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LOANER INSTRUMENTATION

Challenges, Risks and
Strategies for Success



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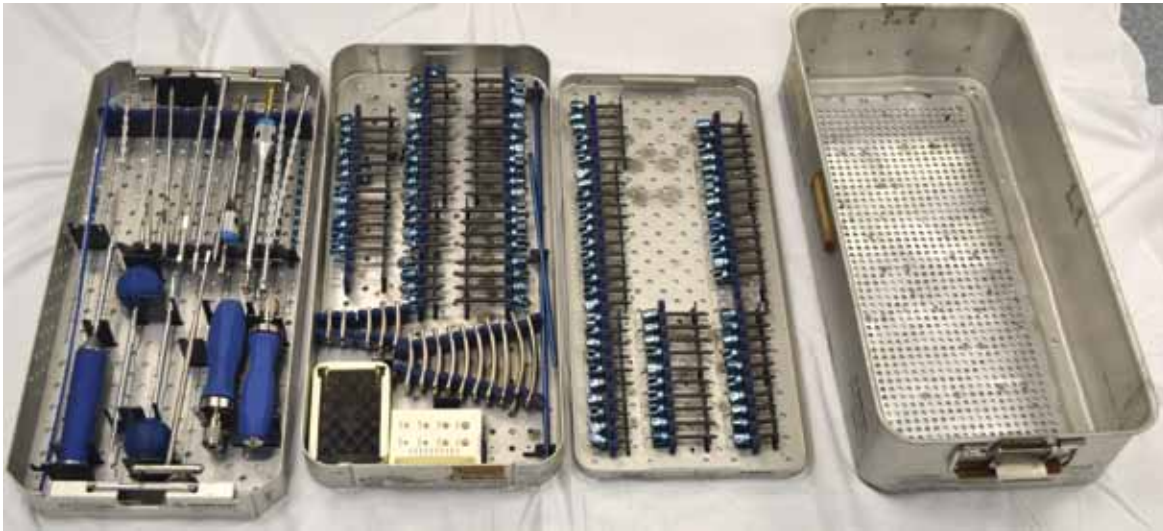
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A multi-tiered loaner set.

LOANER INSTRUMENTATION: Challenges, Risks and Strategies for Success

By Kelly M. Pyrek

The increasing complexity of surgeries warrants the corresponding medical instrumentation, however many healthcare facilities lack the budgets to procure this instrumentation permanently. Loaner Instrumentation — the critical and semi-critical medical devices that are used by a healthcare facility under an arrangement based on lending or trial use of new medical devices — may be the best option for many institutions, but there are numerous challenges and risks associated with loaned devices. The onus is on sterile processing professionals to be able to clean, disinfect and sterilize these instruments, as well as to identify problems associated with these sets and to mitigate or eliminate the risks involved.

Sophisticated and intricate instrument sets pose time- and expertise-related challenges for these sterile processing professionals. If a set or tray has been used by another facility, there is no guarantee that the instruments have been properly cleaned, disinfected and sterilized before the vendor retrieves them and makes them available to another facility (and there may be very poor documentation of any immediate-

use sterilization that may have been used on these instruments). Loaner instrumentation is often acquired on a just-in-time basis that precludes proper preparation of the instruments before the surgical case, and shortcuts can be taken in

“Borrowing has many advantages, including reduced costs and the ability to expand services offered, but borrowed items must be handled and processed in a consistent way to ensure safe patient care.”

— Seavey (2010)



the rush to get the trays to the operating room, thus jeopardizing patient outcomes.

As Seavey (2010) notes, “Surgical facilities borrow specialty surgical instrumentation and implants from vendors and other facilities to provide needed inventory to perform scheduled procedures without the burden of purchasing these items. Borrowing has many advantages, including reduced costs and the ability to expand services offered, but borrowed items must be handled and processed in a consistent way to ensure safe patient care. Instruments and implants must be received in time to be properly reprocessed by the borrowing facility. Lack of planning on the part of a hospital or vendor, lack of communication, lack of appropriate policies to guide the processing of items, increasingly complex instrumentation, and increasing workloads are factors that can contribute to lapses in processing requirements and, ultimately, risk to patients and staff members. Improving communication and policies and procedures can improve the quality and safety of loaner instrumentation and implant use.”

