

## 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:**



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.

Opportunities for Improvement	Agreed Actions	Responsibility	KPI	Target Date
Improve the infrastructure and ventilation facilities in the Delivery Suite Operating Theatre	<ul style="list-style-type: none"> <li>Develop design plans for a modular build extension incorporating the redevelopment of this theatre to meets required standards.</li> <li>Seek funding and planning permission for the modular build development.</li> <li>Complete tender process for the development project</li> <li>Construction and commissioning of the new facility</li> </ul>	<ul style="list-style-type: none"> <li>Master and Property Committee</li> <li>Secretary General Manager</li> <li>Secretary General Manager</li> <li>Master</li> </ul>	<ul style="list-style-type: none"> <li>Plans developed and submitted.</li> <li>Funding and planning permission obtained.</li> <li>Contractors appointed</li> <li>New theatre commissioned and operational</li> </ul>	<ul style="list-style-type: none"> <li>Q4 2016</li> <li>Target</li> <li>Q1 2017</li> <li>Q 4 2017</li> <li>Q4 2018</li> </ul>

**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 HCAs.

<b>Opportunities for Improvement</b>	<b>Agreed Actions</b>	<b>Responsibility</b>	<b>KPI</b>	<b>Target Date</b>
<ul style="list-style-type: none"> <li>Ensure all patient equipment is clean and well maintained</li> </ul>	<ul style="list-style-type: none"> <li>Review the cleaning schedules for patient equipment and recording of same</li> <li>Ensure equipment requiring replacement is identified and replaced</li> </ul>	<ul style="list-style-type: none"> <li>CMM3 in Delivery, IPC team</li> <li>Delivery Suite staff</li> </ul>	<ul style="list-style-type: none"> <li>&gt;90% compliance on audits of medical equipment cleaning</li> <li>All equipment is of a satisfactory standard</li> </ul>	<ul style="list-style-type: none"> <li>Nov'16, ongoing</li> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Ensure point of care blood testing equipment is clean</li> </ul>	<ul style="list-style-type: none"> <li>Decontamination wipes are located beside the fetal blood analyser</li> <li>Point of care equipment checks to include cleanliness assessment</li> </ul>	<ul style="list-style-type: none"> <li>CMM3 in DS</li> <li>Point of Care Co-ordinator</li> </ul>	<ul style="list-style-type: none"> <li>Decontamination wipes always available</li> <li>100% POC checks completed</li> </ul>	<ul style="list-style-type: none"> <li>Nov'16</li> <li>Dec 16 and Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Ensure the Delivery Suite infrastructure and storage facilities are appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Finalise the plans for the DS refurbishment</li> <li>Tender for works and appoint contractor</li> <li>Commence/complete the phased refurbishment of the Dept</li> </ul>	<ul style="list-style-type: none"> <li>Master and Property Committee</li> <li>Secretary General Manager</li> <li>Master</li> </ul>	<ul style="list-style-type: none"> <li>Plans finalised and approved by Property Committee</li> <li>Contractor appointed</li> <li>Rooms renovated</li> </ul>	<ul style="list-style-type: none"> <li>Dec'16</li> <li>March '17</li> <li>Dec '17</li> </ul>

## 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
<ul style="list-style-type: none"> <li>Hand hygiene sinks comply with relevant standards</li> </ul>	<ul style="list-style-type: none"> <li>See the QIPs identified under Standard 3</li> </ul>	<ul style="list-style-type: none"> <li>Master</li> </ul>	<ul style="list-style-type: none"> <li>Compliant hand hygiene sinks in D/S</li> <li>Compliant facilities in Theatre</li> </ul>	<ul style="list-style-type: none"> <li>Dec '17</li> <li>Dec '18</li> </ul>

## 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
<ul style="list-style-type: none"> <li>Anaesthetic medications are prepared in accordance with best practice recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with Pharmacy to get pre prepared drugs available for emergency c/sections.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant Anaesthetist &amp; Chairman, Department of Anaesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Anaesthetic drugs are constituted within appropriate timeframes</li> </ul>	<ul style="list-style-type: none"> <li>Mar '17</li> </ul>
<ul style="list-style-type: none"> <li>Care bundle components are included in all intravenous cannulation / care policies</li> </ul>	<ul style="list-style-type: none"> <li>Review and update relevant policies and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>IPC Team, Practice Development Team, Clinical Guidelines Committee</li> </ul>	<ul style="list-style-type: none"> <li>Policies are updated and distributed via Q-Pulse</li> </ul>	<ul style="list-style-type: none"> <li>Mar'17</li> </ul>

## Standard 11- Surveillance

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

<b>Opportunities for Improvement</b>	<b>Agreed Actions</b>	<b>Responsibility</b>	<b>KPI</b>	<b>Target Date</b>
<ul style="list-style-type: none"><li>Enhance surveillance of surgical site infection post caesarean section</li></ul>	<ul style="list-style-type: none"><li>Increase surveillance timeframe up to 30 days post surgery</li></ul>	<ul style="list-style-type: none"><li>IPC Team</li></ul>	<ul style="list-style-type: none"><li>Surveillance reports record incidents up to 30 days post surgery</li></ul>	<ul style="list-style-type: none"><li>Jan'17, ongoing</li></ul>