



# The Importance of Quality Improvement Projects in CSSD

Prof. Seto Wing Hong

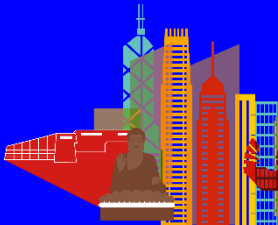
Director,

WHO Collaborating Center,

University of Hong Kong.



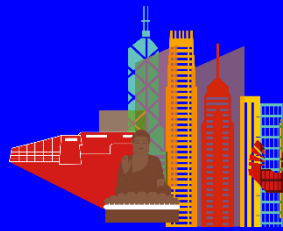




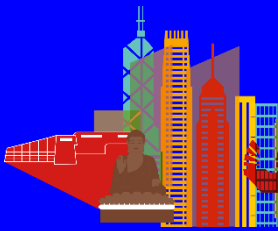




歡迎....



# First Avian Flu case in Hong Kong, 2005





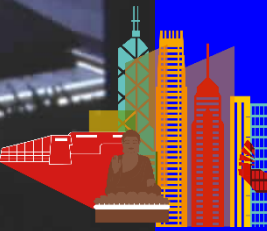


# Do visit University of Hong Kong



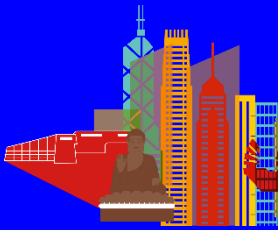
香港大學

THE UNIVERSITY OF HONG KONG





1937







**1998 – APSIC initiated in Hong Kong with representatives from 16 Asian Countries at Robert Black College, HKU**





**Robert Black  
College**

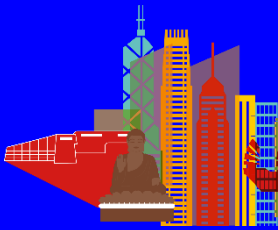


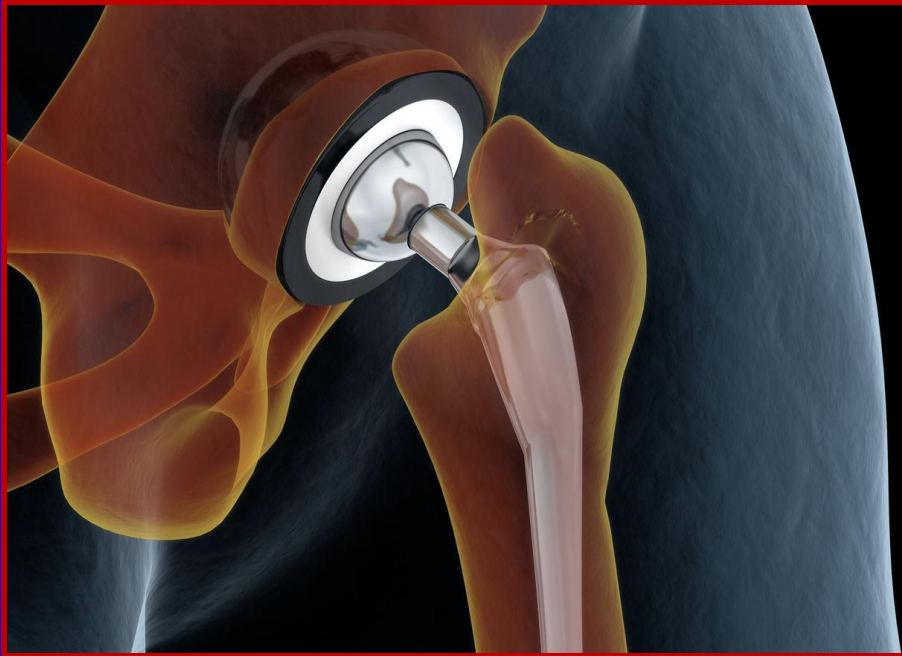
**The SWIRE  
Lounge**



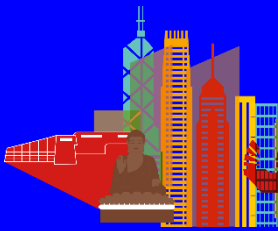


# **The Interest and Initiation of QIP projects in Implants Surgery – the reasons behind....**





Total joint replacement is an amazing advancement in modern medicine.







# Joint Replacement Infection

A small number of patients undergoing hip or knee replacement (about **1 in 100, or 1%**) may develop an infection after the operation.

- Infections occur in the wound or deep around the artificial implants.
- Develop during your hospital stay or after you go home.
- Joint replacement infections can even occur years after your surgery.

February 2023





Pirisi et al. BMC Infectious Diseases (2020) 20:337  
https://doi.org/10.1186/s12879-020-05065-9

BMC Infectious Diseases

RESEARCH ARTICLE

Open Access

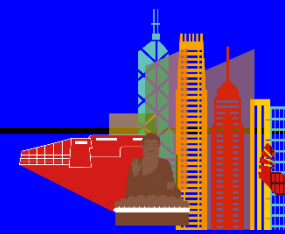


# Prevalence and burden of orthopaedic implantable-device infections in Italy: a hospital-based national study

Luca Pirisi<sup>1</sup>, Federico Pennestrì<sup>2\*</sup>, Marco Viganò<sup>2</sup> and Giuseppe Banfi<sup>2,3</sup>

**Table 1** Prevalence of infections per type of procedure (2014)

| Macro category                                      | Total   | With infection | Prevalence (%) |
|---|---------|----------------|----------------|
| 1. Primary hip replacement                          | 89,242  | 37             | 0.04%          |
| 2. Hip replacement revision                         | 7292    | 1203           | 16.50%         |
| 3. Other hip procedures                             | 1000    | 0              | 0.00%          |
| 4. Primary knee replacement                         | 61,923  | 42             | 0.07%          |
| 5. Knee replacement revision                        | 3017    | 739            | 24.49%         |
| 6. Other knee procedures                            | 115     | 0              | 0.00%          |
| 7. Lower limb implantations (femur, tibia, feet)    | 99,189  | 20             | 0.02%          |
| 8. Lower limb revisions (femur, tibia, feet)        | 27,492  | 448            | 1.63%          |
| 9. Other lower limb procedures                      | 167     | 0              | 0.00%          |
| 10. Higher limb implantations (shoulder, arm, hand) | 7900    | 18             | 0.23%          |
| 11. Higher limb revisions (shoulder, arm, hand)     | 12,540  | 138            | 1.10%          |
| 12. Other higher limb procedures                    | 13,313  | 7              | 0.05%          |
| 13. Generic musculoskeletal implantation            | 156     | 99             | 63.46%         |
| 14. Generic musculoskeletal removal                 | 163     | 65             | 39.88%         |
| 15. Other orthopaedic procedures                    | 10,449  | 503            | 4.81%          |
| 16. General procedures associated                   | 2635    | 1895           | 71.92%         |
| Total   | 336,593 | 5214           | 1.55%          |







# Surgical Treatment

- Infections gaining deep access to the artificial joint almost always require surgical treatment (single procedure or staged).
- Late infections (those that occur months to years after the joint replacement surgery) always require a two staged surgery.
- Patients who undergo staged surgery typically need a spacer and at least 6 weeks of IV antibiotics, before a new artificial joint can be implanted.
- Stage two is revision surgery implanting new joint components





# Prevention

- Antibiotics prophylaxis before and after surgery.
- Short operating time and minimal operating room traffic.
- Use of strict sterile techniques and sterilization of instruments.
- Preoperative nasal screening for bacterial colonization.
- Preoperative chlorhexidine wash.
- Long-term antibiotics prophylaxis.

Care is taken to ensure the operating site is sterile, the instruments have been appropriately sterilized and not exposed to any contamination, and the implants are packaged to ensure their sterility







# Asia Implant Load Monitoring Survey and Results

---

Prof. Seto Wing Hong

Director, WHO Collaborating Center University of Hong Kong

June 22, 2023



# 517 Respondents from 10 countries

-  ANZ
-  India
-  Indonesia
-  Japan
-  Korea
-  Malaysia
-  Philippines
-  Singapore
-  Thailand
-  Vietnam



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://www.journals.elsevier.com/infection-disease-and-health/>



Research paper

## Surgical implant sterilization in the Asia–Pacific region: A survey of current practices

Wing Hong Seto<sup>\*</sup>, Patricia Tai Yin Ching

School of Public Health, University of Hong Kong, Hong Kong, China

Received 12 September 2024; received in revised form 25 February 2025; accepted 25 February 2025

### KEYWORDS

Equipment sterilization;  
Surgical implants;  
Process challenge devices;  
Biological and chemical indicators;  
Immediate use steam sterilization

**Abstract** *Background:* Healthcare-acquired infections are frequently linked to contaminated medical devices such as inadequately sterilized surgical devices, especially surgical implants. To prevent inadequate medical equipment sterilization, various health organizations (eg, World Health Organization) have provided guidance on best practices related to the sterilization monitoring practices of implant-containing loads.

*Methods:* A survey of sterilization practices, including practices related to monitoring implant-containing loads, at facilities from seven countries in the Western Pacific Region (WPR) and three countries in the Southeast Asia Region (SEAR) was conducted to assess alignment with health organization guidelines and to elucidate factors impacting sterilization practices.

*Results:* Workload distribution was selected by 47 % of respondents when asked what had changed over the past year. Overall, 21 % of respondents were not monitoring each implant-containing load with a PCD (Process Challenge Device) containing a BI (Biological Indicator) with a Type-5 Chemical Indicator (CI), and 27 % of respondents had seen an implant load released prior to receiving BI results. Twenty-nine percent (29 %) of respondents had no placement guide for CIs when used in multi-level trays. Lastly, 43 % of respondents routinely performed immediate use system sterilization (IUSS), which commonly involved loaner instruments.

*Conclusions:* The results of this survey study indicate that inappropriate PCD usage in implant loads and frequent IUSS are challenges for some facilities in SEAR and WPR countries. Regional collaboration to produce consensus documents and educational programs may help develop strategies to standardize practice of implant load monitoring and loaner instruments. Thus, a consortium to initiate education programs for SEAR and WPR countries would be worthwhile.

