

End user Satisfaction with Central Sterile Supply Department of a Tertiary Care Teaching Hospital

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Abstract

Hospital acquired infection or “nosocomial infection” adversely affects both patients and hospitals. Impact of nosocomial infections ranges from increased length of hospital stay, emotional stress, disability, death of the patients as well as increased hospital cost for the patients and providers. Studies in India have reported nosocomial infection rates from 8% to 58%. The ultimate outcome of the services rendered in a hospital is judged by the level to which it satisfies its user. In our study 100 personnel working in various department of the hospital directly linked with the patient care were randomly selected and studied. The category of staff studied included doctors, nurses and other staff. In the study It was found that on an average 70 % staff was satisfied with the services provided by Central Sterile Supplies Department of SKIMS.

Keywords: Central sterile Supplies; Sterilisation; Hospital Infections

Introduction

Central sterile supplies department (CSSD) is a service unit in a hospital that processes, issues, and controls the sterile stores supply to all departments of the hospital. It can be defined as that service, with in the hospital, catering for the sterile supplies to all departments, both to specialized units as well as general wards and OPDs. Ideally, CSSD is an independent department with facilities to receive, clean, pack, disinfect, sterilizes, store and distribute instruments as per well-delineated protocols. The essentials of this department are correct design, appropriate equipment’s, skillful operators and proper workflow [1].

CSSD is established to make reliably sterilized articles available at the required time and place for any agreed purpose in the hospital as economically as possible. It works in collaboration with the Infection Control Committee and other hospital programmers to develop and monitor policies on cleaning and decontamination of reusable equipment, contaminated equipment including wrapping procedures, according to the type of sterilization and sterilization conditions (e.g. temperature, duration, pressure, humidity). Efficiency of the sterilization process totally depends on the results shown by the chemical and biological indicators incorporated during the process of sterilization [2].

In order that the hospital may properly discharge its duty of safeguarding human life that operative skills may be made as effective as possible, it is necessary that adequate sterilization procedure be carried out. Infection is a health hazard of great exposure and significance affecting the final outcome of the treatment. The quality of life, both physical and psychological can be drastically altered, sometimes permanently by infection and associated 4D’s that is delayed healing, discomfort, distress, dependency and dollars (rupees). It is perhaps the single most important factor that adversely affects the performance and image of the hospital [3].

The current study was conducted to study the end user satisfaction with Central Sterile Supply Department of SKIMS.

Objective

To Study end user satisfaction with Central Sterile Supply Department.

Methodology

To study the end user satisfaction with the central sterile supply department at SKIMS a cross sectional study interview of end users was carried out. An Interview with the relevant functionaries was also conducted to obtain information of the various organizational aspects, which included hierarchy, span of control, jobs specification and job description, supervision in the central sterile supply department.

Data analysis

The data was received from the answered questionnaires and was plotted on excel 2013. The data was analyzed statistically with the help of statistical software SPSS v19. All the continuous variables of the study were represented by the descriptive statistics and all the categorical variables in the term of frequency and percentage.

Result and Discussion

The Central Sterile Supply Department is the service responsible for receiving, storing, processing, distributing and controlling the professional supplies and equipment's (both sterile and non-sterile) for all user unit of hospital for the care and safety of patient under strict quality control [4-8].

Hospital acquired infection or "nosocomial infection" adversely affects both patients and hospitals. Impact of nosocomial infections ranges from increased length of hospital stay, emotional stress, disability, death of the patients as well as increased hospital cost for the patients and providers. Studies in India have reported nosocomial infection rates from 8% to 58% [4-7].

To combat these infections, hospital needs effective methods of disinfection and sterilization which has nowadays been centralized into a single department called Central Sterile Supply Department [4-7].

In 1928, the American college of surgeons-initiated centralization of all surgical supplies and dressings in one unit for supply to all departments of the hospital. Thus, the concept of Central sterile supplies department began in the hospitals. During the Second World War, the British Army established a Central sterile supplies department in Cairo for supply of sterile items to mobile units [4-7].

The ultimate outcome of the services rendered in a hospital is judged by the level to which it satisfies its user. In our study 100 personnel working in various department of the hospital directly linked with the patient care were randomly selected and studied. The category of staff studied included doctors, nurses and other staff. In the study It was found that on an average 70 % staff was satisfied with the services provided by Central Sterile Supplies Department of SKIMS. This is in accordance with the study conducted by Amel et al [8].

