Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Louth County Hospital, Dundalk

Date of on-site inspection: 05 March 2019

HIQA's consolidated programme of monitoring against the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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1.0: Introduction

Under section 8(1)(c) of the Health Act 2007, Authorised Persons of the Health Information and Quality Authority (HIQA) monitor the implementation of the *National Standards for the prevention and control of healthcare-associated infections in acute healthcare services*[1] in public acute hospitals.

HIQA's focus in 2019 will include a detailed evaluation of how hospitals organise themselves to minimise the spread of healthcare-associated infections; with a particular focus on systems to detect, prevent, and manage multidrug-resistant micro-organisms, and the approach taken to reduce the risk of reusable device-related infection. These two areas are internationally recognised as being major contributors to potentially preventable patient harm as a consequence of healthcare provision.

HIQA has published a guide[2] to this monitoring programme which is available to view on HIQA's website www.hiqa.ie

2.0 Information about this inspection

This inspection report was completed following an unannounced inspection carried out at Louth County Hospital, Dundalk by Authorised Persons from HIQA; Bairbre Moynihan and Noreen Flannelly-Kinsella on 05 March 2019 between 09.00 hrs and 15.40 hrs.

Specific lines of enquiry were developed to facilitate this monitoring programme and are included in this report in Appendix 1.

Inspectors used specifically designed monitoring tools and focused on:

- the prevention and control of transmission of antimicrobial-resistant bacteria and healthcare-associated infections
- decontamination facilities[*] outside of designated controlled decontamination units.[†]

[*] Decontamination facilities refers to the physical infrastructure where decontamination of reusable medical devices is provided.

[†] A controlled decontamination unit, such as a Central Decontamination Unit or Endoscope Reprocessing Unit, is a designated unit which has defined governance arrangements and is designed, constructed, maintained and controlled with structures, systems, processes and outcomes that are continuously monitored, measured and validated to provide assurances that reusable medical devices are safely and effectively reprocessed consistently in accordance with legislation, manufacturer's instructions, national decontamination standards and guidelines, National Standards and best practice guidance.

During this inspection inspectors spoke with hospital managers, staff and representatives from the Infection Prevention and Control Committee and Decontamination Committee. Inspectors requested and reviewed documentation, data and observed practice within the clinical environment in a sample of clinical areas which included the:

- Stroke Rehabilitation Ward
- Ophthalmology (Eye Department) Out-Patient Department (OPD).

In light of the ongoing National Public Health Emergency Plan[‡] to address Carbapenemase Producing *Enterobacteriaceae* (CPE) in our health system which was activated by the Minister for Health on 25 October 2017, HIQA sought assurance regarding arrangements in place to ensure compliance with the national guidelines on screening for CPE.

Hospital managers told inspectors that screening for CPE[§] was in line with national guidelines.[3] This was further validated following discussions with staff in the clinical area inspected.

HIQA would like to acknowledge the cooperation of the hospital management team and staff that facilitated and contributed to this unannounced inspection.

3.0 Hospital profile

Louth County Hospital, Dundalk is a statutory hospital which is under the governance and management of Our Lady of Lourdes Hospital, Drogheda (OLOL) and together they form the Louth Hospitals.

The Louth Hospitals are part of the Royal College of Surgeons in Ireland (RCSI) Hospital Group[**] governance structure.

Louth County Hospital has a bed capacity of 61 inpatient beds and provides a range

[‡] A public health emergency is described as any serious or unexpected event, due to an infectious disease, which causes, or threatens to cause, death or serious illness to large sections of the population, an individual region or a specific cohort of individuals and which will have a major impact on the normal functioning of the health system and on society in general.

[§] Health Service Executive. Requirements for screening of Patients for Carbapenemase Producing *Enterobacteriaceae* (CPE) in the Acute Hospital Sector. October 2017. Available online from: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/cpe/requirements-for-screening-of-patients-for-cpe-in-the-acute-hospital-sector.pdf

[**]Hospital groups: The hospitals in Ireland are organised into seven hospital groups. 1. Ireland East Hospital Group. 2. Dublin Midlands Hospital Group. 3. South/South West Hospital Group. 4. Saolta University Health Care Group. 5. University of Limerick Hospitals Group. 6. RCSI Hospitals Group. 7. National Children's Hospital Group

of services including medical and stroke rehabilitation, day elective surgical beds and 23 hour post-operative care and day case endoscopy procedures. The hospital has a minor injuries unit and provides a range of diagnostic and support services.

