Risk management in CSSD

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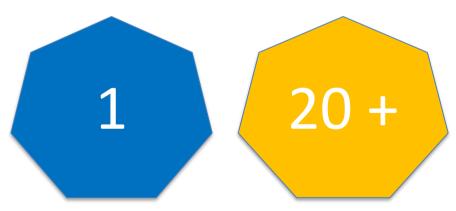


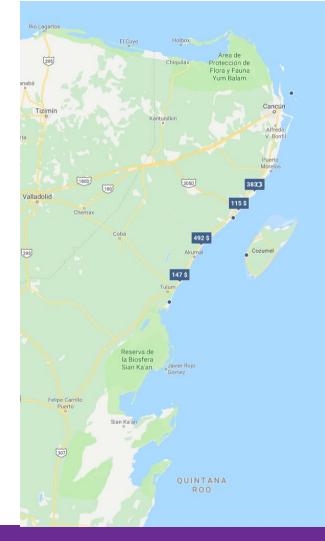
Richard Marchand MD











Objectives

- Introduce the congress attendees the concept of risks at the CSSD
- Introduce the tools and methodologies to be used to manage and reduce risks in a responsible and ethical manner

Content

1. What is risk management

- Defining risk
- Ethic asks us to do what?

2. How to identify the risks

- Process mapping
- Identify the risk
- Evaluate the failure mode
- Select the risk priorities

3. Mitigate the risk

- Problem solving
- MANAGE the process

4. Maintaining the improvements

Quality Assurance Program



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Quality Assurance Program



A probability or threat of damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through pre-emptive action.

Food industry: The possibility that due to a certain hazard in food there will be an negative effect to a certain magnitude.



WHAT IS A RISK

- Something may happen in the sterilisation process
- Contamination will cause infection
- Risking the health of the patient





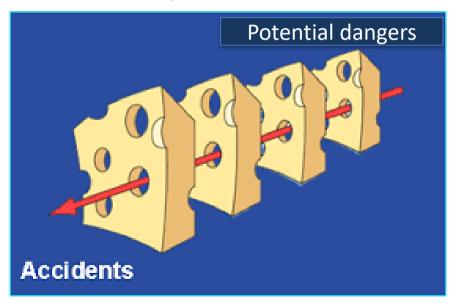
Risk management: a social principle

Risk acceptance level varies in time and societies



Risk management: a social principle

Accident in a complex process is a mathematical certainty: serious problems WILL occur





Managing risk in an organisation

...is to evaluate the **« tolerance »** of the organisation and society to the consequences of the possible accidents that may occur so politically and socio-economic acceptable could be made.





Managing risk in an organisation

...is to evaluate at what level is a fair limit between what is technically feasible compared to the available resources.



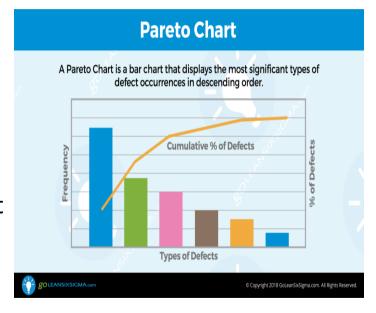






Ethic asks for what?

- To do the most with the resources we have
- Thus evaluating the most adverse consequences and to invest by order of importance in reducing the risk, according to the available budget
- Not obliged to eliminate ALL risks at ALL cost
- To deploy every effort to reduce infection risks from CSSD process





