Physician Based Practices and Instrument Sterilization - How do you do it?

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Background

- Establishing an instrument sterilization program for physician-based practices (PBP) that are under the hospital license is an important aspect of a successful outpatient infection prevention (IP) program.
- Physician-based practices struggle with the space and the resources (staff and money) to adequately manage the sterilization of reusable instruments.
- Keeping current with reprocessing standards and regulations may be difficult for the PBP since staff are not dedicated to sterile processing functions.

Objective

- To develop a process that allows the PBP to operate efficiently and effectively but still be compliant with proper instrument reprocessing rules and regulations.

Methods

- Each PBP was audited to identify the number of instruments being reprocessed in the PBP.
- After reviewing the current practice a decision was made to remove reprocessing practices from the individual PBP.
- A program was created that provided the PBP a service to have their instruments reprocessed at the hospital’s sterile processing department.
- The following supplies were ordered: locking biohazard bins for transporting dirty instruments, red carts that stored the bins for transport to the hospital and green carts that held clean instruments being returned back to the PBP.
- A temperature-controlled truck was purchased that had segregated clean/dirty areas which securely held the carts and was only used for the transport of the instruments.
- A schedule was established for pick up and drop off of instruments that accommodated each of the physician-based practices schedules.
- We established (up front) a 48 hour instrument turnaround time (TAT) for all practices.
- Meetings were held with each PBP leadership team that discussed expectations of the program.
- All tabletop autoclaves and sterilization practices were removed from the PBP.

Results

- The TAT was the most difficult aspect for the PBP to manage in the beginning.
- All practices obtained additional instruments to accommodate the 48 hour TAT.
- Pick up schedules were adjusted to account for travel time and parking limitations that were not initially recognized.
- Each PBP effectively relinquished on site instrument sterilization practices without incident.

Conclusions

- Removing instrument sterilization from the PBP provides an effective way to assure compliance with regulations and standards of sterilization practices in an outpatient setting.
- It allows the PBP to concentrate on taking care of their patients and leaves reprocessing of instruments to the well trained hospital sterile processing department.

Disclosures

Nothing to disclose