The hospital was providing a decontamination and reprocessing service for reusable medical devices used at the hospital. Decontamination and reprocessing of critical and semi-critical devices was performed in the:

- Central Sterile Supplies Department (CSSD)
- Endoscopy Decontamination Unit (EDU)
- satellite decontamination facilities located in the Radiology and Ophthalmology OPD Departments
- decontamination of non-critical reusable medical devices such as abdominal transducers (used in maternity OPD clinic) and vascular access probes (used in general theatre) was performed locally in each respective area.

4.0 Inspection findings

- Sections 4.1 to 4.3 present the general findings of this unannounced inspection.

4.1 Governance and management structures

Infection prevention and control programme

Louth County Hospital had formalised governance arrangements and organisational structures with clear lines of accountability in place to support infection prevention and control at the hospital.

The operational manager at Louth County Hospital was accountable for the overall management and monitoring of the prevention and control of healthcare-associated infection at the hospital and reported to the general manager for the Louth Hospitals. The general manager reported to the chief operations officer and the chief executive officer of the RCSI Hospital Group.

The Louth Hospitals' Infection Prevention and Control Team was a joint team for both the hospital and OLOL hospital. The team was led by a consultant microbiologist based at OLOL hospital. Clinical microbiology advice was available to clinical staff at the hospital by telephone on a 24-hour basis seven-days-a week in line with national guidance.

The team also comprised 4.0 WTE[††] infection prevention and control nurses of which a 0.5 WTE infection prevention and control clinical nurse specialist worked on site at Louth County Hospital.

Governance arrangements and organisational structures were outlined in an organogram provided to HIQA showing lines of communication for infection prevention and control. Five sub-committees including the Louth Hospitals' Decontamination Committee reported into the Louth Hospitals' Infection Prevention and Control Committee (see Appendix 2).

Decontamination and reprocessing of reusable medical devices

Inspectors found that defined governance and management arrangements were also in place for decontamination and reprocessing of reusable medical devices at the hospital as outlined in the organogram (Appendix 2).

The Louth Hospitals' Decontamination Committee provided guidance, oversight and direction on matters relating to decontamination at both hospitals. Multidisciplinary membership included managers from central and satellite decontamination facilities. Minutes of meetings were made available electronically on a central repository at the hospital. Hospital management told inspectors that as part of the local management of decontamination, local sub-groups were convened at Louth County Hospital when required.

Formalised outsourcing and transportation arrangements in relation to ophthalmology surgical instruments used in the general theatre and reprocessed by an external decontamination service provider were in place. A standard operating procedure to support this process was available.

There was no designated decontamination lead in the Louth Hospitals. At a hospital group level and in line with the HSE's own recommendation a group decontamination lead position should be progressed.

[††] Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.

4.2 Monitoring, audit and evaluation systems including risk management

4.2.1 Monitoring, audit and evaluation systems

Infection prevention and control surveillance programme

The surveillance programme was coordinated and implemented by the Louth Hospital's Infection Prevention and Control Team and included:

- surveillance of 'alert' organisms and 'alert' conditions[‡‡]
- hospital-acquired *Clostridium difficile* infection
- data reported to the European Antimicrobial Resistant Surveillance Network (EARS-Net)[§§]
- targeted surgical site infection in respect of elective cholecystectomy and hernia repair surgery.

Quarterly surveillance reports were discussed at the Louth Hospitals' Infection Prevention and Control Committee meeting and issues of concern escalated to the Infection Prevention and Control Steering Group. Inspectors were informed that surveillance reports were made available for staff to view on the hospital information technology system and shared at clinical nurse manager meetings.

Inspectors were informed that an audit of compliance with CPE and Meticillin-Resistant *Staphylococcus Aureus* (MRSA) screening guidelines was undertaken by the hospital's infection prevention and control clinical nurse specialist in October 2018. Audit findings showed that the hospital was 97% compliant with CPE and MRSA screening within 24 hours of admission.