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Quality Assurance Program



1- MAP THE PROCESS 2- Identify the risks

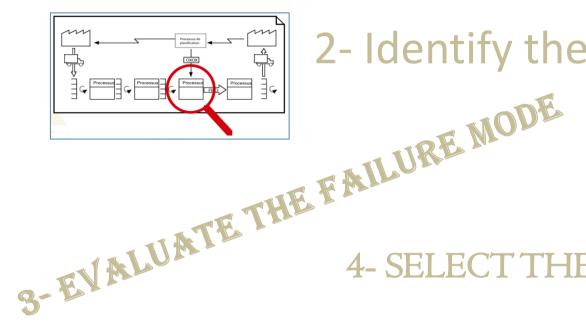
3-EVALUATE THE FAILURE MODE

4- SELECT THE RISKS PRIORITIES

5- MITIGATE THE RISK



1- MAP THE PROCESS



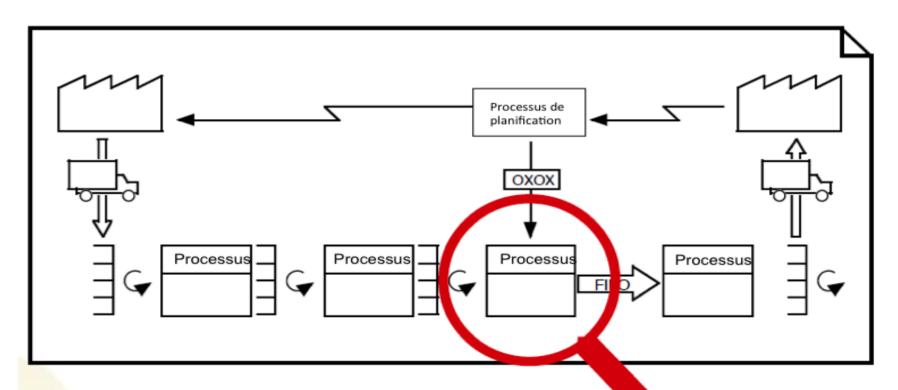
2- Identify the risks

4- SELECT THE RISKS PRIORIT

5- MITIGATE THE RISK

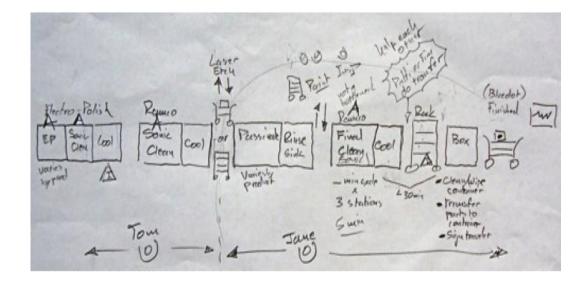


Mapping the PROCESS



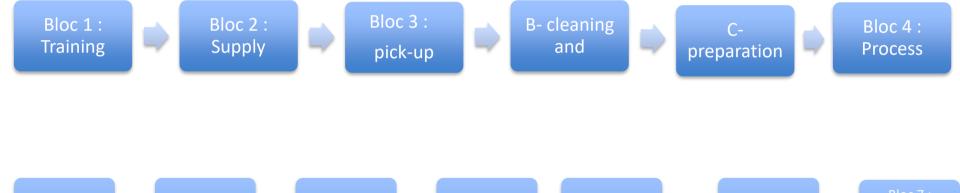


Process Mapping with the Block Diagram format





Process Mapping with the Block Diagram format



Stock and

B- Distribution

C- High level

disinfection



Quality

Assurance

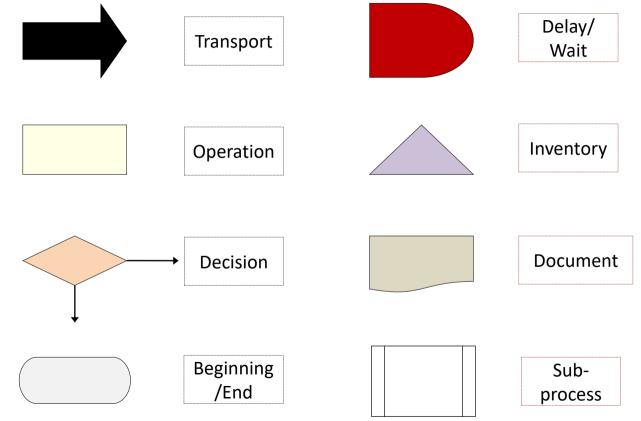
Bloc 6:

