

Reprocessing bronchoscopes

To the Editor,

Recently, *Healthcare Purchasing News* carried a guest article titled "Lessons from the Bronchoscope Case: What Happened at Allegheny General?" (*Healthcare Purchasing News*, March 2003, pg. 26). The article's author, Lawrence F. Muscarella, Ph.D., an employee with an endoscopic reprocessor company (a STERIS competitor), speculates that an incidence of *P aeruginosa* at a hospital might have been prevented had the hospital used an alcohol flush and air dry following the reprocessing of its bronchoscopes.

It is important to note that the author has no direct knowledge of the situation or events at the hospital. However, the author does raise some points that must be addressed and corrected. Indeed, the author frequently makes his presence and point of view widely known in publications and online chat rooms in an effort to market his company's technology. However, his speculation concerning unrelated events at facilities such as Allegheny General, Johns Hopkins, and New York Hospital Medical Center are not supported in fact.

The author suggests that APIC guidelines call for the use of an alcohol flush and air dry in the disinfecting process. This is only partially true. Omitted was the fact that both the APIC and AORN guidelines state a preference for final post-reprocessing with a sterile water rinse – such as that supplied by the SYSTEM 1® Sterile Processing System. In lieu of STERIS's higher water quality rinse, AORN and APIC say a lower quality water (including tap water) can be used, but in that case, the extra step of an alcohol and forced air flush is required because the lower quality water may re-contaminate the scope. The author failed to disclose that AORN guidelines offer a better answer: recommending that endoscopes should be reprocessed *immediately before use*, regardless of cleaning and storage processes.

STERIS could not agree more. SYSTEM 1 is designed specifically for just-in-time reprocessing, meaning that devices are reprocessed just prior to use on patients. This eliminates the risk of recontamination during handling and storage of processed endoscopes.

Over the past 15 years, SYSTEM 1 has become the standard sterile processing system in OR and GI departments. Over 16,000 units perform in excess of 13 million cycles annually and SYSTEM 1 remains one of the fastest growing sterilization process within North America, as reported by Frost and Sullivan.

For any reprocessing method to work effectively, users must diligently observe manufacturer's instructions and the owner's

own infection control practices. In fact, this was the stated outcome and recommendation offered by those who investigated the New York Hospital Medical Center occurrence referenced in the author's article. An alcohol and air purge was not the recommendation. Following instructions and using reprocessing devices properly is the solution.

Finally, to ensure that these standards are being met with every procedure, hospital personnel and infection control departments must maintain practices at each site and constantly look for ways to improve and enforce performance.

"Lessons from the Bronchoscope Case" and other similar publications from this author are not unbiased scientific analysis. Rather, the author is merely advocating his company's technology without providing the full story. Incomplete commentary like the article that appeared last month serves only to create a potentially unsafe and damaging environment one which practitioners may interpret as encouraging experimentation in the field – using products outside of their approved regulatory clearances and without science behind them.

Proper use of the STERIS SYSTEM 1 process assures sterility. The STERIS Process™ provides guaranteed performance and documented microbial reduction performance – something no other AER supplier has as yet been willing to provide.

—Richard (Ric) Rumble
Vice president global marketing
healthcare, STERIS Corporation
Mentor, OH

Has the traditional GPO now come full circle?

To the Editor,

I have been in this business longer than I would sometimes like to admit. Serving society through the healthcare industry has always been a rewarding and noble profession. I simply love it. Believe it or not, memory of when most of the nuts and bolts of doing this business was done in person and personally has not yet totally lapsed. In those days, computers were mostly employed to keep potentially lethal space aliens from erasing our planet and the Internet was nothing but a twinkle in the eye of the pocket protector crowd.

Seems to me, since then and now, something large has been lost. Trust me, I am no Pollyanna. I fully understand that the pressures of modern day healthcare economics have dictated much of the transformation of the business. However, has the time come when some of the "old ways" can shed light on what is neces-

sary to cure the ills created by all the so-called "new paradigms?"

For instance, take many of the large GPOs today. Have they lost their way and become something more than what their original mission was? Have they morphed into something cumbersome, difficult to manage, inflexible by design and thus very inefficient? Does it seem like dissatisfaction among customers and suppliers has never been higher?

Perhaps the answer to some of the challenges faced in our industry today lies in the past. Perhaps a competitive GPO should become again what it once was.

There were times when a successful GPO was strictly a facilitator. What do I mean by that? Well, the dictionary defines a facilitator as "someone who makes progress easier." Back then, organizations made progress easier by excelling at what they did. And, what they did was to know their business, their customers, their products and their business models, not only well, but VERY well.

For the most part, nearly all of our successful predecessors built their organizations based on trust, knowledge, excellence, competency and efficiency. This was accomplished by old-fashioned hard work and wearing out lots of "shoe leather." Taking the time and effort to really know and understand the needs and motivations on both sides of the table is more important now than it has ever been. Computer projections surmised from huge databases do help, but they are not the complete answer. If it were the answer, "Hal" would have replaced us all by now.

Let's face it, this is still mostly a "people" business driven by multitudes and layers of interconnecting personal relationships. So, why have we done our best to take the "people" part out of the equation?

If you agree so far with what I am attempting to get across here, have no fear. I do have some suggestions to construct that bridge between what was, what is and what could be, so stay tuned for the next installment soon.

Remember, the old can once again be new, fashionable, elegant and most importantly, efficient. Anyone seen my bell-bottoms?

—Lisa and Michael Sokol
Chicago, IL

Editor's Note: Lisa Sokol is the former vice president of marketing for Premier Inc.