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### Highlights

- Workload distribution and processing/handoff time were biggest changes from April 2022 to April 2023.

<sup>\*</sup> Corresponding author.

E-mail addresses: [whseto@hku.hk](mailto:whseto@hku.hk) (W.H. Seto), [chingpty@yahoo.com.hk](mailto:chingpty@yahoo.com.hk) (P.T.Y. Ching).

<https://doi.org/10.1016/j.idh.2025.02.006>

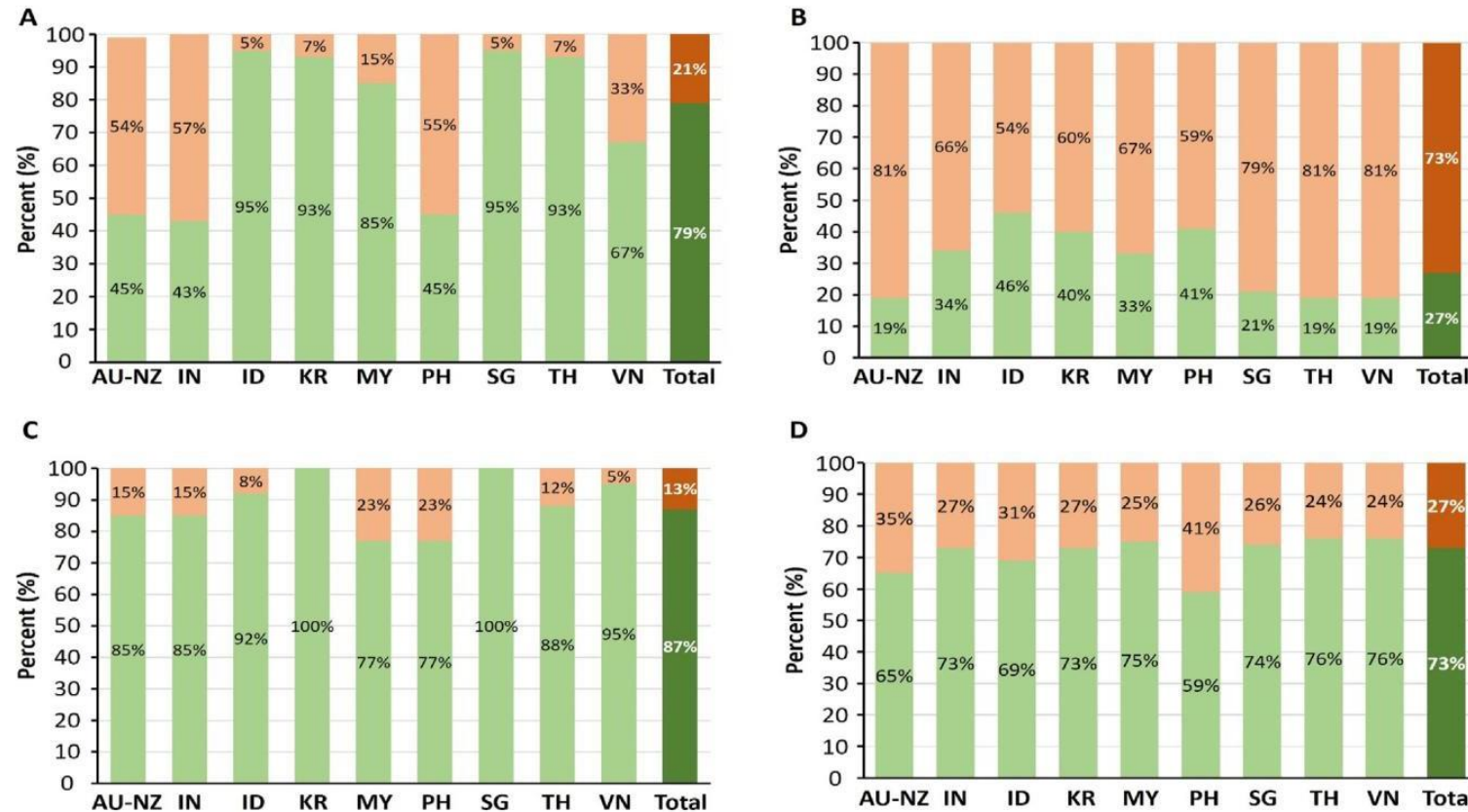
2468-0451/© 2025 Published by Elsevier B.V. on behalf of Australasian College for Infection Prevention and Control.

Please cite this article as: W.H. Seto and P.T.Y. Ching, Surgical implant sterilization in the Asia–Pacific region: A survey of current practices, Infection, Disease & Health, <https://doi.org/10.1016/j.idh.2025.02.006>



PCD + BI

Written  
policy for  
recall



Emergency  
release prior to  
BI result

Documentation  
of emergency  
load release

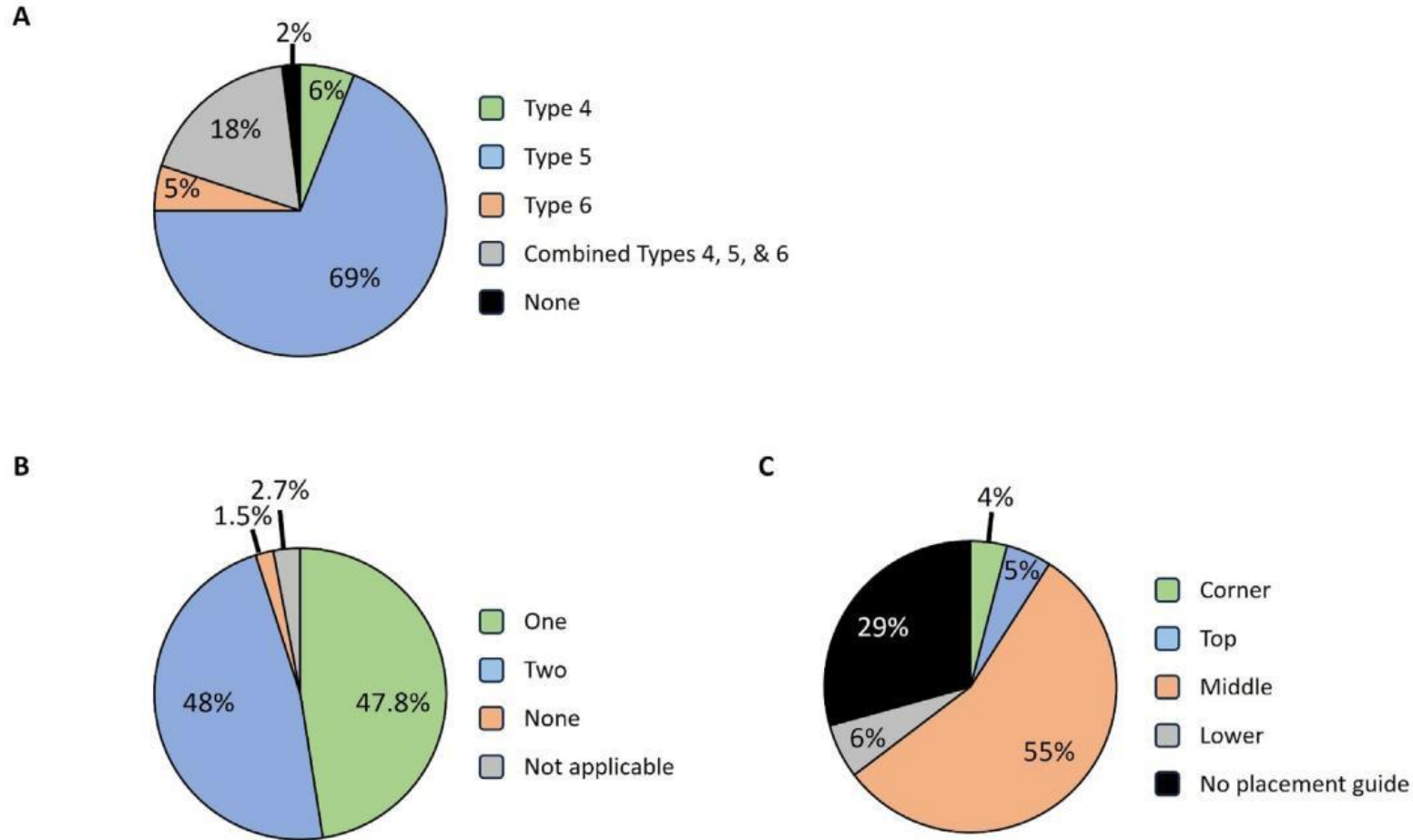
**Fig. 2 Responses Related to Implant-Containing Loads.** Bar graphs depicting (A) the percentage of respondents that indicated whether each implant-containing load was monitored with a Process Challenge Device containing a Biological Indicator (BI) with a Type-5 Chemical Indicator (CI); (B) the percentage of respondents that had seen an emergency implant load release based on a Type-5 CI result prior to getting a BI result; (C) the percentage of respondents that had a written policy and procedure to recall instruments in the event of a positive BI from Centralized Sterile Processing Department testing; and (D) the percentage of respondents that indicated documentation was maintained to track the incidence of emergency implant load release. Green bar segments = "yes" response; Red bar segments = "no" response.



CI type used  
in every  
package

Numbers of  
CI used in  
multi-level  
trays

# Infection, Disease & Health xxx (xxxx) xxx



**Fig. 3 Chemical Indicator Use and Placement in Centralized Sterile Processing Departments.** Pie charts depicting (A) the overall percentage of respondents that use the indicated Chemical Indicator (CI) type(s) inside every package when performing sterilization; (B) the overall percentage of respondents that use the indicated number of CIs inside multi-level trays; and (C) the percentage of respondents that placed the CI in the indicated location in multi-level trays during sterilization.

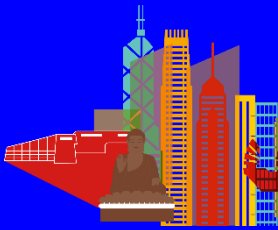
Location of  
CI in every  
levels  
multi-level  
trays

In Fig. 4: IUSS - 43% of respondents report that this is still in use.

