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Introduction

Cancer institute : Radiology, Sterile hematology, Radiotherapy

relies

Central sterilization of a university hospital

to sterilize

- Medical Devices (DM)
- Linen and dishes

❖ **Aim :** to realize a second audit to assess

compliance with subcontracting convention and good hospital pharmacy practice **on the whole sterilization circuit** and **the impact of corrective actions**

❖ **January 2013 :** audit carried out in 3 beneficiary services on best practices for pre-disinfection, cleaning, use and storage of DMS → corrective action have been set up.

Materials and method

In January 2015 we audited : ❖ **3 beneficiary services** on the best practice of pre-disinfection, cleaning, use and storage of DM, linen and dishes
❖ **sterilization service** about compliance with convention clauses for sterilization
❖ and **transport circuit** between the 2 institutions → An audit grid has been created

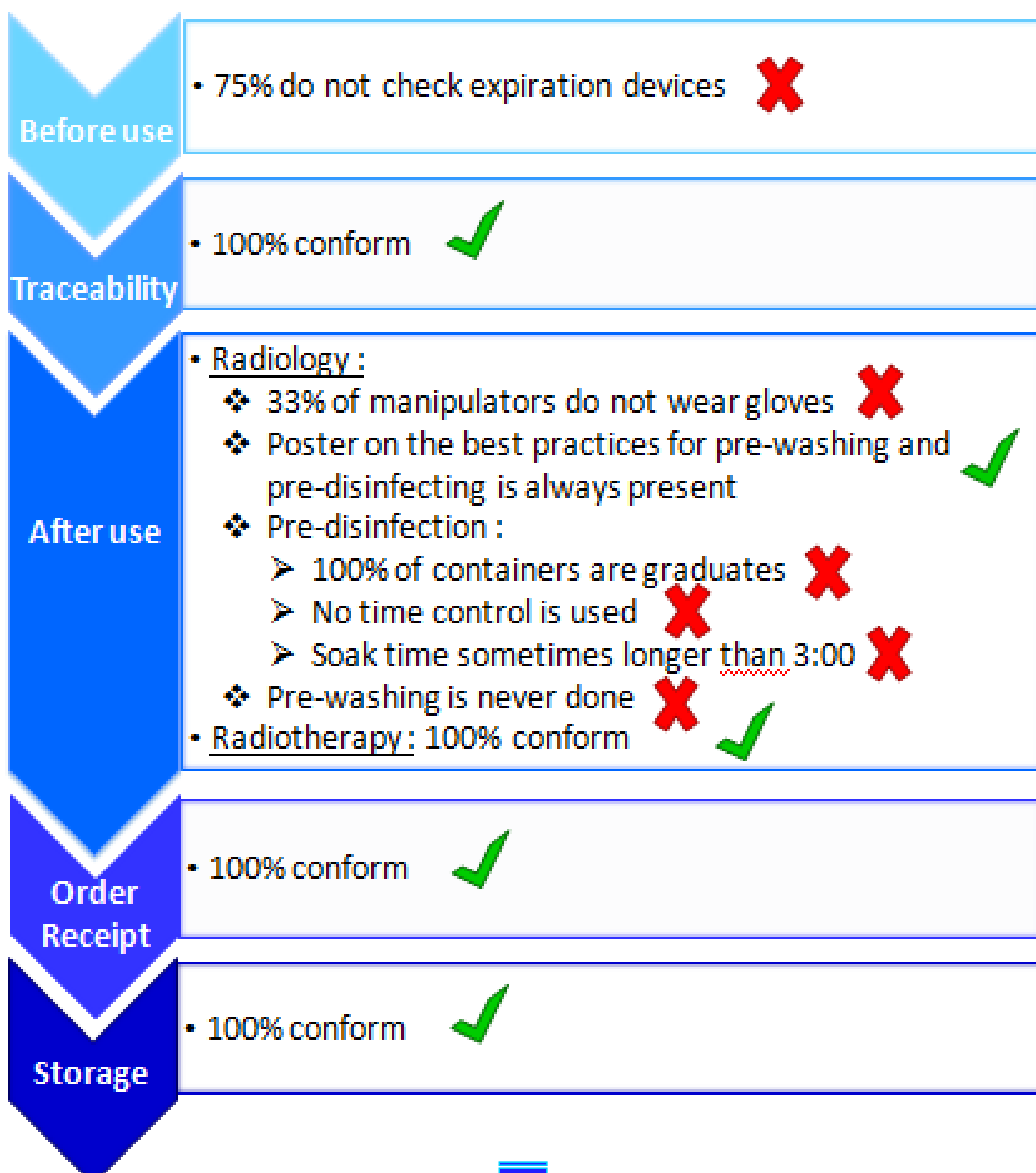
The audit grid developed in 2013 were updated

