Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Wexford General Hospital

Date of on-site inspection: 16 January 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 Wexford General Hospital by Authorised Persons from HIQA, Noreen Flannelly-Kinsella, Kathryn Hanly, Geraldine Ryan and Bairbre Moynihan on 16 January 2019 between 09.30hrs and 15.50hrs.

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 during this inspection and focused on:

- aspects of the prevention and control 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 small sample of clinical areas which included:

- St Mary's Ward
- The Out-Patient Department (OPD).

Inspectors also visited St Aidan's Ward to assess if the national screening guidelines in relation to CPE were fully implemented.

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

3.0 Hospital profile

Wexford General Hospital is part of the Ireland East Hospital Group.[‡] The hospital provides a range of services including medical, surgical, paediatric and maternity and a 24 hour emergency service including a range of diagnostic and support services. The hospital also provides day case surgery and an endoscopy service at a stand-alone day care facility based at Ely Hospital, also located in Wexford.

The hospital has a bed capacity of 262 patient beds which includes both inpatient and day service beds. There were 211 in-patient beds occupied on the day of inspection. The hospital had 24 single in-patient rooms in total of which 23 had en-suite facilities; single rooms were also available in the Emergency Department (ED) and Acute Medical Assessment Unit (AMAU). In addition there were 3 neutral or negative pressure isolation rooms, of which one was located in ED.

On the day of inspection, 47 inpatients required single room isolation of which 28 were isolated in single rooms (including in ED and AMAU). The remainder of inpatients where transmission-based precautions were indicated were cohorted with patients who were colonised or infected with a transmissible infection in clinical areas at the hospital.

The hospital was providing a decontamination and reprocessing service for reusable medical devices used at the hospital and at Ely Hospital. The hospital was also reprocessing surgical instruments for two outlying clinics based in Wexford.

[‡] 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.

Decontamination and reprocessing of critical and semi-critical devices were performed in the:

- Central Sterile Supplies Department (CSSD) at the hospital
- Endoscopy Reprocessing Units (ERU's) at the hospital and Ely Hospital
- Satellite decontamination facilities located in the Early Pregnancy Assessment Unit (EPAU), Radiology Department, OPD, and ED at the hospital
- Decontamination of non-critical reusable medical devices used in clinical areas was performed locally in each respective clinical area.

4.0 Inspection findings

The following sections present the general findings of this unannounced inspection. The report is structured as follows:

- Section 4.1 outlines the high risk identified during this unannounced inspection.
- Sections 4.2 to 4.4 present the general findings of this unannounced inspection.

4.1 High risk identified during this unannounced inspection

- **Non-compliance with Health Service Executive (HSE) guideline around screening patients for Carbapenemase-Producing *Enterobacterales*[§] (CPE).[3]**

In light of the ongoing National Public Health Emergency Plan[**] to address 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.

The National Public Health Emergency Team have developed guidelines for screening of Patients for Carbapenemase-Producing *Enterobacterales* (CPE) in the Acute Hospital Sector.[3] Screening is required to ensure that patients with CPE infection or colonisation are identified; to ensure that measures are taken to prevent onwards transmission to other patients; to provide an accurate picture of the current

[§] Carbapenemase-Producing *Enterobacterales* (CPE), are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are therefore much more difficult to treat.

[**] 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.

epidemiology of CPE at each institution and to inform appropriate infection control policies.[4]

The hospital was not screening in line with national guidance; the hospital was not routinely screening all patients who were transferred from nursing homes. HIQA considered that the hospital's non-compliance with these guidelines to be a high risk.

HIQA sought assurance regarding arrangements in place to ensure compliance with the national guidelines on screening for CPE at Wexford General Hospital.

The general manager provided written assurance in response to HIQA's high risk letter with a commitment to full compliance with national CPE screening guidelines to be implemented by 29 February 2019.

4.2 Governance and management structures

Wexford General Hospital had formalised governance arrangements and organisational structures with clear lines of accountability in place to support infection prevention and control at the hospital. It was reported at interview that the Infection Prevention and Control Committee (IPCC) reported to the Quality and Safety Executive Committee.

Following the 2017 HIQA inspection the hospital had sought to rationalise the number of committees reporting to the oversight governance Quality and Safety Executive Committee. Two subcommittees including the hygiene services committee and the decontamination committee formally reported to IPCC. Governance arrangements and organisational structures were outlined in an organogram provided to HIQA showing lines of communication for infection prevention and control (appendix 2).

