

**LETTERKENNY GENERAL HOSPITAL**

**QUALITY IMPROVEMENT PLAN: 2013**

**Recommendations of the HIQA report following the unannounced visit 27/02/2013  
Standards for the Prevention and Control of Healthcare Associated Infections**

### **Quality Improvement Plan**

This Quality Improvement Plan outlines the measure to be taken by Letterkenny General Hospital in response to the findings of the Health Information and Quality Authority's unannounced visit and audit of the Prevention and Control of Healthcare Associated Infections standards on 27 February 2013

1. Organisational Lead: **Sean Murphy, General Manager**
2. Standard 3: Environment & Facilities Lead: **Peter Byrne, Facilities Manager**
3. Standard 6: Hand Hygiene Lead: **Cathy Barrett, Infection Prevention & Control Manager**
4. **Internal review:** The Quality Improvement Plan will be reviewed monthly. A summary review will be provided to the Clinical Governance Steering Committee and the Hospital Executive Board by the Quality and Patient Safety Committee Advisory committee

Quality Improvement Plan

No.	Standard: Criteria	Area	Description of Improvement	Lead Person	Due Date	Completed Date
1	Standard 3	<b>Surgical 1</b>	Work station to be checked for clutter and residue daily	Nurse in Charge of shift/Domestic Supervisor	Q2 2013	
2	Standard 3	<b>Surgical 1</b>	Domestic supervisor to check bed frames, rails, fixtures and high and low surfaces for dust/mould/debris/residue after cleaning schedule complete	Domestic Supervisor	Q2 2013	
3	Standard 3	<b>Surgical 1</b>	All Hygiene related signage to be maintained and kept up to date	Nurse in charge of shift	Q2 2013	
4	Standard 3	<b>Surgical 1</b>	All sinks to conform to standards HBN 95 in relation to waste outlets	Peter Byrne	Q3 2013	
5	Standard 3	<b>Surgical 1</b>	Worn floor surfaces to be replaced throughout ward	Peter Byrne	Q3 2013	
6	Standard 3	<b>Surgical 1</b>	Treatment room to be locked when not in use	Nurse in Charge of Shift	Immediate & Ongoing	Ongoing
7	Standard 3	<b>Surgical 1</b>	Dirty utility to be locked when not in use	Nurse in charge of Shift	Immediate & Ongoing	

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No.	Standard: Criteria	Area	Description of Improvement	Lead Person	Due Date	Completed Date
1	Standard 3	<b>Surgical 1</b>	Dirty utility to be inspected daily for debris, dust, mould and residue. Wash bowls to be inspected daily for cleanliness and freedom from moisture	Nurse in Charge of Shift/Domestic Supervisor	Immediate and Ongoing	Ongoing
2	Standard 3	<b>Surgical 1</b>	Cleaners room (HMC) to be locked when not in use. Cleaning solution to be wall mounted Dispensers to be moved to accommodate ease of access to taps No food or other non-cleaning materials to be stored in this area	Domestic supervisor	Immediate and Ongoing	Ongoing
1	Standard 3	<b>Maternity Ward</b>	Work station to be checked for clutter, dust and residue daily	Midwife in Charge of shift/Domestic Supervisor	Immediate and Ongoing	Ongoing
2	Standard 3	<b>Maternity Ward</b>	Check bed frames, rails, fixtures, and high and low surfaces for dust/mould/debris/residue after cleaning schedule complete	Domestic Supervisor/Midwife in Charge of Shift	Immediate and Ongoing	Ongoing

