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June 2015

CS Solutions

Questions can be sent to:editor@hpnonline.com

called in to Valerie J. Dimond 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.

Scope storage, expiration; policy, procedure necessary for QA in SPD

by Ray Taurasi

Q I am the sterile processing manager of a surgery center. Our administrator has asked me to assess the current conditions and techniques of our endoscopy unit and identify any needed procedural changes. Here are two issues that concern me already: Disinfected scopes are stored in closed, circular storage bins until needed and cleaned and stored scopes do not have any expiration labeling. Are

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these practices acceptable? I don't feel they are but I can't provide the nurses with any rationale as to why they should change their current practices. I would appreciate any assistance you might be able to offer.

A Processed, disinfected scopes need to be stored dry. To ensure dryness of the channels after disinfection, the scope channels should be flushed with 70 percent to 80 percent alcohol and purged with medical-grade air at the proper pressure and in accordance with the scope manufacturer's instructions for use (IFU). Any moisture that remains in or on a scope after disinfection can contribute to microbial growth and the formation of biofilms, which then becomes a potential source for infection transmission. Also, scopes should not be stored in a coiled manner as this could allow for the formation of moisture within the scopes' channels. Instead, scopes should always be stored in a vertical position allowing for air to circulate and any residual moisture to drain from the scope. Care and storage conditions must provide protection of the scopes from any damage and should be stored in a secure, clean area with good air circulation. When storing your scopes, make sure there is adequate space to prevent the scopes from banging together, hitting walls, or touching the floor or bottom of a storage cabinet. The Association of periOperative Nurses (AORN) also recommends that flexible scopes be stored in a well-vented, closed cabinet with good air circulation. Attention should also be given to the regular maintenance and cleanliness of storage cabinets. It is important that you consult and follow the scope manufacturers IFU, including storage instructions and all scopes should be labeled or tagged in a manner that clearly identifies that they have been processed and ready for use.

Regarding expiration dating of processed scopes, there is no set guideline nor are there any studies documenting that a scope stored under proper conditions is at greater risk of contamination with the passage of time. Nonetheless, many professional entities and healthcare organizations such as AORN, Veterans Health Administration and other healthcare systems have made recommendations and policies that limit the time a processed scope can remain in storage before it must be reprocessed. Hang times also vary from specified hours to 14 days and some entities allow scopes to be utilized longer provided they have undergone some form of microbial detection testing.

Q I recently accepted the position of director of nursing for surgical services at a private hospital. The sterile processing department falls under my jurisdiction and I must admit that my understanding of sterilization technology is quite limited and what I would describe as a thimble of knowledge. However, during a tour of the sterile processing department I was surprised to find no policy or procedure manuals. When I questioned the operations manager about it she insisted there was no need for a policy manual and that all we needed to do was state that we follow AORN and the Association for the Advancement of Medical Instrumentation (AAMI) regulations. As she is a well-seasoned professional, I reluctantly accepted her response. But as time goes on I have encountered some variations in what is being done by different folks in sterile processing; standards seem to be lacking and I question

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the validity of not having any formal written policies aside from a statement that we comply with AAMI and AORN regulations. Should I be concerned or let things be?

A Yes, you should be very concerned. First off, AAMI and AORN are not regulatory bodies. They are highly regarded professional organizations that provide excellent recommendations and guidelines for sterile reprocessing. There are big differences between guidelines, recommendations, policies, and procedures:

- **A guideline is a statement by which to determine a course of action. A guideline aims to streamline particular processes according to set routines or sound practices. By definition, following a guideline is never mandatory. Guidelines are not binding and are not enforceable.**
- **A recommendation is a form of advice; it may suggest a course of action, or suggest what might be the best course of action to take. Similar to a guideline, recommendations are not binding.**
- **A policy is a course of actions, rules or principles adopted by an organization to govern, direct and enforce actions and business functions.**
- **A procedure is a series of actions conducted in a certain order or manner to accomplish a defined function or task in accordance with policy.**

Guidelines and recommendations provide verified information and rationale for performing activities in a certain way and may include various options. They should be considered and used when developing policies and procedures in accordance with the uniqueness of your organization and will provide the rationale you need to qualify your practices. It is imperative that you have written policies and procedures for your sterile processing department. Policies must be spot on, black and white, and well defined. To just say that you follow AORN and/or AAMI guidelines is not specific enough as to what you actually do. Some recommendations and guidelines may be conflicting and/or provide options from which you must select those most suited to your needs based on facts and sound judgement. In short, policies state what you must do and procedures provide the steps and direction on how to do what is required by policy. You must ensure that all tasks are preformed precisely and uniformly by each staff member. 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.

