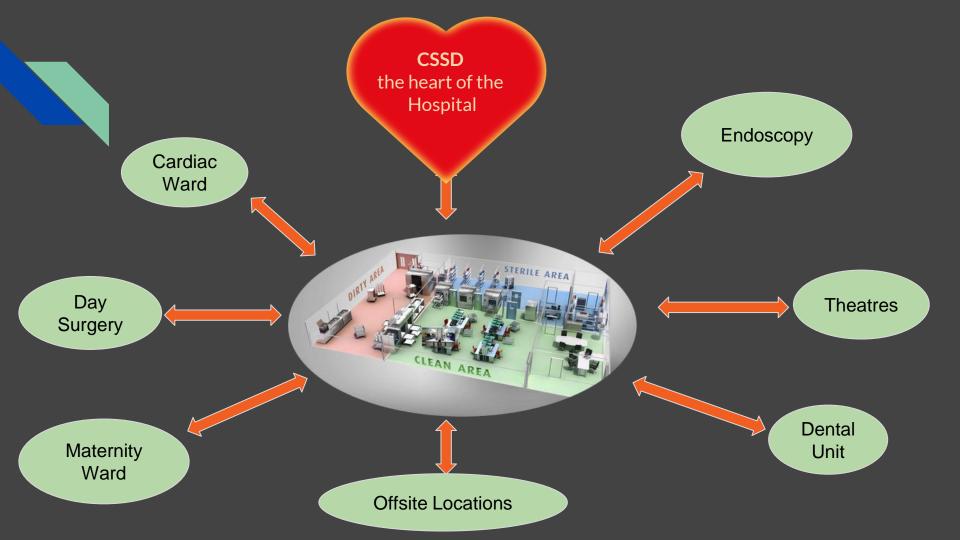
Developing an Action Plan to Prevent Healthcare-associated Infections



Jessica Pena CSSD Manager at Vermont Private Hospital



How Advances in Technology & Standards are Driving Change in CSSD's





Automatic Trolley





AS/NZS 4187-2014

- NSQHS ADVISORY AS18/07:
 Reprocessing of reusable medical devices in health service organisations
- V7.0 March 2021 Update
- 3 Key Deadlines to note

AUSTRALIAN COMMISSION ON SAFETYAND OUALITY IN HEALTH CARE



ADVISORY

TITLE	Reprocessing of reusable medical devices in health service organisations			
Advisory number	AS18/07			
Version number	7.0			
TRIM number	D20-17994			
Publication date	March 2021			
Replaces	AS18/07 version 6.0 published July 2020			
Compliance with this advisory	It is mandatory for approved accrediting agencies to implement this Advisory			
Information in this	All approved accrediting agencies			
advisory applies to	All health service organisations			
Key relationship	NSQHS Standards Preventing and Controlling Healthcare- associated Infections Standard			
Attachment	n/a			
Notes	Clarification of requirements for completion of a plan to meet requirements of Action 3.14 and address identified gaps in compliance against relevant national or international standards for reprocessing of reusable medical devices			
Responsible officer	Margaret Banks			
	Director, National Standards			
	Phone: 1800 304 056			
	Email: accreditation@safetyandquality.gov.au			
To be reviewed	December 2022			

New Deadlines to meet Infection Control Standard

1. June 2021 - Complete Gap Analysis

- Determine current level of compliance:
- For example
 - HEPA Filtration
 - Pressure Exchanges
 - Height adjustable sinks and workbenches
 - Stainless Steel Storage
 - Unidirectional workflow
 - Compliance with national,international standards
 - Workhealth and safety guidelines -chemical safety
 - Reusable Medical Devices (RMD) Processing Requirements

New Deadlines to meet Infection Control Standard

2. December 2021 - Develop & Document an Action Plan according to gap analysis



VPH Gap anallysis krittal report							
GPP ANALYSIS							
Workflows that will support the operational processes within CSSO	Recommendations	Corrective action	nores				
Maintenance schedules for equipment used in the representing process are resolvent and reviewed.							
Traceubility systems used during the reprocessing of reusable items							
Observation that relevant connent standards and guidelines are accessible to relevant workfaces							
Physical design							
Describe Americal description and present and off or automated gre- change and off or automated gre- change a consense of automated looking of the authing disardination [anduring a drying cycle]; and subject to the authing disardination in the rings in light board disardination in the rings in light board disardination automated and and accopy processes.							