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No.	Standard: Criteria	Area	Description of Improvement	Lead Person	Due Date	Completed Date
3	Standard 3	Maternity Ward	All equipment to be checked daily for dust/debris and residue	Midwife in Charge of Shift	Immediate and Ongoing	Ongoing
4	Standard 3	Maternity Ward	Chipped/worn paintwork throughout unit to be repainted	Facilities Manager	Q3 2013	
5	Standard 3	Maternity Ward	Implement system for cleaning baby baths	Assistant Director of Nursing/service Manager and Senior Midwife	Immediate and Ongoing	Ongoing
6	Standard 3	Maternity Ward	All signage to be reviewed- unnecessary signage to be removed. All other signage to be laminated	Assistant Director of Nursing/service Manager and Senior Midwife	Immediate and Ongoing	Ongoing
7	Standard 3	Maternity Ward	Clean Utility and Storage rooms to be checked daily and to remain clutter free and free from dust and debris. No storage of items on floor	Midwife in Charge of Shift	Immediate and Ongoing	Ongoing
8	Standard 3	Maternity Ward	Rusty weighing scales to be removed and disposed of.	Senior Midwife	Immediate	April 2013

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No.	Standard: Criteria	Area	Description of Improvement	Lead Person	Due Date	Completed Date
9	Standard 3	Maternity Ward	Dirty utility room to be locked when not in use. Access to sluice hopper to be kept clear.	Midwife in Charge of each Shift	Immediate and Ongoing	Ongoing
			Linen and clinical waste bags to be stored and collected in accordance with hospital policy	Midwife in Charge of each Shift/Domestic Supervisor	Immediate and Ongoing	Ongoing
			Electric socket to be repaired	Facilities Manager	April 2013	Ongoing
			Signage to be replaced with laminated signs	ADON/SM/ Senior Midwife	Immediate and ongoing	
			Provision to be made for bedpan cleaning facility	ADON/SM/Facilities Manager	Q3 2013	
1	Standard 3	Emergency Department	Access to fire extinguishers to be kept clear	ADON/SM Nurse in Charge of Shift	Immediate and Ongoing	Ongoing

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No.	Standard: Criteria	Area	Description of Improvement	Lead Person	Due Date	Completed Date
2	Standard 3	Emergency Department	Check trolleys, fixtures, clinical and non clinical equipment and high and low surfaces for dust/mould/debris/residue after cleaning schedule complete	Domestic Supervisor/Midwife in Charge of Shift	Immediate and Ongoing	Ongoing
3	Standard 3	Emergency Department	Damaged floor covering to be repaired	Facilities manager	Q2 2013	
4	Standard 3	Emergency Department	All signage to be reviewed. Unnecessary signage to be removed. Remaining signage to be laminated	ADON/SM	April 2013	
5	Standard 3	Emergency Department	Linen bags not to be filled over their capacity	ADON/SM/ Nurse in Charge of Shift	Immediate and Ongoing	Ongoing
6	Standard 3	Emergency Department	Holding area for Clinical waste to be made secure	Facilities manager	April 2013	

**Quality Improvement Plan**

<b>No.</b>	<b>Standard: Criteria</b>	<b>Area</b>	<b>Description of Improvement</b>	<b>Lead Person</b>	<b>Due Date</b>	<b>Completed Date</b>
1	Standard 3	Organisational	Check trolleys, fixtures, clinical and non clinical equipment and high and low surfaces for dust/mould/debris/residue after cleaning schedule complete- storage areas to be kept clutter free and no items to be stored on floor Treatment rooms, Clean and Dirty Utility rooms to be kept locked when not in use and free of clutter	ADON/ SMs, Departmental Heads, person in charge of individual area on each shift	Immediate and Ongoing	Ongoing
1	Standard 6	Organisational	<p>Review Current System of follow up of non attendees at hand hygiene training- Data base to be updated weekly and heads of department/ Line Managers to receive live updates of attendance and non attendance rates Embed a Culture of best practise in relation to Hand Hygiene across the organisation- to be achieved by-</p> <ul style="list-style-type: none"> <li>• Provision of extra hand hygiene training sessions</li> <li>• Strict enforcement of hand hygiene policy</li> <li>• Empower patients and relatives to challenge poor practice</li> <li>• Hygiene standards and compliance to be standing items at executive meetings as well as HIPC and QPS meetings</li> </ul>	<p>IPC Team</p> <p>IPC Team</p> <p>All Clinical and non Clinical Managers and Supervisors</p> <p>All Nursing &amp; Medical staff</p> <p>Committee Chairpersons</p>	Q2 2013	



