



Standardization of High Level Disinfection Practices

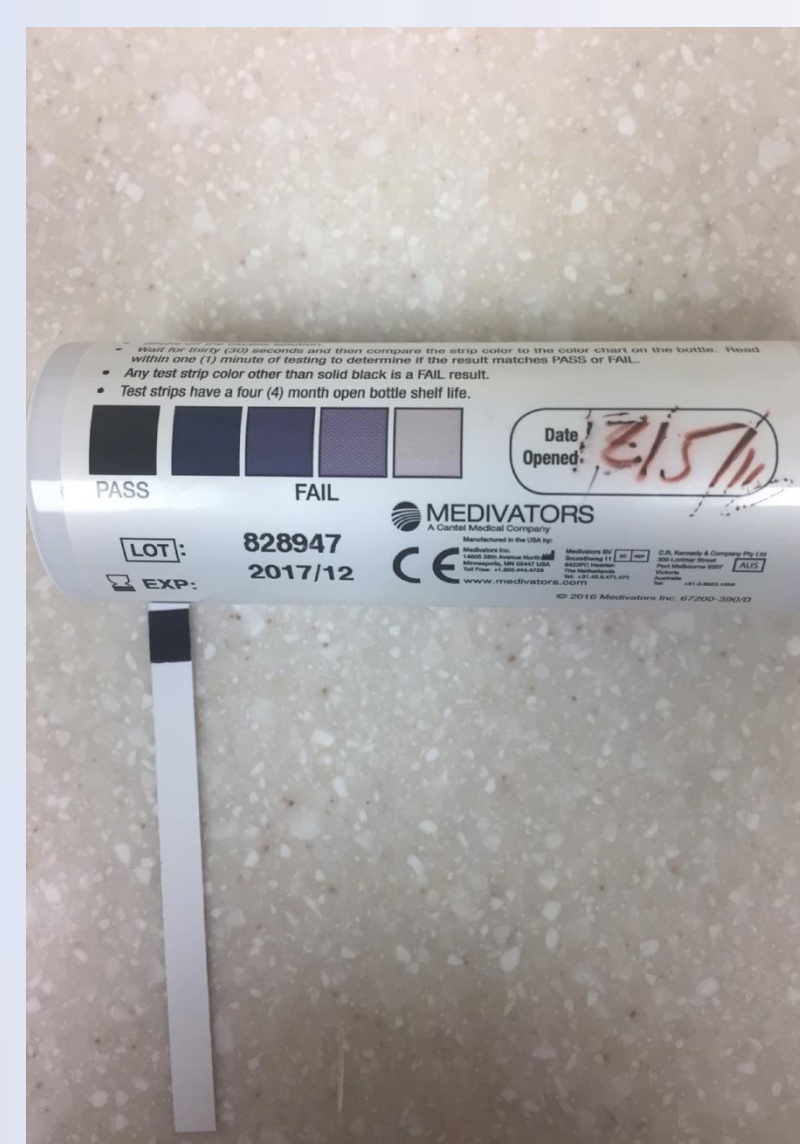