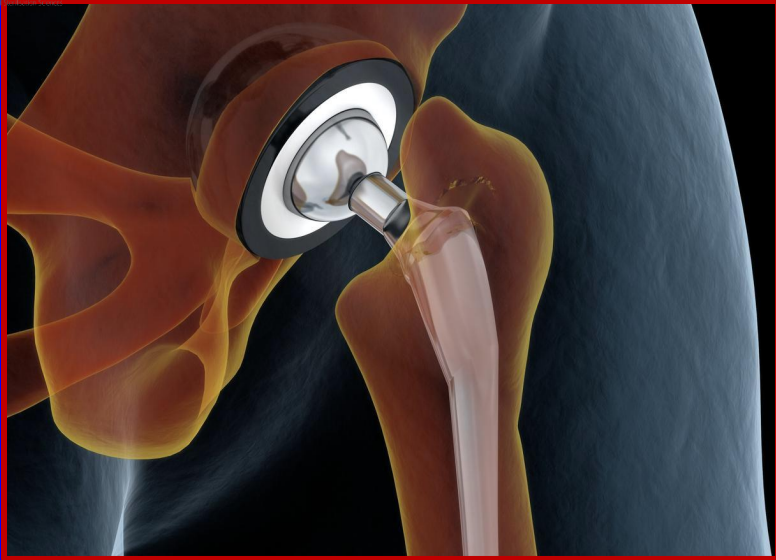




# Asia Safe Surgical Implant Consortium – first meeting 2023





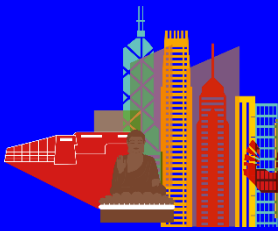


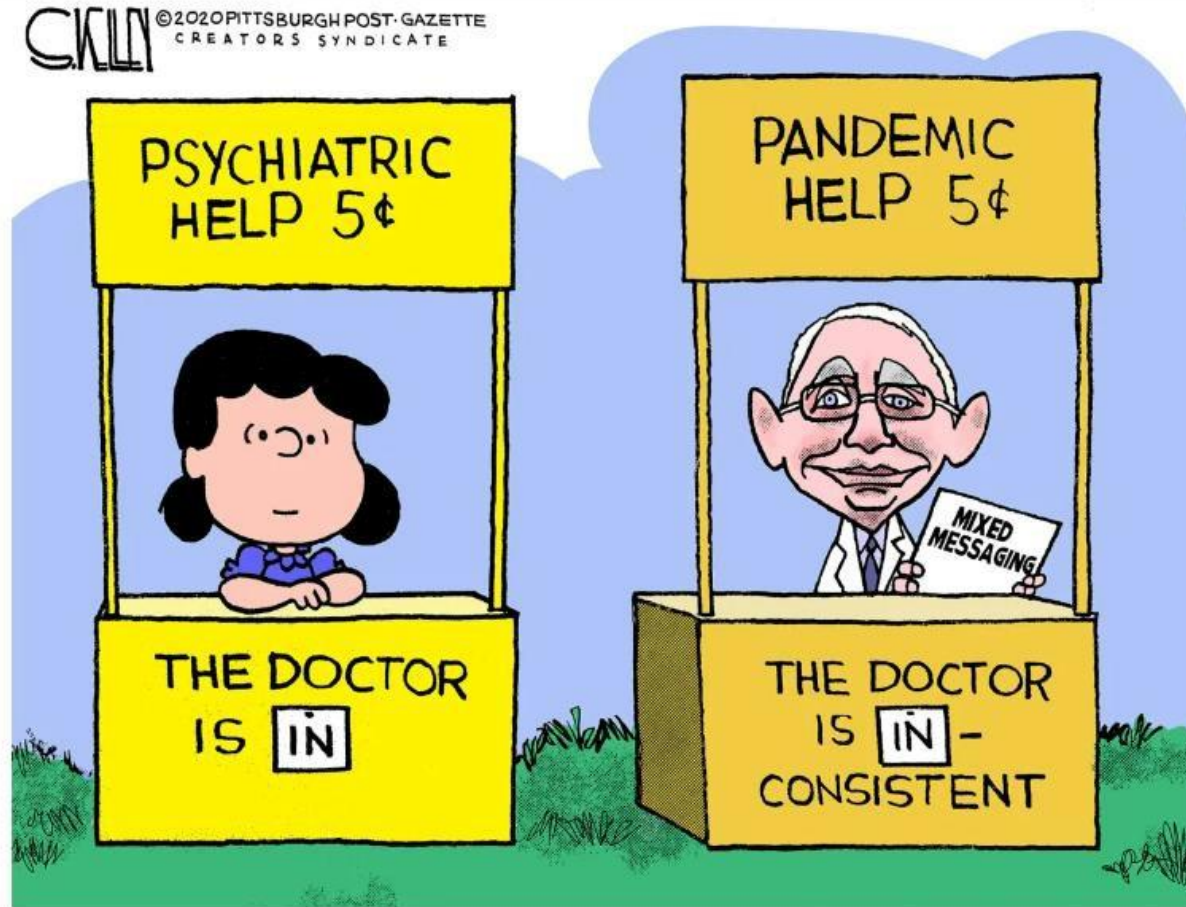
System must be in place to ensure proper management of loan instruments and thus the formation of the ....

## Asia Safe Surgical Implant Consortium

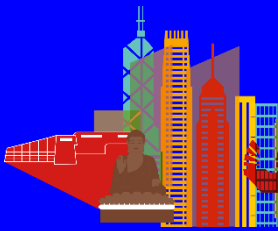
2-fold strategies:

- Consensus Documents
- Initiation of QIP projects





That is why we need guidelines



# So many guidelines .....







International Guidelines are available:

## Decontamination and Reprocessing of Medical Devices for Health-care Facilities

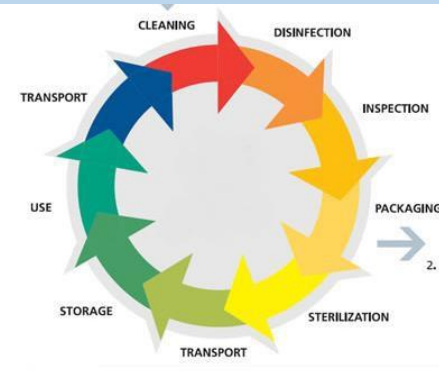
# Decontamination and Reprocessing of Medical Devices

## Understanding the WHO Guideline

WH Seto

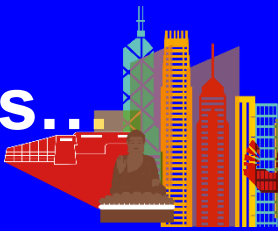


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**We must focus on what is most important in any guidelines...**







# Consensus Documents

## Recap

### Recap of achievements

- **3** Consensus Documents
- **16** associations endorsed
- CSSD, OR, Infection Prevention Association

### Quality assurance in health care facilities

| Monitoring category  |                             | Monitoring Frequency              |   |
|----------------------|-----------------------------|-----------------------------------|---|
|                      |                             | Steam Sterilization               | Vaporized Hydrogen Peroxide Sterilization |
| Physical Indicator   |                             | Every Load                        |   |
| Chemical Indicator   | External Chemical Indicator | Every Packaging and Tray          |   |
|                      | Internal Chemical Indicator | Every Packaging and Tray          |   |
|                      | Bowie-Dick Test             | Every Day for Dynamic Air Removal |   |
| Biological Indicator | BI Routine Monitoring       | Every Day                         | Every Load                                |
|                      | BI Implant Load             | Every Load                        |   |

### Sterilization recall policy and procedure



### Proper management of loaner instruments and implants



**HKU Med** LKS Faculty of Medicine  
School of Public Health  
香港大學公共衛生學院  
WHO Collaborating Centre  
for Infectious Disease Epidemiology and Control



**ACORN** AUSTRALIAN COLLEGE OF  
PERIOPERATIVE NURSES



Federation of Sterilizing  
Research and Advisory  
Councils of Australia



**INFECTION CONTROL  
ASSOCIATION (SINGAPORE)**



**KAORN**  
Korean Association of  
Operating Room Nurses



**KASDN** 병원중앙공급간호사회  
Korea Association of Central Supply Department Nurses



**VNICS** Viet Nam  
Infection Control  
ociety  
Hội Kiểm Soát Nhiễm Khuẩn Việt Nam







# Consensus Documents

## Quality assurance in health care facilities

| Monitoring category  |                             | Monitoring Frequency              |   |
|----------------------|-----------------------------|-----------------------------------|---|
| Physical Indicator   |                             | Steam Sterilization               | Vaporized Hydrogen Peroxide Sterilization |
| Every Load           |                             |                                   |   |
| Chemical Indicator   | External Chemical Indicator | Every Packaging and Tray          |   |
|                      | Internal Chemical Indicator | Every Packaging and Tray          |   |
|                      | Bowie-Dick Test             | Every Day for Dynamic Air Removal |   |
| Biological Indicator | BI Routine Monitoring       | Every Day                         | Every Load                                |
|                      | BI Implant Load             | Every Load                        |   |

### Endorsed by:



Supported by 3M

## Proper management of loaner instruments and implants



### Endorsed by:



Supported by 3M

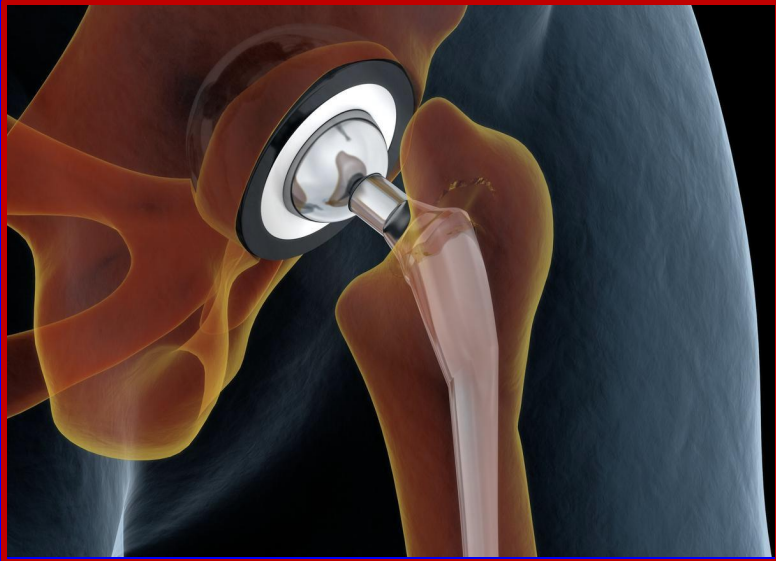
## Sterilization recall policy and procedure



### Endorsed by:



Supported

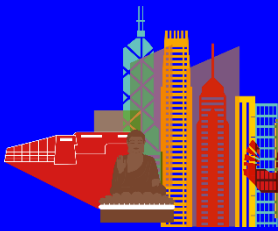


System must be in place to ensure proper management of loan instruments and thus the formation of the ....