The infection prevention and control clinical nurse specialist reported that audits were conducted on for example, hand hygiene compliance, the condition of hospital bed mattresses, management of sharps and application of transmission-based precautions if/when an outbreak occurred.

Environmental and patient equipment hygiene audits were performed on a regular basis by the hospital hygiene team. It was reported to inspectors that validation hygiene audits were performed by the hospital management team twice yearly and that high-risk areas were audited more frequently or re-audited as required.

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†† Alert conditions include physical symptoms such as skin rashes, vomiting, diarrhoea, respiratory illness that could be due to an infectious illness.

§§ EARS-Net performs surveillance of antimicrobial susceptibility of bacteria causing infections in humans including; *Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Acinetobacter species, Streptococcus pneumoniae, Staphylococcus aureus, Enterococcus faecalis and Enterococcus faecium.*

Management stated that self-assessment audits were done by clinical staff on a quarterly basis however these were not available in one of the clinical areas inspected.

Decontamination and reprocessing of reusable medical devices

The focus of this inspection was on decontamination facilities outside of designated controlled decontamination units.

As part of the national procurement framework the hospital had trialled automated validated systems for decontamination of semi-invasive ultrasound probes at the hospital.[4] In the interim of implementation of automated validated systems, a risk assessment in relation to the use of high level disinfectant manual multi-wipe systems had been performed in line with national guidance.

Documentation reviewed showed that self-assessment decontamination audits were undertaken in central decontamination facilities at the hospital in 2017 and 2018.

Environmental hygiene auditing procedures included self-assessment and validatory managerial audit in decontamination facilities at the hospital. The frequency of regular technical auditing by front-line supervisory staff in higher risk areas such as decontamination facilities was not in line with national guidance.[5]

An Authorised Engineer for Decontamination (AED)*** was appointed by the hospital to oversee and audit technical aspects of the decontamination programme.

4.2.2 Risk management

The hospital had systems in place to identify and manage risks in relation to the prevention and control of healthcare-associated infection and decontamination of reusable medical devices.

While inspectors were informed that the risk register was reviewed, and updated at the Louth Hospital's Infection Prevention and Control Steering Group meetings, inspectors noted that the risk register was last reviewed and updated in July 2018. Risk registers should be reviewed monthly and at minimum, quarterly in line with national guidance.[6]

Incidents were logged on the national incident management system††† (NIMs).

*** A suitably qualified person to graduate level designated by management to provide independent auditing and technical advice in relation to decontamination facilities, and equipment testing and validation records.

Decontamination and reprocessing of reusable medical devices

Identified risks in relation to decontamination service provision at the hospital as identified on a decontamination risk register included infrastructural deficits in CDU and lack of electronic track and trace system for ultrasound probes. The risk register showed that these risks were last updated in July 2018. The risk register identified existing controls that had been put in place and an action owner for completion of the actions identified. Management stated that the hospital had recently invested in improvement and upgrade works in CSSD.

Hospital management confirmed that periodic maintenance, testing and validation was performed on all decontamination-related equipment in line with national standards and recommended practices for CSSD and EDU.[7,8,9] Following this inspection a decontamination non-conformance log reviewed by inspectors showed that a number of non-conformances recorded in 2018 were in relation to two steam sterilisers in CSSD. These items had been placed on an equipment priority list for replacement and the issue highlighted in decontamination reports reviewed. However there was no evidence to indicate that management had undertaken a risk assessment of this equipment and enter this issue on the decontamination risk register; this should be progressed. National guidance recommend that feedback from routine or planned preventive maintenance along with the life cycle information from the manufacturer should inform decisions when to replace a device/equipment.[10]

The hospital had an inventory of reusable medical devices and decontamination-related equipment however the date of purchase was not included which is not in line with national standards and recommended practices.[7,9] In order to identify equipment that is going beyond the minimum technical life expectancy in a timely manner and replaced or upgraded, this should be in place. Inspectors were told by management that contingency plans in the event of decontamination equipment failure were available.

