



Beaumont Hospital

Quality Improvement Plan - 26th January 2015 and Updated on 26th March 2015 and 1st July 2015 HIQA unannounced on-site monitoring assessment - 30th October 2014

Introduction: On the 30th October 2014 HIQA carried out an unannounced inspection of compliance with Standard 3 (Environment and Facilities Management), Standard 5 (Communications Management) and Standard 6 (Hand Hygiene) of the National Standards for the Prevention and Control of Healthcare Associated Infections. The Authority visited St Mary's Ward, St Brigid's Ward and St Martin's Ward (Room 1). They have since published their findings on the HIQA website. The Hospital is committed to achieving full compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections.

The Authority found evidence of both compliance and non-compliance in relation to Standards 3 and 5 of the National Standards for the Prevention and Control of Healthcare Associated Infections. Areas of non-compliance are addressed in this QIP. Any outstanding actions in relation to any previous QIPs will continue to be monitored and progressed until completion.

In relation to Standard 6 (Hand Hygiene), the Authority noted a steady improvement in compliance from 79.3 % in Oct/Nov 2011 to 86.2% in May/June 2014. The Hospital is committed to an EU-wide multimodal hand hygiene strategy with the intention of achieving the HSE target of 90% by the end of 2015.

Approved by:

Mr. Liam Duffy

Chief Executive

Date:

July 1, 2015

Dr. Paul Brennan

Lead Clinical Director

Date:

July 1, 2015

Prof. Edmond Smyth

Chair of Clinical Governance

Date:

July 1, 2015

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 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections.

No.	Opportunities for Improvement	Action Required	Responsibility	Timeframe / Status	Monitoring & Evaluation
1 Maintenance and Management of Patient Equipment					
1.1	Coordinated approach to the maintenance and management of patient equipment	Set up a patient equipment focus group, reporting into the Hygiene Services Task Group / Decontamination, Hygiene, and Infection & Prevention Control Committee	Nursing	Group set up and work ongoing	Report to the Hygiene Services Task Group using the Quality Improvement for Patient Equipment
1.2	Decontamination of patient equipment	Focus Group to review processes, provide advice and education on how to facilitate routine decontamination in prevention of HCAIs	Equipment Focus Group / IPCT / TSD / Nursing Practice Development	Group set up and work ongoing	Report to the Hygiene Services Task Group using the Quality Improvement for Patient Equipment
1.3	Ensuring equipment in good state of repair	Planned preventative maintenance programme for key equipment eg. bed pan washers - MIM / Stanbridge	Equipment Focus Group / TSD	Ongoing	Meetings with service provider. Report to the Hygiene Services Task Group
		Phased equipment replacement programme - mattresses, commodes, bed pans and urinals	Equipment Focus Group / Procurement	Ongoing	Hygiene and mattress audits to monitor condition of equipment
2 Maintenance and Management of Patient Environment & Facilities					
2.1	Cleaning of clinical environment eg. clinical work surfaces, laminating of signage	Implementation of agreed strategy / action plan	Focus group for patient equipment	In Progress Q3 2015	Hygiene audits to monitor clinical environment.

2.2	Cleaning of the patient environment.	Development of local level communication and partnership plans to ensure access by cleaning operatives to items such as patient bedside lockers and bed side tables. Productive ward considering management of patients personal items on bed tables and lockers.	Cleaning Services Mangers / Productive Ward Steering Group		Routine multidisciplinary weekly hygiene audits and contract cleaning audits.
2.3	Maintenance and upkeep of clinical / ward areas while Hospital is running in excess of 100 % occupancy.	Revise process for logging and ensuring close-out of ward level TSD requisitons. IT solution is being explored.	HSTG / TSD	Ongoing / In Progress Q3, 2015	Report to the Hygiene Services Task Group.
2.4	Access to ward / clinical areas for close-out of maintenance issues	Liaison between TSD and local areas. To plan required works around any potential opening and closing of wards.	TSD / local managers	Ongoing	Plan around the closing and opening of wards, i.e. St Teresas Ward, HDU and RITU
2.5	Access to ward / clinical areas for painting and upgrade works	Develop a plan-for access to decant ward areas at any time of lower occupancy levels in wards/clinical areas. OPD painting complete. Damiens upgrade commenced. Haemodialysis unit to commence Autumn 2015.	Facilities & Operations managers		Project Inventory.
2.6	Requirement for additional beds on inpatient wards and in the dialysis unit	Conduct risk assessment and review escalation policy as required following same	Patient Flow and Health & Safety Co-Ordinator & TUN Directorate	Q3 2015	Risk Assessment.
2.7	Use of signage to communicate isolation requirements	Review efficacy of current signage in relation to nationally available signage / evidence based practice. Standard and Transmission Based Precautions Policy to be reviewed and updated.	IPCT	Q3 2015	Inclusion of observation of appropriate use of signage in hygiene audits / safety walk abouts.

		Review placement of signage in the event that risk assessment indicates door on patient room must be left open	IPCT & Nursing	Q1 2015	
Standard 6: Hand Hygiene - Hand Hygiene practices that prevent, control and reduce the risk of the spread of Healthcare					
No.	Opportunities for Improvement	Action Required	By Whom (will deliver action)	Timeframe / status	Monitoring & Evaluation
3	Hand Hygiene				
3.1	The design of some clinical hand wash sinks in the three areas that were inspected did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.	Conduct hand hygiene infrastructural survey to identify non-compliant hand hygiene facilities	Infection Prevention & Control	Q4 2015	Report of infrastructural survey to be tabled at Decontamination, Hygiene and Infection, Prevention & Control Committee and list of deficits to be provided to Technical Services Department.
		Continue phased replacement / upgrade of any non-compliant hand hygiene facilities	Technical Services Department	Ongoing	Annual comparison of infrastructural audits to show year-on-year improvement
3.2	Increase compliance with mandatory hand hygiene training from 96% in Q1 2015 to 100% by Q4 2015	Hand hygiene training available electronically and hand hygiene training "blitz" days to continue. DMTs to review hand hygiene training records and facilitate staff attendance at training days / give access to electronic training. Additional training being made available for auditors and also focused training on the WHO 5 Moments	IPCT	Ongoing	Review monthly reports by directorates & departments - results reviewed by DHIPCC & submitted to HSE

3.3	Maintain compliance with the HSE's national target of 90% for hand hygiene observational audits as achieved in Q3 / Q4 2014 (90.2% up from 86.2% in Q2 2014).	Continue the current hand hygiene audit programme quarterly in each directorate but increasing to weekly, if 90 % compliance is not achieved.	Directorate Management Teams	Ongoing	DMT report compliance to DHIPCC quarterly. Beaumont Hospital reports to HPSC biannually
		Continue the Hand Hygiene Champions' monitoring programme which will be included in the routine weekly hygiene audits		Ongoing	Report of audits to the Hand Hygiene Champions' Group and Hygiene Services Task Group
		Review and update the EU multimodal hand hygiene action plan for 2015.		Complete	
3.4	Medical representation required on Hand Hygiene Champions Group	Seek medical representation		Q1 2015	Discussed at Hand Hygiene Champions meeting - Representatives being sought through newly appointed Medical Residents.