**DRAFT Project Management Plan**

**TITLE:**            **Revision of HIQA's  PCHCAI
                      monitoring programme**

**DIRECTORATE(S):**   **Regulation, Healthcare**

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**TITLE:**            **Inspector**

**DATE:**             **February 2016**

**SPONSORED BY:**     **Joan Heffernan**

**TITLE:**            **Inspector Manager**

**DATE:**             **February 2016**

**TITLE:   Revision of the PCHCAI monitoring programme**

**Project Plan**

**Document History**

| DOCUMENT LOCATION: | | |
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**APPROVALS:**

| Date | Title | Name | Signed |
|---|---|---|---|
| 18.11.16 | **Inspector Manager** | **Joan Heffernan** | |
| | **Regulatory Head** | | |
| | | **Sean Egan** | |
| | **Deputy Director** | | |
| | **Director** | **Mary Dunnion** | |

**DISTRIBUTION LIST:**

**{Name}**                    **{Title / Directorate}**

## 1.	Project purpose

The Authority's business plan for 2017 (objective 4.23) includes the revision and implementation of an updated programme of monitoring of acute hospital's adherence to the National Standards for the Prevention and Control of Healthcare Associated Infection.

Implementation of the National Standards for the Prevention and Control of Healthcare Associated Infection has been monitored by HIQA since these standards were published in 2009.

The purpose of this project is to adapt a proportionate risk-based approach to such monitoring and to develop a Monitoring Approach Plan to support this revised monitoring programme for the prevention and control of Healthcare Associated Infections.

The revised monitoring programme will comprise of three phases:

**Phase 1:**

- Completition of a self assessment tool on Infection Prevention and Control programmes across all 49 public acute hospitals in Ireland.

The self assessment tool (SAT) will be  based on the 2015 Centers for Disease Control and Prevention 'Infection Control Assessment Tool for Acute Hospitals' and has been adapted for the Irish context.The self-assessment tool will be aligned to the 2009 National standards for the Prevention and Control of Healthcare Associated Infections and will also be cognisent of the revised draft National Standards for the Prevention and Control of Healthcare Associated infections, currently with the Minister for Health awaiting approval. This SAT will  enable providers to self assess their performance with regards to prevention and control of healthcare associated infections and to take a proactive approach to improvement and implementation of measures to prevent and control Healthcare Associated Infections.

**Phase 2:**

- Unannounced monitoring inspections in acute hospitals focusing on one or more of the following patient care pathways:

  - Clostridium difficile infection
  - Invasive Medical Device use
  - Safe injection practice
  - Resisitant bacteria
  - Aspergillosis

**Phase 3:**

- Unannounced monitoring inspections in acute hospitals focusing on the decontamination and management of reusable invasive medical devices.

## 2. Project aim

The aim of this project is: to revise HIQA's monitoring programme against the National Standards for the Prevention and Control of Healthcare Associated Infections  The revised programme will be aligned with the current 2009 PCHCAI standards and willb e cognisent of the revised draft PCHCAI standards.

## 3. Project objectives

The objectives of this project are to develop a specific monitoring approach plan (MAP)[1] that delivers the following:
- PCHCAI self assessment with input from some external stakeholders March 2017
- External stakeholder engagement about the revised monitoring programme March/April 2017
- Completition and return of SAT by all 49 acute hospitals by early May 2017
- PCHCAI unannounced inspections ocusing on  patient pathways commenced mid May 2017
- External expert advisory group consultation in relation to monitoring of reusable invasive medical device decontamination May and September 2017
- RIMD unannounced inspections Q1 2018

## 4. Scope

(a) **In scope**

Below is an outline of what is noted to be in of scope of this project;

- **Phase 1** – completition of a self assessment tool by all 49 acute hospitals.

- **Phase 2 -** Unannounced inspections of acute hospitals with lines of enquiry reflecting patient care pathways for the following:
  - Clostridium difficile infection
  - Invasive Medical Device use
  - Safe injection practice
  - Resisitant bacteria
  - Aspergillosis

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1  MAPs are developed in line with the Standard Operating Procedure – developing a MAP

> ▪ **Phase 3** - Unannounced monitoring inspections in acute hospitals focusing on the decontamination and management of reusable invasive medical devices.

