

South Infirmary – Victoria University Hospital



Quality Improvement Plan

2014

On the 26/03/2014 the South Infirmary Victoria University Hospital (SIVUH), was inspected by the Health Information Quality Authority.

We would like to take this opportunity to thank the inspectors for a fair and accurate report.

The following is a quality improvement plan which we have identified from their report. We are currently working on this Quality Improvement Plan to ensure that the care given to all our service users is done in a manner which ensures that we prevent and control infection, and thus provide a safe and quality service for all.

Standard 3: Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infections.

Criterion 3.6

The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of service users, staff and visitors acquiring a Healthcare Associated Infection

Ward Childrens Ward

Issue- Environment & Equipment	Action Required	Responsible Person	Due Date	QIP status
Light dust noted on a patient locker,	Ensure cleaning of same adhered to and records are maintained	CNM 2 Ward ,Hygiene Coordinator and cleaning supervisors	Immediate	Completed
Light dust noted skirting board	Ensure ward cleaning records are up to date and staff adhere to same	CNM 2 Ward and Hygiene Coordinator cleaning supervisors	Immediate	Completed. Further cleaning audit carried out. 87%
Light dust noted on bed frame	Ensure same is part of the ward cleaning schedule and staff aware and maintain same	CNM 2 Ward and Hygiene Coordinator cleaning supervisors	Immediate	Completed.
Light dust noted on a baby bath frame	Ensure ward cleaning records are up to date and staff adhere to same	CNM 2 ward	Immediate	Removed out of service
Moderate amount of dust noted on Resuscitation trolley	Ensure ward cleaning records are up to date and staff adhere to same	CNM 2 ward	Immediate	completed
Heavy dust noted on the window frames in the dirty utility	Ensure ward cleaning records are up to date and staff adhere to same	CNM 2 ward	Immediate	Completed.
Splash staining was visible on the side of a reclining armchair in a patient area: dirt and grit were also observed on the foot area on an armchair.	Ensure ward cleaning records are up to date and staff adhere to same	CNM 2 Ward	Immediate	Completed.
The vinyl covering of a chair was visibly cracked.	All chair coverings to be reviewed and same to be removed and repaired or replaced	CNM 2 Ward Procurement Manager	May 30th	Refurb programme on going. Second batch being repaired
Heavy dust was visible on the air conditioning vents on the corridor ceiling	Ensure all vents are cleaned and maintained and same documented	Maintenance manager and Hygiene Coordinator	May 30th	Completed.

A shower basin in a patient bathroom was visibly chipped, hindering effective cleaning.	Ensure all fixtures and fittings that are chipped are reported to maintenance and same is replaced.	CNM 2 Ward, Maintenance Manager	May 30th	To be reviewed
The wheel areas of a dressing trolley inspected in the utility	All cleaning trolleys to be taken off ward for deep clean and maintenance.	CNM 2 Ward	May 30th	completed
Ceiling tiles outside of the playroom are stained.	Ensure all ceiling tiles that are stained are reported to maintenance and are replaced. Maintenance to find out the cause of staining and rectify same.	CNM 2 Ward, Maintenance Manager	May 30th	Reported.
The wheel areas of a dressing trolley in clean utility were unclean.	Ensure cleaning regime for patient equipment in place and adhered to	CNM 2 Ward	Immediate	completed
Rust coloured staining was observed on the frame underneath the seat and wheel areas of a commode	Maintenance to remove and deep clean and repair if possible or same to be replaced	CNM 2 Ward Maintenance Manager	May 30th	Under review
Rust coloured staining was observed on the lid of a domestic waste bin by the work station	Review of all waste bins to ensure rust free; repair or replace rusty waste bins	CNM 2 Ward and Hygiene Coordinator Maintenance Manager	Immediate	To be removed. Bin maintenance programme continues
Sticky tape was observed underneath a shelf of a dressing trolley, hindering effective cleaning.	Ensure staff aware that the use of sticky tape prohibited and that same is cleaned effectively off surfaces if present	CNM 2 Ward	Immediate	completed
Two emesis bags were observed in the Hand hygiene sink in room 2.	Ensure staff are aware of the Hand hygiene policy and waste policy on disposal of domestic waste and use of clinical wash basins and that staff attend an education session update on waste management.	CNM 2 Ward.	May 30th	completed
There were inappropriate storage facilities for clean urinals and bedpans in the dirty utility room.	Storage facilities to be examined.	CNM 2 Ward, Hygiene Coordinator and cleaning supervisor	May 30th	Stainless steel rack on order
Paintwork in the wall under the window in room 2 was visibly blistered and flaking hindering effective cleaning.	All paintwork is to be repaired by maintenance and area is to be repainted.	CNM 2 ward and Maintenance Manager	June 30th	To be reviewed
Suction Apparatus was observed on the floor not having been sent to bio medical for repair since 29/01/14	The Biomedical engineer will update and ensure all departmental managers are aware of the SOP on broken equipment within SIVUH	Bio medical engineer.	June 30 th	Suction Apparatus now in working order awaiting SOP
There was no hygiene audit carried out in Childrens ward for inspectors to report	Audit schedule to be developed to ensure all areas are audited on a regular basis	Hygiene Coordinator & CNM3 IPCN	May 30 th	Cleaning Audit 87% 15.04.2014

