

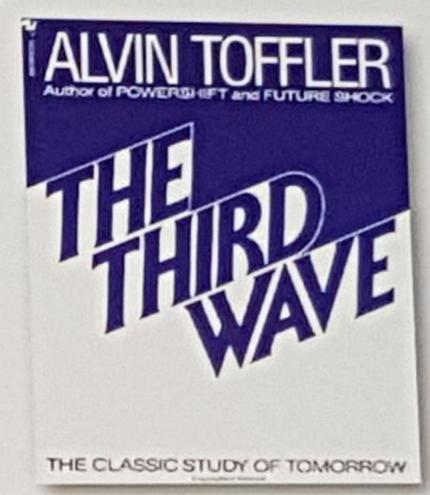
## DGSV

Deutsche Gesellschaft für Stenigutversorgung e.V.

# WORLD CONFERENCES CENTER FOR DARE TO CHANGE

## **Alvin Toffler**

- 1st wave: Settled agricultural society
- 2nd wave: Industrial age society
- 3th wave: Information age society
- 4th wave: Collapse of the system
- · Disruption can be an understatement



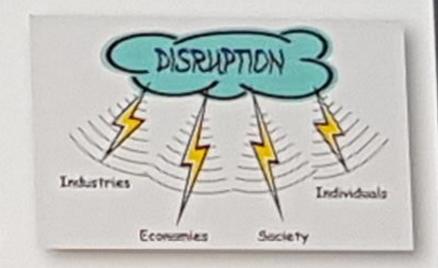
# Disruptive innovations in economy

- Breakthroughs that serve a costumer or a market in a new way:
  - · Airbnb, Paypal, Uber, Bitcoin
- Made possible by the globalization of the internet
- Threat to traditional sectors
- In a new environment flexibility and capacity to change become crucial for organisations



## Disruption in society

- Affects the mindset and coexistence of people
- Political and social gaps silhouett sharper
- 'Gone too far' globalisation
- · Immigration wave
- Political authorities fall short in their duty
- People choose wellbeing above wealth
- The rise of anti-establishment movements



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## Health is the basis for a qualitative life

- Healthcare is 'the' market for technology start-ups
- · Apps analyze data as heart rate, blood pressure, temperature and stress
- Means for diagnosis and a more personalised care



- The Belgian government launched a project for development of health apps
- · In the care of the future the patient is central
- The doctor gets a more coaching role

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### Artsen hebben geen hoge pet op van gezondheidszorg via internet

30/05/17 on 17:25 - Bigment on 17:25

De grote meerderheid van de artsen in ons land loopt niet hoog op met de zogeheten e-gezondheidszorg. Slechts 6 procent denkt dat hun werk erbij gebaat is.

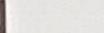


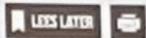




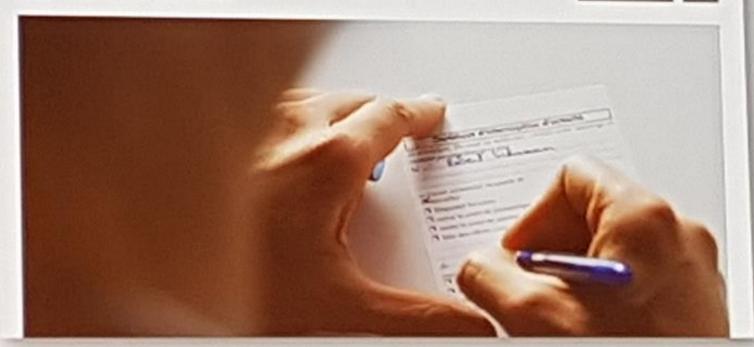


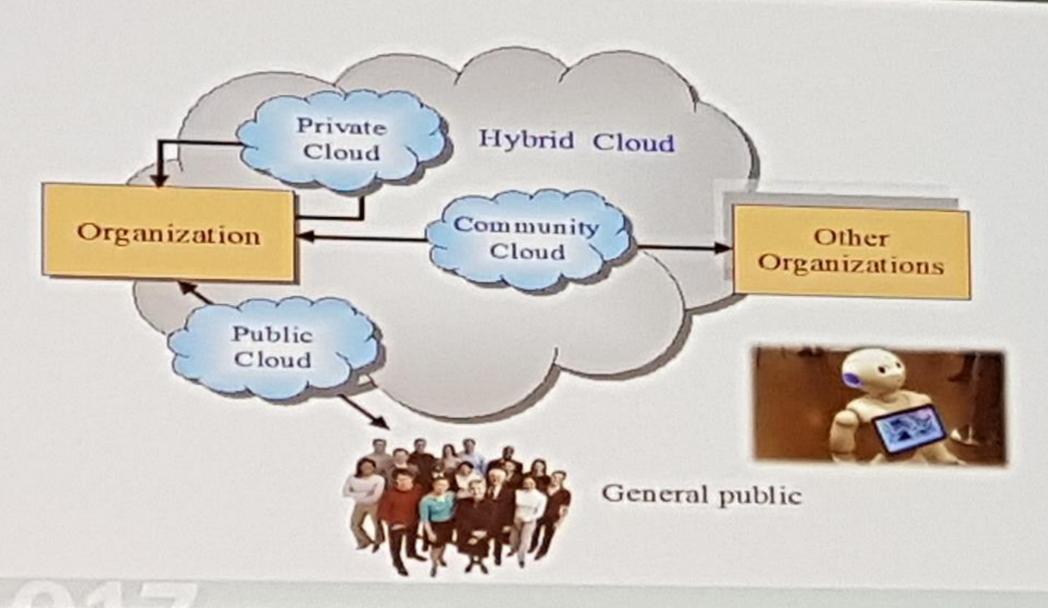












## The hospital of the future

- A hub in network with general practitioners and external specialists
- The service no longer stops at the exit
- Innovation is necessary to realize its primary mission what is to provide up to date care to each patient
- Herein the CSSD plays a facilitating role by delivering in time a correct medical device to the provider of care
- Conditions for the CSSD to guarantee this are:
  - Adaptation
  - Flexibility
  - Innovation
- Change should have become a natural habitat for CSSD



