



FISPM Inc.

Fil-International Sterile Processing Management Inc.

INSTRUMENT TO PATIENT SAFETY

by: Virgilio Jackson Casinarez, PhD.H

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INSTRUMENT TO PATIENT SAFETY

PATIENT'S FIRST!

"ARE WE READY TO SERVE & SAVE LIVES?"

Patient Safety

By Informa Markets



OBJECTIVES:

- *To show the impact of wrong practices in CSSD towards patient safety.*
- *To define competency & identify levels of competency in CSSD.*
- *To know the factor & importance of Education & Training in CSSD.*
- *To know the latest recommendation of AORN towards CSSD practices.*
- *To understand the Annual Survey towards CSSD practices.*



WHAT IS THE IMPACT OF **WRONG** PRACTICES IN CSSD TOWARDS PATIENT SAFETY ?




LEARN the INTERNATIONAL STANDARDS & PRACTICE ?




HOW TO ACHIEVE CSSD BEST PRACTICES?

Develop Education Plan

One of the most glaring aspects of training in CSSD is the LACK of an Educational Planning



Starters, a majority of the CSSD don't employ an Educator Role



Educator in CSSD is usually performed by several positions in the department now a days and is filled by Management and Non-Management Staff

COMPETENCY:

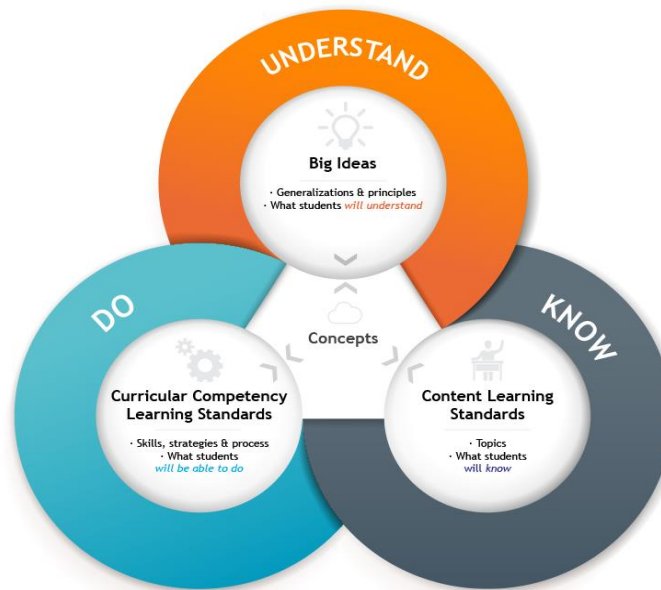
Competence is defined in the context of particular knowledge, traits, skills and abilities. Knowledge involves understanding facts and procedures.



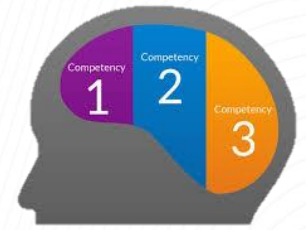
THE BENEFITS TO COMPETENCY TESTING INCLUDE:



- ❖ *Provides for the establishment of levels of competency for safe and effective practice;*
- ❖ *Encourages improved performance in the job for each employee;*
- ❖ *Provides opportunities for career growth for employees within the healthcare facility.*



THERE ARE FIVE LEVELS OF COMPETENCY FOR STERILE PROCESSING:



EXPERT
PROFICIENT

Has intuitive grasp of the situation and zeros in on the accurate region of the problem

“CERTIFICATIONS”

BEGINNER

Begins to understand actions in terms of long-range goals

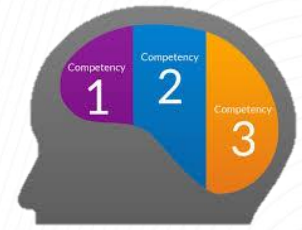
Can note recurrent meaningful situational components, but not prioritize between them

Has no professional experience



NOVICE

HOW TO ASSESS COMPETENCY:



Competency assessments in sterile processing begin with the Job Description. All job descriptions should be competency-based and identify the knowledge, skills and behaviors necessary for competent performance. When developing competencies they need to be written with a specific goal in mind. What are you trying to verify? If it is a task, look at your practice and focus on the high-risk/high-volume or highrisk/ low-volume procedures. Focus on problem prone areas (e.g. clogged lumens of cannulated instruments; poor documentation of biological testing, etc.).



