



FLEXIBLE ENDOSCOPY DEPARTMENT EVALUATION

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Facility Name _____
Department Contact _____
Date _____ Phone _____

Yes No If no, describe variances:

STORAGE

Describe the storage area including ventilation capabilities, interior surfaces, and floor height. _____

- Is there a storage cabinet? _____
- Are the scopes stored where they can be damaged by hinges or doors? _____
Describe the scope hangers. _____
- Are there enough hangers for scopes to be hung individually? _____
- Are they designed to properly support the scope? _____
- Could the hooks cause damage to the scopes? _____
- Are the control body & light guide tube supported without putting stress on the boots? _____
What percentage of stored scopes have loose light guide prongs? _____
- Are there any impact marks on the storage area walls? _____
- Are the video scopes stored with their fluid resistant/soaking caps off? _____
- Are the fiberscopes stored with their EtO/venting caps on? _____
- Is the adjustable tension and/or locks in neutral? _____
- Is the storage area padded to protect the distal tip of the scopes? _____
- Can the storage area be easily cleaned? _____
- Are there fluid stains on the bottom of the cabinet or puckered toweling indicative of fluid exposure? _____
- Are endoboots used? _____
- Are the endoboots dry? _____
Explain the clean to dirty cycle of the endoboots. _____
- Are the air/water and suction buttons and biopsy caps stored separately? _____
- Is there equipment or instruments stored with or near the scopes that could cause damage? _____
Describe the location of storage as it relates to the procedure rooms and/or cleaning area. _____
- Is the storage area secured with a lock? _____
- How long has the current storage solution been in place? _____
- Is there ventilation through the cabinets? _____

Additional comments: _____

TRANSPORTATION OF CLEAN SCOPES

Describe how the scope is carried. _____

- Are the connectors and control body supported? _____
- Is the distal tip protected? _____

YES NO If no, describe variance.

What is the size of the coil the scope is placed in? Large? Medium? Small?

- Do non-trained personnel take the scope out of the department? _____
- Describe how the clean scope is transported out of the department for beside procedures. _____

Additional comments: _____

ROOM SET UP

- Is the video tower parallel to the stretcher? _____
- Are function checks done prior to the procedure? Suction? Air/Water Elevator? Image? Angulation?
- Does the room's configuration put the scope in jeopardy? _____
- If suspension supports are used are they used appropriately? Left side of cart? Right side of cart?
- If scope is placed on top of cart can it be damaged by other supplies or equipment? _____
- Are scopes stacked during this period? _____

Additional comments: _____

PRE-CLEANING

- Does pre-cleaning take place at the point of use? _____
 - Is the exterior of the scope wiped? With what? _____
 - Is a fresh, appropriately diluted solution of enzymatic cleaner suctioned through the scope? _____
 - Do they flush the air/water channel with air? _____
 - Do they flush the elevator wire channel of the duodenoscope? _____
 - If two scopes are used for the same patient, is the 1st scope pre-cleaned prior to connecting the 2nd scope? _____
- Is personal protective equipment worn? Gloves? Gowns? Goggles?

Additional comments: _____

TRANSPORTING THE CONTAMINATED SCOPE

Describe how the scope is carried. _____

- Are multiple methods of transport observed? _____
- Is the scope placed in a container? Describe it, including dimensions. _____
- Are other items (or another scope) transported with the scope? _____
- Is the scope's distal tip protected? _____
- Is the container carried level? _____

What size of coil is the scope placed in? Large? Medium? Small?

Describe the path the contaminated scope takes from the procedure room to the decontamination area addressing distance and patient care areas that may be traversed. Also address how they return the scope if it is carried outside of the department. _____

Describe the "dirty area" where scopes may be placed while waiting to be reprocessed. _____

- Are scopes stacked during this period?

YES NO If no, describe variance.

- Are the scopes placed with their control knobs up?

