## Quality & Patient Saftey Department , HSE South QIP Template

Quality Improvement Plan For:

## **Bantry General Hospital**

TODAY'S DATE: 19/05/2015

QIPs STATUS

Completed

Not yet due

Late

0%	QIPs STATUS
25%	■ Completed
	■Not yet due
75%	Late

				I											
Aim				Measure			Change Methods and Colored Description								
Recommendation	National Standard	Quality Dimension	Objective	Measure Indicator	Current Performance	Target for 2015	Priority Level	Planned improvement initiatives (change ideas)	process measures	Goal for change (2015)	Responsible Person/Team	Due Date	Completed Date	QIP Status	Comments
	Theme 1 - NSPCHCAI														
	standard - 1,2,3,														
	4,5,6,7,8,9,11,12														
Recommendation 1					Currently no committee in place										
				Functioning Committee in	however pharmacist monitoring antibiotic usage per ward since										
		Leadership, governance	Establish a Drugs and	place with appropriate membership to deliver on	2013, CUH guidelines on antimicrobrial usage in place in	Committee establised and in		Regional I D&T Committee awiting	Audit effectiveness	Compliance with	General Manager 8				Waiting Regional D&T committee - issues has been highlighted at the EMB. In
	The same of Michael Control	and Management		agreed Terms of Reference		place	High	appointment of Chair.	of Committee	HCAI Standards	Hospital Manager	Q4 2015		Not yet due	the initerm BGH will seek linkages to the CUH D&T Committee
	Theme 1 - NSPCHCAI							Chair of EMB is accountable person,							
Recommendation 2	standard - 1,2,3,		Named accountable	Named accountable person	Accountable person is the chair of the EMB however essential			the following posts will be progressed	Establish Surveillance						
Neconinendation 2	standard - 1,2,3,		persion for coorindation	for the coordination of the	posts required to ensure			in order to enhance and develop full surveillance programme - Consultant	programme and						Surveillance Scientist post established in CUH with responsibility for BGH;
	4,5,6,7,8,9,11,12	Leadership, governance and Management	of PCHCAI surveillance programme	PCHCAI surveillance Programme	surveillance programme is maximised	Progress access to essential posts	High	Microbiologist, Survillance Scientist and Antimicrobial pharmacist	audit effectiveness thereafter	Compliance with HCAI Standards	General Manager	Q4 2015		Ongoing	0.40WTE senior pharmacist to be progressed; business case for Consultant mircobiologist being progressed in CUH
	Theme 1 - NSPCHCAI						Ĭ								3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
Recommendation 3	standard - 1,2,3,		An efficient antimicrobia programme should be	Antimicrobial programme in	Pharmacist logging antibiotic usage, CUH guidelines on			Additional pharmacist hours to be introduced in the department and	Establish antimicrobial						
		Leadership, governance	developed and	place with audits to measure	antimicrobial usage are in place			establish a programme with the ICC	programme and	Compliance with	General Manager &				Antimicrobial care bundle being developed under the direction of the Infection
	4,5,6,7,8,9,11,12 Theme 1 - NSPCHCAI	and Management	implemented	effectiveness	in BGH	essential posts	High	and Consultant Microbiologist	audit effectiveness	HCAI Standards	Hospital Manager	Q4 2015		Ongoing	Control Committee.
Recommendation 4	standard - 1.2.3.		A formal and more comprehensive system			Develop full			Establish						
Recommendation 4	standard - 1,2,3,		of monitoring and reporting of defined	Effective surveillance	Manual reporting of data by the Infection Control Nurse and	surveillance programme plus		Develop full surveillance programme	Surveillance programme and		General Manager,				
			PCHCAI metrics should	programme in place with access to electronic reports	reported to the Infection Control	develop electronic		with essential posts in place. Introduc	e audit effectiveness	Compliance with HCAI Standards	Hospital Manager	Q4 2015		Not yet due	
	4,5,6,7,8,9,11,12 Theme 1 - NSPCHCAI	and Management	be implemented in BGH	access to electronic reports	Committee	reporting system	High	electronic reporting software	thereafter	HCAI Standards	and Area Manager	Q4 2015		Not yet due	
			A formal system of communication												
Recommendation 5	standard - 1,2,3,		regarding PCHCAI												
					Communication process in place for HCAI, however not	Communication Strategy to be		Communication Strategy will be drafted inclusive of full infection control	Audit effectiveness of of communication	Compliance with	Hospital Manager & Director of				
	4,5,6,7,8,9,11,12 Theme 3 - NSPCHCAI	and Management	General Hospital	Strategy in place	documented fully	formalised	High	processes in BGH	strategy	HCAI Standards	Nursing	Q3 2013	Q3 2013	Completed	
	THORID O THOI OTHOR														
Recommendation 6	standard -				Microbiology service availabe for				Establish surveillance						
			Access to microbiology		patient services, however no	1		Establish formal links with CUH for	programme and						
			Cork University Hospital	Formalised microbiology service with access to	access to Consultant Microbologist for HCAI	Access Consultant Microbologist		microbology services along with consultant sessions for HCAI	antimicrobial programme and	Compliance with	Area Manager -				
	1,2,3,6,7,8,9,11,12, Theme 3 - NSPCHCAI	Safe care	should be formalised	sessions for BGH	programme	sessions	High	programme	audit effectiveness	HCAI Standards	HSE South	Q4 2015		Ongoing	Currently being progressed through the Chair of the EMB BGH
			Formal Structures,												
			policies, procedures and guidelines should be		Policies and procedures in place for Infection Control Nurse										
Recommendation 7	standard -		developed and	Francisco de la constante de l	however we require access to essential posts to develop			Continue to develop further care bundles in BGH, audit of surgical site	Establish surveillance						
			implemented to demonstrate proactive	Formal structures, policies, procedures and guidelines in	further policies arounding	Establish access to		infections to be advanced with the	programme and						
			reporting, identification, evaluation and	place with an audit programme to ensure	reporting, identification, evaluation and management of	essential posts and also develop further		surgeon. Development of a full surveillance programme with access to	antimicrobial toprogramme and	Compliance with	General Manager, Hospital Manager				
Unannounced	1,2,3,6,7,8,9,11,12,	Safe care	management of HCAIs	effectiveness	HCAIs	policies locally	High	essential posts.	audit effectiveness		and Area Manager	Q4 2015		Not yet due	Antibiotic Care Bundle currently being developed and audited
Unannounced															
									1						
Inspection 2nd April	standard 3					Increase the number of 4.1			Establish more 4.1						
						environment audits			environmental		L				
		Environment and	Ensure full compliance with the national	Environmental audits available and Hand Hygiene	Environment audit programme in place and Hand Hygiene	by wards and feedback to		Introduce more 4.1 environmental audits by wards and feedback to the	audits; monitor hand hygiene	Compliance with	Director of Nursing/Hospital				Immediate action has taken place to address items raised by the authority during
2014		Facilities Management	standards	Programme records	Programme in place	hygiene team	High	hygiene team, infection control team			Manager	completed		Completed	this inspection to ensure compliance with standards