Microbiology laboratory services continued to be provided by University Hospital Waterford which was part of the South/South West Hospital Group. The hospital had been without an onsite presence of a consultant microbiologist since September 2017. During this period, twenty-four hour a day clinical microbiology advice was provided by telephone from University Hospital Waterford. The hospital had acted to address this issue with the appointment of a consultant microbiologist due to take up post in the coming weeks. Additionally, HIQA was informed that a consultant microbiologist based in University Hospital Waterford would attend the hospital in person on one day a week.

The hospital was represented at the Ireland East Hospital Group Healthcare Associated Infections and Antibiotic Microbial Resistance Working Group.

Decontamination and reprocessing of reusable medical devices

The Decontamination Committee was a sub-committee of IPCC and met two-monthly. The committee, chaired by the director of nursing (DON), also the assigned decontamination lead at the hospital, provided guidance and direction on matters relating to decontamination. It produced a quarterly update report to IPCC.

Committee membership included representatives from satellite decontamination facilities, hospital governance groups, bio-medical engineering, IPCT, risk management and quality and safety. The peri-operative governance group clinical nurse manager 3 represented Ely Hospital at both meetings.

Hospital management told inspectors that surgical instruments from Ely Hospital were transported for decontamination and reprocessing in CSSD. However following this inspection documentation viewed by inspectors showed that instruments from other outlying clinics were also transported and reprocessed in CSSD. In light of this, hospital management must ensure that a formalised service-level agreement is in place in relation to service delivery provision to ensure compliance with national and international regulatory requirements.[5,6,7]

4.3 Monitoring, audit and evaluation systems including risk management

4.3.1 Monitoring, audit and evaluation systems

Prevention and control of healthcare-associated infection

The surveillance programme was coordinated and implemented by the infection control team. Surveillance included:

- surveillance of 'alert' organisms and 'alert' conditions[††]
- clusters or outbreaks of infection
- Group A *Streptococcus* surveillance
- data reported to the European Antimicrobial Resistant Surveillance Network (EARS-Net)[‡‡]
- enhanced colonisation and bloodstream infection surveillance including *Staphylococcus aureus* bacteraemia surveillance
- new and recurrent enhanced hospital-acquired *Clostridium difficile* infection
- catheter-related bloodstream infection (CRBSI)[§§] in the Intensive Care Unit.

Hospital management monitored and reviewed performance indicators in relation to the prevention and control of healthcare-associated infection in line with HSE national reporting requirements.[8] Monthly infection prevention and control surveillance reports were circulated to hospital staff.

Unannounced hygiene audits were performed by the hospital management team on a regular basis. Clinical staff monitored hygiene in clinical areas on a monthly basis. Results of these audits showed consistently high compliance with desirable standards in audits performed throughout 2018.

Decontamination and reprocessing of reusable medical devices

The focus of inspection was on decontamination facilities outside of a designated controlled decontamination unit. An Authorised Engineer for Decontamination

[††] 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.

[§§] Catheter-related bloodstream infection (CRBSI) is defined as the presence of bacteraemia originating from an intravenous catheter.

(AED)[***] was appointed by the hospital to oversee and audit technical aspects of the decontamination programme.

Management stated that the hospital had progressed to automated validated high level disinfectant systems using ultra-violet light for decontamination of semi-critical ultrasound probes in line with national guidance.[9] Inspectors were told that twice-yearly auditing in relation to semi-invasive ultrasound probe decontamination had commenced. A sample of completed audit tools reviewed by inspectors showed that monthly auditing was undertaken in some satellite decontamination facilities.

The frequencies of environmental hygiene audits in the satellite decontamination facility inspected in General OPD was carried out in line with national guidance[10] for higher risk functional area; the high level of compliance achieved was also evident on the day of inspection.