Hospital management informed inspectors that decontamination-related incidents and risks were discussed at Louth Hospitals' Decontamination Committee meetings. Incidents were also reported to the NIMs. Documentation reviewed by inspectors showed that the hospital concurred with the HSE's incident management framework[11] in relation to the management of a decontamination-related incident at the hospital. It was also evident that changes to procedures had been implemented

[†††] The State Claims Agency National Incident Management System is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation.

and an audit of practices over a six-month period had been undertaken following this incident.

The global asset identifier coding and national track and trace programme to support quality assurance of decontamination practices had been rolled-out in central decontamination facilities at the hospital. The national medical devices eAlert system[‡‡‡] had been implemented at the hospital. The clinical engineer, as the nominated "designated person" was responsible for internal distribution of alerts to the relevant hospital personnel for implementation of the recommended actions where applicable.

A standard operating procedure (SOP) for CJD/v CJD[§§§] was reviewed by inspectors following this inspection. Management need to ensure that the SOP is in line with national guidance in this regard.[12]

4.3: Implementation of evidence-based best practice

4.3.1 Systems to detect, prevent and manage multidrug-resistant organisms

Evidence of good practice

Screening and microbiological testing

- universal screening for CPE had commenced at the hospital in October 2018
- all patients were routinely screened for MRSA on admission.

Antimicrobial Stewardship

- in compliance with national guidelines,[13] the hospital operated a policy of restricted access to the broad-spectrum antibiotic meropenem; a last line antibiotic used to treat serious Gram-negative infection, which should not be prescribed without prior consultation with an infection specialist.

[‡‡‡] The national eAlert system receives notification directly from the HPRA of all medical device safety / hazard notifications or any internally generated HSE safety notifications for distribution.

[§§§]Creutzfeldt-Jakob disease (CJD) and vCJD (variant CJD) are human forms of TSE (Transmissible spongiform encephalopathies). TSE is a group of progressive, invariably fatal, conditions that affect the brain (encephalopathies) and nervous system of many animals, including humans, cattle, and sheep. Critical and semi-critical medical devices contaminated with high-risk tissue (i.e., brain, spinal cord, and eye tissue) from high-risk patients—those with known or suspected infection with Transmissible Spongiform Encephalopathies require special treatment.

Environment Hygiene

- the hospital hygiene team met twice weekly
- validation hygiene audits were completed twice yearly and findings were disseminated to staff
- self-assessment audits were completed quarterly.

Equipment Hygiene

- patient equipment in the clinical area inspected was generally clean with few exceptions
- a tagging system was in place to identify when equipment, mattresses and bedframes had been cleaned in the clinical area inspected.

Hand Hygiene

- the hospital had achieved 94.3% compliance in the national hand hygiene audits in October 2018 exceeding the required compliance target of 90% set by the HSE
- in the clinical area inspected hand hygiene compliance audits showed 91% and 93% compliance was achieved in May and October 2018 respectively
- hand hygiene training was mandatory for relevant staff at induction and every two years thereafter; 80% of hospital staff were up to date with this training on the day of inspection
- an independent hand hygiene audit had been undertaken in the clinical area inspected by an external auditor in February 2019 and the final report was awaited.

Policies Procedures and Guidelines

- inspectors were informed that management were in the process of introducing an electronic document management control system and transferring infection prevention and control policies to the new system.

Required areas for improvement

Patient placement

- the hospital had insufficient single rooms to manage the increasing number of patients requiring isolation. This was evident on this inspection and highlighted in a previous HIQA inspection report in 2017.
- in the clinical area inspected overbed-signage to identify patients requiring transmission-based precautions in multi-occupancy rooms was not consistently applied. Following this inspection hospital management informed

inspectors that as per hospital policy signage was not erected in multi-occupancy rooms ensuring patients privacy and confidentiality is preserved. Hospital management need to ensure that their own policy is adhered to.

Antimicrobial Stewardship

- the hospital did not have an antimicrobial stewardship pharmacist and antimicrobial stewardship rounds did not take place. This is contrary to national guidance and needs to be addressed.[13]

Environment Hygiene

In the clinical area inspected, the inspector noted:

- some fixtures on the ward were in a state of disrepair, for example, a number of window sills were chipped, and some woodwork on doors was damaged. This does not facilitate effective cleaning
- bedpans were not managed in line with best practice guidance and in line with the hospital's standard operating procedure; contents of bedpans were emptied into the sluice used for disposing of body fluids and patients' wash-water prior to being placed in the washer disinfector. This practice increases the risk of contaminating clean supplies with faecal or other microorganisms and could increase the risk of spreading infection
- an inspector was informed that dedicated commodes were not always allocated to patients requiring transmission-based precautions. Following this inspection hospital management confirmed that commodes were cleaned and disinfected after every patient use.