Una	nnounced														
Inspecti	on 11th March	standard 3					Continue the								
							number of 4.1								
							environment audits								
				Ensure full compliance	Environmental audits	Environment audit programme	by wards and			Establish linkages		Director of			
			Environment and	with the national	available and Hand Hygiene	in place and Hand Hygiene	feedback to		Develop linkages with Cork University	and measure	Compliance with	Nursing/Hospital			Immediate action has taken place to address items raised by the authority during
	2015		Facilities Management	standards	Programme records	Programme in place	hygiene team	High	Hospital Infection Control Committee.	attendance rates	HCAI Standards	Manager	Q2 2015	Not yet due	this inspection to ensure compliance with standards

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QIPs LOG FOR:	Bantry General Hospital
Enter name of hospital etc.	
	TODAY'S DATE: 19/05/2015

QIPs STATUS						
Completed	0					
Not yet due	0					
Late	0					

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No	. Entr	ry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Person	Due Date	Date	QIP Status	Comments
	<b>3</b> 15/0	05/2015	1	1	Develop and implement an efficient antimicrobial programme	Chair of EMB	ongoing			
									Seek an	
					Access Consultant Microbiologist Sessions for BGH	Area Manager	Q3 2015		update where post is at	Business Case being developed in CUH to provide sessions to BGH
	+				Surveillance Scientist post in CUH to include providing required services to	Area Manager	Q3 2013		Part	Position approved in CUH however arrangements for support to BGH to be in line
					BGH	Area Manager	Q3 2014		completed	with requirements of the national standard.
						-				
									Reviewing	
									Business	
									Case for an	
									initiative with	
					Antimicrobial Pharmacist - senior pharmacist post to be appointed following				community to expand	Senior Pharmacist Post approved; clear job description to be agreed with post
					recruitment campaign	General Manager	Q4 2015			holder to include antimicrobial management in BGH
					Develop antimicrobial Programme once posts in place	General Manager	Q4 2015			
									Odb to update	
					Anti-depth in Comp. Burnille.				group on	
					Antimicrobial Care Bundle - currently under development by the ICC Committee	ICC Committee	Q2 2015		progress of audit	Care bundle being developed by clinical lead on the ICC committee
					communication and training plan to be developed around the introduction of	100 0011111111100	Q2 2010		addit	Care burial borng developed by similar lead on the 100 committee
					this care bundle	ICC Committee	Q2 2015			Consultant to address with implementation of carebundle
					Audit effectiveness of antimicrobial care bundle	ICC Committee	Q2 2015			
					Audit effectiveness of antimicrobial programme	ICC Committee				Once programme established an agreed timeframe will have to be put in place to measure effectiveness