The Risks Associated with Loaner Instrumentation

The risks associated with loaner instrumentation have been documented in the literature. Winthrop, et al. (2007) explored the necessity of not presuming that loaner instrumentation has been properly reprocessed before being received by the recipient hospital. As such, the researchers acknowledge that, “In most practice settings, staff members assume that all instruments or instrument sets coming into a facility will need to be reprocessed according to institutional policy. This does not mean, however, that a facility expects to receive contaminated instruments routinely. In fact, facilities expect all instruments to be thoroughly decontaminated before they arrive.”

As Winthrop, et al. (2007) explained further, “The question to ask when considering reprocessing loaner instrumentation is whether the sets have been properly decontaminated before they are issued to the next user. Many times, a procedure involving loaner instrumentation goes late, and the set may get a cursory wipe down or may be run through a flash sterilization cycle before being given to the vendor representative or courier. The set is then transported to the next facility where it may be received in any number of places including the logistics department, hospital front desk, OR, or central processing department, depending on time constraints and the courier’s or vendor representative’s familiarity with the institution. Additionally, many institutions do not perform quality improvement checks on the initial decontamination process other than a visual inspection before assembly. This may occur at both the lending and receiving facilities. Each of these



scenarios presents an infection control issue that may or may not be known to the hospital's infection control committee. To the untrained eye, these instruments may appear to be clean and to pose no health risk. Further, there is no documentation to say whether the instrumentation has been decontaminated and by what process."

In addition to not knowing the level of reprocessing conducted on loaner instrumentation, a lack of clear and thorough manufacturer's instructions for use (IFUs) for the processing, care and handling of the instruments can complicate the task. Food and Drug Administration (FDA) labeling regulations (21 CFR 801) mandate that vendors provide current, complete and comprehensive written instructions for handling, cleaning, disinfection, testing, packaging and sterilization. Vendors should also provide comprehensive inventory lists, preferably with pictures. The sterile processing department should keep a record of each set that is used, including time in and out, and other processing specifics. Healthcare facilities should provide vendors with information regarding time requirements for pre-procedure and post-procedure processing, and these time requirements should be adhered to by the vendors. The loaner program should be monitored, assessed and periodically reviewed for compliance.

IAHCSMM Position Paper and Sample Policy & Procedures

In 2012, the Orthopedic Council of the International Association of Healthcare Central Service Materiel Management (IAHCSMM) created a Position Paper on the Management of Loaner Instrumentation to assist sterile processing professionals to better manage loaner instrumentation. IAHCSMM suggests that hospital loaner instrumentation programs should address the following:

- ◆ Requesting loaner instrumentation or implant(s)
- ◆ Time requirements for pre-procedure and post-procedure processing and in-servicing, as needed
- ◆ Acquisition of loaner items, including a detailed inventory list (preferably with pictures)
- ◆ Obtaining FDA-cleared manufacturers' written instructions for instrument care, cleaning, assembly and sterilization
- ◆ Cleaning, decontaminating and sterilizing borrowed instrumentation by the receiving facility
- ◆ Transporting processed loaner instrumentation to the point of use
- ◆ Post-procedure decontamination, processing, inventory
- ◆ Returning to the industry representative
- ◆ Maintaining records of the transactions

IAHCSMM emphasizes that a comprehensive loaner instrumentation policy is only as good as the education and training of sterile processing professionals as well as the relationships that facilities have with instrumentation vendors: “The designated staff responsible for the management of loaner instruments and implants must be trained and knowledgeable of all aspects of this process. A partnership must be developed between the vendor, CSSD and the Operating Room. This partnership must be built on mutual trust and collaboration.”

In recognition of the need to systematically manage loaner instrumentation and implants, IAHCSMM has adopted the following position: “Healthcare facilities that borrow surgical instruments should have a well-developed loaner program and written policy that establishes standardized receipt and use of all loaner instrumentation. This policy should be established with input from CSSD, OR and various departments such as Infection Prevention and Control (IPC), Administration, Materials Management, Risk Management (RM), and surgeons.” IAHCSMM’s Sample Policy & Procedure for Loaner Instrumentation functions as a template upon which hospitals can build their own policies and procedures. It outlines key points that hospitals should address:

Processing Loaner Instrumentation



The goal is to provide effective management of and ensure standardization of processing for all reusable surgical instruments that are not owned or stored in a healthcare facility. A recommended policy is that all loaner instruments, instruments not owned by or stored in facility, must be received, inspected, recorded, decontaminated, and sterilized in the CSSD. Loaner instruments should not be accepted by the sterile processing department without the manufacturers’ tray content lists and FDA-cleared manufacturers’ written instructions for disassembly, cleaning, packaging, and sterilization methods and cycles (pictures must be provided and on file within the department for each tray/set).

