Are you ready for Joint Commission?

What is needed to be ready for a Joint Commission survey with regard to sterilization practices, both now and in the future? Experiences with recent surveys were shared by 20 operating room managers with responsibility for the OR and sterile processing department (SPD) at an all-day session on sterilization at the AORN Congress in March in Chicago. The managers identified issues the surveyors were concerned about, departments they visited, and questions they asked.

In the past, though surveyors often asked to see documentation of OR and SPD services, they did not always don scrubs and walk through the operating room or the sterile processing department. It appears this has changed. Participants reported that surveyors walked through both departments, visiting the decontamination, prep and pack, and storage areas in SPD and the instrument processing and sterilization areas in the operating room.

None of the issues surveyors looked for were surprises. They were issues that should be included in routine quality assurance audits, such as flash sterilization, pack integrity, sterilization process monitoring, and whether practice is consistent with policies and procedures.

Interestingly, except for checking to see that documentation of flash sterilized items identified the patient involved, none of the participants said the surveyors included instrument processing in patient tracers. In the tracer process, a surveyor selects a patient and, using the patient’s record, retraces the “specific care processes that an individual experienced.” The purpose of a tracer is to assess an organization’s systems of providing care and services.

It may be only a matter of time before the tracer process is expanded to include the ability to trace instrument sets to specific patients. The tracer methodology and instrument traceability seem to go together. Although SPD does not provide patient care, it does provide services that affect the quality and safety of care. In fact, one surveyor specifically asked if the department could track instruments to patients but did not pursue this further.

**Flash sterilization**

Regarding flash sterilization, managers said surveyors wanted to know the flash sterilization rate, what was being flash sterilized, and how often. Eye instruments were of particular concern. Several managers reported having to purchase eye instruments as a result of the survey as well as concern about reports of TASS (toxic anterior segment syndrome). TASS, an acute, noninfectious inflammation of the eye’s anterior segment, is a complication of surgery on the anterior segment, such as cataract extraction.

Surveyors asked to see the policy for flash sterilization to determine if
practice reflected the policy. They also inspected flash sterilization documentation records for completeness and traceability to the patient.

**Documenting flash sterilization**

Managers need to monitor how well flash sterilization documentation is being maintained. The AORN recommended practices for sterilization state that flash sterilization documentation should include:

- item being processed
- patient receiving the item
- cycle parameters used (eg, temperature, duration of cycle, and the date and time the cycle is run)
- operator information
- reason for flash sterilization.

Flash sterilization records should be neat, well organized, and legible; anything else suggests carelessness. One suggestion is to use a 3-ring binder with one page for one flash sterilization cycle, with a preprinted designated space on each page for the sterilizer printout (or printout information entry). The printout should fit into the space and not overlap the page. Any excess paper on the printout should be removed. Tethering a pair of scissors and a stapler to a site next to the log book can help accomplish this.

Documentation should be protected from water splashes. A flash sterilization log kept next to a sterilizer located near a sink is a prime target for splashes and stains, which can result in a messy and crinkled log that suggests sloppy practice. Plastic page covers may be used to protect the documentation and convey a sense of order. Periodic review of the condition and completeness of the flash sterilization log should be an ongoing part of OR and SPD quality process audits.

A separate log should be maintained listing what was flashed, why it was flashed, and what could have been done to prevent flashing. Although keeping this log adds an extra 30 seconds to the documentation process, it helps in trending what is being flashed and why flashing is necessary. From this data, an implementation strategy can be developed to reduce flash sterilization. This data is especially important in supplying the rationale for a request for additional instrumentation, a change in scheduling, or other strategies to reduce flash sterilization.

**Other survey issues**

In addition to checking flash sterilization logs, surveyors examined expiration dates of disinfectant test strips and chemical indicators. In one facility, the surveyor checked the lot numbers of biological indicators (BI): Did they match the BI control? One surveyor checked wrapped packages for tears and loose tape on wrapped sets. The surveyor also inspected peel packs to see if a complete chemical indicator was inside each one.

Several surveyors requested to see documentation of temperature and humidity in the SPD decontamination, prep and pack, and storage sections; documentation of SPD staff training and continuing education; and documentation of quality improvement activities.

One surveyor asked how often a BI was run and why, that is, for sterilizer efficacy or for load release with and without implants. Monitoring with a BI is optional for loads that do not contain implants. But BI monitoring is not optional for loads containing implants.

Considering the mix of most loads in high-volume facilities, monitoring
every load with a BI makes sense. Monitoring every load ensures that any set containing an implant (screw, wire, plate, etc) will not inadvertently be released without a BI having been run with the load. It makes it easy to answer the Joint Commission surveyor wanting to know when and why a BI is run.

**Tracers in the future?**

Joint Commission surveyors may not include instrument sets in tracers right away. But managers should be aware that is a possibility for the future.

Traceability is addressed in the steam sterilization standard from the Association for the Advancement of Medical Instrumentation (AAMI ST:79), which states, “Ideally, cleaned medical devices should be traceable to the patients on whom they are used. . . . Ideally, every processed device, especially an implant, should be fully traceable to the patient on whom it is used or in whom it is implanted.” The word “ideally” is used because the AAMI committee responsible for writing this guideline recognizes that many facilities do not yet have automated tracking systems that allow traceability. In addition, most tracking systems permit traceability to a particular instrument set but not to individual instruments.

Is it only a matter of time before surveyors ask to see documents that can identify the instruments used on a particular patient? Facilities with low surgical volumes may be able to track instruments manually, but for large-volume facilities, a computerized instrument tracking system would be needed to meet the AAMI recommendation for instrument traceability. If in the future, the Joint Commission incorporates instrument processing into the tracer methodology, an automated tracking system would serve the facility well.

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**References**


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