

HIQA Report of the unannounced Monitoring Assessment at University Hospital Galway – 25.05.2016

Area Assessed: <u>Paediatric Department</u>					
Section / Page No. of HIQA report	Heading and Issues highlighted	Action	Owner	Time Frame	Status
2.3.1	Hand Hygiene Design of Clinical Hand Wash Sinks did not conform to Health Building Note 00-10 Part C: Sanitary assemblies	Hospital currently has a sink replacement program in place – replacement will be carried out on a phased/priority basis	Buildings & Maintenance Manager	2017	
2.3.1	Access to Hand Hygiene Sinks in some patient rooms were obstructed by armchairs and personal items in the Paediatric Ward	Removal of all unwanted / unused equipment & personal items from store rooms to ensure access is not impeded. Monitoring schedule on weekly basis by ward manager	CNM/Buildings & Maintenance Manager	Q3 & Q4 2016	
2.3.2	Majority of staff were up-to-date with hand hygiene training in both areas inspected, however, it was reported that compliance with hand hygiene training is lowest amongst non nursing groups which is also reflected in hand hygiene audit compliance.	Strict emphasis on Hand Hygiene Training ongoing. Hand Hygiene training is provided by IPCN staff at ward level (either with individuals or in group sessions) in order to facilitate staff on the ward. Twice weekly hand hygiene session in place in UHG and also sessions have been arranged at journal clubs and as required. Hand Hygiene training records must be held at ward level and updated to ensure all staff have attended as per national guidelines. Increased focus on auditing to ensure compliance rates increase and that the five moments of hand	Line Managers / Infection Prevention and Control Team / HR / Medical Manpower	Q3 & Q4 2016	

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		hygiene are adhered to.	IP&C /Line Managers	Q3 & Q4 2016	
2.3.3	Local hand hygiene audit results indicate that there is scope for improvement in hand hygiene compliance across the hospital	Increased focus on auditing to ensure compliance rates increase and that the five moments of hand hygiene are adhered to. Audit results are fed back to ward staff and audit findings discussed at ward level. Hand hygiene audits are ongoing as per GUH hand hygiene QIP and National Guidelines. 30 opportunities are carried out in each hand hygiene audit. Hand hygiene training ongoing.			
	Environment & Equipment				
2.2	The infrastructure and design of the Paediatric ward was outdated and as such had the potential to impact on effective infection control	As part of a Cost Benefit Analysis in respect of a new Emergency Department there is a plan to relocate and build a new Paediatric facility. This is subject to funding and planning approval. In the interim, a prioritised minor capital works list will be submitted to HSE Estates Dept., to address medium term issues in the Paediatric Dept. Immediate high risk issues have been addressed as below.	General Manager	2017	

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2.2	Bed spacing with limited spatial separation was observed in the two four-bed wards and did not facilitate ease of movement of staff, patients, parents or visitors.	Measure space in identified areas and take appropriate remedial action in context of current capacity pressures. New build will address issues in the longer term.	Services/Buildings & Maintenance Mgr	Q4 2016	
2.2	Minimal spatial separation between beds did not comply with best practice guidelines which was insufficient to enable the carrying out of clinical activities without compromising infection prevention and control practices. Limited accessibility and space in patient rooms increases the risk of cross infection.	Assessment and review to be carried out as above	Services/Buildings & Maintenance Mgr	Q3 & Q4 2016	
2.2	Majority of single rooms on the Paediatric Ward did not have ensuite facilities. Many of the rooms were very small with insufficient space to comfortably accommodate parents with their children. Insufficient storage space for personal belongings was observed.	Assess identified areas and review options to provide additional storage space.	Services/Buildings & Maintenance Mgr	Q4 2016	

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2.2	The Paediatric Ward was poorly maintained. The majority of surfaces and finishes throughout the ward, including wall paintwork, wood finishes on doors, door frames and skirting boards were damaged and poorly maintained and as such did not facilitate effective cleaning.	Immediate infrastructural high risk issues to be completed in Q3 2016	Buildings & Maintenance Mgr / Services	Q3 2016	
2.2	Maintenance issues were also observed in the toilet facilities in which casing behind toilets were degraded, floors were stained and evidence of leakage was present around toilet outlet pipes.	Immediate infrastructural high risk issues to be completed in Q3 2016	Buildings & Maintenance Mgr / Services	Q3 2016	
Low Level Findings report	Cleaning resources allocated to the Paediatric Ward was insufficient to meet the daily activity levels. Cleaning resources are allocated up to 3pm each day and on call for the remainder of the day and night.	Carry out review of cleaning resources to ensure compliance with Infection Control standards	Services/Contract Cleaner/CNM	Q3 & Q4 2016	
Low level Findings Rpt	Fish Tank	Remove Fish Tank	Buildings & Maintenance Mgr	Q4 2016	
Low level Findings Rpt	Black Mould around windows in Room 18 and on the pipe casing beside the sink at the Nurses Station	Contract Cleaner to remove where possible and remaining areas to be repainted by Maintenance	Contract Cleaner / Buildings & Maintenance Mgr	Q4 2016	

