

**MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION: SOUTH EAST REGIONAL HEALTH AUTHORITY**

BUSTAMANTE HOSPITAL FOR CHILDREN				
HEALTH FACILITY & SERVICE DELIVERY AREA	NON- CONFORMANCE ITEMS	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
BHC - ICU	The central AC unit is defunct. 3 split units are being used.	<p style="text-align: center;"><u>Procurement Issues</u></p> <ul style="list-style-type: none"> To arrange for the procurement of a 100% fresh Air System to address the issues of poor air ventilation from the 3 split A/C unit currently being used in the department. <p>ACTION TAKEN: Schedule developed for regular cleaning (2 weeks interval)</p>	ON-GOING	IN-PROGRESS
	There is no ICU Policy and Procedures Manual available within the unit.	<ul style="list-style-type: none"> Obtain a copy of the ICU Policy and Procedures Manual and ensure it is placed in the area. Ensure that user friendly folders are procured for the ICU Policy and Procedures Manual <p>Action Taken: Obtained copy of the ICU Policy and Procedures Manual and placed in the area.</p> <p>An order was made to purchase folders for Policy and Procedure Manuals. To check with the Regional Office on:</p> <ul style="list-style-type: none"> The status of the request made. 		DONE.
	There are no dedicated ICU beds. The beds from the wards are being used. These however are not able to be tilted and have the necessary changeable positions for efficient patient care and resuscitation.	<ul style="list-style-type: none"> Obtain specification to procure dedicated ICU beds and supervise the procurement of same 	DECEMBER 21, 2015	PROCUREMENT: IN-PROCESS

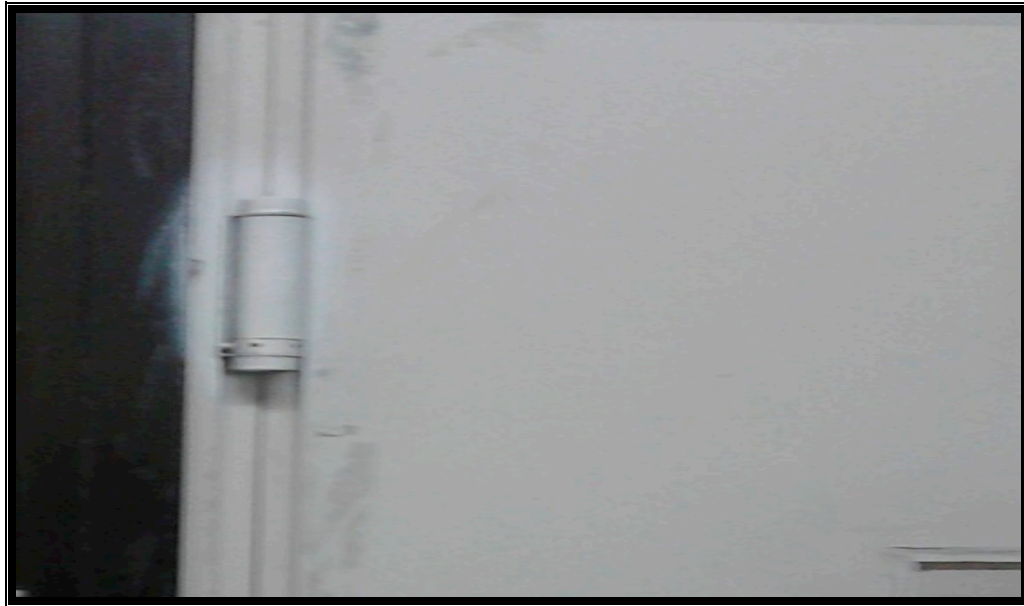
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HEALTH FACILITY & SERVICE DELIVERY AREA	NON- CONFORMANCE ITEMS	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
BHC - ICU	The storage area is congested with the same room serving for counselling, lunch room, overnight room, meeting and storage.	<p>Infrastructural Issues</p> <p>Dialogue to be arranged with the Regional Office in regard to:</p> <ul style="list-style-type: none"> ○ A redevelopment project for ICU to acquiring additional storage and office space for staff. <p>Action Taken: Separation of counselling room and lunch room completed</p>		DONE
	There is no change room or shower for staff	<p>Renovate and improve existing bathroom and construction shower area for ICU staff.</p> <p>Action Taken: Renovated</p>		DONE
	Lockers are needed for staff to keep their personal items.	<p>Action Taken: Adequate lockers were provided.</p>		DONE
	Containers for the collection of trapped sputum are not available.	<p>Advised procurement officer to treat containers for the collection of trapped sputum (currently stored in the Pharmacy Stores) as stock items. Ensure stock levels are monitored by Storekeeper.</p> <p>Action Taken: Procurement Officer advised and stock levels now being monitored.</p>		DONE
	Receive Purchase Order	<p>To check with the regional office on the outcome of previous request made for ventilator for ICU and if necessary, ensure order is resubmitted and treated as items for emergency procurement.</p> <p>Action Taken: Checks were made and procurement is in progress.</p>	November 25, 2015	
	Additional back-up ventilators are needed.	<p>Action Taken: Procurement were done. Item received on November 5, 2015</p>		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
BHC - OT	<ul style="list-style-type: none"> Access areas are not clearly delineated 	Action Taken: Specific signage will be installed.	November 06, 2015	IN-PROGRESS
	<ul style="list-style-type: none"> The main storage room is disorganised. This does not facilitate any form of inventory control or the rotation of items to prevent wastage due to items becoming out-dated. 	Action Taken: Identify team and proposed work day to organise area.	November 30, 2015	IN-PROGRESS
	<ul style="list-style-type: none"> A monitoring schedule for the assessment of Infection control practices is to be prepared. 	Action Taken: Schedule was developed and a log book was implemented. Planned internal audit	November 30, 2015	IN-PROGRESS
	<ul style="list-style-type: none"> Sterile items are being passed through the sluice room. This is unacceptable. 	Action Taken: This will be included in the new construction plan for OT.	December 31, 2015	
	<ul style="list-style-type: none"> There is no monitoring of the health or immunisation status of staff working in the OT suite. 	Action Taken: Existing staff were advised to obtain and submit document their indicate health status. Going forward new staff will be asked to provide document indicating their health status upon employment.		IN-PROGRESS
	<ul style="list-style-type: none"> Cabinets for the storage of sterile supplies etc are door-less, in different stages of disrepair and scattered in various parts of the O.T suite. 	Action Taken: Glass was purchased and installed.		DONE
	<ul style="list-style-type: none"> A cleaning schedule is to be developed and documented with clear SOPs for the janitorial staff and PCAs. There is too much individualisation in the preparation of cleaning solutions. 	Action Taken: Cleaning schedule was developed, laminated and posted in all areas.		DONE

