

#### **Service Priorities and Programmes**

#### **Electronic Presentations**

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# A Quality Improvement Program in Endoscope Decontamination – Central Reprocessing

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### **Introduction**

Before gap analysis of accreditation last year, the cleaning and high-level disinfection of flexible endoscopes was decentralized. Each department (diagnostic treatment department, ICU, AED, clinics, etc.) tested, cleaned, high-level disinfected and stored their own flexible endoscopes. Suboptimal scope reprocessing can cause a potential hazard for subsequent patients. A problem with access and control of endoscopes was identified and for the first time the endoscopy department broached the idea of having the endoscopes centrally processed. It was decided that the resources to centralize (workspace, trained personnel, and equipment) were available. A new way to provide optimal scope reprocessing was the best solution to enforce the existing guidelines to meet international standards.

## **Objectives**

(1) To ensure the reprocessing process meets international standards; (2) To ensure the quality and consistency of the reprocessing process (3) To reduce satellite disinfection sites

### **Methodology**

Intended Improvement To provide centralized endoscope reprocessing services to other satellite disinfection sites of PWH in relation to established standards and to implement measures for continuous quality improvement. Action for Improvement Ten sets of automated endoscopes reprocessors (AER) were approved under the planning exercises of CBV 2012-13 to replace manual disinfection which has no longer been recommended for scope reprocessing and could not meet the criteria for accreditation. Next to the installation of ten sets of AER, training on manual cleaning and automated high-level disinfection were arranged. Besides, revised policies and procedures were established to facilitate daily needs for the department. In addition to the initial training that was conducted, periodic training continues to help keep the staff up-to-date. Training, thorough documentation and administrative controls were major parts of our process. We have also established clear communication between the endoscopy centre and the other satellite disinfection areas to ensure that endoscopes

are prioritized based on their daily needs.

## <u>Result</u>

Conclusion The quality improvement program in centralizing endoscope reprocessing was effective in reducing satellite disinfection sites, saving cost and achieving sustainability and improvement of the quality and consistency of the reprocessing process in relation to established international standards.