







Centralization of Endoscope Reprocessing: Quality, Safety and Efficiency through Dedicated Expertise

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Why Centralization?

Fragmented processes created risks



Increased staff burden



Goal: improved safety, quality and control



External triggers: audits, inspections



Urology Department



GI Department 1



ENT Department



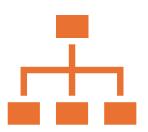
GI Department 2







Key Pillars For Succes







Right moment: organizational readiness



Support from leadership and clinical teams







Equipment Renewal

- Replaced outdated AERs and drying cabinets
 - Improved digital traceability system
- Aligned with SFERD and internal protocols











New Organizational Structure

- From decentralized to one central location
- Clear responsibilities and central coordination
 - Optimized layout and physical workflow



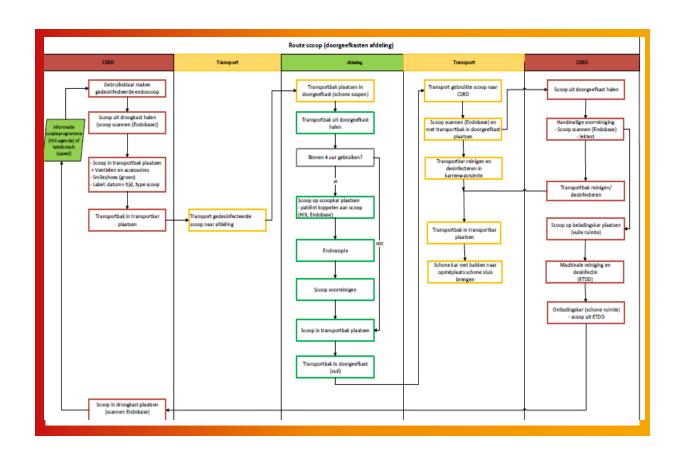






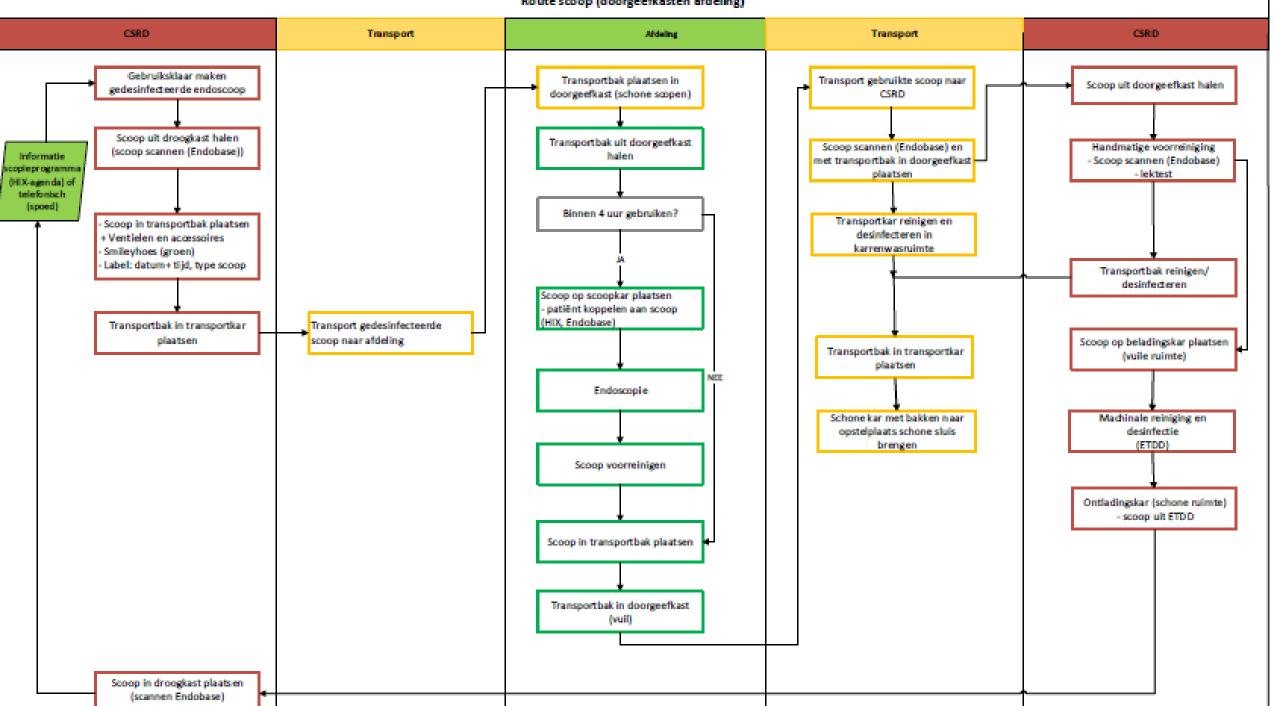
People: Dedicated and Skilled

- Specialized roles, dedicated team EDD, teamleader, assistant for transport and little tasks
 - Staff are trained, empowered, and proud
 - From generalist to expert-level practice