	<ul style="list-style-type: none"> ▪ Janitorial staff is not provided with utility gloves and mops of the appropriate quality or quantity. 	Action Taken: Adequate utility gloves and mops of the appropriate quality or quantity were provided to janitorial staff.		DONE
	<ul style="list-style-type: none"> ▪ The OT doors are in a poor state. Hinges are rusted and functioning poorly, windows are broken and some have termites. They all are unable to be properly closed. 	Action Taken: Hinges were repaired and installed.		DONE
	<ul style="list-style-type: none"> ▪ The janitorial staff assigned to the operating theatre requires training in the proper use of the cleaning materials. 	Action Taken: Training was for proper use of the cleaning materials was done.		DONE
	<ul style="list-style-type: none"> ▪ There is need for the overall standardisation of the cleaning and disinfecting solutions to be used in the high risk areas. 	Action Taken: A measuring instrument is used being for each proportion of chemical to water.		DONE
	<ul style="list-style-type: none"> ▪ The recovery room has a leaking roof 	Action Taken: Roof will be repaired.	December 22, 2015	IN-PROGRESS

PHOTOGRAPHS OF REFURBISH AREAS AND NEW EQUIPMENT FOR BHC



Hinge in the Operating Theatre Door



Operating Theatre Sterile Cabinet - BHC



ICU Bath rooms - BHC



ICU Sluice Room - BHC

MINISTRY OF HEALTH
REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE
REGION: SPANISH TOWN HOSPITAL

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
SPTH-A&E	Hand washing guidelines are not being adhered to. Blood is taken without gloves and hands are not washed after removing gloves	Action Taken: <ol style="list-style-type: none"> Increased vigilance of team members to remind and ensure that all are compliant with the infection control measures and universal precautions. Signs have been posted in the areas to remind staff. Hand sanitizers have been installed and soap dispensers In the pre-audit period two medical officers were assigned to conduct training for all categories of staff on hand washing techniques and on compliance with universal precaution in handling blood and other body fluids. These two medial officers left the department which delayed the training. Training is now scheduled for once monthly (3rd Thursdays). Hand washing sink and soap dispensers have been installed. 	Ongoing next training is scheduled for November 26, 2015	<p>ON GOING</p> <p>DONE</p> <p>ON GOING</p> <p>DONE</p>
	Cleaning materials are not labelled. There is no documented cleaning schedule.	Action Taken: <ol style="list-style-type: none"> Appropriate labels procured and will be affixed to the containers. Supervisors from Manpower have been instructed by the Contract's Monitoring Officer to clearly label all containers containing chemicals. New containers being implemented by the Contractor. 	November 13, 2015	DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
		<p>Confirmed by the Contracts Monitoring Officer as at November 5, 2015. This will also be monitored by The Accident and Emergency Manager (on a weekly basis) going forward.</p> <p>b. Cleaning Schedule existed (one with manpower staff and one in consultant's office). These have now been erected and end-user is required to sign off on the time work was done.</p>		DONE
	The cleaning methods do not conform to standards	<p>Action Taken:</p> <p>a. To consult MOH Infection Control Policies and Procedures manual for standard on Cleaning, Disinfection and Sterilization consultation with Dr Karen Shaw Government Microbiologist where necessary and continue to reference international standards (ISO and U.S. standards)</p> <p>b. Infection Control Nurse will be conducting training on cleaning methods for the Janitorial and Portering staff. Training is scheduled for November 6, 2015.</p>	November 6, 2015	ON GOING
	Job descriptions are to be prepared and given to all staff on recruitment	<p>Action Taken:</p> <p>a. Director of Nursing has confirmed that all nursing and other non-medical staff are given job description and going forward we will ensure that job descriptions are given at orientation, by the Parish Personnel Manager</p> <p>b. At orientation all Medical Officers (MOs and SHO) are taken through the appropriate MOH Policies and</p>		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
		Procedures manual which addresses what is expected (JD) based on level of responsibility. In addition based on availability or unavailability of the appropriate level staff from day to day and based on the area of assignment that job description could change.		
	Staff needs to be made familiar with the mass casualty plan and the plan should be tested at least once per year	Action Taken: <ul style="list-style-type: none"> a. All A&E staff (apart from those who joined the department in less than one year) would not only be familiar with the mass casualty plan but would have actively participated in the yearly mass casualty scenarios/drills. b. In 2015, with the threat of Ebola the simulation exercise took the form of an Ebola evacuation. c. The mass casualty plan is not only shared with the A & E staff but with the entire hospital family and tested with evaluation of response of all involved d. The Head of Department, Dr. K Bullock is to arrange Mass Casualty exercise for November 2015 	November 30, 2015	ON-GOING
	Wheelchairs and stretchers are in short supply. Patients who are awaiting admission to the wards stay on the chairs and stretchers for extended periods	Action Taken: Additional wheelchairs (5) have been obtained since the audit period. Additional stretchers will be repaired and procured	November 7-8, 2015	IN- PROGRESS

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	Additional wheel-chairs are needed in the department. A number of wheel-chairs are defective with no rubber on the wheels and no footrest.	Action Taken: Procurement has started for the purchasing of 25 adult wheelchairs and 5 wheelchairs for children as short term measure.	November 13, 2015.	IN- PROGRESS
	Additional stretchers are needed in the department	Action Taken: Additional Stretchers have been ordered to handle the overcrowding in the Accident and Emergency department.		IN – PROGRESS
	Sharps containers are inappropriate. Cardboard boxes and plastic bottles are used	Action Taken: a. Sharps containers were ordered and are expected to arrive at our facility November 13, 2015. b. Directives have been issued to state that with immediate effect no cardboard boxes will be used for sharps.		IN-PROGRESS
	Patient bathrooms need to be upgraded. Seats and tank covers were missing in a few places. The staff toilet in the records department did not flush	Action Taken: a. Toilet seats covers were bought b. Staff toilet was repaired c. Frequent monitoring of patient bathroom is done There is a challenge with persons stealing the toilet sets each time they are replaced.		

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	Orientation guidelines need to be prepared for clinical staff	Action Taken: a. Manuals are available to all staff in the Accident and Emergency Department. Manuals are kept in the office of the Nurse Manager, Accident and Emergency Department as well as the office of the Consultant, Accident and Emergency Department.		DONE
	No log books are being used. Sheets of paper are used for triaging and these are put in the patients records. Therefore no record remain in the department	Actions Taken a. Both Log books and log sheets are being used.		
	A system is needed for the monitoring of the usage of drugs and supplies, in order to prevent stock-outs	Action Taken: a. The Nurse Managers assigned to each ward/ department are responsible for ensuring that stock levels are replenished in a timely manner. The current system where the Nurse Manager in charge keeps an account of the drug use complemented by visits by pharmacy technician to reconcile stocks and help to avoid waste due to expiration date is not as effective since some hoarding takes place especially when a particular drug might be in short supply, even with attempts to closely monitor same. The Senior Nursing Managers also conduct ward rounds to check the status of these, twice weekly. b. Pharmacy Department has been charged with the task of doing weekly/monthly audits for all wards		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
		and departments to assess the usage pattern as well as evaluate the “hoarding” of drugs.		
	Clinical practice guidelines for commonly seen conditions are necessary in order to standardize the emergency care given	Action Taken: <ol style="list-style-type: none"> Manuals and books with various Guidelines for the management of common conditions are readily available in hard copies in the Department. In some cases algorithms are posted in the department and where not posted they are downloaded to and is readily available on the PC desktop for ease of access by all staff members. Staffs are advised to consult with the Head of Department and Nurse Manager for the stipulated guidelines. 		DONE
<u>Maternity</u>	The containers with cleaning agents are not labelled.	Action Taken: <ol style="list-style-type: none"> Labels have been procured; the company has indicated that they will be delivering November 10, 2015. Contractor also advised to label all their cleaning bottles which will take effect on the change of shift 	November 13, 2015 November 20, 2015	IN-PROGRESS
	Mothers are not assigned identification tags.	Action Taken: <ol style="list-style-type: none"> Store Keeper responsible for ordering supplies. We are in possession of ID tags which are now being utilized. Nurse Manager responsible for requesting same from stores. Blue tags are currently being issued to mothers and white tags for the babies. 		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
		are taken through the appropriate MOH Policies and Procedures manual which addresses what is expected (JD) based on level of responsibility.		
Nursery	The containers with cleaning agents are not labelled.	Action Taken: <ol style="list-style-type: none"> Labels have been procured; the company has indicated that they will be delivering November 10, 2015. Contractor also advised to label all their cleaning bottles this will effect on the next shift change 	November 13, 2015 November 20, 2015	IN-PROGRESS
	The cleaning methods do not conform to standards and schedules are not documented	Action taken: a.Cleaning schedules do exist however same has been revised in terms of the methods b.Post cleaning schedules		Cleaning methods have been revised. Cleaning schedule have been posted
	Makeshift sharp containers are being used. These present a risk to staff	Action Taken: <ol style="list-style-type: none"> Procurement has been made for appropriate sharps containers and we await delivery. With immediate effect no cardboard boxes will be used for sharps. 	November 13, 2015	IN-PROGRESS
Nursery	The storeroom has a number of non-functional equipment. These needs to be removed so that the spare beds for the nursery can be stored there instead of a space on nursery ward.	Action Taken: <ol style="list-style-type: none"> The room was emptied and is now used as recommended 		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	Excess furniture in the clinical area hampers the proper cleaning of the floor	Actions Taken: Cupboards removed which was being utilized by Medical Records		DONE
	Food and drug are not to be stored in the same refrigerator. This affects the cold-chain management of the drugs. A refrigerator is needed to store the staff food and drink	Action Taken: a. Refrigerator Procured and is now in the department. We have separate refrigerators for Medication and one for staff members. The Refrigerator for staff members have been place in the staff lunchroom.		DONE
	Hand-towels are in short supply hence expensive gauze is being cut for hand drying. This is “pennywise and pound foolish”	Action Taken: Additional hand towel has been ordered to ensure that adequate quantities are available for distribution. Hand Towel dispenser are being ordered along with sanitizer dispensers. The practice of using gauze has been discontinued, as per the directive issued.		
Nursery	On the day of the audit a Gram-negative organism outbreak was reported in the nursery and there was said to be an absence of the appropriate antibiotic required for the treatment of the babies.	Action Taken: Sufficient antibiotic to effectively treat the babies was in stock. The following measures were also taken to reduce infection in the Nursery: a. Disposable aprons are being utilized b. Compressed air will be utilized for drying of equipment and tubing c. AC unit installed in the treatment room d. An infection control Nurse will be assigned to cover all shifts Monday through Friday. The sole purpose of the Nurse assigned is to monitor infections on the		DONE