## Asia Safe Surgical Implant Consortium

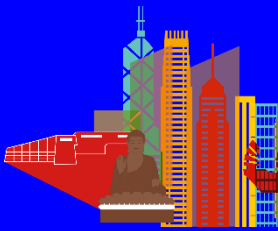
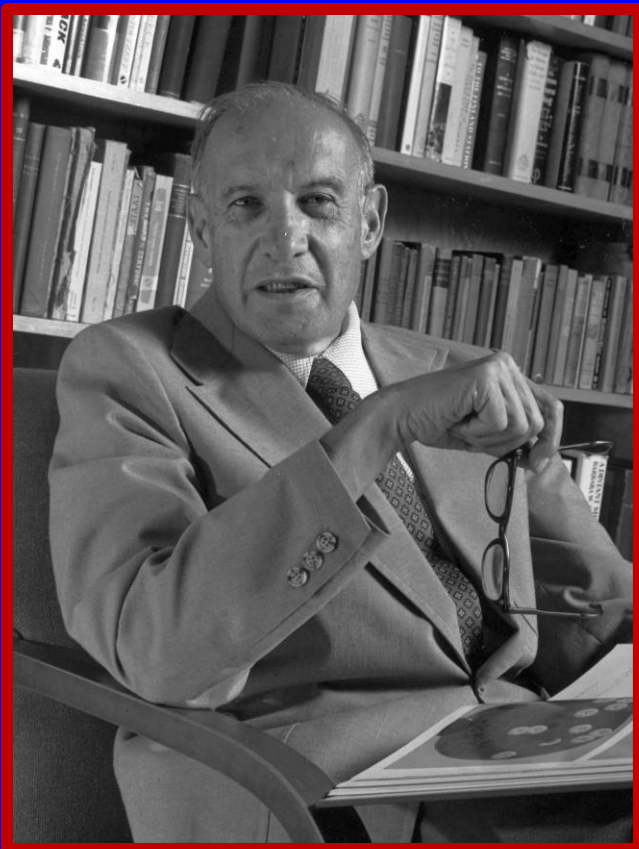
2-fold strategies:

- Consensus Documents
- • Initiation of QIP projects



**“The hospital is altogether the most complex human organization ever devised”**

**— Peter Drucker**





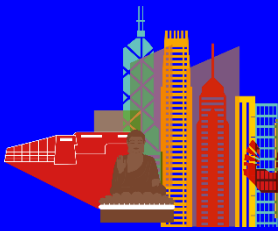


insights from  
complexity science  
— for —  
health care leaders



Brenda Zimmerman, Ph.D., Curt Lindberg and Paul Plsek

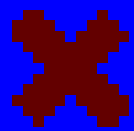
# Complexity Science



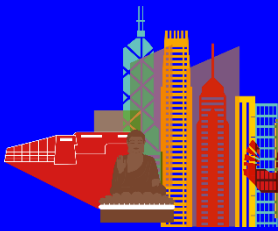
# 'Complexity Science'

The study of systems that are

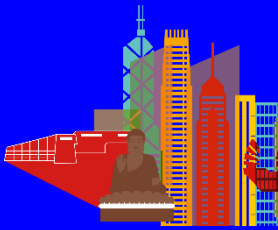
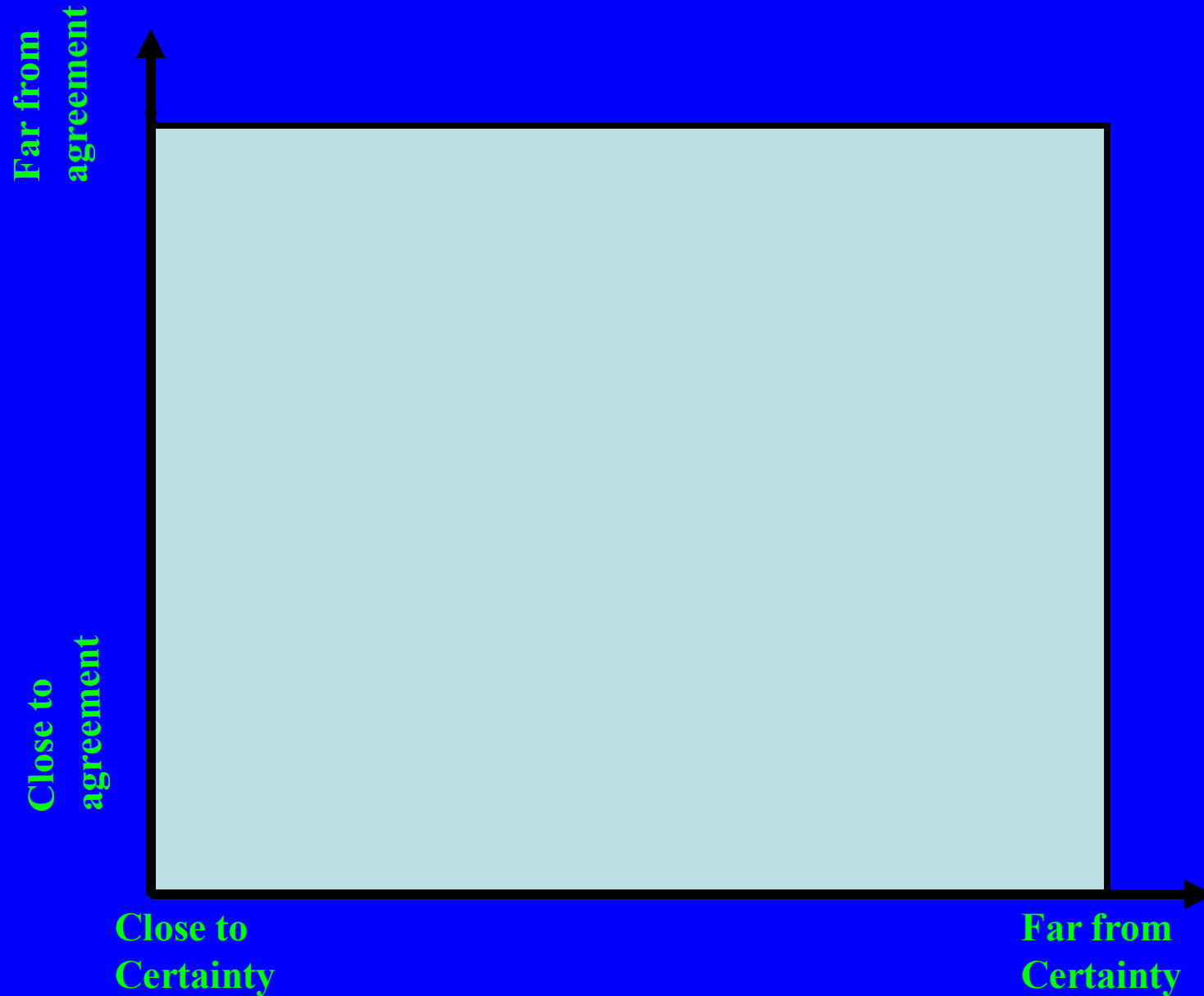
- both dependent and yet independent,
- where consensus are incomplete,
- changes are unpredictable but emerging.



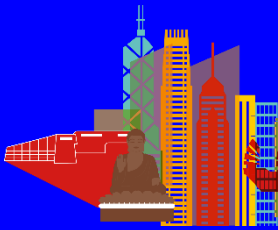
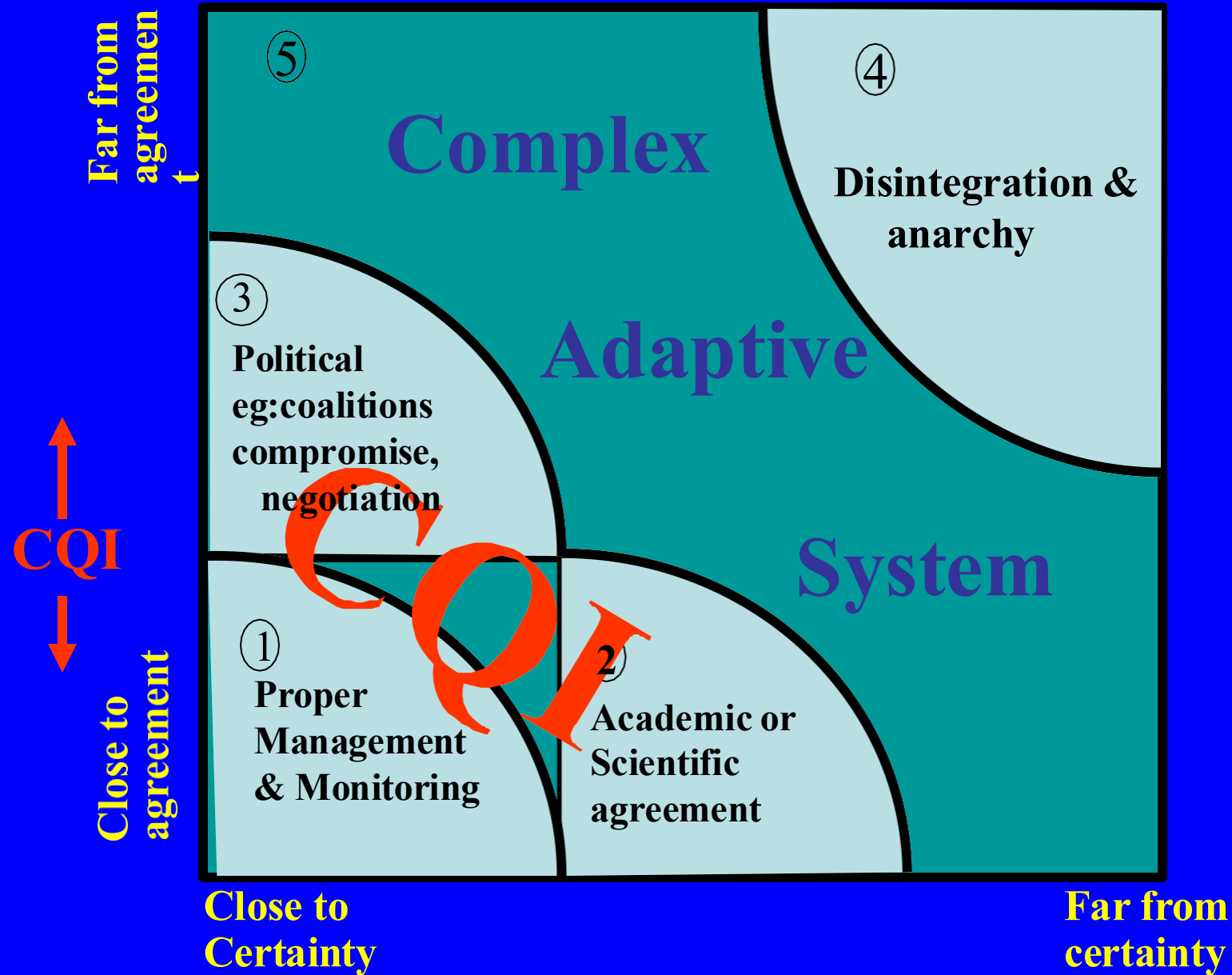
It is not referring to chaotic situations where no system exists



