



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Plans based on the recommendation by HIQA Report following unannounced focused monitoring assessment at the UL Hospital, Nenagh Hospital on 5th September 2013.

Developed and updated by:

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Date: 22nd November 2013

Review: 20th December 2013

This Quality Improvement Plan is a work in progress and subject to change on an ongoing basis

| Ref. No. | Findings by HIQA | Action Plans | Actions taken | Target Timeframe | Lead Responsibility | Progress to date | Outcome |
|---|---|---|--|-------------------------------|---|---|---|
| Standard 3 Environment and Facilities Management | Adhesive tape residue found on heads of beds, white trunking panels. – Medical 1 Ward/Medical 2 Ward | Inform and educate staff that the practice of using sellotape on patient equipment is prohibited. | Memo to all staff re use of sellotape on patient equipment. | November 2013 | Siobhain Smith Tuohy | Memo circulated to all departments. | Ongoing monitoring and surveillance. |
| | | Introduction of cleaning records for all patient areas, co-signed by department manager | Cleaning records for all department areas completed | November 2013 | Hygiene Services Ann Starr McDonagh Siobhain McLoughney | Cleaning records completed for implementation November 2013 | Implementation to Medical Floor November 2013 |
| | | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Evaluate compliance by means of department audit | New department audit tool circulated to department managers for immediate implementation. | October 2013 | Department Managers | Closed | Ongoing Monthly audit and action deficits as per audit schedule. |
| Standard 3 Environment and Facilities Management | Sticky residue noted on patient bed lockers Dust under mattresses at edge of metal bases. | Immediate clean of medical departments. | Immediate deep clean of medical departments arranged | September 2103 | Cathrina Ryan ADON Office | Closed | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. |
| | | Introduction of cleaning records for all patient areas, co-signed by department manager | Cleaning records for medical department areas completed New cleaning records to be checked and co signed by department managers | November 2013 | Siobhain Smith Tuohy Ann Starr McDonagh Siobhain McLoughney | Cleaning records completed for implementation November 2013 | |
| | | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Evaluate compliance by means of department audit | Evaluate compliance by means of department audit | Monthly Audit as per schedule | Department Managers | New audit tool distributed and implemented | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Ongoing Monthly audit and action deficits as per audit schedule. |

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| Standard 3 Environment and Facilities Management | Dust and grime in the corners of floors in patient areas. Dust noted on light fittings and curtain rails. Medical 1 Ward /Medical 2 Ward | Introduction of cleaning records for all patient areas, co-signed by department manager. | Immediate deep clean of medical departments arranged | September 2103 | Cathrina Ryan Cummins ADON Office | Closed | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. |
| | | | Cleaning records for medical department areas completed New cleaning records to be checked and co signed by department managers | November 2013 | Siobhain Smith Tuohy Ann Starr McDonagh Siobhain McLoughney | Cleaning records completed for implementation November 2013 | |
| | | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers | Evaluate compliance by means of department audit | Monthly Audit as per schedule | Department Managers | New audit tool distributed and implemented | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Ongoing Monthly audit and action deficits as per audit schedule. |
| Standard 3 Environment and Facilities Management | Protective paint missing from patient beds, lockers and bed tables. Medical 1 Ward/Medical 2 | Full patient equipment audit arranged with external company | Arrange patient equipment audit to identify equipment requiring refurbishment including patient's beds, bed tables I.V. stands. | October 2013 | Siobhain Smith Tuohy | Closed – Audit completed October 2013. | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |
| | | Application to relevant budget holder for funding approval | Application submitted and funding approved | November 2013 | Suzanne Dunne Paula Cussen Murphy | Closed- Approval for funding granted November 2013 | |
| | | Refurbishment of equipment to commence once funding approval agreed. | Refurbishment to be coordinated with department managers and external company | January 2014 | Siobhain McLoughney Ann Starr McDonagh Phillip Brennan Department Managers | Commencing November 2013 Completion by January 2014 | Ongoing maintenance programme to be developed. |

