

High Level Disinfection

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Introduction/Problem

To ensure reliable, safe, high quality care in all areas using high level disinfectant, this team made certain that we comply with The Joint Commission, Infection Control, and the AAMI 2017 standards. We harmonized these practices across the medical center.

Goals/Performance

1. Conducted **17 gap analyses** of areas using HLD across the medical center and at off-sites. Corrected discrepancies identified.
2. Determined **equipment inventory**
3. Determined **chemical inventory**
4. Standardized **logs** for OPA & Trophon
5. Observed & communicated compliance with **Personal Protective Equipment [PPE]** standards
6. Reviewed/corrected **instrument storage containers/cabinets**
7. Updated the **Infection Control Policy**, supporting workflows provided by **Instructions for Use (IFU)**

The Team

Name	Title / Department
Ashley Boulanger, BS	Rehab Aide / Voice, Speech & Swallowing
Elizabeth Blaeser, MS, CIC	Infection Control Practitioner / Infection Control
Elizabeth Carvelli, DNP, RN	Nursing Director / West Procedural Center
Susan Crafts, MS, RN	L&D Specialist / Labor & Delivery
Kate Deary, DNP, APRN-BC	Director of Clinical Operations / ENT
Nancy Doraiswami, RN, BSN, CGRN, CRCST, CFER	Director / Central Processing Department
Fae Esparza	Manager / Practice Operations, Surgical Specialties
Kervin Faustin, CBSPD, CFER	CPD Tech III / CPD
Pat Folcarelli, RN, PhD (Sponsor)	Vice President / Healthcare Quality
Sarah Fostello, BA, RDMS	Clinical Manager / Echo Lab
Veronica Kelly, MSN, RN	Nursing Director / GI
Bernie Kennedy, BS, RDMS, RVT	Technical Director for Ultrasound/Vascular Lab / Radiology
Aleah King, RN, CIC	Infection Control Practitioner / Infection Control
Jeff Lamson, RN, BSN, CEN	Clinical Manager / ED
Mary LaSalvia, MD	Medical Director / Ambulatory Operations

Name	Title / Department
Thomas Malboeuf, Cer. A.T	Clinical Manager / Anesthesia
Jamie McGloin	IC Co-Op
Deb McKinnon	Practice Manager / ENT
Preeti Mehrotra MD, MPH (Co-Leader)	Associate Hospital Epidemiologist, Infection Control/Hospital Epidemiology
Danelle Henry Obas, CBSPD, CST	CPD Educator / CPD
Ed Plant, BS, CE, CBET	Anesthesia Technical Director / Anesthesia
Amanda Poirier, AIA	Sr. Project Manager / Facilities
Rob Seeley, CSP	Sr. Safety Officer / Environmental Health & Safety
Jane Sellica, RN, BSN, CNOR, CNIV	Nurse / Surgical Specialties
Ross Simon, BA (Co-Leader & Facilitator)	Sr. Quality Engineer / Health Care Quality
Ellen Volpe	Director / Ambulatory Operations
Cynthia Wagner, MS, CCC-SLP, BCS-S	Manager / Voice, Speech & Swallowing
Matt Wheeler, MS, CCE	Director / Clinical Engineering

Issues

Outdated manual high level disinfection process

Identified / corrected scope cabinet issues

Identified need to test staff for colorblindness

Obsolete scopes

Identified need and implemented securing EPCA pumps in L&D

Blocked ventilation

Crowded workspaces

Improved atomizer sterility

Instrument kits stored incorrectly

Unsecured sharps container in L&D patient rooms eliminated

Surfaces not cleanable

Identified GEL enzymatic product to keep dirty instruments moist

Curtailed disposing dirty sheaths in regular trash

Dirty sharps transport trays

Implemented use of disposable buttons in GI

oneSOURCE IFUs
Implemented December 2018
Subscription-based service providing access to complete online database service of IFUs and PMs, updated over 100 times every month.
Instructions for Use & Preventive Maintenance

Simplified patient room turnover by eliminating unnecessary bagging (an Infection Control concern) of Fetal Monitors Cardio & Tocometer

Identified best practices (electronic data gathering) to spread

For more information, contact:

