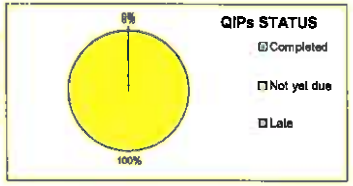
Quality & Patient Saftey Department , HSE South QIP Template

Quality Improvement Plan For: Bantry General Hospital

TODAY'S DATE: 28/11/2013

QIPs STATUS	
Completed	0
Not yet due	4
Late	0



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				Entry				Delivery							
Recommendation	National Standard	Quality Dimension	Objective	Measure Indicator	Current Performance	Target for 2013	Priority Level	Planned improvement initiatives (change ideas)	Methods and process measures	Goal for change (2013)	Responsible Person/Team	Due Date	Completed Date	QIP Status	Comments
Recommendation 1	Theme 1 - NSPCHCAI standard - 1,2,3, 4,5,6,7,8,9,11,12	Leadership, governance and Management	Establish a Drugs and Therapeutic Committee	Functioning Committee in place with appropriate membership to deliver on agreed Terms of Reference	Currently no committee in place however pharmacist monitoring antibiotic usage per ward since 2013, CUH guidelines on antimicrobial usage in place in BGH.	Committee established and in place	High	Regional DTI Committee awaiting appointment of Chair	Audit effectiveness of Committee	Compliance with HCAI Standards	General Manager & Hospital Manager	Q4 2013		Not yet due	
Recommendation 2	Theme 1 - NSPCHCAI standard - 1,2,3, 4,5,6,7,8,9,11,12	Leadership, governance and Management	Named accountable person for coordination of PCHCAI surveillance programme	Named accountable person for the coordination of the PCHCAI surveillance Programme	Accountable person is the chair of the EMB however essential posts required to ensure surveillance programme is maximised	Progress access to essential posts	High	Chair of EMB is accountable person, the following posts will be progressed in order to enhance and develop full surveillance programme - Consultant Microbiologist, Surveillance Scientist and Antimicrobial pharmacist	Establish Surveillance programme and audit effectiveness thereafter	Compliance with HCAI Standards	General Manager	Q3 2013		Post of Surveillance Scientist has been advertised	Surveillance Scientist post established in CUH with responsibility for BGH; 0.40WTE senior pharmacist post advertised and changes are being progressed in work practices and arrangements in the microbiology department CUH to formally cover BGH remit.
Recommendation 3	Theme 1 - NSPCHCAI standard - 1,2,3, 4,5,6,7,8,9,11,12	Leadership, governance and Management	An efficient antimicrobial programme should be developed and implemented	Antimicrobial programme in place with audits to measure effectiveness	Pharmacist logging antibiotic usage, CUH guidelines on antimicrobial usage are in place in BGH	Progress access to essential posts	High	Additional pharmacist hours to be introduced in the department and establish a programme with the ICC and Consultant Microbiologist	Establish antimicrobial programme and audit effectiveness	Compliance with HCAI Standards	General Manager & Hospital Manager	Q3 2013		Ongoing	Antimicrobial care bundle being developed under the direction of the Infection Control Committee.
Recommendation 4	Theme 1 - NSPCHCAI standard - 1,2,3, 4,5,6,7,8,9,11,12	Leadership, governance and Management	A formal and more comprehensive system of monitoring and reporting of defined PCHCAI metrics should be implemented in BGH	Effective surveillance programme in place with access to electronic reports	Manual reporting of data by the Infection Control Nurse and reported to the Infection Control Committee	Develop full surveillance programme plus develop electronic reporting system	High	Develop full surveillance programme with essential posts in place. Introduce electronic reporting software	Establish Surveillance programme and audit effectiveness thereafter	Compliance with HCAI Standards	General Manager, Hospital Manager and Area Manager	Q4 2013		Not yet due	
Recommendation 5	Theme 1 - NSPCHCAI standard - 1,2,3, 4,5,6,7,8,9,11,12	Leadership, governance and Management	A formal system of communication regarding PCHCAI should be developed and implemented in Bantry General Hospital	Documented Communication Strategy in place	Communication process in place for HCAI, however not documented fully	Communication Strategy to be formalised	High	Communication Strategy will be drafted inclusive of full infection control processes in BGH	Audit effectiveness of communication strategy	Compliance with HCAI Standards	Hospital Manager & Director of Nursing	Q3 2013		Not yet due	
Recommendation 6	Theme 3 - NSPCHCAI standard - 1,2,3,6,7,8,9,11,12,	Safe care	Access to microbiology services and advice from Cork University Hospital should be formalised	Formalised microbiology service with access to sessions for BGH	Microbiology service available for patient services, however no access to Consultant Microbiologist for HCAI programme	Access Consultant Microbiologist sessions	High	Establish formal links with CUH for microbiology services along with consultant sessions for HCAI programme	Establish surveillance programme and antimicrobial programme and audit effectiveness	Compliance with HCAI Standards	Area Manager - HSE South	Q3 2013		Ongoing	
Recommendation 7	Theme 3 - NSPCHCAI standard - 1,2,3,6,7,8,9,11,12,	Safe care	Formal Structures, policies, procedures and guidelines should be developed and implemented to demonstrate proactive reporting, identification, evaluation and management of HCAIs	Formal structures, policies, procedures and guidelines in place with an audit programme to ensure effectiveness	Policies and procedures in place for Infection Control Nurse however we require access to essential posts to develop further policies around reporting, identification, evaluation and management of HCAIs	Establish access to essential posts and also develop further policies locally	High	Continue to develop further care bundles in BGH audit of surgical site infections to be advanced with the surgeon. Development of a full surveillance programme with access to essential posts.	Establish surveillance programme and antimicrobial programme and audit effectiveness	Compliance with HCAI Standards	General Manager, Hospital Manager and Area Manager	Q4 2013		Not yet due	Audit programme to be developed for HCAIs

