

Authors: Dr Shweta Prabhakar¹, and CSSD & Infection control Team

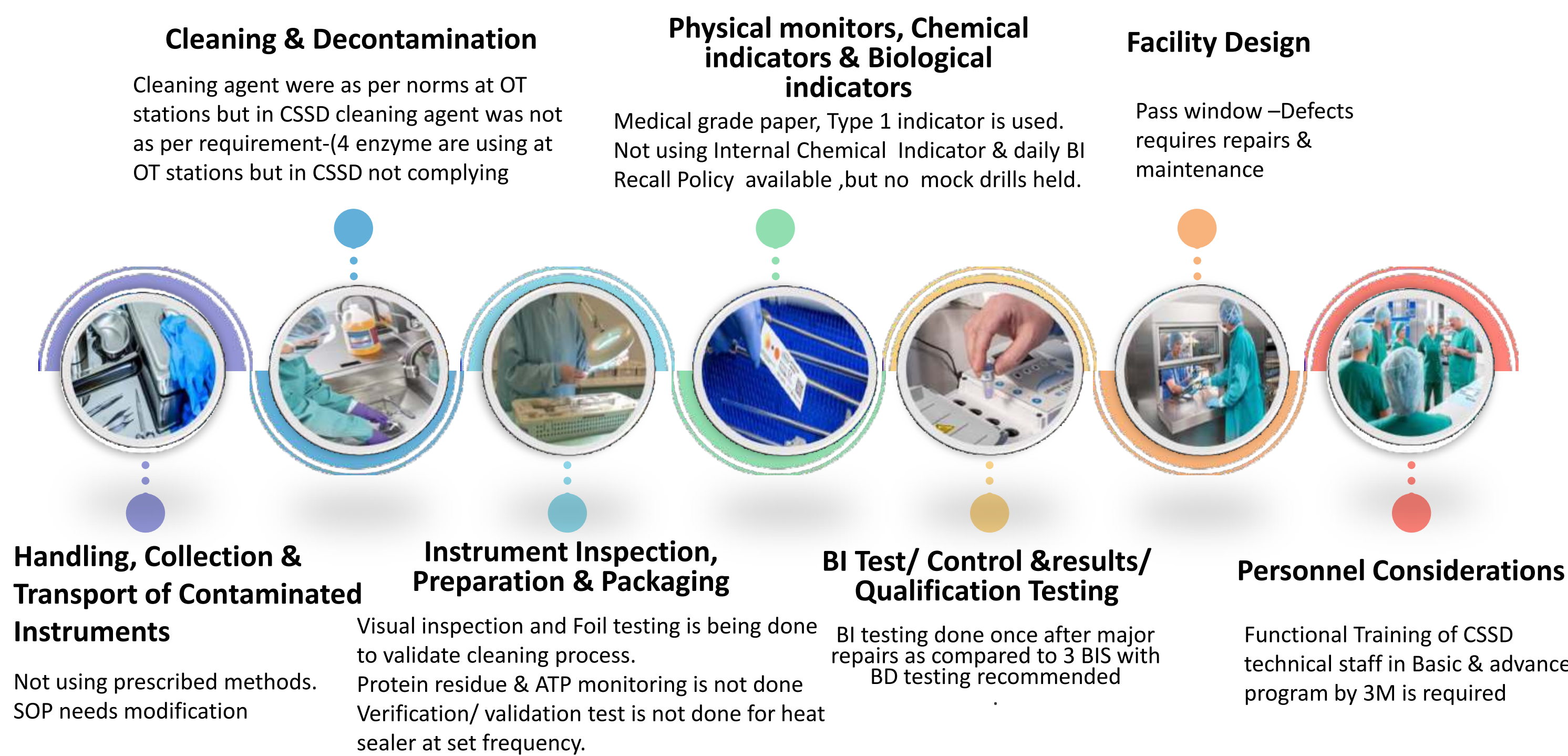
Problem Statement: Reason for Improvement

A Self assessment of CSSD as per the CSSD guidelines by AAMI, APSIC, CDC was conducted in Q2 FY22-23 - compliance to CSSD ACE checklist was **83.33%**

Process Gaps	Regulatory	Potential risk
Lack of Uniform CSSD practices cited in Internal & External Audit Reports	Partial compliance to CDC guidelines & Accreditation(JCI) Stds (PCI 6)	Increased Risk of Infection (HAIs) with use of invasive and noninvasive medical and surgical devices. Patient Outcome



Current Process Flow -Observations



AIM & OBJECTIVE

To Ensure adherence to uniform CSSD practices across the hospital including areas outside CSSD such as OTs and 100 % compliance to recommended guidelines.