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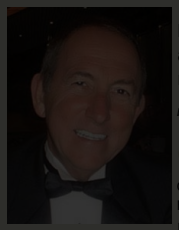

Maintenance doc
alcohol rinsing, t
rules

by Ray Taurasi

Q I am preparing for r
Commission Accreditation
have some questions reg
maintenance records. Ou
responsible for the management of various pieces
equipment. In the pre-survey questionnaire, I rea
documentation records of all PM (preventative maintenance) and regular maintenance performed on all equipment. We have several pieces of medical mobile equipment that we rent and/or lease and the rental company performs any maintenance on this equipment. Can we use the company's maintenance and testing records or is the hospital required to do our own testing and maintain our own records?

A This would be an individual hospital decision. The Joint Commission is accrediting your hospital and not the rental or service company. So the responsibility to meet The Joint Commission's requirement for patient care equipment to be tested and inspected remains that of the healthcare organization. If your organization chooses to accept that the contracted or rental company is conducting these inspections and preventative maintenance then you should be able to show why this process is acceptable. While not all inclusive, some ways of doing this might include the following:

- requiring a detailed maintenance schedule for each piece of equipment, with description of the service and inspection to be provided
- requiring routine documented reports, at specified times, of all testing and maintenance performed by contracted service company on each piece of medical equipment
- require each piece of equipment have labeling verifying PM has been conducted and the date for next service/inspection
- provide a current listing with credentials of rental company's biomedical and or service personnel
- conduct random joint inspection rounds with hospital and equipment company man-
agement of hospital locations where equipment is stored and/or located (including equipment in use) and document findings
- survey and tour equipment company facility quarterly
- some organizations might choose to have random sampling of work performed by service company assessed by an independent source

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Q A few of my staff members attended a seminar and they all insist that the speaker stated there was a new standard that requires rinsing all surgical instruments in alcohol to prevent the formation of biofilms prior to sterilization. I have been searching to find this standard and have come up with nothing. I even tried contacting the speaker but have had no response. Could you perhaps tell me if there is such a standard and if so where I might find the reference and rationale?

A To the best of my knowledge there is no such standard that states all surgical instruments should receive a final rinse with alcohol. I have found no such recommendation in the Association for the Advancement of Medical Instrumentation (AAMI), or the Association of periOperative Registered Nurses (AORN) recommended practice and guidelines to this effect. I have also reviewed several surgical instrument instructions for use (IFU) and none suggest an alcohol rinse. There are certain medical devices, such as flexible endoscopes and other cannulated devices that do recommend the channels be flushed with alcohol after cleaning them to help facilitate the evaporation and drying of any moisture remaining in the channels after reprocessing. Moisture remaining in a channel provides ideal breeding grounds for microorganisms and bacteria. If you have any questions regarding the cleaning and reprocessing of any specific surgical instrument or medical device consult and follow the manufacturer's IFU.

Q We run all of our instruments through the ultrasonic washer and then we run them through the instrument washer decontaminator. There are of course certain items that can't be processed in the washer so they just are cleaned in the ultrasonic. We have never had an issue or any complaints from the operating room (OR) about instruments not being clean. Recently we had a consultant come through the decontamination area to observe our work flow and in his report he stated that we should be rinsing all instruments with water after they are removed from the ultrasonic. We are understaffed and I don't see any benefit or necessity to add this additional step to our already excessive work load; the instruments are going into the washer and will be rinsed there anyway. Do you see any reason why we should change our current practice?

A Unless your ultrasonic has an automated rinse cycle, yes, you should be rinsing all items once they are removed. The rinse is important to remove any residual detergent chemistry or re-deposited soil from the instruments. It is important to remove residual cleaning chemicals from the instruments for two reasons: 1.) If the chemicals remain on instruments for a prolonged time they can damage the instruments and/or dry on them making removal difficult. 2.) Residual amounts of chemicals on instruments placed in the instrument washer could affect the concentration of the chemistry in the washer, interfering with its proper performance; and there is also the potential of adverse chemical reactivity. You stated that all instruments don't go through the washer, which tells me some instruments are being sterilized without completing the cleaning process. Remember that rinsing is an imperative and final step in the cleaning process. Chemistry remaining on instruments through the sterilization process is unacceptable for the following reasons:

- They could provide a barrier to sterilant permeation.
- They could create a harmful chemical reactivity with certain sterilants.
- They could be deposited into the patient resulting in injury and adverse patient care outcomes.

To help reduce your "excessive work load" you might want to assess your current work practice of running "all instruments" through the ultrasonic and washer decontaminator. It is likely you will find this is an unnecessary and costly duplication of work efforts, as most instruments should not require this double washing measure. Ultrasonic cleaning is generally used for processing small or delicate instruments that cannot tolerate the turbulence of the washer decontaminator or certain complex devices that require special and or additional processing. Consult the instrument manufacturer's IFU's.
HPN

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