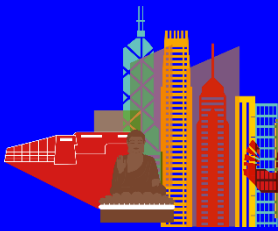
# Stacey agreement and certainty matrix







The CSSD is relatively simple  
compared to the complexity of  
the hospital





International Guidelines are available:

# Decontamination and Reprocessing of Medical Devices

Understanding the WHO Guideline

WH Seto

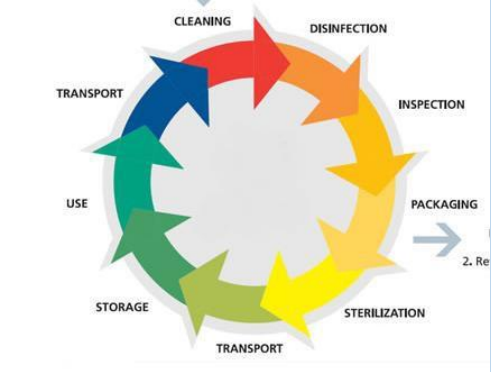
Decontamination and Reprocessing of Medical Devices for Health-care Facilities





World Health Organization

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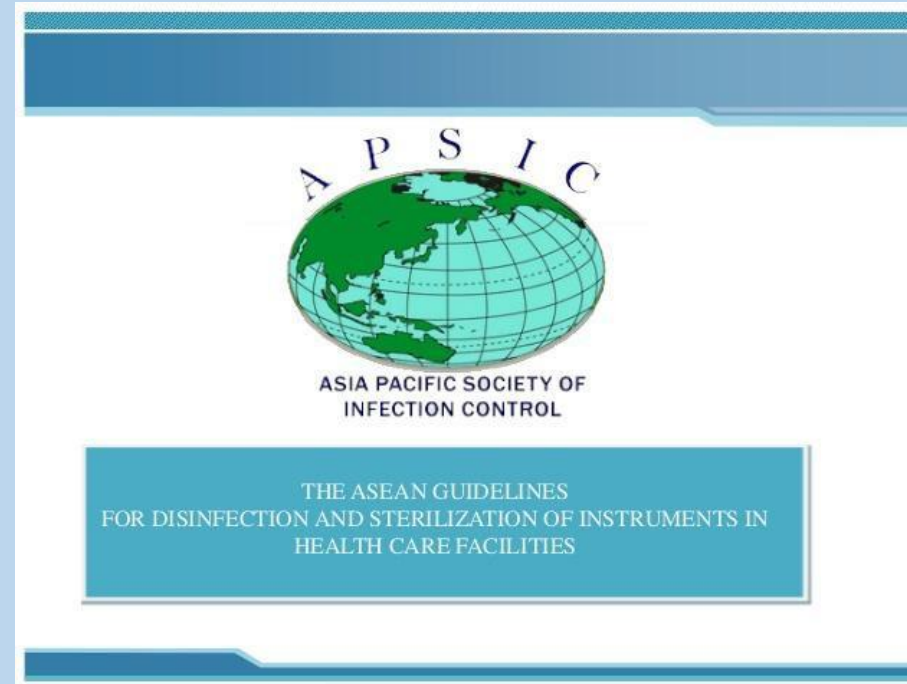




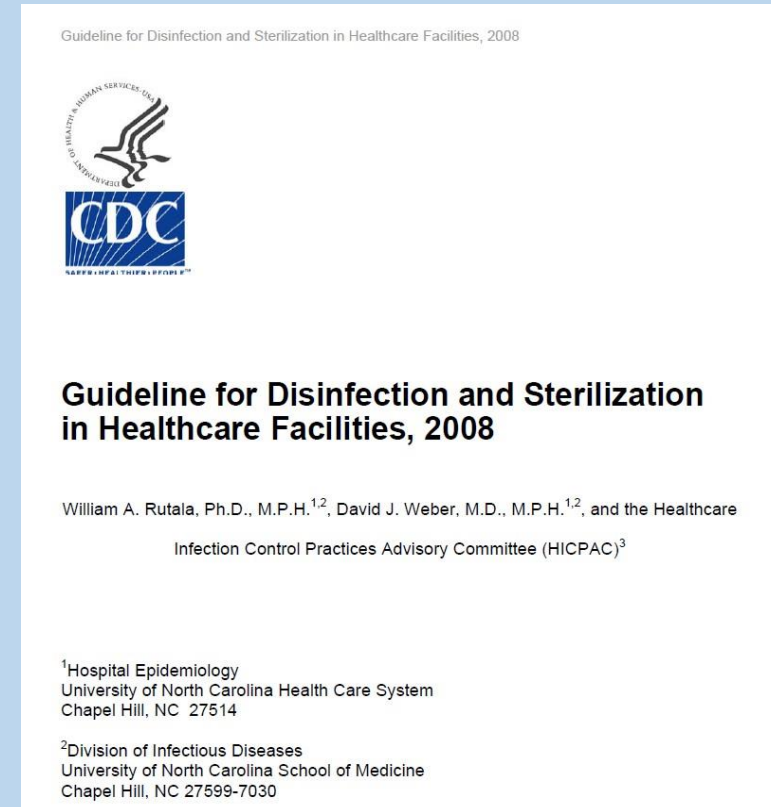
## Other Reference Guidelines



2017



2017



2008



Many things are well defined:

## General aspects of sterilization

# Definitions

**Decontamination:** Removes soil and pathogenic microorganisms from objects so they are safe to handle, subject to further processing, use or discard. (Centers for Disease Control and Prevention [CDC] Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008).

**Cleaning:** The first step required to physically remove contamination by foreign material, e.g. dust, soil. It will also remove organic material, such as blood, secretions, excretions and microorganisms, to prepare a medical device for disinfection or sterilization.

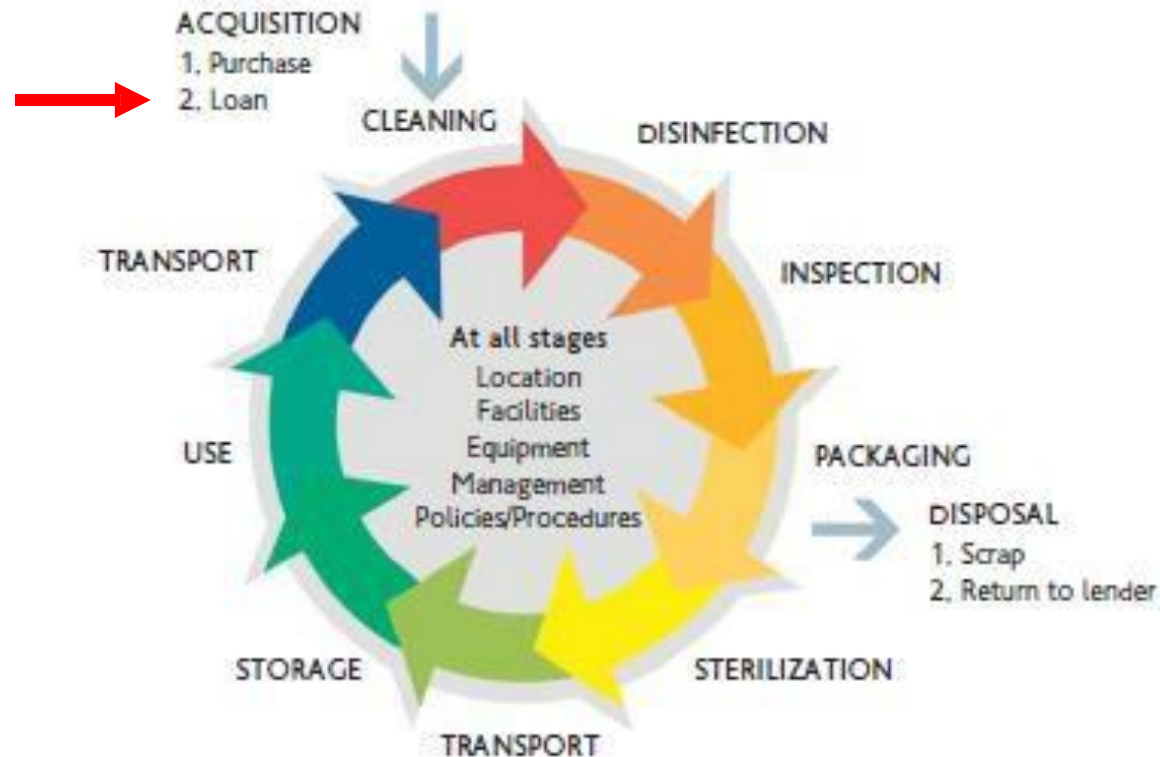
**Disinfection:** A process to reduce the number of viable microorganisms to a less harmful level. This process may not inactivate bacterial spores, prions and some viruses.