Infrastructure and facilities

In the clinical area inspected, the inspector noted:

- minimal spatial separation**** between beds in multi-occupancy rooms did not comply with best practice guidelines[14]
- an inspector was informed that there was no designated clinical hand wash sink for staff in the four en-suite single rooms[15]
- the design of clinical hand wash sinks in the clean utility room did not comply with HBN 00-10 Part C: Sanitary assemblies.[16] It was also observed that water outlets in the sink in the clean utility room and on two hand-hygiene sinks in

**** Patients should be separated by at least 2.4 metres between bed centres in multi-bed areas.

patient care areas were visibly unclean, which posed an increased risk of transmission of waterborne pathogens.

4.3.2 Decontamination and reprocessing of reusable medical devices in a satellite decontamination facility

The Ophthalmology OPD was visited to ensure that structures, systems, processes and outcomes were aligned with relevant national and international best-practice guidance.[9,17,18] Semi-critical[††††] reusable medical devices for eye care such as tonometer's, diagnostic lens, pachymeters, and Prager shells[‡‡‡‡] were reprocessed in the department.

Evidence of good practice

- a procedure room used for intravitreal injection[§§§§] and optical biometry[*****]had recently been renovated with surfaces and finishes to facilitate cleaning
- a register of ophthalmic reusable medical devices and equipment detailing the method of decontamination required was available; a programme and record of testing and validation of equipment was in place
- a cleaning and or decontamination schedule detailing the frequency and responsible person was available for all patient equipment
- a manual record of the disinfection process was recorded for the device reviewed; additionally a register detailing the name of patient and laser device used (with associated lens) was available; a record was entered in patient medical records

[††††] The Spaulding classification, dating back to the 1950s, is a widely used classification system which is used to determine the level of decontamination a reusable medical device requires. The level of decontamination required is dependent on the equipment's purpose, and ranges from cleaning, through disinfection to a requirement for sterilisation. Devices may be classified as 'critical' (presenting a high risk of infection transmission if not fully cleaned, disinfected and sterilised), 'semi-critical' or 'non-critical' (presenting a low risk).

[‡‡‡‡] Reusable ophthalmic medical devices such as tonometer's, diagnostic lens, pachymeters, and Prager shells are semi-critical devices that come into contact with the mucous membrane surface of the eye during examinations and procedures in ophthalmology outpatient clinics. A tonometer is a diagnostic test that measures the pressure inside the eye; diagnostic lens are ophthalmic devices used during ophthalmology examinations; a pachymeter is a medical device used to measure the thickness of the cornea of the eye; a Prager Shell is a plastic cylinder device that conforms to the contour of the eye and is part of the equipment used during ultrasound of the eye; each shell is specifically designed for each ultrasound system

[§§§§] An intravitreal injection is a procedure to place medication directly into the vitreous (a jelly-like fluid) near the retina at the back of the eye.

[*****] Optical biometry is a non-invasive automated method for measuring the structures of the eye.

- hygiene observation audits achieved an overall compliance score of 94% in January 2019; patient care practices and equipment achieved 100%. The high level of compliance achieved was also evident on the day of inspection.

Required areas for improvement

- decontamination was undertaken at point of use; where possible decontamination should be conducted away from the clinical area in a dedicated decontamination room
- the standard operating procedure (SOP) should be reviewed to include the latest guidance in relation to rinsing of ophthalmology reusable medical devices[17]
- the standard operating procedure needs to be updated to include each step in the reprocessing cycle including inspection, storage, handling, product release criteria and tracking and traceability systems for each reusable medical device
- auditing of decontamination practices had not taken place; in the absence of automated validated systems for decontamination hospital management need to be able to verify that manual processes and procedures are systematically carried out and variables controlled as part of a quality assurance programme.[9]

Staff training, education and competency in relation to decontamination practices

Inspectors were informed that in line with HSE recommendations three staff members from central decontamination facilities at the hospital had either completed or were in the process of undertaken an academic qualification in decontamination practices and sterile services. In addition another member of staff was due to commence the same course in the next academic year.

