South Warwickshire NHS Foundation Trust

The invention of the flexible endoscope just over 35 years ago marked the creation of an associated set of medical requirements regarding the appropriate handling and cleaning of a flexible endoscope and endoscope accessories. Since that time, the whole concept of endoscopy has modernised and updated at an exponential level resulting in a constantly evolving series of requirements, guidelines and demands on an endoscope and endoscope reprocessing. Warwickshire NHS Foundation Trust is one Trust amongst many that face the daily struggle to not just maintain standards in an increasingly financially-challenged environment, but to constantly improve them despite the potential financial implications this might have.

Warwickshire NHS Foundation Trust pride themselves on not only the creation of a clear and relevant Mission Statement, but also ensure that their everyday practices and business decisions reflect the purity of that statement by remaining relevant and focused on its key deliverables and principles.

With the project to update and improve their facility, Warwick Hospital’s Endoscopy and Decontamination Department has bought into and delivered upon two of their Trust’s key values as listed in their mission statement:

“To be safe: to put safety above everything else
• keep patients, service users and staff safe
• take personal responsibility
• deliver high quality care
• listen to, value and support our staff

To be effective - we will do the right thing at the right time
• proactively seek to make improvements
• work in partnership
• deliver evidence based care
• engage and involve”

In 2014, after 20 years in a theatre environment, Sue Ward took the opportunity to embark upon a new branch in her career by taking over the management of the Endoscopy and Decontamination Department as Endoscopy Unit Manager while her colleague Lorraine Mahachi was on maternity leave. The unit now benefits from the leadership of both ladies who job share the running of the department.
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since Lorraine returned. It proved an exciting time to move into endoscopy as the existing decontamination process was reaching the end of its functional life span and required an overhaul to bring it up to a compliant level representative of the demands of a 21st century department.

Sue Ward relished the challenge. “Following on from notification that the Sterilox technology we used would no longer be available by May 2017, we began to consider alternative solutions for our endoscopy decontamination. I knew that our department was going to need some serious renovation and upgrading when I started, however, it was so important to ensure that we achieved the necessary upgrades in the most financially respectful way, considering the short and long term implications, while also respecting the need to continue running the department during any building works and conversion. Our project needed to be effective, and it needed to ensure the ongoing safety of staff and patients.”

The department had previously managed the growing demands on them by postponing a complete rebuild and move to pass-through machines by upgrading their existing SAFER Sterilox endoscope reprocessors, but this only bought limited time, and at 11 years old the SAFERs had been well utilised and were approaching the deadline for replacement.

Sue explains, “as clinicians we know what we want to do and how we should be doing it, but sometimes you just have to do your best with what you have. During this time, we had built an excellent working relationship with the company that provided the Sterilox reprocessors, Cantel: they were always on hand to help to get the most out of the machines by refurbing them where possible, and being onsite whenever required to maintain and repair them. But eventually multiple breakdowns made it clear that they were becoming over-used and outdated and that an upgrade to pass-through technology for our vastly growing department would be required.

We spent a long time evaluating what we needed our department to do, we thought about the necessity of future-proofing the department, and we spent a long time trying to work out the best location in the hospital for it to go. The old location was a room barely big enough to have more than one member of staff working at any one time, and although the team had done an amazing job by implementing a workflow and process that earned them JAG accreditation despite not having pass through AERs, it was clear that we could not continue to work in that location and in those conditions.”

The Trust is keen to accelerate its involvement in the world class NHS Bowel Cancer Screening Programme, which will push up the number of procedures, and therefore scopes being reprocessed, significantly. Currently the hospital performs around 9000 procedures per annum with a 1000 procedures per annum growth rate projected over the next few years. Furthermore, the department is responsible for decontaminating scopes from multiple departments within their hospital, and from Stratford Hospital, including ENT, ITU, Maternity, A&E and more. This equates to a demand from

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“Sue Ward and the decontamination team
our new department would need more washers, they would need to be faster, and our work space needed to increase in size to accommodate this increase in demand. Plus, future-proofing the department was necessary for the best financially viable outcome.

We considered the possibility of amalgamating our endoscopy decontamination with CSSD as they have done in other hospitals across the UK, however the building costs involved in this would have been too significant, and space was at a premium in that area of the hospital. The perfect solution came thanks to our Trust’s drive to move from paper records to electronic. There was prime space in the hospital dedicated to the housing of paper records and it was this site that became the recommended area for our new department, right next to the existing endoscopy area, but with a much larger footprint. This decision lent itself perfectly to the needs of the endoscopy and decontamination departments while also fitting in with the wider aims and objectives of the Trust.

