

South Infirmary –Victoria University Hospital



Quality Improvement Plan

2015

On the 16/04/2015 and the 21/05/2015 the South Infirmary Victoria University Hospital (SIVUH), was inspected by the Health Information Quality Authority (HIQA).

The SIVUH aims to provide a safe and positive experience to all our patients, we have developed the following Quality improvement plan (QIP) from the report furnished to us from the HIQA inspections in order to ensure that we achieve this.

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 Infections.

General theatre				
Issue- Environment/infrastructure	Action Required	Responsible Person	Due Date	QIP status
The design and structure of four of the seven theatres located in the General theatre Department are not fit for purpose.	Risk identified and to remain on risk register and escalated to hospital group. Capital funding sought from HSE estates via hospital group	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
Sliding wooden door in theatre	To replace this door	CNM3 Theatre/ Maintenance manager/CNM2 of theatres 1-4	Jan 2016	Alternate door to be sourced. SOP to be devised and internal audit to be carried out.
Theatres Doors not fully closed during operation.	All doors to remain closed when theatre in process.	CNM3 & CNM2 Theatres	Immediate	Staff advised to monitor doors and keep same closed.
There was no sluice master for the theatre complex.	The sluice master to be installed	CEO / CNM3 Theatres /Maintenance manager	Immediate	Completed
There was no door between the dirty sluice and the corridor	Door to be installed	CEO / CNM3 Theatres /Maintenance manager	Immediate	Completed
Area for general recovery too small	Risk identified and to remain on the risk register. Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
The width of the communal corridor linking theatres 1-4 was very narrow.	Risk identified and to remain on the risk register Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
The size of the theatres were too small	Risk identified and to remain on the risk register Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.

There are no designated anaesthetic rooms	Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
Issue- Environment/infrastructure	Action Required	Responsible Person	Due Date	QIP status
The ventilation system does not comply with current standards	Risk identified and to remain on the risk register Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
There is no ventilation in the prep rooms	Risk identified and to remain on the risk register Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSSW group.
The preparation rooms were too small and shared facility.	Risk identified and to remain on the risk register Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
Exposed pipework	All pipes to be removed or enclosed	CEO / CNM3 Theatres /Maintenance manager	Jan 2016	In progress
Doors and skirting boards were poorly maintained.	All doors and skirting boards are to be repaired and maintained.	Maintenance Manager and CNM3/2	Jan 2016	Completed
Windows in two of the theatres were opened.	All windows to be locked.	Maintenance Manager and CNM3/2	Immediate	Completed
All flooring to be replaced in wing 1-4 and recovery.	All floor covering to be reviewed and replaced as required	CEO / CNM3 Theatres /Maintenance manager	Jan 2016	Repairs in progress
A bag was observed on the floor belonging to member of staff	No personal belongings are to be brought into the theatres. Same to be included in a SOP.	CNM3/2 and all theatre staff	Jan 2016	All staff advised of the importance of not bringing personal belongings into theatre and Signage has been put on all entrances to the theaters.
Limited surgical site surveillance	Surgical site surveillance needs to be expanded to include theatres 1-4	DON/ IPCNM3	Jan 2016	Business case in development

There is no segregated recovery area for children within the whole of the theatre complex.	Capital funding to be sought for upgrade of these theatres	CEO	Immediate	Capital funding has been sought. Meeting has been held with architects This has been escalated to SSWHG group.
There was no local ownership of departments hand hygiene figures.	All department staff should be aware of results	ADON/CNM3/2 and all theatre staff	Immediate	Completed data sent out monthly to all sivuh users
Environmental audit carried out but not re-audited following poor compliance	All environmental audits carried out and if found to be below 85% are to be re-audited within two weeks of furnished report. Audit results to go to IPCC quarterly	PCHAI audit committee	Immediate	A committee has been formed and a schedule commenced based on risk assessment of the areas.
Issue- Environmental/ Hygiene	Action Required	Responsible Person	Due Date	QIP status
Cleaning audit to be maintained by CNM2 of each theatre.	Each theatre CNM to complete monthly cleaning audits and report findings to ADON and HC	CNM3/2	Nov 2014	Audit tool for each theatres under review.
Dust was noted behind the anaesthetic trolley and trolley base was dusty	All equipment to be on a cleaning schedule	CNM3/2	Immediate	Completed, and same added to audit schedule.
Dust was present on some keyboards and on floors and cabinets and stainless steel trolleys in the communal corridors.	Keyboards are to be covered with plastic covers, and all equipment to be on a cleaning schedule	CNM2/3 /IPCNM3/ HC	Jan 2016	Covers for keyboards on order
Inappropriate items were stored in the three dirty utility rooms.	Remove all inappropriate items form dirty utility rooms	CNM2	Immediate	Completed same added to audit schedule.