QIPs LOG FOR:	Bantry General Hospital
Enter name of hospital etc.	
	TODAY'S DATE: 19/05/2015

QIPs STAT	rus
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lot yet due	0
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						Responsible		Completed		
N	0.	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Person	Due Date	Date	QIP Status	Comments
					Formal and comprehensive system for monitoring and reporting HCAI					
	4	15/05/2015	1	1	as per national standards	Chair of EMB	Q4 2015			
									Seek update	
									on status of	
					Access Consultant Microbiologist Sessions for BGH	Chair of EMB	Q4 2015		business case	Business Case being developed in CUH to provide sessions to BGH
					Surveillance Scientist post in CUH to include providing required services to				part-	Position approved in CUH however arrangements for support to BGH to be in line
					BGH	Chair of EMB	Q4 2014		completed	with requirements of the national standard.
									Reviewing	
									Business	
									Case for an	
									initiative with	
									community to	
					Antimicrobial Pharmacist - senior pharmacist post to be appointed following				expand	Post approved; clear job description to be agreed with post holder to include
					recruitment campaign	General Manager	Q4 2015		pharmacy post	antimicrobial management in BGH
						Infection Control				
					Identify suitable electronic system for recorded and reporting HCAIs	Nurse	Q4 2015		No progress	CUH do not have elecronic system in place so will need to wait to be in line with C
					Business plan around costings for this electronic system to be prepared and	ICN and Hospital				
					submitted for funding	Manager	Q4 2015			
										Once programme established an agreed timeframe will have to be put in place to
					Audit effectiveness of reporting programme	ICC Committee				measure effectiveness
F		<u> </u>								
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QIPs LOG FOR:	Bantry General Hospital	QIPs STA	TUS
Enter name of hospital etc.			
	TODAY'S DATE: 19/05/2015		1
		Not yet due	0
		Late	0

						Responsible		Completed		
No	٠.	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Person	Due Date	Date	QIP Status	Comments
	5	15/05/2015	1	1	Formal Communication Strategy					
						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.
	-					· · · · · · · · · · · · · · · · · · ·	Q0 20 10			Clinical Development Co Ordianator to update BGH charter in line with National
					Audit effectiveness of communication strategy	ICC Committee	Q2 2015			Charter

NHO Quality	. Safety a	nd Risk	Framework
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QIPs LOG FOR:	Bantry General Hospital	
Enter name of hospital etc.		
	TODAY'S DATE:	19/05/2015

QIPs STAT		
Completed	0	
Not yet due	0	
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N	0	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
Ë	<u>.</u>		o tarruar u		- Control of Cashi, improvement fair (Cir.)	. 5.55	240 2410	2410	dii otatao	- Comments
									Seek update	
	6	15/05/2015	3	3	Access to Microbiology services and advise from CUH to finalised	Area Manager	Q4 2015		on status of business case	
	Ů	13/03/2013	3	3	Access to inicionicingly services and davise from Cervic initialised	Area Wariager	Q+ 2013		Dubinious dube	
									Seek update	
					Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2015		on status of	business case being progressed for sessions for BGH
-					Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2015		business case	business case being progressed for sessions for both
									Seek update	
					Develop and implement SOP to outline microbiology service provision from				on status of	
					CUH to BGH	General Manager	Q4 2015		business case	Once programme established an agreed timeframe will have to be put in place to
					Audit effectiveness of reporting programme	ICC Committee				measure effectiveness
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QIPs LOG FOR:	Bantry General Hospital
Enter name of hospital etc.	•
	TODAY'S DATE: 19/05/2015

