

Rethinking Policies, Guidelines, Procedures And Competency Validation

TAP TO GO BACK TO KIOSK MENU

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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Nursing
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Background and Planning

The management of policies, guidelines, procedures and competency validation tools in the perioperative setting has continually become more complex along with the diversity of our workforce. Our team recognized that there was redundancy and overlap in many of our documents that limited staff to easily access and understand the information that they need to practice safely.

Team

- Associate Chief Nurse Perioperative Services
- Clinical Manager Perioperative Education
- Unit-based Educators: CVI OR, East OR, Perioperative Nurse Entry Program, West OR
- Perioperative Information Management System (PIMS) Resource Nurse

Assessment

A four part assessment was completed:

1

- Literature Review
- Workforce diversity
 - Adult learning styles
 - Differences between digital natives and digital immigrants learning attributes

2

- Exploration of the attributes of our learning management system which offers
- Ability to provide learning
 - Performance reviews
 - A **single source of truth** for documentation of employee compliance

3

- Review of the content of policies, skills checks and other competency validation tools
- Found
- Overlap in content
 - In some instances, not congruent

4

- Brain-stormed how can we deliver content using Teach-Backs
- Digital learners (Easily retrieved, using graphics before text)
 - Digital immigrants (printable as a document with linear naming of the must dos)

Policy

Beth Israel Deaconess Medical Center Perioperative Services Manual	
Title:	Immediate-Use Steam Sterilization (IUSS) in the Operating Room
Policy #:	PSM 200-104
Purpose:	O.R. sterilizers are used to ensure that sterile instruments are available at all times to meet the surgical team's and patient's changing needs during a procedure.
Definition:	"Immediate use" is broadly defined as the shortest possible time between a sterilized item's removal from the sterilizer and its aseptic transfer to the sterile field. Immediacy implies that a sterilized item is used during the procedure for which it was sterilized and in a manner that minimizes its exposure to air and other environmental contaminants. A sterilized item intended for immediate use is not stored for future use, nor held from one case to another.
Policy Statement:	Immediate-Use Steam Sterilization 1. Immediate-use steam sterilization (IUSS) should be kept to a minimum and should only be used in urgent clinical situations. 2. Prior to immediate-use sterilization, the recommended critical cleaning and decontamination steps are completed by CPD staff according to manufacturers' instructions for use. 3. Only closed sterilization containers will be used for IUSS to prevent contamination during transfer to the sterile field. To accommodate the closed containers, O.R. Sterilizers a. are set on pre-vacuum b. no IUSS loads will be processed using gravity displacement 4. A chemical indicator(s) will be used within the container being sterilized and validated that sterilization parameters have been met. 5. Sterilized items are used immediately during the procedure for which the items were sterilized. 6. IUSS should NOT be done on implants except in a documented emergency situation when no other option is available. The Circulating RN should notify the Nursing Director/ designee of the need to IUSS 7. An IUSS log is maintained at each sterilizer to record information on each IUSS load.
Associated Documents	1. PSM 200-104 Appendix 5 Teachback IUSS pages 1 and 2 2. PSM 500-153 Skill Checklist Immediate Use Steam Sterilization – Loading/Unloading an IUSS Sterilizer 3. PSM 600-401 Biological Monitoring of Sterilizers 4. PSM 600-401 Appendix 5 Biological Monitoring Immediate Use Steam Sterilizers

Assoc. Doc. 1: Teach-Backs

IUSS – Immediate Use Steam Sterilization

Track items to patients & O.R.
Document on IUSS Log – Complete All Fields:
• Date and time
• O.R. #
• Patient's name & MRN or sticker
• Items processed
• Load #
• Temp, length of cycle
• Integrator results
• Operator info – in and out
• Reason for IUSS

When?
• Urgent clinical situation *
• Kit/ instrument not sterile
• Call CPD point person for pickup

Document
(see page 2)

Scrub/Circulator
• Instruments must be dry to run in Pre-vacuum sterilizer
• Chemical indicators: opposite corners of large kit pan/ center of small pan
• Check that reusable filters are in place
• Place pan in sterilizer - do not tilt or stack containers
• Run 4 min cycle (+ 1 min added dry time) for almost all instruments including lumens/ no lumens, dipped, taped, etc. or according to manufacturer's instructions for use (IFU)
• Drills and composite devices, per mfr's IFU, may take 35 min or longer
• **Verify Cycle parameters:**
• Time (4 minutes)
• Temp (270° entire cycle)
• Pressure (28-30psi)
• Use for that case only – do NOT store for later