A **feedback form** was distributed to assess the needs and expectations of the services.

Results

Audit of sterilization : no dysfunction ✓

Audit of beneficiary services :

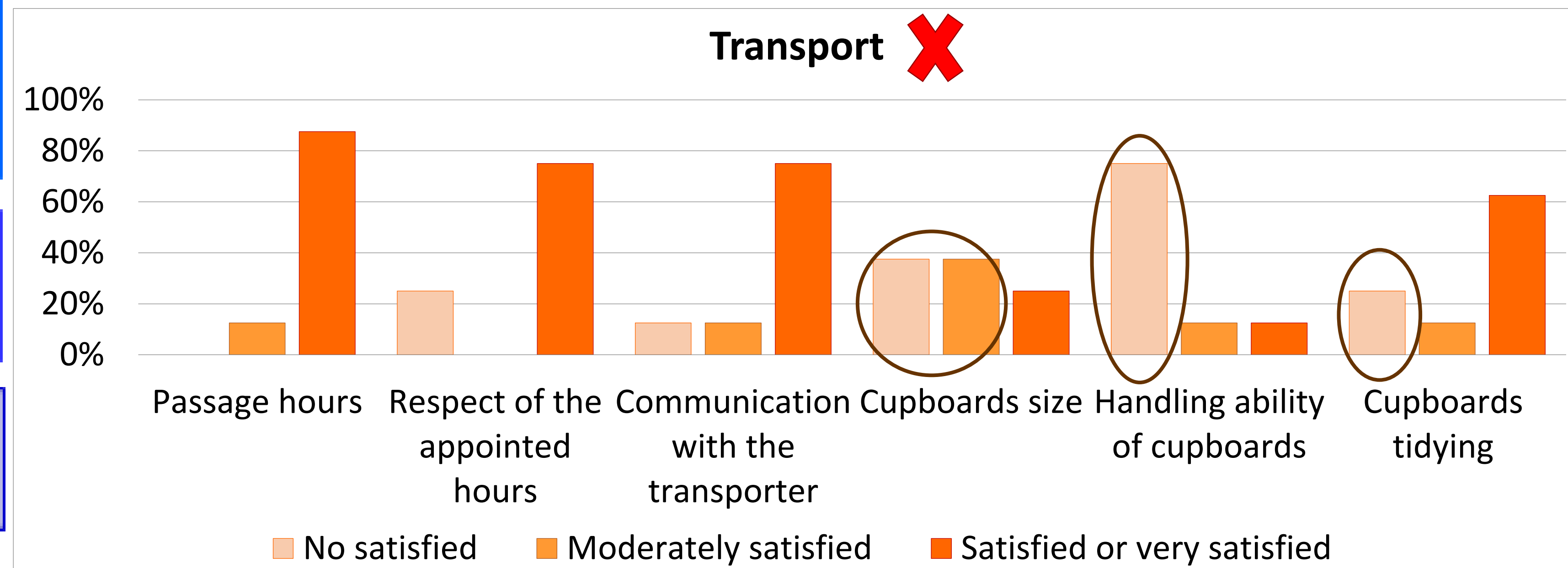
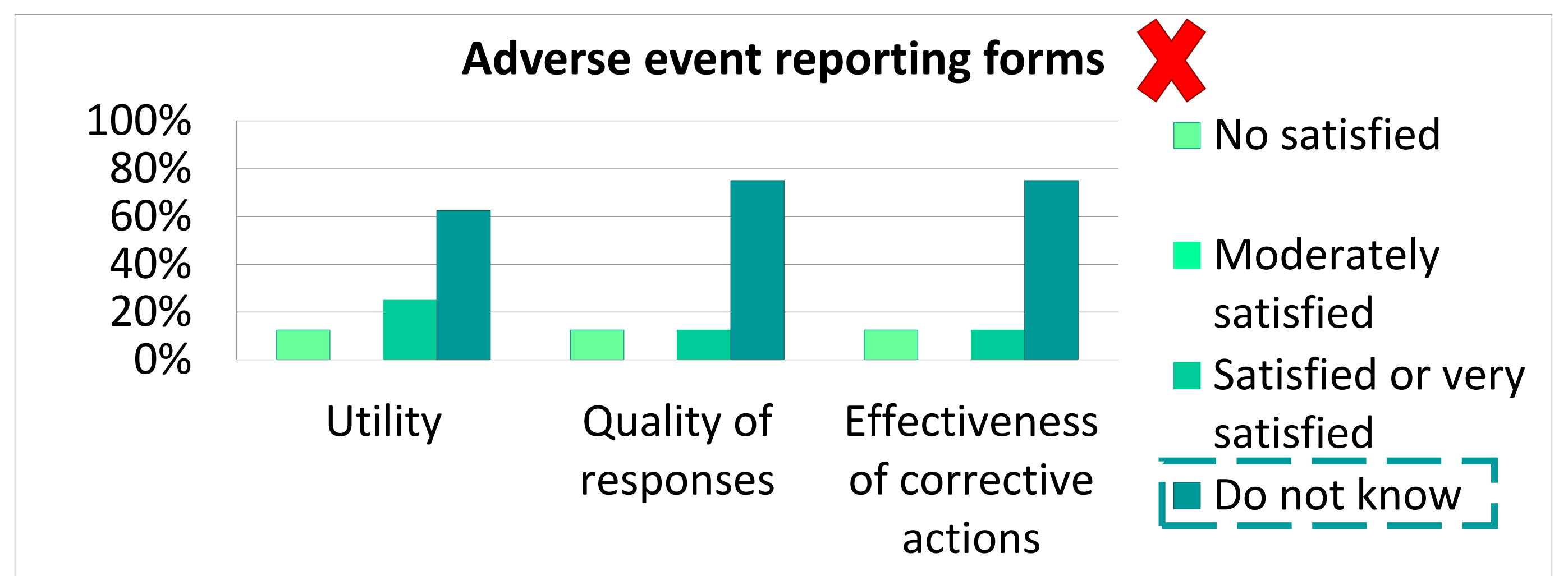