VPM Gap analysis initial report						
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In steam sterificers In low temperature sterificers In reverse commits quality water						
Stanta Stanage Area I have appropriate space for trolleys and storage						
Scape Cleaning Facilities I-ACRS, IMLD						
Storage Facilities schemical storage schemical storage scheming area						

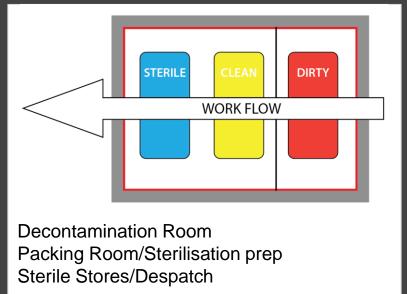
New Deadlines to meet Infection Control Standard

3. 31 December 2022 - Comply with standards for effective segregation



Segregation





New Deadline to meet Infection Control Standard

• 31 December 2022 - Comply with standards relating to storage of sterile stock















New Deadline to meet Infection Control Standard

• 31 December 2022 - Comply with standards relating to cleaning, disinfecting and sterilising equipment



Segregation of Chemical Storage and Workflow

• Safe storage of chemicals in designated areas



Improvements Made at Vermont Hospital

- Day procedure centre with 4 theatres
- 6 overnight beds
- 12 recovery bays
- 97% compliance of AS4187
- Increase inventory
- Eliminated all lumened instruments
- Increased workforce, due to extra surgeons and specialties
- All instruments are in wire baskets to eliminate decanting
- 2019 due to surgeon demands for more work, CSSD will be upgraded and new loans room built.
- Increase overnight beds from 6 to 22
- Build a new theatre just for Orthopedics.



CSSD Department at Vermont Private Hospital - latest equipment & technology working towards gold standard









Challenges and Needs of CSSD

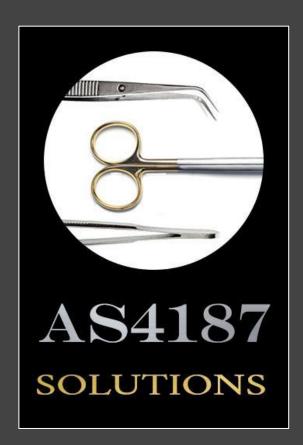
- Improving efficiency of workflow/ensuring CSSD has compliant equipment
- Reduce human fatigue/an adequate workforce
- Allow staff to focus on value-added tasks
- End to end tracking process
- Adequate inventory to allow for compliant processes
- Qualified workforce
- Sufficient space to allow for smooth workflow through CSSDs and O.R
- Environmental controls

Implementing technology in CSSD

- Bring accountability to the process
- A Robust tracking system
- Efficient inventory

Independent Consultant

- Consultant at AS4187 Solutions part time
- Hospitals
- Day Surgeries
- To assist facilities to comply with AS4187
- Normative standards
- Meet local and state guidelines



- Gap analysis was incomplete or not covering the whole document
- No segregation between dirty and clean area
- No chemical safety or training in place at facilities
- No environmental controls in place (air con, air flow)
- Staff have not upskilled or had any further training

• Decontamination Zone







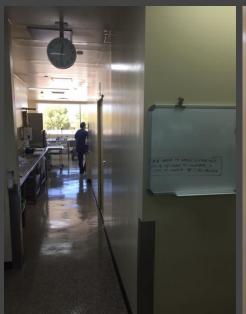
• Decontamination Zone







Packing Room









Packing Room







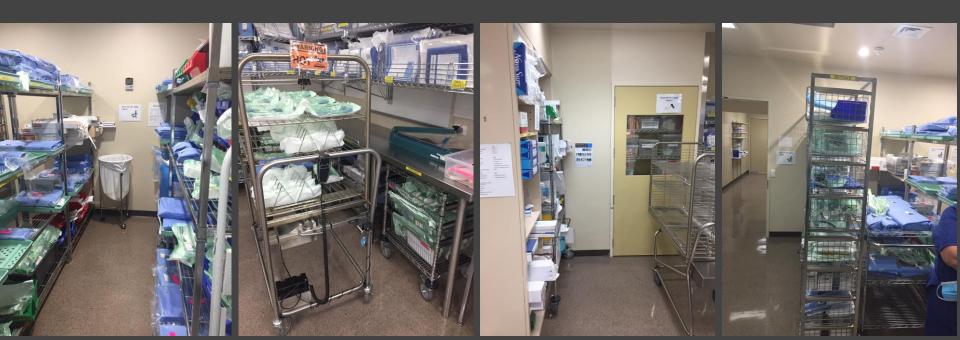
• Sterile Store







• Sterile Store



Engage Professional Advice Early in the Process

Before any decision is made to carry out an upgrade or redevelopment, consideration should be given:

- To the long-term strategy
- The need for capital investment in decontamination equipment
- Space required for the new service
- Segregation of Dirty, Clean and Sterile
- Future proofing
- Build it and design it right

Get an independent Assessment done and a team/s that can help you with

- 1. Comprehensive Reports
- 2. Gap Analysis
- 3. Action Plan
- 4. Budget Projection
- 5. Implementation Action Plan
- 6. Recommended Suppliers for Product Installation

Are you taking responsibility for AS4187 compliance in your facility

AS4187 committee is formed and internal resources are adequate for the facilities needs

The Action Plan should include:

- A strategy to identify and manage any current and emerging risks associated with the compliance gap(s)
- The timeframes and actions required to address the compliance gap(s)
- Executive endorsement



Thank You

Jessica Penna

CSSD Manager and AS4187 Consultant

Questions & Answers

