Model of Service

Sterilising Services Unit

November 2022 Version 1.5

Contents

Approvals

Position	Name	Signature	Date
Executive Group Manager, Infrastructure and Health Support Services	Colm Mooney		

Document version history

Version	Issue date	Issued by	Issued to	Reason for issue
1.1	Sep 2022	Leanne Done, Senior Change Specialist	Natalie Ogilvie, Director Sterilising Services	Initial review
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1.5	Nov 2022	Leanne Done, Senior Change Specialist	Colm Mooney, Executive Group Manager, Infrastructure and Health Support Services	Final

*Once this document has been approved, please remove the DRAFT watermark.

1. Introduction

This Model of Service (MoS) for the **Sterilising Services Unit (SSU)** within the Canberra Hospital, Critical Services Building (CSB) sets out the framework for innovation in service delivery for Canberra Health Services (CHS).

This MoS is aimed at Executive and Senior Management within CHS, and describes:

- the overarching mission of the service area
- operational principles, including information of service co-ordination (the linkages required for seamless consumer treatment)
- performance measures that enable efficiency and safety throughout systems of service.

The document is not intended to provide specific operational details regarding day-to-day activities associated with the MoS. This detail sits within operational manuals, policies, procedures, and guidelines.

Following the relevant consultation, this finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – 'Models of Care', to ensure accessibility for all staff.

2. Service principle

The mission of the SSU is to provide safe and effective reprocessing of Reusable Medical Devices (RMD) in accordance with relevant Australian Standards and Infection Control Guidelines. The SSU delivers high quality sterilising services to Canberra Hospital (CH), and some external services within the ACT and surrounding areas of NSW.

The MoS in the CSB, enables centralised and streamlined services in the CSB for cleaning, purchasing, instrument repair and maintenance of RMD and SSU services.

3. Description of Service

SSU provides high quality service, reprocessing critical and semi-critical RMD. SSU works in accordance with public health regulations, requiring all RMD that penetrates a person skin or body cavity to be sterilized in accordance with Australian Standard AS/NZS 4187 and maintained in a sterile condition until used in a procedure.

Located on Level 4 of the CSB, providing proximity to perioperative services and the Port, the SSU delivers centralised streamlined central sterilising service flows, 24 hours a day, 7 days a week.

4. Innovations

As Canberra Health Services continues to expand and enhance services across the ACT, the CSB provides a platform for innovative expansion of health care at the Canberra Hospital.

Central Processing Unit

All sterilising services at Canberra Hospital will be centralised to the SSU, except for a Centralised Reprocessing Unit (CRU) which will be retained in Building 2. Localised reprocessing services for Endoscopy and Outpatients Clinics in CRU provides safe, effective, and efficient reprocessing of flexible endoscopes, probes, and other semi-critical items. The CRU meets reprocessing standards in accordance with Gesa Guidelines 2021, AS/NZS 4187, and Infection Control Guidelines.

Point of Care Reprocessing

Point of Care (PoC) reprocessing is becoming increasingly more prevalent in the hospitals due to evolving health technology and use of semi-critical RMD in clinical areas. Medical Imaging, Emergency Department, Intensive Care Unit, Medical Oncology and Women's and Children's will have capacity for high level disinfection of semi-critical RMD at the point of care. All PoC reprocessing practices are managed in accordance with AS/NZS 4187.
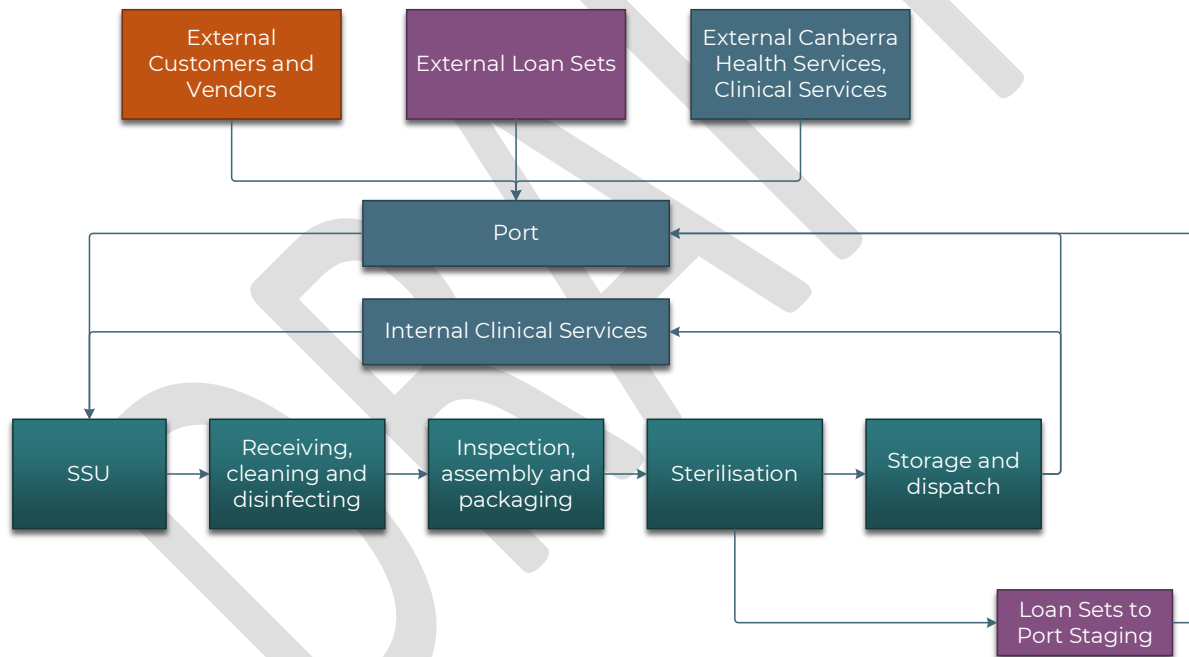
5. Logistics

