



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 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 it's 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.

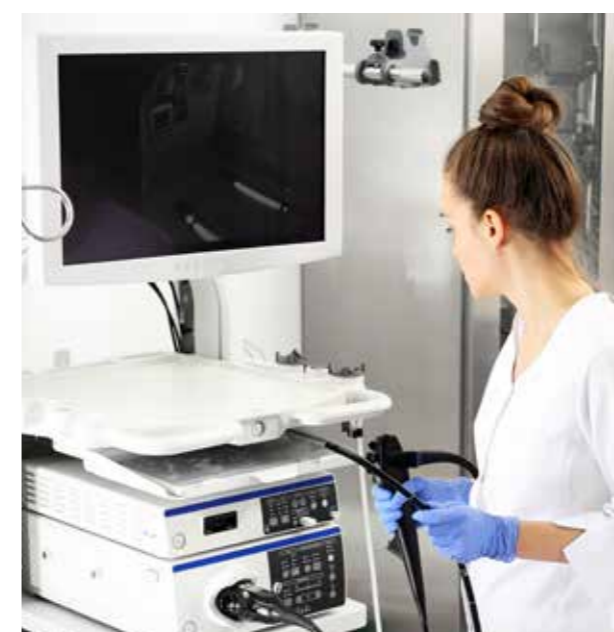


→ AACI has developed a comprehensive set of standards based on its extensive knowledge and experience relative to the most common nonconformities raised during the last 15 years in hundreds of endoscopy units all around the world.

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, choledochoscopes, 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.



Risk Based Approach

AACI's survey team will review the entire process of endoscopy care. This includes a review of all critical processes and selected open and closed patient records. We search for excellence in keeping with the type and extent of services provided. Confirmation, assimilation, and analysis of rate based data then allows us to help a facility to make improved patient and staff care decisions. These decisions are therefore made from a rational platform supported by risk analysis methodology. The outcome?...Continual improvement in your clinical service and interested party (customer) satisfaction!

Why should I apply?

- Achieving AACI's Excellence Certification is an opportunity to demonstrate to your community that you offer a quality service environment - one which takes safety seriously and strives for continual improvement.
- You can use your survey report and certificate to provide assurance to both your staff and to other external stakeholders that you are committed to excellence.
- You benefit from an external knowledge base
- giving feedback and comment in a constructive and supportive manner.
- You will receive a Certificate of Excellence™ quality mark to display within the facility.

The survey process has been designed to ensure that there is as little burden to the endoscopy service in terms of preparation as possible. It is acknowledged that the patient's care should be the primary focus of the service, and that the survey and survey team should cause minimal disruption. AACI America is first and always collaborative. We are here to assist.

AACI America, Asheville, NC, U.S.A.: +1 828 243 8778
AACI Healthcare UK, London, UK: +44 1904 703 104
AACI Central & East Europe Ruda Slaska, Poland: +48 32 789 50 70
AACI South Europe, Ljubljana, Slovenia: +386 1 2418 322
AACI Asia, Singapore: +65 6631 2967

www.aacihealthcare.com