



Service Priorities and Programmes Electronic Presentations

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Centralization of Surgical Instrument Reprocessing Services in New Territories West Cluster (NTWC)

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Introduction

Hospital accreditation exercise has initiated revolution in decontamination services including service centralization; upholding service standard; tracking and tracing of surgical instrument with patient identity; enforcement of surgical service governance.

Objectives

To be in line with the corporate strategy, a centralization project was implemented by NTWC Central Sterile Supplies Department (CSSD). Tuen Mun Hospital (TMH) CSSD has extended the surgical instrument reprocessing services to Tuen Mun Eye Center (TMEC).

Methodology

Extra instruments were purchased to allow sufficient turnover for the project. Tailored logistics was arranged to avoid the risk of recontamination of the sterile products. Soiled and sterile instruments were sending to-and-fro the two centers for three times a day in an enclosed dual-cart system. To minimize the risk of damaging delicate and luxurious ophthalmic instruments during transportation, specially designed baskets were used for holding the instruments in a set during usage, transportation and washing, as a one-stop solution. Lastly, thanks to the roll out of corporate Surgical Instrument Tracking System (SITS), this project can be actualized for daily estimation of instrument required for operation. Preparing for the project commencement, liaison meetings were arranged to line up expectation between TMEC users and CSSD as a service provider. Any nearly missed cases were reported in a real time manner. It allows quick response to users' needs. This also becomes the foundation for CSSD staff training. Continuous quality improvement can be achieved only with user support.

Result

Firstly, service users are no longer as service provider so that TMEC nurses can shift their efforts from instrument care to patient care. Secondly, minimizing satellite

reprocessing center gave beneficial effects on resources allocation such as eliminating the cost of preventive and corrective maintenances, validation to major decontamination equipment, for instance automated washer disinfecter, sterilizer and steam boiler count as the major one. Thirdly, centralization of decontamination service can focus all resources in cultivating a strong decontamination team. Execution of the directions lay down in NTWC quality manual on decontamination is actualized in whole cluster. The quality and effectiveness on instrument decontamination can be assured. Having implemented the project for three months, a very positive feedback was received from TMEC. Patient safety can be secured in return.