



TAP TO GO

**BACK TO** 

# Infection Control-Led High Level Disinfection Audits Improved Consistency of Practice

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## Introduction/Problem

Across BIDMC (on campus and offsites), 22 non-OR departments reprocess equipment using high level disinfection (HLD) by three different methods:

- Trophon® EPR,
- Automated endoscope reprocessors (AER)
- Manual disinfection using a ortho-Phthaladehyde (OPA) disinfectant

Standardized walk rounds by Infection Control Practitioners (ICPs) discovered discrepancies and educational gaps related to multiple steps in the HLD process:

- Pre-cleaning
- Reprocessing
- Transportation
- Storage

In preparation for the Joint Commission (TJC) survey, Infection Control/Hospital Epidemiology (IC/HE) led 3 weeks of intensive audits and education at all sites performing HLD of equipment

# Aim/Goal

- To educate and audit inpatient and ambulatory service sites on the processes related to HLD
- To improve compliance with Instructions for Use (IFUs) for equipment in all locations conducting pre-cleaning and HLD to ensure patient safety, prevent healthcare-acquired infections, and comply with national accreditation standards

## The Team

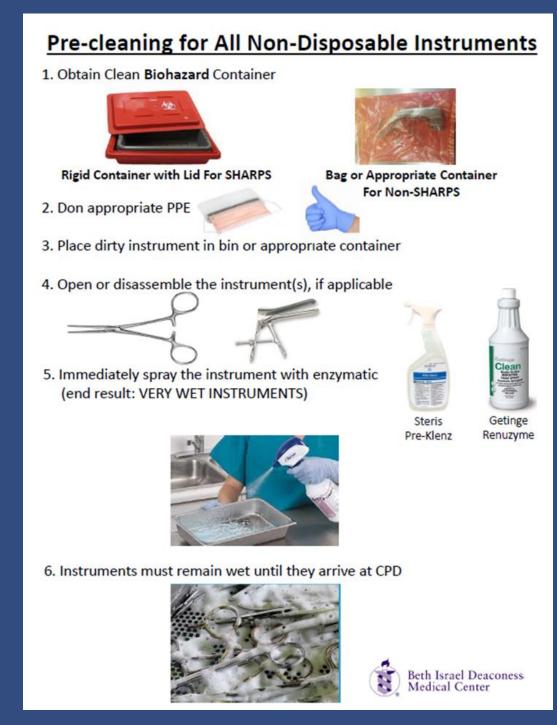
- Infection Control/ Hospital Epidemiology
- Ambulatory Operations
- Staff at all sites performing HLD

With thanks to the HLD Steering Committee

## The Interventions

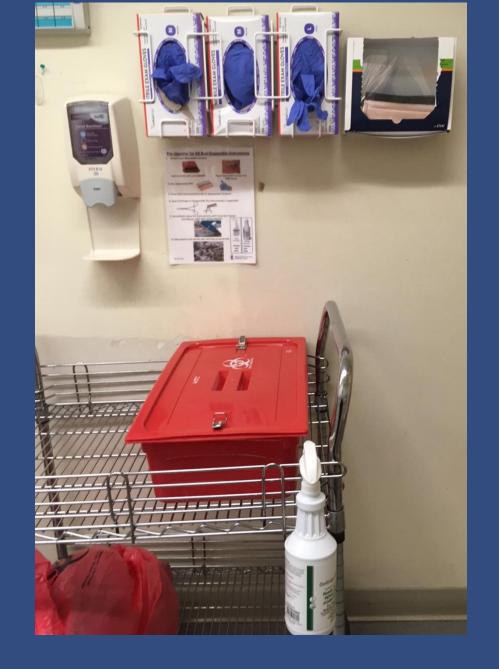
- Step-by-step reprocessing walkthroughs by ICPs several times per week with real-time feedback including:
  - a. Step-by-step review of reprocessing
  - b. Review of equipment transport and storage
  - c. Personal protective equipment and hand hygiene observations
- 2. Development of new or updated tools
  - . "Joint Commission FAQs" and corresponding quiz
  - D. Revision of all IC Guidelines
  - c. Checklists to facilitate staff training
  - . signage to serve as visual cues during pre-cleaning and reprocessing

# Results/Progress to Date



Visual Aids: Instrument pre-cleaning poster

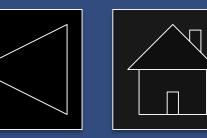
Pre-cleaning



<u>Centralized station creation:</u> Hand sanitizer, PPE, a pre-cleaning enzymatic solution, and a transport bin

For more information, contact:

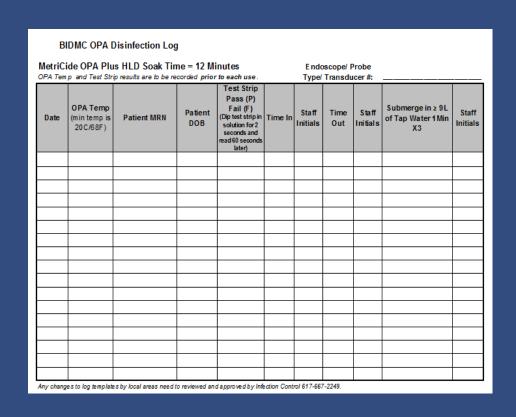
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# More Results/Progress to Date



#### **Documentation:**

- IC/HE updated all checklists related to HLD to reflect IFU requirements and TJC standards
- Standardized logs were created for all sites to cover required documentation for reprocessing, and cartridge and chemical changes

#### Reduce Manual Disinfection and Improve Safety:

- ENT purchased two new Olympus mini-endoscope reprocessors (pictured to the right) to shorten reprocessing time
- IC/HE oversaw the transition from OPA to these machines to ensure compliance with IFUs and TJC standards





#### Space:

- IC/HE identified several space constraints that resulted in improper probe and scope storage and suggested improvements
- Example of a new probe rack acquired by Surgical Specialties to safely store their equipment to prevent contamination

### Lessons Learned

- Discovered many discrepancies in reprocessing techniques due to misinterpretation of product IFUs
- Inadequate resources available for staff to maintain product and process compliance
- Encountered interdepartmental communication barriers particularly with disseminating pertinent information to frontline staff



#### **Quality Control:**

IC/HE educated and observed staff to ensure they could perform quality control checks to meet each IFU.

- Correctly readout a pass/fail chemical indicator at the end of the cycle
- OPA and AER reprocessing require quality testing of test stripes (pictured to the left)

## Next Steps

- Continue increased ICHE collaboration with frontline staff to preserve compliance to updated pre-cleaning and HLD process
- Create an Infection Control checklist that sites can use to self-audit HLD compliance
- Establish and streamline processes between onsite and offsite HLD locations

For more information, contact: