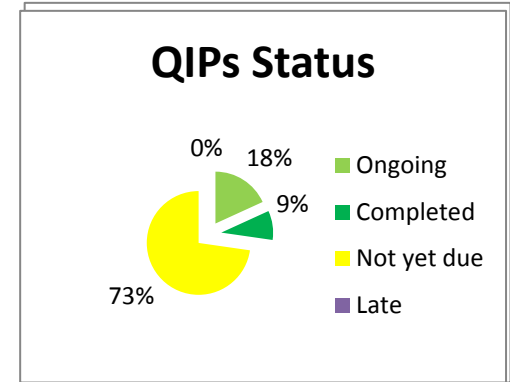


Address non-compliance as per HIQA Announced Assessment 12th March 2015

QIPs LOG FOR:

Mayo General Hospital	22/05/2015	QIPs STATUS	
TODAY'S DATE:		Ongoing	4
		Completed	2
		Not yet due	16
		Late	0

Note: Please ensure you enter the 'Entry Date' (i.e. date that QIP is entered into the log), 'Due Date' (i.e. date that QIP is due for completion), and, when appropriate, the 'Completed Date' (i.e. date that QIP has been fully implemented).



No	Standard	Recommendations/Goals	Responsibility	Due Date	Completed Date	QIP Status	Specific Actions
1	Standard 7. Criterion 7.6 Communicable/ Transmissible Disease Control	Assess activity and Patient Accomodation on Oncology/Haematology Ward	Hospital Management Team Maintenance Dept// Regional Estates Dept	30/06/2015		Not yet due	Review the Patient scheduling process to optimise available accomodation in the immediate term.
1a	Standard 7. Criterion 7.6 Communicable/ Transmissible Disease Control	Assess activity and Patient Accomodation on Oncology/Haematology Ward	Hospital Management Team Maintenance Dept// Regional Estates Dept	30/09/2015		Not yet due	Set up a local subgroup to develop the necessary documentation in conjunction with the regional estates Dept to provide the required accomodation (long term)
2	Standard 3. Criterion 3.6 Environment and Equipment	Legionella Risk Assessment	General Manager/Maintenance Manager	20/04/2015	20/05/2015	COMPLETED	Legionella Risk Assessment underway via external Company
3	Standard 3. Criterion 3.6 Environment and Equipment	Review sanitary facilities on A Ward as per 2014 Report recommendations	Local Maintenance Dept/Hospital Management Team in conjunction with the regional Estates Dept.	30/09/2015		Not yet due	Ensure that this item is contained in the regional capital developments programme/ list.
4	Standard 6. Criterion 6.1 Hand Hygiene	Appointment a Consultant Microbiologist as a priority	General Manager/HMT/Medical Manpower Dept	31/05/2015		Not yet due	New consultant due to commence post 25 MAY 2015. Inerim cover being provided by agency.
5	Standard 3. Criterion 3.6 Environment and Equipment	Review Aspergillus Policy and implementation plan	Environmental Mgt Committee/ICP team & Committee	30/06/2015		Not yet due	