18TH WORLD STERILIZATION CONGRESS

BONN | GERMANY | OCTOBER, 4-7, 2017

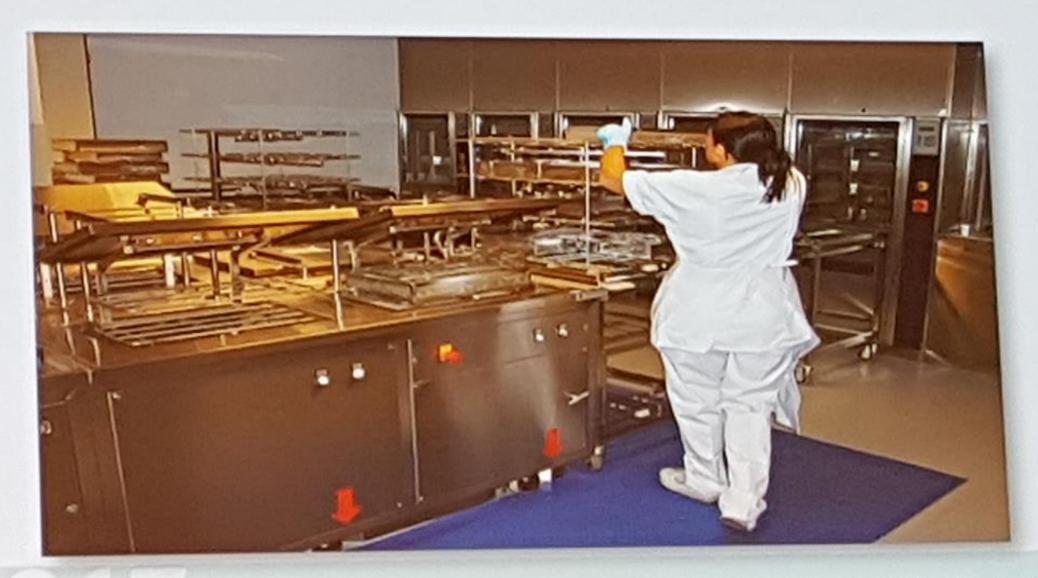
## The hospital of the future

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## **Evolution of CSSD**

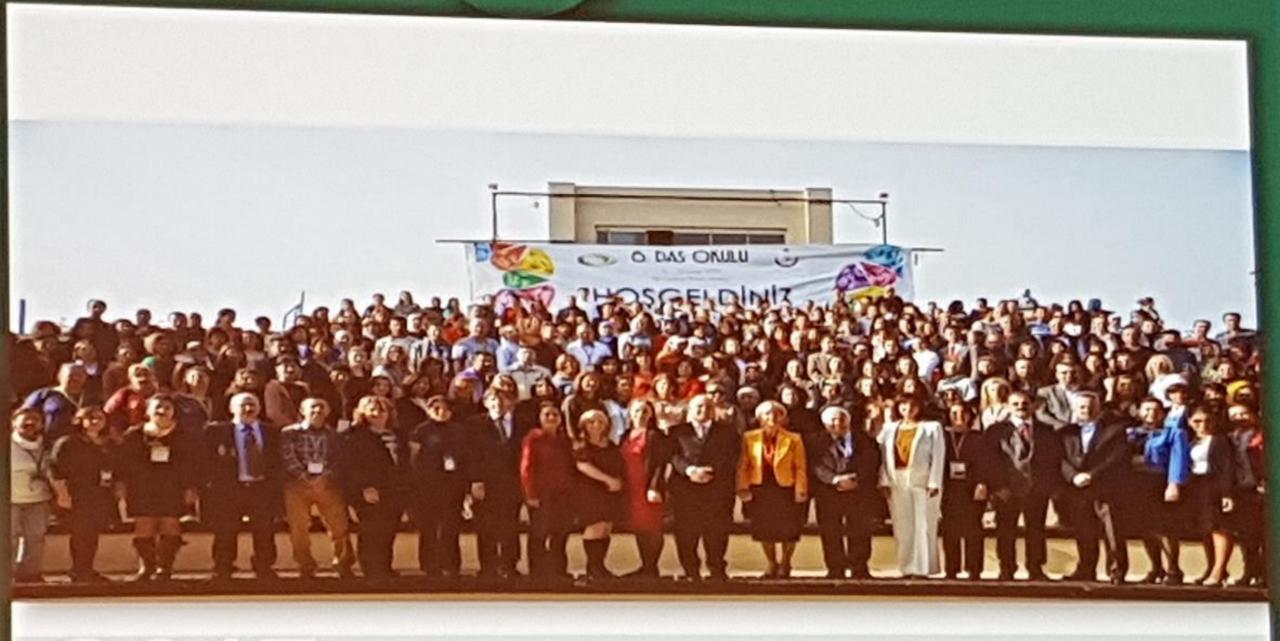
- From an appendage to operating room to independent CSSD
- From open area to department divided into different zones
- From manual working towards automated instrument reprocessing
- From reusing SUD's to a total ban on reuse
- From using indicators to validation of processes
- · From untrained staff to highly qualified members of staff
- From department concentrating on the sterilization process itself to department with a holistic approach on decontamination









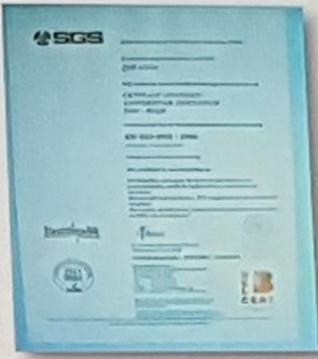


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- ISO + EN norms consolidated first wave
- Later on quality systems were grafted onto in attempt to get control over the variability of the output





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## Revisions of Medical Device Directives

#### The new Regulations on medical devices

On 5 April, 2 new Regulations on medical devices were adopted. These replace the existing Directives.

- Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC
- Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU

The new rules will only apply after a transitional period. Namely, 3 years after entry into force for the Regulation on medical devices (spring 2020) and 5 years after entry into force (spring 2022) for the Regulation on in vitro diagnostic medical devices.

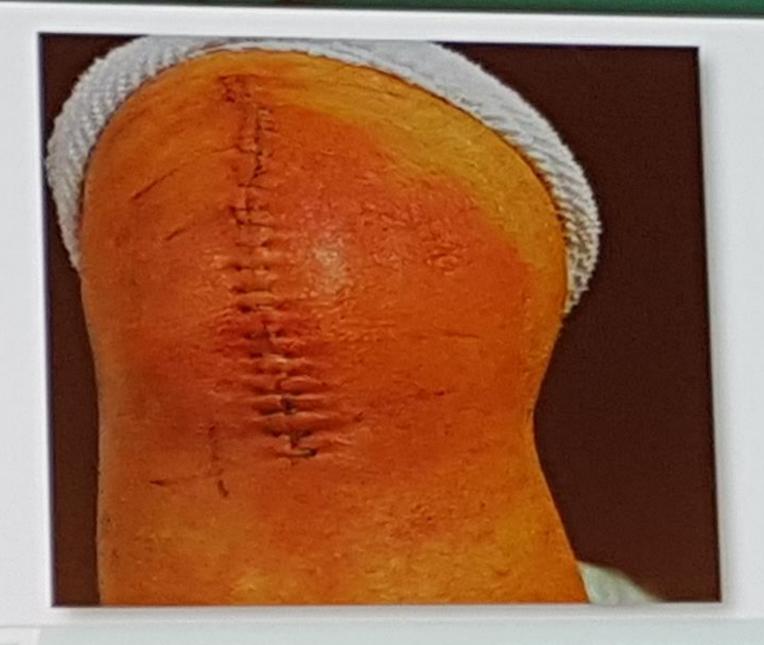
The Commission welcomes the adoption of its proposal for 2 Regulations on medical devices which establish a modernised and more robust EU legislative framework to ensure better protection of public health and patient safety.

#### The new Regulations in a nutshell

The new Regulations contain a series of extremely important improvements to modernise the current system. Among them are:







## Flexibility

- 30 % of jobs disappear by 2030 due to automation, robotics
- CSSD should prepare:

Automatic tracing of a set with RFID

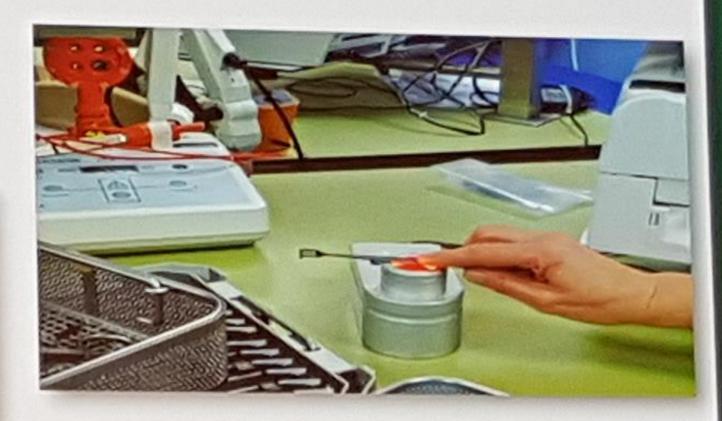
Tracing at level of instrument with data matrix















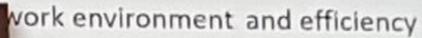
Automate de tri des instruments: Une idée, une réalité...quelles perspectives?

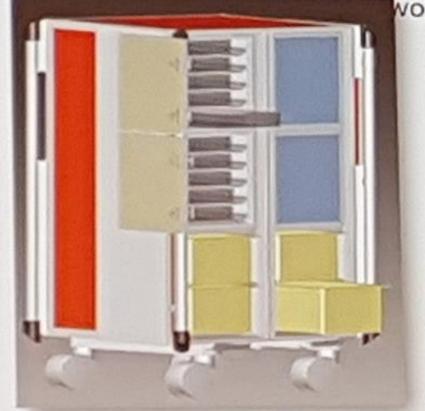
H.Ney Responsable stérilisation centrale



## Pia Hilsberg

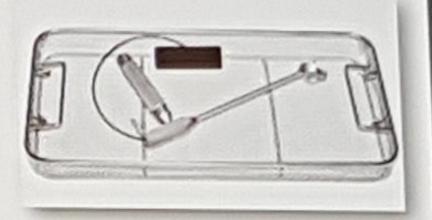
The use of robotics and automation to achieve a













# Decontamination is an industrial process

- The outcome can be perfectly predicted if the essential requirements of process control are met
- "Validated reprocessing is a fully controllable risk"