- Training of staff to allow for revised inspections to commence.

(b) **Out of scope**

Below is an outline of what is noted to be out of scope of this project;
- Literature review – as this is a revision of an ongoing programme
- Monitoring programme focusing on healthcare outside of acute hospital care.

**Deliverables**

The key deliverables of this project are:
- A Monitoring Approach Plan (phase 1 to phase 3) in line with the Authority's Monitoring Approach Policy to include the following components for each pahse:
  - Prevention and control of Healthcare Associated Infection self assessment tool for completion by 49 acute hospitals
  - Lines of enquiry for phase 1 and phase 3
  - Assessment Framework
  - Judgement Framework
  - Unannounced monitoring event – information gathering tools
  - Guide for providers
  - Schedule of activity
  - Manpower planning

- Advice and critique from external advisors in relation to the content of the PCHCAI self assement tool.

- Advise from an expternal advisory group to support the development of phase 3 – RIMD inspections.

## 5. Work breakdown structure

The workbreakdown structure follows the phases outlined in the methodology section above.

| WBS No | Tasks | Timeframe | Responsible |
|---|---|---|---|
| **Phase 1 - Actions completed to date – to be updated at team meetings** **SELF ASESSMENT COMPONENT** | | | |
| | **Complete** | | |
| 1 | Draft PCHCAI self-assessment tool | Feb 2017 | **AOB** |
| 2 | Present proposal for review monitoring approach plan to the Director of Regulation | 10/02/17 | **AOB/Team** |
| 3 | Seek expert input from the HCAI/AMR Clinical Advisory Group chaired by Dr Niamh O' Sullivan in relation to PCHCAI content | 17/03/17 | **JH/AOB** |
| 4 | Review feedback from HCAI/AMR Clinical Advisory Group | 06/03/17 | **SE** |
| 8 | Draft instructions for hospitals around completing the SATs | 06/03/17 | **AOB/SG** |
| 9 | Draft email/letter to accompany SAT | 14/03/17 | **SE** |
| 5 | Amend SAT as agreed by Team | 20/03/17 | **AOB/SG** |
| 6 | Convert SAT from Word to iPDF | 20/03/17 | **SG/AOB** |
| 7 | Test the iPDF | 20/03 to 23/03 | **SG/AOB** |
| 10 | Send out SAT to 49 hospitals | 05/04/17 | **AOB/JH/AR** |
| 11 | Review and risk rate each completed SAT | 03/05 to 12/05 | **AOB/NFK/ JH** |
| 13 | Escalate any risks identified in line with AMA | ASAP following receipt | **SE** |
| 14 | Present findings of SAT to HOP | 15/05/17 | **SE** |