Canberra Hospital SSU provide RMD reprocessing services to several non-CHS external health services (external customers are 0.5%).

Operational Flows

All instruments follow a strict unidirectional flow from contaminated to clean and then to sterile to prevent recontamination as shown in figure 1.

Figure 1 Operational Flows

Clinical Services

All RMD unable to be managed at the point of care or that require sterilisation will follow operational flows for reprocessing.

Perioperative Services

Preparation for reprocessing commences at the point of use by perioperative staff in accordance with ACORN standards and AS/NZS 4187 prior to transfer to

the SSU. The SSU design promotes unidirectional flow for RMD reprocessing from Perioperative Services located on level 3 up to SSU located on level 4 of the CSB.

Reusable Medical Devices

RMD, including external Loan and new consignment sets are received in the Port and transferred to SSU for cleaning and disinfection and/or sterilisation. RMD are checked for completeness and prepared for the cleaning and disinfection and/or sterilisation process. Functional testing and routine maintenance of specialised surgical instruments occurs in the packing and assembly area and is performed by visual inspection, physical manipulation of RMD to ensure functionality is as intended, lubrication of moving parts, and by way of electrical integrity testing of insulated RMD. SSU undertake all aspects of RMD reprocessing in accordance with AS/NZS 4187. Following reprocessing instruments are dispatched to respective areas. Strict reprocessing records are maintained in accordance with legislative requirements.

6. Performance and Improvement Measures

KPI	Minimum performance required
Quality Performance	• Participation in accreditation surveys by the National Safety and Quality Health Service (NSQHS) standards. • Compliance to the AS/NZS 4187 Sterilising standard and normative references. • Compliance to the ISO 9001:2015 international standard for a quality management system (QMS).
Service Delivery	• Procedure cancellations due to the inability to supply sets/instruments. • Contaminated instruments. • Incomplete sets. • Damaged sets/instruments.
Training and competency	• Appropriate training for all staff as determined by work practice standards, AS/NZS 4187:2014 and Sterilising Services. • Completed mandatory competencies relevant to position.

Equipment maintenance	• All equipment purchased, maintained, and validated according to the relevant standard and manufacturer's specifications.
Monitoring	• CHS Clinical Governance Structure and Committees. • CHS Risk Management Processes. • Monthly Perioperative meeting. • Scorecard meeting. • Dashboard.

7. Interdependencies

Environmental Services

High standards of cleanliness are essential for all areas within the SSU. The SSU will be cleaned by CHS Cleaning service (under contract).

The SSU will be supported by the CHS Waste Management Policy, which includes:

- Waste streaming and recycling, including for clinical and biohazard waste
- Foot-operated waste containers
- Appropriate disposal of wastewater according to the local water authority
- Secure document disposal
- A 'sharps' container for any items inadvertently returned with the RMD; and
- A disposal room within SSU for holding waste prior to collection.

Information Communications Technology

The Information Communication Technology (ICT) requirements for all areas of the SSU include an electronic equipment tracking system (such as T-DOC) and secure and reliable Wi-Fi. The model includes laser marking RMD with 2D for traceability (High risk RMD).

External Loan sets/Couriers

External loans sets are requested to arrive at the CSB 24 hours prior to the planned surgical procedure. The loan sets are manually checked against the

supplier's inventory of contents and the manufacturer's Instructions for Use (IFU) are referenced and recorded to ensure correct reprocessing methods are undertaken and a photograph is taken for record confirmation. The loans sets are decontaminated, packed, and sterilised ready for use in Perioperative Services. Following use, loan sets are decontaminated, check for completeness, and sterilised prior to return to surgical suppliers. Clean loan sets/consignment sets are received and dispatched from the Port and are transported via external courier.

