STERILE PROCESSING & INFECTION PREVENTION: A DYNAMIC DUO

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OBJECTIVES

Identify	Identify ways to help familiarize infection preventionists with sterile processing workflows, tools, equipment, and culture.
Examine	Examine critical areas for risk assessments and survey prep.
Develop	Develop strategies to enhance collaboration between sterile processing and infection prevention.

INFECTION PREVENTIONISTS

WHO ARE THEY?

- Where do they come from?
- What are they focused on?
- What resources do they use?
- What is challenging to them about Sterile Processing?

ACTIVITY

WHAT IS INFECTION PREVENTION'S ROLE IN STERILE PROCESSING?

RISK ASSESSMENTS

WHAT IS A RISK ASSESSMENT?

- Vague term that's often the answer to difficult questions
- Written into our guidance documents, accreditation standards, and evidence-based standards to perform:
  - When you can't resolve an IFU
  - When you're not sure what to do because there is no guideline
  - Annually

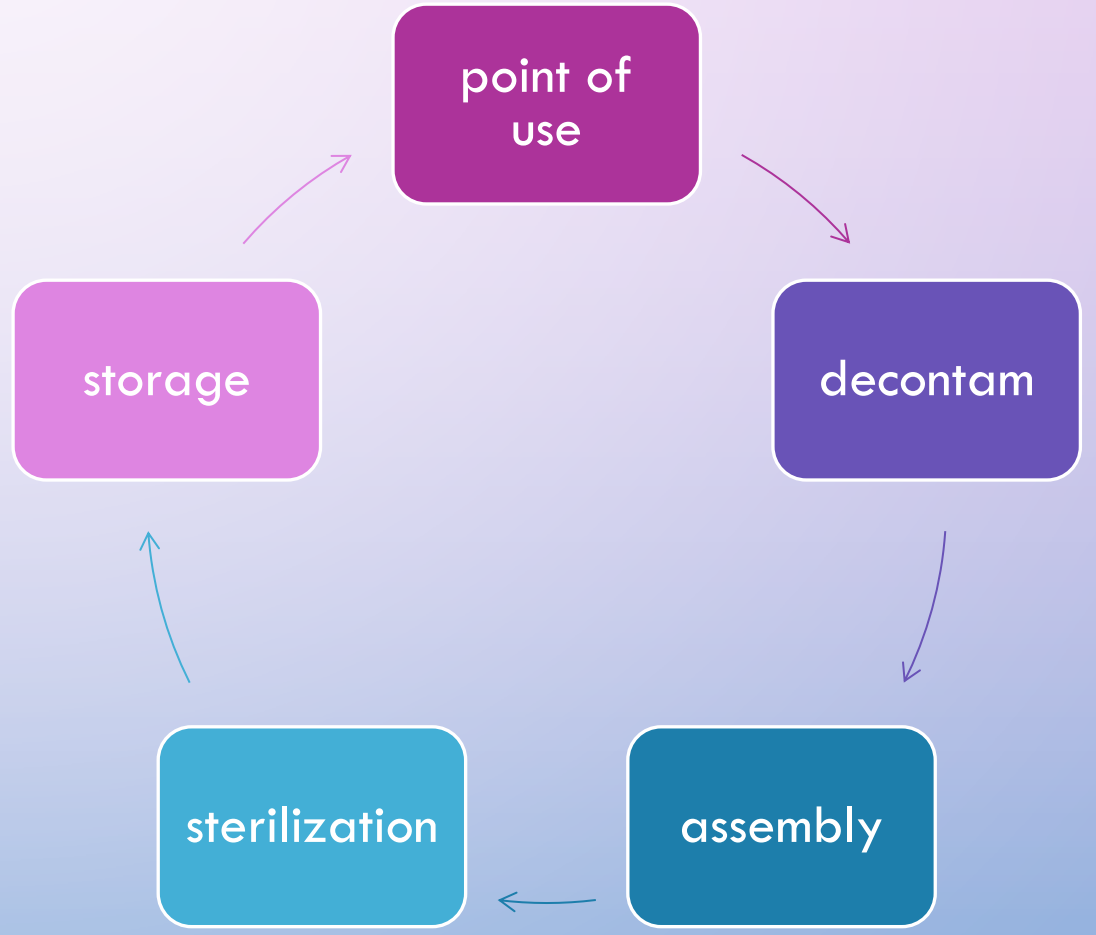
HOW TO PERFORM A RISK ASSESSMENT

A risk assessment identifies:

