

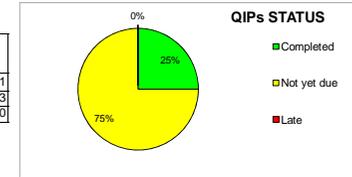
Quality & Patient Safety Department , HSE South QIP Template

Quality Improvement Plan For:

Bantry General Hospital

TODAY'S DATE: **19/05/2015**

QIPs STATUS	
Completed	1
Not yet due	3
Late	0



Note: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).

Aim				Measure				Change							
Recommendation	National Standard	Quality Dimension	Objective	Measure Indicator	Current Performance	Target for 2015	Priority Level	Planned improvement initiatives (change ideas)	Methods and process measures	Goal for change (2015)	Responsible Person/Team	Due Date	Completed Date	QIP Status	Comments
Recommendation 1	Theme 1 - NSPCHCAI standard - 1.2.3, 4.5,6,7,8,9,11,12	Leadership, governance and Management	Establish a Drugs and Therapeutic Committee	Functioning Committee in place with appropriate membership to deliver on agreed Terms of Reference	Currently no committee in place however pharmacist monitoring antibiotic usage per ward since 2013, CUH guidelines on antimicrobial usage in place in BGH.	Committee established and in place	High	Regional I D&T Committee awaiting appointment of Chair.	Audit effectiveness of Committee	Compliance with HCAI Standards	General Manager & Hospital Manager	Q4 2015		Not yet due	Waiting Regional D&T committee - issues has been highlighted at the EMB. In the interim BGH will seek linkages to the CUH D&T Committee
Recommendation 2	Theme 1 - NSPCHCAI standard - 1.2.3, 4.5,6,7,8,9,11,12	Leadership, governance and Management	Named accountable person for coordination of PCHCAI surveillance programme	Named accountable person for the coordination of the PCHCAI surveillance Programme	Accountable person is the chair of the EMB however essential posts required to ensure surveillance programme is maximised	Progress access to essential posts	High	Chair of EMB is accountable person, the following posts will be progressed in order to enhance and develop full surveillance programme - Consultant Microbiologist, Surveillance Scientist and Antimicrobial pharmacist	Establish Surveillance programme and audit effectiveness thereafter	Compliance with HCAI Standards	General Manager	Q4 2015		Ongoing	Surveillance Scientist post established in CUH with responsibility for BGH; 0.40WTE senior pharmacist to be progressed; business case for Consultant microbiologist being progressed in CUH
Recommendation 3	Theme 1 - NSPCHCAI standard - 1.2.3, 4.5,6,7,8,9,11,12	Leadership, governance and Management	An efficient antimicrobial programme should be developed and implemented	Antimicrobial programme in place with audits to measure effectiveness	Pharmacist logging antibiotic usage, CUH guidelines on antimicrobial usage are in place in BGH	Progress access to essential posts	High	Additional pharmacist hours to be introduced in the department and establish a programme with the ICC and Consultant Microbiologist	Establish antimicrobial programme and audit effectiveness	Compliance with HCAI Standards	General Manager & Hospital Manager	Q4 2015		Ongoing	Antimicrobial care bundle being developed under the direction of the Infection Control Committee.
Recommendation 4	Theme 1 - NSPCHCAI standard - 1.2.3, 4.5,6,7,8,9,11,12	Leadership, governance and Management	A formal and more comprehensive system of monitoring and reporting of defined PCHCAI metrics should be implemented in BGH	Effective surveillance programme in place with access to electronic reports	Manual reporting of data by the Infection Control Nurse and reported to the Infection Control Committee	Develop full surveillance programme plus develop electronic reporting system	High	Develop full surveillance programme with essential posts in place. Introduce electronic reporting software	Establish Surveillance programme and audit effectiveness thereafter	Compliance with HCAI Standards	General Manager, Hospital Manager and Area Manager	Q4 2015		Not yet due	
Recommendation 5	Theme 1 - NSPCHCAI standard - 1.2.3, 4.5,6,7,8,9,11,12	Leadership, governance and Management	A formal system of communication regarding PCHCAI should be developed and implemented in Bantry General Hospital	Documented Communication Strategy in place	Communication process in place for HCAI, however not documented fully	Communication Strategy to be formalised	High	Communication Strategy will be drafted inclusive of full infection control processes in BGH	Audit effectiveness of communication strategy	Compliance with HCAI Standards	Hospital Manager & Director of Nursing	Q3 2013	Q3 2013	Completed	
Recommendation 6	Theme 3 - NSPCHCAI standard - 1.2,3,6,7,8,9,11,12	Safe care	Access to microbiology services and advice from Cork University Hospital should be formalised	Formalised microbiology service with access to sessions for BGH	Microbiology service available for patient services, however no access to Consultant Microbiologist for HCAI programme	Access Consultant Microbiologist sessions	High	Establish formal links with CUH for microbiology services along with consultant sessions for HCAI programme	Establish surveillance programme and audit effectiveness	Compliance with HCAI Standards	Area Manager - HSE South	Q4 2015		Ongoing	Currently being progressed through the Chair of the EMB BGH
Recommendation 7	Theme 3 - NSPCHCAI standard - 1.2,3,6,7,8,9,11,12	Safe care	Formal Structures, policies, procedures and guidelines should be developed and implemented to demonstrate proactive reporting, identification, evaluation and management of HCAIs	Formal structures, policies, procedures and guidelines in place with an audit programme to ensure effectiveness	Policies and procedures in place for Infection Control Nurse however we require access to essential posts to develop further policies surrounding reporting, identification, evaluation and management of HCAIs	Establish access to essential posts and also develop further policies locally	High	Continue to develop further care bundles in BGH, audit of surgical site infections to be advanced with the surgeon. Development of a full surveillance programme with access to essential posts.	Establish surveillance programme and audit effectiveness	Compliance with HCAI Standards	General Manager, Hospital Manager and Area Manager	Q4 2015		Not yet due	Antibiotic Care Bundle currently being developed and audited
Unannounced Inspection 2nd April 2014	standard 3	Environment and Facilities Management	Ensure full compliance with the national standards	Environmental audits available and Hand Hygiene Programme records	Environment audit programme in place and Hand Hygiene Programme in place	Increase the number of 4.1 environment audits by wards and feedback to hygiene team	High	Introduce more 4.1 environmental audits by wards and feedback to the hygiene team, infection control team	Establish more 4.1 environmental audits; monitor hand hygiene compliance rates	Compliance with HCAI Standards	Director of Nursing/Hospital Manager	completed		Completed	Immediate action has taken place to address items raised by the authority during this inspection to ensure compliance with standards

Unannounced																
Inspection 11th March 2015	standard 3	Environment and Facilities Management	Ensure full compliance with the national standards	Environmental audits available and Hand Hygiene Programme records	Environment audit programme in place and Hand Hygiene Programme in place	Continue the number of 4.1 environment audits by wards and feedback to hygiene team	High	Develop linkages with Cork University Hospital Infection Control Committee.	Establish linkages and measure attendance rates	Compliance with HCAI Standards	Director of Nursing/Hospital Manager	Q2 2015	Not yet due	Immediate action has taken place to address items raised by the authority during this inspection to ensure compliance with standards		

UF

