II. Research Methods

- We designed the questionnaire of The Centralized Processing of Bronchoscopes at the recommendation of the experts.
- Before releasing the questionnaire, we explained the purposes, methods and precautions. The survey was conducted anonymously with random sampling. We sent it to 30 hospitals in Fujian by e-mails. As to those in other provinces, we asked Ruhof China Healthcare Education Center to do it in the 39th Endoscope Training Session.
- These questionnaires were collected at the time agreed. There were 65 questionnaires in total and we got back 62 of them, accounting for 95.38%. 60 of them are valid questionnaires accounting for 96.77%.

III. Results

- 2.1 Basic information of hospitals:
  - Grades: 34 tertiary A hospitals, 14 tertiary B hospitals and 12 secondary A hospitals.
  - Nature: 51 general hospitals and 9 specialized hospitals.
- 2.2 Distribution of bronchoscopes: In the 60 hospitals, 39 of them in the fiberoptic bronchoscopy rooms (65.00%), 35 in Respiratory Department (58.33%), 13 in Anesthesiology Department (21.67%), 10 in ICU (16.67%), and 2 in Critical Care Medicine (3.33%), 1 in Emergency Department (1.67%), and 1 in Burn Department (1.67%).
- 2.3 Departments performing bronchoscopy, please see Table 1.
- 2.4 Bronchoscope reprocessing tools:
  - In the 60 hospitals, 39 hospitals have bronchoscopes for adults (65.00%), 9 hospitals have bronchoscopes for both adults and children (15.00%) for bronchoscopy centers and 15 in bronchoscopy rooms, respectively taking up 8.33%, 48.72% and 30.46%. 21 hospitals fails to have centralized reprocessing and that is 35.00%.
- 2.5 Bronchoscope reprocessing technicians and training: the processing staff information is listed in Table 2. 44 hospitals (73.33%) send their workers to have continuous education in provincial and municipal training classes and 54 hospitals (26.67%) in their own places.
- 2.6 Bronchoscope reprocessing tools:
- 2.7 Disinfection of bronchoscopes: The Table 5 have information about the kinds of disinfectants and soaking time. 14 hospitals check the disinfectant concentration after each use (23.33%), 45 hospitals do it daily (75.00%) and 4 do it weekly (6.67%).
- 2.8 Bronchoscope accessories sterilization: 27 hospitals use the steam sterilization (45.19%), 15 use ethylene oxide sterilization (25.00%), 12 use the glutaraldehyde (20.00%), 7 use the ultraviolet sterilization or ethylene oxide sterilization (11.67%).
- 3.1 The key measures to guarantee the processing quality of bronchoscopes are enhancing management philosophy, equipping with the necessary cleaning and disinfection equipment, emphasizing professional skills trainings, standardizing operating procedures and strengthening monitoring.
- The centralized management helps ensure the safety of medical devices, reduce hospital acquired infections, effectively save healthcare resources and give full play to the professional advantage.

IV. Conclusion

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