- which sterilization failures could occur
- The mode in which the process, equipment, or tools could fail to perform as intended
- Consequences of that failure
- The preparedness of the hospital if the failure occurs

GENERAL STERILE PROCESSING RISK ASSESSMENT

- Compile the list of possible failures starting at point of use, through reprocessing steps, and ending when the item is used for patient care



HEALTHCARE FAILURE MODE AND EFFECT ANALYSIS

- Define the Topic
- Assemble a Cross Functional Team
  - Team must be multidisciplinary
- Describe the Process
  - Create a Process Flow Chart or Diagram
  - Select a portion of the Process Flow Chart to be the focus (if complex process)
- Conduct the Healthcare FMEA
- Determine Actions and Outcome Measures

RISK ASSESSMENT SCORING

For each failure mode identified, a scoring system should be developed for the following:

- Probability of occurrence
- Potential Severity of occurrence
- Likelihood of an undetected failure

Q-1

Healthcare FMEA – Severity & Probability

Severity Guidelines

Catastrophic Event	Major Event	Moderate Event	Minor Event
-Patient death or permanent loss of function	-Patient has permanent lessening of bodily function / disfigurement	-Patient has increased length of stay	-No patient injury / level of care needed
-Procedure on wrong patient / body part	-Surgical intervention required	-Increased level of care for 1-2 patients	-Evalution and no treatment required / refused treatment for visitor
-Infant abduction / discharge to wrong family	-Increased length of stay / care for ≥ 3 patients	-Evaluation + treatment for 1-2 visitors / staff	-First aid treatment for staff
-Death of visitor / staff	-Hospitalization for 1-2 visitors / staff	-Restricted duty / lost time for 1-2 staff	-Equipment Damage < $10,000
-Hospitalization for ≥ 3 visitors / staff	-Restricted duty / lost time for ≥ 3 staff	-Equipment Damage > $10,000	
-Equipment Damage ≥ $250,000	-Equipment Damage ≥ $100,000		

Probability Guidelines

Frequent	Occassional	Uncommon	Remote
-Likely to occur immediately or within a short period (may happen several times in one year)	-Probably will occur (may happen several times in 1 to 2 years)	-Possible to occur (may happen sometime in 2 to 5 years)	-Unlikely to occur (may happen sometime in 5 to 30 years)

CSSD Risk Assessment on Flexible Endoscope Storage after HLD					
Topic/Issue Scoring: 3- High 2- Medium 1- Low 0- None	**Probability of Occurrence**	**Potential Severity or Risk of Failure**	**Likelihood of an Undetected Failure**	**Preparedness**	**Risk Score**
Cleaning					
Cleaning verification is not performed after each scope is cleaned	1	3	3	2	9
The correct amount of flush is not performed	3	3	1	2	9
The wrong detergent is used	3	3	1	2	9
The disinfectant is not tested for MEC	2	3	3	2	10
Transport					
After HLD scopes are transported in open containers	1	2	1	1	5
Scopes are handled without gloved hands	2	2	3	2	9

From HPN, December 2016: "Worth The Risk Assessment!", Sue Klacik

RISK MANAGEMENT

- After risk assessment is performed, risk management can begin
- Develop ideas to reduce or eliminate risk - Involve frontline technicians
- Remove barriers and obstacles

