The Role of CSSD in HAI Reduction

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Speaker Disclosures

- This presentation was sponsored by 3M.
Objectives

- **Describe** the role and responsibilities of CSSD in reducing HAIs
- **Identify** obstacles faced by CSSD in preventing SSIs
- **Review** the most recent professional guidelines
- **Discuss** future trends

Who are we?

- CSSD, SPD, CSPD, CS – what’s in a name?
- Are we a stand-alone department? Part of the OR? Part of Central Supply and Materials Management?
- What are our responsibilities? Supplies? Case carts? Linen? Instruments only? Scrubbing for procedures?

Everything we do...

- Is designed with the goal of reducing HAIs
  - Departments must have processes in place so that reusable medical devices are not the cause of HAIs
    - All patient care equipment is adequately cleaned and decontaminated between patients
    - All medical devices are cleaned, decontaminated, disinfected and/or sterilized according to the Spaulding Classification System of non-critical, semi-critical and critical items
Surgical Site Infections

- According to the CDC, approximately 3% of patients develop an SSI
- The exact cause of SSIs is not always easily determined
- CSSD technicians strive to eliminate surgical instrumentation and other medical devices as a possible cause

What Does it Take to Accomplish That?

- Departmental policies and procedures based on AAMI
- Unlimited pool of potential employees
- Training program that includes O-T-J & certification
- Competencies
- Flawless communication
- No surprise loaner instruments
- Easy to access IFUs
- Plenty of space
- Enough instrumentation
- Unlimited budget
- Appropriate supplies
- Up-to-date equipment
- Continuing education
- No distractions
- Employees who are super-human

But in the real world...

The Instruments Keep Coming and Coming...
The Trays Continue to Change…

Best Practice Standards Aren’t Always Followed…

Loaner Instruments Come in When Least Expected…
Staff Members Don’t Always Follow the Rules…

Equipment Malfunctions…

Sterilization is a Crap Shoot

- 85% of all sterilization failures are caused by human error
- The failure of any one of the critical processes can cause a failure
  - Cleaning
  - Assembly
  - Packaging
  - Sterilizer Loading
  - Cycle Selection
  - Transport
  - Storage
The Essentials for a Quality System

- Policies & procedures based on AAMI standards
- Training program that includes O-T-J, formal training and continuing education
- Quality monitoring system
  - Chemical, mechanical & biological
  - Cleaning equipment
  - Utilities – steam, water

The Essentials, Continued

- Access to and use of manufacturer’s cleaning and sterilization instructions
- Tools for cleaning
  - Brushes
  - Medical grade forced air
  - Detergents/disinfectants designed for use on medical equipment

AAMI ST79: An Ever-Changing Document

- 2010 the 2nd edition of ST79 released
- This document is essential for each hospital to have and to use!
- Some of the key changes include:
  - Monitoring steam quality
  - Appropriate use of Class 6 emulating indicators
  - Guidance for new product evaluation (items not yet addressed in AAMI standards)
The Joint Commission Standard IC.02.02.01

The hospital reduces the risk of infections associated with medical equipment, devices and supplies. In order to maintain a reliable system for controlling this process, organizations pay attention to the following:

- Orientation, training and competency...
- Levels of staffing and supervision...
- Standardization of process regardless of whether it is centralized or decentralized
- Reinforcing the process (IFUs, written instructions)
- Ongoing quality monitoring

Elements of Performance for IC.02.02.01

The hospital implements infection prevention and control activities when doing the following:

- Cleaning and performing low-level disinfection of medical equipment, devices and supplies
- Performing immediate and high-level disinfection and sterilization of medical equipment, devices and supplies
- Disposing of medical equipment, devices and supplies
- Storing medical equipment, devices and supplies

What Does This Mean for CSSD?

- 5,795 US hospitals - according to 2009 AHA survey
- 88% of them are surveyed by The Joint Commission
- No longer will surveys of CSSD be optional
- The attention of The Joint Commission will help us to raise the bar on performance in all hospitals
Our Future’s So Bright, I Have to Wear Shades

The Future of CSSD

- The complexity of medical devices and sterilization processes will continue to increase
- The demands placed on our departments to do more with less will increase
- There will be increased attention brought to the profession in the media as well as surveying organizations

The Future...

- Benchmarking systems will be developed and will become an indispensable tool
- The evolution of technicians will continue
- The partnership among Surgery, CSSD and Infection Prevention and Control must continue to develop
AAMI ST79 Section 4 – Personnel Considerations

4.2.1 Supervisory Personnel
All preparation and sterilization activities, including decontamination, inspection, preparation, packaging, sterilization, storage and distribution should be supervised by competent, qualified personnel. Personnel assigned to supervisory functions should be prepared for this responsibility by education, training and experience.

Minimum Recommended Qualifications Include:

- Successful completion of a central service management certification examination
- Demonstration of current knowledge and adequate relevant experience
- Participation in continuing education programs and courses…with special emphasis on infection control, safety and the principals and methods of sterile processing
- Demonstration of comprehensive knowledge of pertinent state and federal regulations

5 Years Later… NJ still the only state requiring certification of CSSD technicians, managers
The Importance of Leadership

- CSSD is a healthcare specialty that requires extensive knowledge and experience in cleaning, disinfection and sterilization
- In addition to knowledge of these processes, CSSD leaders must know and use the standards and regulations
- CSSD leaders are patient advocates
- Surgery and IP professionals must be CSSD advocates

“Whatever you are, be a good one.”
Abraham Lincoln

Thank You