Sales Representative Duties Before Surgery



A recommended policy is that the vendor sales representative supply the operating room and sterile processing department with information about the names and quantity of trays, surgeon /case, and method of shipment before the instruments are received and delivered by vendors. Provide written inventory of all items on the tray(s) and verify the inventory of any missing stock [to be noted with a CSSD technician upon receipt / of trays(s)]. Discuss responsibility and cost

for missing and damaged items before the procedure. Ensure all loaner items are delivered in sufficient time for CSSD to decontaminate, inspect, assemble, package, perform routine biological testing if implants are involved and allow adequate time for final results and quarantine, sterilize, dry, and cool the trays(s) using the manufacturer's FDA-cleared written instructions, and perform product testing when required.

Sales Representatives' Duties After Surgery



A recommended policy is that the vendor sales representative sign the inventory sheet confirming all contents are present when the sales representative or other company representative picks up the tray(s). Remove all loaner instrumentation from the facility (CSSD) within two business days after use. Any tray(s) not picked up within this time will be shipped to the company at their own risk and expense. The fee will be deducted from their bill at time of billing for the case.

Sterile Processing Professionals' Responsibilities



Items/instrumentation/tray(s) must be processed according to FDA-cleared manufacturers' written instructions, in accordance with the healthcare facility's policies. When a loaner instrument set is received, all moving parts, tips, box locks, ratchets, screws, and cutting edges should be examined for defects and proper working order. Items(s)/tray(s) must be decontaminated after use and returned to the loaner shelf as clean. The healthcare facility will not reimburse for any item that vendor claims is missing when any lender fails to provide an inventory sheet, and does not verify the inventory with CSSD when the trays(s) are received. Inventory loaner sheets in CSSD must be maintained for verification that all components were returned. Record-keeping will be maintained according to the healthcare facility's policies.

Return of loaners after use should be done in accordance with manufacturer guidelines. All loaner instrument sets shall be sent to the CSSD decontamination room immediately following the procedure for cleaning according to the FDA-cleared manufacturer's written instructions. Once cleaned, the loaner sets shall be transported to a holding area for pick-up by the vendor representative. These trays should be picked up within two business days post-procedure. Any tray(s) not picked up within this time will be shipped to the company at their own risk and expense. An inspection for cleanliness and content will be done by the vendor representative and the CSSD technician. Discrepancies will be reported to the OR and Materials Management. Documentation, including but not limited to: date; signature of

individual receiving; name and number of trays, number of instruments, and date removed will be recorded on the initial loaner form. If a loaner system needs to be held in CSSD for another case, the vendor representative will reassemble and inventory the sets, and then follow the same procedures outlined above.

AORN Recommended Practices

In addition to IAHCSSM's position paper and sample policy, sterile processing professionals should look to the Recommended Practices on Sterilization from the Association of periOperative Registered Nurses (AORN), which recommend that every healthcare organization have a formalized program in place for loaner instruments.

As Recommendation XIV notes, "A formalized program between the healthcare organization and healthcare industry representatives should be established for the receipt and use of loaned instrumentation. Implementation of tracking and quality controls and procedures is necessary to manage instrumentation and implants that are brought in from outside organizations and companies."

Here are the main principles:

XIV.a: Interdisciplinary collaboration between healthcare organizations' sterile processing and surgical services personnel and commercial healthcare industry representatives should be established.

The systematic management of loaned instrumentation reduces loss and ensures proper decontamination and sterilization through increased collaboration, communication, and accountability.

XIV.b: The loaned instrumentation program should include processes to:

- ◆ request loaned instrumentation or implants
- ◆ receive loaned items, including a detailed inventory list
- ◆ obtain manufacturers' written instructions for instrument care, cleaning, assembly, and sterilization
- ◆ determine responsibility for ensuring sets weigh no more than 25 pounds
- ◆ clean, decontaminate, and sterilize loaned instrumentation at the receiving facility in accordance with AORN's "Recommended practices for cleaning and care of surgical instruments and powered equipment"
- ◆ transport processed loaned instrumentation to the point of use
- ◆ return items to the sterile processing department after the procedure for decontamination, processing, inventory, and return to the health care industry representative
- ◆ maintain records of transactions



XIV.c: The manufacturer's instructions for cleaning, packaging, and sterilizing should be obtained before loaned items are received.

