

## MERCY UNIVERSITY HOSPITAL HYGIENE QUALITY IMPROVEMENT PLAN 2022 (11th April 2022)

Departments	No	ITEM	IMPROVEMENT PROCESSES	PERSON RESPONSIBLE	PROGRESS	COMPLETION TIMESCALE & RAG
Decontamination / RIMDs (HIQA visit 2018 )	1	<b>Decontamination:</b> Decontamination of critical items and semi-critical items are performed in a designated decontamination area, inline with best practice guidelines.	All satellite decontamination areas require 1) review 2) risk assessments 3) statement of needs 4) possibly upgrading in order to comply	HOD / Decontamination Committee	1) A review was carried out in October 2018 and October 2020 by an external Authorised Engineer in Decontamination and a statement of "high level of safety" was issued. 2) Internal Risk Assessments have been carried out 3) Statement of needs have been created <b>3.1) Pain Department statement of need to be drafted</b> <b>4.1) Radiology works are in progress</b> <b>4.2) Cardiology storage options are being reviewed</b> <b>4.3) Clinical measurement Lab works are in development stage.</b> <b>4.4) Pain Department to be reviewed</b>	3.1) Q1 2022 4.1) Q2 2022 4.2) Q4 2021 (resolved) 4.3) Q3 2022 4.4) Q2 2022
Decontamination / RIMDs (HIQA visit 2018 )	2	<b>Decontamination SOP:</b> The hospital has up to date policies and procedures for the reprocessing of all reusable invasive medical devices used in and by the facility inline with relevant national guidelines.	SOPs are required for all satellite decontamination areas	ADON / HOD	SOPS are currently being drafted for approval by Policies Approval Committee (PAC) 1) Clinical Measurement Lab (complete) 2) St Johns (complete) 3) Cardiology - (complete and currently being updated) 4) <b>Radiology - to be submitted to PAC</b> 5) <b>Pain - to be submitted to PAC</b>	4) Q2 2022 5) Q2 2022
Decontamination / RIMDs (HIQA visit 2018 )	3	<b>Decontamination SOP:</b> Each step of the decontamination cycle is recorded, including the identity of the person undertaking each step.	Theatre, Endoscopy and St John's comply with Track and Trace  All satellite areas are to ensure this process is followed also.	ADON / HOD	1) Theatre, Endoscopy, Radiology, Cardiology and St John's comply (via manually and electronically systems). 2) <b>Process expanded to include satellite areas (Pain Management is in progress, all other areas comply)</b>	No 1 - Complete No 2 - Q4 2021
GENERAL MONITORNG SYSTEM (HIQA visit 2016)	4	<b>THEATRE:</b> The majority of sinks viewed did not comply with current recommended specifications. It is recommended that sink replacement programmes should be prioritized towards high risk functional areas such as Theatre Departments and be included as a component of the planned works.	At present there are a total of 4 designated wash hand basins in the theatre department and the recovery area (excluding the scrub troughs located in each of the four theatres).  Out of the 4 there are 3 fully compliant sinks. The one exception is a stainless steel wash hand basin beside the washers in the sluice room at the back of the theatre department (The 1 & 2). (4/2018)	TSD Project Team	The stainless sink has not been replaced and will be raised with TSD by Decontamination Lead.	2022
GENERAL MONITORNG SYSTEM (HIQA visit 2016)	5	<b>Hand hygiene:</b> A breakdown of hand hygiene training compliance for each staff group showed that only 16% of Medical Consultants (2016) were up-to-date with hand hygiene training. This figure is considerably lower than other staff groups. As variation in performance among disciplines affects overall hospital hand hygiene compliance scores, it is recommended that targeted education and audit is performed in order to drive improvement in hand hygiene compliance.	A new hand hygiene policy will be considered and training to be rolled out	IPC	As of 09/12/20 Consultants were at 64% and NCHDs at 99%.  A Hand Hygiene SOP was approved September 2021.	Ongoing