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| Standard 3 Environment and Facilities Management | Damage to walls and flaking, chipped paint on walls. Paint on walls, radiators, pipe work and wooden borders. | To ensure all walls, radiators and surfaces are in a good state of repair clean and intact. Agreed painting schedule with Technical Services | Painting schedule agreed with technical services | October 2013 | Phillip Brennan Technical Services CNMII of clinical areas | Painting schedule has been completed Medical 1 Ward | Ongoing schedule of painting to all areas of the hospital. |
| Standard 3 Environment and Facilities Management | Medical 1 Ward floor covering in patient toilet area and shower area damaged and requires repairs | Arrange replacement of floor covering in patient toilet/shower, Medical 1 Ward. Submit plan and develop nursing contingency plan for replacement of floor covering Medical 1 Ward toilet dirty utility and shower area as part of area refurbishment | Discussed with technical services and facilities manager regarding planned refurbishment. Plans developed and submitted. Funding approved. | December 2013 November 2013 | Phillip Brennan Suzanne Dunne Liam Casey Department Manager Medical 1 Ward ADON office | Planned refurbishment for December 2013 | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |
| Standard 3 Environment and Facilities Management | Floor in Medical 1 Ward toilet and shower area requiring cleaning | Immediate deep clean of Medical 1 Ward toilet and shower area. Introduction of cleaning records for all patient areas, co-signed by department manager Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Evaluate compliance by means of department audit | Immediate department deep clean completed. Cleaning records for medical department areas completed New cleaning records to be checked and co signed by department managers As per department audit schedules | September 2013 November 2013 November 2013 | ADON Office Cathrina Ryan Cummins Elaine O Sullivan Siobhain Smith Tuohy Ann Starr McDonagh Siobhain McLoughney Department Managers | Closed Cleaning records completed for implementation November 2013 Cleaning records completed for implementation November 2013 | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |

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|---|--|--|---|---|--|--|---|
| Standard 3 Environment and Facilities Management | Inappropriate storage of patient equipment in patient areas and on corridor-Medical Wards | Identify suitable area for the storage of patient equipment on the ground floor Continuous Monitoring of the management of patient equipment in clinical areas by the Clinical Nurse Managers | Area identified for the storage of patient equipment for medical ground floor. Clinical Nurse Managers advised regarding appropriate storage and management of patient equipment. | October 2013 | Phillip Brennan Suzanne Dunne Clinical Nurse managers | Agreed with contractors that newly identified storage area for patient equipment will be released to hospital December 20 th 2013 Closed - Circular sent to all Clinical Nurse Managers. | Review December 2013 Ongoing monitoring action and review at department level |
| Standard 3 Environment and Facilities Management | Water pipes protruding from wall in one of patient showers-Medical 1 Ward | Ensure pipes are enclosed. and rendered safe Await installation of clinical wash hand basin | Pipe work has been rendered safe WHB to be installed to this area | September 2013 December 2013 | Phillip Brennan Phillip Brennan | Closed Currently at tendering process | Review December 2013 |
| Standard 3 Environment and Facilities Management | Extractor fan requires cleaning – Medical 1 Ward showering area. | Immediate action Introduction of cleaning records for all patient areas, co-signed by department manager Ongoing monitoring, action and evaluation by department, hygiene and nursing managers. Evaluate compliance by means of department audit | Extractor fans checked and surface cleaned in all areas. Cleaning records for medical department areas completed New cleaning records to be checked and co signed by department managers As per department audit schedules | September 2013 November 2013 October 2013 | ADON Office Siobhain Smith Tuohy Ann Starr McDonagh Siobhain McLoughney Department Managers Department Managers | Closed Extractor fans surface cleaned Cleaning records completed for implementation November 2013 | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |

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|---|---|--|---|----------------------------|--|---|---|
| Standard 3 Environment and Facilities Management | Mop head and handle inappropriately stored behind dirty utility door - Medical 1 Ward Inappropriate storage of cleaning equipment trolley at department level – Medical 1 Ward | Remove the mop storage frame | Mop storage frame removed | September 2013 | Siobhain Smith Tuohy Phillip Brennan | Closed | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |
| | | Identify and establish suitable cleaning equipment room for medical floor | Cleaning equipment storage area identified and agreed | October 2013 | Phillip Brennan Suzanne Dunne Siobhain Smith Tuohy | Plans designed for Equipment storage area through the Technical Services and Estates Department. Works to be completed by 20 th December 2013 | |
| | | Ensure cleaning equipment is appropriately stored in current storage areas in line with National Standards | Staff education provided in relation to the appropriate management and storage of cleaning equipment in clinical areas. | September 2013 | Siobhain Smith Tuohy | Closed Staff education completed | |
| Standard 3 Environment and Facilities Management | Dirty utility room Medical 1 Ward accessible to the Public and unauthorised personnel. | Reduce and limit access to dirty utility Medical 1 Ward to authorised personnel only | Interim measures to prevent unauthorised access to dirty utility room, e.g. entrance door with restricted access installed. | November 2013 | Phillip Brennan Suzanne Dunne | Closed | Review progress December 2013 |
| | | | Plans developed by Estates Department and submitted to CEO for redevelopment of Medical 1 Ward area. | February 2014 | Phillip Brennan Suzanne Dunne Joe Hoare | Development upgrade to Medical 1 Ward awaiting capital funding approval. | |
| Standard 3 Environment and Facilities Management | Clean utility facilities required in Medical 1 Ward | Identify and provide appropriate clean utility area for Medical 1 Ward | Meeting with key stakeholders to identify and provide a clean utility area for Medical 1 Ward. Plans developed and submitted for Capital funding approval | January 2014 | Suzanne Dunne Phillip Brennan Joe Hoare | Funding approved. Currently at tendering process | December 2013 |
| | | | Restricted access recommended for the allocated clean utility area | Restricted access applied. | Immediate | Phillip Brennan Elaine O Sullivan | |