Inspectors were informed that both Endoscopy Units at the hospital and Ely Hospital had achieved accreditation status by the Joint Advisory Group (JAG).[†††]

An operational procedure document for preparing and transporting contaminated reusable invasive medical devices from Ely Hospital and other outlying clinics was reviewed by inspectors. However, guidance for staff on the cleaning of instruments prior to transport was unclear. In addition, minutes of October and November 2018 decontamination meetings showed some ambiguity if instruments were cleaned and by what method prior to transport to the hospital. The hospital must ensure that all recommended steps in relation to preparing and transporting contaminated instruments are included in procedure documents as guidance for staff.[5,6,7]

4.3.2 Risk management

Inspectors reviewed the hospital's corporate risk register which identified risks in relation to the prevention and control of healthcare-associated infection and decontamination service provision at the hospital. The Risk Register Committee reviews the risk register on a two monthly basis; the register was last updated November/December 2018. The risk register reviewed by inspectors identified that control measures had been put in place.[11]

The risk register reviewed indicated that due to infrastructural deficiencies in CSSD environmental microbiological testing had not been performed. Documentation reviewed by inspectors showed that a risk assessment of CSSD was undertaken by

[***] A suitably qualified person designated by management to provide testing, advice and review validation records and is suitable qualified to graduate level.

[†††] JAG accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards.

the AED in 2015 and a submission recommending options to address infrastructural deficiencies had been submitted to HSE estates. Management stated that this was on a priority list; however no progress was made in relation to this submission.

The risk register reviewed also indicated that three EWDs were beyond recommended working life; an additional control measure documented in relation to this risk showed that hospital management had placed these items on a replacement programme minor capital list for investment funding from the hospital group. Hospital management told inspectors that new automatic washer disinfectors had been recently installed in CSSD.

The hospital had an inventory of reusable medical devices used at the hospital. Inspectors were told by management that contingency plans in the event of decontamination equipment failure were available. 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.

Inspectors noted that staff operatives working in the OPD decontamination facility inspected were required to activate and pour chemicals into disinfectant chambers; however it was unclear if a risk assessment of this practice had been undertaken. Inspectors were also informed that following disinfection of ENT endoscopes a rinsing stage was not undertaken; hospital management need to review practices in relation to this.[12,13]

The national medical devices eAlert system[‡‡‡] had been implemented at the hospital. The risk manager, as the nominated "designated person" and the Bio-Medical Department were responsible for internal hospital distribution to the relevant personnel for implementation of the recommended actions where applicable.

Incidents were reported to the National Incident Management System.[§§§] The inspectors noted that under-reporting of infection prevention and control clinical incidents had been highlighted in IPCC minutes in April 2018 and actions included a communication to staff. An improvement in reporting was recorded in IPCC minutes of the meeting in August 2018 and also in decontamination minutes. On the day of inspection management reported that they were reviewing and managing a current decontamination-related incident.

[‡‡‡] 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.

[§§§] 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.

HIQA sought assurance during this inspection regarding arrangements that were in place to ensure compliance with best practice guidance on minimising the risk of transmission of developing a transmissible spongiform encephalopathies (TSE).[****]A policy devised by the south east infection prevention and control advisory team was in place and being updated at the time of this inspection. Hospital management need to be assured that the hospital is in line with national guidance in this regard.[14]

4.4: Implementation of evidence-based best practice

4.4.1: Systems to detect, prevent and manage multidrug-resistant organisms

Evidence of good practice

Inspectors were informed that to date the hospital had not experienced a known outbreak or cross transmission of CPE within the hospital. Examples of interventions to detect, prevent, and respond to multidrug-resistant organisms included but were not limited to:

Screening and microbiological testing

- In line with the HSE CPE Contact Communications Programme,[15] the hospital had written to CPE patient contacts that had been discharged advising them of their CPE contact status.
- Inspectors were informed that nursing admission documentation was in the process of being revised to incorporate a wider assessment for multidrug-resistant organism risk factors and history on admission.

Patient placement

- The infection prevention and control team had devised as a quick reference guide in relation to multidrug-resistant organism screening and isolation requirements.
- Audit of compliance with transmission-based precautions found average compliance of 86% throughout 2018. This high level of compliance was reflected on the day of inspection.

[****] Transmissible spongiform encephalopathies (TSEs) are 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.

Equipment

- Inspectors were informed that when possible, equipment was designated for use only on the patient in isolation to prevent the risk of cross infection via inanimate objects.[16]

Environment

- Overall, the general environment in St Mary's Ward was clean and well maintained with some exceptions.
- Rooms were decontaminated with Hydrogen peroxide vapour[††††] following the discharge of patients infected or colonised with CPE.