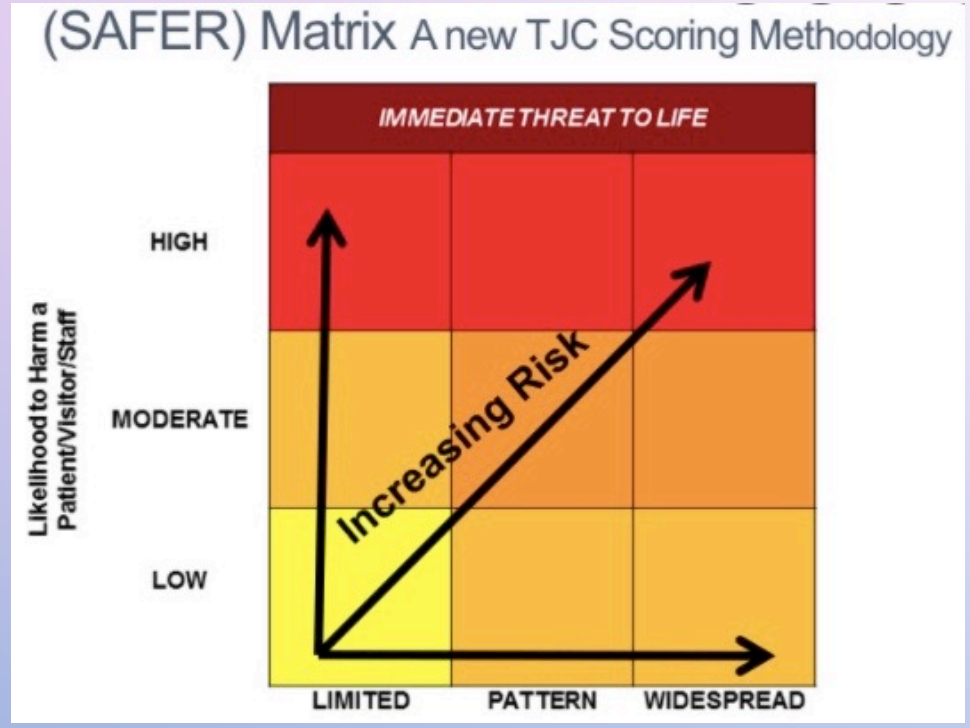
Risk: Scopes are not completely dried when stored		
Suggested Resolution	**Rating**	**Action Taken**
Increase the amount of time instrument air is used to dry the scopes	7	Change dry time to 8 minutes
Contact manufacturer for advice	7	Contacted manufacturer, no further advice
Use more alcohol to dry scopes	2	Manufacturer did not recommend this solution
Use drying cabinets	7	Reviewing types of drying cabinets
Use a boroscope	3	Reviewing types of boroscopes

SURVEY PREP

SURVEY PREP PRACTICE

- Survey prep is the perfect time to build relationships and confidence
- Resources for scoring online
- Infection Prevention should have access to accreditation scoring language

JOINT COMMISSION SAFER MATRIX SCORING



SAFER Matrix Placement

SAFER Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED, HIGH/PATTERN, HIGH/WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC) • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE / PATTERN, MODERATE/ WIDESPREAD	
MODERATE / LIMITED, LOW / PATTERN, LOW / WIDESPREAD	• 60 day Evidence of Standards Compliance (ESC)
LOW/LIMITED	

ACTIVITY

ROLE PLAY WITH A PARTNER

PARTNER 1: STERILE PROCESSING MANAGER

PARTNER 2: OR MANAGER

Part 1

A sterile processing technician working in decontam opened a container to find instruments with dried blood and a knife handle with a blade still attached. The technician calls the Sterile Processing leader and informs them of the situation and says this happens “all the time.”

With your partner, discuss your concerns from your respective department.

Part 2

You and your partner are infection preventionists that are approached with this problem by one or both leaders. Work together to develop a plan to help the departments become compliant with evidence-based guidelines.

