poor compliance with Standard Precautions during ward rounds in the Neurosurgical Intensive Care Unit	Continue to audit components of Standard Precautions bi-weekly as part of routine hygiene audits (hand hygiene, sharps, waste, cleaning and disinfection patient equipment and the environment, linen)	Hygiene & General Services Manager	Ongoing	
		Local Action Plans: NeuroCent - incorporated into action plan	Neurosent Directorate Management	Complete 2/08/13	
		Complete hospital wide audit of compliance to Standard Precautions and feedback results to Hand Hygiene & Standard Precautions Compliance Group, Grand Rounds and Directorate Management Teams	Directorates / Infection Prevention & Control Team	Complete - August 2013	
		Posters for ICUs re single patient use of aprons	Infection Prevention & Control / General Services	Complete - September 2013	

**Standard 3: Environment and facilities management**

Criterion 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and

No.	Opportunities for Improvement	Action Required	Responsibility	Timeframe / Status	Monitoring & Evaluation
	<b>Neurosurgical Intensive Care Unit</b>				
1	Clean utility room is an unsecured alcove (needles, syringes & IV fluids stored here)	Working with HSE on plans for upgrading the infrastructure for Critical Care Units which includes the neurosurgical intensive care unit with adequate facilities for storage and clean clinical room. Business Case submitted January 2013.	Technical Services Department	HSE response awaited	Project Review Committee including Infection Prevention & Control to review any development plans for RICU
		Ensure nursing staff in RICU monitor the clean utility room to ensure only authorised staff enter the area.	CNM3 Neurosurgery	Complete 30/08/2013 and ongoing	CNM3/DNM to monitor compliance
2	Drugs fridge and three drugs cupboards unlocked	Ensure keys available and retrain staff regarding requirement to keep locked.	CNM3 Neurosurgery	Complete	Include observation of drug fridges and presses in local safety walks
		<b>Hospital-wide</b> review of availability of locks and keys for drug fridges & order locks / keys as required	Directorate Nurse Managers	Complete	
3	Household and clinical waste not secured while awaiting collection	Carry out an assessment of the suitability of the second floor, fourth floor, back of ITU and outside St Raphael's as suitable locations for waste sub-stations	Health & Safety / Waste Manager / relevant CNMs	Assessment complete 06/09/13. Project form submitted to Project Review - awaiting costs	
		Cleaning operatives to bring HCRW bags directly to the nearest available HCRW skip	Waste manager / Cleaning Services Manager	Complete 27/09/13	Local monitoring & continue to include in routine hygiene audits

		Healthcare assistants to bring HCRW sharps containers directly to nearest available HCRW skip	CNM3 Neurosurgery	Complete 27/10/13	Local monitoring & continue to include in routine hygiene audits
4	Dirty utility room not locked or lockable	Carry out <b>hospital-wide</b> risk assessment regarding feasibility of locking of utility doors, while managing infection control aspects of handling of body fluids	Health & Safety / Infection Prevention & Control / all ward CNMs	Carried out 25/10/13 - signage placed on all sluice room doors indicating restricted access.	
		Following completion of risk assessment self-closers to be fitted to dirty utility room in Whitworth Ward for evaluation	TSD / Health & Safety / General Services		Trial complete on two wards. Costs awaited to inform decision as to whether this should be rolled out to all ward areas.
		Keep utility door closed when not in use and ensure signage in place indicating restricted access - educate staff accordingly	Ward Staff	Complete 27/09/13	Local monitoring & continue to include in routine hygiene audits
5	Hazardous solutions stored on ground and on a low open shelf in dirty utility	Solutions now stored in locked stainless steel cupboard in dirty utility room in RICU	CNM3 Neurosurgery	Complete 19/09/13	
		Review availability of chemical safety cabinets <b>hospital-wide</b> .	Health & Safety	Complete 19/09/13	
		Prepare submission for funding for purchase of chemical safety cabinets for wards that do not have them with a view to phased roll out.	Health & Safety		Approved. Phased roll out commenced.
6	Ventilator wires inadequately immersed in solution for decontamination purposes	Ventilator wires to be processed in the Central Sterile Stores Department	CNM3 Neurosurgery	Complete 30/09/13	Local monitoring & continue to include in routine hygiene audits