Load, Run, Verify

Cleaning & Decontam in CPD
• Will clean & decontaminate instrument(s)
• Will return instruments to OR staff in IUSS mesh basket

Cycle failure
• If the sterilizer printout or chemical indicator does not meet parameters, consider load unsterile. **DO NOT USE!**
• Re-run load with new indicator
• If still does not meet, shut down sterilizer and notify CA/ designee

July 2018 PSM 200-104, Appendix 5 IUSS

Assoc. Doc 2: Skills Checklist / Competency Validation Tool

Perioperative Services Manual Competency Checklist		
Title: IUSS Sterilization Protocol East / West Campus PSM 500-641		
Name:	Person Validating Practice:	Date:
<ul style="list-style-type: none"> • The CPD Technician demonstrates the ability to accurately operate the Immediate Use Steam Sterilizers and perform appropriate quality control measures 		
Method of Validation:		
<input type="checkbox"/> Return demonstration/ Peer Review <input type="checkbox"/> In-service or Course <input type="checkbox"/> Question/ Answer <input type="checkbox"/> Simulation <input type="checkbox"/> Other, List:		
Key:		
<input type="checkbox"/> Met All & Initials (check box and initial if orientee demonstrates all elements at one session) <input type="checkbox"/> Elements were met in multiple sessions (Note date met & initial individual element- validator add name above)		
Critical Elements		Observed
Step #1 Perform a Bowie-Dick Test (Dart Test) - Blue Pack:		
1. At midnight, tests each Immediate Use Steam Sterilizer by selecting the correct cycle; (Vac. B+D Test) presses "Enter and Ok"; places the Bowie-Dick pack on the rack over the drain, closes the door and starts the cycle. Goes into Censitrac and scans each IUSS. Selects Dart Test, sends the data, selects the cycle and saves.		
2. At the end of the cycle, opens the IUSS, remove the pack, opens and verifies the color on the sheet (makes sure it turned Black and is a uniform pattern).		
3. Goes into Censitrac, selects proper IUSS load, goes in "Indicator"; types in Bowie Dick Test lot #, selects "Pass", and saves.		
4. If the Bowie-Dick test fails once, repeats the process. If it fails a second time, puts a sign on the IUSS autoclave, indicating it is (Down) and notifies the Supervisor to call for service.		
Step #2 Performs a Biological Test:		
a. Labels the Biological Test is (Attest 1492V) Rapid Readout (Brown Cap)		
b. Places the BI inside the (new) IUSS container and close the lid		
c. Selects the correct cycle: (Prevac 270°/ 4m/1 dry) Enter and Ok		
d. Closes the door starts the cycle.		
e. At the end of cycle, opens the container, takes out the BI and immediately brings to CPD to incubate.		
f. Changes the BI Control every 24 hrs.		
g. Always matches the BI and the control in the incubator.		
Sterilization Assurance:		
In Censitrac opens to the proper sterilizer load when implanting a Biological		
a. Selects Indicator; types in Biological, lot #, controls lot #, in that screen and then selects "save changes", selects "done".		
b. Records the BI results 24 minutes later, opens Censitrac, selects proper sterilizer load and records indicator as pass or fail on the load result; prints sterilizer load report.		
c. Properly places Censitrac printout into Steam log.		
d. Attaches Sterilizer printout, verifies date and time of load		
e. Records BI results in 3M BI Monitor Log		
f. Notifies supervisor or charge person returned for a failed BI.		

Findings

- Content of our many of our policies were too broad and included a lot of procedures.
- Skills checks and other competency validation tools were redundant with the steps of the related policy and, in some instances, not congruent.
- Using a paper system of competency validation was cumbersome.

Crafting a New Direction

1. Policy stating the must dos and the references companion documents as appendices.
2. A competency validation tool which outlines the steps to delivering the care.
3. Teach-back(s) that are point of care digital learning tools.
4. Implementation during the FY 2018 review cycle.
5. Plan: Convert all policies over the three year review cycle.

Outcomes

- Favorable feedback was received after the release of the trialed policies.
- All documents are easily retrievable in the on-line Perioperative Services Manual.
- System is designed to:
 - highlight continuous improvement in high reliability teams,
 - Capture competency validation with a single source of truth measuring the steps of care delivery in the competency validation process, and
 - Place relevant tools into the hands of the people who do the work where they work.

References

1. Jones A. Organisational commitment in nurses: is it dependent on age or education? Nursing Management. 2015; 21(9):29-36.)
2. Porter-O'Grady T, Malloch K. Quantum Leadership, Building Better Partnerships for Sustainable Health, 4th Edition. 2015, Jones & Barlett Learning, USA. P.3