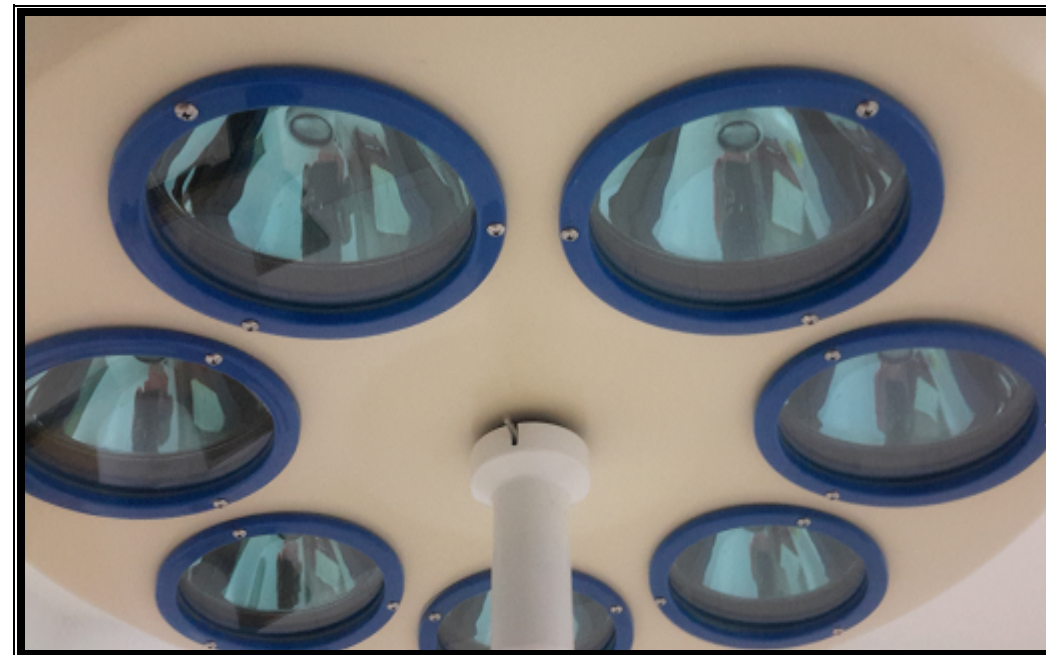
HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
		<p>Wards and other clinical areas.</p> <p>e. The Lab is seeking to increase the number of blood cultures in stock; this is to allow for the speedy processing of blood work to aid in the prevention of outbreaks.</p> <p>No babies died and the items requested were provided</p>		
Operating Theatre	The tiles on the walls do not allow for adequate cleaning	<p>Action Taken:</p> <p>Deep Cleaning done once weekly, however the area will require re-tiling with larger tiles. This will be done during the refurbishing exercise which will commence the of week November 9 2015.</p>		IN-PROGRESS
	The Operating Room is crowded with boxes, supplies and unused equipment. These all hamper proper cleaning of the area,	<p>Action Taken:</p> <p>The items deemed as unused equipment are actually attachments for the operating table when used in conjunction with a C-Arm. If Items are removed they may go missing. We will place items in a storage container that can be shifted around to facilitate cleaning of the area.</p>		
	The Operating Lights are dull in intensity	New operating Lights are needed as per the Biomed's assessment. Same has been referred over to Projects. Same will also be addressed at during the refurbishing exercise.	November 2015	
	There is "Fungus" growing between the panes of the glass in the window of the operating room.	The Operating Theatre suite will commence with refurbishing exercise, effective Monday 9, November. Emergency surgeries will be accommodated in the renovated Minor Operating Theatre until all works are completed		

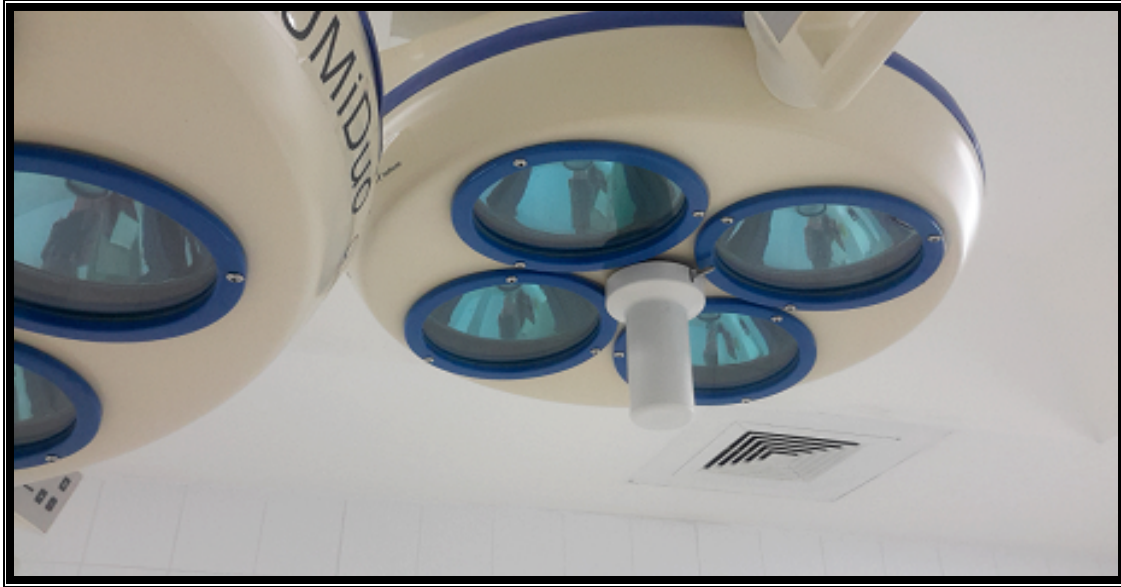
HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	There is no documented cleaning schedule or documented evidence of monitoring of the cleaning activities.	There are schedules available for the area, same will also be displayed after the renovation exercise		
	The storage areas are without Doors and are scattered in different areas of the Operating Theatre	To be addressed during renovation period.	November 2015	Refurbishing of Minor OT to be completed first week in November 2015.
	The delineation of access areas needs to be made clear. Infection is being compromised.	Due to the current configuration of the Theatre the delineation of the access areas have not been done. However we will address this issue during the renovation.		
	The disposal of waste from the theatre requires an urgent review and reorganization bins with dirty linens etc are left in the sluice room overnight and removed in the morning through the operating theatre	Review to be done Action Taken: Review was done. A skip was placed outside of the sluice room.		DONE
	The segregation of linen needs to be implemented. Soiled linen is put in the open bin with dry dirty linen and the correct colour bags are necessary.	Action Taken: Contracts Monitoring Officer has spoken with the Site Manager, Manpower and Maintenance Services. Usage of the correct bags was implemented. Segregation will be implemented on the change of shift. Change of shift is scheduled for Friday November 20 th , 2015	November 20 th , 2015	In-progress