Antimicrobial stewardship

- The antimicrobial stewardship programme was overseen by a 0.8 WTE antimicrobial pharmacist and was a standing item on the drugs and therapeutics committee agenda.
- Antimicrobial consumption data was collected and presented at both the hospital IPCC and the Drugs and Therapeutic Committee meetings.
- The hospital participated in the 2018 national point prevalence survey of hospital-acquired infections and antimicrobial use.

Hand Hygiene

- The hospital participated in national hand hygiene audits, the results of which are published twice a year. The hospital achieved 90% compliance rate in the national hand hygiene audit in May 2018 which meets the required compliance target of 90% set by the HSE.
- A breakdown of hand hygiene training attended for each staff group showed that hospital management had addressed the issue of poor attendance among medical staff. Data breakdown per discipline during this period showed 86% of consultants and non-consultant hospital doctors had attended hand hygiene training in the previous two year rolling period.

Required areas for improvement

Screening and microbiological testing

- As previously highlighted screening in relation to CPE was not fully in line with the latest national screening guidelines.

[††††] Hydrogen peroxide vapour is a substance that destroys or eliminates all forms of microbial life in the inanimate environment, including all forms of vegetative bacteria, bacterial spores, fungi, fungal spores, and viruses.

Patient placement and staff allocation

- Recurring challenges faced by the hospital to manage the ever-increasing number of patients requiring isolation for infection prevention and control reasons and high occupancy rates. This deficiency was reflected in the hospital's risk register.
- On the day of the inspection, there was an additional patient in bed located in a six bedded room in line with the hospital's bed management escalation policy for busy periods. Overcrowding in hospitals has been shown to increase the risk of spreading infection.

Environment and infrastructure

- Minimal spatial separation between beds did not comply with best practice guidelines.
- There was no designated clinical hand wash sink in four of the five single rooms on St Marys Ward.
- The design of clinical hand wash sinks in multi-bedded rooms did not comply with HBN 00-10 Part C: Sanitary assemblies.[17] It was also observed that water outlets on several hand-hygiene sinks were visibly unclean, which posed an increased risk of transmission of water borne pathogens.
- Inspectors found non-compliance with local waste management guidelines across the hospital. For example, there was no clinical healthcare risk waste bin in an isolation room accommodating a patient with CPE to facilitate the correct segregation of waste at the point of generation and to ensure that the risk of transmission of healthcare risk waste is mitigated.

Equipment

- Patient care equipment audits showed average hospital compliance of 92% in 2018. However, this high level of compliance was not evident on the day of inspection. For example;
  - a number of patient chairs were unclean
  - red staining was observed on a blood glucose monitor and on three integrated sharps trays in the clinical room
  - inspectors were informed that integrated sharps trays were decontaminated in a washer disinfector in the 'dirty' utility‡‡‡‡ room after use. This led to the potential for recontamination of these items as soon as they were removed from the machine. Only human-waste

‡‡‡‡ A room equipped for the disposal of body fluids and the decontamination of reusable equipment such as bedpans, urinals, commodes and body fluid measuring jugs.

containers[§§§§] should be decontaminated in the designated washer-disinfector.

Antimicrobial stewardship

- The overall antimicrobial stewardship programme needed to be further developed, strengthened, resourced and supported in order to progress. It was reported that the ongoing issues relating to microbiological cover had also impacted on the hospital's ability to provide a structure that could effectively support the implementation of a stewardship programme.
- The hospital had introduced restricted antimicrobial prescribing rights for the broad-spectrum antibiotic meropenem, which is a last line antibiotic used to treat serious gram-negative infection.[18] However contrary to national guidelines[18] preauthorisation from a consultant microbiologist was not essential when prescribing meropenem.
- Data for 2018 showed that rates of new cases of hospital-acquired *Clostridium difficile* infection were consistently higher than the desirable Health Service Executive (HSE) performance indicator for *Clostridium difficile* infection.

Hand hygiene

- Monthly staff education in hand hygiene and standard precautions education sessions were provided for staff. 76% of staff in the hospital had completed hand hygiene training in the previous two years.
- Local hand hygiene audits were carried out in clinical areas and facilitated by the multidisciplinary hand hygiene leaders. However a number of areas had not consistently carried out local hand hygiene audits.
- A notable disparity was noted between compliance in local and national hand hygiene audits.

