



St. John's Hospital, Limerick

Quality Improvement Plan based on the HIQA Report from the unannounced monitoring assessment of the hospital on 19th May 2016 published on 8th July 2016

Developed and Updated by:

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Approved by Mr. Fearghal Grimes, Chief Executive on 17th August 2016

Review Date: 18th November 2016

Standard	Issue Identified in HIQA Report	Action Plan	Action Taken	Target/Time Frame	Lead Responsibility	Progress to Date	Outcome
Standard 3 Environment and Facilities Management Criterion 3.6	First Floor The inspector noted that the doors to two rooms accommodating patients requiring transmission-based precautions were ajar during the inspection.	Complete risk assessment to establish if a need is identified to leave door open for observation purposes. Communicate plan of care to all relevant staff and visitors. Update infection control policy to reflect same. Audit compliance with policy standards.	Issue added to agenda for senior nurse meeting on 24 th August. Compliance being monitored at DON weekly hygiene walk around.	24 August 2016	Clinical Nurse Managers & Infection Prevention & Control CNS Clinical Nurse Managers	Ongoing On-going	Ongoing monitoring, action and evaluation by clinical nurse managers
	Advisory signage was not displayed on the door of a single room used to accommodate a patient requiring droplet precautions at the time of inspection.	Sign was put up on the day. Ensure appropriate sign is placed on doors and audit compliance with policy standard	Sign was put up on the day. Regular Audits planned	31 August 2016	Clinical Nurse Manager	On-going	Signs are correctly displayed and adhered to
	Healthcare risk waste bins were located outside the rooms of some patients requiring transmission-based precautions.	Repositioning of the Healthcare risk waste bins to comply with standard. Review need for further training for staff and provide training as necessary. Update Hospital's own policies as required.	Bins have been moved in to rooms of patients requiring transmission-based precautions.	1 August 2016 and ongoing	Clinical Nurse Managers & Infection Prevention & Control CNS	On-going	Bins were moved on the day Ongoing monitoring, action and evaluation by clinical nurse managers

