

NAAS GENERAL HOSPITAL POST 2020 HIQA AUDIT QUALITY IMPROVEMENT PLAN

Standard	Judgement	Action plan	Status
<p>5.3: Non-compliant service provider have formalised governance arrangements in place to ensure the delivery of safe and effective prevention and control across the service</p>	<p>Non-compliant:</p> <p>Covid oversight group has not met in the months prior to this inspection.</p> <p>An updated covid -19 preparedness plan that was reviewed was not signed off by the MDT c/19 oversight group was not in place</p> <p>Onsite C/19 testing capacity was not sufficient to meet the needs of the hospital</p>	<p>Covid-19 oversight meeting in place twice weekly (Tuesday & Thursday) TOR agreed. Meeting minutes circulated to MDT</p> <p>Plan updated and signed off by Covid oversight group, discussed as agenda item at COG</p> <p>Streamlined process agreed with NVRL agreement to prioritise testing in place</p> <p>Business case submitted for approval for purchase of batch analyser</p>	<p>16/10/2020</p> <p>16/10/2020</p> <p>11/2020</p> <p>ongoing</p>
<p>6.1: Service providers plan, organise and manage their workforce to meet the services, infection prevention and control needs</p>	<p>Substantially compliant:</p> <p>Additional consultant microbiologist resource at the hospital was required.</p> <p>There was no onsite Occupational Health Department at the hospital</p> <p>Staff uptake of hand hygiene training was required</p>	<p>The hospital has approval for additional consultant microbiologist recruitment ongoing</p> <p>This risk has been escalated to the Dublin midlands hospital group.</p> <p>Develop and implement a plan for targeted education and training on hand hygiene hospital wide and re-audit. Quarterly</p>	<p>30/06/2021</p> <p>31/12/2021</p> <p>30/06/2021</p>

<p>2.6: healthcare is provided in a clean and safe physical environment that minimises the risk of transmitting a healthcare associated infection</p>	<p>Non-compliant:</p> <p>Separation of COVID-19 and non-COVID-19 pathways in the emergency department was not in place for the second surge of Covid-19</p> <p>Insufficient single rooms to meet demand at the hospital</p> <p>Staff were wearing shoe covers which were not in line with the national PPE guidance.</p> <p>The cleaners room was shared between moate ward and the hospitals coronary care unit</p> <p>There was a lack of storage in both wards with inappropriate storage of equipment</p>	<p>New modular waiting and triage areas opened therefore eliminating this issue.</p> <p>NGH and HSE estates have engaged a design team with design for 12 bedded isolation unit progressing to tender.</p> <p>Practice has ceased</p> <p>Works planned for completion in 2021 under minor capital program.</p> <p>Ngh currently undertaking a review of equipment storage on a hospital wide bases, goal is to ensure that only appropriate equipment is stored on each ward.</p>	<p>18/12/2020</p> <p>31/12/2021</p> <p>12/10/2020</p> <p>31/08/2021</p> <p>31/12/2021</p>
<p>3.8: service have a system in place to manage and control</p>	<p>Non-compliant</p>		

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<p>infection control outbreaks in a timely and effective manner.</p>	<p>Lack of streaming of patients in the emergency department to ensure separate COVID-19 pathways (at risk of covid-19) and non-covid-19 pathways (covid-19 not clinically suspected)</p> <p>Lack of adequate onsite covid-19 testing capacity</p> <p>Insufficient isolation room facilities to meet demand</p> <p>Lack of onsite occupational health resource to support the management of outbreaks</p>	<p>New modular waiting and triage areas opened therefore eliminating this issue</p> <p>Business case submitted for approval for purchase of batch analyser</p> <p>NGH and HSE estates have engaged a design team with design for 12 bedded isolation unit progressing to tender.</p> <p>This risk has been escalated to the Dublin midlands hospital group</p>	<p>Completed 18/12/2020</p> <p>Completed 31/12/2021</p> <p>On-going</p>
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