

National Standards for the Prevention and Control of Healthcare Associated Infections

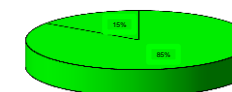
HIQA Unannounced monitoring assessment at Naas General Hospital - Quality Improvement Plan 2015

QIPs LOG FOR:

Naas General Hospital

Date **24/11/2016**

QIPs STATUS	
Completed	3
Not yet due	0
Late	0



■ Completed

Overall

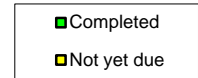
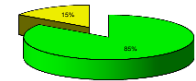
Aim	Measure	Priority Level	Change	Description of Quality Improvement Plan (QIP)	Responsible Person/team	Entry Date	Due Date	Completed Date	QIP Status
To effectively manage and maintain the condition and cleanliness of the physical environment in the Hospital	National Standards for the Prevention & Control of Healthcare Associated Infection (2009)- Environmental & Facilities/Hygiene Audits	1	Environmental & Facilities / Hygiene Audits / Ward & Dept. Cleaning Schedules / PPPGs - Hygiene Services Committee - IP&C Committee - H&S Committee - Incident Near Miss/Complaints - KPIs - process for reporting of substandard furniture/equipment. Waste Management Plan	Hospital Management Team Environmental Audits completed monthly. Hospital Environment & Facilities Committee to manage & oversee physical Hospital environment plan.	Hospital Manager	28/08/2015	on going	21/12/2015	completed
To effectively promote and educate all staff with regard to Hand Hygiene Practices	National Standards for the Prevention & Control of Healthcare Associated Infection (2009) & WHO Multimodal Hand Hygiene Strategy (2009) & HSE Guidelines for Hand Hygiene in Irish Healthcare setting (2015).	1	Infection Prevention & Control Committee in place with Consultant Micro biologist as chair. Infection Prevention & Control Nurse Specialist provide educational programme. Regular internal Hand Hygiene Audits. Hand Hygiene training database.	Achieve HSE National Hand Hygiene Target > 90%. Provision of Education/training to all staff. Implementation of WHO multimodal Hand Hygiene improvement strategy.	Hospital Manager	28/08/2015	on going	21/12/2015	completed
To effectively manage and maintain the provision and availability to staff of relevant cleaning and hand hygiene materials. (e.g. hand soaps, dispensers)	National Standards for the Prevention & Control of Healthcare Associated Infection (2009) & WHO Multimodal Hand Hygiene Strategy (2009) & HSE Guidelines for Hand Hygiene in Irish Healthcare setting (2015)	1	-Environmental & Facilities/Hygiene Audits -Ward & Dept. Cleaning Schedules - Hygiene Services Committee to oversee & monitor supply & stock levels of Hand Hygiene soaps and alcohol rub.	On-going monitoring through education, audit and observation.	Hospital Manager	28/08/2015	on going	21/12/2015	completed

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QIPs STATUS	
Completed	11
Not yet due	2
Late	0



Environment and Facilities Management

Standard 3

Number	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status
1	27/08/2015	3	3.1	Replacement of damaged floor covering identified during the 2014 inspection is pending budget allocation. Budget secured and floor covering replaced.	General Services Manager		May-15	completed
2	27/08/2015	3	3.2	A multi-dose vial of insulin was observed in an unclean tray within a medicines refrigerator. Ward Manager to monitor and ensure cleanliness of medicines refrigerator on Ward Patient Equipment daily checklist. Environmental Audits to check effectiveness of scheduled cleaning systems and review at Hygiene Services Committee.	General Services Manager/Director of Nursing	on going	21/12/2015	completed
3	27/08/2015	3	3.2	A vial bore opening date of greater than 28 days previously and was not labelled for single patient use. Ward Manager to ensure & monitor compliance with labelling of medication vial for single patient use.	Director of Nursing/Ward Manager	on going	21/12/2015	completed
4	27/08/2015	3	3.2	Medication fridge contained foodstuffs which is not in line with recommended practice. Ward Manager to ensure only medications which require refrigeration are stored in the ward medication fridge. Monitor on Ward Patient Equipment daily checklist. Environmental Audits to check effectiveness of checklist compliance and review at Hygiene Services Committee.	Director of Nursing/Ward Manager	on going	21/12/2015	completed
5	27/08/2015	3	3.2	Medication fridge temperature did not appear to be checked periodically. Review practices relating to the monitoring of refrigeration temperature. Monitor on Ward Patient Equipment daily checklist. Environmental Audits to check effectiveness of checklist compliance and review at Hygiene Services Committee.	Director of Nursing	on going	21/12/2015	completed
6	27/08/2015	3	3.2	Blood Gas Analysis machine located in the ante room of the isolation room in the Coronary Care Unit to be relocated away from patients requiring contact transmission precautions. Identify appropriate storage space.	General Services Manager/Director of Nursing	31/10/2015	14/12/2015	completed
7	27/08/2015	3	3.2	The door to the ante room of the isolation room was left open throughout inspection. Ward Manager to ensure compliance with best practice in keeping isolation room doors closed and infection Prevention & Control Nurse(IP&CN) Specialist will include in 'Basic Principles of Infection Control' staff education lectures. Infection Control Nurse Specialist to monitor compliance on daily ward rounds.	Director of Nursing / IP&CN	on going	21/12/2015	completed

