

**Lake Cumberland Regional Hospital, LLC**

**Program Name :** Hospital

**Tracer: Decontamination**

**Observation Header for Tracer: Decontamination**

|                                |  |
|--------------------------------|--|
| <b>Observation Title:</b>      |  |
| <b>Department Name:</b>        |  |
| <b>Survey Team:</b>            |  |
| <b>Date Started:</b>           |  |
| <b>Medical Staff Involved:</b> |  |
| <b>Staff Interviewed:</b>      |  |
| <b>Location:</b>               |  |
| <b>Medical Record Number:</b>  |  |
| <b>Equipment Observed:</b>     |  |
| <b>Contracted Services:</b>    |  |

**Notes:**

**Questions for Tracer: Decontamination**

**1 What types of equipment are used in this department and what is the process for cleaning that equipment?**

|                                      |                           |               |
|--------------------------------------|---------------------------|---------------|
| <b>Result:</b>                       | <b>Follow up:</b>         | <b>Notes:</b> |
| <input type="radio"/> Compliant      | <input type="radio"/> Yes |               |
| <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
| <input type="radio"/> Not-applicable |                           |               |
| <b>Num: _____ Den: _____</b>         |                           |               |

**2 Who is responsible to clean the equipment you described?**

|                                      |                           |               |
|--------------------------------------|---------------------------|---------------|
| <b>Result:</b>                       | <b>Follow up:</b>         | <b>Notes:</b> |
| <input type="radio"/> Compliant      | <input type="radio"/> Yes |               |
| <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
| <input type="radio"/> Not-applicable |                           |               |
| <b>Num: _____ Den: _____</b>         |                           |               |

**3 Where is patient care equipment stored?**

|                                      |                           |               |
|--------------------------------------|---------------------------|---------------|
| <b>Result:</b>                       | <b>Follow up:</b>         | <b>Notes:</b> |
| <input type="radio"/> Compliant      | <input type="radio"/> Yes |               |
| <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
| <input type="radio"/> Not-applicable |                           |               |
| <b>Num: _____ Den: _____</b>         |                           |               |

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|          |  |                           |               |
|----------|--|---------------------------|---------------|
| <b>4</b> | <b>How would I know if a piece of equipment not currently in use is clean or contaminated?</b>           |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|          | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|          | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|          | <input type="radio"/> Not-applicable   |                           |               |
|          | Num: _____ Den: _____  |                           |               |
| <b>5</b> | <b>How did you learn about the process for cleaning patient care equipment?</b>                          |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|          | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|          | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|          | <input type="radio"/> Not-applicable   |                           |               |
|          | Num: _____ Den: _____  |                           |               |
| <b>6</b> | <b>Does the process for cleaning patient care equipment for patients in isolation differ in any way?</b> |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|          | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|          | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|          | <input type="radio"/> Not-applicable   |                           |               |
|          | Num: _____ Den: _____  |                           |               |
| <b>7</b> | <b>if any Personal Protective Equipment (PPE) is used when cleaning equipment?</b>                       |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|          | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|          | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|          | <input type="radio"/> Not-applicable   |                           |               |
|          | Num: _____ Den: _____  |                           |               |
| <b>8</b> | <b>Where are the supplies used to clean patient care equipment stored?</b>                               |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|          | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|          | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|          | <input type="radio"/> Not-applicable   |                           |               |
|          | Num: _____ Den: _____  |                           |               |
| <b>9</b> | <b>Do you perform any high level disinfection in this department?</b>                                    |                           |               |
|          | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |

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|  |                                      |                           |  |
|--|--------------------------------------|---------------------------|--|
|  | <input type="radio"/> Compliant      | <input type="radio"/> Yes |  |
|  | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |  |
|  | <input type="radio"/> Not-applicable |                           |  |
|  | Num: _____ Den: _____                |                           |  |

|           |   |                           |               |
|-----------|---|---------------------------|---------------|
| <b>10</b> | <b>How does this department perform relative to hand hygiene?</b> |                           |               |
|           | <b>Result:</b>  | <b>Follow up:</b>         | <b>Notes:</b> |
|           | <input type="radio"/> Compliant                                   | <input type="radio"/> Yes |               |
|           | <input type="radio"/> Non-compliant                               | <input type="radio"/> No  |               |
|           | <input type="radio"/> Not-applicable                              |                           |               |
|           | Num: _____ Den: _____   |                           |               |

|           |  |                           |               |
|-----------|--|---------------------------|---------------|
| <b>11</b> | <b>Are you aware of any hospital acquired infections in this department?</b> |                           |               |
|           | <b>Result:</b>   | <b>Follow up:</b>         | <b>Notes:</b> |
|           | <input type="radio"/> Compliant  | <input type="radio"/> Yes |               |
|           | <input type="radio"/> Non-compliant  | <input type="radio"/> No  |               |
|           | <input type="radio"/> Not-applicable   |                           |               |
|           | Num: _____ Den: _____  |                           |               |