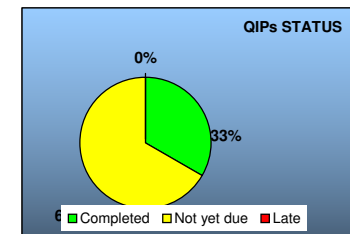


National Hygiene Services: Standards and Criteria												
QIPs LOG FOR:					Louth MEATH Hospital Group- Our Lady Hospital, Navan				QIPs STATUS			
Enter name of hospital etc.												
					TODAY'S DATE:	27/09/2013			Completed	10		
									Not yet due	20		
									Late	0		
										30		
Outstanding from HIQA Review.												
Cross Reference to another Standard.												
core criteria												
Note: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that the QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).												
Numbe	Entry Date	Standa	Criterion	HIQA findings	Description of Quality Improvement Plan (QIP)	Responsible Person	Due Date	Completed Date	QIP Status	Comments	Reason for delay	Anticipated date of completion
36	05-Jul-13	S.D.3	SD3.6	Both ED and FM observed were very cluttered with patient equipment throughout the assessment, which hindered access and effective cleaning	-De Clutter Programme commenced SOP Developed for same Launch at H&S Week	Hospital Manager	05.10.2013		Not yet due			05.10.2013
37	06-Sep-13	S.D.3	SD 3.6	There was light dust on bed frames in FM and on trolleys that had fitting for intravenous stands in ED	Supervisory Cleaning Log Implemented and Recorded on a daily basis Re-emphasis on cleaning of patient equipment and continued monitoring through internal hygiene audit	Household Services Manager Internal Hygiene Audit Team	05-Jul-13		Completed	Ongoing Monitoring in place.		
38	05-Jul-13	S.D.3	SD 3.6	There was grit in the corner of floors in FM and the floor covering in both FM and ED was not intact and damaged, thus hindering effecting cleaning	Painting, Floor Covering and repair programme	Hospital Manager Maintenance Officer Internal Hygiene Audit Team	Ongoing		Not yet due			
39	05-Jul-13	S.D.3	SD 3.6	Areas of paint in FM and ED was found to be cracked, peeling or missing and there was staining, surface damage to walls, doors and door frames.	Painting, Floor Covering and repair programme and new Replacement Emergency Department rebuild commencing October 2013.	Hospital Manager Maintenance Officer Internal Hygiene Audit Team	November 2013 FM& April 2014 ED		Not yet due			
40	05-Jul-13	S.D.3	SD 3.6	There was light dust on monitor support arms and curtain rails in ED and on electrical fittings in FM	Supervisory Cleaning Log Implemented and recorded on daily basis Re-emphasis on cleaning of patient equipment and continued monitoring through internal hygiene audit programme In-house Education and Training	Household Services Manager	05-Jul-13		Completed	Ongoing monitoring in place.		
41	05-Jul-13	S.D.3	SD 3.6	Not all paper based signage displayed was laminated in FM	Immediate review of all signage in clinical areas and development of policy in relation to display signage	Health Promotion Manager Assistant Director of Nursing	01-Dec-13		Not yet due			
42		S.D.3	SD 3.6	Surfaces of two mobile step units were stained in ED	Supervisory Cleaning Log Implemented and recorded on a daily basis Re-emphasis on cleaning of patient equipment and continued monitoring through internal hygiene audit programme In-house Education and Training	Household Services Manager	Completed and ongoing monitoring		Completed	Ongoing monitoring in place.		
43		S.D.3	SD 3.6	Surface of patient seating in FM was cracked hindering cleaning	Seat recovering programme	Hospital Manager Maintenance Officer Internal Hygiene Audit Team	Completed and ongoing monitoring		Completed	Ongoing Monitoring in place.		
44		S.D.3	SD 3.6	The patient toilet area in ED was unclean, wooden casing stained and in disrepair. Wall surfaces were stained and there was grit and waste paper on the toilet floor. Areas round the water tap entry points were soiled and silicone incomplete and heavily stained. A waste bin was unclean, stained, rusty, worn and had clean adhesive tape.	Capital Project In-house Education and Training Painting, Floor Covering and repair programme ED replacement programme commencing October 2013	Hospital Manager Maintenance Officer Internal Hygiene Audit Team	Ongoing April 2014		Not yet due			

