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Practice Forum

Tales from the auditors: What we learned from endoscope auditing

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Endoscope auditing is unique from other types of auditing normally completed as part of ongoing quality initiatives. When auditors walk into an endoscopy processing area, they are confronted with a variety of complex processes generally packed into a small space. Auditors are challenged to become experts on the processes they are evaluating, and must stay current with changes in practice and equipment. In our 10 years of endoscope processing assessments completed by infection prevention and accreditation staff, we learned a great deal regarding how to approach auditing and interact with staff to improve the quality of endoscope processing.

The challenges associated with endoscope cleaning, disinfection, and storage have been well-documented, making the case for ongoing quality monitoring of the process.[1-4] There are several electronic systems that will walk staff through the entire endoscope cleaning and disinfection process, but who is giving feedback on the importance of the step that was missed, or "Congratulations" when every step is completed? How do we assure leadership and ourselves that this endoscope is really, truly patient ready and safe?

Audits are completed by infection prevention and accreditation staff who do not reprocess endoscopes but oversee quality standards. Because we were outsiders to the process, we had to learn it by working with staff and managers on the team. We audit in real-time, side-by-side with staff as they complete the processing. Our documented endoscope auditing journey started in 2009 with a 3-page tool. It covered very basic questions and took a single person approximately 30 minutes to complete. It was adequate, and our audit schedule was periodic yet somewhat random.

In 2012, we identified that there were many challenges and opportunities within our practices. We had 27 unique sites processing endoscopes, using both manual and automated disinfection and sterilization processes. These sites were both on the hospital campus, as well as in offsite clinic/procedure centers. We used ortho-phthalaldehyde, glutaraldehyde, peracetic acid, and ethylene oxide. We found endoscopes stored in cabinets, drawers, and even pockets. The more we looked, the more we found. At that point, it was decided that we needed more than just an audit tool, we needed a team and a plan. From this, the Clean Team was born. We re-evaluated our tools, our process, and our goals. We partnered with area managers, subject matter experts, vendors, and staff. We reached out to the other hospitals within our health system and included supply chain, clinical engineering, employee safety, and accreditation staff; this team became the System Reprocessing Team. Auditing teams visit all locations with a standardized tool, review the entire workflow, and evaluate every step, from point of use through storage. Throughout our journey, we have learned a lot and want to share our learnings and our perspectives.

KEY LEARNING POINTS

1. **Never audit a "clean" scope.** It is important to identify a time to audit when you know the service area is open and has patients scheduled. This will increase the likelihood of observing the entire process from point-of-use cleaning through storage. You will gain an accurate picture of their process, versus if you ask an employee to demonstrate how to clean a scope that is already in clean storage. We have experienced this, and staff will generally walk through the steps in a high-level overview. If you inquire about a missed step, the popular response is, "Yes, of course I would do that if I was actually cleaning a scope." Having staff demonstrate the process on a soiled endoscope assures that you are auditing the actual process and not just a hypothetical demonstration.