7	Sterilised patient wash bowls stored in dirty utility	Now stored in alternative location - locked press on link corridor	CNM3 Neurosurgery	Complete 30/09/13
8	Hand paper towels stored on shelving in dirty utility room	Hand paper towels to be stored in clean clinical room - education of cleaning operatives regarding this.	Cleaning contractor	Complete 30/09/13
9	Large clinical bins stored in dirty utility room	No longer stored on unit - now in Room 11.	CNM3 Neurosurgery	Complete 30/09/13
10	Alginate bags containing soiled linen observed in the clinical bin	Removed on the day. Staff educated regarding appropriate use of alginate bags for soiled linen.	CNM3 Neurosurgery	Complete 30/09/13
11	Boxes containing plastic aprons stored on ground in linen room, impeding cleaning	Removed and alternative storage area located.	CNM3 Neurosurgery	Complete 30/09/13
12	Inappropriate items stored on floor in cleaners room (boxes of gloves and unused clinical bins)	Removed and alternative storage area located.	CNM3 Neurosurgery	Complete 30/09/13

No.	Opportunities for Improvement	Action Required	Responsibility	Timeframe / Status	Monitoring & Evaluation
	<b>Emergency Department (ED)</b>				
1	Moderate amount of dust on underside of trolleys	CNM in charge on a Saturday to co-ordinate the weekly deep clean of trolleys.	CNM / Cleaning Supervisor	Complete 01/10/13	Local monitoring on a daily basis, recording of each trolley clean, and increase auditing from quarterly to monthly in the Emergency Department
		Develop simple communication system between porters, cleaning operative and healthcare assistants to ensure trolleys cleaned between each patient	Cleaning service manager / portering service manager /CNM3	Complete 1/11/13	

		Ensure dusting of base of trolleys incorporated into daily ED cleaning tasks	Cleaning service manager / portering service manager /CNM3	Complete 01/10/13	
2	Resuscitation room - dust on electrical fittings, shelving, oxygen and suction equipment	Remove non-essential equipment from this room to facilitate cleaning / reorganise storage of equipment / additional shelving as required	CNM3	Complete 25/10/13	Local monitoring on a daily basis, increase hygiene audits to monthly in the Emergency Department
		Include checking for dust on the daily equipment check list and add to the daily patient equipment cleaning list for HCAs	CNM3	Complete 1/10/13	
3	Heavy layer of dust in annex off resuscitation room and this area was cluttered with equipment	Remove non-essential equipment from this room to facilitate cleaning / reorganise storage of equipment / additional shelving as required	CNM3	Complete 25/10/13	
4	Some signage was not laminated	Laminate signage as required and advise staff that no signage may be erected unless laminated.	CNM3	Complete 25/10/13	
5	Some chairs torn - impeding effective cleaning	Replace / send for repair as appropriate	CNM3 / Supplies	Complete 01/10/13	
6	Splashback of one sink in bathroom damaged, impeding effective cleaning	Send works requisition to TSD	CNM3	Complete 01/10/13	
		Complete remedial works	TSD	Complete Feb 2014.	
7	Wooden pedestals beneath sink and behind toilet damaged - impeding effective cleaning	Send works requisition to TSD Carry out remedial works	CNM3 ED	Complete Feb 2014.	
		Carry out remedial works	TSD	Complete	

8	Lid of bin in men's toilet encrusted with dirt and grime	Replace bin	Waste Manager	Complete 01/10/13	
9	Clean utility room held open with sharps bin - allowing unauthorised access	Remove sharps bin. Educate staff regarding requirement to keep this area secured.	CNM3 ED	Complete 23/07/13	
10	Several sharps bins greater than two-thirds full, hence risk of needlestick injury	Close and remove these bins. Update sharps training for all staff	CNM3 ED	Complete 23/07/13	
11	Dirty utility room - heavy layer of dust observed on high shelving	Facilitate access to the high shelving area and ensure included in daily tasks for cleaning operative	Cleaning services manager	Complete 01/10/13	
11	Dirty utility room - bed pans not inverted, metal screws in frame of commodes rusty	Educate / remind staff of the requirement to invert bed pans	CNM3	Complete 23/07/13	
		New commodes ordered	CNM3	Delivery week beginning 21/10/13	

