Endoscopy Services
Clinical Certification

Do no harm—what’s in your endoscope?
Patient and staff safety in the endoscopy unit requires a multi-focused plan of care. Of critical concern is infection control, particularly with respect to the reprocessing of endoscopes.

Two highly publicized outbreaks in which the transmission of infectious agents were related to GI endoscopy have highlighted the need to address potential gaps along the endoscopy care continuum that could impact patient safety. Additionally, the CDC has recently identified the increased incidence of Hepatitis C in the US post WW II population documenting an additional infection control hazard for endoscopy patients and staff.

The issue of management and appropriate supervision of endoscope and other re-useable medical equipment (RME) requirements, particularly relating to decontamination and reprocessing, is often carried out with little thought of questioning the realities involved in this most important area of patient safety.

→ The ECRI Institute has identified cross-contamination from flexible endoscopes on its list of the top ten technology hazards for the past 3 years; it’s a sign that cross-contamination from improperly reprocessed endoscopes remains a significant and serious concern.

Reasons for endoscope-related infections:
1. failure to follow established reprocessing guidelines;
2. inadequate and un-validated pre-cleaning and high-level processes;
3. improper selection or dilution of disinfecting agents;
4. inadequate staff training and quality assurance;
5. failure to use proper equipment during reprocessing;
6. inadvertent re-contamination, cross-contamination, or both.

The ECRI Institute has developed a comprehensive set of standards based on its extensive knowledge and experience relative to the most common nonconformities raised during the last 15 years in hundreds of endoscopy units all around the world.

AACI has developed a comprehensive set of standards based on its extensive knowledge and experience relative to the most common nonconformities raised during the last 15 years in hundreds of endoscopy units all around the world.

The AACI Standard on Endoscopy Clinical Excellence has been developed as a result of years of monitoring and evaluating endoscopy providers in the US inclusive of veteran, public health, and private healthcare institutions. Additionally, providers in the EU have contributed to this compendium of knowledge. The Standard addresses and outlines the responsibilities incumbent upon institutions providing this care in a manner so as to insure positive outcomes. It is designed to accommodate individual and situational variability in resources and intended scope of service. It provides a pathway for adhering to and developing new standards of care, the ability to document and validate excellence in all processes, and to continue the growth in customer satisfaction. It ensures the establishment of a safe setting for staff in the work place and for patient care.

Our standard ensures management participation and accountability in quality patient care and customer satisfaction. This requirement extends specifically to critical processes and facility excellence as well. However, above all else, it is charge to provide your institution with guidelines for pre-cleaning, leak-testing, cleaning, storage, high-level disinfecting, and/or sterilizing of flexible gastrointestinal (GI) endoscopes, flexible bronchoscopes, surgical flexible endoscopes (including but not limited to: flexible ureteroscopes, semi-rigid operative endoscopes, cholecystoscopes, etc.) in health care facilities.

→ These standards are intended to provide comprehensive information and direction for health care personnel in reprocessing, decontamination, and validation of these efforts in the endoscopy arena. If you operate with a dirty instrument, an infection is likely to result.

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We are here to assist.