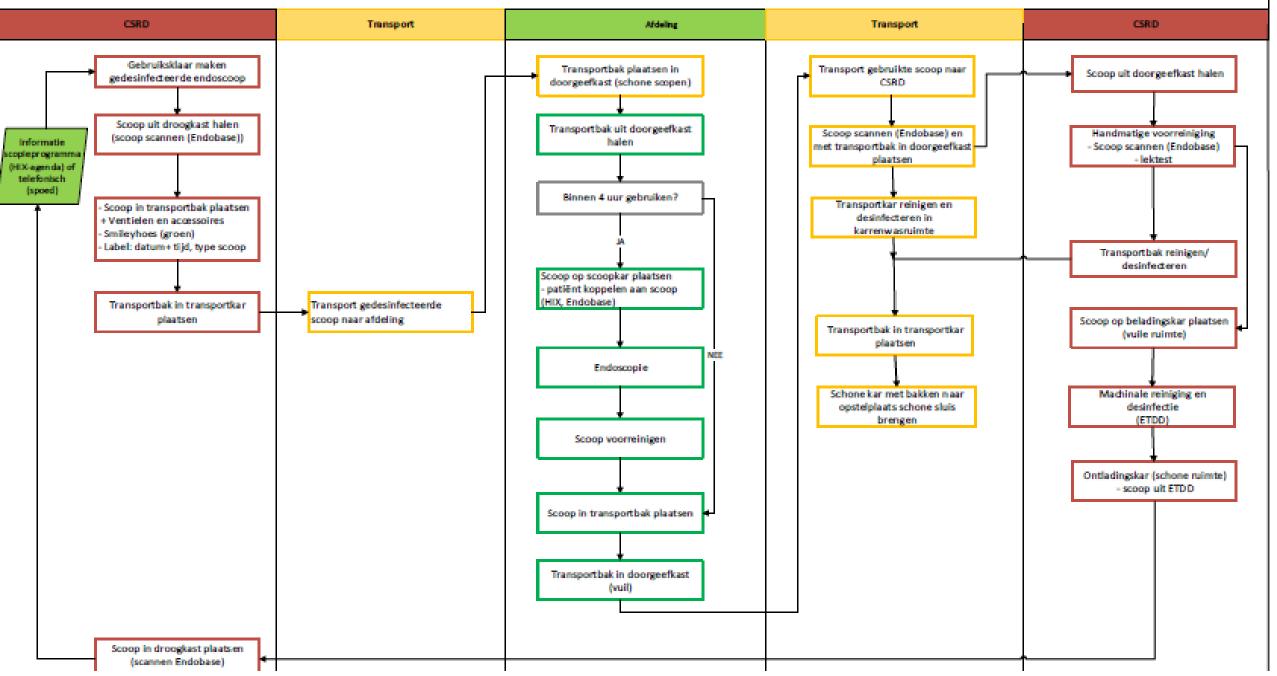




Route scoop (doorgeefkasten afdeling)



Route scoop (doorgeefkasten afdeling)







Training and Competency

- Structured training plan with assessments
 - Continuous learning culture
 - Everyone qualified and accountable













Workflow Optimization

- Efficient routing from dirty to clean
 - Reduced turnaround times
- Improved work satisfaction and ownership
- Always capacity available for patient care









The New Workflow

Videos Speak Louder then Words















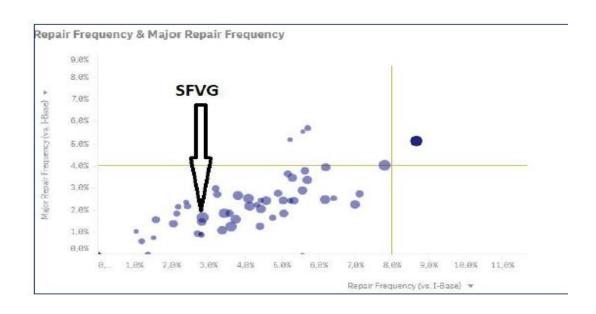




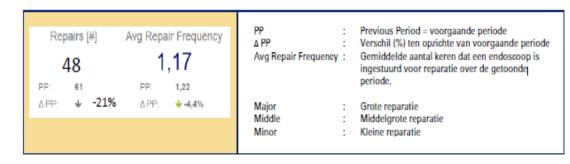
Impacts and Outcomes of Centralization

Impacts:

- Clinical teams unburdened
- Fewer damages and contaminated endoscopes
 - Better availability
 - Improved work satisfaction and ownership



Aantal reparaties / Reparatie frequentie 12 MND doorlopend







Collaboration Across Departments

Impacts:

- Coordinated approach with GI, Urology, ENT, OR and the Medical Technology Department
- Daily communication and shared goals (short lines between al the involved departments)
- Stronger interdepartmental cooperation (every two months a meeting with the Multidisciplinary Endoscope Committee)

Coordinator CED: 'Before centralization , I felt like I was juggling five balls in the air, now it feels like we are juggling together as a team.'

Manager Urology Department: "Working with Anke after the centralization has been a relief, she takes away the worries and gives us confidence that our scopes are always in the best hands. It feels like she's our 'scope guardian angel'."

Endoscope nurse GI: "Centralizing has relieved the endoscopy department, allowing us to focus more on patients and procedures, while dedicated specialists handle reprocessing, transfer and storage with care."

Manager Medical Technicians: "The great-endoscope meetings have undergone a transformation from unprofessional, complaining, and a chicken coop to a professional meeting in which actions are identified and implemented, and colleagues are held accountable for their behavior and ownership."

Manager CED: "Before centralization ther were a lot of endoscopes in quarantaine because of contamination, this gives a long downtime and troubles with capacity. After centralization I never have to notice anymore."

OR field expert: "Now we don't have to look for anything, there is always a disinfected endoscoop in our storage."





Lessons Learned and Recommendations

- Invest in people and leadership
- Ensure clear logistics and communication
 - Create a culture of openness
 - Celebrate milestones











Conclusion and Takeaways

Conclusion:

- Centralization improved quality and safety
 - People are the key success factor
- Sustainable through structure and training







Final Reflection













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