Perioperative

Perioperative services have a strong interdependency with SSU. RMD and loan sets used for surgery and procedures are reprocessed and sterilised in SSU.

Port

RMD are delivered and returned via the Port. RMD sent to CSB by external customers are received in the Port into the dirty staging area and transferred to the Sterilising Services Unit (SSU) via a dirty workflow lift for reprocessing.

8. Workforce

Expansion of perioperative and interventional services at CH and the role in providing external sterilising services to other providers will influence workforce requirements. Workforce management for SSU is underpinned by work level standards and the CHS Workforce Strategy and Planning.

The workforce is dependent on activity in the CHS operating theatres, medical imaging and gastroenterology service profiles and external service level agreements. Human resource and services reviews are necessary to remain congruent with contemporary staffing models in response to service growth and ACT Government initiatives.

9. Implementation and Evaluation

The implementation and evaluation of the SSU MoS will be led by the Infrastructure and Health Services team with the support of the Critical Services Building Operational Commissioning Team, Campus Modernisation.

MoS innovations will be implemented in the lead up to the opening of the Critical Services Building through the development and implementation of:

- orientation and training programs for existing staff likely to work within the service
- orientation and training programs for new staff employed to work within the service
- ongoing training programs for staff working within the service
- processes and documentation used within the service that support the principles of the MoS.

Evaluation

The SSU will ensure the provision of a high-quality service through ongoing feedback from customers who use the service, measurement of staff satisfaction and well-being and through the collection of data relating to the characteristics of the SSU. The SSU team will strive toward evaluating its performance against national service delivery standards and accreditation, and the MoS will be reviewed within 12 months following implementation.

Evaluation of the SSU will occur through a range of mechanisms, including:

- CHS's Clinical Governance Structure and Committees.
- CHS's Risk Management Processes.
- Operational and management performance monitoring processes that indicate balanced scorecard, synergies and efficiency measures, and externally through:
  - Australian Council of Healthcare Standards (ACHS) against the National Safety and Quality Health Service (NSQHS) Standards set by the Australian Commission on Safety and Quality in Health Care (ACSQHC).
  - International Organization for Standards (ISO) 9001.

10. Abbreviations

Abbreviation	Definition
ACHS	Australian Council on Health Care Standards
ACORN	Australian College of Perioperative Nurses
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
ACTAS	Australian Capital Territory Ambulance Service
CH	Canberra Hospital
CHS	Canberra Health Service
CRU	Central Reprocessing Unit
CSB	Critical Services Building
IFU	Instructions for Use
NSQHS	National Safety and Quality Health Service
POC	Point Of Care
RFID	Radio-frequency identification
RMD	Reusable Medical Device
SSU	Sterilising Services Unit

11. References, Policy and Legislation

Frameworks & Strategies

- CHS Clinical Governance Framework 2020-2023
- CHS Corporate Plan 2020-2021
- CHS Exceptional Care Framework 2020-2023
- CHS Partnering with Consumer Framework 2020-2023
- CHS Strategic Plan 2020-2023
- CHS Work Health Safety Strategy 2018-2022

Policies & Procedures

- ACT Health Incident Management
- ACT Health Services Plan 2022-2023
- ACT Work Health and Safety Management System
- CHS Protective Security – Security Design for Facilities
- CHS Waste Management

- CHS Work Health Safety Management System
- CHS Work Health Safety Policy
- Sterilising Services Policies and Procedures within the QMS

Legislation

- Work Health and Safety Act 2011
- Dangerous Substances Act 2004

External Standards & Guidelines

In addition, external organisations may have standards and guidelines that are relevant to the SSD which may include but not be limited to:

- Australian College of Perioperative Nurses (ACORN), Standards for Perioperative Nursing in Australian.
- Australian Commission on Safety and Quality in Health Care.
- Australian Health Facilities Guidelines (HFG) 190 Sterile Supply Unit.
- Australian and New Zealand Sterilisation Standards.
- Gastroenterological Society of Australia (GSA) and Gastroenterological Nurses College of Australia (GENCA), Infection Control in Endoscopy.
- National Health and Medical Research Council (NHMRC), Australian. Guidelines for the Prevention and Control of Infection in Healthcare 2010
- National Safety and Quality Health Service (NSQHS) Standards set by the Australian Commission on Safety and Quality in Health Care.

12. Model of Service Development Participants

Position	Name
Director Sterilising Services, Sterilising Administration	Natalie Ogilvie
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ACKNOWLEDGMENT OF COUNTRY

Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.