Traceability

Pasteurization

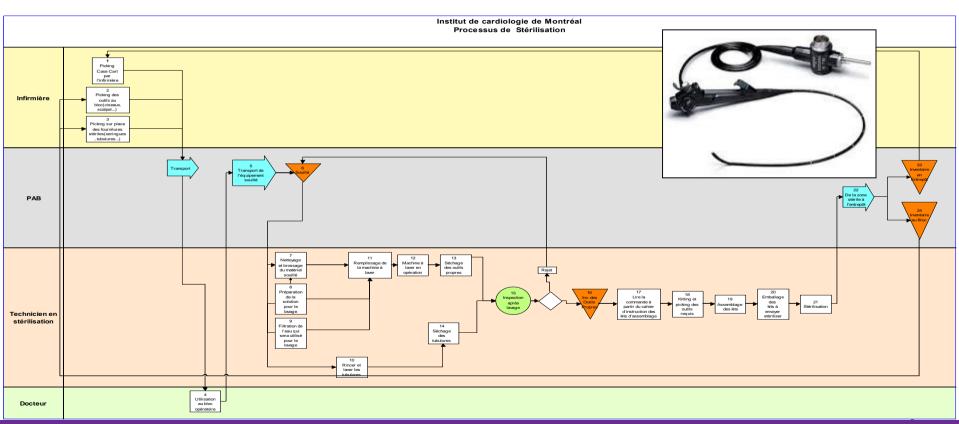
A- Sterilisation

Symbols to use FOR PROCESS MAPPING

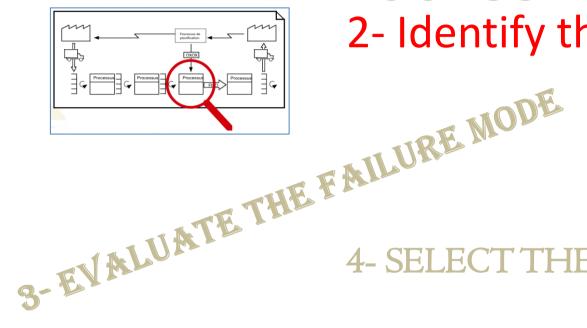




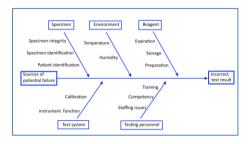
CSSD completed process map



1- MAP THE PROCESS



2- Identify the risks

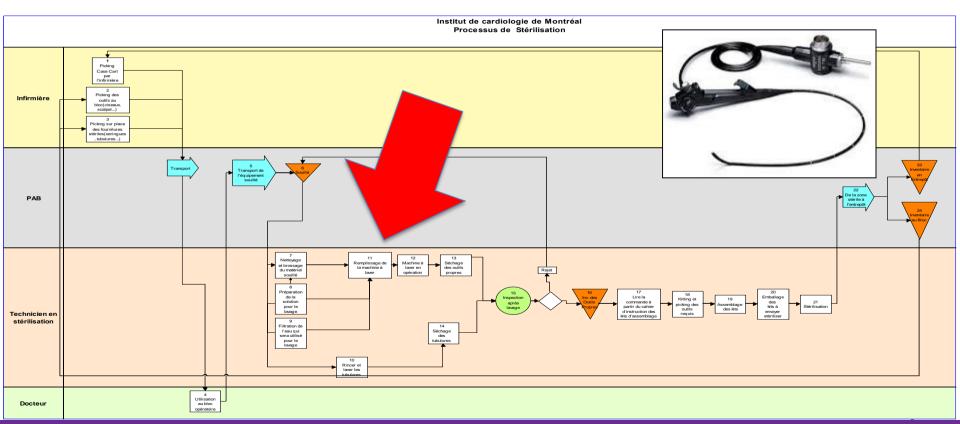


4- SELECT THE RISKS PRIORI

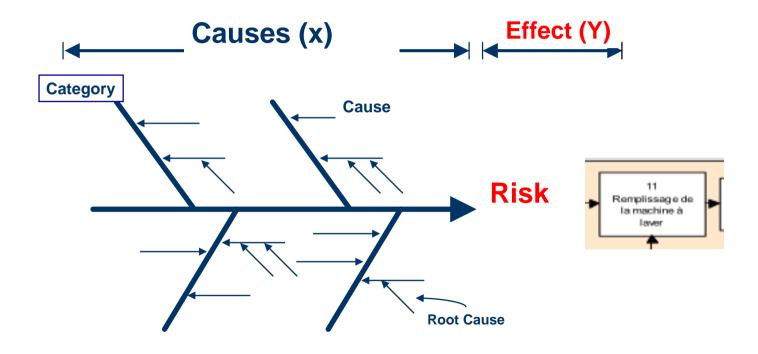
5- MITIGATE THE RISK



Identify the source of errors to prevent them from reoccurring, to invest where it is more effective