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Ward : Oncology				
Issue- Environment /Infrastructure	Action Required	Responsible Person	Due Date	QIP status
Treatment area within the unit had eight patient treatment chairs in both sections of the unit.	Treatment area needs to be looked at to ensure adequate spacing of each treatment chair.	CEO/ADON/CNSs	Jan 2016	The number of treatment chairs has been reduced. A surveillance programme to be put in place for all central and PICC lines to assure quality.
There were no privacy screens available.	Provide screens which can be used if required.	CEO/CNS	Jan 2016	Same currently being sourced.
There are no designated isolated facilities	Designate a treatment area for Isolation purposes within the unit, and SOP to be devised.	ADON/CNSs	Jan 2016	SOP in development. Treatment area identified for isolation purposes.
Toilets were locked	Toilets to remain open during the day.	CNSs	Immediate	Completed
Surfaces and finishes in the drug prep room had not been made good following renovation work and therefore could not facilitate effective cleaning	All surfaces and finishes to be completed to allow for effective cleaning	CNSs/Maintenance manager	October 2015	Completed
Issue- Environment /Hygiene	Action Required	Responsible Person	Due Date	QIP status
Dust noted on the sides and underneath of patient treatment chairs. Some upholstery was not intact.	All areas to be deep cleaned and maintained, Any chairs where the upholstery is not intact should be removed for repair or replaced.	CNSs and Hygiene Co-ordinator Household and Catering manager	Immediate	All chairs were deep cleaned post inspection. A QIP was developed for all low level findings with the HC leading this.
Cleaning of toilet area was noted poor on the day of the inspection	Schedule for the cleaning of the toilet is to be reviewed. Area to be terminally cleaned.	Hygiene co-ordinator.	Immediate	Completed
Bowls contained unsterile cotton wool balls, sterile needle free connector for venous access devices, adhesive plasters and small bags of saline.	All items should be stored in a clean closed area, and decanted as required.	CNSs	Immediate	Completed
Injection trays were not clean	All trays should be cleaned after each patient use.	CNSs	Immediate	Completed

Standard 6

Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place

Criterion 6.1

There is evidence -based best practice policies. Procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections.

Issue- Hand Hygiene	Action Required	Responsible Person	Due Date	QIP status
The design of some of the clinical hand wash sinks on Childrens ward did not conform to HBN 00-10 Sanitary assemblies.	All sinks are to be changed over to conform to HBN 00-10 these are to be identified and reported to maintenance	CEO Maintenance manager. IPCNM3	Dec 2017	In progress
Hand hygiene audit has not been completed in the general theatre since 2014.	Regular schedule hand hygiene audits to be completed within theatre	Hand hygiene champions/CNM3 IPCNM3	Dec 2016	Hand hygiene audit was completed in July 2015. Hand hygiene champions to be carrying out monthly audits in-house.
There was no hand hygiene champion at the time of inspection in the theatre department.	More hand hygiene champions to be trained up for the department	IPCNM3	October 2015	There have been five new champions trained since the audit. There are now six hand hygiene champions trained in theatre complex.
Percentage of Medical staff who have attended hand hygiene training is poor.	Hand hygiene sessions to be carried out until medical staff have reached 90% compliance. Contact MUH and CUH for assistance for cross city data base with hand hygiene.	IPCNM3 Human Resources Manager.	Ongoing	MUH and CUH contacted requesting the staff names of medical doctors who are employed by them and have attended their hand hygiene education programme. UCC have been contacted in regards to the undergraduate programme.
There is no agreed schedule for hand hygiene audit	Audit schedule to be completed	IPCNM3 CNM2 and HH champions	Immediate	Audit schedule agreed and Hand hygiene audits are to be carried out monthly.
Hand hygiene posters were not consistently displayed throughout the department.	Hand hygiene posters to be developed and ordered in	Supplies and Maintenance	Oct 2015	Local hygiene posters on order.

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Ward : Ground floor Victoria				
Issue- Environment Hygiene	Action Required	Responsible Person	Due Date	QIP status
Dust noted on patient bed frames, radiators, floors and walls.	All areas to be deep cleaned and maintained	CNM2 and Hygiene Co-ordinator Household and Catering manager	Immediate	Area deep cleaned this acknowledged in re-inspection. A QIP was developed for all low level findings.
Damage to paintwork	Area to be repainted	Maintenance manager CNM2	Immediate	Completed

Written by:

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On behalf of SIVUH Infection Prevention and Control Committee

Approved by: 

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