Advanced delivery of instructions for cleaning, packaging, and sterilizing is useful in determining whether a facility has the required equipment and resources to process loaned instruments according to the device manufacturer's written instructions.

XIV.d: Personnel should coordinate requests for loaned instrumentation in sufficient time for loaned items to be processed by conventional terminal sterilization methods.

XIV.d.1: Personnel requesting loaned items should specify quantities, estimated time of use and return, and restocking requirements to circumvent the need for immediate-use steam sterilization.

XIV.d.2: Late receipt of loaned instruments should not be used to justify immediate-use steam sterilization.

XIV.e: Sterility assurance related to loaned instruments should begin at the point at which the healthcare organization assumes responsibility for the items.

XIV.e.1: All loaned instruments, regardless of whether they were processed in another healthcare facility, should be considered contaminated and delivered directly to the sterile processing department for decontamination. Instruments should be thoroughly cleaned and dried in a manner consistent with AORN's "Recommended practices for cleaning and care of surgical instruments and powered equipment" and the guidelines of the Association for the Advancement of Medical Instrumentation (AAMI) before sterilization.

XIV.e.2: Newly manufactured loaned items should be properly decontaminated before sterilization to remove bioburden that may remain on the item from the manufacturing process.

XIV.e.3: Loaned instruments should be removed from external shipping containers before transport to the sterile processing area.

External shipping containers may have potentially high microbial contamination because of environmental exposure during transport.

XIV.e.4: Rigid sterilization containers should be thoroughly inspected upon receipt and cleaned and decontaminated according to the container manufacturer's instructions.

XIV.e.5: The type and quantity of loaned items should be inventoried and documented.

XIV.e.6: Implants and instruments should be visually inspected for damage.

XIV.e.7: Manufacturers' instructions for processing and sterilizing loaned items should be followed.

XIV.e.8: Implantable devices should be sterilized with a biological indicator and a class 5 integrating indicator and documented in accordance with regulatory requirements and AORN recommended practices.

XIV.e.9: After use, loaned items should be decontaminated and returned to the lender in accordance with the healthcare organization's policy.

Strategies for Success: Advice from the Experts

Infection Control Today magazine asked experts working in the sterile processing and central sterile supply arena to share their perspectives about some of the most common challenges related to loaner instrumentation and ways to address these imperatives. Our experts are:

- Mark Duro, CRCST, FCS, manager of the central sterile processing department at New England Baptist Hospital in Boston, and an IAHCSSM-approved instructor
- Sharon Greene-Golden, CRCST, FCS, quality, PI and regulatory compliance specialist for the CSSD at Bon Secours Health System, and incoming president of IAHCSSM
- David Jagrosse, central sterile service, Middlesex Hospital in Middletown Conn.
- Susan Klacik, BS, CRCST, FCS, CSS manager, St. Elizabeth's Healthcare, Canfield, Ohio
- Rose Seavey, MBA, BS, RN, CNOR, CRCST, CSPDT, president/CEO of Seavey Healthcare Consulting, LLC
- Paula Vandiver, CRCST, CIS, CS, orthopedic specialist with Anderson Hospital, Maryville, Ill.
- Martha Young, BS, MS, CSPDT, president of Martha L. Young, LLC

ICT: What are the most common problems you see associated with loaner instrumentation?

Duro: I believe the issues we all might have with loaners is getting them in on time. Many outside of the CSSD profession may assume "well, all you need to do is wash and sterilize them. It can't take all that long to clean and sterilize." That may be true for some instruments, but many of the loaners we get are complex and not getting them in on time may have us missing an in-service and maybe some of the complex items are not discussed, which could inevitably lead to a dirty instrument

in the OR. Timing is key for lots of reasons — one major issue being implants. We need time to run, incubate and read a biological. That last-minute drop-off can cause lots of issues.

Oftentimes, loaners come in at the most inopportune time. It is not unreasonable to see a vendor drop off anywhere from one to 30, or 50 or more loaners at a time, depending on the facility. But if I have three washers and 30 trays and it comes in at the shift change at 3 p.m. when there could already be 80 to 150 routine house trays waiting to go into the wash, this could be a problem.

