“TEAMWORK coming together is a beginning, keeping together is progress, working together is success…..”

Stacie Patterson
NCAH CSP President

The NCAH CSP is an affiliated chapter of the International Association of Healthcare Central Service Materiel Management
ENDOSCOPE PROCESSING

Automated vs Manual

Phillip Hardin CSPM, CSIP,CFER

Objectives:

The learner will understand how the use of the Medivator Advantage Plus Automated Endoscope Reprocessor (AER) reduces patient safety risk associated with flexible endoscope high-level disinfection.

The learner will understand how the use of the Medivator Advantage Plus Automated Endoscope Reprocessor (AER) can improve safety for reprocessing personnel.

The learner will understand how the use of the Medivator Advantage Plus Automated Endoscope Reprocessor will improve the capture and retaining of required HLD documentation/records.

The learner will understand how the Medivator Advantage Plus can reduce manual reprocessing

The learner will understand how the Medivator Advantage Plus unit can reduce endoscope damage associated with reprocessing and repair.

The first true endoscope was an endoscope designed and built by German physician Phillip Bozzini in 1805. It was called a lichtleiter (light conductor). It consisted of various examining tubes, including a special cannula for the urethra and bladder, plus a wax candle in a special holder or cradle for illumination. While rudimentary, the lichtleiter did allow direct visualization of various internal body cavities, including the bladder, which was not otherwise possible at that time. (Endoscopy museum)
REDUCING PATIENT SAFETY RISK

The new advanced automated endoscope processors automation allow for the standardization of required HLD steps and effective rinsing after HLD thereby reducing risk associated with missed or ineffective steps associated with human error during manual processing and ensures repeatable results. (ASGE Automated Endoscope Reprocessors 2016)

Additional safety features: Channel detection for obstruction, continuous leak testing, and the ability to achieve and monitor temperature run requirements for Rapicide PA chemical. (ANSI: AAMI ST91 and Medivators)

Properly maintained water pre-filtration system allows for optimal water quality. (TIR34)

Validated repeatable effective cleaning and compatibility testing for endoscope model and HLD chemical. (Medivators)

Hands free lid operation decreases endoscope cross-contamination risk. (Medivators)

Scanning capabilities for hook-up connectors enable alarm and failed run if not correct for indicated model thus removing the risk of missed cleaning of required channels. (Medivators)

PROTECTING THE PROCESSING TECHNICIAN

Use of AER can minimize exposure of personnel to HLD chemicals.

Use of an AER can reduce work related repetitive movements that can potentially cause bodily injury. (Ofstead)

The main cause of endoscopy-associated infections is failure to adhere to reprocessing guidelines. More information about factors impacting compliance is needed to support the development of effective interventions. The purpose of this multisite, observational study was to evaluate reprocessing practices, employee perceptions, and occupational health issues. Data were collected utilizing interviews, surveys, and direct observation. Written reprocessing policies and procedures were in place at all five sites, and employees affirmed the importance of most recommended steps. Nevertheless, observers documented guideline adherence, with only 1.4% of endoscopes reprocessed using manual cleaning methods with automated high-level disinfection versus 75.4% of those reprocessed using an automated endoscope cleaner and re-processor. The majority reported health problems (i.e., pain, decreased flexibility, numbness, or tingling). Physical discomfort was associated with time spent reprocessing (p = .041). Discomfort diminished after installation of automated endoscope cleaners and re-processors (p = .001). En-
hanced training and accountability, combined with increased automation, may ensure guideline adherence and patient safety while improving employee satisfaction and health. (Gastroenterol Nurs. 2010 Jul-Aug;33(4):304-11. doi: 10.1097/SGA.0b013e3181e9431a.)

AUTOMATION IMPROVING THE CAPTURE AND RETAINING THE REQUIRED HLD DOCUMENTATION/RECORDS

Scanning capabilities for endoscope and operator identification (Medivators)
Printed and retained records for automated cycles, temperature, and cycle exposure time stamps. (Medivators)
Records of alarms related to leak testing, water/air pressure, filter obstruction, and running requirements. (Medivators and ST-91)
MEC/MRC reading result recorded. (Medivators)
Connects to local or offsite server for centralized data collection and backup. (Medivators)

AER REDUCES MANUAL PROCESSING TIMES WITH 510K AND BEST PRACTICE RECOMMENDATIONS

If risk assessment and cited recommending bodies align, certain manual cleaning steps are eliminated per the enhanced Medivators’ 510K cleaning claims, which would reduce the manual portion of the reprocessing process. (Medivators)

The ability to clean multiple scopes due to independent basins with asynchronous operation. (Medivators)

VS

Best practice recommendations

The United States Food and Drug Administration allows automated endoscope processors to be cleaned without using manual brushes and water. However, according to the American Society Assurance in Endoscopy Committee, manual cleaning and brushing should be used for high level disinfection. Thus, redundancy of using two methods, manual and automatic provides additional safety. (ASGE, 2008).

The manual cleaning process is the most important reprocessing step, as in disinfection is not possible if
the endoscopes are still dirty. Many outbreaks of infection have been associated with inadequate manual cleaning. During the manual cleaning process, the environment in which the cleaning occurs is also at risk for exposure to fecal matter, body secretions, and tissue remaining inside the endoscopes. Therefore, it is important that surfaces like counters and sinks be manually cleaned to prevent contamination. Endoscope reprocessing personnel must also take additional measures to visually inspect the endoscope after the manual cleaning process, and before high-level disinfection is attempted. (Ofstead et. al., 2017).

