

## Initial Problem

### Frustrated Clinicians - No Scopes in Clinic

- Increased clinician frustration as unable to scope patient
- Flow on effect of stress to clinic staff
- SSU sterilisation did not manage ORL scopes as a high priority = increased wait time for scope return
- Damage to scopes = increased pressure on scope fleet
- Scope storage and documentation not complying with approved standard

## Clinician Demand for Change

- Infection Control resistance for buy into change request
- Agreement granted from Infection Control to achieve
  - > Feasibility of Tristel process
  - > Utility room and scope storage modifications required
  - > Preparation of full business case for budget approval

## Model for Improvement

- Regular staff meetings to gain acceptance, inclusion and involvement in the design process
- Union representative involvement in change process
- Infection Control approval to commence change management
- Creation of detailed documentation including tracking
- Development of guideline for tracking scope use
- Implementation of 72hr scope processing standard

## Measurement

- Data collection
- Clinician and clinic staff satisfaction survey
- Guideline compliance - comprehensive documentation

## Effects of Change

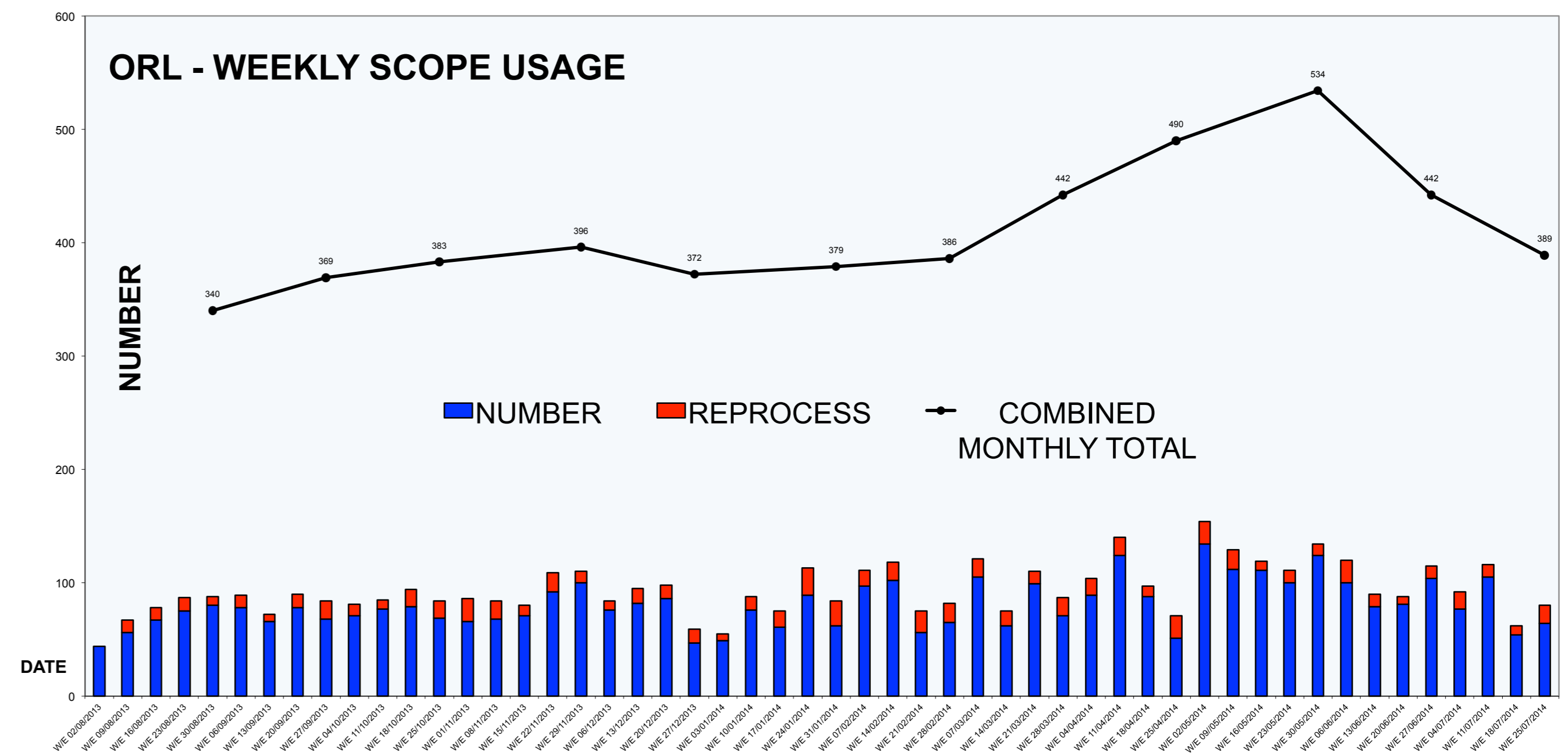
- Immediate, noticeable decrease in clinician frustration
- Immediate increased turnaround time in processing and scope availability (27% Agree, 73% Strongly Agree)
- Decreased appointment time / waiting time due scope readily available
- Improved scope handling skills for all staff
- Cost saving when managed in clinics compared to SSU