Audit of the transport circuit : radiology and radiotherapy ✗

❖ bad boxes referrals from sterilization occur in 50% of the cases. ✗

❖ boxes are often dropped off without precaution.

Feedback form : all services are generally satisfied. But 2 items stand out :



Discussion

Poster for best practice of pre-disinfection and pre-washing of DM carried out 2013 has allow :

- ❖ graduation of trays in all services
- ❖ whole respect for best practices in radiotherapy

But in radiology :

- ❖ always no pre-disinfection time control system is used
- ❖ pre-washing never done although explained in the poster

Sterile hematology :

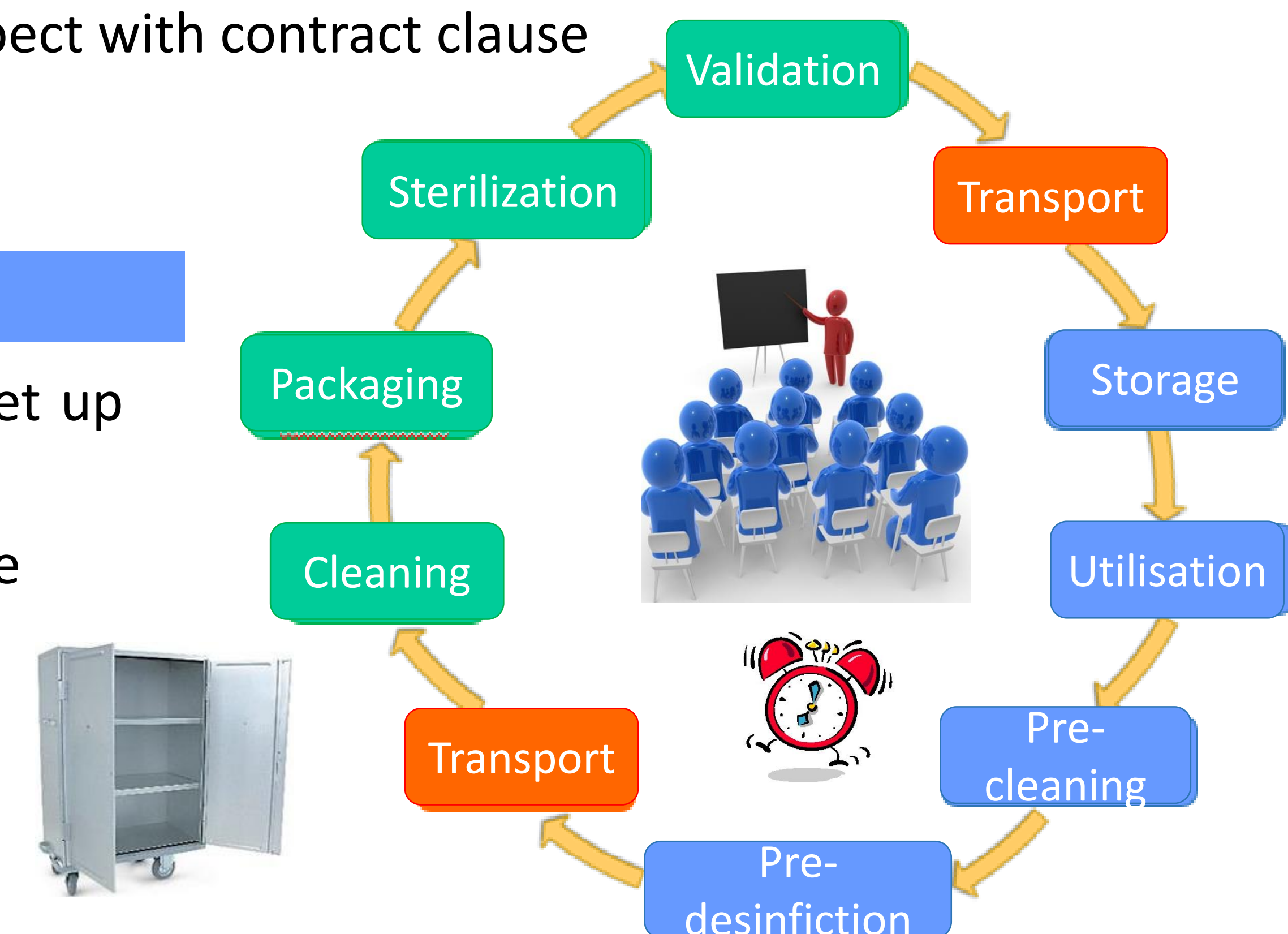
- ❖ the increasing use of single-use DM → did not allow to audit pre-disinfection
- ❖ but this service still sterilizes linen and dishes daily.

Transport circuit is the major problem :

- ❖ cupboards are difficult to handle
- ❖ radiology and radiotherapy boxes are never transported in their cupboard but above the cupboards of the hematology service → partially explains their poor redistribution.

→ **These issues are not known for 75% of staff who does not use any adverse event reporting forms (any declaration in 2 years).**

Service provider : respect with contract clause



Conclusion

- ❖ A **training plan** on the best practice of pre-disinfection and pre-wash will be set up within the framework of professional practices evaluation.
- ❖ The acquisition of a **soak time control system** is planned for the radiology service
- ❖ An information meeting with deliverers will be organized.
- ❖ In preparation for the increase of brachytherapy activity, a **working group** on sterilization circuit involving a pharmacist of the institute will be created.