HIQUA UNANNOUNCED INSPECTION 27th April 2020
QUALITY IMPROVEMENT PLAN

Tallaght University Hospital | Ospidéal Ollscoile Thamhlachta
An Academic Partner of Trinity College Dublin

Area for Improvement	Description of Improvement	Comments	Status
Usage of Meropenem	Antimicrobial stewardship	TUH comply with the HSE policy on restricted antimicrobial agents, follow up all Meropenem prescriptions as is recommended. There are no plans currently to bring in a pre-authorisation policy. TUH current practice is in line with other hospitals.	Completed
Mgt of C.Difficile	Monitoring C.Difficile rates and outbreaks	Any suspected C. Difficile transmission events are sent for typing and the results are reviewed by the IPCT. Action was taken, where there is thought to have been hospital transmission	Completed
Risk Register	All items listed on the IPC Risk Register include a review date, action owner, or a due date for actions.	The IPC Team have four risks on their register and all have a review date, an action owner and a due date.	Completed
Reports to QSRM Governance Committee	A review of minutes found that this formal reporting relationship had not yet fully embedded between the IPC committee and the Hospital Quality, Safety & Risk Management Executive Governance Committee.	Committee set up in mid 2019 and schedule agreed for presentations	Completed
Managerial MDAT Audits	The frequency of audit for very high risk functional areas was not in line with national guidance or best practice.	The Hospital has rolled out additional technical audits in all clinical areas. These are completed bi-monthly.	Completed
Managerial MDAT Audits	Audit trend reports were not available to staff in the satellite decontamination facility inspected; this should be progressed to facilitate local ownership.	The HSSD department carry out audits in the satellite decontamination units & ensure corrective action is taken. The Hospital is in the process of introducing a new audit tool for line managers. This will include satellite units.	Completed
Maintenance Issues	Lynn Ward maintenance issues were observed relating to wall surfaces and damaged flooring throughout the ward. Sanitary facilities in the ward also required upgrading	A new store room on Lynn Ward was completed in 2019. The COO & Director of F&E are working on a refurb plan for 2020 and Lynn Ward will be a priority.	Ongoing
Ward refurbishment	Lynn Ward High risk areas such as the infection control cohort ward must be prioritised for refurbishment	As above in number 16	Ongoing
Baths	Lynn Ward baths remain in place in three patient en-suites. Showers are generally more practical than baths in connection with clinical procedures and are easier to keep clean.	This will be incorporated into the refurb of Lynn as mentioned in no 16. (Led by COO & Director of F&E).	Ongoing
Reusable plastic bedpan supports	Lynn Ward (infection control cohort ward) adequate facilities for cleaning and disinfection of reusable plastic bedpan supports between uses were not available.	Following an audit of all Sluice rooms, F&E have agreed to draft a new design for Sluice rooms. Macerators & Bedpan washers will be incorporated into this and a business case will be prepared for the EMT.	Ongoing

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Wear & Tear	Osborne general wear and tear was noted throughout the ward in particular in a patient bathroom located on a public corridor	Ward refurbishment including patient bathroom in public corridor is planned for 2020	Ongoing
Clinical hand wash sinks	Osborne - the design of clinical hand wash sinks in three multi-occupancy rooms inspected did not comply with HBN 00-10 Part C: Sanitary assemblies	Risk assessment completed by F&E. F&E have agreed to sinks HBN 00-10 for all new builds.	Completed
Clinical hand wash sinks	Osborne - clinical hand wash sinks for staff were not available in isolation rooms. Senior management informed inspectors that they were aware of this and the space didn't allow placement of sinks and a risk assessment was completed	Risk assessment completed	Completed
Sink and Endoscope Washer Disinfector	ENT OPD - a separate sink for rinsing endoscopes was not available; the endoscope washer disinfector was not a pass-through model	Risk Assessment has been completed by Decontamination Lead and escalated as per TUH Risk Management policy. A new EDU is scheduled for TUH, when built there will be segregation for a pass through AER.	Completed
Ventilation	ENT OPD - rooms were not mechanically ventilated and controlled; staff were required to open a window in the wash room	The risk is acknowledged to resolve this issue but will require a new build.	Completed
Ventilated Isolation rooms	The Hospital has no ventilated isolation rooms in in-patient wards. In the interim of addressing this issue, a formal arrangement to transfer patients with suspected MDRO -TB had been agreed with a hospital in the region.	F&E have upgraded the Negative pressure room operating in room 11 on Lane Ward. IPC & F&E are to carry out a risk assessment in Q1 2020.	Completed
IPC Audits	Hygiene audits	IPC carried out these audits. IPC completed 72 audits in 2019. This is 55 more audits compared to 2018 . The DON has confirmed that CNMs carry out corrective action.	Completed
Rusty equipment	Osborne Ward - some equipment was noted to be rusty for example: drip stand, bins, patient hoist and observation trolleys and bed tables were damaged	Rusty bins & drip stands replaced. Deep cleaning of equipment (trolleys, hoist etc.) have been completed.	Completed
Glucometers	Osborne Ward - red-staining was noted on three glucometers	Daily Cleaning checklist in place for Glucometers which is maintained by night staff nurse after every use, staff are reminded to clean equipment in accordance with Hospital policy and protocol. HCA cleans the glucometer dockets daily and maintains the daily checklist	Completed
CPE isolation facilities	Lynn Ward - shared ancillary services with Post surgical Observation Unit.	IPC and Microbiology completed a risk assessment and a dirty utility was constructed only for POSU use. Completed in 2019. The Sluice room in POSU & Lynn were audited by IPC in Q4 2019 & corrective action was taken.	Completed
POSU	POSU on Lynn Ward - ensuring effective infection prevention and control practices are consistently implemented.	Daily monitoring by POSU staff. Monitoring of infection prevent and control practices to ensure they are implemented consistently. Audit carried out of the unit & sluice room by IPC in Nov 2019.	Completed