	<p>The authorized person observed that staff removed personal protective equipment outside the isolation room.</p> <p>The majority of single rooms on the First Floor, which are used to accommodate patients requiring transmission-based precautions did not have designated clinical hand wash sinks.</p> <p>The alcohol hand rub dispenser in one of these rooms was broken at the time of the inspection meaning there were no hand hygiene facilities in this room</p> <p>HIQA recommends that the hospital review the systems, procedures and processes in place to ensure that the risk of transmission of infection is prevented, managed and controlled in accordance with Criterion 3.2, Standard 3 of the Infection Prevention and Control Standards.</p>	<p>Review need for further training for staff and provide training as necessary. Audit compliance with PPE policy.</p> <p>Conduct risk assessment and where possible, install designated clinical hand wash sinks in all single rooms</p> <p>The alcohol hand rub dispenser was replaced on the day. Audit equipment as part of monthly audit schedule.</p> <p>A review of Infection Prevention & Control processes is on-going.</p>	<p>Clinical Nurse Managers will monitor staff compliance with correct procedure for removal of personal protective equipment. The training programme will be reviewed to ensure this requirement is addressed.</p> <p>Risk assessment undertaken on 03/08/2016</p> <p>The alcohol hand rub dispenser was replaced on the day</p> <p>Scheduled for review at August IPC committee</p>	<p>1 August 2016 and ongoing</p> <p>Review outcome of RA by 31/8/16 and plan installation of hand wash sinks if feasible.</p> <p>The alcohol hand rub dispenser was replaced on the day</p> <p>17/08/2016</p>	<p>Clinical Nurse Managers</p> <p>Maintenance Manager and Infection Control Nurse</p> <p>Clinical Nurse Manager</p> <p>Infection Prevention & Control Committee</p>	<p>Standards being adhered to</p> <p>Risk assessment carried out on 03/08/2016</p> <p>Closed</p> <p>August Audits for review by IP&C Committee</p>	<p>Ongoing monitoring, action and evaluation by clinical nurse managers</p> <p>Sinks will be installed if feasible.</p> <p>The dispenser was replaced on the day</p> <p>On-going review of Infection Prevention & Control processes.</p>
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	<p>It was evident at the time of inspection that bed spacing in multi-bedded wards in the area inspected was not in compliance with best practice guidelines. Limited spatial separation between beds did not facilitate ease of movement of staff or mobilisation of patients.</p> <p>The overall ward infrastructure was poorly maintained in that many of the surfaces and finishes throughout the ward, including wall paintwork, wood finishes, pipework and flooring was damaged and worn and as such did not facilitate effective cleaning</p> <p>Ward-wide managerial audits, incorporating all elements included in local audits are not routinely carried out by Infection Prevention and Control. Guidelines recommend that managerial audits, combining all elements should be carried out to validate the local audit process, provide an independent objective view of cleanliness and should form part of the ongoing management and supervision of ward hygiene.</p> <p>In addition, an overall compliance performance was not determined following these audits. As a result there was a lack of awareness regarding the overall level of compliance and ongoing trends at ward level.</p>	<p>St. John's Hospital has prepared a Development Brief for replacement of all our in-patient bed stock with 90 new single bed wards</p> <p>Review of all on-going maintenance work to take place between maintenance manager and heads of department on a monthly basis</p> <p>Managerial Audits will be carried out</p> <p>Compliance performance/trends will be reviewed by the Infection Prevention & Control Committee and action plans will be adjusted accordingly</p>	<p>A major capital development proposal has been submitted to the HSE</p> <p>There is on-going maintenance of all areas of the hospital as resources allow.</p> <p>A programme of managerial audits has been put in place</p> <p>To be added to standard IP&C Committee meeting agenda</p>	<p>Construction programme identifies completion date of June 2019</p> <p>On-going</p> <p>1 August 2016</p> <p>17 August 2016</p>	<p>Chief Executive</p> <p>Maintenance Manager and D/Chief Executive</p> <p>Infection Prevention & Control Committee</p> <p>Infection Prevention & Control Committee</p>	<p>Ongoing</p> <p>First meetings scheduled for Sept. 2016</p> <p>Weekly audits in place</p> <p>Scheduled for August 2016</p>	<p>New in-patient wards in place c.mid-2019</p> <p>On-going maintenance until new wards available.</p> <p>On-going managerial audits</p> <p>On-going audits and trend analysis</p>
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<p>Standard 6 Hand hygiene</p>	<p>Checklists for the cleaning of patient equipment had been developed. However all items listed were scheduled to be cleaned on a weekly basis. Patient equipment should generally be cleaned after use and on a daily basis. National guidelines recommend that minimum cleaning frequencies should be defined by frequency of use and by risk category.⁸ The hospital should evaluate cleaning frequencies to ensure that they are sufficient</p> <p>The design of clinical hand wash sinks in the First Floor did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.</p> <p>There was no designated clinical hand wash sink in one 'dirty' utility room on the First Floor. A stainless steel utility sink located directly beside the sluice hopper was used for hand washing. This presents a risk of contamination of staff hands with faecal organisms and is a potential risk factor in the spread of enteric bacteria which can cause infection. Appropriate clinical hand washing facilities should be provided in this area.</p>	<p>Evaluation of equipment cleaning frequency requirements based on use/risk will be carried out</p> <p>The clinical hand wash sinks will be replaced with compliant sinks as per the Ground Floor refurbishment.</p> <p>A HBN compliant hand wash sink will be installed in the Sluice Room. The sluice room may need to be reconfigured to facilitate this</p>	<p>Evaluation of equipment cleaning frequency requirements based on use/risk is being carried out</p> <p>Work will take place on a phased basis as wards become available/can be freed up</p> <p>Work plan agreed</p>	<p>31 August 2016</p> <p>Project scheduled to start in Sept. 2016</p> <p>Project scheduled to start in Sept. 2016</p>	<p>Hygiene Services Team & Infection Prevention & Control CNS and Clinical Nurse Managers</p> <p>Maintenance Manager</p> <p>Maintenance Manager</p>	<p>Completed July 2016</p> <p>On-going</p> <p>On-going</p>	<p>Appropriate cleaning schedules have been developed based on the evaluations</p> <p>HBN compliant sinks will be installed on First Floor</p> <p>A HBN compliant hand wash sink will be installed in the Sluice Room</p>
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Standard 8 Invasive Medical Device Related Infections	<p>Liquid soap, alcohol hand gel and hand moisturiser was available at clinical hand wash sinks in the areas inspected. There may potentially lead to confusion in relation to which product to use. The hospital should review the provision and placement of hand hygiene products.</p>	<p>Review hand hygiene product requirement at clinical hand wash sinks.</p>	<p>Infection Prevention & Control Committee are reviewing this matter</p>	<p>September 2016</p>	<p>Infection Prevention & Control Committee</p>	<p>Scheduled for review August 2016</p>	<p>Policy on placement of hand hygiene products will be updated.</p>
	<p>The hospital needs to improve overall performance in relation to hand hygiene in order to reach and sustain the national target hand hygiene in both the national and local audits.</p>	<p>Continue hospital-wide drive to improve hand hygiene performance</p>	<p>The hospital's management committee is also monitoring progress with this initiative</p>	<p>31 August 2016 and Monthly</p>	<p>Infection Prevention & Control Committee</p>	<p>Ongoing monthly audits</p>	<p>Achievement of national compliance target of 90%</p>
	<p>Overall care bundle compliance is not trended and as a result there was a lack of awareness regarding ongoing trends at ward level. Feedback is an important means to raise awareness on deficits in good practices and to acknowledge the results achieved. Patients interviewed were aware of the reason their peripheral vascular catheters were inserted but did not receive information leaflets relating to hand hygiene or device care.</p>	<p>Introduce care bundle compliance trending in the Audit Reports</p>	<p>The IP&C CNS has completed a trend analysis with the 2nd Quarter Audits for 2016</p>	<p>Completed July 2016</p>	<p>Infection Prevention & Control CNS</p>	<p>Ongoing trend analysis</p>	<p>Trend analysis now in place</p>
	<p>St John's Hospital needs to continue to build on the progress to date to fully implement infection prevention care bundles into routine practice in the best interest of patients.</p>	<p>Provide information leaflets to patients on hand hygiene and device care</p>	<p>Information leaflets have been provided to patients on hand hygiene and device care since July 2016</p>	<p>Completed July 2016</p>	<p>Infection Prevention & Control CNS & Ward Managers</p>	<p>Patient Information leaflets now being provided</p>	<p>Patient Information leaflets now being provided</p>
		<p>Continue to introduce care bundles for invasive medical devices</p>	<p>Care bundles for invasive medical devices have been developed and are audited</p>	<p>On-going</p>	<p>Infection Prevention & Control CNS</p>	<p>Care Bundles are in place and are being audited</p>	<p>Care Bundles are in place and are being audited</p>

