	National Hyg	giene Ser	vices: Sta	andards and Criteria						-		TATUO		
								OID- STATUS		0%	QIPs STATUS			
	-	Is LOG FOR: Louth MEATH Hospital Group- Our Lady of Lourdes Hospital Inter name of hospital etc. TODAY'S DATE: 30/09/2013						QIPs STATUS			°			
	Enter name							Completed	11					
		Outstan	ding fror	n 2009 HIQA Review.				Not yet due	8	<mark>42%</mark>				
				to another Standard.				Late	0		58%			
		core crit		the life term Detail (i.e. detaids at OD is suct and inter	h - l) (D D-4-) (;	- J-4-4b-44b-			19					
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Number	Entry Date 17-Sep-13	rd S.D 3	on S.D 3.1	Description of Quality Improvement Plan (QIP)	Responsible Person		Due Date Ongoing	Date	QIP Status	Comments	Reason for delay	completion		
1	17-369-13	3.0 3	3.0 3.1	Sinks in single rooms not compliant with HSE guidelines for hand hygiene	In order to comply with standard renovations will be put forward for consideration as a Capital Development Project 2014.	Hospital Administrator	Ungoing		Not yet due					
2	17-Sep-13	S.D 3	S.D 3.1	Access by unauthorised persons to 'dirty' utility rooms not adequately controlled	Modifications made to door mechanisms - key pad accessible to staff only. 2 areas remain outstanding	Ward Manager	31-Oct-13		Not yet due					
3	17-Sep-13	S.D 3	S.D 3.1	light dust on bed frames, trollies, window ledges, bases of I.V stands stained, dirty sticky residue on trollies, light dust on commode wheels, bed pans, urinals and stored in an inverted position.	Re-emphasis on cleaning and continued monitoring through the internal hygiene audit programme. Cleaning schedules have been r/v with ward & cleaning staff. Patient quipment sub group established to review cleaning schedules, tagging and storage of patient equipment - initial meeting 12/09/2013.	Ward Manager		31-Jul-13	Completed					
4	17-Sep-13	S.D 3	S.D 3.1	Bed tables chippeed and unrepairable	Awaiting delivery of new bed tables	Hospital Administrator	31-Oct-13		Not yet due					
5	17-Sep-13	S.D 3	S.D 3.1	Issues with paint work on walls, borders, radiators, doors and skirting.	Painting schedule has commenced and is in progress.	Hospital Administrator	31-Oct-13		Not yet due					
6	17-Sep-13	S.D 3	S.D 3.1	Mesh torn on charis	Seat recovering programme. Re- covering of upholstery in progress	Hospital Administrator	31-Oct-13		Not yet due	PPPG's responsibility lies with Area/Ward Managers as per Advisory Group				
7	17-Sep-13	S.D 3	S.D 3.1	Patients clothing and belongings placed on floor hindering cleaning.	Patients family advised to keep patient property to a minimum. Ongoing spot checks.	Ward Manager		31-Jul-13	Completed	Efficacy of Newletter will be undertaken as part of Staff Hygiene Questionnaire. Await completion of staff questionnaire. R8 to present findings to Advisory				
8	17-Sep-13	S.D 3	S.D 3.1	Not all paper signage was laminated	Immediate review of all signage in clinical areas and development of policy in relation to display signage. Ongoing monitoring of same. All current signage laminated.	Health Promotion Manager Assistant Director of Nursing	31-Oct-13	31-Aug-13	Completed	unionga to Advisory				

9	17-Sep-13	S.D 3	S.D 3.1	Mobile stp ladder unclean	Ladder cleaned. SOP has been developed for cleaning of step ladder	Support Services Manager	31-Oct-13	31-Aug-13	Completed		
10	17-Sep-13	S.D 3	S.D 3.1	Sluice room was cluttered with waste awaiting collection hindering access to hand washing sink.	Addressed through In-house Education & Training. Waste collection schedule has been revised regarding collection of waste with ongoing monitoring hence providing access to sinks. Ongoing monitoring.	Support Services Manager		31-Jul-13	Completed		
11	17-Sep-13	S.D 3	S.D 3.1	Sluice room / sluice hopper issues	Issues being addressed through Maintenance, painting schedule with review of cleaning schedule.	Ward Manager Support Services Manager	31-Oct-13		Not yet due		
12	17-Sep-13	S.D 3	S.D 3.1	Waste management posters not displayed at relevant points.	Health & Safety advise sought - posters displayed at relevant points.	IPCN		31-Jul-13	Completed		
13	17-Sep-13	S.D 3	S.D 3.1	Cleaning products were stored on a shelf in the cleaners room.	All cleaning products stored in locked cupboard in dirty utility room. Continued monitoring through the internal audit programme.	Ward Manager		31-Jul-13	Completed		
14	17-Sep-13	S.D 3	S.D 3.1	Patients been cared for in isolation rooms with doors left open	Individual patient risk assessments to be completed on all patients in isolation on an ongoing basis.	IPCN	30-Sep-13				
15	17-Sep-13	S.D 3	S.D 3.1	Inappropriate items stored in linen room.	Items have been removed and stored elsewhere. Continued monitoring through the internal audit programme.	Ward Manager		31-Aug-13	Completed		
16	17-Sep-23	S.D.6	S.D 6.1	Hand Hygiene practices of staff entering and leaving isolation rooms was not in line with best practice. Staff were observed not performing hand hygiene following removal of PPE and on leaving the isolation room.	Schedule for all staff to attend mandatory hand hygiene to be continued. Monitoring of mandatory attendance at hand hygiene educations sessions required. Reports of hand hygiene attendance and non attendance data for each department will be reviewed quarterly by the Hygiene Services Team. Hand Hygiene Services Team. Hand Hygiene eminders. Observational hand hygiene audits performed in line with national HPSC guidance. Results fed back locally to HODS and reported at Hygiene Services Team meeting and at Hygiene Steering Group meetings. Spot checks will be carried out at disciplinary process will be evoked where there is no compliance.	IPCN Hospital Administrator, Heads of Department	31-Dec-13		Not yet due	BICS training identified as being required for household cleaning staff - this was rolled out late 2010/early 2011	

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17	17-Sep-13	S.D 6	S.D 6.1				31-Dec-13					
						Hospital Administrator Group General Manager						
10	17.6 12	6.0.6	6.0.6.4					02 6 12	Not yet due			
18	17-Sep-13	S.D 6	S.D 6.1	The authority observed 35 hand hygiene opportunities, however only 24 opportunities were taken and 20 complied with best practice hand hygiene	Audit of hand hygiene technique to be carried out with resultant action plan and feedback to HODS and Hygiene Services Team. In-house Education and Training. Continued monitoring through the internal audit programme.	CNS IP&C Hygiene Services Team		02-Sep-13	Completed	Reviewed 1.12.2010 Completion	Reviewed 3.11.10 Ongoing Proposal sent to Roisin and explect recommentdaions by end Nov. 16Feb11 With Procurement for Command System selection	31/03/2011
19	17-Sep-13	S.D 6	S.D 6.1		Audit of hand hygiene technique to include audit of glove usage and recommendations to be actioned. Continuing in-house Education and Training.	CNS IP&C Hygiene Services Team		02-Sep-13	Completed			
20	17-Sep-13	S.D 6	S.D 6.1		Hand Hygiene posters placed at all designated hand washing sinks in Step Down Ward and MIU. All HODS to ensure hand hygiene procedure posters are displayed at designated hand washing sinks and report to Hygiene Services Team.	Ward Manager / HODS	20-Aug-13	25-Jul-13	Completed			