Regular operator training was provided by the manufacturers/suppliers of equipment and training records were maintained. The HSELand online[19] training programme in relation to decontamination and chemical agent hazards training programme had been completed by all relevant staff assigned to central decontamination facilities at the hospital. Additionally where high-level disinfectant manual multi-wipe systems were used staff had completed both online and face-to-face training in their use in all relevant satellite decontamination facilities at the hospital.

Inspectors were told that individual competencies of staff were assessed by the unit manager in central decontamination facilities at the hospital. To concur with best practice guidance a formalised competency assessment framework validated annually needs to be rolled-out.[20]

Additionally a training needs assessment should be carried out periodically once staff operatives are assessed as competent to work independently in satellite decontamination facilities.[4]

5.0 Conclusion

A National Public Health Emergency Plan was activated by the Minister for Health on 25 October 2017 as response to the increase and spread of Carbapenemase-Producing *Enterobacterales* (CPE) in Ireland. The National Public Health Emergency Team developed guidelines for screening of patients' for CPE in the Acute Hospital Sector. Louth County Hospital had commenced universal screening for CPE in October 2018 and was screening in line with national guidance.

Inspectors found that overall leadership, governance and management arrangements were in place for the infection prevention and control and decontamination programmes within Louth County Hospital which is part of the Louth Hospitals' governance structure.

The Louth Hospitals had an infection prevention and control risk register in place which was last updated in July 2018. Risk registers should be managed and monitored in line with national guidance.[6]

5.1 Systems to detect, prevent and manage multidrug-resistant organisms

The Louth Hospitals' management team need to put measures in place to address the following matters:

- patient placement; insufficient isolation rooms
- maintenance of the hospital infrastructure
- antimicrobial stewardship programme.

5.2 Decontamination and reprocessing of reusable medical devices in a satellite decontamination facility

HIQA found that the hospital was working to improving decontamination and reprocessing practices. Evidence of good practice observed by HIQA during this inspection included some of the following:

- clear lines of accountability and responsibility and managements arrangements in relation to decontamination
- a risk management system was in place
- training and education including academic training of staff was progressing
- environmental and patient equipment hygiene audit results showed good compliance in the satellite decontamination facility inspected.

However, hospital management need to ensure that:

- risks in relation to decontamination equipment that goes beyond expected life cycles are assessed and escalated
- standard operating procedures include step-by-step instructions of all essential stages in the manual decontamination lifecycle of ophthalmology reusable medical devices
- ongoing competency-assessment and/or training-needs assessment of designated staff working in decontamination facilities
- auditing of decontamination processes and procedures with associated improvement plans are embedded into routine practice in the satellite decontamination facility inspected.

At a hospital group level and in line with the HSE's own recommendation a group decontamination lead position to lead, support and drive the effective implementation of best practice guidance in relation to decontamination service provision across the RCSI Hospital Group needs to be progressed.

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7.0 Appendices

Appendix 1: Lines of enquiry (LOE)

1. Governance and management structures

The hospital has formalised governance arrangements with clear lines of accountability and responsibility around the prevention and control of healthcare-associated infections and the decontamination and reprocessing of reusable medical devices.

2. Monitoring and evaluation systems including risk management

The hospital has effective arrangements in place to respond to the ongoing monitoring, evaluation, audit and outcome measurement in relation to the prevention and control of healthcare-associated infection programme and the decontamination and reprocessing of reusable medical devices.

The hospital has a risk management system in place to identify, manage and report all hazards, adverse events, near misses and risks in relation the prevention and control of healthcare-associated infections and thedecontamination and reprocessing of reusable medical devices.

