Coombe Women & Infants University Hospital

Excellence in the Care of Women and Babies

Foirfeacht i gCúram Ban agus Naíonán

National Standards for the Prevention and Control of Healthcare Associated Infections

Quality Improvement Plan (QIP)

QIP based on unannounced inspection: 16 August 2016

Coombe Women and Infants University Hospital

Prepared by:	Vivienne Gillen
Contact Details:	01 408 5580
Role:	Hygiene Services Manager
Date:	28 December 2016

Standard 3: **Environment and Facilities Management** The physical environment, facilities and resources are developed and managed to minimize the risk of service users, staff and visitors acquiring a HCAI.					
		Opportunities for improvement identified	**Action Agreed**	**Responsibility**	**Target Date**
Section 3.2	**Operating Theatre Department infrastructure and design**	The infrastructure and design of the main OP Department did not meet international best practice guidelines for operating theatre infrastructure and was not fit for purpose.	HIQA acknowledges that risks in respect of operating theatre department infrastructure cannot be addressed without major capital investment.	Master	Aim to commence works in 2017 (Pending HSE funding approval)
			Since inspection, the HSE has confirmed that a proposal in respect of the operating theatre department extension and upgrade, submitted in January 2016, has been approved. The Hospital awaits a funding timeline.	Master	ASAP
		The operating theatre ventilation system did not meet recommended specifications for healthcare premises.	Air handling pressures have now been increased in T1 and T2. Additional upgrade work will be undertaken during the Christmas 2016 period.	Secretary Manager	January 2017
		Windows and doors in ancillary rooms were open as were doors to an operating room.	Windows in T3 & T4 and the Recovery Room were immediately sealed. All Windows and extraction fans within operating rooms have been sealed. All other windows have been closed and ventilation upgraded to ensure area comfortable for staff working there. Film has been placed on	Secretary Manager	January 2017

			windows to reduce the amount of heat generated in rooms. Work will be undertaken over the Christmas 2016 period to address the ventilation issues raised in the report. New doors are to be fitted to T1, T2 and the Anaesthetic Room with automatic closure during the Christmas 2016 period.		
		The design of the department was such that operating rooms, preparation spaces and scrub up areas were in an open plan configuration and were not physically separated.	The doors from the changing rooms into T1 & T2 have been sealed.	Secretary Manager	Complete
		• Window blinds, lighting fixtures and floor coverings did not facilitate effective cleaning. • There were multiple horizontal surfaces including ledges, radiators and window sills. • There was a substantial amount of exposed pipe work and electrical wiring on ceilings and along walls. • Worktops and shelves were present in some operating rooms and were used to store sterile equipment and stationery within operating rooms which is not recommended.	Reconfiguration of existing Theatre with issues identified in the HIQA report will be complete in early January 2017.	Secretary Manager	January 2017

		Sterile supplies were stored inappropriately within operating rooms and in an anaesthetic room.	A complete new storage system has been ordered with enclosed units in Theatre and for sterile supplies.	Secretary Manager	January 2017
		In the Recovery Room space was limited and there were inadequate facilities for appropriate storage of sterile supplies and patient equipment.			
		There were no curtains between trolleys in the Recovery Room.	Patient Screens previously used have been removed and disposable curtains have been erected in this area	Secretary Manager	Complete
		There were no designated rooms for managing and storing cleaning equipment.	Rooms within Theatre will be re-configured to allow for proper management and storage of cleaning equipment. Included in this is the provision of a cleaners room.	Secretary Manager	January 2017
		There was no bedpan washer or macerator in the Operating Theatre Department. Appropriate facilities should be available for this purpose within a dirty utility room in the OP department.	A pulp disposal macerator is to be installed in the dirty utility in Theatre prior to Christmas 2016.	Secretary Manager	December 2016
		Facilities for staff were insufficient to comfortably cater for the number of people working in the department.	Reconfiguration of rooms will result in better kitchen and resting areas within the Operating Theatre complex.	Secretary Manager	January 2017
		Ancillary facilities that are required within an operating theatre were absent. Therefore the separation of clean and dirty functional activities was difficult to achieve.	A reconfiguration of existing rooms allowed relocation of some of the services currently being provided in this area.	Secretary Manager	January 2017
	Separation of functional activities in	A lack of required ancillary rooms and space in the OT department did not facilitate the separation of functional		Secretary Manager	January 2017

	the OT Department	activities. A dirty utility room was used inappropriately for multiple functions.			
	Reprocessing of Flexible Endoscopes in the OT department	There was no designated separate area for endoscope reprocessing in the department.	Reprocessing of our felxible cystoscopes is under review.	Master	Ongoing
Standard 6: Hand Hygiene. Hand hygiene practices that prevent, control and reduce the risk of spread of Healthcare Associated Infections are in place					
2.4.1	**System Change**	The design of clinical hand wash sinks observed in the OT department did not comply with the standard advised in HBN 00-10	As part of the work being carried out on the existing Operating Theatre, clinical hand wash sinks will be upgraded to compliance with HBN 00-10.	Secretary Manager	Ongoing
		Access to clinical hand wash sinks in the Recovery Room was partially restricted by patient equipment including cots.	Any extraneous Patient Equipment has been moved to another location within the Department.	Secretary Manager	Complete
		There was one scrub sink for Operating Rooms 1 and 2 which meant that scrubbed operatives had to walk through Operating Room 2 and a narrow preparation area in order to access Operating Room 1.	The double-scrub sink situation will not be rectified until the new Theatre is in place.	Secretary Manager	Ongoing
2.4.2	**Training / Education**	83% of relevant hospital staff had undertaken hand hygiene training within the last 2 years.	90% of Theatre/ recovery staff have been trained in hand hygiene with overall hospital staff at 85%.	ADoMN Infection Prevention & Control	Ongoing
		Hand hygiene compliance in hospital had decreased to 86% for May/June 2016 which did not meet with the required HSE target of 90%	Theatre/ recovery achieved 90% compliance with hand hygiene in November / December and the overall National Hospital Wide compliance now stands at 92%	ADoMN Infection Prevention & Control	Ongoing

		Local hand hygiene audits performed monthly in Operating Theatre reported compliance of 77% in May 2016	Monthly local hand hygiene audits reported 90% compliance in November 2016	ADoMN Infection Prevention & Control	Ongoing
Standard 8: Invasive medical device-related infections are prevented or reduced.					
8.1	**Invasive medical devices are managed in line with evidence-based best practice and national and international guidelines.**	Limited caesarean section surgical site infection surveillance is in place.	Caesarean section surgical site surveillance using ECDC definitions has been in place since 2010. Full enhanced surveillance is carried out on patients who present to the Hospital with caesarean site infection, superficial deep and organ-space. Rates are brought to the attention of relevant staff and management on a monthly basis. The Hospital plans to expand surveillance.	ADoMN Infection Prevention & Control	Ongoing

Signed by:

Dr Sharon Sheehan, Master

Signed by:

Patrick Donohue, Secretary and General Manager

Date: 22nd December 2016