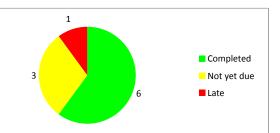
| QIPs LOG FOR: | Hygiene | | | | |
|-----------------------------|---------|---|--|--|--|
| St. Luke's General Hospital | | | | | |
| | | _ | | | |

TODAY'S DATE: 14/03/2016

| QIPs STATUS | QIPs STATUS | | | | | | |
|-------------|-------------|--|--|--|--|--|--|
| Completed | 6 | | | | | | |
| Not yet due | 3 | | | | | | |
| Late | 1 | | | | | | |



Surgical Medical Unit

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).

| | | | | | Responsible | | Completed | | |
|-----|------------|----------|-----------|---|--------------------|------------|------------|-------------|--|
| No. | Entry Date | Standard | Criterion | Description of Quality Improvement Plan (QIP) | Person | Due Date | Date | QIP Status | Comments |
| | | | | Practice to be adhered to to ensure compliance with the SLGH | | | | | |
| 1 | 18/01/2016 | | | Carlow/Kilkenny policy on medication management | CNM | 20/01/2016 | | Late | |
| | | | | | Housekeeping/Tec | | | | |
| 2 | 18/01/2016 | | | Place appropriate wall dispenser at the WHB & refill | hnical Services | 30/04/2016 | | Not yet due | TS to attach wall dispenser.(attached incorrect dispenser) |
| | | | | Ensure compliance in relation to IPC guidelines on Transmission Based | | | | | |
| 3 | 18/01/2016 | | | Precautions | CNM | 18/01/2016 | 18/01/2016 | Completed | Ongoing supervision and education |
| | | | | The design of the WHB on SMU does not conform to health building | | | | | |
| 4 | 12/02/2016 | | | regulations | Technical Services | 04/09/2016 | | Not yet due | |
| 5 | 18/01/2016 | | | Appropriately labelled products to be available at WHBs | CNM | 18/01/2016 | 18/01/2016 | Completed | |
| | | | | Two bottles of alcohol gel attached to the B/P monitors on SMU exceeded the | | | | | |
| 6 | 18/01/2016 | | | stated expiry date | CNM | 18/01/2016 | 18/01/2016 | Completed | Replaced and ongoing weekly checks in place |
| | | | | | | | | | |
| 7 | 18/01/2016 | | | A number of hand hygiene advisory posters were not fixed to the wall in SMU | CNM | 25/01/2016 | 29/02/2016 | Completed | |
| | | | | Limited storage space, bags of IV fluids were stored on wall mounted | | | | | |
| 8 | 12/02/2016 | | | dispensers on the corridor. | CNM | 12/02/2016 | 12/02/2016 | Completed | Removed |
| | | | | | CNM/Porter | | | | |
| 9 | 17/02/2016 | | | Wheelchairs x 2 observed in corridor with organic contamination | Security | 12/02/2016 | 12/2/1016 | Completed | Cleaned/SOP on wheelchair cleaning to be adhered to |
| | | | | | | | | | |
| | | | | Audit of compliance in relation to care bundles of peripheral venous catheters, | | | | | |
| 10 | 17/02/2016 | | | same to be recorded and audited within agreed timeframes | CNM | 15/04/2016 | | Not yet due | |
| | | | | | | | | | |
| | | | | | | | | | |