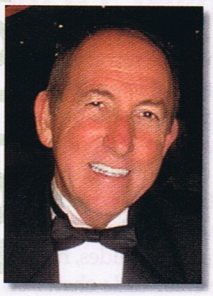

CS QUESTIONS · CS ANSWERS

CMS inspections; soil testing channeled devices

by Ray Taurasi

Q After nearly 30 years in the USAF, I recently retired and accepted a position as Clinical Director of Surgical Support Services for a large Ambulatory Surgery Center. I am adjusting to civilian life quite nicely. I have found that many practices are similar to what we did in the military, while others are foreign to me. Preparing for and understanding the various accreditation processes is an area I have had to learn more about. Since accepting this position I have survived three accreditation processes, The Joint Commission (TJC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) and The Accreditation Association for Ambulatory Health Care (AAAHC). I am told we have one more major accreditation coming which I am not familiar with, called a CMS inspection. Can you tell me what this is? What might they be focusing on in our instrument processing and sterilization areas?

A CMS stands for Centers for Medicare and Medicaid Services. CMS is a federal governmental agency which administers Medicare, Medicaid and the States Children's Health Insurance Program. These programs combined provide health coverage for more than 100 million people. CMS maintains oversight for compliance with the Medicare health and safety standards for laboratories, acute and continuing care providers including Hospitals, Ambulatory Care Centers, Nursing homes, home health care agencies (HHAs), end stage renal disease facilities (ESRD), hospices and any other facilities serving Medicare and Medicaid beneficiaries. Over the past year, there have been many well publicized breaches in processing techniques, as well as processing equipment failures due to mis-use. Improperly cleaned surgical instruments, endoscopes and other medical devices have resulted in thousands of adverse patient incidents. With all the media hype, CMS surveyors are spending a lot more time in the surgical processing areas carefully examining and assessing work areas and staff performance ensuring they are in compliance with recommended and best practices set forth by professional and regulatory entities such as AAMI, AORN, CDC, OSHA, FDA, EPA and the like. You will want to be certain you are in compliance with the recommendations and regulations set forth by these entities.

Questions can be e-mailed to:
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In addition, feedback from recently surveyed ASC and hospital Sterile Processing managers included the following which might be of value to you:

- Heavy emphasis on quality assurance of processing equipment functionality
- Weekly, preferably daily, testing of all automated washers
- Cleaning verification for complex instrumentation and cannulated devices
- Cleanliness and organization of work area and storage areas
- Environmental control, security, dress codes, appropriate use of PPE, proper air flow, air pressure, temperatures and humidity (all must be monitored)
- Observation of workers (especially in decontamination)
- Appropriate use of cleaning brushes and routine cleaning of them
- Availability and adherence to IFUs for all equipment, chemicals, etc.
- Care, handling and distribution of sterile items (sterility maintenance protocols) covered or enclosed transport carts
- Nothing taped to walls
- No hand written signs, (signage should be professional in appearance/printed
- Endoscope processing (cleaning verification), use and control of HLD chemicals, hang time and storage of scopes, single use brushes
- Staff education

For more information on CMS go to www.cms.gov

Q We inspect all of our suction tips and other devices with small lumens by running a white pipe cleaner down through the channel to see if there is any soil remaining. If any soil is detected the instrument is rewashed in a small sink in the assembly area. I recently read on a CS blog that pipe cleaners should not be used for this purpose. It seems to me it's a good idea as we have found many instruments with soil in the channels that otherwise would have been placed in sets and used on patients. Do you think this is a good practice?

A Channeled instruments can be very challenging to clean effectively and undetected residual soils and organic matter remaining in the channel can present a real risk to subsequent patients the device is used on. I believe that it is critical to verify the cleanliness of all cannulated devices prior to sterilization. A standard "pipe cleaner" such as those used for household purposes or crafts are not acceptable for use in a hospital setting as the fibers, lint, etc., can be deposited on the instrument and end up inside the patient's body. There are medical grade pipe cleaner *like* devices available for use in the hospital setting for cleaning and inspecting medical devices. The fibers and bristles are integrated into the wire to prevent shredding, etc. (see figure 1). Another more effective way to verify the cleanliness of cannulated devices is to use a flushing test method. Water is flushed through the channel after cleaning and captured in a cup; a chemical test strip is then dipped into the captured water. The test strip has three pads that can detect the following residual soils: carbohydrates, protein and hemoglobin. If any residual soil is detected the pad will change color for the specific soil(s) detected (see figure 2). If soil is detected on an instrument it should be returned to the decontamination area for re-cleaning. Cleaning of instruments should not be done in the prep and assembly area or in a hand wash sink due to the potential for aerosolization and/or direct contamination. **HPN**

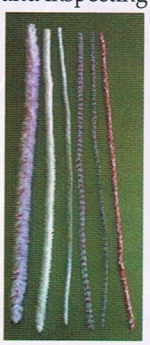

Figure 1

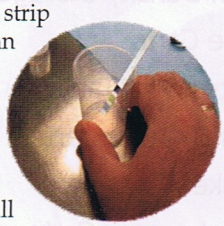

Figure 2

Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for Healthmark Industries.