When those 30 to 50 or more trays come in do we have enough staff, or do staff kick it up four gears and work faster than they should? Do they then find shortcuts? Or does it snowball work into the next day? Have the staff been in-serviced?

“Timing is key for lots of reasons — one major issue being implants. We need time to run, incubate and read a biological. That last-minute drop-off can cause lots of issues.

— Mark Duro, CRCST, FCS

Sometimes device manufacturers may not leave the CSSD staff the instructions for use (IFU) when dropping them off. For items we may have seen in the past and maybe have the IFU on hand it is not so critical, but for items we have never processed before this causes major issues. We will not know how to potentially dismantle items, which processes to use, to sonic or no sonic, or whether it can go through a washer or needs manual cleaning. Does it require special positioning? This could also lead to a dirty instrument in the OR. Not having the IFU in assembly-prep pack is a key issue. Without the IFU, we may not know how to properly prep the tray. Are there items that need to be assembled or disassembled? What method of sterilization

is needed? If it is steamable, what method of steam sterilization — gravity versus pre-vac — and what exposure time is needed? What dry time? How long might it take to cool? What packaging materials can we use? What if they drop it off in a container and we don't have the consumables — can it be contained? Not all items can be contained. I have some IFU that clearly state that the item is recommended not to be contained

The dismantling part may not seem like rocket science, but when I presented at the AAMI/FDA summit I showed instruments that are not supposed to come apart (that if taken apart can hide debris). Having instruments delivered on time allows us to be more familiar with some challenges we may be facing (but this is a whole other topic).

Have the instrument manufacturers been trained on how to train the CSSD staff to process complex items? (I bet that if vendors were polled, no more than 25 percent could say they were trained to train CSSD personnel.) Most of the time,

our staff know more than the reps and that is because we are called upon when there is an issue and we must figure it out (and share the information we find with our staff). Many times, when a rep drops loaners off, we may hear, “Just process it like everything else.” That does not work and we must have the IFU (this is where a solid policy can help. IAHCSSM’s loaner policy template can help here.)

Jagrosse:

- 1 Obtaining and following manufacturers instructions for use (IFUs).
- 2 Overall management of the loaner process. (IAHCSSM loaner policy).
- 3 Receiving “dirty” instrument pans from other facilities via vendor.
- 4 Logistics. Some loaner drop offs exceed 40 pans per patient and we simply do not have the capacity or staff to process properly. No space in the department and not enough physical trucks to process them.
- 5 Not receiving them at a minimum of 24 hours before the procedure.
- 6 Manufacturers’ set configurations and extended cycles for steam sterilization.

Klacik: Debris in instrumentation is certainly the biggest issue, which can be attributed to late deliveries and lack of re-processing information. Loaner sets with implants are a concern as they are processed and transported many times before use. The uncertainty of water quality and detergent residues being left on the implants, especially those with lids such as the screws.

Seavey: Lack of knowledge and lack of well developed policy. Without these it often results in a lack of time and lack of following IFUs to properly reprocess these complicated devices. Also, the lack of knowledge can be at all levels, technicians, nurses, physicians and vendors. Collaboration instead of blaming each other is the key.

Vandiver: The most common problems with loaner instruments are:

- ✦ Instruments not being delivered in a timely fashion, even though we have implemented a 24 hour policy. It is still difficult for most companies to comply.
- ✦ Receiving loaner instruments that are still contaminated. I find this occurs mostly with smaller sets (i.e., small fragment sets where cannulated instruments are abundant).

Young: The instruments not arriving on time for them to be properly cleaned, packaged, sterilized, and implants quarantined until the biological indicator



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— Susan Klacik, BS, CRCST, FCS

result is available. Also not having the time, equipment and tools to follow the loaner instrument manufacturer's instructions for use (IFU) and AAMI and AORN recommended practices. Shortcuts are being taken for lack of these resources which leads to dirty instruments and poor patient outcomes.

ICT: Which intervention do you believe could be most helpful in addressing these problems?

Duro: Having a solid policy can help control this issue. It is not the total solution, however. There must be buy-in from other departments, including from the OR, surgeons, purchasing, infection prevention, security, transport, and CSSD. Another huge intervention is tying your rep track system to your loaner policy so the reps are aware, have read and will comply with the policy. All new reps at our facility must read the policy and cannot proceed until it is acknowledged. If you're going to have a policy, enforce it.