**Axel Kramer** 

## Industrialization

- Applies to other aspects of care as well
- "The industrialization of care is the only way to increase the human touch of care"

**Marcus Froehling** 

- Industrialization includes professionalism
- · An empathic approach of the patient

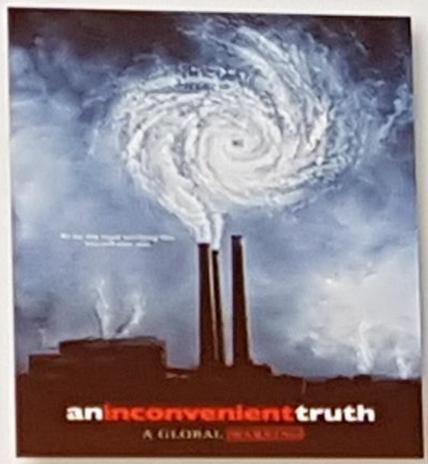
## Sterilization associations and MOH's

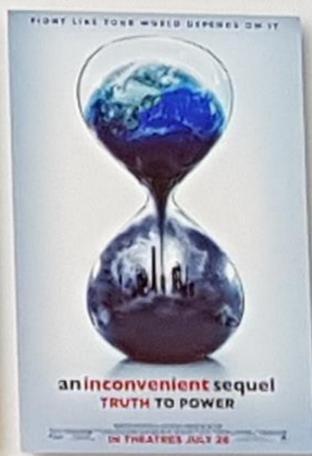
- · Important role in defining the outline of 'sterilization'
- A rough sketch does not guarantee an exclusive property
- · Details must be filled in: all-inclusive approach
- Sterilization is not yet a global 'turnkey' project



## An inconvenient truth

 No longer acceptable that a patient runs a higher risk in one hospital in comparison to another one, partly due to the quality or lack of it in the sterilization department.



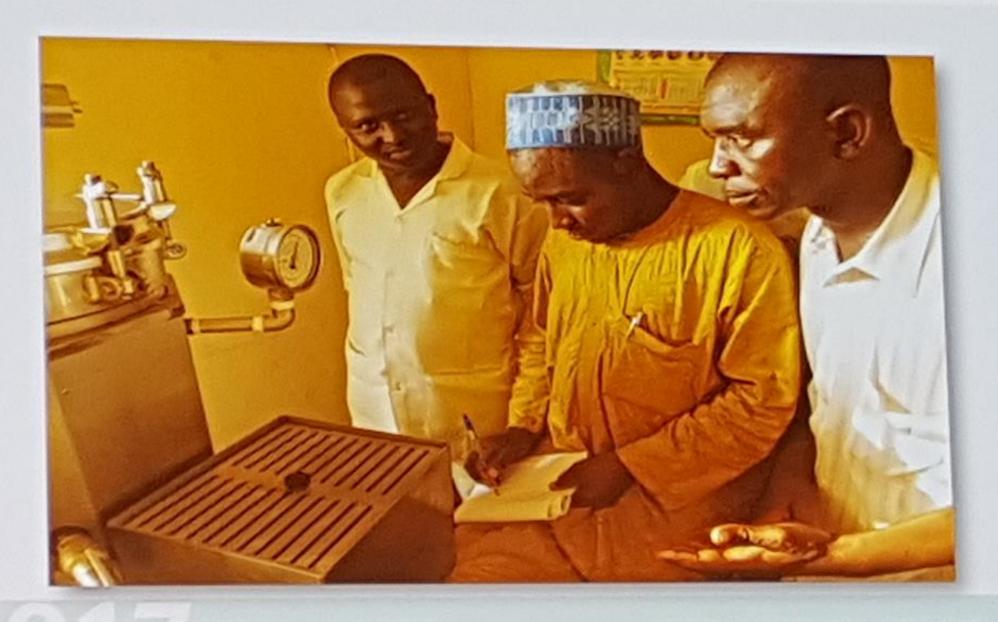


# CSSD's, associations and MOH's

- Must ensure that the quest for an ideal CSSD is not limited to a few leading hospitals!
- Everywhere in the world the patient has the basic right to be treated with a medical device of a high quality, the hospital the same duty!







## "Think off" sterilization

- Demand for important investments if needed
- · Only the government can give a proper answer to that question
- The world of sterilization also must take one step further to bring the equal treatment of each patient closer

Jack van Asten

- · Sterilization must be "thought off"
- The liberal interpretation of the details of decontamination remains a sore point in everyday practice

## There is a need to define the "state of art"

"Although I already visited a great deal of sterilization departments, I have never seen a department that is identical to another. They are all different"