Issue- Linen	Action Required	Responsible Person	Due Date	QIP status
There was chipped paint in the wall in the linen room	Reason for chipped paintwork is to be examined by CNM 2 and rectified by maintenance and area is to be repainted.	Maintenance Manager and Ward CNM2	June 30th	reported
Sticky residue was visible on some of the shelving.	Ensure staff aware that the use of sticky tape prohibited and that same is cleaned effectively off surfaces if present	CNM 2 Ward	Immediate	completed
Empty sharps bins were inappropriately stored on the floor area.	Ensure all equipment is stored in correct place.	CNM 2 Ward and Hygiene Coordinator	Immediate	completed
The labeling observed on the shelving was adhered to with sticky tape	Ensure staff aware that the use of sticky tape prohibited and that same is cleaned effectively off surfaces if present	CNM 2 Ward	Immediate	completed
Issue- Cleaning equipment	Action Required	Responsible Person	Due Date	QIP status
Cleaning equipment such as mop heads and floor buffers were visibly unclean.	All cleaning equipment is to be kept clean at all times, same should be recorded on cleaning specification and tool box training to be given audit of cleaning equipment to be carried out. Also to be included on cleaning audit.	Contract Cleaning Manager.	Immediate	Completed. Cleaning audits and Cleaning spec reflect this.
The cleaning store room was unsecure at time of inspection.	Cleaning store to be kept locked at all times	Contract Cleaning Manager.	Immediate	Completed
The cleaning store room was visibly cluttered and unclean at the time of the inspection.	Cleaning store is to be kept clean at all times	Contract Cleaning Manager.	Immediate	Completed
Evidence that spray bottles for detergent are filled at the beginning of the shift and emptied at the end of the shift is required.	Documentation to be updated to include this on cleaning specification and tool box training to be given. Also to be included on cleaning audit.	Contract Cleaning Manager Hygiene Co-ordinator.	Immediate	completed

Criterion 3.7 The inventory, handling, storage, use and disposal of hazardous material/equipment is in accordance with evidence-based codes of best practice and current legislation.

Issue- Waste	Action Required	Responsible Person	Due Date	QIP status
Domestic waste was observed in the clinical waste bin in the dirty utility room.	Ensure staff are aware of the waste policy on disposal of clinical waste and attend waste management education session	CNM2 Ward Hygiene Coordinator	May 30th	ongoing

Standard 6

Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place

Criterion 6.1

There are evidence -based best practice policies. Procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections.

