Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection at Nenagh Hospital.

Date of on-site inspection: 24 April 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 Nenagh Hospital by Authorised Persons from HIQA, Bairbre Moynihan, Kathryn Hanly and Agnella Craig on 24 April 2019 between 09.40hrs and 16.00hrs.

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.†

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,

* 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.

data and observed practice within the clinical environment in a sample of clinical areas which included:

- Medical 1 Ward
- ENT outpatients and Endoscopy.

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

Nenagh Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE) and is part of the University of Limerick Hospitals Group governance structure.

The hospital provides a range of services including inpatient medical unit, endoscopy, medical assessment unit, local injuries unit and a surgical day ward. The hospital has a bed capacity of 49 inpatient medical beds and 14 surgical day ward beds.

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:

- Sterile Services Department
- Endoscopy Reprocessing Unit
- Ear Nose and Throat clinic.

4.0 Inspection findings

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

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

4.1 Governance and management structures

4.1.1 Infection prevention and control programme

Inspectors found that there were formalised governance and management arrangements in relation to the prevention and control of healthcare-associated infection at Nenagh Hospital.

The hospital was managed on a day-to-day basis by an operational director of nursing who as part of the University of Limerick Hospitals Group directorate governance structure, reported to chief director of nursing and midwifery of the University of Limerick Hospitals Group.

The infection prevention and control programme at the hospital was provided by the infection prevention and control team based at University Hospital Limerick who reported to the University Hospital Limerick Hospitals Group Infection Control Committee. This committee in turn reported to the Groups Quality and Patient Safety Executive Committee (Qualsec) quarterly.

An infection prevention and control clinical nurse specialist based in University Hospital Limerick attended Nenagh Hospital for one day on alternate weeks. Outside of these hours infection prevention and control advice was provided by telephone or as required for management of urgent infection prevention and control issues.

The hospital had developed a quality improvement plan following the 2017 HIQA inspection. Hospital management was working to mitigate risks in respect of hospital infrastructure through gradual upgrading and ongoing refurbishment plans of existing facilities. For example inspectors were informed that an unused sink had been removed from the infusion room. Inspectors were informed that under phase 2 of the upgrade the Medical Assessment Unit will be moving and this will facilitate the construction of a dedicated preparation room for medications in the infusion room.

4.1.2 Decontamination and reprocessing of reusable medical devices

It was explained to inspectors that the University of Limerick Hospitals Group Decontamination Users Committee reported to the University of Limerick Hospitals Group Pan Directorate Decontamination Committee. Inspectors were informed that Nenagh Hospital was represented on both committees.

An organogram provided to inspectors (appendix 2) outlined that the Pan Directorate Decontamination Committee reported through the University of Limerick Hospitals Group Infection Control Committee (HICCM) to the Groups Quality and Patient Safety Executive Committee (Qualsec). However inspectors noted that there was ambiguity amongst staff with respect to these governance structures.

The responsibility for management of decontamination of critical and semi critical medical devices within an organisation should be clearly defined and clear lines of accountability throughout the organisation should be established in line with National Standards[1].

The hospital did not have an assigned decontamination lead and there was no group decontamination lead position in the University of Limerick Hospital Group. A leadership role in decontamination to drive and support the implementation of national and international best practice guidance across the group in line with HSE's own recommendations[3] should be advanced.

4.2 Monitoring, audit and evaluation systems including risk management

4.2.1 Monitoring, audit and evaluation systems

Infection prevention and control of healthcare-associated infection

The infection surveillance programme at the hospital included surveillance of:

- 'alert' organisms and 'alert' conditions[‡]
- multidrug-resistant organisms and healthcare-associated infection
- clusters or outbreaks of infection
- data reported to the European Antimicrobial Resistant Surveillance Network (EARS-Net)[§]
- enhanced colonisation and bloodstream infection surveillance
- new and recurrent enhanced hospital-acquired *Clostridium difficile* infection.

The hospital had an Infection Prevention and Control and Hygiene Services sub-committee in place. Local environmental and equipment audits were done monthly and peer review audits were done on a rotational basis. A hygiene services managers post is awaiting approval and this is on the hospital risk register. The lack of a hygiene supervisor had been highlighted in the 2017 HIQA report.

[‡] 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.*

Clostridum difficile

Documentation reviewed indicated that the hospital incidence of *Clostridium difficile* infection in August 2018 was 20.4 cases per 10,000 bed-days used. This figure is significantly higher than the desirable Health Service Executive (HSE) performance indicator for *Clostridum difficile* infection which is less than or equal to 2.5 cases per 10,000 bed-days used.