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	The expiry date is not affixed to the sterile packs. The date of sterilization is used. This is not the policy	Action Taken: Expiration dates are now recorded on all packs		DONE
	There is no logbook for supplies sent to the CSSD	Action Taken: Log book will be re-implemented	November 6, 2015	DONE
	The opening of the unused chimney in the roof of the sterile room needs to be closed off.	Action Taken: This will be addressed during the refurbishing exercise of the Operating Theatre.	November 2015	Refurbishing to commenced November 9-10
	The carbolic soap being used for hand scrubbing needs to be removed if the antimicrobials are now to be used.	Action Taken: The use of Carbolic soap has been discontinued. Antimicrobials are now to be used		DONE
	Material safety sheets for the disinfectants need to be made available to the staff.	Action Taken: Operations Manager is in the process of obtaining Material safety data sheet	November 13, 2015.	In- Progress
	Janitorial staff requires training in the correct methods of cleaning and the materials and concentrations of chemicals to be used.	Infection Control Nurse conducted training on cleaning methods for the Janitorial and Portering staff. This training was done on November 6, 2015.		Done

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
	The mops being used are not of the required standard and the number of mops and buckets provided are inadequate.	Number of mops and buckets used for cleaning to be increased. Action Taken: The number of mops and buckets used for cleaning has been increased.		DONE
	The workload in the theatre is enough to warrant the assignment of a secretary/ records officer.	A Medical Records Clerk has always been assigned		DONE

PHOTOGRAPHS OF REFURBISH AREAS AND NEW EQUIPMENT FOR SPTH – Minor Operating Theatre to be used when main OT is closed for refurbishing







REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE

REGION: PRINCESS MARGARET HOSPITAL

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Princess Margaret Hospital				
A&E	Cleaning of patients' bathrooms need to be more closely monitored.	<p>Check List to be developed for monitoring</p> <p>Action Taken:</p> <p>Checklist was developed and is being used. Closer monitoring of the area is being done.</p>		DONE
	There is no cleaning schedule available.	<p>Cleaning schedule to be developed and posted; Full time Infection Control Nurse to be assigned</p> <p>Action Taken:</p> <p>Cleaning schedules have been developed, laminated and posted in the relevant areas.</p> <p>NB. An infection Control Nurse is in place but does other duties. (Full – Time Nurse – January 2016)</p>	January 2016	IN-PROGRESS

	Incorrectly coloured bags are used for the disposal of the different categories of waste. This has implications for staff safety.	<p>Red bags are to be used for hazardous waste and is to be placed in red bins, black bags are to be used for regular waste</p> <p>Action Taken:</p> <p>The correct colour bags are being used in the respective bins and monitoring to ensure same is being adhere to.</p>		DONE
	No list for the inventory of equipment was available.	<p>Inventory list of equipment to be made available</p> <p>Action Taken:</p> <p>Inventory list has been updated and posted in the department. The list was previously removed to facilitate painting of the A&E area.</p>		DONE
	Documentation in the patient records was not in keeping with the required standards	<p>Documentation in patients records must be in keeping with required standard</p> <p>Action Taken:</p> <p>Required standard will be met with the availability of sufficient space as well as the introduction of the EPAS when the A&E expansion is completed.</p>	Dec. 1, 2016	
	Cards are being used to record patient information.	<p>Dockets are to be used to record patients information</p> <p>Action Taken:</p> <p>With the pending expansion of the A&E this will be address. Using of causality cards is the old system..</p>	Dec. 1, 2016	

	The orientation of staff is not structured.	<p>Orientation for all staff must be structured</p> <p>Action Taken:</p> <p>The nursing department has a structured orientation programme. The nursing policy manual orientation checklist is utilized (Page 54 Nursing Policy Manual 2008). HEART/NTA will be contacted to work with Operations and HR to develop a training schedule for the attendants</p>	Nov. 30, 2015	
	Quarterly staff meetings are held but it is not mandatory for all staff to attend	<p>All staff should be mandated to attend staff meetings</p> <p>Action Taken:</p> <p>Each department conducts meetings monthly or bi-monthly. Meeting for A&E staff was convened on October 14, 2015. General staff meeting has been convened January 2015 and July 2015.</p>		DONE
	Customer services personnel are in place but there is no system to advise patients that this service is available.	<p>System need to be in place to advise patients that customer service is available</p> <p>Action Taken:</p> <p>Customer Service Officer can be identified by the vest that they wear.</p> <p>Signs regarding Client charter of rights displayed</p>	Immediate	

	There is no Quality Assurance Committee.	<p>Quality Assurance Committee is to be put in place</p> <p>Action Taken:</p> <p>The Quality Assurance Committee has been established and is slated to have its first meeting on November 20, 2015.</p>		DONE
	Protocols in existence are not communicated to staff.	<p>Existing protocols must be communicated to staff</p> <p>Action Taken:</p> <p>Policy manuals and protocols are now available in the unit for the staff to utilize. Discussing protocols will be a part of the monthly and quarterly meetings going forward. Infection control manuals are available at each service area.</p>		DONE
Maternity Ward	Cleaning schedule was not documented.	<p>Cleaning schedule to be documented and affixed in the relevant areas</p> <p>Action Taken:</p> <p>Cleaning schedules has been developed, laminated and posted in the MONIA and other areas. Thorough cleaning of this ward will be done on a monthly basis. The 10p.m. to 7a.m. shift will do thorough cleaning of the delivery room daily.</p>		DONE

	Delivery beds are not ideal.	<p>The appropriate delivery beds are to be used</p> <p>Action Taken:</p> <p>The mattresses previously used in the delivery room were the incorrect ones. Subsequently two (2) mattresses were procured for the delivery room. The beds were thoroughly cleaned and are washed each Sunday.</p>		DONE
	Stethoscopes and sphygmomanometers are not available.	<p>Stethoscopes and sphygmomanometers are to be made available.</p> <p>Action Taken:</p> <p>Sphygmomanometers have been repaired. Additional 12 units are being procured</p>	Dec.1, 2015	IN-PROGRESS
	Use of partograph.	<p>Partograph need to be used</p> <p>Action Taken:</p> <p>Senior Resident to conduct series of training regarding the use of the partograph.</p>	Nov. 13, 2015	. IN-PROGRESS
	Patients are not given identification tags.	<p>Patients must be given identification tags</p> <p>Action Taken:</p> <p>Identification tags are always available and are placed in each admission pack. Nurses are being reminded that it is mandatory to affix same to patients.</p>		DONE

