



*Mater Misericordiae*  
*University Hospital*  
Sisters of Mercy  
**Eccles Street, Dublin 7, Ireland**

*Ospidéal Ollscoile*  
*Mater Misericordiae*  
Siúracha na Trícaire  
**Sráid Eccles, Baile Átha Cliath 7, Éire**



## *Mater Misericordiae University Hospital*

# *HIQA, Unannounced Monitoring Assessment against the National Standards for the Prevention and Control of Healthcare Associated Infection, March 2019, Report Published July 2019.*

## **Quality Improvement Plan –2019**

HIQA carried out an unannounced monitoring assessment of our hospital against the National Standards for the Prevention and Control of Healthcare Associated Infections on the 28<sup>th</sup> March 2019.

Maintaining good hygiene practices is imperative to ensuring the right setting for high clinical standards in patient care activities. Safe Patient care is fundamental to our practice. Our internal hygiene audit programme must continue to work together with departments to ensure that hygiene services provided are of the highest standard. We have developed a quality improvement plan to address the issues identified.

**Approved by:**

Mr Alan Sharp

Chief Executive



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### *Progress since 2017 visit*

A comprehensive programme of improvements has commenced within the hospital since the 2017 inspection these include; a review of the auditing of the environmental cleaning services, upgrading of facilities; including phased upgrading of windows across the McGivney wing, the continued phased development of family rooms on wards, continuous monitoring of hand hygiene training compliance across the hospital and up to Board level and implementation of care bundles.

### *Quality Improvements Plans following visit 28<sup>th</sup> March 2019*

Theme	HIQA recommendation	QIP	Action to date	Measure/ Audit	Responsibility	Time frame
Screening for CPE	<p>Screening is required to ensure that patients with CPE infection or colonisation are identified to:</p> <ul style="list-style-type: none"> <li>ensure that measures are taken to prevent onwards transmission to other patients</li> <li>provide an accurate picture of the current epidemiology of CPE at each institution and to inform appropriate infection control policies</li> </ul>	<p>Roll out of CRE screening as per national recommendation.</p> <p>Current controls include screening of certain high risk patients on admission and weekly in high risk areas</p> <p>Patients with confirmed CPE and their contacts are isolated on admission.</p>	<p>Resourcing requirements are substantial and not included in the existing 2019 financial plans.</p> <p>Business case submitted to Board for consideration, June 2019.</p> <p>Action is funding dependant from HSE</p>	<p>Audited through the monthly Lab system</p>	<p>CEO - funding</p> <p>Infection Prevention Control – implementation of screening</p>	<p>Funding dependent</p>



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IPC governance	Filling of current vacancies	Completed.	N/A	IPC Team	Q 2 2019
1. Infection prevention and control programme had been severely restricted due to staffing constraints within key roles of the infection prevention and control team over the previous 10 month period.		Completed			Q2 2019
2. The hospital's Direct and Indirect Infection Prevention and Control Committees had been inactive for the previous 12 months	Reactivation of Infection Prevention of Committee meeting and associated sub-committees	Completed			Q2 2019
3. Infection prevention and control programme activities should include regular service-wide risk assessment	Development Infection prevention and control risk register  Development of IPC programme of activities including hand hygiene and limited surgical site infection programme within the current resources.	Development of an IPC departmental risk register and programme has commenced	Monitored quarterly at IPCC committee	IPC Team	In progress
<b>Policies, procedures and guidelines</b>	Inspectors noted that the IPC manual had been approved in 2005, some additional polices had been developed.	Review of Policies and procedures has commenced	Agenda item at each Direct IPC committee, and monitored quarterly		Q4 2019



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<p><b>Antimicrobial Stewardship</b></p>	<p>MMUH have not implemented national policies on restricted antimicrobials ("National Policy on Restricted Antimicrobial Agents", Health Service Executive; 2016, and "National Service Plan", Health Service Executive 2019)</p>	<p>Implement national policies on restricted antimicrobials</p>	<p>Education and additional stewardship rounds in place for over 18 months focused on restricted antimicrobials</p> <p>Policy implementation requires additional clinical microbiology and pharmacy staffing. Business case for clinical microbiology staffing complete and submitted for consideration</p> <p>Implementation would use the electronic patient management system and this has been facilitated by information technology department</p>	<p>Ongoing meropenem and antimicrobial stewardship rounds</p> <p>Submission of meropenem consumption to BIU</p>	<p>CEO - funding</p> <p>Antimicrobial stewardship multidisciplinary team for implementation, audit and feedback</p>	<p>Q2 2019 and subsequent monitoring</p>
<p>Cleaning of Patient equipment on wards</p>	<p>Opportunities for improvement were identified regarding equipment hygiene and oversight for same.</p>	<p>Improve communication around responsibilities for cleaning tasks and education in relation to cleaning methods and frequencies.</p>	<p>1. Re-education around dual roles and responsibilities re cleaning of patient equipment.</p> <p>2. Health Care Assistant clinical</p>	<p>Audited through the monthly hygiene audits</p>	<p>General services &amp; Nursing</p>	



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<p><b>Hand hygiene education and training</b></p>	<p>The compliance for mandatory Hand Hygiene theory and practice training in the hospital was at 73%.</p>			<p>Increased education and training to ensure optimum hand hygiene practice.</p>		<p>cleaning training programme designed and approved by the Nursing Executive and have commenced</p>	<p>Monthly hand hygiene observational audit</p>	<p>Audited through the monthly hand hygiene audits</p>		<p>IPC team</p>	<p>Q2 2019 and subsequent monitoring</p>
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