

Royal Victoria Eye and Ear Hospital Quality Improvement Plans April 2015- (following HIQA Inspection)				
QIP No	Issue Identified	Action	Responsible	Time-frame
1	Floor tiling in the main corridor of the West Wing was generally very worn with chipped areas and there were some obvious holes or unpainted plasterwork at floor edges around electrical and other cables.	Area to be added to the painting schedule as a priority	CEO	Completed
		Flooring to be reviewed in this area	CEO	01/10/2015
2	Areas of the wall, skirting and door in the West Wing was damaged and worn. The paintwork on most skirting boards was damaged.	Add area to painting schedule which includes plasterwork minor repairs as required.	CEO	Completed
3	The hand wash sinks in a number of areas were not HBN 00-10 compliant	Add to sink replacement schedule	CEO	ongoing for 2015
4	A daily cleaning checklist was completed daily however there was no documented evidence of a scheduled 'check clean' system to ensure toilets and washroom's are clean throughout the day.	Scheduled checklists to be added to toilet and washrooms. Checks to be carried out - minimum two hourly. Ensure consistency throughout building.	Cleaning Contractor	Completed
5	The floor covering was not flush with the skirting board in the ground floor washroom and does not highlight effective cleaning.	Quotation received 2014 in relation to floor covering to be followed up on immediately	CEO	Completed
6	Small number of examination chairs were repaired with adhesive tape.	Reupholstering in progress	DON	01/09/2015
7	There was no timeframe allocated to the work identifying isolation rooms to be made available for patients with transmissible infection.	Feasibility study underway	CEO	current, decision to be made by 01/10/15
8	There was no designated storage room for housekeeping equipment on the West Wing Ward.	Options for segregation of activities to be identified.	CEO	01/10/2015
9	A multifunctional room located in the hospital basement is used as a storage area, laundering area and office area with no clear separation between clean and dirty areas or functions.	Feasibility study to relocate or redevelop	CEO	01/10/2015
10	There were no designated hand washing facilities in this room.	Hand washing sink to be added as a priority	CEO	01/08/2015
11	Clean cloths were stored in open shelves in the 'office' area of this multifunctional room.	Shelving options in Multifunctional room to be reviewed for enclosing them. Cleaning contractor to source storage baskets.	Cleaning Contractor	Completed

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12	Detergent decanted into spray containers was not labelled with the date decanted.	Detergent bottles are small and are decanted daily and emptied and washed at the end of each day. Drying rack to be obtained to facilitate adequate drying. Cleaning contractor to identify suitable options. Date labels have been purchased and will be implemented immediately.	Cleaning Contractor	Completed
13	Equipment and mop heads used in isolation rooms were not colour coded in line with national guidelines.	New mops to be ordered utilising National Colour coding system.	Cleaning Contractor	Completed
14	A high level sink was used for emptying mop buckets rather than the recommended low level sink.	Sink to be added to sink replacement as a priority	CEO	01/10/2015
15	One of the patient treatment chairs was damaged. Parts of the chair were dusty. Staining was also observed on the foot rest of the chair.	Reupholstering in progress and repair in progress	DON	01/09/2015
16	Washing Machine Temperatures not recorded to ensure the machine is reaching the required temperature	new washing machine purchased in March 2015. Cleaning contractors contacted, meeting held 23/4/15. Current practice is to review the temperatures at an annual service. Evidenced that machine reaches required temp	DON/QRS Office	Completed
17	Otosopes in west wing were found to require thorough cleaning	Cleaned immediately on the day of the inspection. Added to weekly cleaning schedule.	CNMs	Completed
18	ENT outpatients were placing used equipment beside clean equipment	Separate box to be used for any used items that are reusable	CNMs	Completed
		Any disposable items to be placed immediately into a yellow bag	CNMs	Completed
		Separate shelf, cleaned in-between patients is now in place for the box containing used items. Discussed at a meeting with the Consultant Microbiologist 22/4/15	CNMs	Completed
19	Hand Hygiene HSE results remain below the target of 90%	To continue doing spot audits, promote the use of gel using the 5 moments and review the annual plan to ensure target is reached.	IPCN's	current and ongoing on a monthly monitoring audit
20	Hand Hygiene Posters to be consistent throughout the hospital	Hand hygiene posters are now consistent avoiding the risk of mixed messages	IPCN's	Completed