Summary/ General	<p>HIOA recommends that deficiencies in isolation facilities should be reviewed to provide assurance that the hospital complies with Criterion 3.1 of Standard 3 of the National Standards for the Prevention and Control of Healthcare Associated Infections.</p>	<p>New in-patient accommodation to include 100% single rooms with en-suite shower and toilet facilities</p>	<p>The Design Brief for the new in-patient accommodation includes 100% single rooms with en-suite shower and toilet facilities</p>	<p>July 2019</p>	<p>Chief Executive/ Deputy Chief Executive</p>	<p>Submission has been made to the HSE's Capital Steering Committee</p>	<p>Approval for the major Capital Development awaited from HSE</p>
	<p>There were also opportunities for improvement in the frequency of cleaning patient equipment on the First Floor.</p>	<p>Evaluation of equipment cleaning frequency requirements based on use/risk will be carried out</p>	<p>Evaluation of equipment cleaning frequency requirements based on use/risk has been carried out</p>	<p>3 August 2016</p>	<p>Director of Nursing & Infection Prevention & Control CNS</p>	<p>Evaluations completed and cleaning schedules being developed</p>	<p>Appropriate cleaning schedules will be developed based on the evaluations</p>
	<p>It is recommended that bed spacing on the First Floor be re-evaluated in consideration of infection prevention and control risks and in line with the Standards.</p>	<p>Bed spacing will be reviewed on a regular basis until the new ward accommodation becomes available</p>	<p>Bed spacing has been reviewed</p>	<p>On-going</p>	<p>CEO and Director of Nursing</p>	<p>On-going</p>	<p>New ward block due in 2019</p>
	<p>The hospital needs to continue to build on the awareness and best practices relating to hand hygiene to ensure that performance is improved in order to reach the national HSE target of 90% hand hygiene compliance in both national and local audits.</p>	<p>Continue hospital-wide drive to improve hand hygiene awareness and performance</p>	<p>Governance agenda item monitored by the hospital's management Committee/Board</p>	<p>On-going</p>	<p>Hospital Management Committee/ Board</p>	<p>On-going</p>	<p>Achievement of national compliance target of 90%</p>