Steriliser Dilemma

2014 (November) - DAY 2 – Q4

Medical Leader	
Medical Expert	
Communicator	•
Advocate	
Scholar	
Professional	
Collaborator	
Manager	•

You are the Director of Medical Services of a 120 bed rural hospital that has a limited role in the provision of general surgical procedures. There are two operating theatres and a small sterilising department. Although there is a locally-based semi-retired surgeon, most of the surgical activity is performed by 'fly-in' surgeons from the major regional hospital.

The surgical activity has averaged 20 procedures per week (including 10 'day-only' procedures per week) over the previous 12 months.

A report is received at the hospital executive meeting into concerns raised by a whistle-blower about the performance of the registered nurse who is in charge of the sterilising unit. The report alleges that the individual has fabricated quality control records of the sterilisers to conceal impaired work performance. There is therefore no guarantee that the instruments used in the theatre have been sterilised to the appropriate standard for quite some time.

Questions
What are the implications of this situation for your organisation?
As the DMS, what tasks need to be done and how will you approach them?

Guidance for Censors:

ISSUES

1. **This constitutes an 'Internal Emergency' within the organisation with significant risks to patient safety.**
2. **Risk Management and Patient Safety**

- Quantify the level of risk – numbers of cases over the last 12 months. Candidates should state that the sterilising unit does not just deal with surgical cases. Does this unit also support external services such as local general practitioners, dentists and so on?
- Briefing to the Minister, Ministry of Health, Board Chair, CE.
- Notify legal branch / insurers of medicolegal risks to the health service
- Immediately either shut down the service or make urgent arrangements for appropriate sterilisation, on-site and off-site, but need to think of the reputational risks in the community and media, and whether it is feasible to keep the service going in the short term
- Look back policy (? Coordinated approach with Public Health); Audit of surgical cases and complications – particularly complication rates, surgical-associated infections, blood-borne viruses
- Open disclosure
- Manage media, concerned patients and families, in what is a small community which will make it difficult for hospital staff who live in the local community
- Management of the registered nurse - ? impaired staff member
- AHPRA – mandatory reporting required?
- Support for whistle-blower. Why didn't internal safety and quality reporting detect this issue?
- Clinical governance: who has overall responsibility for the performance of the steriliser unit?
- Prevention – sterilising policies; automated recording of stats; other strategies to reduce the dependency on individual responsibility for recording quality data.
- Can this be addressed by outsourcing the sterilising service with packs prepared elsewhere?
- Notify surgeons of medicolegal risks so that they can contact their indemnity organisation
- Use of incident reporting, RCA?
- Alternative arrangements for patients booked for theatre, and those on the waiting list