



## Journey to Higher Level Decontamination for Transvaginal probes

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### Who Am I



- Appointed November 2016 pre CQC Inspection
- Ex -Clinical staff (ODP) 23 Years in theatre
- General Manager for Intensive Care ,Theatres
   ,Anaesthetic , Pain and Sleep Looking at Resource ,

   Equipment and Decontamination services.
- Manage Steris contract
- Decontamination Lead for the UHL I protect the equipment whilst clinical staff protect the patients from Infection

One team shared values













#### Who are we

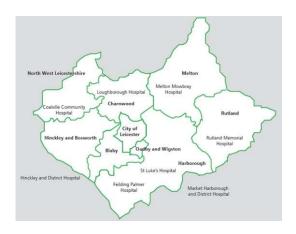
- Cover Leicester and Leicestershire and Rutland approx. 2,084 km2
- Based over three main sites (UHL) and 4 community hospitals ( Alliance)
- Busiest ED in Europe seeing 600-700 patients daily of which we admit approx. 90
- Employ 14,500 staff
- 1800 beds
- 50 Theatres
- Annual turnover £750 million
- Endoscopy based over 3 sites and Community areas
- Decontamination and Sterilisation of Instrumentation undertaken by Steris
- 200 Endoscopes of which

























### What was the issue





#### **MHRA 2012**

#### Medical Device Alert

Ref: MDA/2012/037 Issued: 28 June 2012 at 14:00

#### Device

Reusable transoesophageal echocardiography, transvaginal and transrectal ultrasound probes (transducers).

All models.

All manufacturers.

#### Problem

The MHRA is aware of an incident where the death of a patient from hepatitis B infection may have been associated with a failure to appropriately decontaminate a transcesophageal echocardiography probe between each patient use.

The MHRA is issuing this alert to advise users to appropriately decontaminate all types of reusable ultrasound probes.

#### Action by

Trust decontamination leads.

Healthcare professionals using these devices and staff responsible for reprocessing medical devices.

#### **CAS** deadlines

Action underway: 11 July 2012

Action complete: 19 July 2012

Note: These deadlines are for systems to be in place to ensure the actions are undertaken

#### Action

Review, and if necessary update, local procedures for all ultrasound probes that are used within body cavities to ensure that they are decontaminated appropriately between each patient use, in accordance with the manufacturer's instructions.

MHRA

Ensure that staff who decontaminate medical devices are appropriately trained and fully aware of their responsibilities.

Be aware of the MHRA's guidance document 'Managing Medical Devices' (available from our website www.mhra.gov.uk).

Be aware of the Department of Health's publications (England only): Choloe Framework for local Policy and Procedures 01-06 — Decontamination of flexible endoscopes: Operational management manual 13535-1.0. Available from Space for Health, sign-in required: http://www.spaceforhealth.nbs.uk/Englandropics/cholce-framework-local-policy-and-protocols-01-06-% E2%80%93-decontamination-flexible-andiscopers.

Also be aware of similar advice as/when published by the devolved administrations.









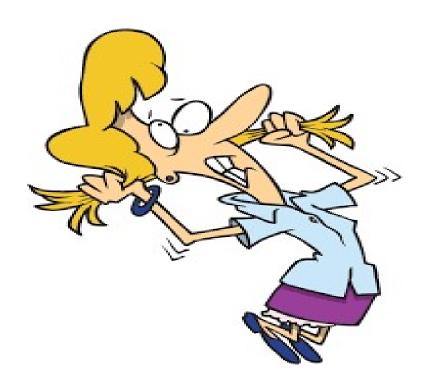








## How we view change in UHL











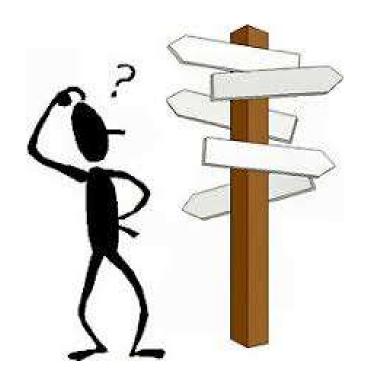


# How Decontamination was viewed Hospitals of Leicester

Hide from Decontamination ...

Not my issue











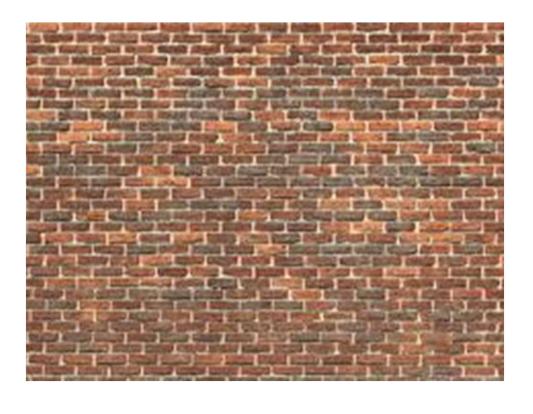














# So what happened?











### NHS

**NHS Trust** 

## Ultrasound use proliferation

University Hospitals of Leicester

Surveys highlight diversely qualified user groups in areas outside of traditional medical imaging areas









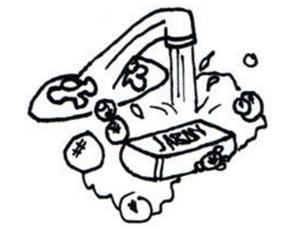






# What was current practice with trans of Leicester vaginal probes? WHS Trust





















# **Education – Spaulding Classification 1939**

- Why change
- We haven't had issues
- Imagine the cost

Disinfection levels	Spores	Non-enveloped Virus	Fungi	Mycobacteria	Bacteria	Enveloped Virus
Sterilisation	1	1	1	1	1	1
High-level	Some	1	1	1	1	J
ntermediate- level	x	Some	Some	1	1	1
Low-level	х	Some	Some	x	1	1











### **Solutions and Risks**





#### Solution

High Level Decontamination wipe



#### Risk

- Cost
- Training
- Time to do High Level
   Disinfection
- Space for Decontamination
- Extra staff













## **Audit findings 2016**



- Not doing High Level Decontamination
- No traceability
- No knowledge in clinical areas of MHRA

So we.....

Put it on Risk Register and discuss at IP meetings













## Caring at its best

## So what has changed?

- Decontamination lead appointed Nov 2016 and works closely with IP lead
- Wanted something easy to use
- Tracking and Traceable
- Could be used within the patient area and was quick and easy

















## Since using Trophon



- High level decontamination taking place on all transvaginal and trans rectal probes
- Removed from Risk register as have assurance and traceability of all probes

- Staff happy
- Reduced clinic wait
- Reduced cost for consumables as well as staff cost

One team shared values













#### The Future?



- Looking at Ultrasound probe Decontamination using the IP toolkit
- ➤ Half bottles of the Hydrogen peroxide to make it viable in low turnover units.
- Looking at new alternatives for flexible non lumened ultrasound to ensure tracking and traceability for the safety of our staff and patients
- UV technology Soluscope (TOE)











One team shared values





# Thank you

**Any Questions?** 