**Sterilisation:** A validated process used to render an object free from viable microorganisms, including viruses and bacterial spores, but not prions.



Processes are generally well defined and in place....

Figure 1. The decontamination life cycle



Validation:  
People  
Machines/environment  
Method of validation

Source: Health Building Note 13 (HBN13), Department of Health, United Kingdom, 2004





## RISK ASSESSMENT IN STERILE SERVICES

**Table 2. Policy for the local decontamination of reusable equipment according to the Spaulding classification**

| Risk category  | Recommended level of decontamination | Examples of medical devices   |
|--|--------------------------------------|---|
| High (critical)<br>Items that are involved with a break in the skin or mucous membrane or entering a sterile body cavity | Sterilization                        | Surgical instruments, implants/prostheses, rigid endoscopes, syringes, needles  |
| Intermediate (semi-critical)<br>Items in contact with mucous membranes or body fluids                                    | Disinfection (high level)            | Respiratory equipment, non-invasive flexible endoscopes, bedpans, urine bottles |
| Low (non-critical)<br>Items in contact with intact skin  | Cleaning (visibly clean)             | Blood pressure cuffs, stethoscopes  |



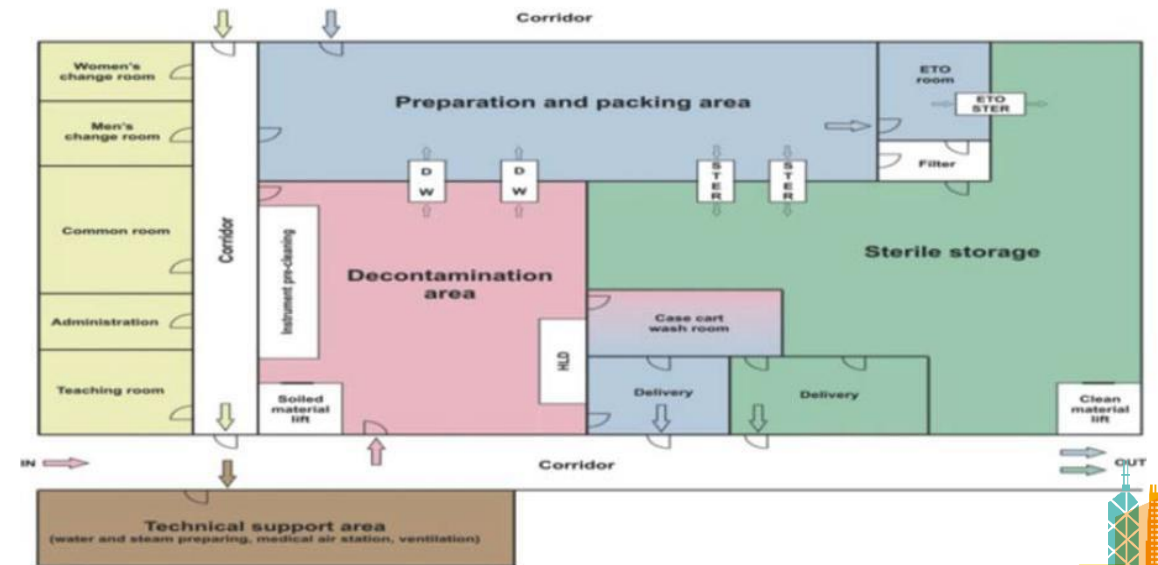
# The Sterile Services Department (SSD)

- Advantages and disadvantages of a SSD
- Layout and space planning of SSD
- Design of the SSD
- Air and water quality
- The SSD environment – structures, ventilation, humidity, temperature
- Specific areas – e.g. dirty area, packaging area, sterilization area
- Occupation health and safety

## Ten Rules for the SSD location

1. The SSD is designed so that it is physically separated from all other work areas and does not interfere with routine clinical practice.
2. The SSD is not an integral part of any other service user or treatment area, such as operating theatres.
3. The SSD is not to be used as a thoroughfare.
4. The SSD is purpose-specific and built for reprocessing devices with clearly demarcated areas.
5. The SSD is designed to allow segregation of “dirty” and “clean” activities.
6. The SSD is designed to facilitate a unidirectional flow from the “dirty” area to the “clean” area.
7. The SSD will have a dedicated staff area in proximity for changing into work wear, which includes a shower, toilet facilities and lockers.
8. Access to the dirty and “clean” areas, such as the IAP room, should be through separate, dedicated gowning rooms provided with hand hygiene facilities.
9. The dirty area, IAP, sterilizing and sterilizer unloading area should be free from windows that can be opened, ledges and difficult-to-clean areas.
10. The dirty area, clean area room, IAP area and sterilizing area should be designed to minimize the ambient sound levels within the rooms. This will require particular attention to the installation of equipment, building finishes and maintenance of machines.

Figure 6. An example of a SSD layout\*

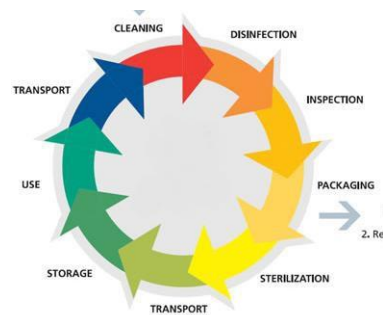
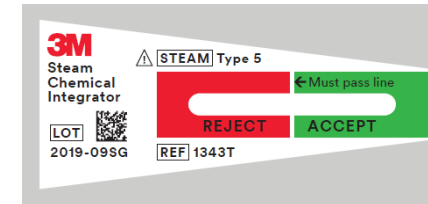


\*Note the flow of staff and devices



# Sterilization Procedures

## - the Perfect Area for CQI in the Hospital







# Asia Safe Surgical Implant Consortium

2023 ASSIC  
Tokyo, Japan

2024 ASSIC  
Seoul, Korea

2025 ASSIC March 25-27  
Bangkok, Thailand

Sterilization  
Consensus



10

Countries

16

Organizations

20

Delegates

10

Countries

17

Organizations

41

Delegates

10

Countries

16

Organizations

42

Delegates

- Developed 3 consensus documents
- Endorsed by **10** organizations
- **10** QIP completed

- Consensus documents endorsed by **12** organizations
- **23** QIP completed

- Consensus documents endorsed by **17** organizations
- **28** QIP



Asia Safe Surgical Implant Consortium  
Bangkok, Thailand – 25-27 March 2025

Bringing together leaders in sterilisation monitoring and safety practices

In collaboration with the WHO Collaborating Centre HKU, the ASSIC Consortium has successfully led advancements in sterilisation monitoring and quality assurance. Industry leaders from across Asia implemented an implant load QIP and shared successful outcomes, setting new standards for consistent monitoring of every load and pack.

Key Discussions:

- Accelerating Best Practices for Every Implant Load Monitoring
- New Evidence in Sterilisation and Quality Assurance
- Adoption of New Technology
- Sustainable Initiatives and Directives



[Sterilisation Assurance Resource Hub Page](#)

Solving What Matters, Advancing Together  
Spotlight on the Inspiring ASSIC Program!





# 2025 ASSIC Delegates

10

Countries

42

Delegates

28

2025 WHO  
QIP#



\*Included WHOCC & Speaker, #Interested to conduct QIP

## United and committed to keep our patients safe.

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>Nanthipa S.</b><br>Central Sterilising<br>Services Association<br>of Thailand | <b>Thanisara M.</b><br>Thai Perioperative<br>Nurses<br>Association      | <b>Nittaya C.</b><br>Central Sterilising<br>Services Association<br>of Thailand | <b>Suwimol A.</b><br>Hat Yai Hospital                  | <b>Shigeko Mills</b><br>Nagano University<br>of Healthcare and<br>Medicine     |  |
| <b>Benjawan M.</b><br>Maharaj Nakorn<br>Chiang Mai<br>Hospital                   | <b>Phornnapus K.</b><br>Maharaj Nakorn<br>Chiang Mai<br>Hospital        | <b>Charoensri G.</b><br>Mae Fah Luang<br>University Medical<br>Center Hospital  | <b>Jitkanya P.</b><br>Roi Et Hosp.                     | <b>Atsushi Saito</b><br>Osaka University<br>Hospital                           |  |
| <b>Patcharee P.</b><br>Vachira Phuket  | <b>Udomphon T.</b><br>Vachira Phuket                                    | <b>Kitima T.</b><br>Bann Phaew  | <b>Panisara C.</b><br>Golden Jubilee<br>Medical Center | <b>Togokatsu<br/>Shibutani</b><br>Yao Tokushukai<br>Hospital                   |  |
| <b>Nanthiya J.</b><br>Khon Kae Hospital  | <b>Sobhasinee C.</b><br>Ramadhibodi Chakri<br>Naruebodindra<br>Hospital | <b>Peeraya K.</b><br>Bangpakok 8<br>Hospital                                    | <b>Nipaporn U.</b><br>Nakornthorn<br>Hospital          | <b>Miyuki Onimaru</b><br>Tokai University<br>Hospital                          |  |
| <b>Kankanit S.</b><br>Siriraj<br>Piyamahajkarun<br>Hospital                      | <b>Kankanit S.</b><br>Siriraj<br>Piyamahajkarun<br>Hospital             | <b>Tussanee N.</b><br>Thammasart<br>University Hospital                         | <b>Phatraporn W.</b><br>Vajira Hospital                | <b>Sawami Adachi</b><br>Mae Fah Luang<br>University Medical<br>Center Hospital |  |
| <b>Nanthipa S.</b><br>Central Sterilising<br>Services Association<br>of Thailand | <b>Thanisara M.</b><br>Thai Perioperative<br>Nurses<br>Association      | <b>Nittaya C.</b><br>Central Sterilising<br>Services Association<br>of Thailand |  |  |  |
| <b>Hie Hee Ting</b><br>Malaysian Society<br>For Quality in Health                | <b>Catherine Layang</b><br>KPJ Sentosa KL<br>Specialist Hospital        |   |  | <b>Youngsook Im</b><br>Seoul National<br>University Bundang<br>Hospital        |  |
| <b>Ngee May Chan</b><br>Sunway Medical<br>Centre                                 | <b>Muslimah Johari</b><br>Pantai Hospital<br>Kuala Lumpur               |   |  | <b>Ngoc Truong<br/>Thi Bich</b><br>Hanh Phuc<br>International Hospital         | <b>Thuy Le<br/>Thi Thanh</b><br>Children 1 Hospital    |
| <b>Loo Lian Quek</b><br>Ministry of Health<br>Singapore                          | <b>Joseph Llano</b><br>Mount Alvernia<br>Hospital                       |   |  | <b>Luong Nguyen<br/>Nghinh</b><br>Phuong Chau Group<br>Hospital                | <b>Thoa Pham Thi</b><br>Hong Ngoc<br>Hospital          |
| <b>Yvonne Lew</b><br>Changi General<br>Hospital                                  | <b>Sok Hiang Loh</b><br>Tan Tock Seng<br>Hospital                       |   |  | <b>Edwina Eaton</b><br>St. John of God<br>Healthcare, Geelong                  | <b>David Bellamy</b><br>St. George Hospital,<br>Sydney |
|  |   |   |  |  | <b>Shelagh Thomas</b><br>Hutt Hospital Capital         |