BUILDING A PARTNERSHIP

WHAT DOES A SUCCESSFUL STERILE PROCESSING AND INFECTION PREVENTION PARTNERSHIP LOOK LIKE?

- Respect for each other's role in infection prevention and patient safety
- Acknowledging each other's expertise
- Transparency
- Accepting of feedback for improvement

STRATEGIES

- Invite your IP into your department for a tour
  - Share what you're working on
  - Be transparent about areas where you want assistance
- Schedule survey prep
- Perform risk assessments together

NAVIGATING UNCHARTED TERRITORY

N95 REPROCESSING

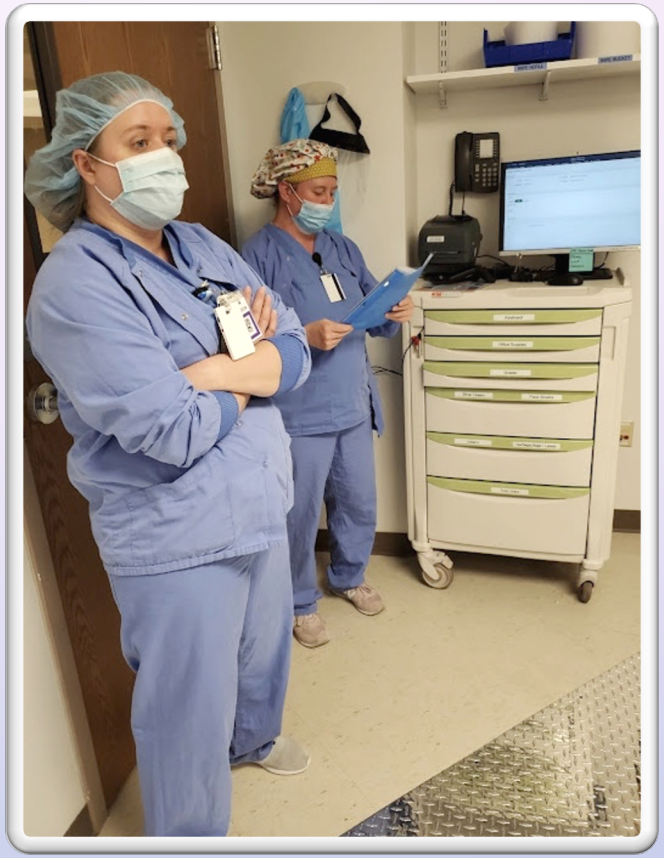
- Concept went against everything we believed
- Fear of handling masks
- Distrust that it was safe or effective

INTERNAL RISK ASSESSMENT

- So much research
- Based on research, decided to utilize germicidal uv light and remodel a storage room
- More research and planning
  - Exposure time
  - Dosage
  - Safety

