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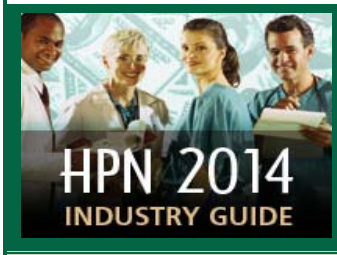
June Cover Story

IP strategies magnify new tech, team efforts as facilities zero in on HAIs



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CS Solutions

Questions can be sent to:jakridge@hpnonline.com

called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to:

HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231

Names and hospital identification will be withheld upon request.

IUSS containers, dirty floors, Standards of Practice

by Ray Taurasi

Q I am the manager of Infection Control and Prevention. The Sterile Processing manager at my hospital is considering switching to a new immediate-use steam sterilization (IUSS) closed containment device, which has a 30 day sterile shelf life, for the sterilization of all of our surgical instrument sets and loaner instruments. She claims that by flashing (immediate use) everything in advance in the OR we can decrease our instrument inventory and better allocate and control SPD staffing. I do not want to be closed minded to new technology but I am very skeptical about this change in IUSS and I am concerned about storing wet instruments. Do you think this is something we should be doing?

A While not knowing the specific device you are speaking of, in general, I am a believer that we must keep an open mind to new technologies and be receptive to the changes they may bring to practice. That said, as users, we must become well informed and educated on any new technology, and every detail must be carefully assessed and analyzed. All technical data, IFUs, validations and related documents must be obtained read, understood and verified. Obtain the appropriate FDA 510K and

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premarket clearance documents if applicable. Consider the following:

- Do all documents support and correlate with the manufacturer's claims?
- Why would you want or need to use IUSS process when you plan to store an item? Wouldn't conventional terminal sterilization be more appropriate?
- Does the IFU comply with the recommendations of AAMI, AORN and other professional entities e.g. (CMS, APIC, CDC) regarding IUSS?
- Does this IUSS container follow the Multi-Society Statement on Immediate Use Steam Sterilization?
- Does the device's sterilization IFU and cycle parameters conform to the IFU of the various instrument manufacturers? What about implants?
- What effect would storing wet instruments have on the instruments? Is there increased potential for rust, corrosion, and other damage?
- Will wetness inside of stored containment device become a source of contamination? Is there any chance for barrier strike through?
- Does your OR have the appropriate facilities, processing equipment, environmental controls, and skilled professionals to appropriately reprocess and sterilize instruments in accordance with the same principles required of a Sterile Processing Department?

This list is not meant to be all inclusive and I am sure you can add many items and questions that need answers relative to your unique situation. I would not leap into making a major investment in any new technology until I felt 100% confident that all of my concerns were sufficiently addressed and satisfied.

Q Recently, I sent an official problem sheet to the Environmental Services Quality Assurance Team asking for a formal schedule for buffing floors in SPD. I cited AAMI ST79: 3.4. The response I received was that the floors are being mopped daily which meets the standards. Meanwhile, my floors have caked on crud, dirt, and debris that just keeps getting mopped over. I think they need the buffer on a regular basis to remove the ground in soil. The floors present badly to customers and that bothers me greatly. I believe Environmental Services and SPD have different definitions of "clean." Can I get your thoughts on my dilemma?

A What can I say? Obviously when you have visible soil present on a floor or other surface it is not clean. There are proper cleaning protocols for cleaning floors to remove heavy soils and stains. The use of floor scrubbers, buffers and other cleaning equipment is often required. I see a lot of facilities where dirt and grime have been waxed over encapsulating the soil. In such cases heavy duty cleaning is required and the floors need to be stripped to remove layers of wax and entrapped dirt.

Housekeeping procedures in the entire sterile processing department should be the same as those used to clean the operating and delivery rooms and should ensure a high level of cleanliness is maintained at all times. AAMI recommendations state that floors and horizontal work

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surfaces should be cleaned at least daily. While cleaning the floors daily meets the minimum recommendation, the quality and efficacy of the cleaning process must be considered. As you described in your situation the floors are not being adequately cleaned.

Floors need to be cleaned as often as necessary to maintain a "high degree of cleanliness." That means in some circumstances the floors may need repeated cleaning throughout the day. Aside from poor appearance unclean floors are breeding grounds for microorganisms and bacteria and could easily compromise the clean, safe working environment required for the sterile processing work areas and sterile storage.

It sounds like you need to muster up some internal support. I would get your infection control practitioner involved and call a meeting with the manager of environmental services to review cleaning standards, and requirements. A joint tour of your areas and or pictures just might drive the point home that greater attention and better service is essential.

Q We were having a lively debate in the break room the other day over whether or not we were required by law to follow AAMI, AORN, IAHCSMM regulations. Could you please settle this dispute?

A AAMI and AORN are two professional organizations amongst many others that publish recommendations and guidelines for practice. These organizations have no legal authority but they are held in very high regard and their documents are recognized as clinically and technically sound projecting "best practices".

Most healthcare organizations incorporate the recommendations of these professional entities into their procedures and policies and various accrediting agencies such as The Joint Commission use these guidelines in their assessments of healthcare organizations. Since these organizations' recommendations have become so highly recognized and applied in the healthcare environments they are considered the standard of practice.

Standards of Practice can be entered into a court of law as evidence of acceptable vs unacceptable practice. If the majority of hospitals are complying with AAMI or AORN recommendations and your facility is not and this results in an adverse patient outcome then a jury or judge might not look too favorably on your case. While IAHCSMM does not publish recommendations they are a very active member of AAMI contributing to the development of guidelines and recommendations. IAHCSMM supports AAMI documents in all of their educational materials and publications.
HPN

Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for Healthmark Industries. His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant. He is a member of AORN, AHA, SGNA, AAMI and a past president of IAHCSMM and has served on and contributed to many national committees with a myriad of professional organizations, manufacturers, corporations and prestigious healthcare networks. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences. In addition to this column he has authored several articles and has been a featured speaker on the international scene.