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AIM

To evaluate the quality of reusable medical devices (RMD) reprocessing in Central Sterile Service Departments (CSSD).

METHODS

Evaluative research of intervention based on Appreciative Investigation carried out in CSSDs of the four largest hospitals of a state of the Western Amazon, North region of Brazil. Quality assessment was performed through structure, process and outcome indicators, in three interrelated phases: phase 1 - situational diagnosis using the quality indicators; phase 2 - group mapping; phase 3 - Appreciative Investigation workshop to build a joint planning. Figure 1 shows the aspects evaluated by the quality assessment indicators. Study participants were healthcare workers from the CSSD, the Hospital Infection Control Commission and the Patient Safety Center. The research project was approved by an Ethics Committee (protocol: 58757316.6.0000.5300).

RESULTS

Three CSSD were centralized and one semi-centralized, with exclusive nurses, as manager, in two units. For the four CSSD, the structure indicator compliance ranged from 44 to 50% (average 49%) and the process indicator from 54 to 64% (average 61%). The result indicator for the cleaning step (assessed by ATP and protein swab tests) ranged from 75 to 94% (average 80%). Three units performed manual cleaning only and one manual and automated cleaning. The CSSD workers mapped profile was: over 55 years, female, complete high school and working time at CSSD from 1 to 5 years. Overall, driving forces were higher than the restrictive forces, and the restrictive forces were focused on the physical structure. In the appreciative workshop, for building a joint planning, the experiences and perceptions prevailed over the quality indicators.

Some proposed and ongoing actions: adequacy of hand hygiene supplies, consult the hospital engineering team for the analysis of architectural projects, strengthening of communication between the CSSD and their leaders, training for all CSSD workers, and review the CSSD standard operational procedures and routines.

Cleaning Assessment Indicators	Packing Assessment Indicators	Sterilization and Storage Assessment Indicators
<ul style="list-style-type: none"> • 17 components for assessing the structure dimension - conformity mean: 9 components • 25 components for assessing the process dimension - conformity mean: 16 components • 03 indicators for assessing the results dimension - • structure dimension: 47% (conformity average) • process dimension: 64% (conformity average) • clean RMD average: 80% 	<ul style="list-style-type: none"> • 08 components for assessing the structure dimension - conformity mean: 4 components • 09 components for assessing the process dimension - conformity mean: 6 components • 02 indicators for assessing the results dimension - • structure dimension: 50% (conformity average) • process dimension: 64% (conformity average) 	<ul style="list-style-type: none"> • 16 components for assessing the structure dimension - conformity mean: 7 components • 17 components for assessing the process dimension - conformity mean: 9 components • 03 indicadores for assessing the results dimension - • structure dimension: 44% (conformity average) • process dimension: 54% (conformity average) • packing integrity: 80% (conformity average)

Figure 1. Step 1 - Quality assessment indicators for reusable medical devices (RMD) reprocessing at Central Sterile Service Departments.

CONCLUSION

The structure indicators showed more non-conformities than the process indicators throughout the processing steps at the four CSSD. The result indicator for cleaning and packing integrity obtained the best rates. Evaluation using CSSD-specific indicators directed efforts, saved time and aggregated evidence. The association with group mapping, also specific to CSSD, and appreciative planning allowed the object to be contemplated in various dimensions and possibilities. However, it is still a challenge to establish the quality indicators in clinical practice as a routine. Appreciative intervention showed to be a tool to boost this goal

References

- Donabedian A. Michigan (USA): Health Administration Press; 1980.
 Contandriopoulos AP et al. FIOCRUZ: Rio de Janeiro, 1997.p.29-49.
 Cooperrider, D. L.; Whitney, D. Rio de Janeiro: Qualitymark 2006.