

Kilcreene Regional Orthopaedic Hospital, Kilkenny (KROH) Quality Improvement Plan – HIQA Report of the Unannounced Inspection on 3rd February 2016

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 Infection.

CRITERION	NON COMPLIANCES IDENTIFIED	ACTION TAKEN	RESPONSIBLE PERSON	COMPLETION DATE	
Criterion 3.1 The design and layout complies with relevant legislation and evidence-based best practice for the prevention and control of HCAI's, risk management and other specialised design specifications for health and social care services.	The infrastructure and design of the Theatre Department is outdated and did not support the separation of functional activity of clean and potentially contaminated items, equipment or activities that could result in contamination.	An inspection of the Theatre Dept. was conducted by a registered AED in April 2016. An inspection was conducted by a HSE engineer in May 2016. The resulting architectural plans for reconfiguration of the Theatre Dept. that are currently being drawn up will be placed on our website.	Technical Services Hospital Manager	In progress	
	The Theatre Dept. has a single entrance/exit so there is no separate exit access for waste generated in theatres. The “dirty utility” area shared between the two operating rooms was not self contained. The clean and dirty areas should be kept separate and workflow patterns of each area should be clearly defined.	An inspection of the Theatre Dept. was conducted by a registered AED in April 2016. An inspection was conducted by a HSE engineer in May 2016. The resulting architectural plans for reconfiguration of the Theatre Dept. that are currently being drawn up will be placed on our website.	Technical Services Hospital Manager	In progress	

	<p>Absence of a Surgical Site Infection Surveillance programme</p> <p>No disposal unit for body fluids.</p> <p>No patient toilet in Theatre Dept.</p>	<p>Interim measures:</p> <ul style="list-style-type: none"> • An Acting Arthroplasty Nurse with additional responsibility for collating surgical outcome data has been appointed recently. Currently undergoing training. • The purchase of a robust wheeled truck with a lid is being purchased for the storage/transport of waste out of the Theatre Dept. • Pre-op patients are now returned to ward for toilet facilities. Due to poor mobility it is unsafe to dismount from transport trolley within the Theatre Dept. 	<p>Director of Nursing & Clinical Lead for Orthopaedics</p> <p>Theatre Manager</p>	<p>In progress</p>	
	<p>Residue and staining visible on plastic inserts and areas behind the inserts unclean in the outlets of hand wash sinks in the Theatre Dept.</p>	<p>Daily removal of inserts for cleaning. A documented cleaning & schedule has been developed and is implemented for all water outlets</p>		<p>Completed</p>	

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STANDARD 8: INVASIVE MEDICAL DEVICE RELATED INFECTIONS

Invasive medical device related infections are prevented or reduced.

CRITERION	NON COMPLIANCES IDENTIFIED	ACTION TAKEN	RESPONSIBLE PERSON	COMPLETION DATE
Criterion 8.1/8.2/8.3/8.4 RIMD	<p>The infrastructure & workflow patterns of current facilities for reprocessing RIMD is not in line with best practice guidelines and standards.</p> <p>The area should be managed by trained staff whose sole or primary responsibility is the management of the decontamination facilities.</p>	<p>An inspection of the Theatre Dept. was conducted by a registered AED in April 2016.</p> <p>An inspection was conducted by a HSE engineer in May 2016.</p> <p>The resulting architectural plans for reconfiguration of the Theatre Dept. that are currently being drawn up will be placed on our website.</p> <p>Interim measures:</p> <ul style="list-style-type: none"> • Full PPE worn in washroom • IAP room designated staff wear long-sleeved over-gowns. <p>Senior Staff Nurse who has completed the Medical Device Decontamination course in DIT is the responsible person-in-charge.</p> <p>Core staff have completed e-learning on HSE LanD and are rostered to work in Decontamination facility</p> <p>Additional staff rostered as required.</p>	<p>Technical Services</p> <p>General Manager</p> <p>Theatre Manager</p>	<p>In Progress</p> <p>On-going</p> <p>Completed and on-going</p>

Safe Injection Practices	Reconstituted I/V medications, insufficiently labelled and stored in an uncovered tray for an undetermined timeframe on top of the anaesthetic trolley.	Standard Operating Procedure (SOP) for Medication Management has been developed and disseminated to all operating room staff.	Medical & Nursing staff	Completed and on-going	
	Anaesthetic medications pre-prepared at the start of each day for emergency use.	Pre-prepared Steripacks of emergency drugs being sourced by Pharmacist.	Medical & Nursing staff		
	Medication routinely drawn up in advance of the patients' arrival into the operating room.	Medical/Nursing staff have been instructed that drugs routinely used during surgery should be drawn up directly before administration and the syringe disposed of immediately after use	Pharmacy		
Care Bundles	Indication for insertion of Urinary catheter was not included in Care Bundle	To be included in the next print batch	ADON	Within year end	