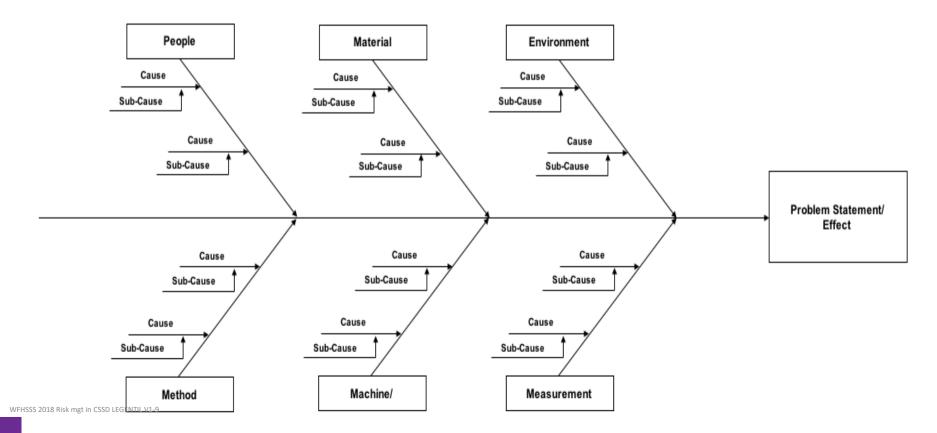
EACH RISK POINT IS ANALYSED WITH A CAUSE AND EFFCT DIAGRAM (FISHBONE DIAGRAM OR ISHIKAWA DIAGRAM)



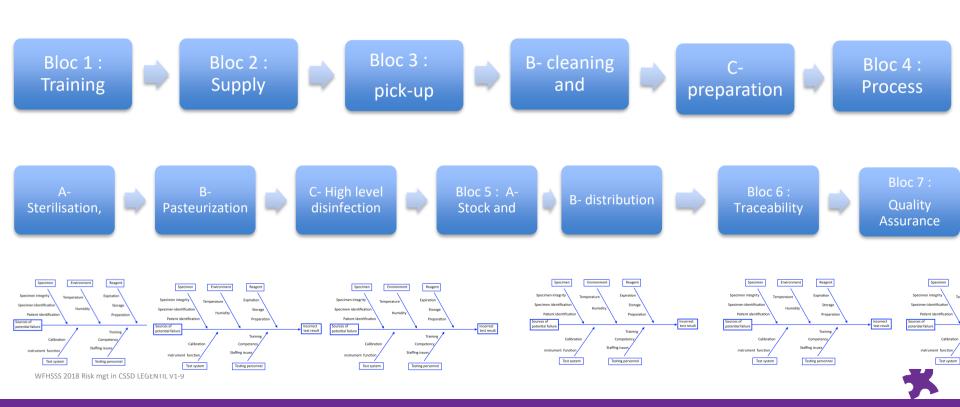


Process/Project Name:	
Date:	
Prepared By:	
Notes:	

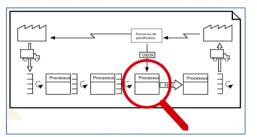
Categories for the Cause and Effect Diagram (5M's)



Process Mapping with the Block Diagram format



1- MAP THE PROCESS



2- Identify the risks





3-Evaluate the failure mode:

RPN = SXOXD

4-SFI ECT

4- SELECT THE RISKS PRIORITIES

5- MITIGATE THE RISK



SEVERITY

OCCURENCE

DETECTION







EVALUATING THE RISKS: FMEA

(failure mode and effect analysis)

RPN = S X O X D

Risk Priority Number= Severity X Occurrence X Detection



Failure Mode and Effect Analysis

RPN	SEVERITY	OCCURRENCE (probability)	DETECTION challenge	Interpretation
1000	10	10	10	Major & imminent
10	10	1	1	Major but rare and immediately detectable
75	5	5	5	Low risk
50	1	10	5	Will occur but with little impact
240	5	8	6	Important risk

Scale from 0 to 10



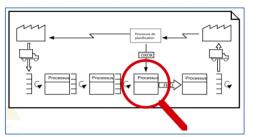
Example

RPN = S X O X D

	severity	occurence	detection	RPN
Power failure	1	3	9	27
Earthquake	9	1	1	9
Infectious agent	5	9	9	<mark>405</mark>
Sharp object	4	9	10	<mark>360</mark>
Mechanical failure	3	3	9	81
Contaminated contrast agent	7	4	8	<mark>224</mark>
Toxic liquid	7	4	6	<mark>168</mark>
Burn	6	6	2	72
Electrical shock	5	1	6	30