When it came to choosing AERs to go in the newly built department, Sue really did her homework. “Apart from the building works, the AERs are the single most important and expensive part of a decontamination installation. I can’t stress enough the importance of speaking to peers from other hospitals, and of going to see other departments’ workflows and machines. I also did a lot of research online on the types of products and services available to us. We were able to go and see installations at Queen’s Hospital at Burton and Ipswich Hospital amongst other locations, and by taking a trip to manufacturing sites like Cantel’s in Clevedon, we could really learn a lot and picture if those AERs would fit our needs.” Once again, Sue ensured that the project to improve and upgrade the Endoscopy Decontamination Department at Warwick Hospital was following the Trust’s guiding principles to provide evidence based care, to engage and involve relevant stakeholders and to work in partnership both with other hospitals and with suppliers to the NHS.

Sue and her colleagues drew up a very strict set of criteria to create a tender specification for the choosing of their AERs. “Following on from the service we received for our Sterilox AERs, we knew that having exceptional service and maintenance would be of great importance to us: this would include immediate access to spare parts and a high importance placed on first time fix rates, as well as a measurement of the amount of downtime machines would require for ongoing service and maintenance. We also appreciate the importance of ongoing education and training and included this as a key point in our tender specification.

Beyond this we required: that our AERs were extremely efficient in order to cope with our increasing demand; continuous leak testing of scopes to protect scopes from inadvertent damage; a very fast cycle time to cope with the number of scopes we need to process in a day; and the ability to load scopes outside of the machine so that it was an ergonomically friendly solution for all staff members.

We eventually decided to purchase Cantel’s AERs, the RapidAERs, because once all potential suppliers were graded against our scoring criteria, they were the only solution to our problem. Since the installation of the RapidAERs we have reduced our reprocessing cycle time from 35 minutes to only 17, and we have future-proofed our department by creating provision for the addition of up to 2 more machines in the future once our capacity has increased and capital budget opens up again.

With the installation of a shiny new set of machines into a shiny new department, the biggest fear for my staff was them needing to learn how to use advanced computer technology that far surpassed what they were used to interfacing with in the department previously. However, the RapidAER really are so easy to use that all of their fears disappeared as soon as they had their training. We were even able to immediately shut down and remove our old AERs as soon as the new ones were installed because they were so reliable and easy to use.

Cantel have been more to us than just providers of our AERs. I know I can pick up the phone and ring Ben, our Account Manager, or Liz our Clinical Trainer, or one of the engineers and they will always be on hand to help. Everyone has always been so supportive of us and what we are trying to achieve here at the hospital. To me, Cantel are colleagues and like part of the furniture, not just suppliers.”

The Cantel drying cabinets dry scopes within 3 hours
At Warwick Hospital, we worked as a true cross-functional team with the hospital staff and building contractors, always explaining what was required from the install from our perspective. We had regular update meetings and site visits along the way so we could see the progress of the whole building as it developed. This meant that little problems could be dealt with as they arose, little problems that if you didn’t regularly go and see and check on during the build could end up being a showstopper. Ben Carter, the Account Manager, and I were up there at least 12 times across the course of a few months while they were doing all the building work; however, the builders always knew that they could phone us up with any questions, and they even sent us little photographs so we could check visually on the occasions that we couldn’t make it to site. There’s always a challenge during an install because ultimately we are dealing with teams of people that don’t know our equipment, they don’t know what it does and do not necessarily understand the challenge of what it is we are trying to achieve in the end. Therefore, team work like we saw at Warwick makes such a significant difference to the overall success of the project.

The overall quality and finish of the install is the best we have ever done. All installs throw up challenges and we learn as we go along, and apply those learnings elsewhere. I’m so proud of this install and the way it looks and feels. We also built brilliant relationships in Warwick, it was a pleasure working with Sue Ward and I think we have a strong foundation for a long term relationship going forward.

The small footprint of the RapidAER is the winning feature in my eyes. Also it has a very quick cycle time and it looks really good, it’s not a boring obtrusive stainless steel box. The size of the machine takes up a very small area, its only 600mm wide by 800mm deep, so it can go in a very small area. In Warwick we were lucky enough to be building a purpose-built area where space was less of an issue, however in some installs we don’t have that luxury and the RapidAER can fit in even the smallest of rooms.