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| Standard 3 Environment and Facilities Management | Inappropriate storage of chemicals in dirty utility -Medical 1 Inappropriate storage of chemicals Clean utility- Medical 2 | Immediate corrective action taken | Hygiene Services staff advised on the management of cleaning products chemicals in clinical areas. | September 2013. | Clinical Nurse Managers? ADONs Hygiene Managers | Closed | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |
| | | Staff education provided on the appropriate management and storage of cleaning chemicals in clinical areas. | Education provided for hygiene services staff on the appropriate storage of chemicals | September 2013 | Siobhain Smith Tuohy | Closed | |
| | | Recommended the use of a locked facility for the storage of chemicals for Medical 1 Ward | Locked cabinet sourced for storage of chemicals Medical 1 Ward | November 2013 | Phillip Brennan Siobhain Smith Tuohy | Locked facility provided for the designated cleaning equipment room | To be installed December 2103 |
| | | Recommend the use of locked cleaning trolleys for clinical areas | Suitable trolleys sourced and quotations requested | November 2013 | Siobhain Smith Tuohy Ann Starr McDonagh Siobhan McLoughney | Sourcing quotations for submission for approval for funding | Review December 2013 |
| | | SOP on the appropriate management of cleaning chemicals in clinical areas | Develop SOP | December 2013 | Ann Starr McDonagh Siobhain Smith Tuohy | In progress | |
| | Dust noted inside of covered radiators Medical 2 Ward | Advised Technical Services to remove radiator covers to facilitate cleaning | Radiators covers, removed to facilitate cleaning (Technical Services). | October 2013 | Phillip Brennan ADON Office Ann Starr McDonagh | In Progress | Ongoing in conjunction with designated cleaning schedules |
| | | Commence and develop scheduled cleaning of covered radiators | Covered radiators mapped and schedule devised to coordinate cleaning of covered radiators | November 2013 | Phillip Brennan Ann Starr McDonagh | In progress | Ongoing in conjunction with designated cleaning schedules |

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|---|---|--|---|---|---|--|---|
| Standard 3 Environment and Facilities Management | Unsecured rigid waste bin observed in dirty utility Medical 1 Ward Assembly details incomplete. | Immediate corrective action taken | Staff educated on the management of Healthcare Risk Waste (including Sharps bins) Infection Prevention & Control (IPC) Team in conjunction with the supplier of Sharps containers to facilitate education sessions on sharps management. | September 2013 October & November 2013 | Louise Ryan IPCN Barbara Slevin ADON IPC Team | Ongoing education sessions provided Audit of the management of sharps containers conducted in November 2013 (IPC Team). | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |
| Standard 3 Environment and Facilities Management | Inappropriate storage of linen in Medical 1 Ward. | Identify and provide appropriate storage area for clean linen | Interim linen Storage facility sourced. | November 2013 | Siobhain Smith Tuohy Phillip Brennan | Awaiting quotation and approval of funding | Review in line with planned refurbishment of Medical 1 Ward |
| Standard 3 Environment and Facilities Management | Inappropriate segregation of linen in Medical 1 Ward Inappropriate placement of linen skips Medical 2 Ward | Immediate action taken in all departments Signage to be distributed to all departments displaying clear information on the segregation of linen Education to staff re safe handling, segregation and storage of linen at department level. Ongoing monitoring, action and evaluation by Clinical Nurse Managers, Infection Prevention & Control team. | Signage advising on the correct segregation of linen at department level developed and distributed to all departments Education sessions to be facilitated by Infection Prevention and Control | September 2013 October 2013 December 2013 | Siobhain Smith Tuohy Barbara Slevin ADON IPC Team | Closed Ongoing education sessions provided | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |

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| Standard 3 Environment and Facilities | Non functioning extractor fan in dirty utility Medical 1 Ward. Electrical wiring requires urgent attention | Remove extractor fan. | Extractor fan removed | September 2013 | Phillip Brennan | Closed | |
| Standard 3 Environment and Facilities | Medical 1 Ward electrical socket not secure to wall. Electrical ceiling light not working in shower area.- Medical 1 Ward | Ensure that all electrical fixtures and fittings are working safe and intact. | Reported to technical services and repaired. | September 2013 | Phillip Brennan | Closed | |
| Standard 3 Environment and Facilities | Inappropriate storage of patient equipment in unsecured electrical hub area Medical 2 Ward | Immediate correction and action | Equipment relocated from storage area. Door secured and access to the area is by technical services staff only. | September 2013 | Phillip Brennan | Closed | Ongoing checks that area remains locked and secure. |
| Standard 3 Environment and Facilities | Quality improvement plans developed in response to findings of departmental audits do not designate a responsible person or time frame for completion | Immediate correction to current QIP department plans template. | Corrected and circulated to department managers Audit training arranged to ensure compliance | October 2013 November 2013 | Siobhain Smith Tuohy Siobhain Smith Tuohy | Closed Audit training ongoing | |
| Standard 3 Environment and Facilities | Labels on clinical and household waste bins in some areas require replacement | Ensure all bins have correct labelling Ensure bins are replaced as required. Request approval for funding to relevant budget holders | Perform internal bin audit Internal bin audit completed identifying bins requiring repair replacement and refurbishment. | October 2013 December 2013 | Siobhain Smith Tuohy Siobhain Smith Tuohy Suzanne Dunne | Closed Bins requiring labelling and replacement identified Await funding approval (ongoing) | |

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| Standard 3 Environment and Facilities Management | Inappropriate storage of healthcare risk waste at department level –Medical 1 Ward | Internal holding bay for ground floor to be identified for healthcare risk waste | Appropriate internal storage facility identified and provided. | October 2013 | Phillip Brennan ADONs Louise Ryan (IPC Team) | Closed New collection schedules implemented | Ongoing monitoring, action and evaluation by department managers, IP&C and nursing managers |
| | | Re-educate staff on the segregation, storage, collection and transportation of healthcare risk waste | Ongoing healthcare risk waste management education sessions provided by Infection Prevention and Control Team | October 2013 | Louise Ryan Barbara Slevin ADON IPC team | Education provided in October 2103 Ongoing education sessions provided to staff | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |
| | | Ongoing monitoring, action and evaluation by | Department audits conducted. | Ongoing | Clinical Nurse Managers Barbara Slevin ADON & IPC Team | | |
| | | Clinical Nurse Managers, Regional Hygiene Steering Group, Infection prevention & Control. | Peer audits conducted by the Regional Hygiene Steering Group. External Audits (DGSA conducted annually) | | | | |
| Standard 3 Environment and Facilities | Patient equipment O2 probe and temperature monitoring device require cleaning –Medical 1 Ward Intravenous pump and exterior surface of resuscitation trolley Medical 2 Ward | Immediate corrective action. Ensure all patient equipment is cleaned according to local Guidelines & National Standards | Update Cleaning and disinfection guidance in accordance with National Standards | February 2014 | Barbara Slevin ADON & IPC Team | | February 2014 |
| | | Ongoing monitoring, action and evaluation by Clinical Nurse managers, Facilities management, Infection prevention & Control team | | November 2013 | Barbara Slevin ADON & IPC Team Clinical Managers | In progress | February 2014 Ongoing review as part of department audit. |
| Standard 3 Environment and Facilities Management | Water outlet flushing schedule did not demonstrate twice weekly flushing in high risk areas | Redesign current flushing template to ensure that department manager checks and co signs that flushing occurred in all areas | Flushing template redesigned to ensure that flushing protocol is co signed by department manager | September 2013 | Siobhain Smith Tuohy | Closed | |
| | | Re-educate staff regarding flushing of high risk water outlets | Information session to staff on Legionella flushing protocols | September 2013 | Siobhain Smith Tuohy | Closed | Ongoing monitoring, action and evaluation by department, hygiene and nursing managers |