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Low level Findings Rpt	Grit around edges of the walls in several of the patient areas assessed (Room 3,4,19 & 21)	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3 2016	
Low level Findings Rpt	Chipped and damaged paintwork on the radiator (Room 4 & 17)	Repaint	Buildings & Maintenance Mgr	Q3 2016	
Low level Findings Rpt	Canvas Blinds in the patient rooms were not washable.	Replace	Buildings & Maintenance Mgr	Q3 2016	
	Patient Equipment				
Low level Findings Rpt	Dust was observed on several items of patient equipment including suction apparatus, the frame of an incubator stored in the corridor, the resuscitation trolley and on the frame of a wheelchair.	CNM to discuss with relevant staff and agree cleaning and audit schedule with HCA	CNM / HCA	Q4	
Low level Findings Rpt	Dust was observed on a computer keyboard and monitor.	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q4	
Low level Findings Rpt	Covering of one chair was damaged in the patient care area (room 18)	Remove	Buildings & Maintenance Mgr / CNM	Q4 2016	

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Low level Findings Rpt	The mattress covers of some beds inspected were compromised (Room 17,18,19)	Replace and CNM to ensure mattress audit is carried out at least 3 monthly	CNM	immediate	
Low level Findings Rpt	Sticky Residue was evident on a trolley	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3	
Low level Findings Rpt	Sanitary waste disposal facilities were not available in the female washroom assessed	Request to include in Sanitary Bin schedule	Waste Manager	Q3	
Low level Findings Rpt	Light dust was present on the undercarriage of a bed (room 19)	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3	
Patient Toilets and Washrooms					
Low level Findings Rpt	Cleaning Chemicals were inappropriately stored on the window sill.	Speak to relevant ward staff to ensure inappropriate storage does not reoccur	CNM	Q3	

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Low level Findings Rpt	Hair & fly were observed in a baby bath	CNM addressed immediately and spoke with HCA	CNM / HCA	Q3	
Low level Findings Rpt	Floor Covering was stained and degraded, hindering effective cleaning.	Replace where funding permits	Buildings & Maintenance Mgr	Q4 2016	
Low level Findings Rpt	Inappropriate storage of a commode in a shower room.	CNM to address on ward with staff	CNM	Q3	
Low level Findings Rpt	Grit around the edges of walls in a patient bathroom assessed.	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q4	
Low level Findings Rpt	Toothpaste and toothbrush belonging to a patient was stored in a communal toilet.	CNM to address on ward with staff	CNM	Q3	
Low level Findings Rpt	Extract vent in the patient toilet was dusty.	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q4	

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Low level Findings Rpt	Clean Utility Room was not secured allowing unauthorized access	Keycode lock to be installed	Buildings & Maintenance Mgr	Q4 2016				
	<u>Clean Utility Room</u>							
Low level Findings Rpt	Rust was visible on the foot pedal of a clinical waste bin in clean utility room	Replace	Waste Manager	Q4				
Low level Findings Rpt	Dust was present on the floor edges and corners in clean utility room	Cleaned Immediately. Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q4				
Low level Findings Rpt	Hand Hygiene sink was partially obstructed by equipment stored in the clean utility room	CNM to address on ward with relevant staff to ensure access is not impeded	CNM	Q3				
Low level Findings Rpt	Internal surface of the frame of a unit containing sterile consumables was dusty	Cleaned immediately and CNM to address on ward with relevant staff and monitor regularly	HCA / CNM	Q3				

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	Dirty Utility Room						
Low level Findings Rpt	Dust was observed on the floor edges and corners	Cleaned immediately and Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3			
Low level Findings Rpt	Patient washbowls or bedpans were not stored inverted	CNM to address with relevant staff on ward and ensure access is not impeded	CNM	Q4			
Low level Findings Rpt	Cleaning equipment and consumables were stored inappropriately in this room	Consumables removed immediately and Appropriate storage area needs to be allocated regarding cleaning equipment	Services/Buildings & Maintenance Mgr	Q3 & Q4 2016			
Low level Findings Rpt	Room was not secured and cleaning chemicals were stored in an unlocked press within the room	Keycode lock to be installed	Buildings & Maintenance Mgr	Q4 2016			
Low level Findings Rpt	Rust was visible on the wheel areas and under the frame of a commode.	Replacement	CNM / Equippping Officer	Q4 2016			
	Housekeeping /Equipment						