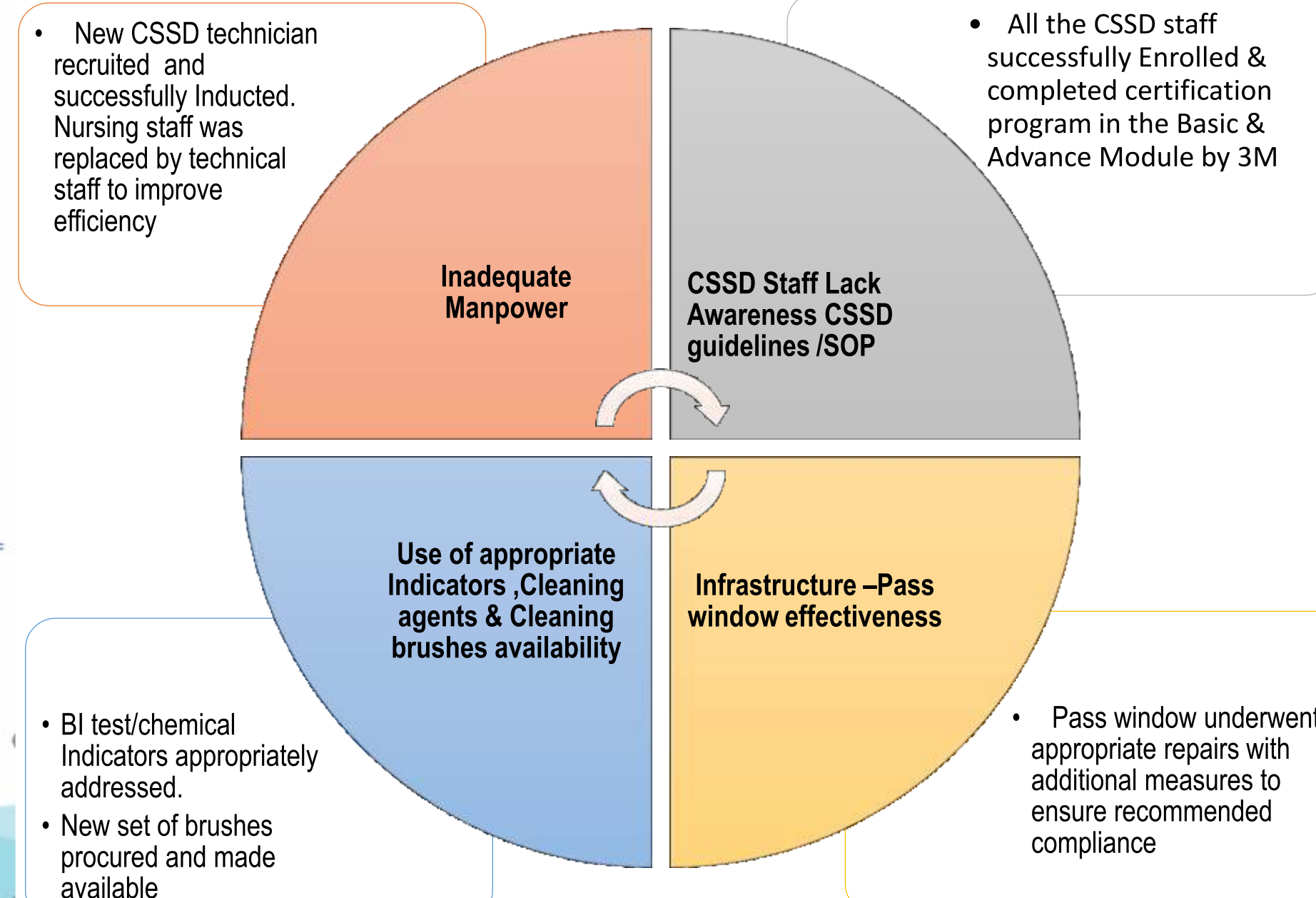
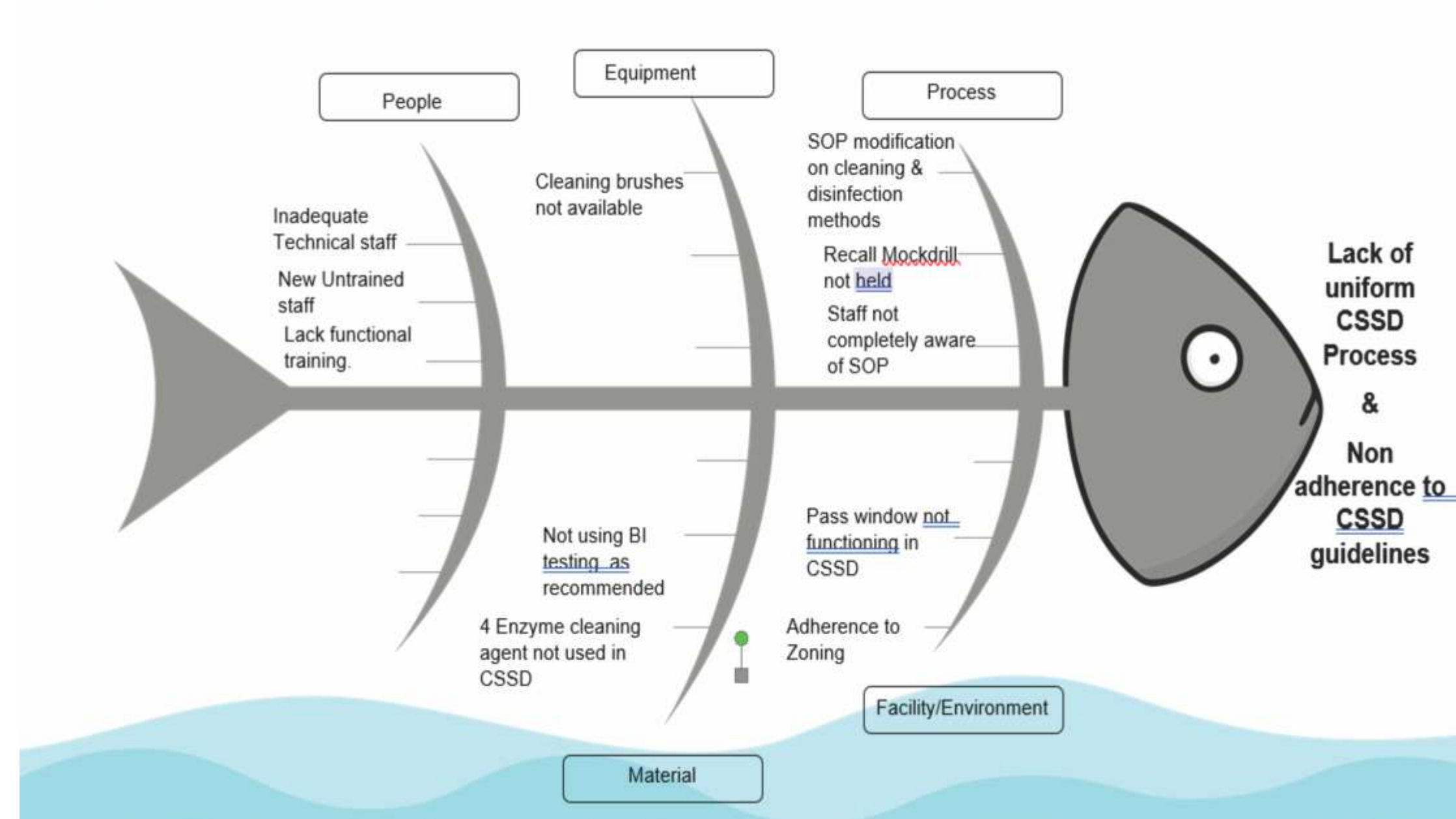
To Implement ACE (awareness, compliance & excellence)program by 3M and increase compliance CSSD processes to >90% in April 2023