Ribotyping of samples taken from a small number of patients who acquired *Clostridium difficile* infection in the hospital indicated that the strains detected were found to be unrelated to each other. This would indicate that there was no evidence of cross infection between patients.

Documentation reviewed indicated that there was a 14% increase in broad spectrum penicillin use in Nenagh hospital for the first half of 2018 compared with 2017. Antimicrobial consumption contributes to the incidence of *Clostridium difficile* infection rates and therefore antimicrobial stewardship should be an important focus of any quality improvement plan to be implemented.[4]

Decontamination and reprocessing of reusable medical devices

The focus of this inspection was on decontamination facilities outside of a designated controlled decontamination unit. Inspectors also sought assurances in relation to monitoring and evaluation systems implemented in the sterile services department and decontamination facility in the Endoscopy Unit at the hospital.

Hospital management stated that decontamination and reprocessing equipment was maintained and validated to current standards in both decontamination facilities. However inspectors were informed that due to time constraints, weekly automated control tests[**] were not completed in the CSSD in line with hospital policy.

An authorised engineer for decontamination (AED)[††] had been appointed by the University of Limerick Hospital Group to oversee and audit technical aspects of the programme. In addition microbiological monitoring and testing of the environment within controlled areas including air, contact surfaces and water had been implemented in the sterile services department.

[**] Endoscope washer disinfectors automatic control test is performed to verify that the control instrumentation on the endoscope washer disinfector is working within validated parameters, such as time and temperature, using the machines own indicated measurements on the display.

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

Environmental hygiene audits were carried out by staff in all clinical areas and formed part of the management of environmental cleaning.

The hospital had an inventory of reusable medical devices and decontamination equipment used. However dates of purchase of all items were not included as recommended in line with national standards.

The national track and trace system[‡‡] using global asset identifier[§§] coding had been implemented in the endoscopy decontamination unit and in the sterile service department at the hospital.

Inspectors were informed that off-site contingency plans to cover decontamination service disruptions were in place for the sterile services department. However the plan reviewed by inspectors did not detail the hospitals group's capability to respond to incidents and disruptions of the service.

4.2.2 Risk management

The hospital had systems in place to identify and manage risk in relation to the prevention and control of healthcare-associated infections. Infection prevention and control risk assessments were provided to inspectors on the day of inspection. Risks on the risk register included:

- no onsite access to an infection prevention and control nurse
- no dedicated hygiene supervisor or hours dedicated to the implementation of standards on site
- lack of a clinical room in the infusion room for the preparation of medications
- lack of a sluice room in the infusion room.

The risks had been last reviewed in February 2019 and time bound actions identified to mitigate the risks. The operational director of nursing stated that risks that could not be effectively mitigated at a local hospital level were escalated to the hospital group through directorate risk management reporting structures.

Inspectors were informed that incidents were reported to the National Incident Management System.[***] Incident forms were completed if a patient acquired a healthcare-associated infection or if an isolation room wasn't available.

[‡‡] Electronic system tracking surgical instrument trays through the decontamination process, linking these devices to the patient on whom they have been used.

[§§] GS1 Individual Asset Identifier, in a barcode format, it uniquely identifies each instrument set and allows the set to be linked to a patient in theatre.

[***] 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 notes that the arrangements for the decontamination of the nasopharyngeal endoscope used in the Outpatients Department that are in place had been longstanding, and had been recorded on the hospital risk register. Risk assessments undertaken and control measures implemented in relation to decontamination and reprocessing-related issues included for example:

- use of manual chlorine dioxide multi-wipe system for nasopharyngeal endoscopes decontamination during the Ear Nose and Throat (ENT) clinic. The hospital reprocessed ENT endoscopes in an endoscope washer disinfectors in the Endoscopy Unit at the end of each list as an additional risk control measure whilst using high level decontamination manual multi-wipe systems. Sterile protective sheaths were also used. It was explained that this was an interim solution until an automated validated system was available for all nasopharyngeal endoscope decontamination. Inspectors were informed that prior to introducing automated decontamination for nasopharyngeal endoscopes, additional nasopharyngeal endoscopes would be required to maintain clinical service.
- absence of an automated cleaning process for transrectal ultrasound probes in the endoscopy department. Probes were decontaminated in a high level decontamination (HLD) soakage system in the interim prior to the implementation of an automated process.

The national medical devices eAlert system[†††] had been implemented at the hospital. Inspectors were informed that the operational director of nursing was responsible for internal hospital distribution to the relevant personnel for implementation of the recommended actions.

4.3 Implementation of evidence-based best practice

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

Medical 1 Ward was re-located to the newly built hospital wing which was opened in November 2018. Management stated that it was built to modern infection prevention and control specifications.