| WBS No | Tasks | Timeframe (Completion Date) | Responsible |
|---|---|---|---|
| | **PHASE 2 - Actions completed to this point – to be updated at team meetings** <br> **INTERNAL DOCUMENT REVIEW** | | |
| | **Complete** | | |
| 1 | Lines of Enquiry for Phase 1 paient care pathway unannounced inspections | 20/03/17 | **AOB/NFK** |
| 2 | Sign off of Lines of Enquiry by HOP | 23/03/17 | **SE** |
| 3 | Assessment Framework | 12/04/17 | **AOB** |
| 4 | Judgement Framework | 12/04/17 | **AOB** |
| 5 | Care pathway assessment tool CDI | 20/03/17 | **AOB** |
| 6 | Care pathway assessment tool Aspergillosis | 20/03/17 | **AOB** |
| 7 | Care pathway assessment tool Indwelling Invasive Device | 20/03/17 | **AOB** |
| 8 | Care pathway assessment tool Resistant Bacteria | 20/03/17 | **AOB** |
| 9 | Care pathway assessment tool Aspergillosis | 20/03/17 | **AOB** |
| 10 | Sign off Assessment Frameworks and inspection tools  by HOP | 13/04/17 | **SE** |
| XXXX | Sign off Judgement Framework | | |
| 11 | PCHCAI reference list for reports/documents – formatted in line with HIQA house style | 08/05/17 | **AOB** |
| 12 | Monitoring guide for phase 2 inspections | 18/04/17 | **AOB/NFK** |
| 13 | Unannounced inspection report template | 08/05/17 | **AOB** |
| 14 | Unannounced inspection report FA letter | 08/05/17 | **AOB** |
| 15 | Unannounced inspection report FA Template | 08/05/17 | **AOB** |
| 16 | Unannounced inspection report publication notice | 08/05/17 | **AOB** |
| 17 | Pre onsite inspection template | 08/05/17 | **AOB/SG** |
| 18 | Sign off Monitoring guide by HOP | 03/05/17 | **SE** |
| 19 | Training day for inspection team | 10/05/17 | **AOB/JH** |
| 20 | Publish Monitoring Guide | 15/05/17 | **AOB/JH** |
| 21 | Commende inspections for phase 2 | 22/05/17 | **AOB/JH** |

**PHASE 3 - Actions completed to this point – to be updated at team meetings**

**INTERNAL DOCUMENT REVIEW**

| WBS No | Tasks | Timeframe | Responsible |
|--------|-------|-----------|-------------|
| | **Complete** | | |
| 1 | Lines of Enquiry for Phase 1 paient care pathway unannounced inspections | 03/04/17 | **NFK** |
| 2 | Sign off of Lines of Enquirey by HOP | 10/04/17 | **SE** |
| 3 | Assessment Framework | 17/04/17 | **NFK** |
| 4 | Judgement Framework | 17/04/17 | **NFK** |
| 5 | RIMDS Decontamination Assessment Tool | 17/04/17 | **NFK** |
| 6 | Sign off Assessment and Judgement Frameworks by HOP | 19/04/17 | **SE** |
| 7 | PCHCAI reference list for reports/documents – formatted in line with HIQA house style | 25/04/17 | **NFK** |
| 8 | Unannounced inspection report template | 25/04/17 | **NFK** |
| 9 | Unannounced inspection report FA letter | 25/04/17 | **NFK** |
| 10 | Unannounced inspection report FA Template | 25/04/17 | **NFK** |
| 11 | Unannounced inspection report publication notice | 25/04/17 | **NFK** |
| 12 | Pre onsite inspection template | 25/04/17 | **NFK** |
| **13** | **EAG meeting** | **17/05/17** | **NFK/JH/SE** |
| 14 | Amend LOE's, inspection tool and staff training programme following EAG feedback. | 20/10/17 | **NFK/JH** |
| 15 | Sign off Monitoring guide for phase 2 inspections by HOP | 27/10/17 | **SE** |
| 16 | Amend inspection tools and training programme for staff | 10/11/17 | **NFK/SB** |
| 17 | Inspection training for team | 06/12/17 | **NFK/AOB** |
| 18 | Publish monitoring guide | 12/12/17 | **NFK/JH** |

Project Plan
**Revision of the PCHCAI monitoring programme**

Health
Information
and Quality
Authority
An tÚdarás Um Fhaisnéis
agus Cáiliocht Sláinte