The survey showed that n=23(59%) of Doctors, n=21(68%) of staff nurses and n=26(86%) other staff members are '*agree*' to that sterile pack received from Central Sterile Supply Department were not used earlier.

Whereas n=5 (13%) of Doctors, n=2 (6%) of staff nurses and n=2(7%) of others staff members were '*neutral*' and n=11(28%) of doctors, n=8(26%) of staff nurses were '*disagree*' that sterile pack received were unusable.

The study showed that n=29(74%) of Doctors, n=29(93%) of staff nurses and n=14(48%) other staff members are '*agree*' to that the date of sterilization, expired date and the responsible person were labeled on the sterile pack. Whereas, n=6 (15%) of Doctors, n=2(7%) of staff nurses and n=2 (6%) of other staff '*disagree*' and n=4(11%) of Doctors, n=10 (32%) of other staff of CSSD '*Strongly Disagree*' with the above statement.

The survey showed that n=6(15%) of Doctors, n=5(16%) of staff nurses '**Strongly agree**' to that number and types of sterile items were labeled on the pack. Whereas n=23(59%) of Doctors, n=16 (52%) of staff nurses and n=24(80%) of others staff members '**agree**' and n=6(15%) of doctors, n=8(25%) of staff nurses and n=6(20%) of other staff were '**neutral**'.

The study showed that n=9(23%) of Doctors, n=10(32%) of staff nurses and n=8(27%) of other staff '**Strongly agree**' to that the name of procedure is labeled on the sterile pack. Whereas n=23(56%) of Doctors, n=17 (54%) of staff nurses and n=10(33%) of others staff members '**agree**' and n=6(16%) of doctors, n=4(13%) of other staff '**strongly disagree**'.

The study showed that n=33(85%) of Doctors, n=27(87%) of staff nurses and n=18(60%) of other staff '**Strongly agree**' to that the data on the sterile packages were compatible with what is inside. Whereas n=6(15%) of Doctors, n=4 (13%) of others staff members '**agree**' and n=4(13%) of staff nurses, n=8(27%) of other staff '**neutral**'.

The study showed that n=22(56%) of Doctors, n=17(54%) of staff nurses and n=20(67%) of other staff '**agree**' to that sterile packages contains sufficient and appropriate number of sterile instruments required for the procedure. Whereas n=5(13%) of Doctors and n=4 (13%) of staff nurses '**neutral**' and n=12(31%) of doctors, n=8(26%) of staff nurses and n=10(33%) of other staff '**disagree**'.

The study showed that n=33(85%) of Doctors, n=23(74%) of staff nurses and n=24(80%) of other staff '**agree**' to that each instruments within the sterile pack is working and suitable for use. Whereas n=04 (10%) of Doctors and n=02 (6%) of staff nurses '**disagree**' and n=2(5%) of doctors, n=6(20%) of staff nurses and n=2(7%) of other staff '**strongly disagree**'.

The study showed that n=2(5%) of Doctors and n=1(3%) of staff nurses '**Strongly agree**' to that there were orange/brown spots on the surface of instruments.

Whereas n=6(15%) of Doctors, n=10 (32%) of staff nurses and n=2(6%) of others staff members '**agree**' and n=11(28%) of doctors, n=14(47%) of other staff were '**neutral**'. In this responses it is seen that the majority of staff that is n=10(26%) of doctors, n=14(45%) of staff nurses and n=14(47%) of other staff '**Disagree**' and n=10(26%) of doctors, n=6(20%) of staff nurses '**strongly disagree**' with above statement

The survey showed that n=4(10%) of Doctors and n=4(13%) of staff nurses '**Strongly agree**' to that the sterile instruments were delivered to the wards in time without delay. Whereas n=19(48%) of Doctors, n=21 (68%) of staff nurses and n=12(16%) of others staff members '**agree**' and n=14(38%) of doctors, n=6(19%) of other staff and n=16(53%) of other staff were '**neutral**'. It is also seen that n=2(4%) of doctors and n=2(7%) of other staff '**Disagree**'.

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