

**Quality Improvement Plan – Infection Prevention and Control  
Mallow General Hospital  
2016**

<b>Observation</b>	<b>Recommendation</b>	<b>Responsible Person</b>	<b>Progress Report</b>	<b>Completion Date</b>
The hospital does not have a dedicated Medical Microbiology service	The Hospital Group act to progress the filling of this position	<b>SMT EMB Cork University Hospital Group</b>		<b>ASAP</b>
<b>3.1 Key Findings of the unannounced Inspection</b>				
Outstanding Infrastructure issues identified in March 2015 HIQA inspection.	Priority works identified as per HIQA report 2015	<b>SMT CNM2 Estates</b>	<b>Quarter 1 2016- Estates Engineer- Adrian McEntee engaged new design team - Yelland Architects</b>	<b>Full review of planned work in Q 12016 Tender document issued Work schedule for Q2 2016</b>
<b>3.2 Key Findings of the unannounced Inspection</b>				
<b>Maintenance</b>				
Damage to plasterwork and paintwork on walls, door frame, pipework and radiators. Pipework should be contained in a smooth surface box.	Address the maintenance issues on St. Patricks Ward	<b>CNM2 SMT Estates</b>	<b>St. Patricks Ward Refurbishment work commenced in May 2016. In progress</b>	
Infrastructure & facilities Ancillary rooms are either absent, poorly designed or too small.	Review arrangements for storage to ensure best use of facilities and maintain a clutter free environment	<b>CNM2 SMT Estates</b>		
Bed spacing is sub optimal	Review bed spacing in St. Patricks Ward	<b>Infection Control CNM2</b>		

<p>Male toilets were not self contained and opened onto corridor</p> <p>Clean Utility room is small, poorly ventilated and does not facilitate effective infection prevention and control measures Medication prep area was insufficient.</p> <p>Dirty Utility Room unlocked Chemical Store was unlocked No sluice hopper available No planned preventative maintenance programme for the service of macerators.</p> <p>Cleaning equipment: Cleaning trolley stored in patient equipment room, no hand hygiene facilities</p>	<p>Review toilet facilities</p> <p>Review arrangements for storage to ensure best use of facilities and maintain a clutter free environment</p> <p>Review arrangements within the Dirty Utility to ensure best use of facilities.</p> <p>Review management and storage of cleaning equipment</p>	<p><b>CNM2 SMT Estates</b></p> <p><b>CNM2 SMT Estates</b></p> <p><b>CNM2 SMT Estates</b></p> <p><b>CNM2 SMT Estates</b></p>		
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<p>Safe Injection Practices The practice of bringing the blood glucose monitor and holder to the patient bedside increases the risk of transmission of blood borne viruses.</p>	<p>Change the practice to single procedure / individual patient equipment to the patient's bedside.</p>	<p><b>CNM2 Practice Development Infection Control Nurse</b></p>		
<p><b>3.3 Key findings relating to Hand Hygiene</b></p>				
<p>3.3.1 System Change Sinks do not conform to HBN 00-10 Part C – Sanitary Assembly</p> <p>No dedicated hand hygiene facilities in the Clean Utility Room, Dirty Utility Room and all Multi-Occupancy Rooms</p> <p><b>Observation of hand hygiene opportunities</b> There was a failure to differentiate between patient and healthcare zones and this</p>	<p>Identify and replace the clinical hand wash sinks on St. Patricks Ward that do not conform to HBN 00-10 Part C Sanitary Assemblies.</p> <p>Ensure necessary infrastructure is in place to allow HCW practice hand hygiene</p> <p>Future hand hygiene training focuses in particular on the technique and duration and recognised barriers to good hand hygiene practices.</p>	<p><b>CNM2 SMT Estates</b></p> <p><b>CNM2 SMT Estates</b></p> <p><b>SMT DON / HM CNM2/ Clinical Leads Infection Prevention &amp; Control Nurse &amp; Hand Hygiene Nurse</b></p>	<p><b>To be addressed during refurbishment of St. Patricks Ward</b></p>	

<p>should be the focus of future hand hygiene training. The technique was not correct in 6 of the 7 opportunities assessed.</p>		<p><b>Practice Development</b></p>		
<p><b>3.4 Key findings relating to Infection Prevention Care Bundles</b></p>				
<p>3.4 There was no surveillance system in place to collate infection incidents related to PVC and urinary catheters.</p>	<p>A system is put in place to ensure infection incidents are collated in relation to PVC and urinary catheters.</p>	<p><b>SMT</b></p>		