REDUCING RISK AND COST ASSOCIATED WITH ENDOSCOPE REPROCESSING

Automated continuous leak testing will alarm if a leak is detected that is too large to process safely, thus eliminating the chance of fluid invasion and costly damage to the endoscope. (Medivator AP leak scenario statement)

Automated leak testing can alert the technician to a previously missed leak from human error during the normal pre-manual cleaning leak test process allowing the endoscope to be removed for service or incurring additional fluid damage. (Medivators)

Automated onboard air delivered during continuous leak testing will allow the leaking endoscope to achieve HLD under air protection thus eliminating repair facility cleaning charges and special shipping of biohazard events. (Medivators)

Leak testing is probably the most significant proactive diagnostic process you can perform on your endoscopes. Success or failure performing it will have a major impact on your endoscope inventory. Implications can be negative or positive toward both your repair budget and most importantly patient safety. Cross contamination of chemicals and bio-burden pose a significant safety threat to your patients. (www.educationaldimensions.com)
Endoscope Reprocessing. Automated vs Manual

1. The first endoscope was designed and built in 1805.
   TRUE    FALSE

2. Automated Endoscope Reprocessors allow for standardization of required HLD steps and effective rinsing allowing repeatable results.
   TRUE    FALSE

3. Automated Endoscope Reprocessors provide a properly maintained water filtration system allowing for optimal water quality.
   TRUE    FALSE

4. Automated Endoscope Reprocessors allow for hands free lid operation reducing the risk of cross-contamination.
   TRUE    FALSE

5. One of the greatest benefits of using an Automated Endoscope Reprocessor is the increased safety for both the reprocessing personnel and the Patient.
   TRUE    FALSE

6. The main cause of endoscopy-associated infections is failure to adhere to reprocessing guidelines.
   TRUE    FALSE

7. The use of an Automated Endoscope Reprocessor ensures guideline adherence and patient safety while improving employee satisfaction and health.
   TRUE    FALSE

8. One of the great benefits for use of Automated Endoscope Reprocessors is the ability to capture and retain all required documentation require for endoscope reprocessing.
   TRUE    FALSE

9. The ability to clean multiple scopes due to independent basins with asynchronous operation is one of the time saving elements of Automated Endoscope Reprocessors.
   TRUE    FALSE

10. Automated Endoscope Reprocessors can alert the technician to a previously missed leak from human error during the pre-manual cleaning leak test.
    TRUE    FALSE

To receive one CEU credit, complete the quiz and send this page only, via normal mail:
   Lana Haechevl
   P. O. Box 568
   Pineville, NC  28134-0568

Your certificate will be sent via email if your score is greater than 70%. If you are not a member of NCAHCSP, please include a fee of $25.00 along with your Membership Application, found on the website (www.ncahcsp.org).
CEU Expiration Date:  November 2, 2023

Please allow at least six weeks for processing.

PRINT NAME CLEARLY:

E-MAIL ADDRESS:  ____________________________________________  □  (New e-mail address)

PHONE NUMBER:  ____________________________________________
Winter Fruit Salad

Ingredients

1 can (20 ounces) unsweetened pineapple chunks
1 package (3 ounces) cook-and-serve vanilla pudding mix
1 quart mixed fresh fruit chunks (apples, bananas, oranges, pears)
3/4 cup chopped pecans or walnuts
1/3 cup sweetened shredded coconut
Whipped topping, optional

Directions

Drain pineapple and set juice and pineapple aside. In a saucepan, combine pudding mix and
reserved pineapple juice. Cook and stir over medium heat until thickened. Transfer to a
bowl and cool.

Fold in fruit, nuts, coconut and reserved pineapple. Chill until serving. Garnish with
whipped topping if desired.

Notes

- Please submit your questions to Dear Steamie.
- Please allow six weeks for CEU processing and plan accordingly.
- Please print clearly when filling information in on your test sheets.
- Please make sure your email address is correct and legible.
- Changed your e-mail address, ensure you’ve “checked” the box..
Dear Steamie,

Our facility is expanding the GI Department and we are going to be purchasing new scope reprocessors. Are there any requirements or suggestions before we choose a manufacturer?

First, make sure you have a copy of ANSI/AAMI ST91:2015-Endoscope Processing in Health Care Facilities. This will be your primary resource for design considerations as well information on AER’s and High Level Disinfection.

You also want to make sure that you have a multidisciplinary team made up of all the stakeholders to discuss things such as turnaround time, point of use cleaning, scope inventory and facilities requirements.

Considerations in making your AER selection include:

Is the unit cleared by the FDA? Ask for white papers and IFU’s.

Are all models of your scope inventory validated for reprocessing in the unit? Ask for written verification.

While some units state that they clean all channels and ports, this DOES NOT replace point of use cleaning or manual cleaning requirements listed in the scope manufacturers IFU.
Units should include thorough rinsing and air/alcohol purge cycles as well as print records being available. Hope this information can assist you in making the best choice for your facility.

Steamie

Thank you Christi Tucker for the recipe

RED EYE GRAVY

Delores Smith
In Memory of Lester T. Corne, Sr.

Ham, fat back or bacon drippings
1/2 to 1 c. strong coffee
(depending on how much meat drippings are in pan)

Fry ham (or other meat) slowly, making sure drippings (grease) do not burn. Remove meat from frying pan and remove frying pan from burner. Before the pan cools (it needs to be rather hot), pour coffee into pan with drippings and stir. The gravy should foam up, so be careful it does not splash out of pan.
Future Education Meetings

► The Winter meeting will be held on February 15, 2019 at the Village Inn in Clemmons, NC.
► The Annual meeting will be held on April 17-19, 2019 at the Hilton in Myrtle Beach, SC.

Visit our website www.ncahcsp.org You’ll find details as well as brochures and registration information. We are now IAHCSMM (www.iahcsmm.org) affiliated!
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If you are interested in serving on a committee please contact Stacie Patterson

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