However, to meet the standards of Accreditation surveys the CSSD personnel are expected to be educated and competent.

To begin the development of an education plan is to put practice to paper so that no area is left uncovered:

BPTCS

DR.SPAULDING CLASSIFICATION

CJD

INFECTION CONTROL PRACTICE IN CSSD

SAFETY PROTOCOL IN CSSD

ETC.....



CONTINUES EDUCATION:

- ❖ *Annual education in the support system for “Competency” and should be based on risks assessment.*
- ❖ *Competency reviews were managed by a train the trainer process.*
- ❖ *Classroom, Online, Company presentation, Seminar, Conference*
- ✓ *Competency involvement is very important.*



ENHANCING COMPETENCIES:

MANAGERS/SUPERVISORS SHOULD SUPPORT COMPETENCY SUCH AS:

- ❖ **Seminars** – *encourage employees to attend outside Seminars – not only for the knowledge they will gain but for the networking as well!*
- ❖ **Departmental In-Service** – *If the Manager/ Supervisor does not feel comfortable giving an in-service, there are many vendors who provide in-services on-site, often at no cost. Make sure the in-service has been approved for Continuing Education credits by the two certification boards.*
- ❖ **Professional Journals** – *There are several magazines that publish free in-service.*



- ❖ **Videos** – *many manufacturers offer videos for education or training on their product. Videos should be screened first.*
- ❖ **Internet Websites.**
- ❖ **Employee Certification.**



RISK ASSESSMENT:

The JCI's Infection Prevention and Control (IC) standards require organization to use the risk assessment process to set goals for a comprehensive Infection Control Plan.

- ❖ *Standard IC 01.04.01 state "Based on the Identification risks, the sets goals to minimize the possibility of transmitting Infections.*
- ❖ *ANSI-AAMI ST 79-2017 publication recommends the use of cross-functional teams to evaluate risks with regards to sterilization failures*



“AORN RECOMMENDATION!”



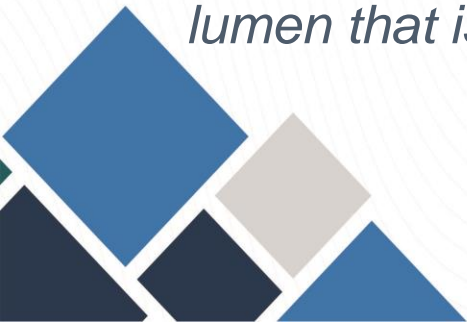


6 DO's and DONT's for CSSD

DO *process reusable medical devices based on the intended use of the item.*

Example:

- ❖ *Item that enter a sterile cavity are considered critical items and should be sterilized.*
- ❖ *Flexible Endoscopes-semi-critical-item-should be sterilize whenever possible and undergo HLD at a minimum if sterilization is not possible.*
- ❖ *Biopsy forceps which are sterile are introduced through an endoscope and breach an intact mucous membrane and should undergo sterilization, but the sterile biopsy is introduced through the lumen that is HLD, so it should be sterilized if it can be.*





DO protect sterile items from contaminated and damage during transport

❖ Successful sterile processing can quickly be undone by poor instrument transportation whether onsite or off-site



DO provide education and competency verification activities related to sterilization processes.

❖ Personnel who perform sterilization activities must receive adequate training and have their skills verified by the CSSD Auditors/Quality Team.



