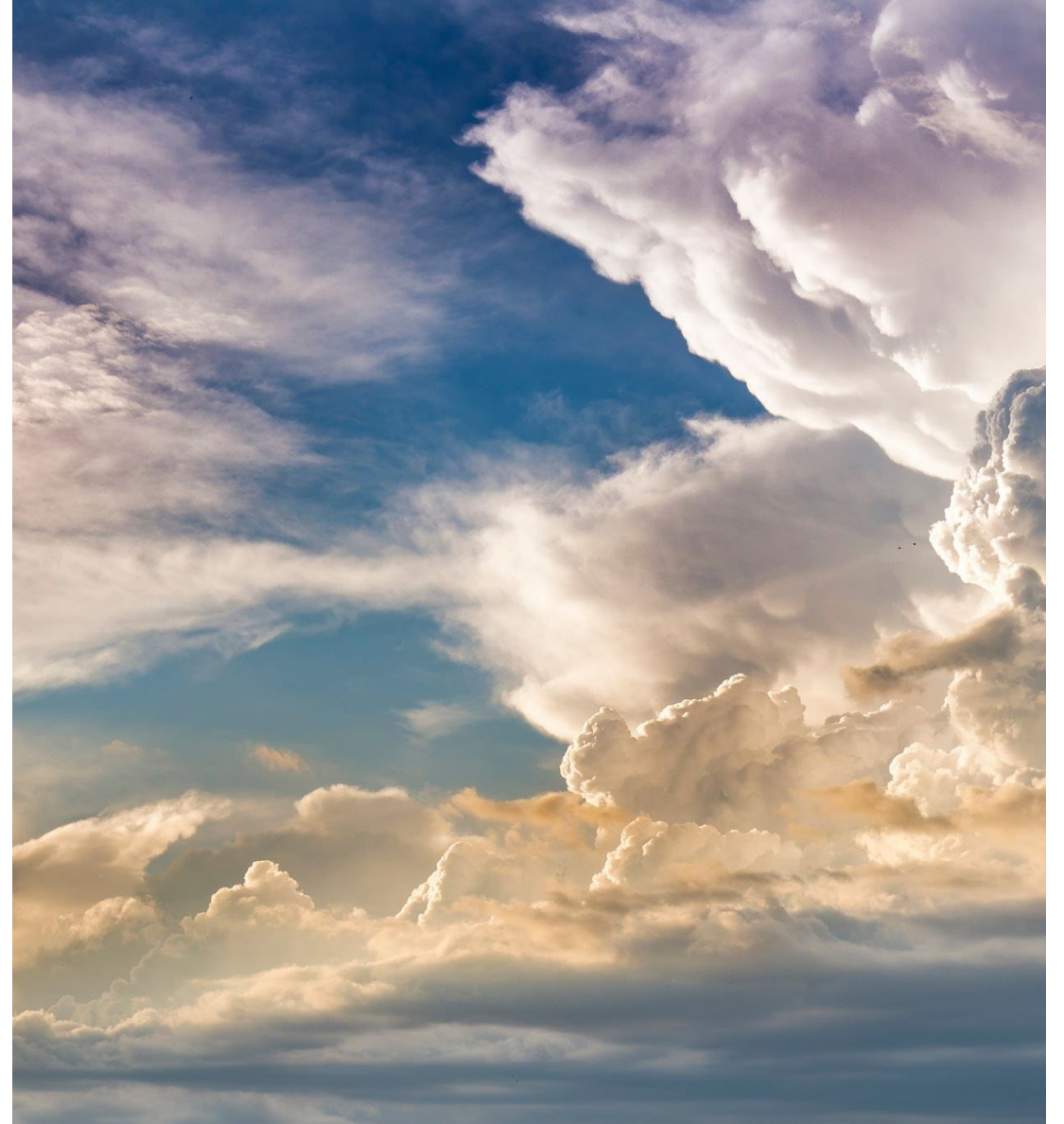


The High Stakes of Service Excellence in SPD

Monique LJe lks, MSOL, BA,
CRCST



Objectives

- ❑ Explain the challenges of a high performing sterile processing department.
- ❑ Discuss the complexity of regulations and recommendations that govern sterile processing.
- ❑ Describe ways in which sterile processing professionals overcome obstacles to provide safe patient care.



It's Going to be a Great Day!

- ✓ It's 6:30 am
- ✓ All case carts are complete
- ✓ All priority and loaner trays are sterilized
- ✓ End of shift report is documented
- ✓ No one called off work
- ✓ Ready for 7 am huddle!



It's Huddle Time!

- 7:05 am huddle starts. It's going to be a great day everybody!
- 7:07 am OR charge calls. Dr Bellyworks is changing the procedure of his 2pm case and is moving it to 8am. The required instruments are not sterile.
- 7:10 am L&D calls. They had a birth-a-thon last night and forgot to bring the dirty trays to decontam. They have no sterile delivery trays and there is one more mother due on the unit.
- 7:25 am Vendor rep rings the CS doorbell and presents a unique implant for one of the neuro patients. The implant need to be processed today for a 10am surgery start time. He has no IFU to give you.



EVERY DAY I'M HUSTLING



The CS Great Day Prayer

Dear Lord,

Thank you for trusting me to keep patients safe. Everyday in my CS department my team and I work extremely hard to provide the right instruments and right supplies for the right patient with nothing left behind. We meticulously clean back in decontam. We thoroughly inspect instruments before moving forward with sterilization. Every process step is critical, yet we are often asked to perform the most backward process that go against policy, professional standards, IFUs even the law. Communicating the right way to provide safe reprocessing is often met with push back and we are left to make quick decisions with the hope we are doing right by the patient.