QIPs STATUS

0%  
33%  
67%

Completed Not yet due Late



45		S.D.3	SD 3.6	There were inappropriate items of storage in the patient toilet in FM. Inspection sheet was incomplete and floor surface was cracked and stained	Alternative storage to be sought Investigate incomplete inspection sheet Painting, floor covering and repair programme In-house Education and Training	Assistant Directory of Nursing Orthopaedic Business Manager Maintenance Officer Hospital Manager	Ongoing Monitoring		Not yet due			Nov-13
46		S.D. 4	SD 3.6	There was light dust and sticky residue on the resus trolley in FM. There was light dust on the wheels of some dressing trollies and suction apparatus	Supervisory Cleaning Log Implemented and recorded daily Re-emphasis on cleaning of patient equipment and continued monitoring through internal hygiene audit programme In-house Education and Training	Household Services Manager	05-Jul-13		Completed	Ongoing Monitoring in place.		
47		S.D. 3	SD 3.6	The work station in FM was heavily cluttered and pt. equipment was inappropriately stored on a filing cabinet. There was light dust on keyboard in ED.	Alternative storage to be sought for patient equipment De-clutter programme Re-emphasis on cleaning of all equipment	Hospital Manager Household Services Manager	Ongoing monitoring		Not yet due			Nov-13
48	05-Jul-13	S.D. 3	SD 3.6	There was evidence of inappropriate storage of patient equipment in both FM and ED. A Blood gas testing machine was inappropriately positioned near a paediatric resuscitation area with no hand wash sink adjacent or protective screen to prevent blood splash. Open TIM based in three patient bays with open access available to unauthorised persons	Baseline audit carried out re: storage, pt. equipment, security, environment and infrastructure Meeting arranged with Laboratory to discuss resolution to blood gas machine Quotations received in relation to upgrading TIM to a closed system ED replacement Project commencing Oct 2013	Hospital Manager Hygiene Audit Subgroup Supplies Officer	Ongoing		Not yet due			01/12/2013
49		S.D. 3	SD 3.6	Infant incubator stored in ED was unclean. Wheels on two IV stands in ED were unclean despite green labels stating that they had been cleaned. Bases of vital sign recording equipment stand was stained	Infant incubator cleaned and alternative area for storing to be decided Supervisory Log for cleaning has been implemented and recorded daily. Re-emphasis on cleaning equipment and continued monitoring through the Internal Hygiene Audit Programme In-house Training and Education	Hospital Manager Household Services Manager	Ongoing monitoring		Not yet due			
50		S.D. 3	SD 3.6	ED Access to the clinical equipment store with syringes, needles and IV fluids were open and uncontrolled. Staff lockers were inappropriately stored in the clinical equipment store. Storage was on the floor with pillows on top of staff lockers. Light dust found on TIM	Clinical Equipment Store access to be investigated New area will be allocated for staff lockers Storage removed from floor Re-emphasis on cleaning equipment and continued monitoring through the Internal Hygiene Audit Programme *New ED replacement project Capital Project approved commencing 4th Quarter 2013	Hospital Manager Internal Hygiene Audit Team Household Services Manager	Ongoing monitoring		Not yet due			2nd Quarter 2014*
51	05-Jul-13	S.D. 3	SD 3.6	ED Access to the clinical equipment store with syringes, needles and IV fluids were open and uncontrolled. Staff lockers were inappropriately stored in the clinical equipment store. Storage was on the floor with pillows on top of staff lockers. Light dust found on TIM	Clinical Equipment Store access to be investigated New area will be allocated for staff lockers Storage removed from floor Re-emphasis on cleaning equipment and continued monitoring through the Internal Hygiene Audit Programme *New ED replacement project Capital Project approved commencing 4th Quarter 2013	Hospital Manager Internal Hygiene Audit Team Household Services Manager	Ongoing		Not yet due			2nd Quarter 2014*
52		S.D. 3	SD 3.6	Unlocked storage room in FM with access to syringes and needles. Store room heavily cluttered Storage on floor	Clinical store room now locked continuously. Store room Decluttered and storage removed from floor	Ward / Unit Manger	Ongoing monitoring		Completed	Ongoing Monitoring in place.		
53		S.D. 3	SD 3.6	Clean utility room on FM heavily cluttered with storage on the floor and in window ledge, with open and unlocked door. Signage not laminated. Access to hand wash sink obstructed with nozzle of hand wash soap dispenser blocked.	Clean utility decluttered and now continuously locked. Signage laminated Hand wash sink unobstructed. Soap dispenser cleaned	Ward / Unit Manager	Ongoing Monitoring		Completed	Ongoing Monitoring in place.		