DON'T rely on IUSS (Immediate-Use of Steam Sterilization)

✓ It may be tempting to use IUSS to reduce cleaning time & bypass steps in instrument preparation ? this is not advisable.

✓ IUSS should only be performed when specific conditions can be met.



DON'T use loaner instruments without sterile processing them.

❖ Instruments may have been in a back seat of a car, a storage facility or an office or exposed to contaminated air, sunlight or moisture.



- ❖ Sterile processing personnel should always follow IFU for medical devices instructions and packaging.
- ❖ Standardized the process to ensure the sterility of instruments and include initial cleaning at the point of use, thorough cleaning of the item, inspection for cleaning, correct packaging and finally sterilization to eradicate any microbial contamination.



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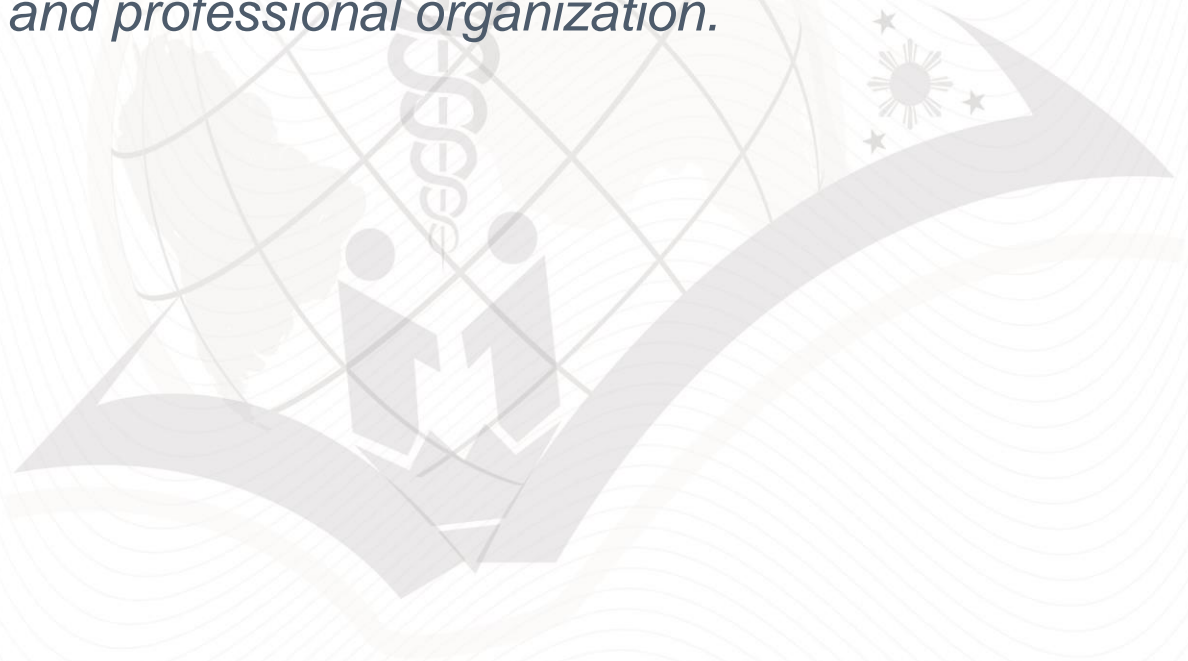
ANNUAL REVIEW:

Each sterile processing department should utilize a risk assessment annually then develop education that mops to their risks. Utilization of internal and external sources will help to deliver training in a timely manner that will increase the competency of your personnel and improve the safety of items produced with CSSD.



CONCLUSION:

- ❖ *We CSSD must perform our task according to International Standards.*
- ❖ *CSSD personnel must be competent enough delivering our duties and responsibilities in holistic way for patient safety.*
- ❖ *CSSD personnel must follow the latest trends recommended by regulatory and professional organization.*



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SHOKRAN KATHER THANK YOU SALAMAT PO

See you next year
2020

