

the pack moisture free. Occurrences of moisture in surgical packs after sterilization should be reported and handled efficiently by CSS personnel to preserve quality and avoid waste.

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Subject Category: Sterilization and Disinfection

Abstract Number: SG-APUSIC1149

Continuous quality improvement project: Changing from sterile to clean perineal care sets at Maharaj Nakorn Chiang Mai Hospital
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Objectives: The central sterile supply department (CSSD) provides sterile perineal care sets (SPC sets) for use with patients. However, the SPC sets exceed the standard, and the sterilization process incurs high cost. Therefore, a CSSD nursing team set out to find ways to save costs by providing clean perineal care sets (CPC sets) instead of sterile sets. We examined the rate of catheter-associated urinary tract infection (CAUTI) after using CPC sets, measured the satisfaction of the nursing staff who use the CPC sets, evaluated the decrease in the cost to the hospital. **Methods:** The CSSD nursing team presented some evidence of the benefits of using the CPC sets to the infection control subcommittee and asked for their approval to use CPC sets instead of SPC sets. After approval by the subcommittee, the CSSD nursing staff began to use CPC sets for patients. The incidence of CAUTI was monitored, and a satisfaction survey of the nurses who used the CPC sets was performed. We compared the costs between the SPC set and the CPC set to determine the cost savings. **Results:** The CAUTI rate did not change after using CPC sets. The nurses who used the CPC sets indicated no difference in satisfaction between the SPC and CPC sets, and the cost of the CPC set was cheaper than the SPC set (27 Baht per set). **Conclusions:** In a quality improvement effort, using the CPC set was safe for patients. The users were satisfied with the CPC set and trusted the safety of the instruments. Moreover, using the less expensive CPC sets saved the hospital >700,000 Baht per year.

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Sequential time workforce management

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Objectives: Since 2018, the workload in the central sterilization services department (CSSD) has intensified as surgeries have increased. The extended operative time among complicated surgical cases has also led to shortages of resterilized surgical instruments. One factor influencing these shortages was inadequate CSSD staff during high workload periods. We developed a strategy to improve the availability of resterilized instruments. We sought to reduce wasted time and improve effectiveness of surgical instrument preparation by adopting a shift-work arrangement. We additionally sought to minimize unorganized instrumentation and surgical equipment loss. **Methods:** Team members investigated workload disproportion shift by shift. We devised a practical arrangement of staff for each work shift by dividing manpower in ratios based on workload. **Results:** The period from 10:00 A.M. to 7:00 P.M. was the period of most intense workload in the CSSD. However, 3 staff worked the morning shift and 2 staff worked the evening shift (4:00 P.M.– 2:00 A.M.). We reassigned 1 person to work from 8:00 A.M. to 4:00 P.M. and 2 persons for an extra shift from 10:30 A.M. to 6:30 P.M. After the manpower readjustment, surgical equipment damage and loss decreased from 57 to 26 losses per year from 2018 to 2021. In addition, work productivity increased from 85% to 115%. Worker satisfaction improved >70%. **Conclusions:** Internal inconsistency concerning instrumental preparation and improper instrument arrangement can affect surgery time. By addressing

workload and shift distribution of labor, productivity notably improved, with higher satisfaction and a dramatic decrease in surgical equipment loss.

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BHQ instrument management at Bangkok Hospital

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Objectives: We evaluated the BHQ instrument management strategies at Bangkok Hospital as well as the general instrument and surgical instrument inventories to develop effective management of general and surgical instruments. **Methods:** A survey of instruments that had been used and were ready for use was conducted in all departments of Bangkok Hospital. Data were collected and analyzed using statistical methods to adapt the “refill and reduce” strategy. We determined usage rates from each department to determine inventory needs based on the principles that patients are safest with sufficient instruments available and that the central sterilization supply department (CSSD) can provide the best inventory management. **Results:** Our evaluation revealed that BHQ instrument management strategies can assist the hospital in reducing the cost of resterilizing instruments and thus can lower the workload and reduce tracking conflicts related to overdue instruments. **Conclusions:** This report confirmed earlier findings that Bangkok Hospital can have more instruments ready to use and can reduce costs without buying replacement instruments by using a strategy of “filling missing parts and cutting the excess.”

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Abstract management services for the sterilization of single-use medical supplies

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Objectives: Single-use medical supplies are usually expensive, resulting in excess costs for hospitals and patients. Reusing single-use medical devices by resterilization or reprocessing has thus been enacted. We compared the cost of resterilizing single-use medical supplies with the cost of new purchases to reduce the unnecessary resterilization of medical supplies. **Methods:** The central sterile supply department (CSSD) listed single-use medical supplies that were sent for resterilization. Policies and guidelines for reusing or resterilizing single-use medical supplies were established following the standards for disinfection and sterilization. The costs of the resterilizing process for single-use medical supplies were compared with the expenses of new purchases of those medical supplies. **Results:** In 2019, many medical supplies were resterilized, and the resterilization of single-use devices cost up to 2,352,270 Thai baht (US \$68,340). Since this project was implemented in fiscal year 2020 (October 1, 2019–September 30, 2020), the resterilization of medical supplies has decreased, and the cost of resterilization has decreased to 1,356,280 Thai baht (US \$40,557), leading to a saving of 995,990 Thai baht (US \$29,783, or 42% of the resterilization cost in 2019). The CSSD proposed a resterilization policy in which resterilization for reuse must be done for medical supplies and/or devices that cost $\geq 1,000$ Thai baht (US \$30). **Conclusions:** Although this project did not reach the target outcome of 100% reduction, the outcome was consistent with the aims of the project. The cost of resterilization of single-use medical supplies can be reduced, and a resterilization system can be developed that assures safety and effectiveness to both service providers and patients.

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