NHO Quality, Safety and Risk Framework

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Enter name of hospital etc.

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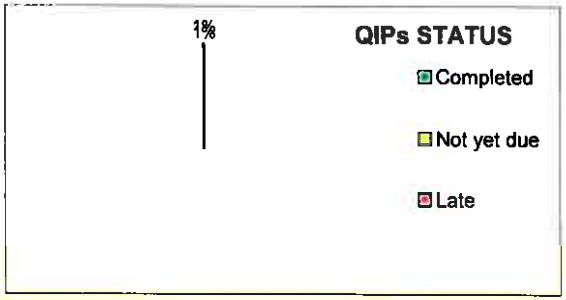
Late	0



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No.	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
1	15/05/2013	1	1	**Establish a Drugs and Theraputic Committee within the hospital**	General Manager	Q4 2013			
				Draft Terms of Reference to be established.	General Manager	Q4 2013			
				Membership of Committee to be established.	Hospital Manager	Q4 2013			
				TOR and Membership to be signed off by Infection Control Committee & EMB	General Manager and Hospital Manager	Q4 2013			
				Functioning Drugs and Theraputic Committee in place	General Manager and Hospital Manager	Q4 2013			***Comparable hospital D&T structure to be looked at to see what available expertise sits on local D& T committee***
				BGH Drugs and Theraputic Committee to have linkages to a Regional Drugs & Theraputic Committee	Quality & Patient Safety Manager and General Manager	Q4 2013			Regional D&T Group being established BGH will have representative on this group
				Audit effectiveness of Drugs and Theraputic Committee	Chair of Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

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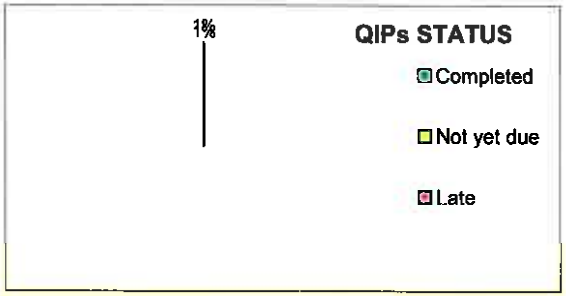