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|---------------------------------------|---|--|---|------------------------------------|---|--|--|
| Standard 3 Environment and Facilities | Shelving in cleaning equipment room Medical 2 Ward requires repair | Arrange repair of shelving in cleaning equipment room Medical 2 Ward | Reported to Phillip Brennan Technical Services | December 2013 | Phillip Brennan | Work in progress | Ongoing monitoring, action and evaluation by department and nursing managers |
| Standard 3 Environment and Facilities | Uncontrolled access to dirty utility room Medical 2 Ward | Arrange for restricted access system to be placed on existing dirty utility Medical 2 Ward Development works commencing for new dirty utility for area | Restricted Access system installed on door Works Commenced October 2013 | November 2013 January 2014 | Phillip Brennan Phillip Brennan | Closed Work in progress | Completion January 2014 |
| Standard 3 Environment and Facilities | Uncontrolled access to clean utility room Medical 2 | Limit access to authorised personnel only. Arrange for restricted access system to be placed on the door Ensure that all storage areas in clean utility Medical 2 Ward are locked | Installation of restricted access arranged. All presses to have lockable device and keys available in clean utility room medical 2 | November 2013 November 2013 | Phillip Brennan Phillip Brennan CNMII Bridget Kelly | Closed November 2013 Closed November 2013 | Ongoing monitoring, action and evaluation by department and nursing managers |

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|----------------------------|--|---|---|-------------------------------------|--|---|---|
| Standard 6 Hand Hygiene | Staff failing to remove P.P.E when leaving isolation area | Arrange Staff education sessions regarding the appropriate use of PPE | Infection Prevention & Control to provide education on the management of PPE | October 2013 and Ongoing | Barbara Slevin ADON & IPC team | Ongoing education sessions provided to staff | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |
| Standard 6 Hand Hygiene | Black mould like substance visible on the area between the sink and splash back surface –Medical 1 Ward | Immediate corrective action taken Cleaning records for all patient areas to be co-signed by department manager. Ongoing monitoring, action and evaluation by department, hygiene and nursing managers | Clinical hand Wash Basins cleaned and repaired Cleaning records for medical department areas completed Revised cleaning records to be checked and co signed by department managers As per department audit schedules | September 2013 November 2013 | Phillip Brennan Ann Starr McDonagh Siobhain McLoughney Department Managers Department Managers | Closed Cleaning records completed for implementation November 2013 Closed | Ongoing monitoring, action and evaluation by department and Clinical nurse managers |
| Standard 6 hand hygiene | Absence of hand hygiene advisory information at hand hygiene stations | Ensure that all departments have appropriate and adequate hand hygiene posters displayed | Hand hygiene posters distributed to all departments | October 2013 | Barbara Slevin ADON IPC team Department Managers | Closed | Department managers to inform Infection prevention and control of ongoing signage needs. |

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|----------|--|--|---|--|---|---|---|
| | Sink Outside Medical 1 Ward toilet non compliant to hand hygiene facilities best practice standards | Install hand hygiene sink compliant to standards (HBN 95) | Advised technical services Submit for approval for funding and tendering process | December 2013 | Phillip Brennan | Approval granted awaiting installation date. | |
| | Hand hygiene compliance 22 of 25 opportunities taken | Mandatory hand hygiene education sessions ongoing. | Infection Prevention & Control to continue providing ongoing hand hygiene education to all staff | Monthly Hand Hygiene education ongoing | Barbara Slevin ADON & IPC Team | Ongoing education sessions provided to staff. | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |
| | | Regular hand hygiene audit to identify and action poor compliance. | IP&C to evaluate staff compliance by means of audit. | Ongoing Hand Hygiene Audits | Barbara Slevin ADON & IPC Team Caroline Valette | Ongoing departmental hand hygiene audits | Review in conjunction with the ongoing Programme of Infection Prevention and Control education and audit. |
| | | Dept Managers to assist with monitoring staff adherence to correct hand hygiene procedures | Immediate corrective action to be taken at department level. | September 2013 and ongoing | Department managers ADON Office Suzanne Dunne | Ongoing monitoring and action of compliance to WHO 5 Moments hand hygiene opportunities | |
| | | Department Managers to monitor staff adherence to uniform guideline to facilitate compliance with hand hygiene technique | Immediate corrective action to be taken at department level. Ongoing surveillance and corrective action as required. | September 2013 and ongoing | Department Managers ADON Office Suzanne Dunne | Ongoing monitoring and action of compliance to hand hygiene opportunities | |
| | | Train additional hand hygiene lead auditors to assist with embedding the culture of hand hygiene practice among staff | Caroline Valette attended HPSC hand hygiene training day for lead auditors | September 2013 | Suzanne Dunne | Ongoing | Review January 2014 |