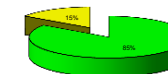
8	27/08/2015	3	3.2	Provision of information to relatives and visitors regarding contact precautions by health care workers. On-going infection prevention and control education for all healthcare workers. Patient Information leaflets available in all clinical areas for patients & relatives to access.	Director of Nursing / IP&CN	on going	21/12/2015	completed
9	27/08/2015	3	3.2	Dust was found on items of equipment located at high level and in the drawers of an intubation trolley at the base of a patient's chair and on bed frames. Sticky residue was visible on some patient observation chart holders and a stain was present on the base of one observation holder. Maintenance & cleanliness of Patient Care Equipment is on going. Environmental Audits to check effectiveness of cleaning systems scheduled and reviewed at Hygiene Services Committee.	Hospital Management Team /Ward/Department Manager	on going	21/12/2015	completed
10	27/08/2015	3	3.2	One bedside storage unit was chipped and stained. Define list of required replacement /repair items of equipment and seek budget allocation for same.	Hospital Management Team /Ward/Department Manager	on going	21/12/2015	completed
11	27/08/2015	3	3.2	Authority recommends that the use of Slaney Ward for inpatient accommodation be reviewed, the ten bed room is not ideal for inpatient care and does not meet guidance for inpatient accommodation. Review ten bedded area.	Hospital Management Team	31/12/2015	31/12/2016	Not yet due
12	27/08/2015	3	3.2	Storage space was quite limited with consumables and equipment stored in a room that also houses electrical controls panels. Storage of equipment and consumables should be within an appropriate designated area only. Ward Manager to review storage space requirements. Seek budget allocation for additional storage capacity.	General Services Manager/Director of Nursing	on going	31/12/2016	Not yet due
13	27/08/2015	3	3.2	A review of the management of cleaning in the ICU is recommended so that the hospital can be assured that cleaning practices are sufficient to mitigate the risk of contaminate of patient equipment and indirect spread of infection in a high risk area. Ward Manager to monitor and ensure cleanliness of Patient Care Equipment within the Unit-Patient Equipment daily checklist in place. Environmental Audits to check effectiveness of cleaning schedule and review at Hygiene Services Committee.	General Services Manager/Director of Nursing	on going	21/12/2015	completed

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QIPs STATUS		
Completed		2
Not yet due		1
Late		0



■ Completed
■ Not yet due

Standard 6 Hand Hygiene

Number	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status
1	28/08/2015	6	3.3	The design of clinical hand wash sinks in the areas assessed did not conform to latest sanitary assembly guidance: Seek budget allocation for same.	Hospital Manager	on going	31/12/2016	Not yet due
2	28/08/2015	6	3.3	A small number of staff were wearing shoulder bags during hand hygiene opportunities which is not in line with best practice: Lockers provided for staff . On-going education of staff on best practice in Infection control.	Infection Prevention & Control	on going	21/12/2015	completed
3	28/08/2015	6	3.3	The hospital has demonstrated a track record of consistently meeting the required compliance target of 90% set by the HSE13 since the period of October/November 2012: Hospital to aim to increase and sustain high compliance rates.	Hospital Manager	on going	21/12/2015	completed