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

Inspectors visited a satellite decontamination facility in the General OPD to ensure that structures, systems, processes and outcomes were aligned to national guidelines.

[§§§§] Human-waste containers include bed pans, supports for single-use bed pans, urine bottles, commode bowls, enema and emesis containers, suction bottles and products similar to the above and used for similar purposes.

Evidence of good practice

- the operative on the day maintained a unidirectional flow and segregated 'clean' and 'dirty' activities as much as possible within infrastructural constraints
- decontamination-related process maps and clear instructions supported staff and were accessible at point of use
- a policy detailing the disinfection process was available and awaiting approval
- a defined system which clearly indicated when ENT endoscopes had been contaminated and decontaminated were in place
- a manual track and trace systems had been implemented
- twice yearly auditing of decontamination practices had commenced
- frequencies of environmental hygiene audits were carried out in line with national guidance[10] for higher risk functional area i.e. monthly; the high level of compliance achieved was also evident on the day of inspection
- restricted entry to the decontamination facility was observed.

Required areas for improvement

Findings of non-compliance with the national standards and recommended practices for endoscopy decontamination facilities[12,13] in the General OPD included some of the following:

- the facility design; there were no separate wash and clean rooms; a gowning room and hand hygiene facilities should be available between rooms
- ENT endoscopes were not reprocessed in automated validated endoscope washer disinfectors; a record of the disinfection process was not generated from the system used
- storage of ENT endoscopes was inappropriate
- microbiological testing of endoscopes and environment was not performed
- ventilation systems including air flow and extraction were non-compliant.

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 a number of staff were due to commence the same course in the next academic year. A dedicated operative assigned to the satellite decontamination facility inspected had also completed an academic qualification in decontamination.

Staff had also completed the HSELanD online training programme in relation to Decontamination and Chemical Agents Hazards training programme. Additionally, regular operator training was provided by the manufacturers/suppliers of endoscopes and semi-invasive ultrasound probe decontamination equipment. Training records were maintained.

Inspectors were told and documentation reviewed showed that individual competencies of staff working in decontamination were assessed. To concur with best practice guidance the hospital should ensure that a formalised competency assessment framework validated annually is rolled-out across all decontamination facilities at the hospital.[19,9]

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 Carbapenemase-Producing *Enterobacterales* (CPE) in the Acute Hospital Sector.

Wexford General Hospital was not screening in line with national guidance. HIQA considered this a high risk. Specifically, the hospital was not routinely screening all patients who were transferred from nursing homes.

Following this inspection HIQA sought assurance regarding arrangements in place to ensure compliance with the national guidelines on screening for CPE at the hospital. The general manager provided written assurance in response to HIQA's high risk letter with a commitment to full compliance with national CPE screening guidelines to be implemented by 29 February 2019.

Leadership, governance and management arrangements had been strengthened and a decontamination lead position had been put in place since the last HIQA inspection. There was good local ownership evident in both clinical areas inspected.

A risk management system to identify, evaluate, and monitor hazards and risks associated with the infection prevention and control programme was in place.

HIQA acknowledges the hospital's progress and compliance levels in relation to:

- application of appropriate transmission-based precautions
- environmental hygiene standards in both areas inspected
- academic training and education for staff working in decontamination
- embedding a culture of continuous audit, feedback and quality improvement cycles in relation to decontamination and reprocessing procedures.

Management need to address the following matters:

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

- compliance with national CPE screening guidelines
- screening and microbiological testing arrangements to ensure compliance with national screening guidelines in relation to multidrug-resistant organisms
- equipment hygiene and oversight for same
- enhance and develop the antimicrobial stewardship programme
- management of clinical waste at ward level
- management of procedure trays used for intravenous medication

- as variation in performance among disciplines affects overall hospital hand hygiene compliance scores, it is recommended that targeted education and audit is performed in order to drive improvement in hand hygiene compliance.

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

To ensure adherence to national standards and recommended best-practice guidance, hospital management need to address decontamination and reprocessing-related issues identified on this inspection for example:

- decontamination facility design and infrastructure in OPD
- decontamination systems and equipment used for decontamination of reusable medical devices in the facility inspected
- storage of reprocessed reusable medical devices in OPD
- lack of microbiological monitoring and testing of environment and equipment
- arrangements for reprocessing and transport of reusable medical devices from outlying clinics need to be formalised
- challenges faced by equipment that goes beyond expected lifecycles.