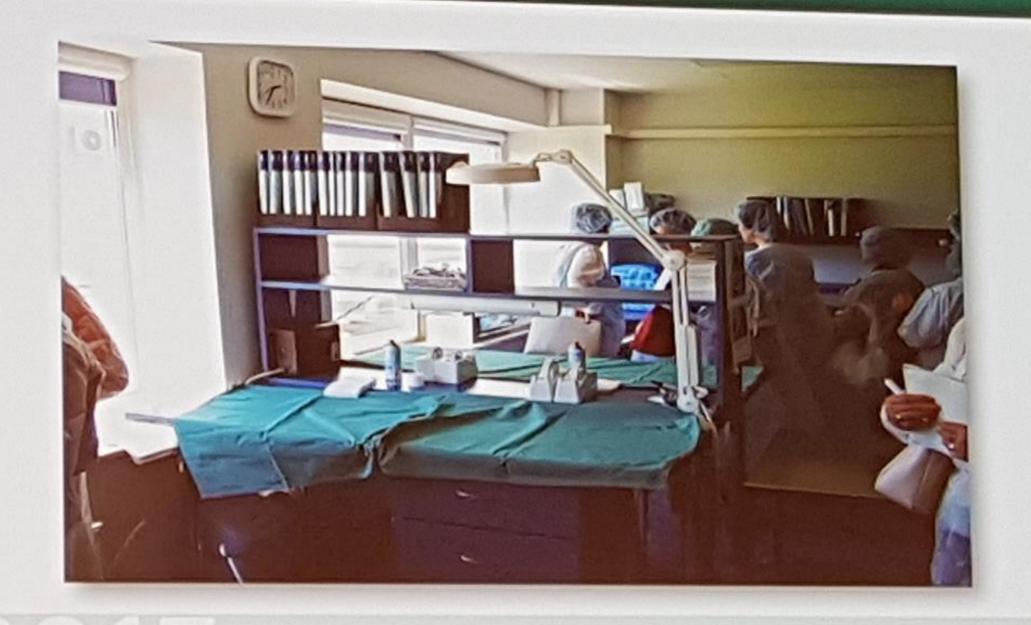
Peter Hooper

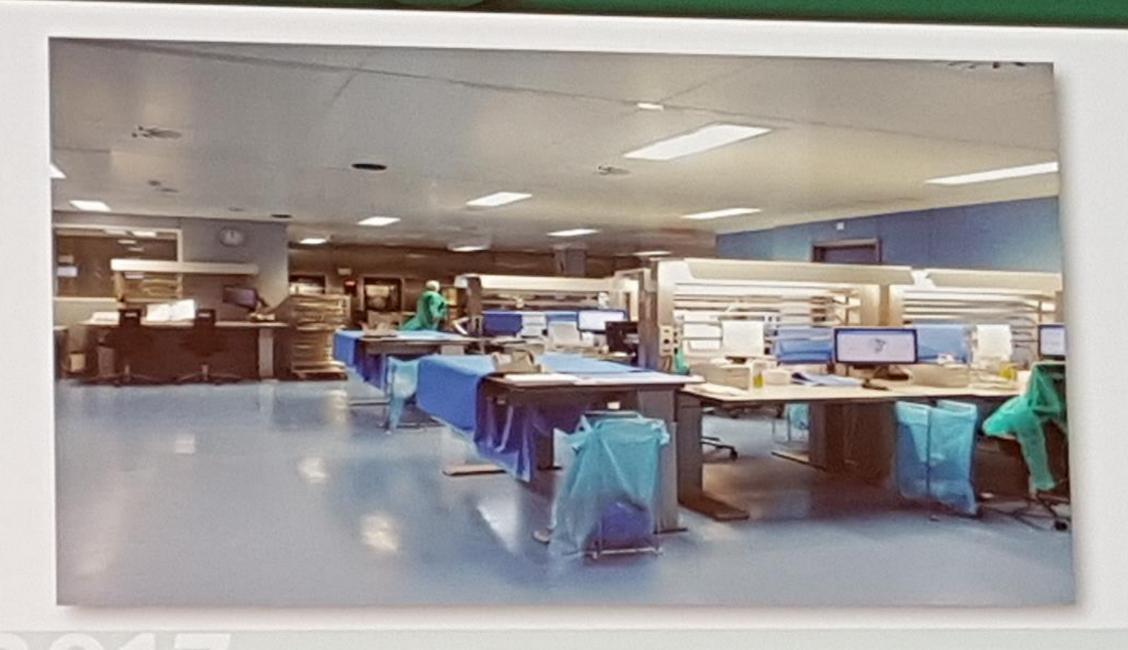


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## There is a need to define the "state of art"

- The same sources are divergently interpreted and thus differently put into practice
- Sterilization seems to be "A most individual expression of a most individual emotion"
- We should be searching for a consensus about what an ideal department and what an ideal way of working can be and evolve in that direction!

## Standardization

- On the level of the department
  - ---- improved quality
  - ----- reduced costs
- Between departments







# Sterilization has to be open to change!

- Producing in-house gauzes, surgical dressings, simple care sets
- Using linen as packaging material
- Processes and equipment that are not validated

Cannot be seen as innovative activities!

Hirtyckilia Kiyo, 2014 Feb; 80(2):83-6.

## [An intravesical foreign body by migration of remnant gauze into the bladder: a case report].

[Article in Japanese]
Kashima S<sup>1</sup>, Yamamoto R<sup>1</sup>, Miura Y<sup>1</sup>, Abe A<sup>1</sup>, Toqashi H<sup>1</sup>, Ishida T<sup>1</sup>, Malsuo S<sup>1</sup>, Numakura K<sup>2</sup>, Habuchi T<sup>2</sup>.

### Author information

#### Abstract

A 35-year-old female, who had undergone Caesarean sections in 2000 and 2001, presented with repeated candida vaginitis and cystitis. She reported that a piece of gauze was excreted through the urethra in 2005. The patient visited an outpatient clinic, but no foreign body was identified by cystoscopy. She again visited the clinic in 2012 complaining of miction pain, and a calcified mass was identified in the bladder. The patient was then referred to our hospital. During a transurethral operation, crushed stones, which included the gauze, were removed from the bladder. We concluded that remnant gauze left in the abdominal cavity during the previous pelvic surgery, had migrated into the bladder and formed a calcified mass.