6	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Enhance the General Hospital wide audit process to include documented corrective Action plans for specific issues identified.	Hygiene Services Team / HMT	30/06/2015		Ongoing	Collate the various Audit levels in the hospital and map to detailed report lines.. Provide a general communication message that " a key component of each audit process is a corrective Actions schedule". Likewise, enhance the educational opportunities available to Auditors in order to achieve an understanding of the acceptable hygiene standards required.Hvqiene team to agree.
7	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Review Infection Prevention & Control Environmental Programme & schedule	Environmental Mgt Committee/ICP team& Committee	30/06/2015		Not yet due	
8	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Prioritise specific issues identified in Audits at local, hospital, and in National Audits. Dust -both low & high level.	Heads of Depts/HST/IPC committee	30/09/2015		Not yet due	Review local Hgyiene Audit process and templates.Ensure that this issue is afforded specific attention in the various levels of Audit being conducted throughout the hospital.
9	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Identify minor capital issues common to a number of areas within the hospital and develop a minor Capital list for replacement/repair.	Hygiene Services Team / Ward Managers/ Maintenance Dept	30/09/2015		Ongoing	HMT/Prioritise the various Capital Items for replacement/ repair and establish hospital wide programmes for implementation e.g. shower seats/toilet seats etc.
10	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Review the operational practices regarding the use of Personal Protective Equipment for all staff	Heads of Depts/HMT / IPC& HST	30/06/2015		Ongoing	1) Review the policy and communicate the importance of implementation.2) Develop the educational opportunites whereby all staff are trained to the standarsds required for the specific post/ task.
11	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Agree MGH Patient Equipment Cleaning Template and daily checklist (Generic) Reference page 7 elderly med	Ward Managers/ ADONS			Ongoing	
12	<b>Standard 3. Criterion 3.6 Environment and Equipment,</b>	Reconfirm the specific cleaning duties to be undertaken by the various cleaning sources in each Ward.	Ward Managers Domestic Supervisor,Services Dept.	30/06/2015		Not yet due	1)Review the cleaning schedule for both inhouse and contracted services. Provide additional communication to the various cleaning sources in each ward outlining the specific duties required.
13	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Review dress code policy	HMT/ IPCcommittee/HST/ Heads of Depts	30/06/2015		Not yet due	Review MGH dress code policy and monitor staff compliance.
14	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Review Waste Management Policy & collection Schedule	General Managers Office/Maintence Dept	31/07/2015		Not yet due	Review Waste Management Policy & collection Schedule
15	<b>Standard 3. Criterion 3.6 Environment and Equipment</b>	Review security of waste sub-collection areas	Ward MGRS/ Maintenance Dept	31/07/2015		Not yet due	Implement an Audit schedule to monitor compliance.

16	<b>Standard 7. Criterion 7.6 Communicable/ Transmissible Disease Control</b>	Review designated isolation facilities for patients with known or suspected transmissible infections	HMT/DON'S office/ Inf C dept	31/07/2015		Not yet due	
17	<b>Standard 6. Criterion 6.1 Hand Hygiene</b>	Review Hand Hygiene Practice with reference to National Hand Hygiene KPI Target.	HMT/HODS/ IPCC/ Environmental Mgt & Hygiene Committees	Jun-15		Not yet due	1) Discuss with IPC Team c/o hand hygiene awareness campaign 2015 2) Review via Local IPC Committee/HST 3) New mgh hand Hygiene Training card to be introduced.
18	<b>Standard 6. Criterion 6.1 Hand Hygiene</b>	Review clinical hand sinks and implement upgrade programme in line with "Health Building Note 00-10 Part C: Sanitary assemblies"	HST/IPCC/Maintenance Dept	31/05/2015		Not yet due	Review current status of MGH Sink Replacement Plan
19	<b>Standard 6. Criterion 6.1 Hand Hygiene</b>	Introduce MGH Hand Hygiene Training Card	General Manager's Office	20/06/2015		Not yet due	Proof agreed - with Printers
19	<b>Standard 6. Criterion 6.1 a. Hand Hygiene</b>	Review MGH Hygiene /Inf Control signage and designated alcohol gel stations.	General Managers Office	31/07/2015		Not yet due	
20	<b>Standard 6. Criterion 6.1 Hand Hygiene</b>	Establish a schedule of Hand Hygiene Promotion Events at Hospital level	HMT / Infection Control Department	20/05/2015		COMPLETED	Develop standardised program to encourage compliance by all diciplines of Staff in the Hosu
21	<b>Standard 6. Criterion 6.1 Hand Hygiene</b>	Introduce MGH Generic Screensavers (to include Hand Hygiene Training & waste management awareness)	General Managers office	31/07/2015		Not yet due	1) Establish immediate capabilities with the IT Dept 2) Implement a pilot plan in a Specific Dept 3)Organise a scheduled roll- out.
22	<b>Standards 1-7</b>	Progress business case for MGH Hygiene Co-ordinator	General Managers Office	30/06/2015		Not yet due	Business case for MGH Hygiene Co-ordinator to be submitted to group ECC.