To concur with HSE guidance and best-practice recommendations the hospital needs to consider centralising decontamination activity at the hospital.

At a corporate level the hospital needs to be supported in their endeavours to address deficiencies identified in this report.

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7.0 Appendices

Appendix 1: Lines of Enquiry

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

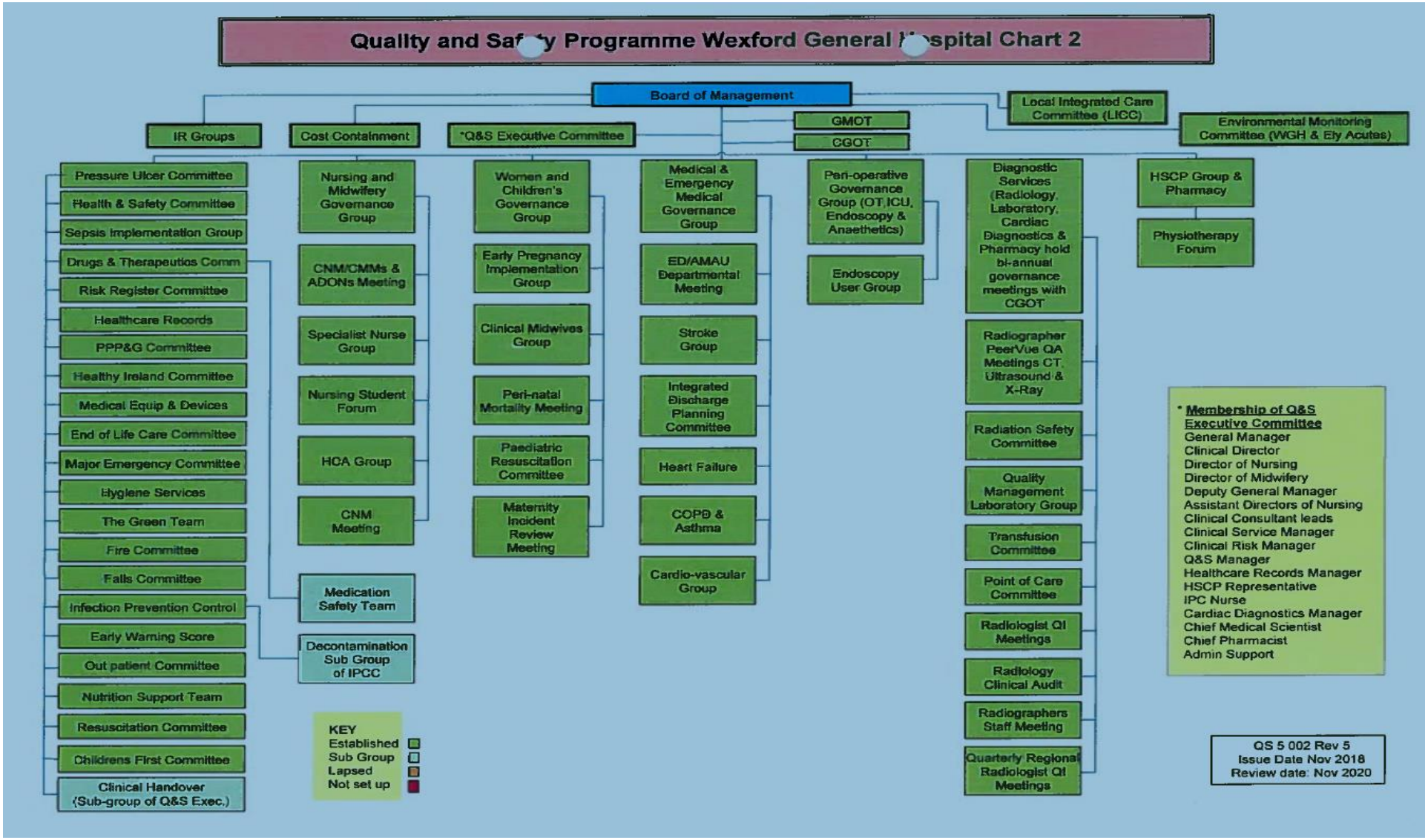
The hospital has the structures, systems and processes to detect, prevent, and manage multidrug-resistant organisms.

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: Hospital governance organogram



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