

MAYO GENERAL HOSPITAL QUALITY IMPORVEMENT PLAN

HIQA Report of the Unannounced Monitoring Assessment at Mayo General Hospital 8th January 2013

Areas Assessed: Female Medical Ward, Female Surgical Ward and Maternity Ward

	Report Findings	Action Identified	Responsible Person	Time Frame	Status
STANDARD 3 Environment & Facilities Management					
3.6 WASTE	On the female medical ward, while waste was segregated at ward level, it was stored inappropriately in the sluice, which was accessible to the public.	Waste is now transported directly to the waste holding room. The door to the sluice is kept closed at all times.	CNM II	Q1 2013	Complete
3.6 LINEN	On the female surgical ward, clean curtains were stored in an isolation anteroom	Clean curtains are now stored in the clean linen room on the ward.	CNM II	Q1 2013	Complete
	On the female medical ward, inappropriate items were observed on shelving within the linen room, for example foam cushions without covers.	All inappropriate items were removed from the linen room.	CNM II	Q1 2013	Complete
Overall	Some pieces of equipment were unclean, and a moderate amount of dust noted on occasional surfaces.	Regular audits are taking place and areas that require attention are feed back to the department manager and domestic supervisor.	IC CNS, Hygiene Services Committee, Department Managers, Domestic Supervisor and Contract Cleaning Supervisor	Q1 2013	Complete and on-going
	Dirty utility rooms on the female medical and surgical wards were cluttered.	Dirty utility rooms were decluttered.	CNM II	Q1 2013	Complete and on-going.
	Dirty utility rooms assessed were not lockable and therefore were accessible to the public.		Maintenance Dept, CNM II, Services Manager	Q4 2013	Not yet due
	Limited storage resulting in inappropriate placement of patient equipment along corridors.		Maintenance Dept, CNM II, Services Manager	Q4 2013	Not yet due
	Rust was noted on the wheels of 3 commodes on the female medical ward.	3 new commodes have been ordered.	CNM II	Q1 2013	Complete

One commode in the female surgical ward was soiled.	Daily inspection of patient care equipment to be carried out by CNM II along with regular audits by Domestic Supervisor and CNS IC.	CNM II, Domestic Supervisor CNS IC and Hygiene Services Committee	Q1 2013	Complete and on-going.
Point of attachment of a shower seat in a shower cubicle on the Maternity Ward was unclean.	Regular inspection to be carried out by CNM II along with regular audits by the Domestic Supervisor and CNS IC	CNM II, Domestic Supervisor CNS IC and Hygiene Services Committee	Q1 2013	Complete and on-going.
Rust coloured droplets were noted on the floor of the utility room in the female surgical ward.	Regular inspection to be carried out by CNM II along with regular audits by the Domestic Supervisor and CNS IC	CNM II, Domestic Supervisor CNS IC and Hygiene Services Committee	Q1 2013	Complete and on-going.
Moderate dust was noted on some equipment and on some high surfaces. Moderate dust was noted on some curtain rails. Light dust was noted on the wheels of a number of commodes and trolleys. A rust coloured substance was observed on an oxygen saturation probe, grit was noted in the corners of some of the rooms. Stained raised toilet seat was placed on floor of toilet in female medical ward and urinalysis equipment was unclean.	Regular inspection to be carried out by CNM II along with regular audits by the Domestic Supervisor and CNS IC	CNM II, Domestic Supervisor CNS IC and Hygiene Services Committee	Q1 2013	Complete and on-going.

STANDARD 6 Hand Hygiene

6 Approved hand-wash liquid soap and a surgical scrub were in place at each sink, but signage for the surgical scrub's appropriate use was not in place.	Hand Hygiene sinks throughout the Hospital are being upgraded to HBN 95 standard. New signage to include surgical scrub appropriate use to be put in place.	CNS IC, CNM II	Q2 2014	Not yet due
The hand-wash sinks available in the dirty utility rooms were not compliant with HBN 95 standard	Hand Hygiene sinks throughout the Hospital are being upgraded to HBN 95 standard.	Maintenance Dept.	Q2 2014	Not yet due
9 of 18 Hand Hygiene practices observed were	Mandatory hand hygiene education for all	IC CNS	Q1 2013	Complete and

not of best practice.

staff. Regular audits are undertaken by CNS IC with both verbal and written feedback to th relevant staff. Review of training given to address all non-compliances identified

on-going.