

# Tallaght Hospital Quality Improvement Plan for Prevention of HCAs, 2015

Completed	6
In Progress	11

DATE: 02/03/2016



No.	Under Care of	Issues/recommendations raised at inspection	Actions
1	Hygiene Services Manager	Cleanliness of patient equipment (including shared patient equipment) in William Stokes Unit	Increase staff education and deep clean of unit
2	Infection Control Team / Director of Nursing	Door to isolation rooms were not closed and related signage was not clearly visible	Increase staff education regarding best practice
3	Infection Control Team	Need to reduce Clostridium difficile infection rate from 3.7 cases per 10,000 beds to HSE target of 2.5 cases per 10,000 beds.	Outbreak has been managed, rates have fallen and improved Infection Prevention and Control practice has been introduced.
4	Hygiene Services /Infection Control Team / Nursing	Review of systems and processes for monitoring, management and maintenance of physical environment and all equipment	Completed/ongoing
5	Infection Control Team & Microbiologist	Introduce SIGHT mnemonic protocol to aide the management of patients with suspected potential infectious diarrhoea	Introduce SIGHT mnemonic protocol
6	Nurse Practice Development / Pharmacy/ Dept. of Surgery / Radiology	Safe Injection practice need to be reviewed and improved in Theatre, Intervention Radiology and Cardiac Catheterisation Laboratory	A review of best practice in relation to intravenous medication administration has been completed in theatre, interventional radiology and the cardiac catheterisation laboratory. This will inform the current review of the Hospital's Policy on Medication management at Point of Care which is currently being updated with subsequent education of same planned once approved.

7	Nurse Practice Development /Infection Control Team	Blood Glucose Monitoring: Recommend that integrated sharps trays containing only the blood glucose monitor and items required for a single fingerstick procedure are brought to the point of care	Education being rolled out to increase compliance with best practice
8	Hygiene Services Manager/ Director of Nursing	Hygiene standard of Environment and Equipment - theatre	Contract with cleaners has been revised with increased cleaning hours dedicated to cleaning. Clearing supervisor has been identified. Staff have been educated regarding importance of cleaning patient equipment
9	Director of Estates & Facilities	Damaged surfaces and floors - theatre	Extensive refurbishment in theatre underway and due to complete end 2016
10	Hygiene Services Manager / Director of Estates & Facilities	Storage of equipment - theatre	Larger storage area to be developed as part of plans to expand critical care capacity
11	Director of Estates & Facilities	Theatre - Sanitary facilities	Review completed. Interim solution being considered. Longer term solution dependant on approval of business case to expand critical care capacity
12	Director of Estates & Facilities	PACU (post anaesthetic care unit) - Configuration and cocation suboptimal	When approval of business case to HSE to expand critical care in Tallaght Hospital is received, optimal reconfiguration of area to meet optimal Infection Prevention and Control standards will be developed

13	Director of Estates & Facilities	Hand Hygiene - Design of all clinical wash hand sinks in theatre and some in radiology do not conform to building regulations	Will be updated to meet regulations as the areas are being upgraded
14	Hygiene Services Manager / Director of Estates & Facilities	Access to clinical handwash sinks - multioccupancy rooms	This has been reviewed and obstructions are being removed, where feasible
15	Infection Control Team /Director of Lab/ CD Perioperative Services.	Hand hygiene training- attendance by consultant staff.	The relevant consultants are being contacted to Improve compliance with training
16	Director of Nursing/Infection Control Team	Implementation of Peripheral venous catheter care bundles	Pilot has been completed. This is currently being rolled out across the hospital.
17	Infection Control Team /Director of Lab/ CDs/ Director of Nursing and QSRM.	The hospital needs to achieve the desirable HSE current national target of 90% compliance in hand hygiene audit across all staff groupings	Mutiple initiatives underway to improve compliance such as Zero Harm Campaigns and Infection Prevention and Control Taskforces. Compliance has increased from 80-86%

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Status
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