No.	Opportunities for Improvement	Action Required	Responsibility	Timeframe / Status	Monitoring & Evaluation
	<b>St. Teresa's Ward</b>				
1	Dust was observed on bed frames, bed rails and wheels, sticky residue on headboards, staining on bed frame under mattress.	Deep clean of beds in St. Teresa's Ward	Contract Cleaner	Complete 28/7/13	



		Prevent build up of sticky residue - find alternative solution to using sellotape to secure patient name to bed frame -	Directorate Nurse Manager / Portering Services Manager / Supplies	Complete - tie on tags used instead of sellotape.	Monitor as part of bi-weekly hygiene audits
		Interim solution to use elastic bands to secure patient details to beds.		Complete 27/09/13	
		Meet supplier of beds - staining likely related to rust at cross sections of wire mesh and repeated use of hypochlorite to decontaminate	General Services Manager	Complete 30/07/13	
		All bed replacements to have plastic wheels & removable plastic base to facilitate cleaning.	Supplies	Complete - Supplies advised 30/07/13	Hygiene Services Task Group to monitor
2	Protective varnish on chair frames worn	Replace chairs	CNM	Complete 30/07/13	
3	Wooden leg of a patient chair was soiled	Clean & ensure patients chairs included in daily cleaning task	Contract Cleaner	Complete 23/07/13	Cleaning supervisor to monitor. Routine hygiene audits
4	Wheels of intravenous stands heavily stained	Staining rust related - replace intravenous stand	CNM1	Complete 30/07/13	
5	Rust like substance on wheel of dressing trolleys	Staining rust related - replace dressing trolley	CNM1	Complete 21/10/13	DNM to follow up
6	Resuscitation trolley - drawers not locked	Carry out risk assessment regarding locking of drawers containing emergency drugs	Medication Safety Officer / Health & Safety / Resuscitation CNM	Complete 09/09/13	

		Pilot locking of emergency drawers using tab system and use in St. Teresas if deemed successful.	Medication Safety Officer / Health & Safety / Resuscitation CNM	Complete 4/11/13	
7	Containers for glucometer stained with a blood-like substance	Clean immediately & ensure included in daily patient equipment cleaning schedule	CNM1 / Healthcare Assistant	Complete 23/07/13	CNM to check completion of daily / weekly cleaning schedules
8	Dirty utility room unsecured allowing unauthorised access	Carry out risk assessment regarding feasibility of locking of utility doors, while managing infection control aspects of handling of body fluids	Health & Safety / Infection Prevention & Control / relevant CNMs	Complete -see also above - trail on Whitworth of self closers on door of dirty utility	Include as agenda item for Hygiene Services Task Group
		Keep utility door closed when not in use and ensure signage in place indicating restricted access - educate staff accordingly		Complete 23/07/13	Local monitoring & continue to include in routine hygiene audits
9	Chemicals stored in unsecured cupboards in the dirty utility room	Review of availability of chemical safety cabinets carried out hospital-wide.	Health & Safety / CNM1	Complete 19/09/13	Health & Safety to update Hygiene Services Task Group on progress
		Prepare submission for funding for purchase of chemical safety cabinets for wards that do not have them with a view to phased roll out.	Health & Safety		Health & Safety to coordinate roll out of chemical safety cabinets as required.
		Interim solution to store in locked stainless steel cupboard in dirty utility room		Complete 30/07/13	
10	Frames of commodes assessed as unclean	Clean immediately	Healthcare Assistant	Complete 23/07/13	CNM to check completion of weekly cleaning schedules

		Ensure included in daily patient equipment cleaning schedule & process in place to clean between patients	CNM1	Complete 23/07/13	CNM to check completion of weekly cleaning schedules
11	Clean incontinence sheets stored on floor of linen room	Request and place plinth on floor of linen press to accommodate incontinence sheets	CNM1	Complete 30/07/13	DNM to follow up
12	Advisory signage in linen press not laminated - impeding cleaning	Laminate signage as required and advise staff that no signage may be erected unless laminated.	CNM1	Complete 30/07/13	