Jagrosse : CSSDs often do not take a holistic approach and look into the entire process from start to finish. A very effective way is to perform a lean analysis of current state and future desired state or a non lean approach of mapping out the process with all stake holders at the table (OR, booking office, physicians, CSSD). CSSD is a manufacturing department and is built on processes, once we realize that we can develop, strengthen and improve our outputs and products. The IAHCSMM Orthopedic Council's loaner policy can be a great starting point and guide to either develop or strengthen any departments existing process. This document has done a lot of the work for you. This is one of the great aspects of our profession in that we do not reinvent the wheel. We are here for each other and build on our successes. A proactive approach is always better than a reactive one, as our patients deserve this and it fits in with high-reliability organizations' goals of patient safety.



A proactive approach is always better than a reactive one as our patients deserve this and it fits in with high-reliability organizations' goals of patient safety."

— David Jagrosse

Klacik: We need to change the paradigm between CSSD and the loaner manufacturers and use a fresh approach. The loaner manufacturers may be enlightened to know that we both have the same objective — we both want the instrumentation/loaner sets to perform exactly as they were designed and intended.

When the instrumentation functions accurately, everyone wins! The patient has the high quality of care they deserve and the surgeon will be satisfied with the timeliness and performance of the instrumentation.

It is incumbent upon the loaner manufacturers to provide training to the CSSD staff on how to disassemble, clean, re-assemble (if appropriate) and sterilize their instrumentation. Mark



Loaner sets leaving a healthcare facility.

Duro's comment that many times the loaner representative is not knowledgeable about instrumentation processing is correct; they are very competent on the use of the instrumentation in their sets, yet lack the expertise on re-processing the sets. Often sets are delivered to the CSSD without any supporting training material, leaving the CSSD techs at times with only the instructions for use (IFU) to follow. Some of the IFU are difficult to understand and lack specific information regarding disassembly and cleaning of individual instruments. The loaner representatives should be capable of providing training to the CSSD techs to assure the sets are complete, clean, accurate and sterile. Since the CSSD techs are the last ones to see the instrumentation before they are packaged for sterilization, it is in the best interest of the loaner representative to have them correctly prepared. The next time the sets will be opened will be for use on a surgery case, it is at that time they must be sterile and completely functional.

Implementation of the IAHCMM Position Paper on Loaner Instrumentation is another necessary step that must be taken. It is a fundamental fact that a standardized process that everyone knows and follows reduces errors. Therefore,

“A good, well-written policy on loaned instruments, as collaboration is the key to writing the policy, holding people accountable and ensuring there are consequences if the policy is not followed.”

— Rose Seavey, MBA, BS, RN, CNOR, CRCST, CSPDT

having a policy on loaner instrumentation is a necessity. Having a policy that mirrors the IAHCMM position paper dictating the terms of loaner sets from receipt through pick up sets provides the necessary direction for all who are involved in the process. As more and more healthcare organizations adopt the position paper, the processes will become the norm in healthcare organizations. To implement the policy, enlist the support of the infection prevention committee, materials management, and surgery administration. Upon approval of the policy schedule a mandatory meeting with the loaner representatives. Include the surgery administration, infection preventionists, administration, materials management, a representative from senior leadership and if possible a chief of orthopedic surgery, demonstrating a united team. In the meeting, present loaner representatives with the policy explaining the expectations and consequences of non-compliance.

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— Paula Vandiver,
CRCST, CIS, CS

Seavey: A good, well-written policy on loaned instruments, as collaboration is the key to writing the policy, holding people accountable and ensuring there are consequences if the policy is not followed.

Vandiver: Try to designate a person specifically to deal with loaner reps. The repertoire between them and the CS personnel could only benefit both parties. CS staff need to be able to convey to the reps the problems that the department must contend with when instruments are late or still “dirty.”