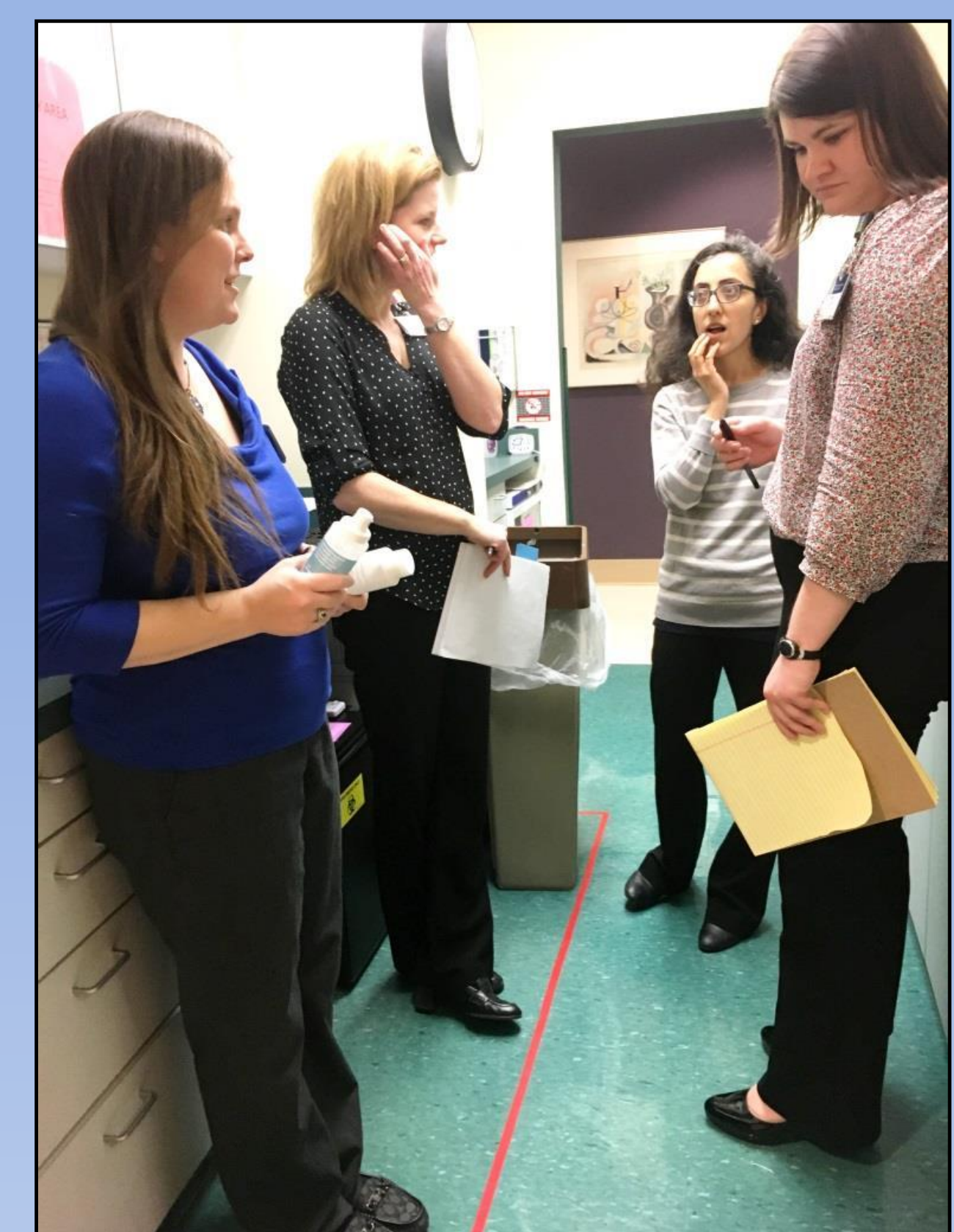
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Analysis



Audit Team
Performing
Gap
Analyses



Education

Facilitated Trophon Training 2/26/19
Nanosonics, Inc.
26 Employees Educated
2:00 - 3:30p

Lessons Learned

- Don't take anything for granted
- Observation is key
- People don't know what they don't know
- Take ACTION when you see something out of compliance
- Some areas do more than what's required, providing best practices (i.e.: electronic recordkeeping by Anesthesia)
- This team provides a forum for sharing best practices

Next Steps

Meet the following goals in the next phase of work (HLD Phase II Team)

1. PPE Auditing – set-up a process to periodically audit
2. Set manual competency compliance
3. Patient/Scope Tracking – where necessary, transition from paper to electronic
4. Preventive Maintenance – establish consistency in labeling, use the same technology managed the same way
5. Implement use of disposable buttons for areas in addition to GI
6. Perform one or more FMEAs (Failure Mode and Effects Analysis) to proactively identify areas of vulnerability and take action to minimize the risks
7. Have all GI reproprocessors in 2019 certified to IAHCSSM

- Shared Best Practices**
- Transport containers, bags & sheaths
 - Data access & storage
 - Access to Instructions for Use
 - Data collection logs
 - Keeping dirty instruments moist
 - Calibrated Infrared thermometers
 - Dirty sharps transport containers
 - Lint-free cloths
 - Floor elevators
 - One glove policy to prevent contamination to door knobs, elevator button, etc.
 - Pre-cleaning pads

Best
Practices
Identified
and Shared

For more information, contact: