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 August 9th 2016.

Approved by:

[Signature]

Professor Fergal Malone, Master
01/12/2016
**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 3.1** - The design and layout of the facility is based on needs assessment which reflects the size, complexity and specialties of the service provided.

<table>
<thead>
<tr>
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<th>Responsibility</th>
<th>KPI</th>
<th>Target Date</th>
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</table>
| Improve the infrastructure and ventilation facilities in the Delivery Suite Operating Theatre | • Develop design plans for a modular build extension incorporating the redevelopment of this theatre to meets required standards.  
• Seek funding and planning permission for the modular build development.  
• Complete tender process for the development project  
• Construction and commissioning of the new facility | • Master and Property Committee  
• Secretary General Manager  
• Secretary General Manager  
• Master | • Plans developed and submitted.  
• Funding and planning permission obtained.  
• Contractors appointed  
• New theatre commissioned and operational | • Q4 2016  
• Target  
• Q1 2017  
• Q 4 2017  
• Q4 2018 |
**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.

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| • Ensure all patient equipment is clean and well maintained | • Review the cleaning schedules for patient equipment and recording of same  
• Ensure equipment requiring replacement is identified and replaced | • CMM3 in Delivery, IPC team  
• Delivery Suite staff | • >90% compliance on audits of medical equipment cleaning  
• All equipment is of a satisfactory standard | • Nov’16, ongoing  
• Ongoing |
| • Ensure point of care blood testing equipment is clean | • Decontamination wipes are located beside the fetal blood analyser  
• Point of care equipment checks to include cleanliness assessment | • CMM3 in DS  
• Point of Care Coordinator | • Decontamination wipes always available  
• 100% POC checks completed | • Nov’16  
• Dec 16 and Ongoing |
| • Ensure the Delivery Suite infrastructure and storage facilities are appropriate | • Finalise the plans for the DS refurbishment  
• Tender for works and appoint contractor  
• Commence/complete the phased refurbishment of the Dept | • Master and Property Committee  
• Secretary General Manager  
• Master | • Plans finalised and approved by Property Committee  
• Contractor appointed  
• Rooms renovated | • Dec’16  
• March ’17  
• Dec ‘17 |
**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 HCAIs.

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<td>• Hand hygiene sinks comply with relevant standards</td>
<td>• See the QIPs identified under Standard 3</td>
<td>• Master</td>
<td>• Compliant hand hygiene sinks in D/S • Compliant facilities in Theatre</td>
<td>• Dec ‘17 • Dec ‘18</td>
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</tbody>
</table>

**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.

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<td>• Anaesthetic medications are prepared in accordance with best practice recommendations</td>
<td>• Collaborate with Pharmacy to get pre prepared drugs available for emergency c/sections.</td>
<td>Consultant Anaesthetist &amp; Chairman, Department of Anaesthesia</td>
<td>• Anaesthetic drugs are constituted within appropriate timeframes</td>
<td>• Mar ‘17</td>
</tr>
<tr>
<td>• Care bundle components are included in all intravenous cannulation / care policies</td>
<td>• Review and update relevant policies and guidelines</td>
<td>IPC Team, Practice Development Team, Clinical Guidelines Committee</td>
<td>• Policies are updated and distributed via Q-Pulse</td>
<td>• Mar’17</td>
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Standard 11- Surveillance

Healthcare associated infections and antimicrobial resistance are monitored, audited and reported through a systematic surveillance programme.

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<td>• Enhance surveillance of surgical site infection post caesarean section</td>
<td>• Increase surveillance timeframe up to 30 days post surgery</td>
<td>• IPC Team</td>
<td>• Surveillance reports record incidents up to 30 days post surgery</td>
<td>• Jan'17, ongoing</td>
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