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Low level Findings Rpt	Cleaning records were not consistently completed by contract cleaners	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3 2016	
Low level Findings Rpt	The cleaning equipment room was small in size relative to the amount of equipment stored in it.	Assess & Review with contract cleaning site manager	Services	Q4 2016	
Low level Findings Rpt	Assurances could not be provided that bottles for diluted cleaning products were appropriately cleaned and stored after use	Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3 2016	
Low level Findings Rpt	A cleaning trolley was unclean	Cleaned immediately and Contract cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular hygiene audits.	Contract Cleaner	Q3 2016	
	<u>Linen</u>				
Low level findings report	A linen bag was overfilled	CNM to address on ward with relevant staff on ward	CNM/ HCA	Q4 2016	

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Low level findings report	Bags of clean linen were observed on the floor in a storage room beside the linen cupboard.	CNM / HCA / Laundry to agree delivery schedules to allow time for appropriate storage of Linen	CNM/ HCA	Q4 2016	
	Waste				
Low level findings report	Temporary safety locking mechanism was not engaged on the sharps disposal bins on the resuscitation trolley and in the clinical room	Further training/education to be carried out.	Waste Manager	Q4 2016	
Low level findings report	Assembly details had not been completed on all sharps bins which were in use	Further training/education to be carried out.	Waste Manager	Q4 2016	
2.4	Infection Prevention Care Bundles				
	Nursing documentation viewed in the Paediatric Ward did not have a prompt for documenting the visual infusion phlebitis score. The system for recording daily checks for peripheral venous catheter complications in the nursing notes did not readily facilitate audit of bundle compliance.	CNM to implement with Infection Prevention and Control Team and as per hospital and national guidelines. Education has been communicated to CNM re use of care bundles.	CNM/IPCN	Immediate	

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Area Assessed:	Theatres, UHG.				
Section / Page No. of HIQA report	Heading and Issues highlighted	Action	Owner	Time Frame	Status
2.3.1	Some of the alcohol hand rub dispensers inspected in the Theatre Department were out of date	All alcohol hand rubs were checked and replaced if needed. On going monitoring and auditing on alcohol hand rubs.	HCA /CNM /Line Manager	Immediate	
2.3.3	Local hand hygiene audit results indicate that there is scope for improvement in hand hygiene compliance across the hospital.	Increased focus on auditing to ensure compliance rates increase and that the five moments of hand hygiene are adhered to. Audit results are fed back to theatre staff and audit findings discussed at department level. Strict emphasis on Hand Hygiene training is provided by IPCN staff at ward level (either with individuals or in group sessions) in order to facilitate staff on the ward/department. Twice weekly hand hygiene session in place in	IPCN /Theatre /Hand Hygiene Auditor /CNM & Line Manager	Q4 2016	

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	Environment & Equipment					
Low Level Findings report	Plaster work and paint work was damaged in the corridors.	Whiterock approved and work has commenced week beginning 05/09/16	Buildings & Maintenance Mgr	Q4 2016		
Low Level Findings report	The seal under the sink(1) in Recovery was not intact	Assessment to be carried out and repair / replace	Buildings & Maintenance Mgr	Q3 2016		
Low Level Findings report	Damage to the wall was observed beside the hand hygiene sink in the female staff toilets	Repair	Buildings & Maintenance Mgr	Q3 2016		
Low Level Findings report	A wall panel was damaged outside Theatre 12	Repair	Buildings & Maintenance Mgr	Q3 2016		

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Low Level Findings report	Break in floor covering, hindering effective cleaning (Theatre 11 prep room)	Repair	Buildings & Maintenance Mgr	Q3 2016	
Low Level Findings report	A number of ceiling tiles were ill-fitting in the store room opposite Theatre 12. Ill fitting ceiling tiles may facilitate the ingress of dust from the space above ceiling level.	Assess and replace	Buildings & Maintenance Mgr	Q3 2016	
Low Level Findings report	Lack of storage space in the department with in appropriate storage of equipment and supplies in communal corridors resulting in clutter. The hospital should review arrangement for storage to ensure best use of facilities and maintain a clutter free environment	Review of storage options has taken place to include additional storage solutions which includes strict adherence to stock control.	Services /Equipping Officer/CNM/Stores Mgr	Q1 2017	
Low Level Findings report	Boxes of intravenous fluids were stored directly on the floor in the corridor	Additional laminated shelving to be provided to ensure compliance of storage	CNM/Services/Buildings & Maintenance Mgr	Q3 2016	
Low Level Findings report	Windows on the Operating Theatre 1 were not sealed.	Assessment to be carried out and seal if required	Buildings & Maintenance Mgr	Q3 2016	