# Honoring the Attendees Behind This Outstanding Event: 2025 ASSIC



WHO CC, Asia & Global Team



Australia & New Zealand



Japan



Korea



Singapore



Thailand



Malaysia



Vietnam



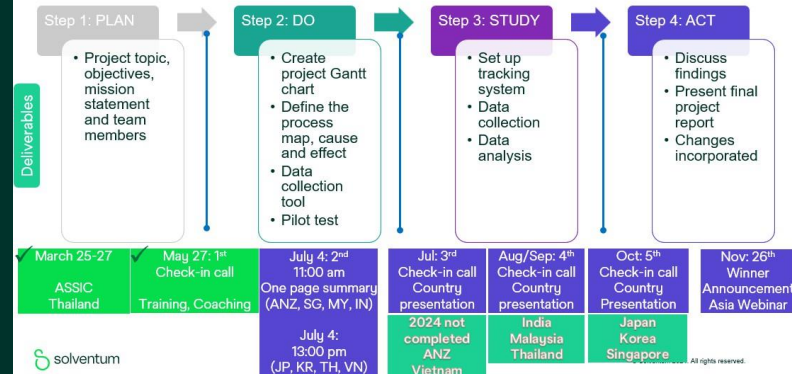




# WHO CC QIP, Education & Training

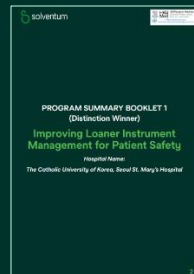
## Continuous Improvement through WHO CC QIP

### WHO QIP: Milestone in 2025

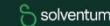


## QIP eBook – 23 QIP

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## Leverage Education & Training



### Asia CSSD Webinar Series 2025

[Webinar Series Landing Page](#)



We would like to invite you to attend our upcoming event to gain invaluable insights and knowledge on this learning journey.

Join us for essential webinar series on Evidence-Based Sterilization Practices!

Join us to learn more!



### Evidence-Based Sterilization Practices Webinar Series

Gain invaluable insights and knowledge on sterilization assurance in this webinar series. Find medical education to help you improve health outcomes and provide more efficient care.

| Date        | Event Name   | Speaker Name                          |
|-------------|--|---------------------------------------|
| 20 Apr 2025 | Excellence in Sterilization Monitoring: Insights into DIN Network Certification                  | Sarah Cruz, Scott Douch               |
| 14 May 2025 | Advancing Sterilization Assurance: Exploring Next-Generation Solutions in Device Check Testing   | Kaple Oxtander                        |
| 9 Jul 2025  | Revolutionizing Sterilization: Advanced Monitoring with VHQSA for Unmatched Safety and Precision | Mr. Larry Talbot                      |
| 6 Aug 2025  | BI Technology for Safe Sterilization and Advanced Steam Monitoring                               | Mr. Larry Talbot                      |
| 12 Nov 2025 | Celebrating Perspective Nurses Week: Ensuring Patient Safety with WHO Surgical Safety Checklist  | Prof. Wang Hong, Sally, Dr. Norman Li |





## Description of the 23 QIPs in 2024

**- All on loan instruments or improvements on recall.**

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# 2025 QIP Program Brochure



HKU Faculty of Medicine  
School of Public Health  
WHO Collaborating Centre  
for Infectious Disease Epidemiology and Control



## Quality Improvement Program Safe Surgical Implant Consortium

We warmly invite you to join Solventum (formerly 3M Healthcare) and the WHO Collaborating Center in HKU a Quality Improvement Program (QIP) focused on the safe reprocessing of loaner instruments and implants. Your participation offers recognition and the chance to receive QIP Awards for your efforts.

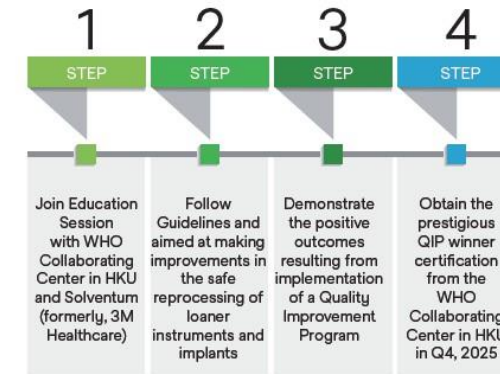
Quality Improvement Programs (QIPs) are of utmost importance as they play a crucial role in driving several key factors:

- **Improved outcomes for patients**
- **Improved efficiency of staff and saving cost, special for loaner instruments and implants**

QIP programs ensure that the focus remains on continuously improving the quality of care provided to patients.



Scan QR code to join QIP



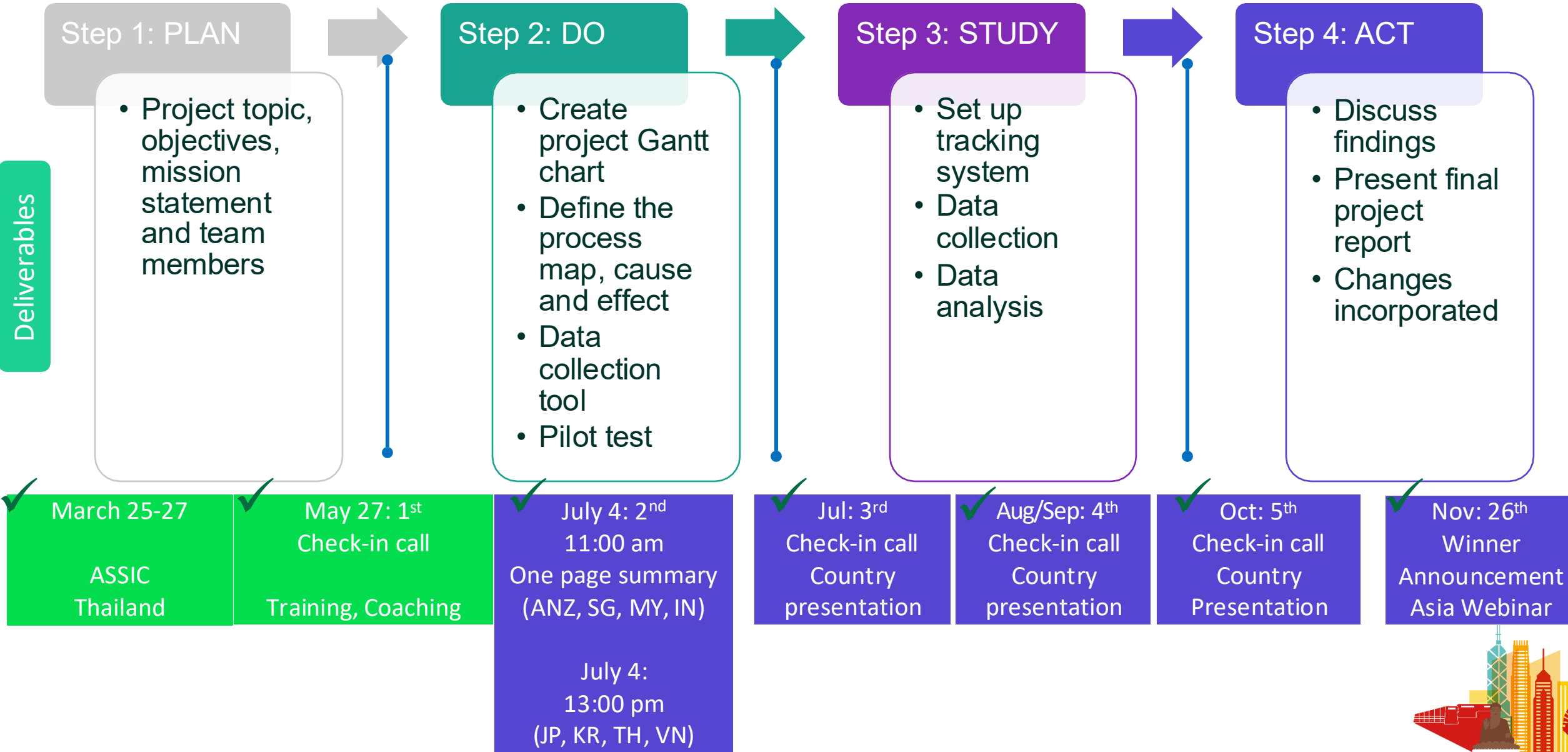
We will help you apply WHO, AORN, AAMI, APSIC, and CDC guidelines, along with standards and consensus documents, to implement best practices in your facility. This will support your organization's patient safety goals, with a special focus on the safe reprocessing of loaner instruments and implants in 2025.