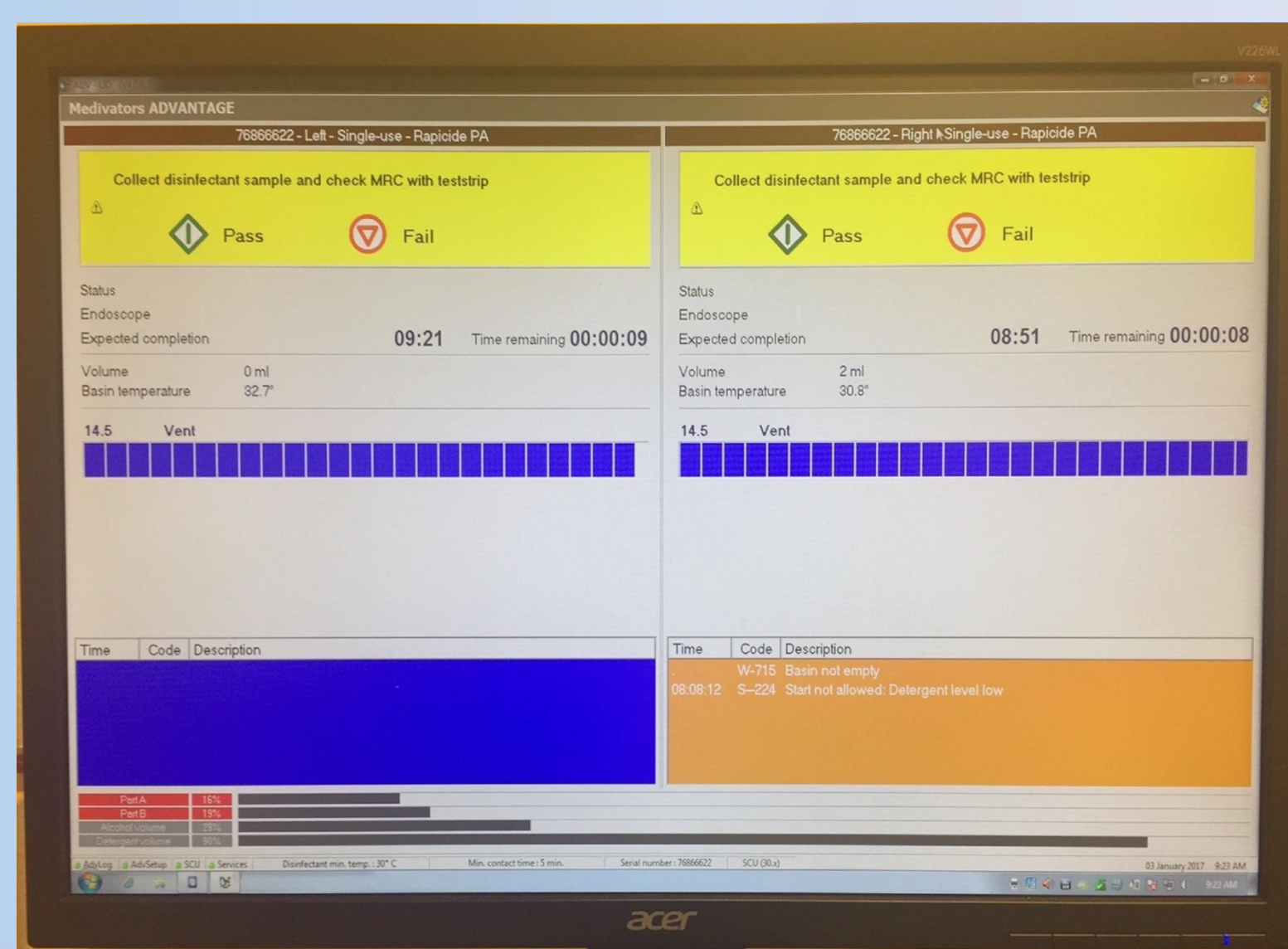
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BACKGROUND

