

Quality Improvement Plan

Developed following the unannounced monitoring assessment for the National Standards for the Prevention and Control of Healthcare Associated Infections by HIQA on June 25th 2015.

Approved by:

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October 19th 2015

Standard 3 – Environment and Facilities

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

Criterion 3.5 - All systems including water and ventilation systems are designed, maintained and audited in line with national and international guidelines to minimise the possible spread of HCAIs, for example Aspergillus species and Legionella species.

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Systematically address the recommendations in the legionella risk assessment report from March 2015	<ul style="list-style-type: none"> Develop and implement QIPs to address all the identified recommendations in the report 	<ul style="list-style-type: none"> Support Services Manager, Consultant Microbiologist, ADOM for IPC 	<ul style="list-style-type: none"> Quarterly updates on implementation to the Infection Prevention and Control Committee 	<ul style="list-style-type: none"> April'16

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 the spread of HCAIs.

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Ensure radiant warmers/work surfaces are cleaned immediately after use at all times	<ul style="list-style-type: none"> Update the policy on decontamination – include emergency call away Ensure all clinical staff are aware of and compliant with the policy 	<ul style="list-style-type: none"> Decontamination CMM2 Department /Ward Managers, Head of Neonatology 	<ul style="list-style-type: none"> Policy updated and circulated Compliance with the policy evident during inspections/audits 	<ul style="list-style-type: none"> Dec'15 Ongoing monitoring

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Ensure the cleanliness and integrity of cots and mattresses are maintained	<ul style="list-style-type: none"> • Update the procedure on the care and decontamination of beds to include cots • Ensure all staff are aware of and compliant with the policy 	<ul style="list-style-type: none"> • Decontamination CMM2 • Department/Ward Managers 	<ul style="list-style-type: none"> • Policy updated and circulated • Compliance with the policy evident during inspections/audits 	<ul style="list-style-type: none"> • Dec'15 • Ongoing monitoring
Ensure the integrity of all mattresses is maintained	<ul style="list-style-type: none"> • Update the procedure on the care and decontamination of beds to include cots • Ensure all staff are aware of and compliant with the policy • Include cot mattresses in the annual mattress audit 	<ul style="list-style-type: none"> • Decontamination CMM2 • Department/Ward Managers • Decontamination CMM2, Department/Ward Managers 	<ul style="list-style-type: none"> • Policy updated and circulated • Compliance with the policy evident during inspections/audits • % of cot mattresses requiring replacement identified during annual audit 	<ul style="list-style-type: none"> • Dec'15 • Ongoing monitoring • Mar'16
Minimise the number of cots stored on corridors	<ul style="list-style-type: none"> • Review the number and storage practices for cots 	<ul style="list-style-type: none"> • Department /Ward Managers 	<ul style="list-style-type: none"> • Numbers of cots stored on corridors 	<ul style="list-style-type: none"> • Dec'15, ongoing

Standard 6 – Hand Hygiene

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 HCAs.

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Maximise uptake of hand hygiene training/education	Provide Department Managers with lists of staff requiring training updates	<ul style="list-style-type: none"> IPC team 	<ul style="list-style-type: none"> % of hospital staff that have received hand hygiene training in the previous 2 years 	<ul style="list-style-type: none"> Ongoing

Standard 8 – Invasive Medical Device Related Infections

Invasive medical device related infections are prevented or reduced.

Criterion 8.1 – invasive medical devices are managed in line with evidence-based best practice and national and international guidelines.

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Provide timely feedback to staff on care bundle audit results	<ul style="list-style-type: none"> Audit findings to be displayed in clinical areas within one week of audit 	<ul style="list-style-type: none"> Department Managers, IPC team 	<ul style="list-style-type: none"> Audit results displayed 	<ul style="list-style-type: none"> Jan'16, ongoing