54		S.D. 3	SD 3.1	Dirty Utility Area in ED was unlocked, waste bin was stained with offensive odour, sink and worktop stained. Dust on shelving, cluttered, equip on floor, floor stained, yellow bin with multiple empty blood transfusion bags. Urinals not inverted. Specimen bottle with body fluid on shelf and one not labelled. No separate sink for cleaning patient equipment. There was no non-clinical waste disposal bin and hand towels were observed in the clinical waste disposal bin.	Capital Project *New ED replacement project Capital Project approved commencing 4th Quarter 2013 Re-emphasis on Cleaning and continued monitoring through the Internal Hygiene Audit Programme De clutter complete In-house Education and Training	Hospital Manager, Household Services Manager Internal Hygiene Audit Team	Ongoing Monitoring		Not yet due			* 2nd Quarter 2014
55		S.D. 3	SD 3.6	Dirty Utility Room in FM unlocked with some signage not laminated or secured.	Dirty Utility Room now continuously locked and signage laminated	Ward / Unit Manager	Ongoing Monitoring		Completed	Ongoing Monitoring in place.		
56		S.D. 3	SD 3.6	Assembly details not complete on two sharps bins in A&E	In-house Education and Training	Infection Control	Ongoing Education, monitoring		Not yet due			
57	05-Jul-13	S.D. 3	SD 3.6	Cleaners Room and solutions unlocked in FM	Cleaners room now continuously locked	Ward / Unit Manager	05-Jul-13		Completed	Ongoing monitoring in place.		
58	05-Jul-13	S.D. 3	SD 3.6	Cleaners Room was cluttered in FM with access to waste water disposal in sluice blocked.	Cleaners room decluttered with access to waste water disposal unblocked	Ward / Unit Manager	07-Jul-13		Completed	Ongoing Monitoring in place.		
59	05-Jul-13	S.D. 3	SD 3.6	Cleaners Room in ED had items on the floor, no hand hygiene sink, waste water disposal outlet sluice or clean water supply available in the room.	Capital Project/ *New ED replacement project Capital Project approved commencing 4th Quarter 2013	Hospital Manager Maintenance Officer	Ongoing		Not yet due			* 2nd Quarter 2014
60		S.D. 3	SD 3.6	Isolation room in ED did not contain an ensuite shower Disposal procedure for PPE were not advised to visitors in FM	Capital Project *New ED replacement project Capital Project approved commencing 4th Quarter 2013 In-house Education and Training Each Head of department will raise staff awareness on a regular basis at team meetings to ensure compliance with mandatory hand hygiene training	Hospital Manager Maintenance Officer Ward / Unit Manager Infection Control	Ongoing monitoring		Not yet due			* 2nd Quarter 2014
61		S.D. 3	SD 3.6	Used Linen stored in sluice in FM Linen stored with equipment in a locked cupboard in ED Stained sheet store in clean linen cupboard	In-house Education and Training	Household Services Manager Infection Control	Ongoing monitoring		Not yet due			
62	05-Jul-13	S.D. 3	SD 3.6	There was no risk assessment available to identify requirements for flushing infrequently used water outlets.	Benchmarked against best in class Risk assessment devised	Infection Control Maintenance Officer	01-Nov-13		Not yet due			
149	05-Jul-13	S.D. 6	SD 6.1	Sixteen hand hygiene opportunities were observed in FM of which only three were taken	As part of HH programme each auditor will observed 10 HH opportunities using the HPSC audit tool with immediate feedback  Hygiene auditors will be trained in the use of observational hand hygiene audit tool as part of the Internal Hygiene Audit programme  Staff will be empowered to challenge poor HH practices  HOD will raise staff awareness on compliance with mandatory HH training at all team meetings In-house Training and Education Discussion and Training with Ambulance Services in relation to Hand Hygiene	Infection Controlled Internal Hygiene Audit Team Ward / Unit Managers Hospital Manager	Ongoing		Not yet due			
150	05-Jul-13	S.D. 6	SD 6.1	Staff on FM did not decontaminate hands on donning their gloves leaving isolation rooms	In-house Training and Education	Infection Control	Ongoing monitoring		Not yet due			
151	05-Jul-13	S.D. 6	SD 6.1	Not all sinks were compliant with HSE SPSC and no hand hygiene procedure advisory information displayed. Metal Grids were unclean	Sink Replacement Programme	Maintenance Officer	Ongoing, plan available		Not yet due			

[illegible]