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Low Level Findings report	Organic contamination on Theatre clogs in the female staff changing rooms. Storage and washing of theatre boots requires special consideration. Theatre footwear, whether clean or dirty, should be stored tidily on a designated and easily accessible boot rack. Theatre footwear should be thoroughly cleaned daily or if visibly contaminated.	CNM to address with staff in area and also staff have been advised of availability of wipes for use. Storage options to be reviewed. Further education to be provided to staff re individual responsibility of cleaning of clogs.	CNM	Q3 2016	
Low Level Findings report	Several bottles of alcohol hand gel were past their use by date	Discard and replace	CNM	Q3 2016	
Low Level Findings report	Linen, intravenous infusion fluid and other extraneous items were inappropriately stored on open shelving in the oxygen compound	Conversion of TAL room subject to funding to provide separate storage	Buildings & Maintenance/CNM	Q1 2017	
Low Level Findings report	Red staining was observed on a bottle of alcohol hand gel and on a disposable intravenous tray adjacent to the arterial blood gas machine (Theatre 11)	CNM to address with relevant staff in area and monitor	CNM	Q4 2016	
Low Level Findings report	Rust coloured staining was visible on a mobile step stool (Theatre 1 Scrub room)	Replace	CNM / Equipping Officer	Q3 2016	

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Low Level Findings report	Assembly details were not completed on the majority of sharps bins inspected.	Further training to be provided to HCA's	Waste Manager	Q3 2016	
Low Level Findings report	Temporary safety locking mechanism was not engaged on a sharps disposal bin (Recovery)	Further training to be provided to HCA's	Waste Manager	Q3 2016	
Low Level Findings report	Rust coloured staining was visible at the wheel areas of the intravenous stand (Recovery)	Phased replacement program in place	CNM/Equipping Officer	Q3 2016	
Low Level Findings report	Sticky residue was evident on an oxygen saturation probe (Recovery)	CNM to address with relevant staff in area	HCA / CNM	Q3 2016	
Low Level Findings report	Residue was observed on top of the anaesthetic trolley (Theatre 11)	CNM to address with relevant staff in area and monitor regularly	Contract Cleaner/CNM/HCA	Q3 2016	
Low Level Findings report	The gel cushion on a wheelchair was compromised (outside Theatre 2)	Replacement / Repair	CNM	Q4 2016	

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Low Level Findings report	Floor covering was coming away from wall under the sink. There should be covering between the floor and the wall to prevent accumulation of dust and dirt in corners and crevices (TH8)	Repair	Buildings & Maintenance Mgr	Q3 2016	
Low Level Findings report	Glucometers in their holders with sterile supplies are taken to the patient bedside - only equipment required for each procedure should be taken to the patient point of care	CNM to address with staff on ward and adhere to hospital guidelines	CNM	Q4 2016	
Low Level Findings report	More frequent auditing of very high risk areas is recommended in line with national guidelines	Weekly audit carried out in Theatres by Contract Cleaner together with random audits including IP&C	Services/Contract Cleaner/CNM	Q4 2016	
Low Level Findings report	Sanitary waste disposal facilities were not available in the patient toilet assessed (Reception)	Inclusion in Sanitary Bin schedule	Waste Manager	Q4 2016	
	<u>Dirty Utility Rooms</u>				
Low Level Findings report	Cleaning equipment was inappropriately stored in the 'dirty' utility rooms attached to the operating theatres.	Review dirty utility room and assess options of providing cleaning storage unit.	CNM/Services/Buildings & Maintenance	Q4 2016	

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				Q1 2017	
<p>Low Level Findings report</p>	<p>No designated hand hygiene sink in the dirty utility rooms serving the theatres. A stainless steel utility sink located directly beside the sluice hopper was used for hand washing. This presents a risk of contamination of staff hands with faecal organisms and is a potential risk factor in the spread of enteric bacteria which can cause infection. Appropriate clinical hand washing facilities should be provided in this area.</p>	<p>Buildings & Maintenance to assess possibility of providing separate sink</p>	<p>Buildings & Maintenance Mgr</p>		