PMID: 24755919 [PubMed - indexed for MEDILINE]





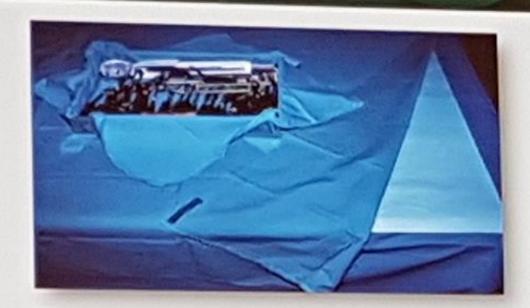
#### ANNEX I

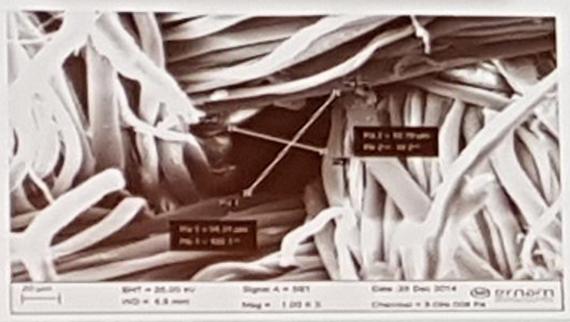
## GENERAL SAFETY AND PERFORMANCE REQUIREMENTS

#### CHAPTER I

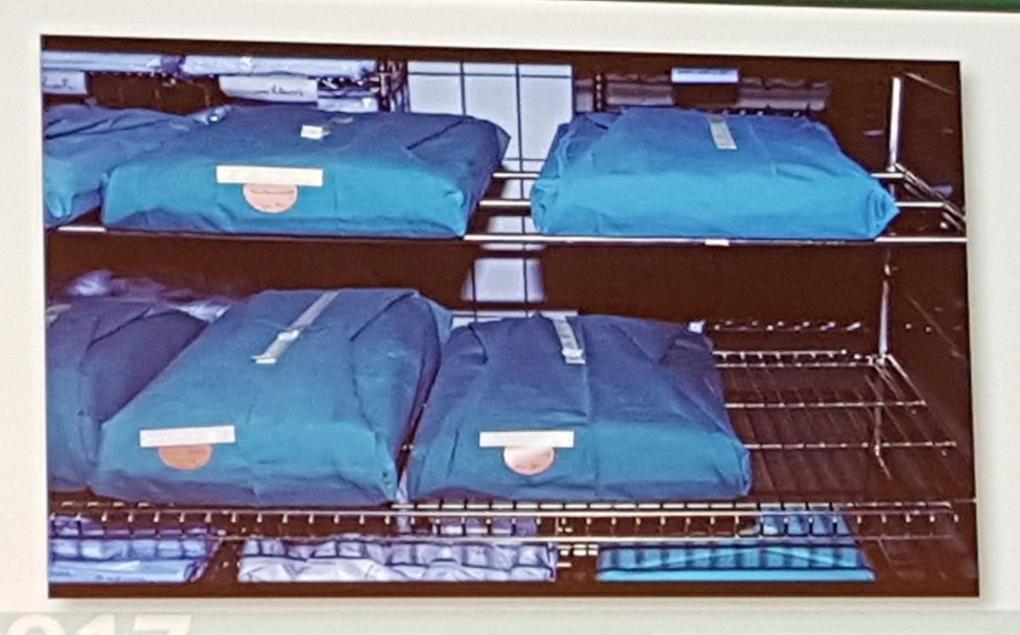
#### GENERAL REQUIREMENTS

- 11.5. Devices labelled as sterile shall be processed, manufactured, packaged and, sterilised by means of appropriate, validated methods.
- 11.6. Devices intended to be sterilised shall be manufactured and packaged in appropriate and controlled conditions and facilities.









# Liquid sterilization?







# Reducing Ethylene Oxide and Glutaraldehyde Use

Environmental Best Practices for Health Care Facilities

November 2002

JCAHO Environment of Core Standards 1.3, 2.3, 4.0

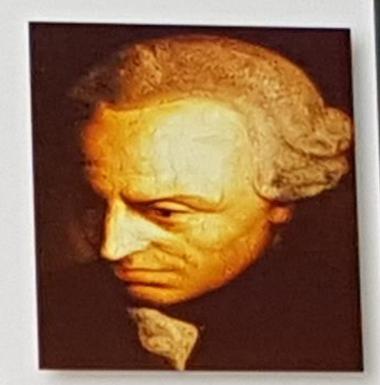
## Where are Ethylene Oxide and Glutaraldehyde Used?