3. Implementation of evidence-based best practice

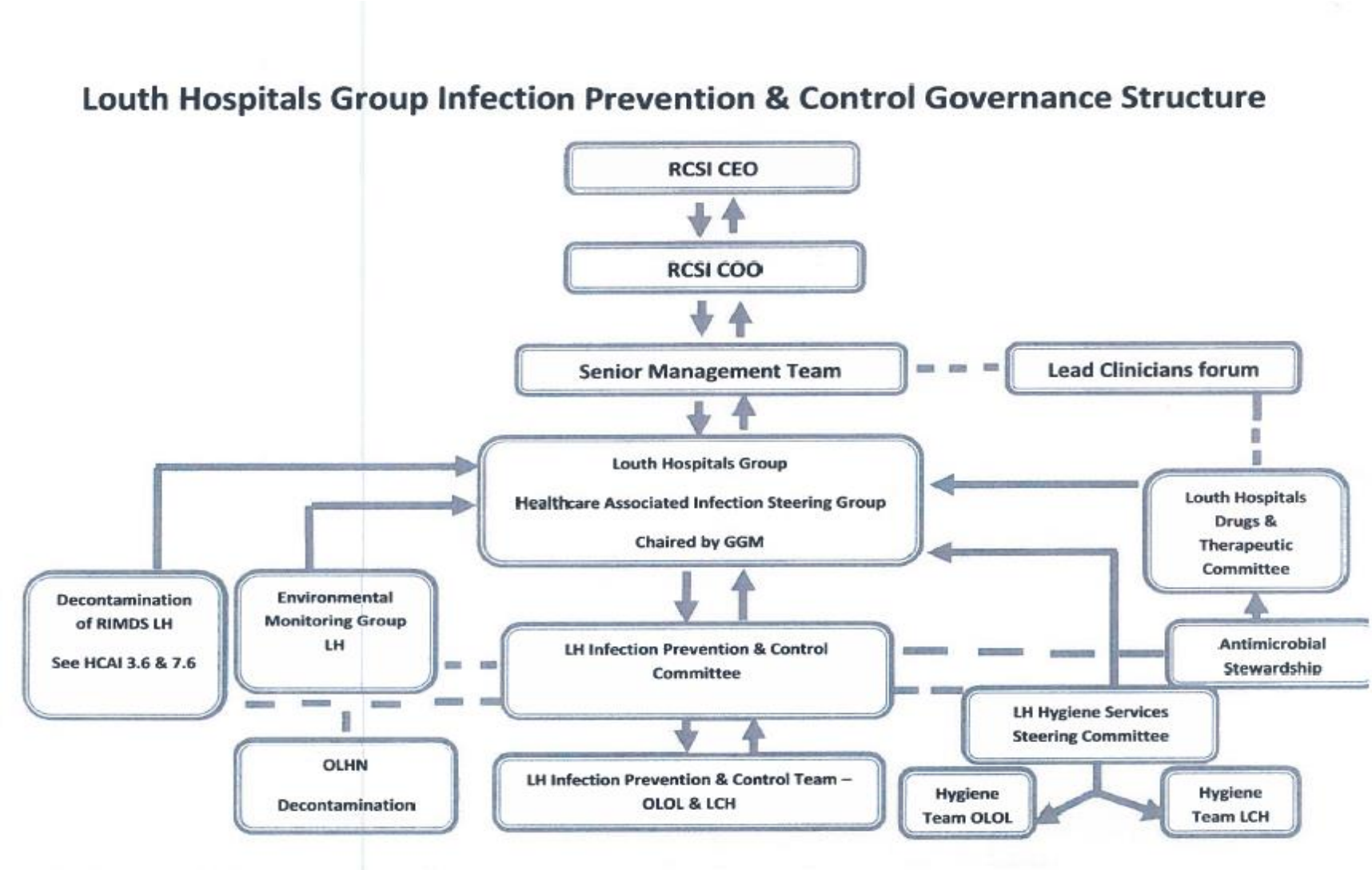
The hospital has the structures, systems and processes to detect, prevent, and manage multidrug-resistant organisms.

The hospital has the structures, systems and processes in relation to decontamination and reprocessing of reusable medical devices in satellite decontamination facilities.

The hospital ensures that key personnel have been appropriately trained to the necessary standard of competence and are supported with ongoing education and training reflecting national and international evidence.

The hospital ensures that key personnel are implementing evidenced-based best practice with up to date policies, procedures, protocols and guidelines in line with relevant legislation and national guidelines.

Appendix 2: Louth Hospitals' Infection Prevention and Control Organogram



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