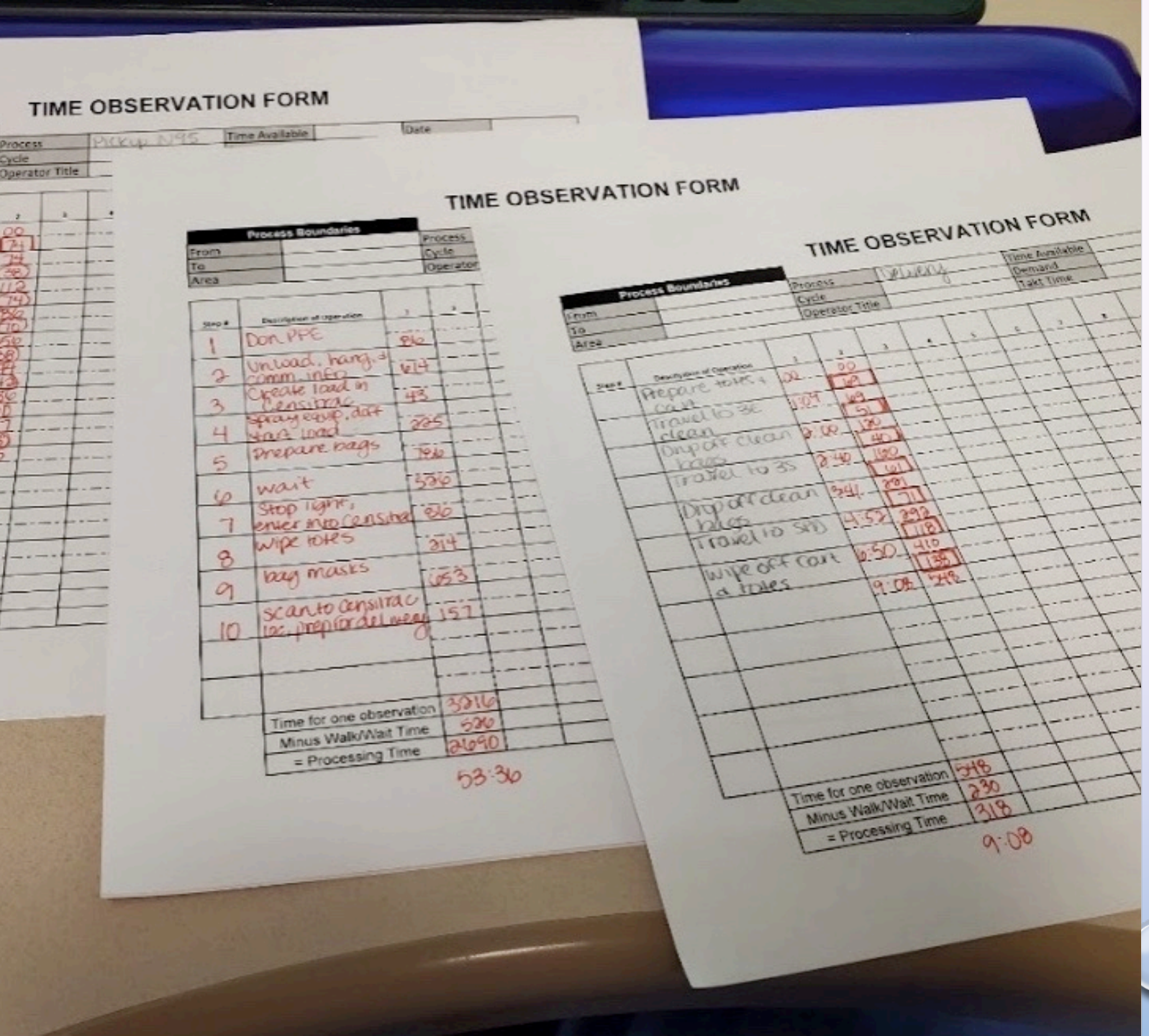
PROCESS DESIGN

- DESIGNED ON PAPER
- WALK THROUGH PROCESS STEP BY STEP FOR VERIFICATION



PROCESS DESIGN

- Walked through each step of the process with a team
- Each member had an opportunity to provide feedback – every person involved contributed to a tweak in the process
- Process was revised multiple times before training techs



IMPACT

- Important to understand how a new process will affect your resources
- Labor, equipment, etc.
- Have a plan in place before agreeing to take on services

FINAL RISK ASSESSMENT

- Invited group of key stakeholders to walk through the process together
  - Infection Prevention, Safety, Risk, Infectious Disease Unit Manager, Construction Services
- Team identified additional ideas around safety and signage

SUMMARY

- INFECTION PREVENTIONISTS COME FROM MANY DIFFERENT BACKGROUNDS AND VARIED AREAS OF EXPERTISE
- RISK ASSESSMENTS ARE A CRUCIAL COMPONENT TO EFFECTIVE PROCESSES AND SAFETY
- COLLABORATION BETWEEN STERILE PROCESSING AND INFECTION PREVENTION WILL HELP IN GAINING ANOTHER ALLY TO GET THE RESOURCES YOU NEED

QUESTIONS?