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No.	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
2	15/05/2015	1	1	**Chair of EMB named accountable person for coordination of HCAI surveillance programme in BGH**	Chair of EMB	16/05/2013	15/05/2012		Chair of EMB accountable however essential posts required to ensure surveillance programme developed and effectivness meansured
				Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2013			changes are being progressed in work practices and arrangements in the microbology department CUH to formally cover BGH remit.
				Surveillance Scientist post in CUH to include providing required services to BGH	Area Manager	Q4 2013			Position approved in CUH however arrangements for support to BGH to be in line with requirements of the national standard.
				Antimicrobial Pharmacist - senior pharmacist post to be appointed following recruitment campaign	General Manager	Q4 2013			Post Senior Pharmacist (2 days)approved ; clear job description to be agreed with post holder to include antimicrobial management in BGH
				Establish Surveillance Programme once posts in place	General Manager	Q4 2013			
				Establish antimicrobial Programme once posts in place	General Manager	Q4 2013			
				Audit effectiveness of programmes	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

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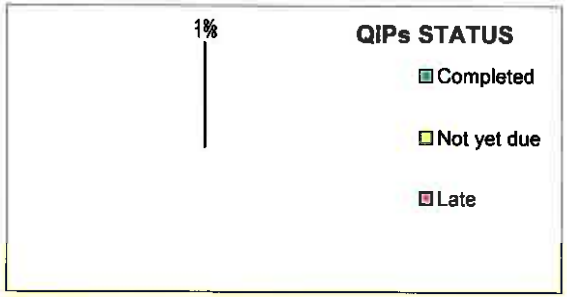

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3	15/05/2015	1	1	**Develop and implement an efficient antimicrobial programme**	Chair of EMB	Q4 2013			
				Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2013			Changes are being progressed in work practices and arrangements in the microbology department CUH to formally cover BGH remit.
				Surveillance Scientist post in CUH to include providing required services to BGH	Area Manager	Q4 2013			Position advertised with arrangements for support to BGH to be in line with requirements of the national standard.
				Antimicrobial Pharmacist - senior pharmacist post to be appointed following recruitment campaign	General Manager	Q4 2013			Senior Pharmacist Post approved; clear job description to be agreed with post holder to include antimicrobial management in BGH
				Develop antimicrobial Programme once posts in place	General Manager	Q4 2013			Currently all antimicrobial use is being monitored
				Antimicrobial Care Bundle - currently under development by the ICC Committee	ICC Committee	Q4 2013			Care bundle being developed by clinical lead on the ICC committee
				communication and training plan to be developed around the introduction of this care bundle	ICC Committee	Q4 2013			Consultant to address with implementation of carebundle
				Audit effectiveness of antimicrobial care bundle	ICC Committee	Q4 2013			
				Audit effectiveness of antimicrobial programme	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

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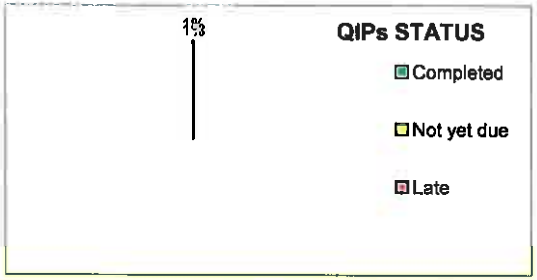

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4	15/05/2015	1	1	**Formal and comprehensive system for monitoring and reporting HCAI as per national standards**	Chair of EMB	Q4 2013			
				Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2013			changes are being progressed in work practices and arrangements in the microbology department CUH to formally cover BGH remit.
				Surveillance Scientist post in CUH to include providing required services to BGH	Area Manager	Q4 2013			Position advertised with arrangements for support to BGH to be in line with requirements of the national standard.
				Antimicrobial Pharmacist - senior pharmacist post to be appointed following recruitment campaign	General Manager	Q4 2013			Post approved; clear job description to be agreed with post holder to include antimicrobial management in BGH
				Identify suitable electronic system for recorded and reporting HCAIs	Infection Control Nurse	Q4 2013			CUH do not have elecronic system in place so will need to wait to be in line with CUH
				Business plan around costings for this electronic system to be prepared and submitted for funding	ICN and Hospital Manager	Q4 2013			
				Audit effectiveness of reporting programme	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