QIPs STATUS				
Completed	1			
Not yet due	0			
Late	0			

No		Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments
NO		Lilli y Dale	Stariuaru		Formal structures, policies, procedures and guidelines should be	reison	Due Date	Date	QIF Status	Comments
	7	15/05/2015	3		developed and implemented	Chair of EMB	Q3 2014			
	-	10/00/2010				Orial of Emp	Q0 20			
									Seek update	
									on status of	
					Access Consultant Microbiologist Sessions for BGH	Area Manager	Q4 2015		business case	Business case being progressed for session for BGH
					Surveillance Scientist post in CUH to include providing required services to				part-	Position approved in CUH however arrangements for support to BGH to be in line
					BGH	Area Manager	Q3 2014		completed	with requirements of the national standard.
									Reviewing	
									Business	
									Case for an	
									initiative with	
					Antimicrobial Pharmacist - senior pharmacist post to be appointed following				community to expand	Post approved; clear job description to be agreed with post holder to include
					recruitment campaign	General Manager	Q4 2015			antimicrobial management in BGH
	-				Too difficility out the sampaign	Infection Control	Q+ 2013		priarriacy post	anamioropia management in berr
					Identify suitable electronic system for recorded and reporting HCAIs	Nurse	Q4 2015			no progress to date
					Business plan around costings for this electronic system to be prepared and	ICN and Hospital				
					submitted for funding	Manager	Q4 2015			
					Develop antimicrobial Programme once posts in place	General Manager	Q4 2015			
					Antimicrobial Care Bundle - currently under development by the ICC					
					Committee	ICC Committee	Q2 2015		Obd to update	Antibiotic Care bundle being developed
					communication and training plan to be developed around the introduction of					
					this care bundle	ICC Committee	Q2 2015			
					Develop and implement audit of surgical site infection rates	Cons. Surgeon	Q3 2014		completed	Audit currently unerway by Consultant Surgeon and CNM2 in Theatre
					_ , _ , , , , , , , , , , , , , , , , ,					Once all essential posts are in place we will be in a position to have a full audit
<u> </u>					Develop Full audit programme for HCAI	ICC and EMB	Q4 2015			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
	+									

QIPs LOG FOR:	Bantry General Hospital	QIPs STATUS
Enter name of hospital etc.		
	TODAY'S DATE: 19/05/2015	Completed 5

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						Responsible		Completed		
No	. 🖂	Entry Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)	Person	Due Date	Date	QIP Status	Comments
					Items raised regarding environment such as ceiling tiles, Linen storage and					
	8	27/05/2014	3		cleaning of equipment have been addressed immediately	Director of Nursing			Completed	
	-	21/00/2014			Hand Hygiene - consultant compliance rates - all consultants in BGH have				Completed	
					now undertaken hand hygiene	Hospital Manager			0	100% compliance
	_				now undertaken hand hygiene				Completed	100% compilance
						Director of				
						Nursing/Hospital				
					Local Hand Hygiene audits - plan in place to commence local audits	Manager	immediately		Completed	
					Vacant posts will be filled in housekeeping grade	Director of Nursing	Q3 2014	Q3 2014	Completed	interviews to take place for 7WTE in the next month
	$\dashv$					Ü	40 -011	40 -011	- Complete	,
					Increase number of 4.1 environmental audits to monthly by each ward	Director of Nursing	immodiately		Completed	DON has met Ward Managers regarding implementation of same
	-						-		Completed	
					Swipe Access to be introduced to all sluice doors and clinical rooms	Hospital Manager	Q2 2014			In progress - majority of areas have swipe access
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Not yet due Late

QIPs LOG FOR:	Bantry General Hospital	QIPs STATUS	
Enter name of hospital etc.			
	TODAY'S DATE: 19/05/2015	Completed	1
		Not yet due	2

Note: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the

QIP is due	for compl	etion), and	l, when appropriate,	, the 'Completed	Date' (i.e.	date that QIF	has	been fully imple	emented).
								D	

						Responsible		Completed		
	-	. Data	Ctondond	Cuitanian	Description of Quality Improvement Plan (QIP)	Person	Due Date	Completed Date	OID Ctatus	0
No	Entry	y Date	Standard	Criterion	Description of Quality Improvement Plan (QIP)			Date	QIP Status	Comments
						Director of Nursing				
						and Hospital				
	9 14/04	4/2015	3		Develop Linkages with CUH Infection control Committee	manager	01/06/2015		not yet due	
					Items raised regarding light dust have been addressed immediately	Director of Nursing	immediately		Completed	
						Director of				
					Storage issue - reconfigure of existing storage area to address storage on the					
					rehabilitation corridor	Manager	30/09/2015		not yet due	
						-				
-	-									
-		-								

Late