	The system for security needs to be reviewed.	To keep the back door closed. Review current Security system Action Taken: Alarm to be installed for long term measure.	Nov. 9, 2015	IN-PROGRESS
Operating Theatre	The recovery room has no Recovery Room beds. Stretchers are used. This is not suitable for post-operative care.	Recovery room beds must be used for post-operative care. Action Taken: Awaiting specifications to finalize procurement process.	Nov. 13, 2015	IN-PROGRESS
	The anaesthetic machine in one of the Operating Rooms is not working.	Anaesthetics machine is to be repaired Action Taken: The machine has been repaired and is functioning.		DONE
	Patient monitors are not functioning.	Repairs to be done in addition to purchase new ones Action Taken: Patient monitors have been assessed by the Biomedical Team and stand alone ones have been repaired		DONE
	The Operating Theatre doors all need to be repaired or replaced.	Operating theatre doors are to be repaired or replaced Action Taken: Assessment was done as part of a comprehensive project regarding replacement of OT doors across the Region. Project spare headed at the Regional level and is expected to be completed by January 2016	January 2016	IN- PROGRESS

	The theatre light has missing bulbs and its suspension is faulty making focusing difficult.	<p>Missing bulbs are to be replaced in theatre light</p> <p>Action Taken:</p> <p>The bulbs have been replaced and the light is functioning.</p>		DONE
	The transportation of waste from the sluice room needs to be reverted to the original process of using the stairs at the back of the OT.	<p>Back stairs at OT will be used for transporting waste from sluice room.</p> <p>Action Taken:</p> <p>The stairs at the back of the OT is now being used when taking out the waste.</p>		DONE
	Hand washing reminders are required.	<p>Affix hand washing reminders in theatre</p> <p>Action Taken:</p> <p>Hand washing reminders have been laminated and posted in the OT</p>		.DONE
	The central air conditioning unit is out of service and the split air conditioning units fluctuate in function.	<p>Replace compressor</p> <p>Action Taken:</p> <p>Compressor is now procured to repair the unit in the interim. Request will be made for a new central unit.</p>	Nov., 20, 2015	IN-PROGRESS
	Cracks in the floor of the operating room limit intensive cleaning as the water affects the laboratory beneath.	<p>Long term to close the Operating Theatre to do comprehensive repairs.</p> <p>Action Taken</p> <p>Short term frequent swabbing to floor by infection control nurse will be done</p>	Nov., 13, 2015	IN-PROGRESS

	The water pipe runs along the cove of one of the ORS. This limits proper infection control.	<p>Reroute water pipe</p> <p>Action Taken</p> <p>This issue will be addressed when the Operating Theatre is expanded (2017/2018). In the meantime swabbing will be done for infection control.</p>	2017/2018	IN-PROGRESS
	No bathroom is in the Operating Theatre area for patients	<p>Bathroom is to be provided in OT for patients</p> <p>Action Taken</p> <p>This will be addressed in the Operating Theatre expansion project</p>	2017/2018	IN-PROGRESS
	The changing room for patients is inadequate and inappropriate.	<p>Adequate and appropriate changing room is to be provided for patients</p> <p>Action Taken:</p> <p>This will be addressed in the Operating Theatre expansion project</p>	2017/2018	IN-PROGRESS

REGIONAL HEALTH AUTHORITY AUDIT CONFORMANCE RESPONSE

REGION: KINGSTON PUBLIC HOSPITAL

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
Operating Theatre – KPH	The Operating Theatre (OT) doors all need to be repaired or replaced.	To replace operating theatre doors on a phase basis Action Taken: Two (2) doors were replaced and the remainder will be addressed based on comprehensive project at the Regional Level.	December 2015 - January 2016	IN-PROGRESS
	The light in Operating Theatre 1 is pale, while there are missing bulbs for the one in Operating Theatre 2. The light in Operating Theatre 3 is in need of repairs.	To replace lights Action Taken: Two Complete Lights were purchased and awaiting installation by supplier. The process has to be co-ordinated along with the OT team to facilitate the installation. OT will to be closed for three (3) days to facilitate the removal and replacement of the ceiling beds	November 2015	. IN-PROGRESS
	Hand washing reminders are required.	To display Hand washing Instruction Posters Action Taken: Hand washing Instruction Posters are completed and signage now erected.		DONE

	<p>The central air conditioning unit is out of service and the split air conditioning units fluctuate in function.</p>	<p>Ensure continuous servicing of air conditioning unit.</p> <p>Action Taken:</p> <p>Frequent monitoring, ongoing servicing and daily temperature checks are being done. A new unit is to be procured to reduce downtime if there is a unit failure.</p> <p>There is no split unit in the operating theatre. There is a long-term plan to change the Central Air Conditioning Unit and it is now in the preparatory phase.</p> <p>When the OT is closed for installation the opportunity will be used to implement other corrective measures</p>		IN-PROGRESS
	<p>Ceiling tiles in the scrub area are discoloured or missing.</p>	<p>Ensure replacement of ceiling tiles</p> <p>Action Taken:</p> <p>The ceiling tiles were replaced.</p>		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
A & E - KPH	The containers with the cleaning agents are not labelled.	Ensure container with the cleaning agents is labelled. Action Taken: Cleaning agent containers labelled.		DONE
	Job descriptions are to be prepared and given to all staff upon recruitment.	Ensure Job Descriptions are given upon assumption of duties because it is instituted in the whole orientation process. Action Taken: Job Descriptions given upon assumption of duties.		ONGOING
	Staff need to be made familiar with the mass casualty plan and the plan should be tested at least once per year.	Ensure staff members are familiarized with Mass Casualty Plan at least once per year. Action Taken: Mass Casualty Management Planning is incorporated in weekly A & E Unit meetings. Staff members provided with soft copy of the current plan.		ONGOING
	Additional wheel-chairs are needed in the department as patients sent to the wards for admission tend to remain in the wheelchairs until a bed is allocated. Effectively reducing the wheelchairs available for use in the A&E department.	Ensure adequate numbers are in circulation. Action Taken: Additional wheel-chairs available.		DONE
	Additional stretchers are also needed in the department.	Ensure additional stretchers are available in the department Action Taken: Additional stretchers procured. Procurement ongoing.		DONE

