

Cork University Hospital
Quality Improvement Plan Resulting from HIQA Unannounced Inspection Report
Published November 13th 2017

Subsequent to the unannounced inspection of Cork University Hospital on July 27th 2017, undertaken by HIQA against the National Standards for the prevention and control of healthcare associated infections on healthcare services, an inspection report was published on November 13th 2017.

The following quality improvement plan consists of the issues raised in the report which remain to be resolved. To date a number of issues highlighted by HIQA have been closed. The "Issue" column below is populated with segments of text extracted from the HIQA report of November 13th.

Issue	Action	Responsible Person(s)	Timeline
2.1 Governance			
Infection Prevention and Control Service			
Identified deficiencies were also outlined by hospital management in respect of consultant microbiologist staffing levels in that there was an identified need by the hospital for an additional consultant microbiologist to provide services to Bantry General Hospital and Mallow General Hospital.	Benchmark IPCT staffing levels against other hospitals and address where deficits are identified	Consultant Microbiologists, CUH CEO,	Q1 2018
Monitoring and Evaluation			
Other than national performance indicators there were no other locally agreed performance indicators in relation to HCAI.	Develop locally agreed key performance indicators (KPIs)	Chair Infection Prevention & Control Committee, CUH Services Manager	Q1 2018
CUH had not participated in the recent national point prevalence survey of hospital-acquired infections and anti-microbial use which was part of a European-wide point prevalence study occurring every five years.	Consider participation in national point prevalence survey in five years. Resource dependant. (PPS of antimicrobial use in CUH undertaken in December 2017.)	Consultant Microbiologists	2022
The frequency of environmental hygiene auditing was not graded according to risk.	Grade environmental hygiene audits according to risk	Chair Hygiene Services Team	Q1 2018

Issue	Action	Responsible Person(s)	Timeline
2.2 Risk Management			
<p>Management arrangements for PCHCAI had not been sufficiently resourced and progressed for a number of years. Management identified a need for additional personnel, to include consultant microbiologist, infection prevention and control nurse manager and surveillance scientist positions. Inspectors were informed that risks in respect of infection prevention and control team staffing resources had been escalated to the SSW Hospital Group over the past three years. Hospital management stated that in successive funding estimates the hospital had prioritised the recruitment of an additional consultant microbiologist over other posts and this has again been submitted as a priority for 2018.</p>	<p>Benchmark IPCT staffing levels against other hospitals and address where deficits are identified</p>	<p>Consultant Microbiologists, CUH CEO,</p>	<p>Q1 2018</p>
<p>The hospital did not have a designated decontamination coordinator but the appointment of the position was in progress.</p>	<p>Appoint dedicated Decontamination Coordinator</p>	<p>Director of Nursing</p>	<p>Q1 2018</p>
<p>In line with National Standards, infection prevention and control programme activities should include regular service wide risk assessment.</p>	<p>Initiate service wide risk assessment</p>	<p>Risk Manager</p>	<p>Q1 2018</p>
2.3 Policies, Procedures and Guidelines			
<p>The majority of hospital policies and procedures in relation to urinary catheter and intravascular device management were overdue for revision.</p>	<p>Revise and update policies due for revision</p>	<p>Quality Assurance Manager,</p>	<p>Q1 2018</p>
<p>It is recommended that national guidelines which have been formally adapted as local policies should be clearly identifiable as mandated Cork University Hospital policies that include approval and review dates</p>	<p>Adapt national guidelines to local policies</p>	<p>Quality Assurance Manager,</p>	<p>Q1 2018</p>

Issue	Action	Responsible Person(s)	Timeline
2.5 Implementation of evidence based best practice			
National guidelines recommend healthcare-associated infection surveillance in relation to surgical site infection, central venous access device-related infection, urinary catheter-associated urinary tract infection and ventilator-associated pneumonia. Surveillance of these types of healthcare-associated infection was not performed at University Hospital Cork. The implementation of targeted surveillance programmes for healthcare-associated infections needs to be progressed. This will require the necessary investment and support.	Commence implementation of HCAI surveillance. Resource dependent.	Chair Infection Prevention & Control Committee	Q2 2018
The Infection Prevention and Control Team had reviewed local practices in relation to preoperative skin preparation. At the time of inspection this policy had not been implemented.	Implement pre-operative skin preparation	Clinical Director Surgical Directorate	Q1 2018
2.6.1 Preventing the Spread of anti-microbial resistant organisms			
Intensive Care Unit			
The infrastructure of the General Intensive Care Unit was outdated and was not in line with recommended specifications for a modern day critical care facility. The need to modernise the infrastructure of general intensive care facilities at the hospital needs to be addressed in the site development plan.	Upgrade ICU facilities to address issues identified by HIQA	CUH EMB ITU CNM3	Q4 2018
2.6.3 Other measures to prevent the transmission of infection			
Outbreak Management			
Detailed outbreak reports were not produced in respect of larger outbreaks of infection resulting in service disruption and this was attributed to a lack of resources within the Infection Prevention and Control Team.	Outbreak reports to be undertaken at time of outbreak	Chair Infection Prevention & Control Team	Immediate
Prevention of water-borne infection			
The hospital did not have a formalised structure to oversee water monitoring across the hospital	Initiate sub-committee of the Infection Prevention & Control Committee to oversee water monitoring	Chair Infection Prevention & Control Committee	Q1 2018