CSD Implications for Hospital Engineers

IHEA Conference 2008

Easi-Sterilise
STEPS FOR A SAFER HEALTH CARE SYSTEM

I-Care

STAFF PROTECT
Defense Through Immunisation

CHRISP
CENTRE FOR HEALTHCARE RELATED INFECTION SURVEILLANCE AND PREVENTION

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Background

- CHRISP and Sterilizing 2005 (prev. CDB)
- Easi-Sterilise® developed by CHRISP to assist standardisation of practices in CSDs. This product is being commercialised.
- 2007 CHRISP Sterilizing Survey identified systemic problems in the cleaning, disinfection and sterilization of instrumentation including asset management.
- Envisioning strategic partnerships as a means to implement a Program of Work for Sterilising Services

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Coalface concerns

Top 3 priority issues include;

- Quality Controlled processes,
- Throughput demanded by Theatre staff,
- Workforce issues (eg. Training, physical, skill-set, design and layout)

Strategic Directions need to focus on;

- Sterilizing related Surgery Incident Management,
- Production-line analysis (Demand-Supply management),
- Training, Certification and Career Development,
- Instrument Life-cycle management (Procurement-to-Disposal), and
- Workplace Reform and Business Management Design Solutions.

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Project work to date

- RBWH – reviewing clinical practice and instrument management processes within peri-operative services.
- GCUH – service delivery models, CSD design, equipment selection with preference toward automation (e.g. Robina)
- Outcomes being escalated to ensure all future work available to all 3 new hospital

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Instrument issues

- NHS – equipment issues from 6 month period of analysis
  - 30% of cancelled operations due to non-clinical issues.
  - 24% was due to the availability of medical staff.
  - Staff availability falls to 12% -non-clinical cancellations on the day of surgery.
  - Operations cancelled on day of surgery mainly essential resources unavailable
  - Effective scheduling is the key – however, focus is on surgeon and anaesthetist
- No equipment scheduling capability only patient and staff
- Incomplete Trays (e.g. US hospital 60% > 90% after 3yrs)
- No Inventory Management capability hence wave of demand for Instrument Inventory Management Systems from new hospitals (e.g. life-cycle management, recall capability and even clinical costing)

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Challenges ahead

- New hospitals are pressing for innovation **(GCUH, SCH and QCH)**
- This is supporting the need for automation (including IIMS, chemical and steam reticulation, RO)
- Sterilizing Program emphasis needs to establish procurement arrangements to validate equipment
- Automation of new/existing CSDs requires engineer expertise in evaluation and local selection processes.
- Statewide co-ordination subject to exec. directions
- At a minimum, new hospital CSD engagements will enable flow-on effect to existing facilities

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