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GENERAL MONITORING SYSTEM (HIQA visit 2016)	6	<p><b>Clinical Audit:</b> The current lack of clinical audit prevents the hospital from effectively assuring itself that the service provided is in line with best practice and does not pose risks to patients.</p>	The expansion of existing clinical audit mechanisms will be undertaken to ensure measurable KPIs are achieved	DON	Expansion of clinical audit mechanisms has not taken place. Need a dedicated nurse resource to do this. A submission has not been made to SSWHG	2020
HYGIENIC DESIGN ISSUES (HIQA visit 2016)	7	<p><b>THEATRE:</b> The Theatre Department did not have a dedicated room for the storage of cleaning equipment and supplies. Cleaning equipment was inappropriately stored in the room used for endoscope decontamination.</p>	When decontamination outsourcing is completed, the removal of remaining autoclave will provide space for cleaning stores for OT's 1 and 2. OT's 4 and 5 have their own sluice rooms which can be used to store cleaners equipment (in-line with HTM standards)	DON	<p>The removal of second autoclave has been costed and approved and the 1st stage of removal is complete. The final stage of removal requires the closure of Theatre 1 and it is difficult to proceed at this time.</p> <p>This is to be carried out when the new Theatre build is complete and Theatre 1 is relocated.</p>	End of 2022
HYGIENIC DESIGN ISSUES (HIQA visit 2016)	8	<p><b>THEATRE:</b> The recovery room accommodates up to five patients however the space allocated to each trolley bay and between trolleys was very limited. In addition, floor covering was not intact in the recovery room.</p> <p>8.1) There was only one designated patient toilet within the Theatre Department which was located in the patient reception.</p> <p>8.2) There were no appropriate patient toilet facilities in the recovery bay. Facilities in place were not sufficient enough to comfortably meet patients' needs and posed challenges in the management of bodily fluids.</p> <p>8.3) There was no segregated area for children within the recovery room.</p>	To be addressed in the Theatre Project, no short term option at present.	TSD	<p>8.1) an additional WC facility will be available in the Theatre new build which is scheduled for completion in September 2022</p> <p>8.2) To be raised when the Theatre Refurbishment group forms in late 2022.</p> <p>8.3) MUH are unable to address due to the current infrastructure</p>	Q3 2022
HYGIENIC DESIGN ISSUES (HIQA visit 2016)	9	<p><b>ICU:</b> While some improvements were made relating to maintenance of and storage within the Intensive Care Unit, substantive issues and risks identified in the 2015 HIQA report relating to the infrastructural deficiencies and the isolation facilities remain outstanding. Inspectors were informed that a funding application has been submitted to the HSE for reconfiguration of the Intensive Care Unit.</p> <p>However, on the day of the inspection there were as yet, no funded plans or agreed timelines in place to address the issues which have been identified.</p>	The hospital will expedite the initial proposal submitted to HSE on 2015	TSD	<p>Significant upgrade works were carried out in 2016 on floors, ceilings, painting, lights, kanban etc and ICU was revisited by HIQA in 2016.</p> <p>4 additional single rooms in CRFC corridor were upgraded in December 2020 to meet ICU standards with supply / extract ventilation. These rooms are in use since January 2020.</p> <p>It is proposed that 2 of these rooms will be further upgraded in Q2 2022 to meet the requirements of isolation room stand with the construction of an ante-room and the correct air pressure regimes.</p> <p>A lean was also carried out on equipment to maximise storage capacity.</p>	Q2 2022
CLINICAL PRACTICE (HIQA visit 2016)	10	<p><b>Surgical site surveillance:</b> It is recommended that the hospital further explore the potential for the establishment of surveillance of device related infection rates over time to ensure full compliance with best practice standards and guidelines.</p>	On-going monitoring of care bundles.	DON	A surgical site surveillance programme requires action at SSWHG Group level. Funding has been sought since 2017, it remains on the SSWHG agenda.	2017