	The patient lavatories lack seats, toilet tissue and hand-drying facilities. It was reported that the toilets tend to be damaged by the patients. As such a system of securing the facilities needs to be implemented, while ensuring Infection prevention and control is maintained.	Ensure patient lavatories are properly equipped with seats, toilet tissues and hand-drying facilities so that infection prevention and control measures are maintained. Action Taken: Hand dryers are being procured. The toilet seats are being replaced.		ON GOING
	A system is needed for the monitoring of the usage of drugs and supplies, in order to prevent stock-outs	Ensure strengthening of current system for monitoring the supplies Action Taken: Monitoring tool used by A & E Manager on a weekly basis.		DONE
	The development of a portering procedure manual and training are essential to ensure the safe transportation and handling of patients.	Action Taken: The Portering Procedure Manual is embedded within the contract and has been circulated to the various areas. Training is continuously done by the A & E Consultant, Sister and Manager. This will be reported on going forward.		DONE
	Clinical practice guidelines for commonly seen conditions are necessary in order to standardize the emergency care given.	Action Taken: Head of A& E Department is currently working on the protocol manual.		IN-PROGRESS
	Death review meetings and quarterly internal audits need to be institutionalized.	Action Taken: Morbidity and mortality reviews are done quarterly. The absence of autopsy reports continues to presents limitations in having a complete review of Morbidity and Mortality on this quarterly basis.		DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
ICU - KPH	The blood gas machine is non-functional.	Urgent repairs to be done Action Taken: Repairs were done. Machine is currently functioning satisfactorily		DONE
	Transducers are required for the monitors.	Procurement to be done Action Taken: Procurement was done to ensure that adequate stock is in place at all times for delivery in December 2015.	December 2015	DONE
	Hand-washing is not enforced. Hand sanitizer is rarely being used and there are no hand-washing guidelines above the stations.	Measures to be enforced Action Taken: Signs are now in place. Persons are being reminded and encouraged to follow hand washing protocol. Hand sanitizer dispensers are ordered and will be installed upon arrival however the bottled ones are currently being used in the interim.		DONE
	The Microbiologist does not visit for regular checks to review the microbial profile and therapy with staff.	Action Taken: Previously done routinely, however, at NPHL, limited reagents to test specimens more regularly		IN- PROGRESS

	Containers for the collection of trapped sputum are absent. There are no containers available.	Action Taken: Records showed that containers were available In Stock. Since January 2015, a special request was made by the A&E Consultant and since then, adequate stocks have been available within the stores		DONE
	Additional examination lamps are required.	Action Taken: Adequate Lightings are now available		.DONE

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTION	TIMELINES	STATUS
VJH -LABOUR WARD -	The cleaning materials and methods do not conform to the MOH standards	Activity to be revisited and cleaning methods reviewed by infection control team. Action Taken: The cleaning method was reviewed by the Infection Control Team and the cleaning materials inspected by Public Health Inspectors. Copies of the methodology have been re-circulated to the MONIA areas and same will be extended to other areas. Re-circulated when necessary		DONE
	The Labour and Delivery Suite need to have dedicated janitors - there are confidentiality and privacy issues	Action Taken: Contractor was met with and request was made to have dedicated staff assigned to this unit. Contractor committed to assign dedicated staff to the area in addition to providing continuous training.		Done
	More oxygen cylinders are required for the wards and the cylinders that exist need to be anchored to prevent injury to the staff and patients in the event of a mishap	Long term, piped oxygen. Comprehensive assessment to be done. Action Taken: The structures to secure most of the cylinders are in place. The aim is to fully equip the area with piped oxygen. Technical assessment to be completed	4 th Quarter 2015/16 financial year	In-Progress

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
LABOUR WARD -VJH	There is one Resuscitaire in the delivery room. On occasions more than one child has to be on the tray	Ensure adequate Resuscitaires are available in the delivery area. Action Taken: Two (2) new Resuscitaires are being procured and the other three (3) will be repaired and put back in circulation by November 30, 2015.	November 30, 2015	In -Progress
	There is one foetal monitor which has to be shared by mothers in the first stage room	Ensure foetal monitors are available. Action Taken: Two (2) are now available in the area and additional ones to be procured.		Done
	There is one pulse-oximeter for the entire Labour Ward and Delivery Suite	Ensure adequate pulse-oximeter is available at the area. Action Taken: Additional pulse-oximeter has been acquired.		Done
	Adequate wheelchairs are on the Labour and Delivery Suite but there are no dedicated stretchers	Stretchers are available for both areas. Action Taken: Due to space availability the dedicated stretcher is housed at the OT Complete		Done
	New delivery beds have been acquired however the upper ⅓ of these beds have mattresses which are fixed and therefore are unable to be adequately cleaned. Macintoshes are required to cover and protect these new beds	Ensure proper bed coverings are in place. Action Taken: Disposable wrappers purchased and are being used to protect the beds from body fluid.		Done

	There are no permanent screens in the first stage room and in a case where a delivery is imminent there is no possibility of privacy. Additional mobile screens are necessary	Ensure mobile screens are procured and awaiting delivery from supplier. Action Taken: Procured and awaiting delivery from supplier before the end of November 30, 2015.	November 2015	In-Progress
	There are no emergency buzzers or form of communication for the patients to alert the clinical staff. "shouting" is the mode of alert.	Ensure assessment regarding appropriate system to be implemented. Action Taken: Assessment done. Implementation schedule for 3 rd Qtr of the fiscal year 2015/2016.	3 rd Quarter 2015/16 fiscal year	In- Progress
NCU-VJH	There is no schedule available	Ensure schedule is available Action Taken: Schedules are now available.		Done
	The cleaning materials and methods do not conform to the MOH standards	To review by the Infection Control Team and the cleaning materials inspected by Public Health Inspectors. Action Taken: The cleaning method was reviewed by the Infection Control Team and the cleaning materials inspected by Public Health Inspectors. Copies of the methodology have been re-circulated to the MONIA areas and same will be extended to other areas.		Done
	There was no copy of the Health Facility Infection Prevention and Control Manual	Ensure circulation of manual Action Taken: Infection Prevention and Control Manual was re-circulated at the Unit		Done