## QIP Program Process



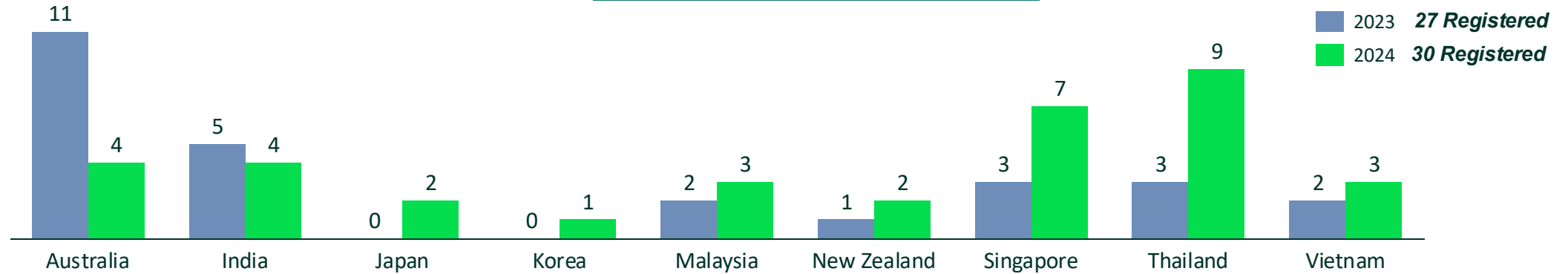


# WHO QIP: Milestone in 2025

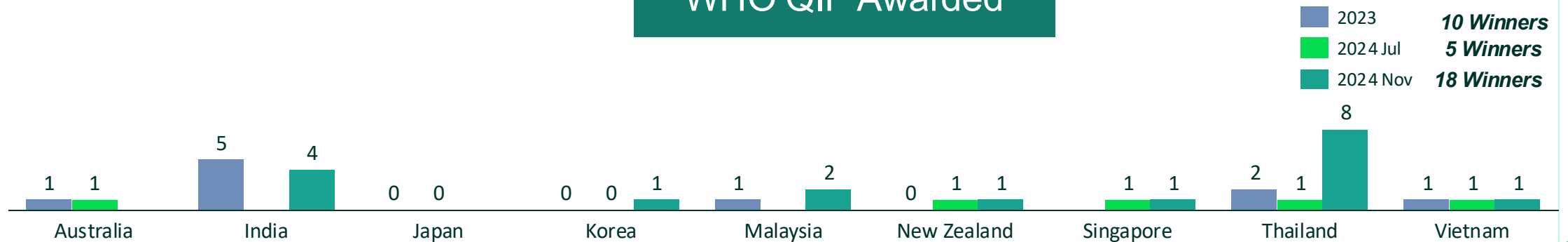


# 2023 - 2024 WHO QIP Submission – 35 Hospitals

## WHO QIP Registrations



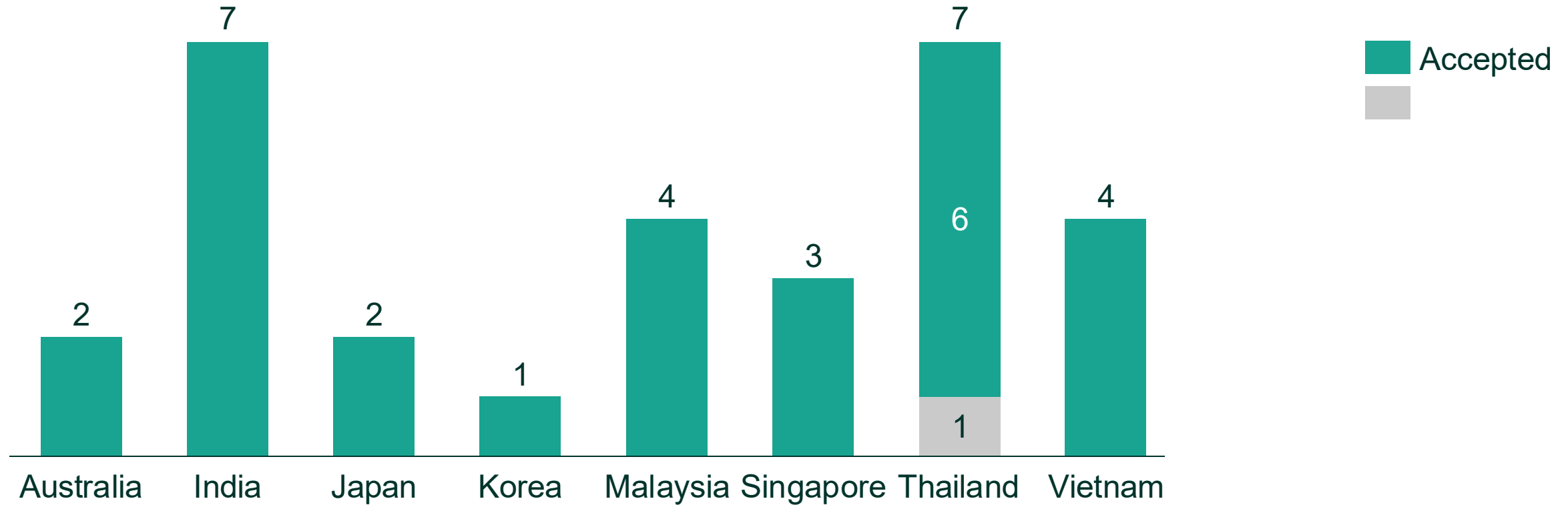
## WHO QIP Awarded





# 2025 QIP Registrations

32 Registrations      29 Accepted



12 winners with 3 distinctions, announced on 26<sup>th</sup> November 2025







# ASSIC Community

## Asia Safe Surgical Sterilisation Assurance Knowledge Hub

## Association Endorsement Asset

## Interview Videos

Asia Safe Surgical Sterilisation Assurance Hub

Asia Safe Surgical Implant Consortium  
Bangkok, Thailand – 25-27 March 2025

Bringing together leaders in sterilisation monitoring and safety practice

Key Objectives:

- 1. Exchange views on the current state of the industry and the challenges it faces
- 2. Develop a common framework for the future of the industry
- 3. Establish a common vision for the future of the industry
- 4. Develop a common strategy for the future of the industry

"As healthcare professionals, it's our responsibility to ensure the highest standards of safety in every aspect of patient care. Implant safety is critical. Proper handling and reprocessing of surgical implants are essential steps in maintaining patient safety and preventing complications."

— Mr. Anand Singh, President of the Asian Sterilisation Society (ASS)

Sterilisation consensus documentation

Quality improvement project

Case studies & evidences

[Solentum Asia Safe Surgical Sterilisation Assurance Hub](#)

### Email Signature Banners

Elevate your Sterilisation monitoring of implant and loaner instruments

Get the consensus documents



### Association Site Banners

Elevate your sterilisation monitoring of implant load and loaner instruments

Get the consensus documents



### Social Media Post Content & Email Template

**Solentum Medical**  
SOL Following  
Promoted

Advancing Sterilisation Quality Assurance

Ensuring the highest standards in medical instrument sterilisation is essential for patient safety. In collaboration with leading experts, we are proud to introduce three key consensus documents that establish new benchmarks for sterilisation quality assurance:

- ✓ **Quality Assurance in Sterilisation Monitoring Frequency** – Providing guidelines for consistent and effective sterilisation monitoring.
- ✓ **Sterilisation Recall Policy & Procedure** – Defining clear protocols to manage and mitigate risks associated with sterilisation failures.
- ✓ **Proper Management of Loaner Instruments & Implants** – A 10-step guide to improving processes, handling, and monitoring to ensure compliance and patient safety.

We endorse these critical frameworks to strengthen global sterilisation practices. Together, we can drive meaningful improvements in patient safety and infection prevention.

#SterilisationQuality #PatientSafety #MedicalStandards #SterilisationMonitoring #ImplantLoad #LoanerInstruments #WfHSSInnovation

**Introducing New Sterilisation Consensus Documents**

Strengthening infection prevention, risk management, and patient safety.

- ✓ Consistent sterilisation checks
- ✓ Clear recall protocols
- ✓ Safe loaner instrument handling



**Solentum Medical**  
SOL Following  
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#SterilisationQuality #PatientSafety #MedicalStandards #SterilisationMonitoring #ImplantLoad #LoanerInstruments #WfHSSInnovation

**2024 QIP Distinction Award eBook**



## Social Media Post (During and Post Event)

2025 Asia Safe Surgical Implant Consortium

📅 March 25 – 27, 2025 | Bangkok, Thailand

Bringing together leaders in sterilisation monitoring and safety practices

In collaboration with the WHO Collaborating Centre HKU, [#Solventum](#) is bringing together experts at the Asia Safe Surgical Implant Consortium from 25-27 March. With implant surgeries carrying the highest risk of infection, ensuring every load is properly sterilised is a non-negotiable step in [#patientsafety](#).

2025 Asia Safe Surgical Implant Consortium.mp4

👍❤️ You and 87 others      3 comments · 9 reposts

👍 Like    💬 Comment    🔄 Repost    ➡ Send

A Transformative Surgical Sterilisation Experience at the Asia Safe Surgical Implant Consortium: A Unified Effort to Patient Safety

We have successfully concluded an insightful and impactful Asia Safe Surgical Implant Consortium in collaboration with the WHO Collaborating Centre HKU.

Leaders from across Asia have registered for the WHO Collaborating Centre HKU Quality Improvement Project (QIP) to elevate monitoring practices in implant load and the management of loaner instruments.

Thank you for attending the Solventum Asia Safe Surgical Implant Consortium.

👍❤️ You and 136 others      5 reposts

👍 Like    💬 Comment    🔄 Repost    ➡ Send

### Advancing Sterilisation Quality Assurance

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[#SterilisationQuality](#) [#PatientSafety](#) [#MedicalStandards](#) [#SterilisationMonitoring](#)  
[#ImplantLoad](#) [#LoanerInstruments](#) [#HealthcareInnovation](#)

## Introducing Sterilisation Consensus Documents

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Welcome to Hong Kong  
Thank you!

