



***“Creating a Centre of Excellence
to Care for Children’s Health”***

Recommendations of the HIQA Report following the unannounced inspection on 22nd September 2014, in relation to the Standards for the Prevention and Control of Healthcare Associated Infections.

TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL

QUALITY IMPROVEMENT PLAN: 11TH NOVEMBER 2014



Populating Quality Improvement Plans

1. This QIP was developed to enact the recommendations of an unannounced visit by HIQA to Temple Street Children's University Hospital on 22nd September 2014, in relation to Standards 3 and 6 of: The Prevention and Control of Healthcare Associated Infections, HIQA 2009.
2. Lead owner: Hygiene Services Co-ordinator.
 - Standard 3 Lead: Hygiene Services Co-ordinator.
 - Standard 6 Lead: Divisional Nurse Manager (Infection Prevention and Control Team).
3. Monitoring Process: The Quality Improvement Plan will be monitored quarterly with status report provided to Corporate Prevention and Control of Healthcare Associated Infections Committee (CPCHCAIC), CEO and Quality Standards and Service Planning Manager.

IMPACT	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Injury	Adverse event leading minor injury not requiring first aid.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Emotional Distress	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Emotional Trauma	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Physical /emotional disability	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional / Physical trauma)
Service User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance Standards (Statutory, Clinical, Professional and Management)	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet HSE internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse Publicity/Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial Loss	<€1k	€1k – €10k	€10k – €100k	€100k – €1m	>€1m
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting offsite with detrimental effect requiring outside assistance.

Standards: Tick ✓ as appropriate	Infection Prevention & Control	Hygiene	Decontamination	QIP status Quarterly Review			
National Standards for the Prevention and Control of Healthcare Associated Infection (HIQA 2009).		Healthcare Records	Medical Device Management	A Completed	B On-Going	C At Risk	D Deferred

No:	Standard : Criteria	Risk Rating	Description of Improvement – Outcome/Goals (SMART) Specific: Measurable: Achievable: Realistic: Timely	By Whom	Due Date for Completion	Current Status Q4 2014	QIP Status 2015			
							Q1	Q2	Q3	Q4
1	Standard 3 Criterion 3.3		Review current storage facilities for beds, wheelchairs, patient hoists, trolleys and clinical equipment.	Tony O Rourke	30.06.2015	Currently reviewing options internally and externally to maximise storage facilities.				
2	Standard 3 Criterion 3.6		Planned programme for the maintenance / replacement of all mattresses, in line with PAC's Funding.	Cáit O Tierney / Jennifer Carey	30.06.2015	Funding approved to replace all mattresses. Working Group to oversee the planned replacement programme.				
3	Standard 3 Criterion 3.7		Review the management of all waste. Review and revise waste management practices to reduce incidents of sharps injuries.	Fergus Ashe Susan Mulrane	30.03.2015 30.03.2015	Increase awareness and provide additional Waste Management Training. Occupational Health Team have re-established Sharps Awareness Training.				
4	Standard 3 Criterion 3.8		Review current cleaning schedule frequencies, within the clinical environment to facilitate effective cleaning.	Cáit O Tierney / Jennifer Carey	30.03.2015	Tendering process for the Cleaning Contract is completed. This includes a review of the current cleaning schedules.				

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)
Actual frequency	Probability	Actual frequency	Probability	Actual frequency	Probability	Actual frequency	Probability	Actual frequency
Occurs every 5yrs of more	1%	Occurs every 2–5 years	10%	Occurs every 1–2 years	50%	Bimonthly	75%	At least monthly

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							Q1	Q2	Q3	Q4
5	Standard 3 Criterion 3.8		Develop a new approach for the Management of Impromptu Hygiene Audits	Cáit O Tierney	30.06.2015	Reviewing the introduction of technology to streamline and report the data collected.				
6	Standard 3 Criterion 3.8		Implement a Hygiene Matrix Dash Board. <ul style="list-style-type: none"> Design run charts to monitor, trend and report on the findings of Management Hygiene Audits. 	Cáit O Tierney / Eilis Murphy	30.03.2015	Meet with the ICT Team to design and roll out a Hygiene Matrix Dash Board.				
7	Standard 6 Criterion 6.1		Engage with relevant parties to develop a planned replacement programme to ensure that all hand hygiene sinks within the clinical environment, conform to Health Building Note 00-10 Part C: Sanitary assemblies.	Tony O Rourke / Susan Mulrane	30.06.2015 30.06.2015 30.03.2015	Replacement programme in place for St. Michael's B Ward. Replace sinks in St. Gabriel's Ward, pending funding. Audit remaining sinks to ensure a phased compliance programme is completed.				
8	Standard 6 Criterion 6.3.1		Achieve and sustain a target of 90% hand hygiene compliance, in all Hand Hygiene Audits.	Tony O Rourke / Susan Mulrane	30.03.2015	A Hand Hygiene Compliance Strategy is in place.				

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