LETTERKENNY GENERAL HOSPITAL

QUALITY IMPROVEMENT PLAN: 2013

Recommendations of the HIQA report following the announced assessment on 5 June 2013
Standards for the Prevention and Control of Healthcare Associated Infections

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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	**Surgical 1**	Domestic supervisor to check bed frames, rails, fixtures and high and low surfaces for dust/mould/debris/residue after cleaning schedule complete	Domestic Supervisor	Ongoing	
2	Standard 3	**Surgical 1**	Worn floor surfaces to be replaced throughout ward	Peter Byrne	Q3 2013	Partially complete- expected completion Q4 2013
3	Standard 3	**Surgical 1**	Treatment room to be locked when not in use	Nurse in Charge of Shift	Immediate & Ongoing	Ongoing
4	Standard 3	**Surgical 1**	Dirty utility to be locked when not in use	Nurse in charge of Shift	Immediate & Ongoing	
5	Standard 3	**Surgical 1/Organisational**	All sinks to conform to standards HBN 95 in relation to waste outlets	Peter Byrne	Q2 2014	Not Due

Quality Improvement Plan						
No.	**Standard: Criteria**	**Area**	**Description of Improvement**	**Lead Person**	**Due Date**	**Completed Date**
6	Standard 3	**Surgical 1**	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
7	Standard 3	**Surgical 1**	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	**Maternity Ward**	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

Quality Improvement Plan						
No.	**Standard: Criteria**	**Area**	**Description of Improvement**	**Lead Person**	**Due Date**	**Completed Date**
2	Standard 3	**Maternity Ward**	All equipment to be checked daily for dust/debris and residue	Midwife in Charge of Shift	Immediate and Ongoing	Ongoing
3	Standard 3	**Maternity Ward**	Chipped/worn paintwork throughout unit to be repainted	Facilities Manager	Q2 2014	Not Due
4	Standard 3	**Maternity Ward**	Implement system for cleaning baby baths	Assistant Director of Nursing/service Manager and Senior Midwife	Immediate and Ongoing	Completed
5	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	Completed
6	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	Completed
7	Standard 3	**Maternity Ward**	Rusty weighing scales to be removed and disposed of.	Senior Midwife	Immediate	Completed

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No.	**Standard: Criteria**	**Area**	**Description of Improvement**	**Lead Person**	**Due Date**	**Completed Date**
8	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	Completed
			Signage to be replaced with laminated signs	ADON/SM/ Senior Midwife	Immediate and ongoing	Ongoing
			Provision to be made for bedpan cleaning facility	ADON/SM/Facilities Manager	Q1 2014	Not Due
1	Standard 3	**Emergency Department**	Access to fire extinguishers to be kept clear	ADON/SM Nurse in Charge of Shift	Immediate and Ongoing	Completed

Quality Improvement Plan						
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	Completed
4	Standard 3	**Emergency Department**	All signage to be reviewed. Unnecessary signage to be removed. Remaining signage to be laminated	ADON/SM	April 2013	Completed
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	Completed

Quality Improvement Plan						
No.	**Standard: Criteria**	**Area**	**Description of Improvement**	**Lead Person**	**Due Date**	**Completed Date**
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	ADON/ SMs, Departmental Heads, person in charge of individual area on each shift	Immediate and Ongoing	Ongoing
			Treatment rooms, Clean and Dirty Utility rooms to be kept locked when not in use and free of clutter- Organisation to plan programme to convert current locking systems to alternative user friendly electronic/ manual keypad system	Peter Byrne Facilities Sean Murphy General Manager	Q4 2014	Not Due

2	**Theme 2 Workforce** **Essential Element 2 (b)** **Essential Element 3 (c)**	**Organisational**	Hygiene programme, based on the WHO multimodal framework, in place by the end of 2013.	IPC Team/HIPCC	Q4 2013	Not Due
			Entire workforce educated and trained in hand hygiene by June 2014.	IPC Team	June 2014	Not Due
			Provide monthly reports on progress to the National Director for Acute Services	IPC Team	Ongoing	
			Ensure visiting clinical, undergraduate and agency staff are compliant in core principles for PCHCAIs	HR Manager/ Medical education Co-coordinator	Q4 2013	Completed and Ongoing
			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-	All Clinical and non Clinical Managers and Supervisors	Q4 2013	Not Due
			• Provision of extra hand hygiene training sessions	IPC Team		
			• Strict enforcement of hand hygiene policy	All Nursing & Medical staff		
			• Empower patients and relatives to challenge poor practice			
			• Hygiene standards and compliance to be standing items at executive meetings as well as HIPC and QPS meetings	Committee Chairpersons		

Quality Improvement Plan						
No.	**Standard: Criteria Theme 1 Leadership, Governance and Management**	**Area**	**Description of Improvement**	**Lead Person/s**	**Due Date**	**Completed Date**
1	**Essential Element 1(a)**	**Organisational**	Identify and allocate a specific budget allocation for PCHAI	Sean Murphy	Q4 2013	Not Due
			PCHAI to be a standing item at HEB	Sean Murphy	Q4 2013	Ongoing
			Complete outstanding QIPs from 2009	Cathy Barrett/ Pádraig McLoone	Q4 2013	Not Due
			Drugs & Therapeutics committee to meet its Terms of Reference	Sean Murphy/Chair of D&T	Ongoing	
	1(c)		Develop and Publish a PCHAI Strategy	HIPCC	Q4 2013	Not Due
	Theme 3 Safe Care					
1	**Essential Elements 3(b)**	**Organisational**	Audits of compliance with SARI key components for PVCs and accompanying documentation. Deficits in compliance with PVC care bundles to be recorded in a formal individual action plan	Ward CNMs, IPC Team & Nursing Practice Development Team	Q1 2014	Not Due
2	**Essential Elements 3(c)**	**Organisational**	Develop a plan and process to identify resources to commence surveillance of surgical site infection	HIPCC	Q2 2014	Not Due
			Improve compliance with antimicrobial prescribing- Continue antimicrobial monitoring ward rounds. Plot compliance and trending for	HIPCC/IPCT/D&T	Q2 2014	Not Due

			analysis at HIPCC/D&T committee to include Surgical Prophylaxis			
3	**Essential Elements 3 (d)**	**Organisational**	Include transportation of patients with or without a HCAI to off site centres on Corporate Risk Register	Pádraig McLoone/Clinical Governance Steering Committee	Q4 2013	Completed
2	**Essential Elements 3(c)**	**Organisational**	Environmental audits to state- Actions to be taken by named staff member Timeline for completion of remedial issue	Cathy Barrett/Peter Byrne	Q1 2014	Not Due
			All Maintenance forms to demonstrate priority rating and date of completion	Peter Byrne	Q2 2014	Not Due