

# National Standards for the Prevention and Control of Healthcare Associated Infections

## Quality Improvement Plan (QIP)

QIP based on unannounced inspection: 29 January 2015

Coombe Women and Infants University Hospital

Prepared by: Vivienne Gillen  
Contact Details: 01 408 5580  
Role: Hygiene Services Manager  
Date: 22 May 2014.

<b>Standard 3</b>					
<b>Environment and Facilities Management</b>					
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 (HCAI)					
<b>Section</b>		<b>Opportunities for improvement identified</b>	<b>Action agreed</b>	<b>Responsibility</b>	<b>Target Date</b>
<b>3.2</b>	Unsafe injection practices and medication management in the Emergency Theatre were deemed to present a high risk to the health or welfare of patients and required mitigation measures be implemented.		<ul style="list-style-type: none"> <li>Corrective actions taken and advised to HIQA prior to report publication.</li> </ul>	Master	Complete
<b>Patient Equipment</b>					
		<p><b>Gynae Day Ward</b></p> <ul style="list-style-type: none"> <li>Red stains observed on the under-surfaces of the bottom shelves on two dressing trolleys and a plastic cover was adhered to both shelves on one trolley. Red stains were also visible in the interior of a blue tray.</li> </ul> <p><b>Delivery Suite.</b></p> <ul style="list-style-type: none"> <li>Under-surfaces of three procedure trolleys were unclean.</li> </ul>	<ul style="list-style-type: none"> <li>Staff informed to ensure compliance with hospital policy. All trolleys are being cleaned and examined after each use, including bottom side of equipment.</li> <li>Midwives clean trolleys after use and this is being highlighted at each report handover.</li> <li>Healthcare Assistants, who have responsibility for cleaning patient equipment, are expected to be vigilant and check trolleys before setting up for procedures.</li> <li>All trolleys have been numbered to facilitate auditing on a weekly basis by CMMs</li> </ul>	Ward Manager	Complete

		Patient Environment			
		<p><b>Gynae Day Ward</b></p> <ul style="list-style-type: none"> <li>• Heavy dust observed on undercarriages of several beds inspected.</li> <li>• Residue/staining visible in and around grates in hand wash sinks and toilet seats were unclean.</li> </ul> <p><b>Delivery Suite and Emergency Theatre</b></p> <ul style="list-style-type: none"> <li>• Red stains observed on resuscitation equipment in an empty delivery suite which had been cleaned on the previous day.</li> <li>• Outlet of sink used for cleaning instruments in 'dirty' utility room was unclean and heavily stained clogs on floor.</li> <li>• Heavy dust present on floor and on buffer pads in dry cleaning store room</li> </ul>	<ul style="list-style-type: none"> <li>• New equipment has been provided to Healthcare assistants to facilitate cleaning the undercarriages of beds. In addition to this, the supply and maintenance contract with our bed supplier has now incorporated an annual bed deep clean.</li> <li>• Issue addressed and cleaned. Cleaning regime to be reviewed to ensure bathrooms are cleaned to the required standard.</li> </ul>	Ward Manager	Complete
			<ul style="list-style-type: none"> <li>• Issue identified and cleaned. Staff responsible for cleaning equipment are expected to be vigilant and check trolleys and sign-off equipment cleaning. Ward / Department Managers carry out monthly audits on patient equipment to ensure compliance.</li> <li>• Sink has been cleaned and staff informed to ensure compliance with hospital policy, including correct storage of stained clogs. These clogs have been removed.</li> <li>• This room has been deep-cleaned and buffer pads discarded.</li> </ul>	Ward Manager	Complete
				Household Supervisor	Complete
		Waste Management			
		<p><b>Delivery Suite</b></p> <ul style="list-style-type: none"> <li>• Sub-collection area for waste was not locked and limited storage space is available in area.</li> <li>• Temporary closing mechanisms were not activated on some sharps bins.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff advised of compliance with hospital policy and numeric pad lock has been installed.</li> <li>• Reconfiguration of waste containers between sub-collection areas has improved storage space.</li> <li>• Staff advised of hospital policy regarding temporary closure mechanisms on sharps containers.</li> </ul>	Hygiene Services Manager	Complete
Standard 6	Hand Hygiene practices that prevent, control and reduced the	Hand Hygiene			
		The design of some clinical hand wash sinks on the Gynae Day Ward did not conform to Health Building	Sinks are being replaced as areas are refurbished and funding becomes available.	Master / Secretary &	Ongoing

	risk of the spread of Healthcare Associated Infections are in place.	Note 00-10 Part C: Sanitary assemblies		General Manager	
		Ward Managers have not been trained as local auditors due to the difficulty in releasing staff from the Gynae Day Ward	A programme is in place to increase the number of local auditors within the hospital	ADoMN Infection Control	Ongoing

Signed by:   
Master /CEO

Signed by:   
Secretary and General Manager

Date: 22 May 2015