| WBS No | Tasks | Timeframe | Responsible |
|---|---|---|---|
| **PHASE 3 - Actions completed to this point – to be updated at team meetings**<br>**Esternal Advisory Group Meetings - RIMD** |||
| | **Complete** | | |
| 1 | Draft EAG membership with reasons for inclusion/exclusion and sign off by HOP | 15/03/17 | **NFK/AOB** |
| 2 | Sign off the following for EAG by HOP<br>• Terms of Reference<br>• membership for EAG<br>• letter of invite to nominate rep to EAG | 23/03/17 | **NFK** |
| 3 | Prepare EAG documents as follows:<br>- Letter requesting nominee<br>- Conflict of Interest form for attendee<br>- Copy of agreed TORs<br>- Letter of invite to attend EAG | 25/03/17 | **NFK** |
| 4 | Book meeting room for EAG and confirm dates for two meetings (May and Sept) | 25/03/17 | **NFK** |
| 5 | Send letter to request nominee for EAG | 10/04/17 | **NFK** |
| 6 | Send letter of invitation to attend EAG with conflict of interest and confidentiality form, nominee confirmation letter and directions to Smithfiled. | 03/05/17 | **NFK** |
| | **Expert Advisory Group Meeting** | | |
| 7 | Agree agenda and format of first EAG meeting | 25/04/17 | **NFK** |
| 8 | Develop slides and content of first meeting:<br>• Introductions<br>• Approval of TOR<br>• Next steps timelines and agree final meeting date<br>• Explanation of HIQA role, PCHCAI programme to date and plan for RIMD phase of monitoring.<br>• Anonymised results of SAT for RIMD questions. | 25/04/17 | **NFK** |
| 9 | First EAG meeting:<br>- signed attendance form<br>- Conflict of interest forms submitted<br>- TOR approval<br>- Date of 2nd and final meeting agreed for Sept | 17/05/17 | **NFK/JH** |

| 10 | Circulate minutes post meeting post sign off by HOP | 26/05/17 | **NFK/JH/SE** |
|----|----|----|----|
| 11 | Prep work for final EAG meeting  -  slides, information for EAG. | 29/08/17 | **NFK/JH** |
| 12 | Final EAG meeting. | 13/09/17 | **NFK/JH** |
| 13 | Ciruclate mintues and thank you letter – signed off by HOP. | 27/09/17 | **NFK** |
|    |    |    |    |

| Actions completed to this point – Month YEAR PREPARATION FOR INSPECTION | | | |
|----|----|----|----|
| **WBS No** | **Tasks** | **Timeframe** | **Responsible** |
| **1** | **Complete** | | |
| 2 | Review of SATs | | |
| 3 | Inspection schedule | | |
| 4 | Prepare onsite documentation | | |
| 5 | Review preonsite process | | |
| 6 | Review business intelligence requirements | | |
| 7 | Data capture post inspection/methodology | | |
|   |   | | |
|   |   | | |

| Actions completed to this point – Month YEAR PREPARATION OF REPORTS | | | |
|----|----|----|----|
| **WBS No** | **Tasks** | **Timeframe** | **Responsible** |
|  | **Complete** | | |
|  | Prepare a 'dummy' report | | |
|  | Standardise formatting/messenging across the first four inspection reports | | |

**Assumptions**

To manage the project effectively and efficiently, the assumptions listed below, with regards to resources and timelines have been considered in the development of this Project Plan. The quality of the project and the delivery of the outcomes will not be limited by these elements.

- The project remains as a priority within HIQA/Directorate
- That the resources required from within HIQA (personnel) as identified in this Project Plan are made available
- That external experts are identified and amenable to consultation.

### (f)   Constraints

The below constraints have been considered in the development of the Project Plan. The quality of the project and the delivery of the outcomes will not be limited by these elements.

- The short duration of this project imposes an obvious time constraint to deliver the outcomes within this time.
- Stakeholders (internal and external) actively support and participate in this project.

### (g)   Dependencies

The below interfaces/dependencies have been considered in the development of this Project Plan.

- External Advisory group have availability as per project phase requirement
- Other current ongoing Healthcare Regulation Programmes of Work
- This project will require support from internal Directorates including:

## 6.   Project schedule

### (a)   Key milestones (to complete on agreement of phase options)

| Milestone | Deadline |
|---|---|
| Distribute SAT to all 49 hospitals | 05 April 2017 |
| Stakeholder engagment | 27 March - 06 April 2017 |
| Publication of monitoring guide | 15 May 2017 |
| Inspection team training | 10 May 2017 |
| Commence unannounced inspections – phase 1 | 22 May 2017 |
| Publication of reports | |
| 1st EAG meeting - RIMD | 17 May 2017 |
| Final EAG meeting - RIMD | 13 September 2017 |
| Publication of monitoring guide - RIMD | 13 September 2017 |
| Inspection team training | 06 December 2017 |
| Commence unannounced | |

| inspections – phase 1 | 09 January 2017 |
|---|---|
| Publication of report | |

## 7.     Budget

This project will be completed within existing PCHCAI resources and require no additional resources.