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

Evidence of good practice included:

Carbapenemase-Producing *Enterobacteriales* (CPE) management

- screening for CPE[‡‡‡] was being carried out in line with the latest national guidance[5]
- weekly audits of compliance with CPE screening.

Outbreaks of infection

- there had been no known outbreak of infection at the hospital in the preceding 12 months.

Standard and transmission infection control precautions[§§§]

- the new ward was generally clean with few exceptions
- inspectors were informed that cleaning resources had increased since the previous inspection and this was evident on Medical 1 Ward on the day of the inspection
- there was ongoing monitoring of environmental hygiene at the hospital whereby managers in clinical areas and departments were required to complete monthly audits, results of which were overseen by hospital management. Staff informed inspectors that the results of audits were communicated back to staff
- all patients requiring isolation on the day of inspection were appropriately isolated in single rooms
- single patient use blood pressure cuffs were in use.

Required areas for improvement:

CPE management

- inspectors were informed that patients with CPE were not cared for by dedicated nursing staff in line with national guidance[6]

[‡‡‡] Carbapenemase-Producing *Enterobacteriales* (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.

[§§§] Standard precautions are a set of protective measures that need to be used by all health and social care staff consistently in order to achieve a basic level of infection prevention and control. Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent infection transmission.

- management stated that the resources to implement rapid CPE testing was not available in the University of Limerick Hospital Group. Minutes from the Qualsec meeting confirmed this and that a business case had been completed
- a staff member was observed going into the room of a patient who was CPE positive without applying personal protective equipment
- there appeared to be ambiguity between staff on the ward as to whether patients admitted from long term care facilities were screened. Management informed inspectors that patients from long term care facilities were screened and that it was University of Limerick Hospital Group policy to screen in line with national guidelines.[5] Nursing admission assessment documentation reviewed by an inspector showed that there was a prompt under infection control to screen for patients from long term care facilities. Management need to ensure that staff have an awareness and knowledge about multidrug-resistant organisms such as CPE to maximise compliance and ensure appropriate management.

Screening and microbiological testing

- inspectors were informed patient screening for Vancomycin-resistant *enterococci* (VRE) was not in line with national guidance.[7]

Patient Placement

- on the day of the inspection, there were three extra patients in beds located on the corridor of Medical 1 Ward outside the door of a patient who was CPE positive. These patients did not have access to toilet facilities and used ensuite toilet facilities within single rooms. Furthermore the issue of overcrowding posed a potential risk of transmission of infectious pathogens.[8]

Standard and transmission infection control precautions[****]

- staff need ready access to clean personal protective equipment such as gloves. An inspector noted that access to PPE was hindered by equipment. This was brought to the attention of management on the day
- doors to some rooms of patients requiring transmission-based precautions were noted by inspectors to be open
- signage to communicate isolation precautions was not always in place

[****] Standard precautions are a set of protective measures that need to be used by all health and social care staff consistently in order to achieve a basic level of infection prevention and control. Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent infection transmission

- a breakdown of hand hygiene training attended by each staff group showed that attendance of medical staff and administration staff was considerably lower than other staff groups.

Environmental and equipment hygiene

- hospital environmental and equipment audits results for the last twelve months reviewed by inspectors showed varying results ranging from 81%-100%. Minutes reviewed by inspectors of the Infection Prevention and Control and Hygiene Services sub-committee highlighted issues in the endoscopy unit with cleaning resources. This was reflected in the hygiene results which ranged 81%-85%. This needs to be addressed by management
- a green tagging system to alert staff as to when equipment had been last cleaned was in use. Inspectors found that this was not used consistently on Medical 1 Ward. For example a trolley noted to be in use by inspectors had a green tag in place with a date from 21 April 2019
- intravenous trays were not cleaned effectively after each patient use. Black debris was noted by inspectors underneath the sharps box on every intravenous tray inspected
- bedpans were not reprocessed in line with best practice (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).

Antimicrobial stewardship

The hospital had an antimicrobial stewardship programme in place which was co-ordinated by a multidisciplinary antimicrobial stewardship team based in University Hospital Limerick. There was evidence that antimicrobial stewardship initiatives implemented to date had led to the reduction in consumption of carbapenem†††† antibiotics in Nenagh Hospital. A review of the University of Limerick Hospitals Group 2018 antimicrobial stewardship annual report stated that carbapenem consumption reduced by 26% for the first half of 2018 compared with 2017.