## Lessons Learned

- Leadership is key = allows staff time to embed new process, also encourages staff to engage and be involved with change
- Staff education and stringent documentation is vital
- Increased knowledge with increased scope handling = less scope damage

## Message for Others

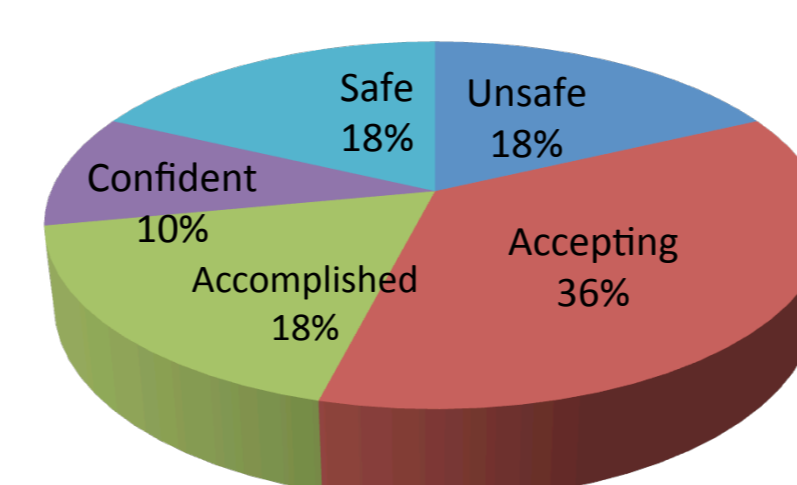
- Doing nothing results in increased stress for all staff
- Don't stop at the first hurdle
- You must work with Infection Control
- Implement clinic based process



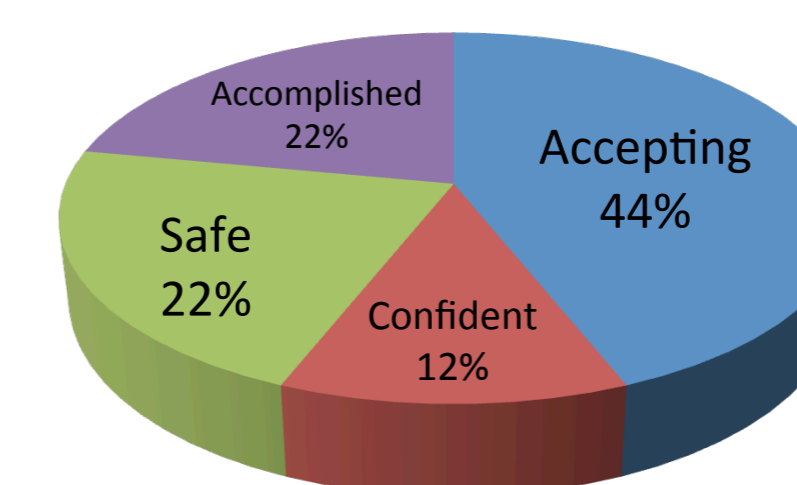
## Tristel V Steris (per Nasendoscope)

Weekly use 94 (average over 12 months actual use)

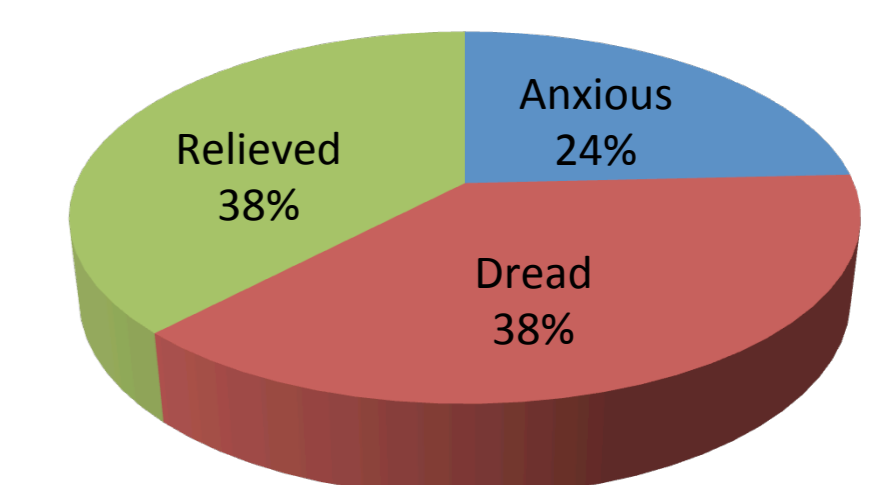
	Steris	Tristel
Products Per Scope	\$35 includes sterilant, chemicals, indicators and connection	\$9 per scope
Processing staff time per scope (Staff cost maintained at 2012 level for comparison)	-	Save 2 minutes per scope @ \$23.58 per hour = \$0.79
Cost per week processed	\$3,290	\$846
Saving per week by using Tristel 94 Scopes (Steris - Tristel product - 2 minutes per scope x 52 weeks)	-	\$2,518
Annual Saving from change in product for processing scopes	-	\$30,950
Unbudgeted costs incurred as resource not released from SSU 0.5 FTE - \$25,000 / Consumables - \$3,000	-	\$29,000
<b>Actual Annual Savings from Change</b>	-	<b>\$101,950</b>



