

RVEEH Quality Improvement Plan arising from HIQA unannounced visit 20th March 2014 - Version 1.

Date: 09/05/2014

QIP No	Issue Identified in HIQA second unannounced visit March 2014	Action	Responsible	Time-frame	Status
Standard 3: Environment and Facilities Management - Criterion 3.6					
Environmental Cleaning					
DCU					
DCU	There was sticky tape residue on the plastic casing behind a bed in Unit A, hindering cleaning	Cleaning supervisor informed and same removed 8/4/14	Noonans		Closed
	There was sticky tape residue on the walls in the 'dirty' utility room and on the shelving in the store room adjacent to the 'dirty' utility room, hindering effective cleaning	Cleaning supervisor informed and same removed 8/4/14	Noonans		Closed
	Some of the shelving in the store room was chipped, also hindering effective cleaning.	New shelving required	Facilities	31/05/2014	
	The cover on the numerical display of a weighing scale was not fully attached and there was a considerable amount of sticky tape residue around the edge of the cover, hindering effective cleaning	Staff informed and same removed			Closed
	Chipped floor tile in one of the patient toilets		Facilities	31/05/2014	
	Paintwork in one of the sitting rooms was chipped	Painting program in place	Facilities	31/05/2014	
	The linen cupboard was observed to be full and additional supplies of linen were stored in an open, uncovered trolley outside the linen cupboard. The storage of extra linen outside of the designated storage area is not in line with best practice. The wheel areas and the uprights of the trolley were unclean.	Staff advised not to over load the linen trolley as it is stored in a general stores area beside the stored used linen. Linen trolley wheels need to be cleaned on a weekly basis	Care attendants	31/05/2014	
	There was a notice posted outside the clean linen room stating that linen bags should be no more than three quarters full, which is not in line with best practice which states that bags should be no more than two-thirds full	Infection Control to update this poster in line with national guidelines.	IPCT	31/05/2014	
West Wing					

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West Wing	Paintwork was chipped on windows and walls in the clean utility room, on a door in a patient bathroom and on a door frame, radiator and wall in the patient area inspected, hindering effective cleaning.	Painting program in place	Facilities	31/05/2014	
	Whilst the floor covering in the patient bathroom was visibly clean, the floor covering was not fully aligned to the skirting board leaving gaps which can hinder effective cleaning.	Floor contract company contacted 7/4/2014 to give a quote to seal this gap in both HLW bathrooms	Facilities	31/05/2014	
	Rust-coloured staining was observed on the wheel areas on some intravenous drip stands in the patient area and on a commode in the 'dirty' utility room.			31/05/2014	
	The wheel areas on a storage trolley in the 'dirty' utility room were unclean	Cleaning supervisor contacted and will add the wheel cleaning on the store trolley in the west wing sluice to weekly cleaning list.	Noonans		Closed
	Two commodes which were inspected had 'This is Clean' stickers in place to indicate that the commodes had been cleaned. However brown staining was visible under the seat on one of these commodes	CNM and care attendants informed. Clean sticker MUST not be placed on commode until all areas of the commode inspected for cleanliness.	CNM	31/05/2014	
	Sticky residue was observed on the wall tiles in the 'dirty' utility room and on the wall over the sink in the clean utility room,	Cleaning supervisor informed and same removed 8/4/14	Noonans		Closed
	The vinyl covering on a chair used for examining patients was visibly torn at the head and arm support areas, hindering effective cleaning. Debris and dust was also observed on the foot rest area of the chair.	Maintenance informed and requested to repair this chair.	Aramark	31/05/2014	
Standard 6 Hand Hygiene					

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	The design of some clinical hand wash sinks on both the Day Care Unit and the West Wing did not conform to HTM64 but the hospital has a replacement programme in place to address these issues	Sink replacement program in place	Facilities	WIP	
	There were no dedicated hand hygiene sinks in the 'dirty' utility rooms in the Day Care Unit or the West Wing Ward.	On Hospitals works list	Facilities	30/06/2014	
	Hand hygiene training records viewed by the Authority on the Day Care Unit Hand hygiene training records viewed by the Authority on the Day Care Unit demonstrated that all nurses and health care assistants were up-to-date with training. The Authority was informed that hand hygiene training is carried out by the infection control team and staff are encouraged to complete the HSELand elearning training programme6 (the Health Service Executive's (HSE's) online resource for learning and development) on hand hygiene training.				Ongoing
	The Authority observed hand hygiene training records from January to March 2014 for the West Wing Ward on the day of the inspection, which demonstrated that 79% of staff on the ward had attended hand hygiene training since January 2014	To achieve 100% compliance in attendance by end of 2014		31/12/2014	
	The Royal Victoria Eye and Ear Hospital participates in the national hand hygiene audits which are published twice a year. The results below taken from publically available data from the HPSCs website demonstrate an overall improvement from June 2011 to May/June 2013. While the level of compliance for the first half of 2013 was above the HSE's national target of 90%, there was a decrease in the second half of 2013 resulting in an overall average compliance of 87.1% for 2013	Aim to achieve 90% in all monthly hand hygiene audits.	IPCT		Ongoing
	Local monthly hand hygiene audits are carried out in seven areas in the hospital since Jan 2014	Continue to do and disseminate all results to all relevant departments	IPCT		Ongoing
	13 hand hygiene moments were observed of which only 5 were taken. It is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.	The IPCT to continue to focus on staff who have not attended hand hygiene education and to continue with on the spot education and auditing.	IPCT		Ongoing