

Mayo University Hospital Quality Improvement Plan 21st October 2016 in respect of National Standards for the Prevention and Control of Healthcare Associated Infections

Standard					
Ref.	Identified improvement required	Quality improvement actions required	Responsible person(s)	Target time frame	Status
3.0	The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a HCAI.	<p>Discontinue on site laundering of cleaning textiles.</p> <p>Assess and review cleaning equipment required by contract cleaning supervisor.</p> <p>Contract cleaning supervisor to educate staff on levels and standards to be maintained.</p> <p>Establish acceptable process for cleaning and maintaining cleaning trolleys.</p> <p>Communication from Cleaning Contractor to MUH regarding their requirements to maintain standards and storage of equipment.</p>	Contract cleaning supervisor. Services Manager.	08/2016 and ongoing	On-going

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3.4	Increase awareness around control measures to prevent invasive aspergillosis during construction and renovation works.	Daily audits of windows to be sealed during works. Update Aspergillosis Guideline. Staff education programme as well as Aspergillosis Information leaflet.	HMT CNS IP&C	07/2016	Complete
3.5	Ventilation systems are maintained and audited in line with national and international guidelines to minimise the possible spread of HCAI's.	Devise and put in place a contract for the cleaning and maintenance of the ventilation system.	HST CNS IP&C	09/2016	On-going
3.5	Ventilation systems are maintained and audited in line with national and international guidelines to minimise the possible spread of HCAI's.	Devise an SOP on the use of the Positive Pressure Ventilation ante rooms.	CNS IP&C	09/2016	Complete
3.6	To effectively manage and maintain cleanliness of the physical environment.	Implement a validation system that patient equipment is cleaned to standards. Implementation of agreed schedules and checklists with defined responsible person and cleaning method.	HST CNS IP&C Domestic Supervisor	07/2016	On-going

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3.6	To ensure that soft furnishings used are managed, decontaminated, maintained and stored in line with evidence-based best practice. To ensure that all equipment, medical and non-medical are effectively managed, decontaminated and maintained.	All damaged soft furnishings identified. Process in place to remove all damaged soft furnishings. Process in place to replace items that were removed. Review storage facilities available for the storage of equipment.	HST Ward and Department Managers. Infection Prevention and Control Champions.	Commenced 06/2016 and is on-going	On-going
3.6	Ensure patient mattresses and cores are intact and fit for purpose.	Daily inspection of mattresses and cores. Purchase of new mattresses.	CNM/CMM's and Department Managers. Infection Prevention and Control Champions.	Commenced 06/2016 and is on-going	On-going
3.6	Ensure all equipment including cleaning devices are effectively managed, decontaminated and maintained.	Staff to be trained on levels and standards to be maintained.	Domestic Supervisor. Contract Cleaning Supervisor. CNM/CMM's.	07/2016	Complete
3.8	The quality of hygiene services to be regularly monitored and evaluated and information used to improve service provided.	Devise Senior Management audit schedule. Purchase of electronic hygiene audit tool. Devise SOP for Hygiene Audits.	HST CNS IP&C Domestic Supervisor	07/2016	Complete
6.1	Ensure that the necessary	Update the hospital sink	Maintenance.	08/2016	On-going

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	infrastructure is in place to allow healthcare workers to practice hand hygiene.	replacement plan.	CNS IP&C		
6.1	100% Hand hygiene training not achieved.	Continue to run weekly Hand hygiene education sessions. Promote attendance at these sessions. Hold blitz days. Source external company to support education sessions on Hand hygiene. All audit results are publicly displayed.	CNS IP&C CNM/CMM's Infection Prevention and Control Champions.	On-going	On-going
6.1	Hospital has not achieved the HSE's national target of 90% compliance for May/June 2016.	The CNS's IP&C continue to run weekly Hand hygiene education sessions. Promote attendance at these sessions. Hold blitz days. Source external company to support education sessions on Hand hygiene. All audit results are publicly displayed.	Senior Hospital Managers Department Heads/CNM/CMM's Infection Prevention and Control Champions.	On-going	On-going
7.1	Compliance with local and national policies to minimise the potential risk associated with	Source external company to support education sessions which aim mitigate risks of infection	CNS IP&C	Ongoing	On-going

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	current available isolation facilities.	in the hospital. Education and audit of Isolation facilities.			
7.0	Glucometres in their holders with sterile supplies are taken to the patient bedside.	Educate staff that only equipment required for each procedure is to be taken to the bedside. Continue regular gulcometer audits with feedback.	CNS IP&C CNM/CMM's Infection Prevention and Control Champions.	Reiterated 07/20156 and is on-going	On-going
7.0	Recommended that a clearly defined space for medication preparation is identified.	Local review of operational layout of clean utility.	CNM/CMM's Infection Prevention and Control Champions. Maintenance.	07/2016	Complete
7.0	Healthcare risk waste should be managed in line with current best practice guidelines.	Risk assessment performed and a more suitable storage solution found. Waste management training and regular audits with feedback.	Waste Management coordinator. CNM/CMM's Infection Prevention and Control Champions.	08/2016 and is ongoing	On-going
8.0	Increase the compliance of care bundle documentation used to prevent Invasive medical device related infections.	Education delivered. Regular audits with feedback.	CNM/CMM's Infection Prevention and Control Champions.	On-going	On-going