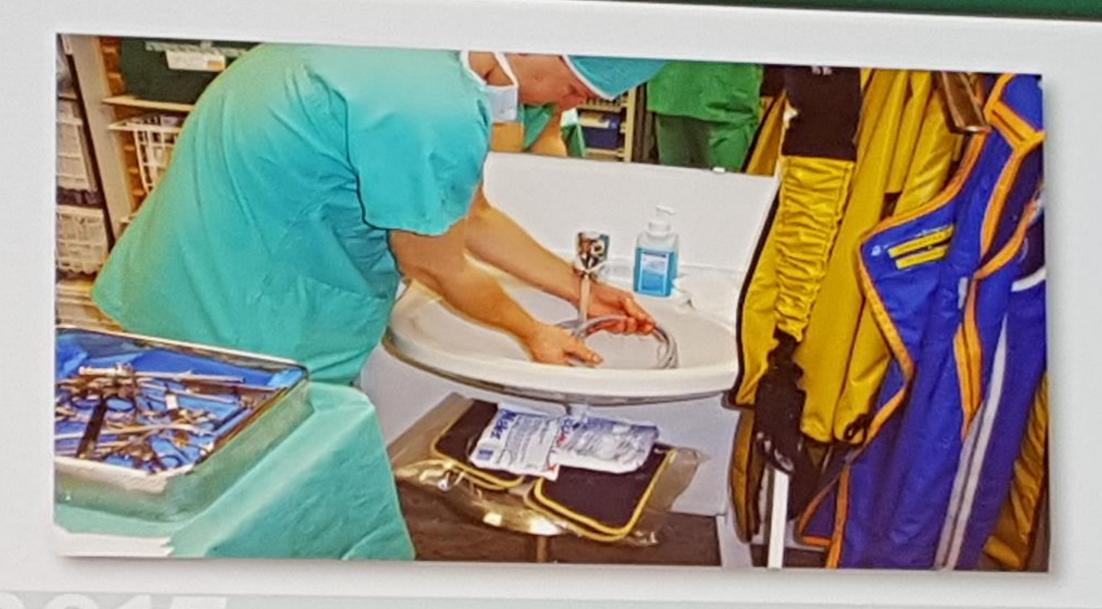
Although many environmentally preferable technologies exist for sterilizing equipment and surfaces within hospitals, these technologies can damage some medical instruments that are susceptible to moisture and heat. In such cases, hospitals typically use ethylene oxide (£10) to sterilize moisture- and heat-sensitive instruments and glutaraldehyde as a high-level disinfectant. Health care employees who commonly use glutaraldehyde-based products work in many departments, from gastroenterology, urology, and cardiology to x-ray, laboratory, and pharmacy. This fact sheet provides background information on the uses and hazards of both chemicals, describes environmentally preferable alternatives, and provides detailed case study and cost information to help your hospital evaluate alternatives to £10 and glutaraldehyde.

The first step in assessing the impacts of EtO and glutaraldehyde is to conduct an inventory of who, how, and where the chemicals are used in your hospital. Completing the usage inventory will enable you to prioritize your actions, monitor progress in eliminating the use of the chemicals, and ensure that affected employees are included in training and monitoring programs. In addition, an inventory may create opportunities for gathering feedback from hospital personnel on EtO, glutaraldehyde, and which alternatives might be best. Common locations to look for EtO and glutaraldehyde are mentioned in the following sections.

## **Progress**

- Based on evidence, knowledge and experience: "Dare to know" (Immanuel Kant)
- "Dare to change": consequently implement knowledge and expertise
- All instruments should be treated in the central department
- It is not necessary to build in a control of the control of the control
- It is time to rediscover the essence in sterilization!





# Ophtalmology



## **Indicators**



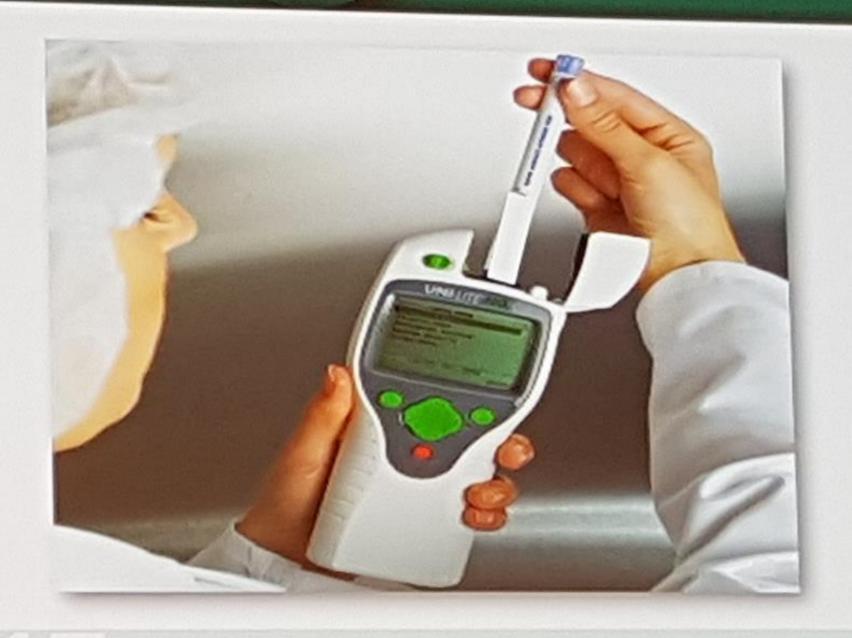














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#### Welcome!

Dear Colleagues, dear Friends,

The primary mission of WFHSS is to combute ensuring that patients all around the world are treated with high-quality medical devices. A necessary condition for this is that infrastructure, materials, consumables, working methods and training of staff meet essential requirements. The indirect effect is the recognition of the CSSO as a hully-fielded, supportive and constructive department of the hospital.

Cooperation between national steritization associations with emphasis on exchange of information and sharing of knowledge must foster harmonization.

Knowledge hereby is the most important instrument to base practice on evidence from research and to finally get rid of tradition and (bad) habits.

Theoretical knowledge can nowadays everywhere be found and acquired. It is, for example readily available on our website. However, the transposition in practice sometimes is tacking atthough this is an essential step in the whole process. To eliminate this shortcoming WFHSS leannhes therefore a practical training