- ❖ Centura Health: 17 hospitals in Colorado and Kansas.
- ❖ Multiple areas do high level disinfection or sterilization:
 - GI Lab, Respiratory Therapy, Cardiovascular Lab, Emergency Department, Sterile Processing, Radiation Oncology and Women's Services.
- ❖ 14 of the CO hospitals were due for a 2016 TJC survey



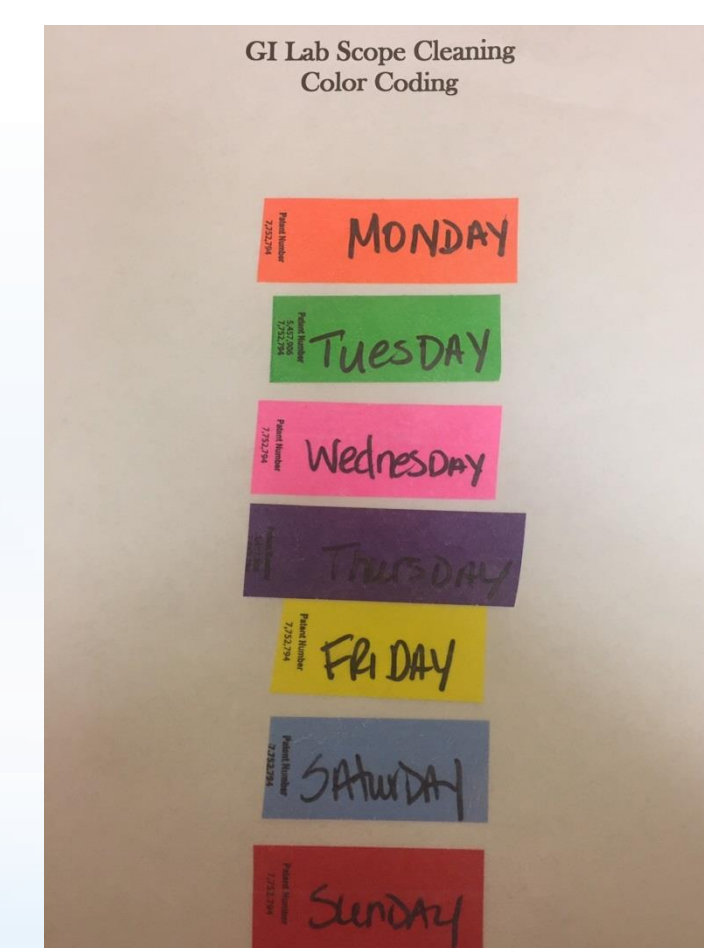
PURPOSE

- ❖ Increased CMS and TJC focus on infection prevention practices
- ❖ Centura Health System task force formed
- ❖ Target vulnerabilities and improve high level disinfection reliability
- ❖ Team reviewed existing high level disinfection products, policies, procedures, and competencies
- ❖ Identified:
 - Lack of cohesiveness
 - Lack of reliable processes
 - Current standards of practice were not in alignment with leading organizations (ie: SGNA) or Manufacturer's Use Instructions (IFU's)
- ❖ Lack of standardization resulted in:
 - 6 mission critical issues
 - 3 high risk issues
- ❖ Team developed and implemented changes in high level disinfection:
 - policy
 - procedures
 - competency checklists
 - training materials

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INITIAL RISK ANALYSIS AND MOCK SURVEY RESULTS

- ❖ **Red = Mission Critical**
Will result in Conditions of Participation deficiency
And require TJC revisit within 45 days
 - Improper dilutions of enzymatic cleaners
 - Failure to date solutions
 - Expired Biological/Test Strips
 - Inability to trace all scopes back to specific patients
 - Weekly washes - improper verification/lack of verification documentation
 - High level disinfection - Improper verification/lack of verification documentation
- ❖ **Purple = High Risk**
Accumulation can result in Condition of Participation deficiencies
And require TJC revisit within 45 days
 - Failure to monitor temperatures of solutions (i.e Cidex OPA)
 - Insufficient education and competencies for all staff performing high level disinfection
 - Lack of certification and competencies for Directors/Managers/Supervisors whose departments perform high level disinfection.
 - Surveyor perspective: If they are not competent, how do they know if the standards are being maintained?
- ❖ **Blue = Moderate Risk**
 - Lack of proper eyewash equipment in departments using corrosive enzymatics or high level disinfection solutions
 - Each facility used different chemicals
 - Failure to use personal protective equipment
 - No standardized process across the system



THE JOINT COMMISSION SURVEY RESULTS – AFTER CHANGES IMPLEMENTED

- ❖ Parker Adventist Hospital: No high level disinfection deficiencies.
- ❖ Centura Health System: 3 GI Labs had minor deficiencies.
 - Failure to mark correct expiration date on Cidex OPA test strips
 - Failure to document or show evidence of test strip quality control check completion
 - Manual cleaning sink fill line not established to achieve proper concentration of enzymatic cleaner

ENSURING ONGOING SUCCESS

- ❖ HLD Champion designated for each facility
 - ❖ HLD Champion completes quarterly audits
- Audit items include:
- Cleaning location has negative airflow
 - Test Strip (MEC/MRC) used for each cycle
 - All solutions and test strips marked with expiration date
 - All solutions and test strips within expiration dates
 - OSHA compliant eyewash with weekly monitoring
 - All scopes are reprocessed at least every 7 days, unless sterilized
 - Cycle log/device printout documents all required elements for each cycle performed
 - All staff performing, and leaders overseeing, high level disinfection have completed annual competencies
- ❖ Infection Preventionist reviews quarterly audits.
 - ❖ Audits to date demonstrate 100% compliance



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