Additional comments: _____

LEAK TESTING

- Do they leak test after every procedure? Mechanical? Manual? Dry? Wet?
- Is leak testing performed prior to and separate from all manual cleaning activities?
Where do they leak test? Procedure room Reprocessing/Decontamination
- Are the fluid resistant caps in good condition?
- Are the sinks of a size that the scope can be coiled without compromise? _____
- Is the scope in water only? _____
- Is the scope pressurized before putting it in water? _____
- Is there enough water to completely submerge the scope? _____
- Do they flush water through the channels to remove trapped air? _____
- Do they remove air/water and suction valves and the biopsy port cover? _____
- Do they angulate the scope in all directions? _____
- Do they massage the video switches? _____
- Do they articulate the forceps raiser/elevator? _____
- How long do they leave the scope in the water during the leak test? _____ seconds
- Do they remove the scope from the water before depressurizing? _____
Describe how they let air out of the scope. _____
- Do they have a reprocessing policy to follow if they discover a leak? Describe. _____

Additional comments: _____

MANUAL CLEANING

- Do they use single use cleaning brushes? _____
- If they use brushes more than once are they in good condition? _____
- Are the brushes the correct size for the scope being cleaned? _____
- Do they use short strokes for friction in delivering and removing the brush? _____
- Do they mix a fresh enzymatic solution each time? _____
- Are the enzymes mixed according to label directions? _____
- Do they flow all channels (elevator, auxiliary water) with chemicals and rinse water? _____
- Do they use a soft sponge or cloth for cleaning? _____
- Do they use a sponge impregnated with enzymes? _____
- If sponge has enzymes, do they still mix a solution? _____
- Do they have guidelines for cleaning posted? _____
- Do they follow OEM guidelines for cleaning? _____
- Do they purge all water from scope if they are manually processing? _____

YES NO If no, describe variance.

- Are detachable valves cleaned appropriately? _____
Describe sink/basin used for manual cleaning if different from the leak test sink/basin. _____

- Describe their process for cleaning the water bottle and the water bottle delivery system. _____

Additional comments: _____

REPROCESSING

- Are they following OEM guidelines for reprocessing scopes? _____
- Do they have an automated reprocessor? What brand? _____
- Do they follow OEM guidelines for the reprocessor? _____
- Do they PM the reprocessors? _____
Who changes the filters on the machines? _____ How often? _____
- Is the disinfectant's concentration checked with each cycle? What brand is used? _____
- Do they reprocess the elevator wire channel separately? _____
- Is the scope dried with air, alcohol, air prior to storage? _____
- Is the alcohol kept in an air tight container? _____
- Do they reprocess more than one scope in a bin at on time? _____
- Do they have a dedicated person to reprocess scopes? _____
- Do they have an eye wash station? Where? Cold water only? _____
- Do they have a spill kit in the department? What is the neutralizing chemical? _____
- Do they track which scopes got used on which patient and processed in which machine? _____
How long has the current reprocessing method been in place? _____

Additional comments: _____

REPAIR HISTORY

What are their 3 most common repair needs?

1. _____
2. _____
3. _____

What are their there 3 most expensive repairs?

1. _____
2. _____
3. _____

Does the repair history correlate with the customers' perception of repairs? Yes No

What is their repair cost per case? _____ What is the repair trend spend? _____

What is their annual repair cost? _____ Do they have a PMI program? Describe. _____

INVENTORY

Do they have a current inventory list? _____

How many EGD/PEG's do they do a month? _____ How many gastroscopes do they actively use? _____ Have? _____

How many colonoscopies do they do a month? _____ How many colonoscopes do they actively use? _____ Have? _____

How many flex sigs do they do a month? _____ How many sigmoidoscopes do they actively use? _____ Have? _____

How many ERCP's do they do a month? _____ How many duodenoscopes to they actively use? _____ Have? _____

How many bronchoscopies do they do a month? _____ How many bronchoscopes to they actively use? _____ Have? _____

YES NO If no, describe variance.

Does the facility track the usage of each individual serial number?

Do staff take care of the scopes on call, if not, who does and how? _____

Are there plans to remodel or renovate the department? When? Involving what? _____

Are there plans to purchase or build new storage cabinets? _____

Are there plans to purchase new scopes soon, if so how many of what type? _____

Are there plans to reduce scope inventory soon, if so by how many of what type? _____

What is their perception of their endoscope inventory? _____

What do the scopes look like? Buckles? Waves? Peeling? Other? _____

Do fellows, residents, and/or interns use the scopes? _____