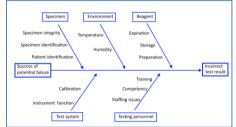


1- MAP THE PROCESS



2- Identify the risks

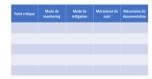




3-Evaluate the failure mode: A

RPN = S X O X D

4- SELECT THE RISKS PRIORITIES

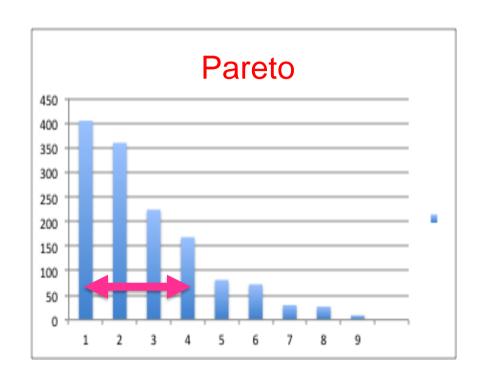


5- MITIGATE THE RISK



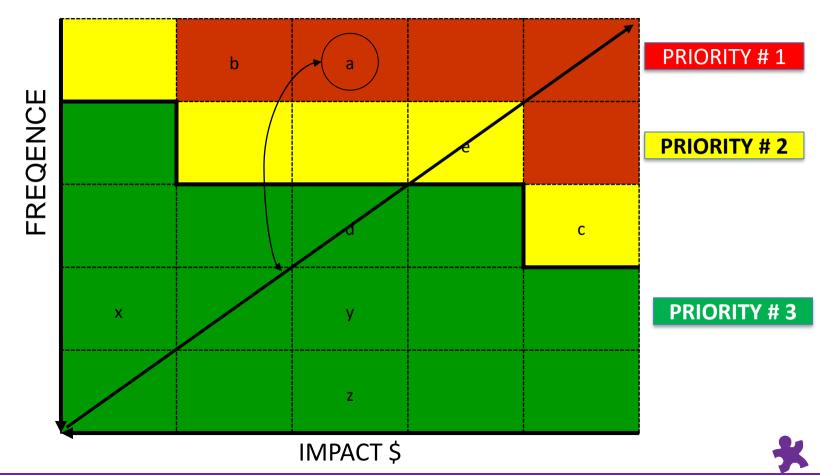
RANKING AND PRIORITIZING RISKS

1.	Infectious agent	<mark>405</mark>
2.	Sharp object	<mark>360</mark>
3.	Contaminated contrast agent	<mark>224</mark>
4.	Toxic liquid	<mark>168</mark>
5.	Mechanical failure	81
6.	Burn	72
7.	Electrical shock	30
8.	Power failure	27
9.	Earthquake	9

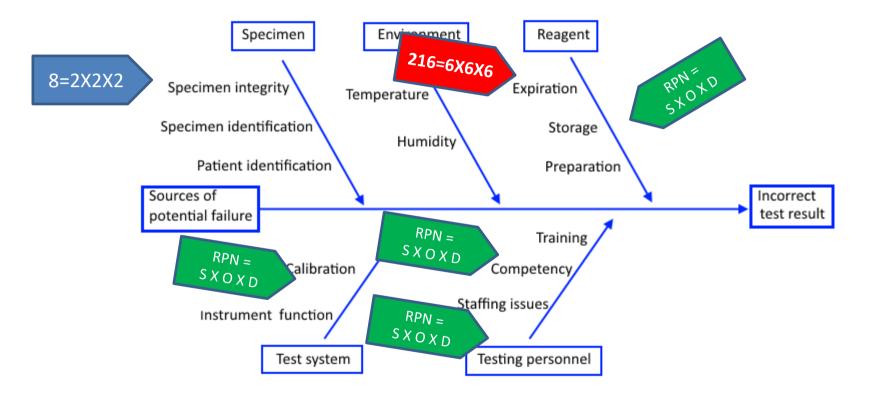




PRIORITIZING RISKS



RPN = S X O X D





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Mitigate the risk

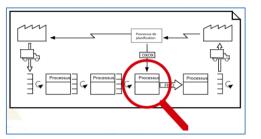
- Problem solving
- MANAGE the process

Maintaining the improvements

Quality Assurance Program



1- MAP THE PROCESS

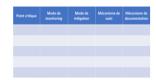


2- Identify the risks

Reagent Temperature Expiration Specimen identification Storage Preparation potential failure Calibration Staffing issue: Instrument function Testing personnel Test system

3-Evaluate the failure mode: A

RPN = S X O X D



5- MITIGATE THE RISK



Risk mitigation

- 1. Identify the critical points
- 2. One critical point may apply to many risks
- 3. Monitor each critical point
- 4. Suggest mitigation mode in case of problems at each critical point
- Implement follow-up mechanism with proper documentation





