Central Reprocessing of Flexible Endoscopes in United Christian Hospital (CR)
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Introduction
Before Organization Wide Survey (OWS) in 2013, reprocessing of flexible endoscopes had been carried out by individual wards in UCH when the need arose. Moreover, it was noted that Glutaraldehyde has been used. Not only was the infection control suboptimal, occupational safety was far from ideal. Resource utilization was also not coordinated, resulting in inefficient usage and greater wear and tear.

Objectives
Develop and implement CR in UCH to phasing out satellite disinfection system in all clinical areas in accordance to OWS’s recommendations. Enhance the infection control standard in reprocessing of flexible endoscopes, and in turn reduce staff exposure to Glutaraldehyde, thus enhancing occupational safety in hospital (OSH)

Methodology
The whole project was carried out in 3 stages:
Stage 1, Starting from Feb 2014, CR service was provided in OFFICE HOURS to individual ward, including Respiratory Medical, Surgical, ICU and SOPD.
Stage 2, Starting from Jul 2016, this service was extended to all wards within hospital in NON-OFFICE hours.
Stage 3: Planned and implemented more advanced system in the Expansion Project of UCH
From 2014, flexible endoscopes of CR which were committed within all stakeholders were in use. As a result, enzymatic detergents, disinfectants, Automatic Endoscope Reprocessors and HEPA filter endoscope cabinets can be used universally. Also, 3 Plasma sterilizers were installed in 4Q 2016 in CSSD. computerized loan and return system, electronic tracking and tracing system and central inventory system were set up to facilitate tracing of equipment, usage, and resource planning. All stages of CR were LOGGED and recorded and audited for proper accountability and quality assurance.
Education videos, demonstrations, hands-on training, hot-line service and information
on Endoscopy Department website were provided for all related staff. Standard of Practice (SOP) were also well prepared.

**Result**
1. Each reprocessing cycle was reduced from 45 minutes to 22 minutes. Glutaraldehyde products were eliminated.
2. Flexible endoscopes were centrally reprocessed by stages started from February 2014 which provided 24 hours service for all wards and clinics.
3. OSH was enhanced.
4. Reprocessing procedures were standardized, logged, traceable, and audited continuously with on-going audit program.

**Conclusion**
CENTRAL REPROCESSING of Flexible Endoscopes service can provide the right endoscope, to the right patient, at the right time with enhanced occupation safety to the staff and save your BUDGET.