MEASURE

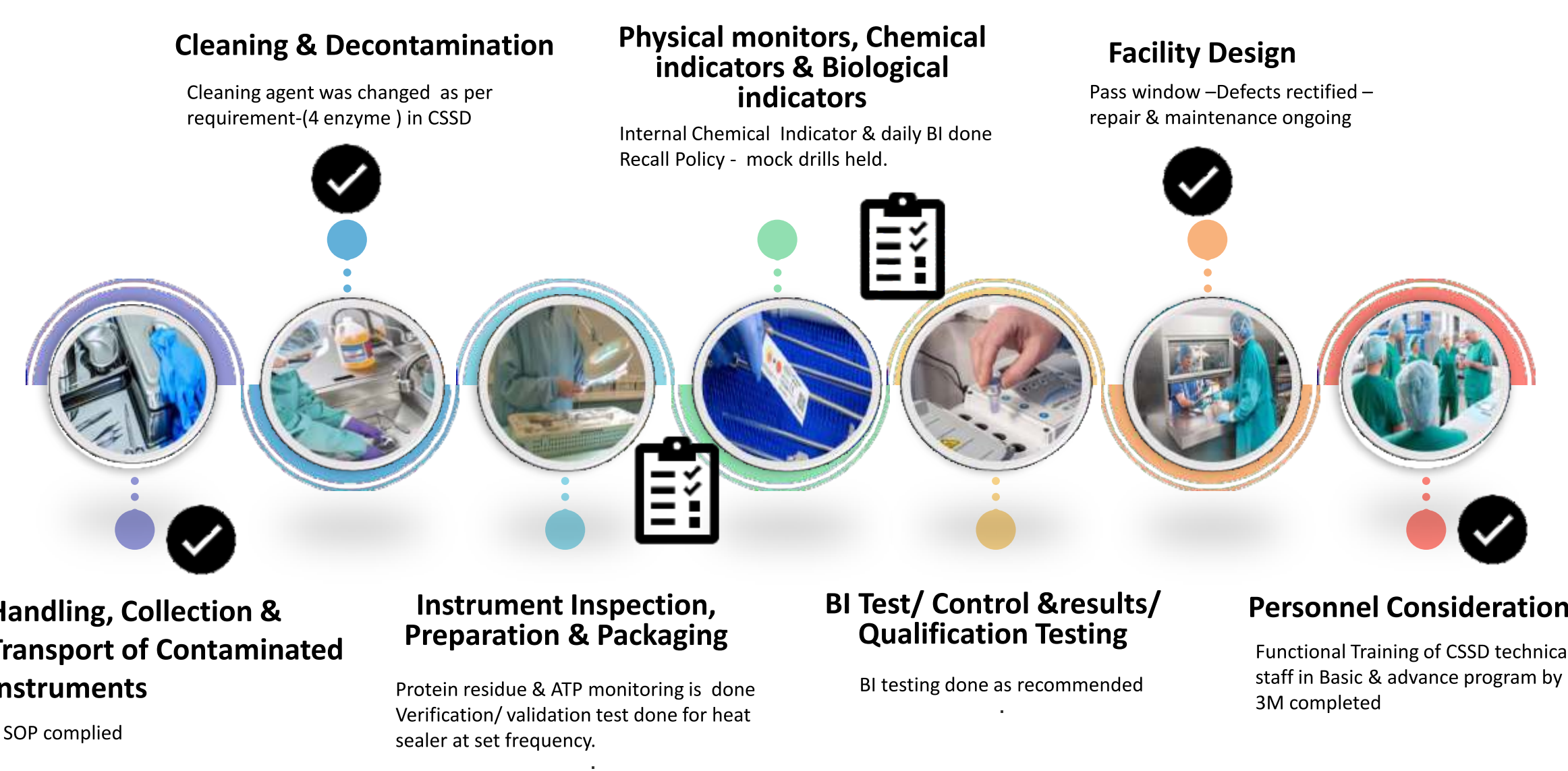
Compliance to CSSD practices using a Self-Assessment Checklist (a questionnaire on the current CSSD practices and protocols. The Self-Assessment checklist has been formulated as per the CSSD guidelines (AAMI, APSIC, CDC etc.)-78 questions checklist was used



FISHBONE DIAGRAM



Improved Process Flow



Pre Intervention

Hospital Details					Total Audit Questions
Name of the Auditor	Dr. Anil Sharma				78
Name of the Hospital	Fortis Mohali				1000
Name of the Auditor (Hospital)	Dr. Shweta Prabhakar				
Hospital Category	Large Health Care Organization (LHCO)				
Audit Type	Physical Audit				
Date of the Audit	March 2023				
Audit Type (Virtual/Physical)	Physical Audit				
Total Score (Value)	900/1000				
Total Score (%)	83.33%				