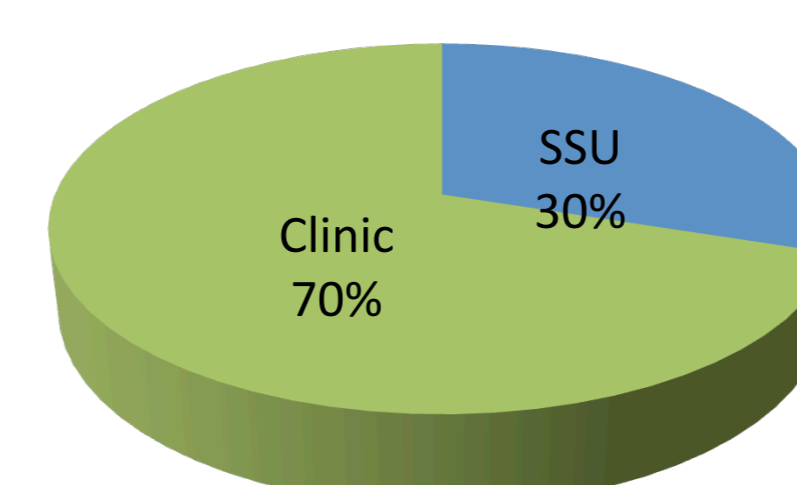
Clinic Staff Feedback  
How did you feel when completing your first scope?



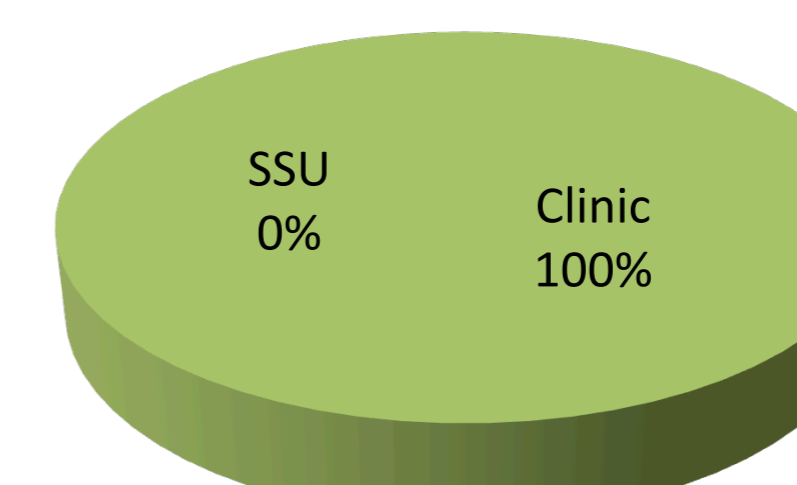
Clinic Staff Feedback  
How do you feel at the end of the duty?



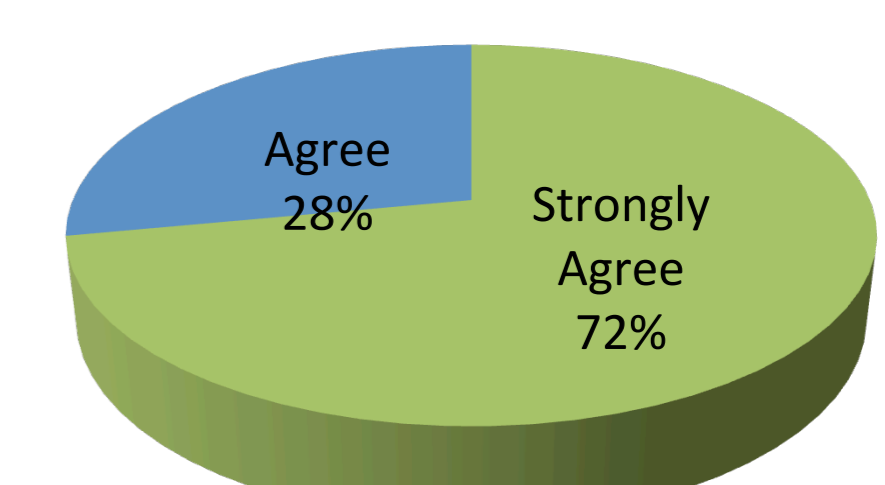
Clinic Staff Feedback  
Knowing there would be a delay in scope availability, how would you feel if scope processing was returned to SSU?



Clinic Staff Feedback  
Which option is preferred for cleaning scopes?



SMO Feedback  
Which option is preferred for cleaning scopes?



SMO Feedback  
Has the implementation of Tristel been a success?

## SMO Feedback

- Prior to Tristel it was not always possible to complete a full examination which required patients to either return for another visit or have a long wait
- Rapid turnaround of scope thanks to strong leadership, clinical and clinic staff engagement and culture of improvement
- Now we always have a scope available - previously had to wait or go without
- Clinic staff have invested in keeping scopes in good condition.
- Understand issues around careful handling

