

Canberra Health Services

Consultation Paper 2

Oral Health Services – Reprocessing of
Reusable Medical Devices



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1. Introduction

Canberra Health Services (CHS) is focussed on delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT) – a catchment of approximately 400,000 people. It also services the surrounding Southern New South Wales region.

Our Vision: Creating exceptional health care together

Our Role: To be a Health Service that is trusted by our community

Our Values: Reliable, Progressive, Respectful, Kind

CHS' Oral Health Services (OHS) currently provides a range of public dental services to:

- Children under the age of 14 years who live in or attend and ACT school
- And young people and adults with a Concession, Pension Concession or a health care card.

Services are provided at five Community Health Centres:

- Belconnen Community Health Centre
- City Community Health Centre
- Gungahlin Community Health Centre
- Phillip Community Health Centre
- Tuggeranong Community Health Centre

Dental services are also provided from the Hume Health Centre (within the Alexander Maconochie Centre), and into schools, nursing homes and other identified sites via three Mobile Dental Clinics.

The range of dental services includes preventative dental interventions, health promotion, emergency dental care, restorative dental care, prosthetic dental care, and some orthodontic interventions.

2. Purpose

The purpose of this consultation paper is to describe the changes needed to the current reprocessing model to achieve compliance with the Australian Standard AS4187, and to consult with staff regarding any potential issues or concerns as we progress designing and implementing a plan.

3. Current model and background

Currently, the reprocessing of reusable medical devices for Oral Health Services occurs on site at individual health centres. Due to changes made to existing legislative requirements, the current site-based model for reprocessing of reusable medical devices will no longer comply with the Australian Standard *AS/NZS4187:2014 Reprocessing of Reusable Medical Devices in Health Service Organisations*.

The Australian Commission on Safety and Quality in Health Care Advisory AS18/07 states health services must implement AS/NZS 4187:2014 by December 2022 to comply with the National Safety and Quality in Health Services Standards (Second Edition) Action 3.17. CHS must have a clear transition plan in place by March 2022 when CHS is due for Accreditation.

Oral Health Services (OHS) undertook a gap analysis against AS/NZS 4187:2014 for all clinic locations. The gap analysis completed in December 2018 identified 161 audit criteria applicable to OHS with 58 met, 92 were not met, and 11 not applicable.

A number of possible options have been identified and considered to comply with the AS4187 Standard. A central reprocessing option was the only solution identified that would adequately enable OHS to comply with AS/NZS 4187 in the required timeframes, to align with other reprocessing services across the CHS and to ensure the most cost-effective solution is progressed. Other options considered would require substantial infrastructure redesign and retrofitting existing spaces, increased costs causing disruption to the service, and potentially increased risks to the service.

Key CHS committees (including Our Care Committee and the Preventing and Controlling Healthcare Associated Infections Committee) endorsed and recognised the central reprocessing model as the most viable option given the required timeframe and economic impact to meet compliance with AS/NZS4187.

4. Proposed changes

4.1 Centralised reprocessing model

The preferred model is to centralise 100 per cent of all of the Oral Health Services reprocessing activity to the CHS Central Sterilising Services Department (CSSD). CSSD is an existing and embedded service in CHS and is already compliant with AS4187.

4.2 Rationale for changes

Following expert review and analyses, we believe the central reprocessing model is the only feasible model for OHS to move forward with into the future. Substantial infrastructure redesign would be required to maintain the reprocessing of reusable medical devices on-site

in health centres to achieve compliance with AS/NZS4187. The proposed model will address the issues of inconsistent reprocessing practices across CHS, streamlining processes to achieve efficiency and contributing to a centralised/holistic approach to manage non-conformance.

The benefits and advantages of changing the current model to a central reprocessing model are:

- Compliance to Australian Standard AS/NZS 4187 within the required timeframe with most cost-effective solution
- Single point of responsibility and governance of reprocessing of reusable medical devices
- Reduced workload and responsibility for Oral Health Services
- Addresses the issue of not having a single use instruments / inferior alternative
- Minimal capital cost
- Limited equipment changes required
- Reduced ongoing maintenance expenses
- Minimal cost for infrastructure work

5. Implementation of the proposed model

An AS/NZS4187 Compliance Officer has been appointed by CSSD to project manage and assist with identifying the best model of reprocessing of ultrasound probe and instruments that Oral Health Services (and Podiatry) use. The Compliance Officer will work further with OHS (and Podiatry) to investigate the requirements to transition to a centralised reprocessing model once the consultation has been completed. This will involve attending sites and discussing a plan to implement the centralised reprocessing model compliant with AS4187 will need to be in effect by March 2022, and fully integrated by December 2022.

The redesign is yet to be undertaken, but it is anticipated that some staff who currently undertake reprocessing as part of their duties may be affected by the implementation of the centralised reprocessing model. It is anticipated that existing Dental Assistant duties, tasks, work locations, and potentially reporting lines will require some changes. Regular communication will be maintained, and a plan will be created to ensure this is implemented whilst supporting staff through the transitions.

6. Consultation methodology

CHS OHS will conduct the consultation process in accordance with Section G of the relevant Enterprise Agreements. This is to ensure effective consultation, staff input, and participation in the consultation process during the transition.

Consultation feedback will be collated from surveys and written submissions. Staff and union representatives will be provided with a summary of the feedback by 3 August 2021. The feedback summary will also be provided to the Preventing and Controlling Healthcare Associated Infections Committee.

We are now seeking your feedback. The consultation period commences on 13 July 2021 and will end at **5:00pm 27 July 2021**.

Feedback can be provided via Survey Monkey at <https://www.surveymonkey.com/r/3C6KPM9> or by email to OHSReview@act.gov.au

In particular we are seeking responses to the following questions:

1. As we progress forward, do you have any concerns about the proposal? If so, what are they?
2. Do you have any other feedback you would like to be considered in relation to this proposed change?

For any further information relating to the proposed models and consultation process, please email OHSReview@act.gov.au