R/R	Audit Points	Guidance Questions (Questions to ask)	A. Not Implemented (Marks 0)	B. Partially Implemented (Marks 1)	C. Fully Implemented (Marks 2)	Audit Observation (Choose A/B/C)	Observations/Comments/ suggested recommendations as per Standards/ Guidelines
1	Handling, Collection & Transport of Contaminated Instruments	1. Reusable items separated from waste at point of use and contaminated disposable items are discarded appropriately (disposable items)	Not separated	Partial separation	Clear separation	C	Disposal of dirty, disposable waste & reusable as per norms. Clear separation
2	Disinfection of reusable items	2. Items are disinfected from instrument at point of use if immediate transportation not possible, or they are kept in moist container (moist towel, enzyme bath or spray product)	Not available	Partially moist	Moist all the time	B	Items are being disinfected in moist towel. Not using Chemical/Heat/Ketone. Transportation to CSSD through moist towel after packaging. Not using prescribed methods. SOP needs modification
3	Reusable, disposable instrument are provided for solid instruments and use of junction resistant, leak-proof containers for solid items	3. Use of the Trolley/ Tins are sealed/locked/ portable	Not available	Sometimes	All the time	B	Only trolley was not visible, items using line compartment trolley. One section for dry and other section for clean. Trolley trolley was available.

Hospital Details					Total Audit Questions
Name of the Auditor	Dr. Shweta & Dr. Anita				78
Name of the Hospital	Fortis Hospital Mohali				1000
Name of the Auditor (Hospital)	Dr. Shweta				
Hospital Category	Large Health Care Organization (LHCO)				
Audit Type	Physical Audit				
Date of the Audit	April 2023				
Audit Type (Virtual/Physical)	Physical Audit				
Total Score (Value)	1005/1000				
Total Score (%)	93.06%				

Post Intervention

R/R	Audit Points	Guidance Questions (Questions to ask)	A. Not Implemented (Marks 0)	B. Partially Implemented (Marks 1)	C. Fully Implemented (Marks 2)	Audit Observation (Choose A/B/C)	Observations/Comments/ suggested recommendations as per Standards/ Guidelines
1	Handling, Collection & Transport of Contaminated Instruments	1. Reusable items separated from waste at point of use and contaminated disposable items are discarded appropriately (disposable items)	Not separated	Partial separation	Clear separation	C	Disposal of dirty, disposable waste & reusable as per norms. Clear separation
2	Disinfection of reusable items	2. Items are disinfected from instrument at point of use if immediate transportation not possible, or they are kept in moist container (moist towel, enzyme bath or spray product)	Not available	Partially moist	Moist all the time	B	Items are being disinfected in moist towel. Not using Chemical/Heat/Ketone. Transportation to CSSD through moist towel after packaging. Not using prescribed methods. SOP needs modification

IMPACT



Awareness

- 100% Staff trained on CSSD basic & Advance Module by 3M



Compliance

- 93.06% compliance to ACE checklist
- 10% Increase from the base line score



Excellence

- Awarded as under Best CSSD in North Zone Large healthcare category for excellent CSSD practices at CAHOCON2023.



QIP TEAM	
Team Leader	Dr Shweta Prabhakar
Facility Department	Medical Admin & Infection control & Quality department
Facilitator	Dr Anita Sharma & Dr Vikramjit Singh
Sponsor	ACE program by CAHO & 3M
TEAM MEMBERS	
1.	Dr Shweta Prabhakar –Head Quality & Patient Safety
2.	Dr Anita Sharma –Infection control officer
3.	Dr Harinder Sidhu –AMS
4.	Dr Vikramjit Singh-Medical Director
5.	Mr Bishan Singh Bedi-CSSD In charge
6.	Ms Rajbir Kaur -DCNO
7.	Ms Sheila Kisputta- ICN
8.	Mr Neeraj Tandon
9.	Mr Jagtar -CSSD Technical Staff



Winner of Best CSSD Award in North region under Large healthcare category in CAHOCON 2023

Sustainable gains:

- Implemented direct surveillance by CSSD staff in areas outside of CSSD where cleaning and decontamination processes occur.
- Successfully established a uniform CSSD process across the entire hospital.
- Continuously monitoring the cleaning and disinfection processes in areas outside of CSSD and working towards implementing the ACE program to ensure consistent and standardized practices throughout CSSD.