Young: To obtain the loaner instruments in enough time to process as required by the IFUs and AAMI and AORN recommended practices. The International Association of Healthcare Central Service Materiel Management Position Paper on the Management of Loaner Instrumentation and Sample Policy & Procedure for Loaner Instrumentation (accessible at: http://iahcsmm.org/CurrentIssues/Loaner_Instrumentation_Position_Paper_Sample_Policy.html) should be used to update the facilities policy and procedure for loaner instrumentation. This sample policy states the loaner instrument manufacturer should deliver of instruments to the facility’s decontamination area at least:

- ◆ two working days (48 hours) before a scheduled case for existing sets
- ◆ three working days (72 hours) for new sets

To ensure the loaner instruments are processed according to the IFU and AAMI and AORN recommended practices perform an audit. Audit time taken, equipment, and tools used to clean instruments and compare to the time, equipment, and tools required in the IFU. Audit if the original validate packaging stated in the IFU is used

and the sterilization process and cycle parameters. If the department is taking less time or not using the required equipment are tools (possible because they are not available), changing the packaging or sterilization process and cycle parameters to something that is not validated by the instrument manufacture then raise a red flag. Having data to show that loaner instruments are not being properly prepared for patient use is a chance to reduce patient and hospital risk. With the media coverage of improperly cleaned and sterilized medical devices there is no better time to ask for the resources needed to process these items correctly each and every time. This will improve patient outcomes and save money.

ICT: What is your advice for how infection preventionists can assist sterile processing and central sterile supply professionals in following the suggested policies in the IAHCSSM position paper?

Duro: The position paper makes it clear that loaners are an issue/challenge. A solid loaner instrumentation policy can make it easier to deal with. IAHCSSM has a free template that covers everything from soup to nuts, as well as almost everything I discussed in question 1. I actually have the IAHCSSM loaner policy as my policy in my department; of course, with some minor tweaks here and there. When we rolled it out and started to revamp it we had key staff present, as well as some of our major vendors. We wanted to ensure we were all on the same page and that we understood each other and were not asking the impossible.

Greene-Golden: These are important team members for any CSSD and they need to know what the policies are and then help by working in the C-Suite to get backing. It is important that the surgical team all be on the same page when comes to receiving and processing loaner trays that have a variety of sterilization times. The infection preventionist brings all components of the loaner issue together. Together we can have the policies and recommended practice standards followed thus taking great care that our patients don't get infections.

Jagrosse: They can be very helpful politically in the hospital as a neutral player. Typically CSSDs report to either materials management or surgical services. As a member of the hospitals infection control meeting a CSSD manager has a valuable resource and ally in infection control and can be influential in convincing the C-suite to provide CSSD with the resources it needs. I view my infection preventionists as critical allies in the war we wage on infection in CSSD.



The infection preventionist brings all components of the loaner issue together.”

— Sharon Greene-Golden, CRCST, FCS

Klaciak: Support the CSS leadership, loaner policy and attend all meetings.

Seavey: Collaborate with infection prevention, operating room, risk management, quality/safety, materials management, surgeons, etc. to make sure you have a good strong policy, everyone is on board and that it is followed to a “T.”

Vandiver: Continually providing information on changes in policies or procedures. This needs to be an ongoing process. Reciprocity is key.

Young: The Centers for Disease Control and Prevention (CDC) expects infection preventionists to take a leading role in ensuring the healthcare facilities sterilization processes meet standards and recommended practices, and reprocessing instructions for use (IFU). This is done by conducting infection control rounds at least annually. Infection preventionists can lead through learning by keeping up-to-date on cutting edge technology, standards and recommended practices, and manufacturers’ instructions for use. They can be involved in the audit and assist in presenting the data and solutions to the management team to make changes in the loaner instrument policies and procedures and obtain the resources needed to effectively reprocess loaner instrumentation. The time to start is now. ICT

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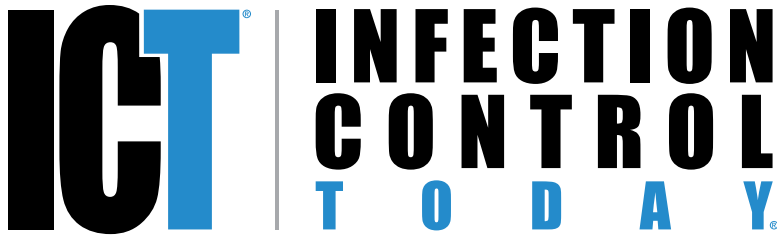
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Having data to show that loaner instruments are not being properly prepared for patient use is a chance to reduce patient and hospital risk.”

— Martha Young, BS, MS, CSPDT



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PUBLISHED BY VIRGO PUBLISHING, LLC

3300 N. Central Ave. Ste 300, Phoenix, AZ 85012

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