

Infection Prevention: It Takes A Village



Background:

More than 500,000 ERCP procedures are one annually in the United States. In 2015, an outbreak of Carbapenem-Resistant Enterbacteriaceae (CRE) occurred due to contaminated medical instruments. This potentially deadly “superbug” may have infected 179 patients and may be the a “contributing factor” to two deaths of patients.

Method:

To tackle infection prevention, our endoscopy department formed a Scope Reprocessing Task Force which consisted of:

- Endoscopy Nurses
 - GI Technicians
 - Unit Leadership

Our unit became a member of the SGNA Infection Prevention Program with the goals:

- **Inservice staff on Biofilms and Endoscopes**
 - **Change our PPE policy during scope reprocessing and procedure rooms**
 - **Increase our endoscopy reprocessing from annual to quarterly**
 - **Increase education for all staff regarding infection prevention**



Results:

The committee work focused on the entire department and included:

- Quarterly ATP testing of surfaces in the department
 - Culturing ERCP and EUS scopes weekly per CDC protocol
 - Conducted a presentation to Biofilms at local GI conference
 - Redesigned the procedure rooms to help prevent cross contamination
 - Changed process in procedure room to have the RN hand devices/accessories to the technician to prevent clean supply contamination by the technician

- Conducting round table discussion between committee and staff
 - Invited physician and industry into provide additional education to the staff
 - Developed a patient education board with pictures and diagrams regarding our scope reprocessing standards to help answers some of the questions they may have.

Provided resources to all staff:

- Obtaining scope
 - Presoaking
 - Pre-cleaning
 - Leak testing
 - Manual Cleaning
 - Reprocessing

wrote our PPE for each role in the procedure room

purchased additional isolation carts and created flip isolation signs

for each room including in prep and recovery spaces

all tech/GI nurse mentoring program included in our orientation

program which includes infection prevention and scope

processing

dedicated infection prevention board focuses on a different

infectious disease every month including questions and prizes for

the staff to participate and learn

Conclusion: Together we can make a difference in making the endoscopy experience safer for everyone.

Infection Prevention: It takes village!