HOW TO RECORD MITIGATION MODES

Critical point	Monitoring mode	Mitigation mode	Follow-up mechanism	Documentation mechanism
Sterilization temperature	Reading temperature from integrated thermometer probe	1-Certified maintenance and calibration program With sticker showing next calibration date 2- At a specified interval, internal temperature recorded on printer ouput is compared to external readout and recorded in a logbook	Calibration logbook follow- up is audited	Calibration program is integrated in the quality assurance program from Accreditation program

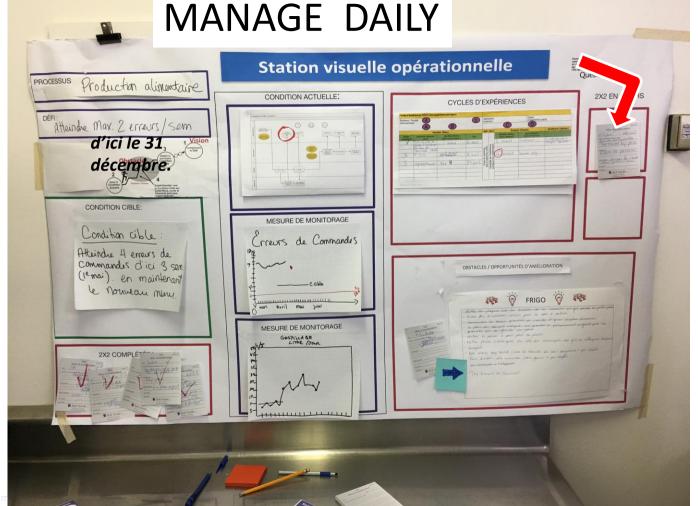


IMPROVE DAILY

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	DrSandblack Date: 8/11
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Risk management method

HACCP (Hazard Analysis and Critical Control Point)









HACCP and ISO 13 485





Identification and analysis of risks

(Over and above a documentation system)

- 1. Identification of critical control points
- 2. Establishing **critical limits** for each point
- 3. Establishing **monitoring** procedures for each critical point
- 4. Establishing corrective actions
- 5. Establishing audit procedures
- Establishing documentation procedures (Record Keeping)



Risk management and standards

- Standards contribute to risks reduction
- But limiting ourselves is not taking in account the expected unexpected events

 So, up to what level should we go beyond the standards to prevent the identified risks?







Jean-Marc Legentil

Jean-Marc Legentil is the President of Bell Nordic Consulting from Canada.

Mr. Legentil has begun his career with Johnson and Johnson and Abbott Laboratories where he was plant manager for sterile products. After 14 years in the industry, Jean-Marc started a consulting firm in 1990 dedicated to training and consulting in the areas of operation management, innovation and continuous improvement to service and manufacturing organizations, healthcare and social services. The main projects he works on are continuous improvement and process review for regional and university hospitals in Canada. He is Master Black Belt (Sensei) in methodologies such as Kaizen, Lean and Six Sigma. His publications of methodologies in French and English addresses the implementation of quality systems and continuous improvement/process review.

In the community, Mr. Legentil is well known for teaching classes and seminars for over 30 years at HEC Montreal and ÉTS, an engineering school. He is President of the board of a training center for nurses: CFP des Métiers de la santé CSMB. His recent speeches on Lean in the CSSD were to AQRDM in Canada, WFHSS in Sao Paolo, Brazil and Antalya, Turkey and Lean in the OR at the JAOM congress in Tokyo, HSCN in Toronto and at GISEH in Quebec. Now in beautiful Mexico City with WFHSS in 2018!

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Dr Richard Marchand

- Dr Marchand completed his training in medicine in 1980 at the University of Montreal. He obtained his speciality certification in Internal Medicine in 1984 and in Microbiology and Infectious Diseases in 1986. He directed the Cellular Immunology Lab. at Ste-Justine Hospital in Montreal and the Flowcytometry Unit at the University of Montreal from 1989 to 1997.
- Since 1997 he is in charge of the Microbiology lab. of the Department of Medical Biology at the Montreal Heart Institute, where he also practices Infectious Diseases.
- As an Assistant Professor of medicine and an Associate Professor at the Ecole Polytechnique of Montreal (Engineering school), he directs several student to Master and Ph.D. degrees.
- His research interest are in the fields of sterilization, disinfection of medical devices, and biocompatibility issues.