	The inventory for the equipment is kept solely by the Material's Management unit	<p>Ensure full compliance of all Inventory procedures.</p> <p>Action Taken: Inventory of equipment is kept by the Material Management Unit of the Hospitals. A location record is placed in all units and this document provides for identification of fixed asset.</p>		Done
	There is no system to monitor the usage pattern of essential drugs and supplies. This is important in order to facilitate supplies management	<p>Ensure strengthening of current system for monitoring the supplies</p> <p>Action Taken: A monitoring tool is used by Operations Officer on a weekly basis</p>	Ongoing	Done
	There is no auditing process in place	<p>Action Taken: Clinical audits are done. In addition all Still Birth and Neonatal Death are reviewed on a monthly basis by the SMO and the medical staff.</p>		Done
	Staff is unaware of the Client Complaint Mechanism	<p>Action Taken: Continuous staff sensitization regarding the Client Complaint Mechanism will be done bi-annually.</p>		In-Progress

	No death review meetings are held	Action Taken: Subsequent to the audit, death reviews are being held monthly.		Done
	There is a shortage of sharps containers	Action Taken: Sharp containers are in stock Replenished based on reorder level		Done
	The Resuscitaire is defective. One side is absent which may result in a child falling to the floor.	To acquire additional Resusitaires. Defective ones to be repaired. Action Taken: Two (2) Resusitaires acquired. Defective one to be repaired was assessed by supplier.	December 2015	In- Progress
	There is one physiological monitor for the entire unit	Action Taken: The unit has six (6) monitors. Two are for repairs. The two for repairs are still under warranty. Company did assessment regarding repairs to be done.		Done
	There are three (3) suction machines - none are functional. One portable unit is being shared amongst babies	Action Taken: Three (3) suction machines are now functional and additional machines are being procured.		Done
	The fire exit needs a ramp to facilitate the easy removal of cots and equipment in an emergency. Currently there is only the stairway	Action Taken: The Jamaica Fire Brigade met the KPH/VJH team and did an overall assessment of both institutions. We are awaiting the report. Escape route to exit the building via the staircase and assemble point identified at the main care park.	December 2015	In-progress

HEALTH FACILITY & SERVICE DELIVERY AREA	NON-CONFORMANCE	RECOMMENDED / PROPOSED CORRECTIVE ACTIONS	TIMELINES	STATUS
OPERATING THEATRE - VJH	There is a shortage of theatre clothes in the FCU theatre.	<p>Ensure adequate linen is available</p> <p>Action Taken: Adequate supplies of linen now available; going forward daily monitoring will be done</p>		Done
	The bathrooms need urgent attention. Nursing staff and patients are using the same facilities in the FCU.	<p>Ensure Staff bathroom is separate from patients' bathroom</p> <p>Action Taken: Staff bathroom is now separate from the patients' bathroom</p>		Done
	Storage of sterile supplies is in uncovered areas. In addition a trolley is used for additional storage.	<p>Ensure sterile supplies are covered</p> <p>Action Taken: OT supervisors ensure trolleys are covered. A permanent solution will be implemented when the impending refurbishing of the unit is being undertaken. (PROMAC Project)</p>		In-progress
	There is no specific assignment of personnel to assess the adherence to infection control practices.	<p>Ensure specific personnel are assigned to do ongoing assessment and adherence to infection control.</p> <p>Action Taken: This Unit is jointly managed by KPH & VJH both units now share infection control personnel. Discussions were held and any gaps in the protocol were addressed.</p>		Done

	The access areas are not clearly identified. Hence traffic flow is not monitored or restricted as it should be.	<p>Ensure clearly defined traffic flow for easy accessibility of the areas. Signage to be placed to denote access areas</p> <p>Action Taken: Signage will be placed to denote access areas after completion of the refurbishing exercise. (PROMAC Project)</p>	PROMAC PROJECT SHOULD BE COMPLETED TENTITIVELY BY MARCH 2016	In-progress
	Anaesthetists are resisting the wearing of facial masks in the operating room	<p>Action taken: The group is mandated to wear facial masks</p>		
	The janitorial staff need to be given training on the proper mixing and use of the cleaning materials	<p>Ensure proper mixing and use of the cleaning materials</p> <p>Action Taken: Training continues in collaboration with Public Health Inspector and Infection Control Team</p>		On going
	The timely removal of waste from the outer corridors needs to be organised to be in tandem with the heavy patient load.	<p>Ensure timely removals of waste from the outer corridors are in tandem with heavy patient load.</p> <p>Action Taken: Timely removal of waste is currently being practiced</p>		Done
	Contractors have provided utility gloves for the janitors.	<p>Ensure Contractors provided the gloves for janitors</p> <p>Action Taken: The utility glove cannot be use in all activities carried out by the team and as such regular gloves have been recommended to the Contractor as the need arises</p>		.Done
		<p>Ensure standard antiseptic solution is used</p> <p>Action Taken: Continuous monitoring is being done by the Infection Control Team to ensure compliance</p>		Done

	<p>The health and immunisation status of the staff is to be monitored according to the recommended schedule.</p>	<p>Ensure health and immunization status of the staff is to be monitored according to the recommended schedule.</p> <p>Action Taken: Continuous education and sensitization of staff on the importance of immunization for health care workers. Staff. Process will be introduced to newly employed staff during orientation.</p>		<p>On Going</p>

PHOTOGRAPHS OF NEW OT DOORS KPH AND REPLACEMENT OF CEILING TILES VJH



New Operating Theatre Doors-KPH





CEILING TILES REPLACED IN SLUICE ROOM – LABOUR WARD