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Low Level Findings report	Internal grid areas of ceiling vents were dusty ('dirty' utility Recovery)	Maintenance to assess and yearly program to be implemented	Buildings & Maintenance Mgr	Q4 2016	
	<u>Housekeeping Equipment Room</u>				
Low Level Findings report	Dust and debris was observed on the floor	Cleaned immediately. Contract Cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular audits.	Contract Cleaner	Q3 2016	
Low Level Findings report	Mop handles were stored directly on the floor	Central storage area to be agreed	Contract Cleaner	Q4 2016	
Low Level Findings report	Plaster work and paint work was damaged above the hand hygiene sink	Whiterock to be provided	Buildings & Maintenance Mgr	Q4 2016	
Low Level	A patient transport chair was inappropriately stored in this	CNM to address with HCA	CNM	Q3 2016	

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Findings report	room	directly						
Low Level Findings report	Seal behind the hand hygiene sink was not intact	Re-seal		Buildings & Maintenance Mgr	Q4 2016			
Low Level Findings report	Buffer pads were stored on the floor	Central storage area to be agreed		Contract Cleaner	Q4 2016			
Low Level Findings report	Outlet to the hand hygiene sink was unclean	Cleaned immediately. Contract Cleaner to educate staff on levels and standards to be maintained. Strict monitoring by Services Dept via regular audits		Contract Cleaner	Q4 2016			
Low Level Findings report	A sweeping brush was observed in this room	Removed immediately and central storage area to be agreed for cleaning equipment		Contract Cleaner	Q4 2016			
	<u>Linen</u>							
Low Level Findings report	Clean Linen bags were stored on a commode ('dirty' utility Recovery)	Transport drop off/HCA		CNM / Maintenance / Services	Q3 2016			

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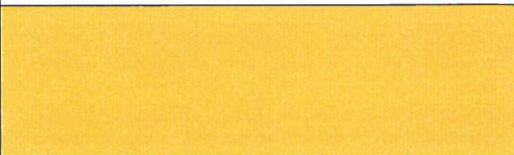
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Low Level Findings report	Sheets and pillow cases were stored on an open shelf ('dirty' utility Theatre)	Quotes obtained for appropriate storage trolley & also closed trolley storage.	CNM / Maintenance / Services	Q3 2016	
	<u>Safe Injection Practices</u>				
2.2	It was noted during the inspection of an operating room, authorized persons observed a number of syringes containing reconstituted intravenous medications, insufficiently labelled and stored directly on top of the anaesthetic trolley. Some of the pre-filled syringes observed were uncapped	Further education and training of staff in relation to safe disposal of sharps & safe medication practices.	Waste Manager / CNM/Medication Safety Officer	Immediate	
	<u>Infection Prevention Care Bundles</u>				
2.4	Peripheral Vascular and Urinary Catheter Care bundles were in place in the hospital but not in the Theatre Department	Care bundles carried out at ward level. Continuous monitoring and observation is carried out in theatre and recovery and also documented on the nursing plan.	CNM	Immediate	

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Area Assessed:	St. Michael's Ward, UHG.			
Section / Page No. of HIQA report	Heading and Issues highlighted	Action	Owner	Time Frame
	<u>Hand Hygiene</u>			
	Hand Hygiene audits carried out in quarter one of 2016 in St. Michael's ward demonstrated less than desirable compliance rates.	Increased focus on auditing to ensure compliance rates increase and the five moments of hand hygiene are adhered to. Audit results are fed back to ward staff and audit findings discussed at ward level. Hand hygiene audits are ongoing as per GUH hand hygiene QIP and National Guidelines. 30 opportunities are carried out in each hand hygiene audit. Hand hygiene ongoing.	CNM / IPCN / Line Managers	Q4 2016



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Area Assessed:	St. Nicholas' Ward, UHG.				
Section / Page No. of HIQA report	Heading and Issues highlighted	Action	Owner	Time Frame	Status
	<u>General</u>				
2.1	Equipment daily cleaning checklists were not consistently completed at time of revisit	Schedule to be drawn up and discussed with relevant staff including Contract Cleaning Company, Services and Nursing	Services / Contract Cleaners/ CNM / HCA/ Nursing Services	Q4 2016	
	<u>Hand Hygiene</u>				
	Hand Hygiene audits carried out in quarter one of 2016 in St. Nicholas' ward demonstrated less than desirable compliance rates.	Increased focus on auditing to ensure compliance rates increase and the five moments of hand hygiene are adhered to. Audit results are fed back to ward staff and audit findings discussed at ward level. Hand hygiene audits are ongoing as per GUH hand hygiene QIP and National Guidelines. 30 opportunities are carried out in each hand hygiene audit. Hand hygiene training ongoing.	CNM / IPCN / Line Manager	Q4 2016	

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Signed :



Chris Kane,
General Manager,
Galway University Hospitals.

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