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2. **Ask staff to talk about what they are doing** while they do it, avoid having them just "talk you through the process" (see #1). This helps staff get more comfortable with being watched. Asking someone to explain what they are doing as they work will slow them down so the auditor does not miss the quick steps. Also, it gives the opportunity to ask for details (ie, "What are you looking for as you pressurize the scope during leak testing?" or "Why is it important to dry the scope thoroughly?") You can assess their knowledge in addition to their technique.
3. **Audit in pairs.** As auditors, you might not have hands-on experience with cleaning scopes. At our health system, staff from the departments of infection prevention and control, and accreditation partner to survey reprocessing practices. Have auditors in pairs assists with the flow of the auditing. One person can prompt questions to the staff, whereas the other records the observations in real-time on an electronic audit tool. It helps to have an extra set of eyes. When you are auditing, you are not just looking at how the scope is cleaned, you also want to make sure the environment is clean and organized. Find a balance that works for your team. Too many people may feel disruptive during the audit process.
4. **Know what kind of endoscopes you have, channeled versus nonchanneled—it is important.** Having a scope catalog with an inventory of scopes and probes is very helpful in the process of tracking areas that are reprocessing. At the very start of our program, we put together a document that tracked every area that was reprocessing, what type of scopes they had, type of reprocessing (manual vs automatic), chemical disinfectant, et cetera. This helps for multiple reasons. Not only does it give us information on what competencies staff should have based on their specific areas, but it also organizes the whole auditing process. It gives the auditor the opportunity to prepare for the audit and bring the appropriate tools and resources. At each audit, we check in with the staff to keep the catalog up-to-date.
5. **Take pictures,** but respect privacy—there is great learning in pictures. We frequently use photographs to document both the good and the bad we observe in the field. We have found photographs very useful for education and for communicating to C-suite administrators where priorities exist in our high-level disinfection program.
6. **Re-educate auditors frequently and keep them updated.** At the start of our program, we had a group of 4 auditors who learned on the job and refined the program over time. As we planned to expand our program and recruit new auditors, we realized that we did not have a standard way to teach these new auditors what to do and what to look for. Because of the complexity of the processes, this is not something you can teach someone with just 1 method. Because of that, we developed a training program for the auditors as well. This includes a series of webinars, readings, audit shadowing, and being signed off on independent auditing. This is just as important as training staff who are performing the reprocessing.
7. **If you find something wrong, fix it and note it as wrong** on your audit sheet. While auditing, you will see opportunities for improvement. Providing that feedback and education real-time is important for learning. Although we are providing feedback and correcting issues that can be corrected on-site, we still note the error on the audit tool. This is included in our follow-up summary, so that the leadership in the area can determine if this is a training error among multiple team members, or a one-time issue.
8. **Standardize** everything that you can. It is more cost-effective and easier to audit if you have multiple sites. In the past, we had many sites using different chemicals, different reprocessors, et cetera. This was problematic, as well as hard to track and educate. When you have a complex process like reprocessing, standardization is the easiest way to teach both staff and auditors. This way, consistent materials can be created, staff learn to look for the same things when auditing, and it is easier to problem solve when issues do arise.
9. **Consider multiple audit teams.** To target all the complexities of this process, we have a few different teams who work with the reprocessing areas. Each team is looking at something different. The first team is a technical team who works on the very detailed aspects, such as which brush to use, how long each step should take, and the anatomy of the scope. This team also conducts orientation, staff competencies, and ongoing education. The second team is the generalist team, which includes staff from infection prevention and accreditation. They focus on workflow, room flow, quality control tests, air pressure, et cetera. The third and final team is the department managers themselves. They are required to complete a monthly audit of their own department with a standard assessment tool. The results of these audits are reported out at a monthly workgroup that consist of all stakeholders. This way, all managers stay engaged and involved in what is going on in their areas.
10. **Build relationships.** We send our audit tool to the managers before we visit, so they know what we are looking for. Our approach is that of a quality "partner," not an outside surveyor. How you deliver feedback is important. Your role is to help them do a challenging job in the safest way possible, not to just point out mistakes. Also, never miss an opportunity to praise an employee for excellent work or achievement ("I understand you are certified now. Congratulations!"). By building relationships, managers and technicians will contact you when new equipment arrives, or a problem comes up. They want to be confident they are doing the right thing, even before your next auditing visit.
11. **Trust your gut.** When auditing an area, whether a processing room or a procedure room, open cupboards and drawers and be curious. Asking staff questions such as "What do you use that product for (the one labeled for hard nonporous surfaces)?" can lead to interesting answers, such as "to clean a scope that is excessively soiled due to poor prep." When something looks out of place, it probably is, but you need to ask staff nonthreatening questions to gain clarity and be able to work with them on a solution.
12. **Debrief as a group after you audit.** There is so much learning from sharing observations. Our debrief group started out more like a support group. We would complete some audits and wonder, exactly what did I see? And what should I have seen? The debrief allowed us to identify trends quickly, revise tools, create tools, share concerns, and identify auditor educational needs.
13. **Give feedback** at the end of each audit, managers are given the results and items that need immediate follow-up. Critical findings are assigned a due date with a request that the manager notify us when the correction has been made. In addition, the auditors schedule a follow-up rounding date.

CONCLUSIONS

Running an efficient endoscope auditing program is complex. Incorporating these key learning points into your own assessments will not only help you to improve compliance, but also build relationships with key team members. Because no step-by-step manual

existed, we learned by trial and error and made rapid cycle changes to keep improving our program. By sharing our journey, we hope to help other auditors avoid some of the common pitfalls that we faced. Our ongoing mission is to have a comprehensive auditing team that will ensure that every endoscope is patient ready, every time.

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