National guidelines[9] recommend that hospitals have a process in place to facilitate pre-authorisation for the use of all carbapenem antibiotics by an infection specialist (Consultant or Specialist Registrar in Clinical Microbiology or Infectious Diseases). However preauthorisation from a Consultant Microbiologist was not essential in Nenagh Hospital. The hospital needs to review the current approach to restrictive prescribing rights.

†††† The carbapenem group of antibiotics including meropenem, and ertapenem are broad spectrum antimicrobials. In recent years, resistance to this group of antibiotics is increasing, and of concern locally and globally due to the rapid spread of CPE (Carbapenem Producing *Enterobacteriaceae*).

4.3.2 Decontamination and reprocessing of reusable medical devices

Out-Patient Department

An inspector visited the out-patient clinic (OPD) to review structures, systems and processes for nasopharyngeal endoscope decontamination. Nasopharyngeal endoscopes are considered semi critical‡‡‡‡ medical devices for which the risk of infection is intermediate and for which high-level disinfection is required.[10]

The facilities and procedures for the decontamination for nasopharyngeal endoscope decontamination within the department did not meet the standards outlined in HSE Standards and Recommended Practices for Endoscope Reprocessing Units.[13]

Nasopharyngeal endoscopes were decontaminated at point-of-use in the outpatients department using a manual chlorine dioxide multi-wipe system between uses in the ENT clinic. Inspectors were informed that a local risk assessment was performed in line with national guidance. Sterile protective sheaths were also used.

Inspectors were informed that the nasopharyngeal endoscope was sent to the endoscopy department for reprocessing in an automated endoscope reprocessor at the end of each patient list. Following decontamination, nasopharyngeal endoscopes were stored in the endoscopy department and were reprocessed in the automated endoscope reprocessor. Nasopharyngeal endoscopes were reprocessed again immediately prior to the next scheduled ENT clinic.

It was explained that this was an interim solution until an automated validated system was available for all nasopharyngeal endoscope decontamination. Inspectors were informed that prior to introducing automated decontamination for nasopharyngeal endoscopes, additional nasopharyngeal endoscopes would be required to maintain clinical service. However, there was no agreed funding or timeframe for this development at the time of this inspection.

Policies, procedures and guidelines

Inspectors were informed that the hospital did not have a guideline for the decontamination of nasopharyngeal endoscopes.

Current HSE policy states that hospital policies, procedures and guidelines should be reviewed every three years.[11] Inspectors were informed that the majority of policies, procedures, protocols and guidelines related to decontamination were due for review at the time of the inspection.

‡‡‡‡ Semi-critical items: Items in contact with mucous membranes or non-intact skin.

Inspectors were also informed that hospital guidelines were due to be updated to reflect the latest national Protocol for reporting and management of cases of Creutzfeldt Jakob Disease (CJD) and other transmissible spongiform encephalopathies (TSEs) or of a person at increased risk of a TSE.[12]

4.3.3 Staff training, education and competency in relation to decontamination practices

In line with HSE's recommendations, the majority of staff in both the endoscopy decontamination unit and sterile services department had completed or were in the process of undertaking an academic third level qualification in decontamination practices and sterile services.

Technical and user training was provided by the manufacturers of manual chlorine dioxide multi-wipe system and training records were maintained. All staff in the outpatients department had completed online training for the use of the manual chlorine dioxide multi-wipe system for nasopharyngeal endoscope disinfection. §§§§

Nasopharyngeal endoscopes were decontaminated at point of care using a manual chlorine dioxide multi-wipe system. However a validated automated system for decontaminating reusable medical devices is best practice.[13] In the absence of an automated validated process for decontamination of nasopharyngeal endoscopes, the hospital should ensure that training for staff in relation to decontamination of nasopharyngeal endoscopes is underpinned by a competency assessment to assure that all steps are being conducted thoroughly and accurately.

Inspectors were informed that relevant staff had also completed chemical safety training at the hospital.

§§§§ Manual disinfection system with wipes uses one wipe for the high-level disinfection process, a wipe for the pre-disinfection cleaning step and one for the post disinfection rinsing step.

5.0 Conclusion

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

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 *Enterobacteriales* (CPE) in Ireland. The National Public Health Emergency Team developed guidelines for screening of patients' for CPE in the Acute Hospital Sector. Nenagh Hospital was screening for CPE in line with national guidance.[5]

Inspectors found that overall leadership, governance and management arrangements were in place for the infection prevention and control programme within the University of Limerick Hospitals Group governance structure. 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:

- compliance with national CPE screening guidelines
- the newly built hospital ward which was built to modern infection prevention and control specifications.

Notwithstanding the many good practices that HIQA identified during the inspection, areas for further improvement include:

- oversight of equipment hygiene
- increased awareness and knowledge about multidrug-resistant organisms such as CPE are required by all healthcare staff.

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

National standards[1] recommend that governance and communication arrangements need to be clearly defined and communicated to relevant staff to ensure that there is clarity on individual roles and responsibilities in addition to reporting lines and accountability. In line with national guidance, the hospital needs to ensure that a designated person with responsibility for reusable medical device reprocessing within Nenagh Hospital is in place.

The hospital should now review the facilities, processes and practices relating to the reprocessing of reusable critical and semi-critical medical devices to determine compliance with the current standards and to assure itself that infection control risks are appropriately managed, minimised or mitigated. The management of critical and semi-critical reusable medical device decontamination should be supported by clear procedural guidance relevant to the operational area.

The hospital must ensure staff have access to locally developed or adapted policies, procedures and guidelines to guide clinical staff in the decontamination of reusable medical devices.

Nenagh Hospital, as a member of the University of Limerick Hospitals Group needs to be supported within group and national structures to effectively address issues in relation to decontamination and reprocessing of reusable medical devices in order to comply with the National Standards[1] and other national decontamination standards.

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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

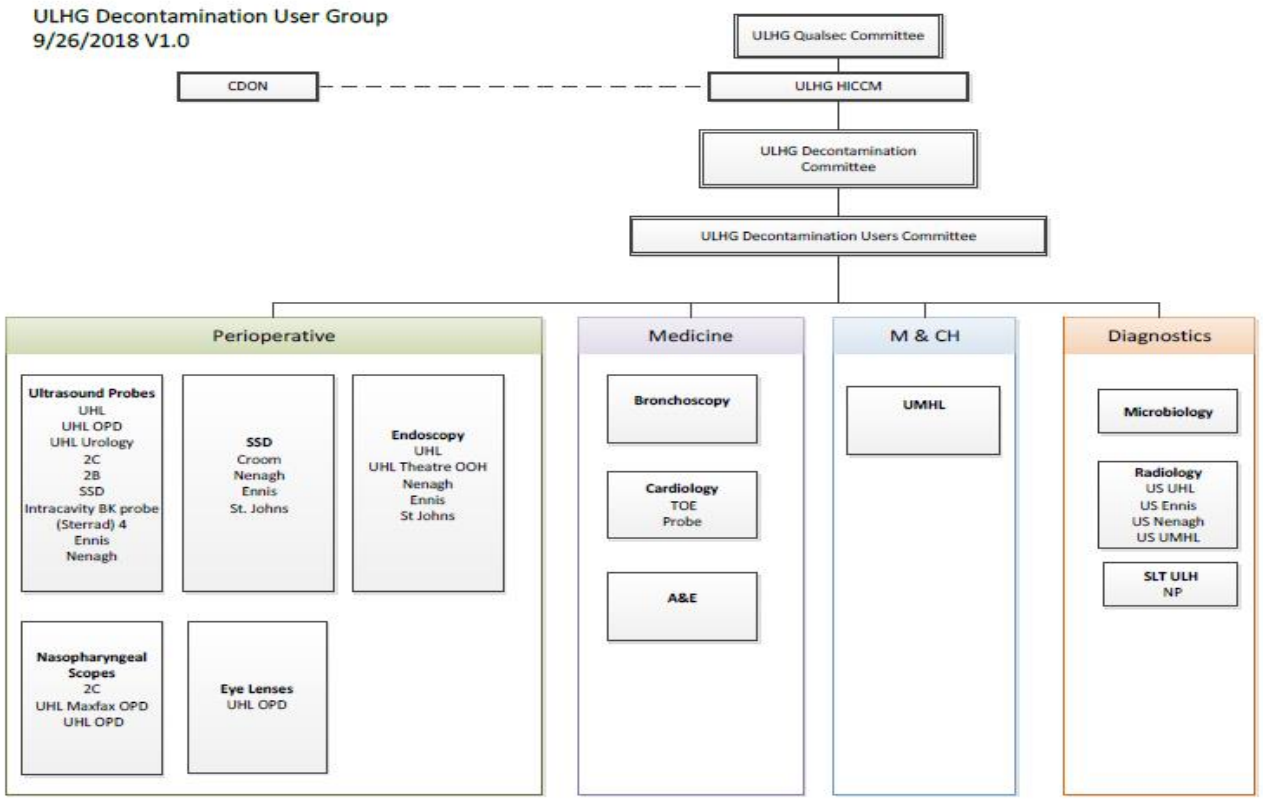
The hospital has the structures, systems and processes to detect, prevent, and manage multidrug-resistant organisms.

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 Decontamination Governance Organogram



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