*Include all estimated costs excluding VAT. If detailed estimates are not available please generate a rough order of magnitude estimate based on similar projects conducted in-house or by similar organisations. Internal staffing costs are not required here (however should be noted in section 7) unless they require incremental backfill by an external resource. Ensure that all costs are reviewed to provide best value for money and most cost effectiveness.*

| Staff | VAT | Total |
|---|---|---|
| Training | | |
| Travel and Subsistence | | |
| | | |
| **Hardware and Software (Technology)** | | |
| Laptop/Server | | |
| SPSS | | |
| | | |
| **Meetings/Workshops** | | |
| Hire of external room | | |
| | | |
| **Publications** | | |
| Nil | | |
| | | |
| **Total** | | |

## 8.

## 9. Risk management plan

The identified risks for this project include:

i.  Tight timelines of the project.
        A RAID Log will be completed.xls

## 10.    Quality management plan

Below is an outline of quality assurance steps in place for the development of the self assessment tool and guidance

•  Shared workspace structure/Storage of evidence.
    A shared workspace on sharepoint already exists to act as a depository for the

storage of all literature gathered during this project. The workspace will support clear accessibility and efficient use of this literature. Access to the shared workspace is limited to PCHCAI team members only.

- QA points are detailed as per Work Breakdown Structure

- Declaration of Interest/Confidentiality
  Expert advisors are required to return a Declaration of Interest/Confidentiality prior to their involvement.

## 11.    Communications management plan

**Correspondence/Communications:**
All email communication will function through the use of the existing designated email address qualityandsafety@hiqa.ie.

All written correspondence in relation to PCHCAI self assessment tool is to be recorded on sharepoint in the correspondence library.

**Internal communications:**

| Event | Description | Purpose | Method | Frequency |
|---|---|---|---|---|
| **Meetings** | | | | |
| Project Team Meetings | This meeting will involve all team members to discuss the work in progress/ recently completed work and work that will be performed in the future | To keep the team informed of the project status and ensure that issues, risks or changes are raised accordingly | Verbal | Weekly |
| Milestone Review Meetings | Formal Meetings held at the end of each phase to identify the overall status of the project, the quality of the deliverables produced and any outstanding risk, issues or changes | To control the process of the project through each phase in the project lifecycle, thereby enhancing its likelihood of success | Verbal | At the end of each milestone |
| **Reports** | | | | |

| Status Reports | Frequently report providing the status of the schedule, risks and changes | To keep team members informed of the status of the project | Status Report | Monthly |
|---|---|---|---|---|
| Project Close-out Report | | To formally finish the project and discuss lessons learnt | Meeting and Report | When project finished |

## Media:

All media communication will be handled through the Communications Representative for this project. Any queries received from the media must be passed directly to the Head of Communications or the nominated representative.

## 12. Project controls

Once the Project Plan has been approved any changes to scope, timeline, process and methodology need to be formally approved by the Project Sponsor. Any proposed changes will be assessed for the impact of the required change to all aspects of the project and its context. Changes if approved will be incorporated into Project Plan.

All change proposals / approvals need to be minuted and recorded as part of project documentation.

See Project Document History for summary details of changes made to project plan during project lifecycle.

## 13. Project organisation structure/roles and responsibilities

| Role and Responsibilities | Duration and Effort | Suggested Resource Name(s) if any |
|---|---|---|
| Project Sponsor | Project Duration | Joan Heffernan |
| Project Team | Project Duration | Aileen O' Brien Noreen Flannelly-Kinsella Antoinette Russell Shane Grogan Siobhan Bourke |