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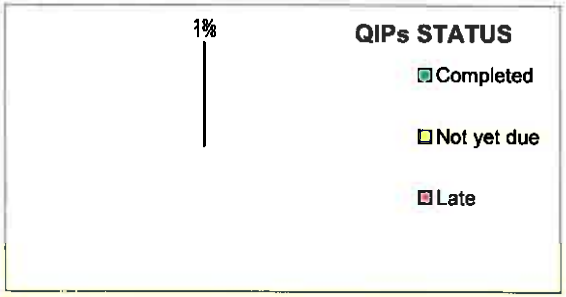

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5	15/05/2015	1	1	**Formal Communication Strategy**					
				Develop communication strategy outlining how information relating to HCAIs is communicated and responded to efficient, timely, effective and accurate manner.	ICC Committee and Hospital Manager	Q3 2013			Hospital Manager has adapt a strategy to reflect what happens in BGH eg, Clinical areas where MRSA swabs are taken on admission. Infection Control Nurse to combine policies on Communication and Notification of Communicable diseases.
				Audit effectiveness of communication strategy	ICC Committee	Q4 2013			Clinical Development Co Ordianator to update BGH charter in line with National Charter

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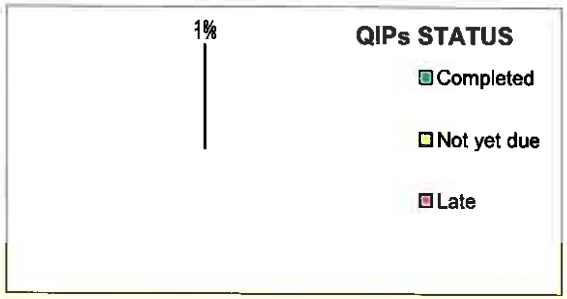

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No.	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
6	15/05/2015	3	3	**Access to Microbiology services and advise from CUH to finalised**	Area Manager	Q4 2013			
				Access Consultant Microbiologist Sessions for BGH	Area Manager	Q32013			changes are being progressed in work practices and arrangements in the microbology department CUH to formally cover BGH remit.
				Develop and implement SOP to outline microbiology service provision from CUH to BGH	General Manager	Q4 2013			
				Audit effectiveness of reporting programme	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

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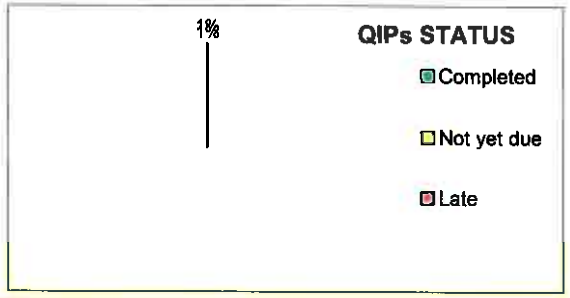

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7	15/05/2015	3	3	**Formal structures, policies, procedures and guidelines should be developed and implemented**	Chair of EMB	Q4 2013			
				Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2013			changes are being progressed in work practices and arrangements in the microbology department CUH to formally cover BGH remit.
				Surveillance Scientist post in CUH to include providing required services to BGH	Area Manager	Q4 2013			Position advertised with arrangements for support to BGH to be in line with requirements of the national standard.
				Antimicrobial Pharmacist - senior pharmacist post to be appointed following recruitment campaign	General Manager	Q4 2013			Post approved ; clear job description to be agreed with post holder to include antimicrobial management in BGH
				Identify suitable electronic system for recorded and reporting HCAIs	Infection Control Nurse	Q4 2013			
				Business plan around costings for this electronic system to be prepared and submitted for funding	ICN and Hospital Manager	Q4 2013			
				Develop antimicrobial Programme once posts in place	General Manager	Q4 2013			
				Antimicrobial Care Bundle - currently under development by the ICC Committee	ICC Committee	Q4 2013			Antibiotic Care bundle to be raised at EMB by DON
				communication and training plan to be developed around the introduction of this care bundle	ICC Committee	Q4 2013			
				Develop and implement audit of surgical site infection rates	Cons. Surgeon	Q4 2013			Hospital Mangager to discuss with Consultant Surgeon
				Develop Full audit programme for HCAI	ICC and EMB	Q4 2013			Once all essential posts are in place we will be in a position to have a full audit programme for HCAIs.
				Audit effectiveness of reporting programme	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness