Executive Summary

 Hospital-acquired infections are a major issue for both patients and health care providers. It is associated with increased mortality, morbidity, increase length of hospital stays and cost associated with its treatment. The quality control initiative plan is a detailed organizational work plan for the quality improvement activities of health care organizations (Jain et al., 2006). The quality control initiative for hospital-acquired infection control clearly defines the main priorities for the hospitals regarding infection control practices. This plan consists of main areas that must be reviewed at a regular interval and the process of this plan should be monitored by the committee member. The success of the implementation of this plan depends on the employee's understanding of their roles and responsibilities and the actions that are required to reduce hospital-acquired infection.

**Aim of this project**

The main aims of this quality control initiate for hospital-acquired infection are

* To reduce and prevent the occurrence of preventable hospital-acquired infection by the implementation of appropriate management surveillance and monitoring system
* To update and disseminate the infection control guidelines
* To educate and train the staff regarding the compliance with hand hygiene
* To perform the root cause analysis of hospital-acquired C. difficile and S. aureus bacteraemias (Abdelsattar et al., 2015)

**Strategies**

Hand washing is a cornerstone for reducing hospital-acquired infection. Steps should be taken to encourage all the staff members to wash their hands before drinking, eating and providing care to patients. The hospital-acquired infection control policy should be formulated regarding the information on preventive measures and when to isolate the patient. Extremely contagious infections, such as clostridium difficile and S. aureus bacteraemias should be detected as early as possible such as any patient who is admitted with diarrhea immediately be tested for Clostridium difficile or patients with the respiratory problem should be tested for the flu (Barbut, 2015). Different workshops should be conducted regularly in which education-related to the identification of common infections and strategies to reduce their spread should be provided such as training on droplet borne infection and bloodborne pathogen. Proper checks and balances should be present regarding the change of linen daily. The linens that are used in hospitals. should be properly cleaned and sanitized. Surveillance should be carried out where data regarding the infection at the hospital should be collected. Infection control protocol should be assessed regularly. Robust infection control surveillance should be carried out to measure the outcomes, level of care and patient safety. All the data that is gathered should be disseminated among health care professionals and other stakeholders (Boev and Xia, 2015).

**Work plan**

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| --- | --- | --- | --- |
| Measures | Action required | Lead personals  | Time scale  |
| Ensure the executives of the hospital to take an active part in ensuring that nosocomial infection are reduced to a minimum level | The infection control committee will receive and also recommends necessary actions Annual reports should be submitted to the chair of the infection control committeeRegular Meeting will be conducted to update about required action to control infection  |  Infection Control team/ Committee  | Annual |
| Review the corporate and clinical governance structure for prevention of hospital infection | Root cause analysis and incidents should be discussed under clinical governance meeting  | Chair Infection control committee | Monthly |
| Continue to embed a hand hygiene culture | Ensure that all staff members have training and education on control and prevention of infection  | Infection control committee members Management team | Immediate and ongoing |
| Root cause analysis of Clostridium difficile and S. aureus bacteremia infection | The root cause analysis will be the main agenda of every meeting as it will ensure that the required action has been taken or not. | Clinical nursing director |  As cases arise |
| Develop Infection Control and prevention Link Representative Programme | Recruit Link Representative and establish the Link program  |  Infection control Committee member  | Priority for 2020 |

**Strength of this plan**

This plan includes all the necessary strategies that are necessary to prevent infection. This plan includes the work plan with the required time frame for every action and includes all those strategies that can be implemented in limited budget. This plan can be easily implemented in health care settings.

**Weakness of this plan**

The strategies that are required to the control the hospital infection are not categorized on the level of their priority. This plan is for the small heath care setting and cannot be implemented on large hospitals

**References**

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