Lord, we ask with all gratefulness for the wisdom to communicate and the mind to reprocess the right way ensuring no patient is left without safe surgical instruments. Last Lord help us to have a great day, so we don't get behind.

Amen!

When Quick Decisions are Required; Deviating from standards is Risky.

Often Requested Deviations by patient care providers:

1. *Just flash it (IUSS)*
2. *Just wash by hand, don't put it in the washer*
3. *Put it in the Sterrad machine*





Instructions for Use



CS/SPD must follow standards that keep patients safe

- ❖ Legal requirements
- ❖ Manufacture's Instructions for Use (IFU)
- ❖ Professional recommendations
- ❖ Hospital policy and procedures

Legal Requirements

- Uses. Flash sterilization is considered acceptable for processing cleaned patient-care items that cannot be packaged, sterilized, and stored before use. It also is used when there is insufficient time to sterilize an item by the preferred package method. Flash sterilization should not be used for reasons of convenience, as an alternative to purchasing additional instrument sets, or to save time. Because of the potential for serious infections, flash sterilization is not recommended for implantable devices (i.e., devices placed into a surgically or naturally formed cavity of the human body); however, flash sterilization may be unavoidable for some devices (e.g., orthopedic screw, plates). If flash sterilization of an implantable device is unavoidable, recordkeeping (i.e., load identification, patient's name/hospital identifier, and biological indicator result) is essential for epidemiological tracking (e.g., of surgical site infection, tracing results of biological indicators to patients who received the item to document sterility), and for an assessment of the reliability of the sterilization process (e.g., evaluation of biological monitoring records and sterilization maintenance records noting preventive maintenance and repairs with dates).

Accessible version: <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>



Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Update: May 2019

William A. Rutala, Ph.D., M.P.H.^{1,2}, David J. Weber, M.D., M.P.H.^{1,2}, and the Healthcare Infection Control Practices Advisory Committee (HICPAC)³

¹Hospital Epidemiology
University of North Carolina Health Care System
Chapel Hill, NC 27514

²Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7030

Manufacture Requirements

The challenge when you can't Google the IFU and the hospital doesn't have a contract with IFU data collectors.....

- Where is the English language?
- The print is too small.
- Time consuming to find what you need.
- Only provides steam information not Sterrad.



Professional Recommendations



- 6.3 Point-of-use care and handling of contaminated items

Delayed decontamination processes can cause the formation of biofilm that make it difficult to remove microorganisms by ordinary cleaning methods...

- 7.6.4.3 Mechanical cleaning, disinfection...

Mechanical cleaning methods minimize personnel risk of cross-contamination, improve cleaning effectiveness, increase productivity...

Policy & Procedures

The hospital / department policy must rule every decision.

1.1 Vendor provided instruments / medical device delivery Process:

a. Vendors are required to deliver instruments / devices no sooner than 48 hours prior to the scheduled surgery date.



**HOSPITAL-WIDE POLICIES
& PROCEDURES**

A person wearing a white lab coat is shown from the chest down, dropping two dice onto a green pool table. The dice are red with white pips. The background is dark with many out-of-focus, warm-toned bokeh lights. The text "How do CS professionals keep Patients Safe Everyday?" is overlaid on the right side of the image in a white, serif font.

How do CS
professionals
keep Patients
Safe Everyday?

Dr Bellywork's Patient Wins!

Situation: Dr Bellyworks moved his 5pm case up to 8am. The instruments listed on the pick ticket are not sterile.

Request: OR charge RN want the instruments placed in the IUSS sterilizer.

Plan of Action: Determine how long it will take to process the trays and who will assemble them. Identify alternative instrument trays similar to what is on the pick ticket.

Communicate: Legally (CDC) and per hospital policy we can not IUSS if the case is not urgent or an emergency. We have two options. 1. Provide the patient with Dr. Gut's special abdominal tray and a laparotomy II, which only contains retractors. 2. Assemble and sterilize the trays required on the pick ticket which will take 3 hours.

ETA: We will have the trays to room 8 in 5min.





L&D Patients Must Win!

Situation: No delivery trays in L&D. Trays from previous day were not delivered to CS decontam.

Request: L&D ask that we hand wash a few trays to avoid the washer time.

Plan of Action: AAMI recommends advanced cleaning methods when decontamination is delayed. Provide L&D with a vaginal hysterectomy tray until the trays are processed.

Communicate: Due to the delayed decontamination, it is necessary that we preform advanced cleaning methods (AAMI). We are going to provide you with a vaginal hysterectomy tray which has everything you need for one patient. We have a team prioritizing the reprocessing of all the delivery trays that just arrived.

ETA: We will have the sterile trays returned to L&D by 12 noon

The Implant Patient Wins!

Situation: Unique implant for a neuro, surgeon's patient was delivered to CS without an IFU.

Request: Vendor states implant must be sterile and ready by 10 am and that it's a 3D printed implant that can be placed in the Sterrad.

Plan of Action: Contact Infection Prevention (IP) to help provide direction for 3D printed medical devices. Immediately call the OR to communicate the potential delay due to delivery time without sufficient instructions for reprocessing.

Communicate: With the help of our IP, we are able to process the 3D printed device in the Sterrad after we clean it.

ETA: We will have the 3D printed implant ready for the patient at 10am.



Let's Review

- ✓ The Patient Must Win!
- ✓ Make the safest, not the fastest decision to keep the patient safe.
- ✓ Follow regulatory standards, IFU, professional recommendations, and your hospital policy.
- ✓ Communicate your actions succinctly with those who are taking care of patients.
- ✓ Provide expected time of arrival / availability of instruments.



**Thank You, CS
Professionals for
Keeping Patients
Safe.....**



**IT'S GONNABE
A GREAT DAY.**