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Minimal spatial separation	Osborne Ward - minimal spatial separation between beds in multi-occupancy rooms did not comply with best practice guidelines	Hospital designed for six beds in these multi-occupancy rooms. In addition, TUH has insufficient number of isolation rooms. This is on the Hospitals risk register. New hospitals/builds will have single rooms only.	Completed
Overcrowding	Osborne Ward - on day of the inspection, there was an additional patient on a trolley located on the corridor.	Trolleys are part of TUH & HSE ED escalation plan. The issues of trolleys on wards is on the COOs risk register.	Completed
HH Education	73% of staff attended HH Education. It was reported that this number may be underestimated due to ongoing upgrades of electronic recording systems.	QI project in 2020 to focus on improving HH education. The DCEO to work with QRSM lead on a Hand Hygiene Project Compliance figures are discussed and actioned at EMT meetings.	Ongoing
Transmission Based Precautions	Lynn Ward monitoring of compliance with transmission-based precautions	Daily monitoring by the CNM on Lynn. IPC Team to monitor regularly.	Completed
Dedicated equipment for patients with CPE in isolation	Lynn Ward inspectors were informed that dedicated equipment was not always available for patients with CPE in isolation	12 Tympanic thermometers available, seven were supplied in February 2020	Completed
Equipment storage	Lynn Ward space for equipment storage	Dedicated space in the store room allocated to the CPE dressing trollies with the sharps trays	Completed
Endoscopy CESC Usage	Decontamination - Endoscope storage should be controlled in a designated room for clean activity only	The CESC is located in the Endoscopy procedure room due to being the only location available for this cabinet. The ENT Endoscopic decontamination room is small room. An RAF form has been completed and escalated as per TUH Risk Management guidelines.	Completed
CESC training & competency	Decontamination - Hospital management need to be assured that responsible operators at each operation stage are deemed competent to undertake assigned responsibilities.	Continuous Education in place by supplier. Suppliers of Decontamination equipment and endoscopes provide annual training as documented. The decontamination platform will need to be implemented in 2020 to all Depts involved in the decontamination of RIMD. Endoscope users are upskilled by suppliers & courses both IT & day courses.	Completed
SOP END OPD endoscopes	Decontamination - Hospital management need to be assured that the SOP reflects pre-cleaning guidance for OP ENT area.	SOP in place	Completed
SOP Documentation Sheet	Decontamination - Management need to be assured that on-call staff, including staff on-call from other hospital sites, have read, understand and apply this SOP.	SOP distributed to ENT consultants and to ENT Registrars.	Completed
Room Usage	ENT OPD - the room for storage of endoscopes was occasionally used as a procedure room 'out of hours' and for storage of staff protection masks; this needs review	ENT OPD procedure room is for procedures and storage of endoscopes in drying cabinet which is located also in room due to lack of space. Risk assessment completed.	Completed
Monitoring	ENT OPD - microbiological monitoring of the clean area was not performed	Head of HSSD has risk assess and has completed testing as required.	Completed

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Facility Design	ENT OPD - access to both rooms was not controlled	Issue logged on Hospital Risk Register. Require new EDU facility.	Completed
Audit	ENT OPD - additional auditing of decontamination processes and practices is required.	Weekly auditing of AERS and quality checks are performed by Decontamination Lead. Several QIP have been implemented in 2019 including out of hours use of ENT endoscopes.	Completed
E-learning	Adapted platform for staff operatives working in endoscopy decontamination was being explored.	In 2020 decontamination education platform plan to be implemented Hospital wide in Q3 2020.	Completed
Regular auditing	Increased frequency of auditing in the satellite decontamination facility	Weekly auditing is performed as per decontamination best practice, the Hospital is in the process of rolling out a new audit tool for line managers.	Completed
Satellite endoscopy decontamination	The Hospital should look to advance proposals in relation to reducing the number of satellite endoscopy decontamination facilities carrying out decontamination in line with best practice guidance.	A new EDU is required for TUH	Completed
Rinse water testing	SOP for the frequency of the final rinse water testing regimes to be reviewed	Monthly water testing is completed, previous results, trends display a low risk of water contamination in final rinse.	Completed
Staphylococcus aureus blood stream infection and severe Clostridium difficile	Infection Prevention & Control - HCAI - system analysis review for each Staphylococcus aureus blood stream infection and severe Clostridium difficile	Process now in place, of note no severe cases to date in 2020.	Completed
Risk Register	Infection Prevention & Control - HCAI - oversight risk escalation	The IPC risks owned by IPC are reviewed quarterly. The IPC Related risks owned by other departments need to be coordinated to ensure regular review by the IPCC. The DCEO & Director of QRSM are reviewing the process and will have it completed by the end of Q2 2020.	Completed
Restricted access	Access controls to Lynn ward	Access to Lynn Ward is restricted. The adjoining door into wards is locked.	Completed
Surgical Site Infection Surveillance	Surgical Site infection surveillance -	Surgical Site Co-ordinator in place, trained and on-going updates are provided.	Completed