MOBILE ASPECTS

Reviewed for ISO 27001 Security Public

Why Your Automated Endoscope Reprocessor Is Not A Documentation System

Hospitals and healthcare providers are under increased scrutiny by The Joint Commission (TJC), the FDA, DNV and even Congress to improve the documentation practices around flexible endoscope usage. There are articles in the media seemingly every day about how an endoscope manufacturer or a hospital was cited, sued or otherwise put in a negative light around their endoscope practices. No hospital wants this and staff that work at hospitals don't deserve this.

How to Create a High Performance Culture

The best way to defend against being put in a negative light, and to improve safety practices in general, is through making sure 3 best practices are in place: great processes, thorough training and high fidelity documentation.

1. *Great Processes.* The key way to make sure that patient safety issues are minimalized or eliminated is through having well-documented and strictly followed processes. You have to strike the right balance in complexity – a process that is too simple may have holes in it that allow patient safety issues to surface, while a process that is too complex will be too hard for staff to follow.

2. *Thorough Training.* In addition to having great processes, thorough training for your staff must also be in place – for without trained staff, even the best-designed processes in the world will fail. This means that up front, new or updated standard operating procedures must be passed on through formal training and certification for staff. Staff should then be observed from time to time performing the process to make sure that all steps are followed correctly – any missteps should be immediately pointed out with advice on how to perform them properly. Also, re-training and certification for staff should be mandatory at least annually.

3 *High Fidelity Documentation.* High fidelity documentation eliminates concerns by surveyors and regulators, ensures staff are trained and following quality checklists and procedures, and provides data that can help your hospital improve operations over time. As a common saying goes - if processes aren't documented, they're not done. Any process needs to have simple documentation that is completed in real-time to verify that all proper steps have been taken, ensuring that processes are followed as designed each and every time. Also, this allows supervisors to find root causes or holes in the system if and when things break down.

Where Your AER Falls Short

When it comes to documentation, we are seeing some hospitals are using their automated endoscope reprocessors ("AER") as their scope documentation system. Though we applaud the move from pen and paper (and other methods) to an automated system, there are various reasons that this does not suffice if your objective is to increase safety and infection control conditions for your patients and your staff.

1 *AER usage is at the end of the process.* The AER only tells you that a certain scope has been high level disinfected by the AER. It doesn't tell you anything else about the cycle of the scope from storage, to use at the bedside, to pre-clean and all the other steps prior to reprocessing. Further, by being at the end of the cycle, it is difficult for team members in the scope area to know exactly which patient the scope was used on and at what time.

Additionally, best practices today dictate that the enzymatic cleaner should be on the scope within onehour of use. An AER does not provide any such data or proactive alerts to your team. Missing this step creates a large risk of infection or worse for your future patients and team members.

2 *The AER doesn't know hang time.* Hospitals are moving from more conservative 30- and 14-day hang-times (also known as shelf-life limits or out-date times) for scopes, to more aggressive 7- and 5-day hang-times across a large sample of hospitals that we've talked to recently - over 50% of hospitals are now at 14 days or less. An AER does not know which scopes have been removed for use or are still hanging ready to be used. No alerting or data is available for team members to eliminate issues.

3 *The AER data is not user-friendly.* AERs are not connected to the IT and medical record infrastructure your hospital has invested in. The information in an AER sits in a silo and is often difficult to download and analyze. Data can be "dumped" into a data processing application like Excel, but from there all of the formatting and analysis must be conducted by someone in the department. This does not work when you're trying to quickly investigate a possible patient safety issue or if Joint Commission drops in for an inspection.

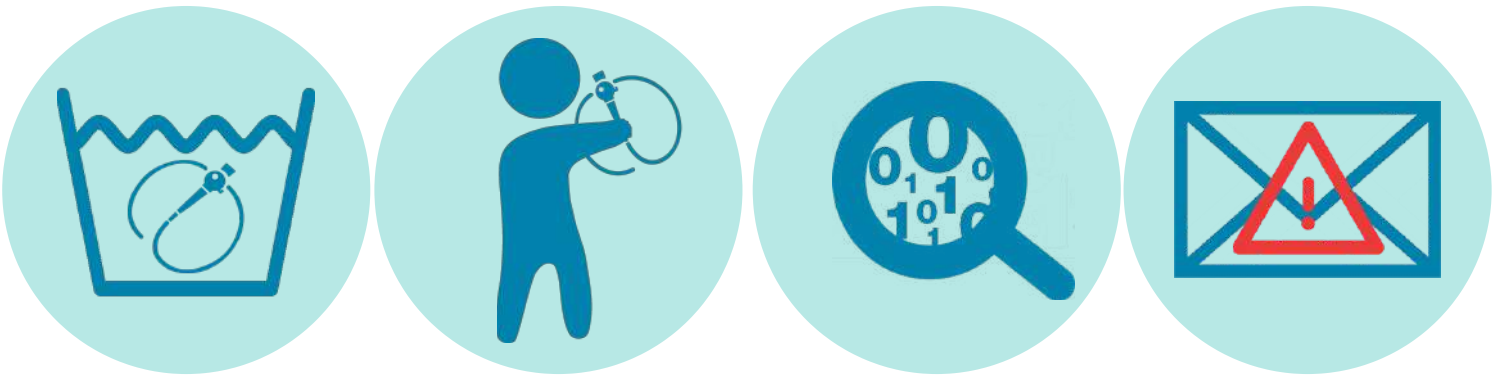
4 *The AER was designed for just that – "Reprocessing".* No doubt, AERs are great at what they are designed to do – automate the reprocessing of scopes. We applaud the improvement in reprocessing technology and the investment hospitals are making in constantly upgrading AER effectiveness. Let the AER do what it does best and let the hospital invest in an appropriate process to document the entire lifecycle of the scope.

How Mobile Aspects Can Help

If your hospital has objectives to deliver the highest quality of care, safety and performance, a world-class AER should be part of the overall strategy. It should not be the entire documentation system. It leaves too many holes in the data, it requires a lot of manual data entry, it makes it difficult to analyze the data, and it doesn't provide information about the entire lifecycle of the scope.

Mobile Aspects' iRIScope system is a best-in-class software system that uses RFID technology to automate the documentation process for the entire endoscope lifecycle. This ensures that all processes are well-documented, standard operating procedures are followed as designed, and potential safety or operational issues are sent to administrators via real-time alerts. The system also has optional RFID smart cabinets that add another layer of security and oversight to your expensive endoscope inventory. Having a state-of-the art software system is a best practice for meeting the increasing scrutiny in scope management being brought by regulatory agencies, driving quality procedures and checklists with your staff, and improving operations over time. That is an improvement in quality we can all be proud of.

Patient Safety Alerts from iRIScope



Staff goes through their standard operating procedure for reprocessing endoscopes → Endoscopes are hung in clean storage for their next use in a procedure → iRIScope scans the newly added endoscope to ensure that all proper cleaning steps were followed before return to clean storage → If iRIScope detects any missed steps, an automated email alert is sent to supervisors to take action before the scope can be used in another procedure