#### NEWS



#### WEHSE Congress 2017!

Born, Germany

4th - 7th October

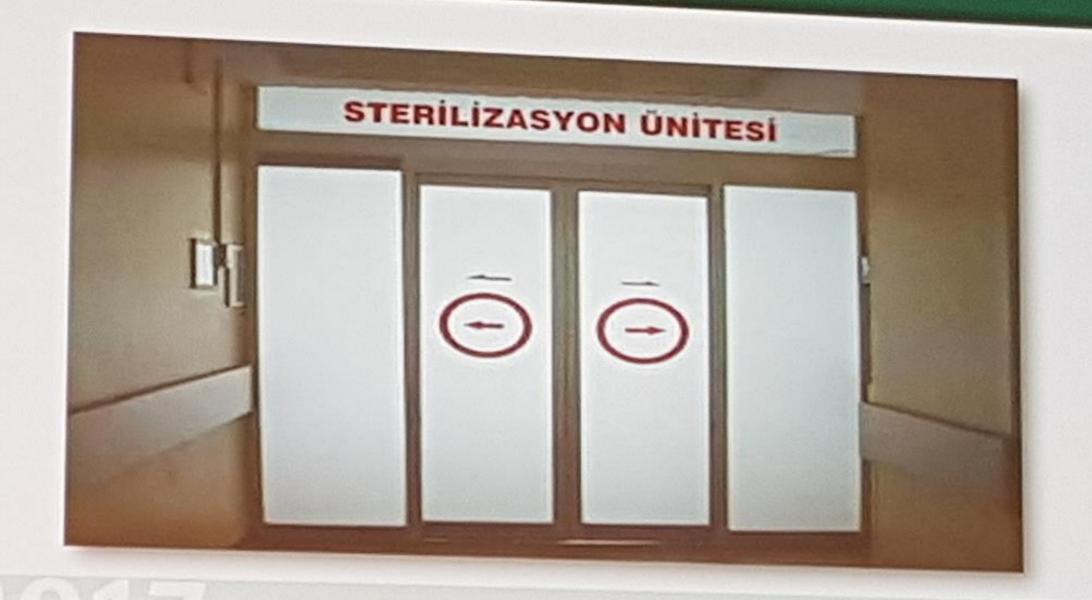
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NOW

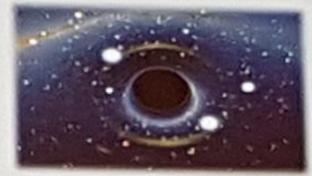


Setup of a working group

WEHSS guidefales



 To deliver a better quality it was necessary for "sterilization" to become an independent department.



 The advantage was that sterilization was so able to further develop its competency and skills and build the necessary selfconfidence and self-esteem.

## **Better CSSD integration**













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Meest recent Binnenland Buitenland Opinie Biz Cultural Sport Life&Style Beroemd&Bizar

HOME > NIEUWS > BINNENLAND

## Desinfectie endoscopen laat te wensen over

19/07/2017 om og:go door Maxie Eckert

In veel ziekenhuizen worden de toestellen voor maag-, long- en urineblaasonderzoeken niet afdoende gereinigd en gedesinfecteerd. 'Als endoscopen eigendom zijn van de arts, is het voor ziekenhuizen niet eenvoudig om af te dwingen dat ze op een bepaalde manier behandeld worden.'







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# CSSD = facility department

- CSSD is an important partner in total care
- As important as the service we provide, as the commitment we show
- · Product of the highest possible quality
- 100 % commitment
- Requires alertness and empathy for the patient
- Realize the importance of our service within the framework of care and
- · Recognition of it by management



# Working environment

- Challenge is to create a working environment where members of staff:
  - · love to do their job
  - can develop themselves
  - can realize the objectives of the CSSD
- · This is our brick in the wall of a better world!

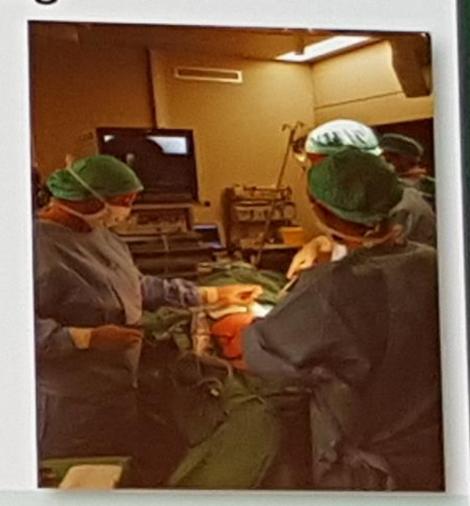


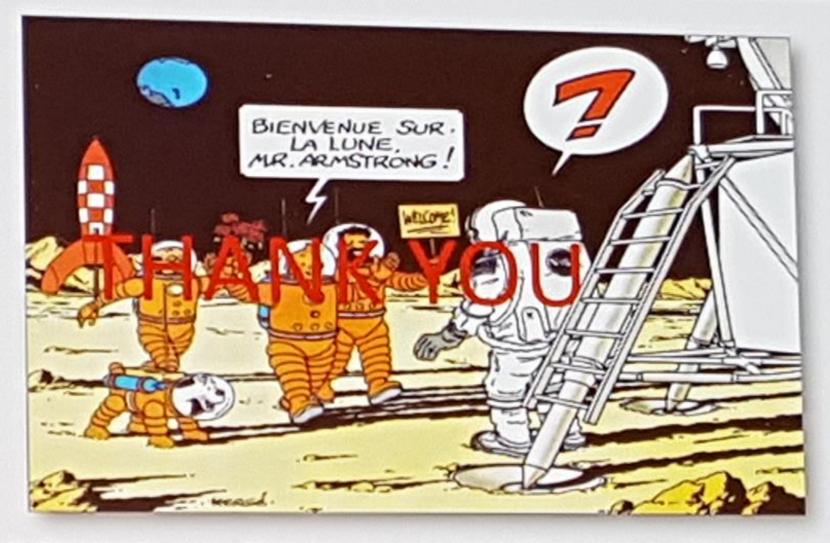
# Future must bring

- Uncompromising quality
- High flexibility
- · Excellent service
- · Attention to members of staff
- Care for the patient

This requires an open mind and courage:

The courage to change!





By believing in your dreams you can turn them into reality (Herge)