Issue- Hand Hygiene	Action Required	Responsible Person	Due Date	QIP status
The design of some of the clinical hand wash sinks on Childrens ward did not conform to HBN 00-10 Sanitary assemblies.	All sinks are to be changed over to conform to HBN 00-10 these are to be identified and reported to maintenance	CEO Maintenance manager. IPCN	August 29th	Ongoing
Alcohol gel is not available at the point of care	Single staff alcohol gel bottles to be made available to staff in areas where it is not possible to have hand gel at the point of care.	CNM3 IPCN	May 30 th	Completed

Standard 4. Human Resource Management				
Human resources are effectively managed in order to prevent and control the spread of Healthcare Associated Infections				
Criterion 4.5 All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction with regular updates, is job/role specific and is audited. There is a system in place to flag non attendees				
Issue- Hand Hygiene	Action Required	Responsible Person	Due Date	QIP status
A breakdown of all staff that attend Hand hygiene is required	Data base to be set up to identify staff that have attended and are due to attend an hand hygiene session	CNM3 IPCN	May 30 th	Completed
All staff is to attend Infection prevention and Control training at induction and at regular intervals	Hand hygiene sessions to be carried out monthly in education centre and sessions to be given at local level.	IPCN Human Resources Manager.	Continuous	Ongoing
Ensure staff attend mandatory hand hygiene sessions.	Identify and advise CNM of staff who have not attended hand hygiene session.	IPCN CNM2s Dept heads	Continuous	Completed

Standard 6				
Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place				
Criterion 6.3 Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are regularly fed back to the relevant front line staff and are used to improve the service provided.				
Issue- Hand Hygiene	Action Required	Responsible Person	Due Date	QIP status
Hand Hygiene Audits did not meet the national Criteria of 90%	Ward Hand hygiene champions to be developed to specifically look at all issues to do with Hand Hygiene on the wards/department areas.	IPCN	June 27 th	Training has commenced on names have been received from other areas
Five out of eight staff did not use the correct duration when using the alcohol gel.	Put up signs and notices to show the correct duration for hand hygiene using alcohol gel.	IPCN	May 30 th	Completed
One staff member had long sleeves which prevented hand hygiene	Send out email to remind staff of hospital Uniform policy.	IPCN	Immediate	Email sent and CNM 2 advised at DON meeting.

Standard 7 Communicable /Transmissible Disease Control

The spread of communicable /transmissible diseases is prevented, managed and controlled

Issue- Bed spacing	Action Required	Responsible Person	Due Date	QIP status
The rooms in Childrens ward are limited in space.	Spacing in childrens ward to meet with national recommendations	CEO, Risk Manager CNM3 IPC	August 29th	Ongoing

Criterion 7.6 Evidence based best practice, including national guidelines, for the prevention, control and management of infectious diseases/organisms are implemented and audited. These include but are not limited to the: National guidelines for the prevention of Nosocomial Invasive Aspergillosis During Construction/Renovation Activities NDSC 2002

Issue- Building work	Action Required	Responsible Person	Due Date	QIP status
Aspergillus training had not been carried out since 2011	All maintenance staff are to attend training on Risks of Aspergillus. This is to be done yearly.	Maintenance manager and IPCN	May 30 TH	Completed

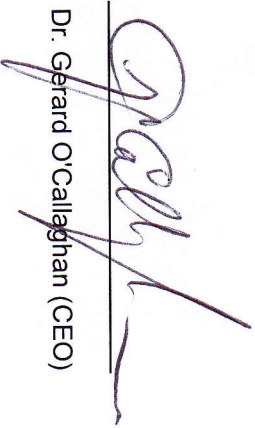
Written and updated by:

Carol Robinson CNM3 IPC /Hygiene/Decontamination, Niamh Allen Hygiene Coordinator, Gemma McCarthy CNM 2 Infection Prevention and Control

On behalf of the Infection Prevention and Control Committee

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Approved by:


Dr. Gerard O'Callaghan (CEO)