**Measuring Immediate Use Steam Sterilization**

“Taking steps for achievement in quality and safety”

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**Objectives:**

- Define Immediate Use Steam Sterilization and its use
- Discuss the Association of Perioperative Registered Nurses (AORN) and the Association for the Advancement of Medical Instrumentation’s (AAMI) recommended practices on IUSS
- Identify Quality Control Measures and Documentation for IUSS
- Create an Action Plan to Decrease IUSS Rates

**Why Is IUSS Being Used?**

- Research has shown 80% of the time in a study at one large hospital, IUSS was used for reasons other than its recommended purpose of “intraoperative contamination,” when instrument is dropped.
- The most common reasons documented were:
  - operating room turnover
  - receipt of an unrestile instrument
  - contamination
  - a one-of-a-kind instrument

**When To Use IUSS**

- AORN states IUSS “should be used only when there is insufficient time to process by the preferred wrapped or containerized method intended for terminal sterilization.
- IUSS should not be used as a substitute for insufficient instrument inventory.
- IUSS of implants is unavoidable, a Process Challenge Device (PCD) should be run with the load.

**Action Plan To Decrease IUSS Rates**

- Build more efficient instrument sets.
- Inventory instrument sets and determine those that are more frequently used.
- Streamlined instrument sets should be built to include frequently used instruments. Faster instrument per set allows for faster overall processing.
- Enforce revised vendor policy. Sets must be delivered 48hrs prior to scheduled cases.
- Investigate the need to purchase more instruments.
- Re-evaluate staff. StERVICE Processing Technicians, Vendors, Physicians and Administration to align their practice with AORN/AAMI standards and recommended practices.
- Institute an interdepartmental project “No IUSS Day.” Reward and recognize with a trophy by the hospital administrative team for achievement in Quality and Safety as it relates to the invisibility wall.
- Measure the problem. Do you have inconsistent, incomplete or missing data which led to great variation? Develop and adhere to standard measurement rate and log book, plus find individual site owner to ensure records are kept (SPD to take ownership of log book).
- Communicate with Sterile Processing at OR huddles to talk through next day’s cases. Look for conflicts between cases and ensure the facility has enough trays. Borrow from other sites if necessary.

**In Conclusion**

- Network documentation may suggest IUSS is associated with several factors predicting its usage. Furthermore, encourage leadership to strictly assess the rational for IUSS and documentation of IUSS components. Only sound documentation will assist to Specimen and improve “Quality.”
- Teams should communicate and plan for the unexpected. No two days are alike in surgery, and the team in the operating room (OR) and SPD must communicate with each other to ensure the patient’s need are met.
- Over 40 million surgical procedures are performed in US hospitals each year, resulting in nearly 300,000 surgical site infection (SSI), with 200,000 surgical site infection (SSI). Identifying perioperative practices that may increase patient risk is for morbidity is an important step in reducing SSI. One a practice which, if not performed correctly, has potential to increase risk of infection is IUSS.
- The final and most important solution to avoid excessive use is through education. Physicians, nurses, surgical technologist and management should understand the correct processes and the associated risks involved with Immediate Use Steam Sterilization. By initiating all of the outlines mention above, LVHN was able to reduce IUSS to a 1% Rate.