I know our customers at Warwick really like Chris James and Mike Jenkins, their regular service engineers: they have a lot of faith in them, they are always on time, they always deliver, their knowledge is good, they are very technically competent and they can be trusted. The department also have a lot of time and respect for the customer services team in the office, and it’s not just in Warwick that I hear this: wherever our engineers go they create a good impression and they are well liked and trusted, they build a good rapport with their customers. As a manager, I am no different to the rest of my team, I’m always at the installs, I get hands on, and I get stuck in, we are a team and we work as a team, and our customers respect that!
ACCOUNT MANAGEMENT REVIEW

Installing RapidAER into Warwick Hospital was a perfectly timed project: the unit needed to swap out their old Sterilox AERs which were at the end of their life cycle, and they wanted a JAG compliant unit. Warwick Hospital chose the RapidAER because the product itself is favourable, however they have had tremendous experience with the service we provide at Cantel and I believe they wanted to keep that going.

I believe in the initial stages of the project that it was strong communication with Sue Ward, Unit Manager, that made the project a success: we stayed close to her at every critical time frame leading up to the order. From then on Richard Coghlan, Lead Engineer, and I worked very closely with the project crew to deliver a successful install and make it seamless. We attended all project meetings, even if they weren’t directly relevant to us, so that we could stay ahead of any potential problems and were able to maximise if we were ahead in any way.

I am proud of the fact that Warwick have invested in Cantel’s full circle of capital equipment: they use the RapidAER Endoscope Reprocessor, EDC Endoscope Drying Cabinet, Chemstore Chemical Storage Cabinet, RO water solution, Cleanascope Short Term Storage and Transport solution and P2P Endoscope Track and Trace software. There’s no capital solution we don’t supply to Warwick with the exception of Surestore Long Term Storage and Transport solution, which could be something they look at in the future for off-site units. This creates a single point of contact and continuity throughout the endoscope decontamination process, as well as the minimising of orders and wastage. Cantel are a working partner to the hospital as opposed to just being a supplier of equipment.

The RapidAER’s reliability really is a feature to be proud of. Cantel have overcome one of the biggest fears in the market which is AER reliability and married that with maximum productivity. This has given Warwick Hospital business continuity and peace of mind that they can run a reliable service and ultimately deliver an excellent service for their patients.

I think Sue and her team would say that Cantel is extremely easy to work with and very helpful. We work as colleagues and equals. Our customers feel we have supported them the whole way through the process and have been transparent and worked together as partners.

ENGINEER REVIEW

Richard Coghlan, Lead Engineer, and Ben Carter, Account Manager, did a really good job sorting out and arranging everything on site and getting the utilities and everything correct. We didn’t have any issues with things not being done in preparation for the RapidAER going in. What also helped was the contractor, Matt, was the most helpful contractor I have ever come across, he was so good that it really helped with the overall smoothness of the install. When we went to install the RapidAER they provided assistance in getting the machines into the actual facility, and they had the room all finished and ready for us to go and get everything installed and into place. Everyone pulled together and there was no “we can’t do this or that”, it was a real case of teamwork.

I’m really proud of the RapidAER machines themselves. They were easy to fit, and good project management meant we were not rushing to get them into place and running, the way they look afterwards is really professional, it makes me proud that they’re our machines. Warwick are an extremely high use unit and the RapidAER have just worked straight away. There’s been no need to keep the old decon room running, the customer had so much confidence in the machines that they were confident enough to take the old machines straight out.

We have always had a good personal contact with senior staff members, they’ve always felt like they can call us with any problems and they know they have that support from us if needed. I’ve been impressed, and the customers have been impressed, with us, our service and the product. I certainly feel like we have done a good job and I think we would have met all of their expectations. I would feel very confident that if future customers called the Warwick department they would hear a very good appraisal of the RapidAER machines and company.
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TRAINING REVIEW

The RapidAER installation at Warwick Hospital was such a success because of having a good relationship with Sue Ward, the Unit Manager. Sue was really switched on and knew exactly what we were looking for and what we needed to do. I could talk to her about the preparation for what was needed, how we would manage the training, the characterisation of scopes and creating a training plan. Sue really understood the importance of training which is key to a successful go-live.

After the RapidAER machines were installed and we were waiting for water testing to be done before official go-live, I used the time as best as possible to ensure we were prepared well for an effective launch. I started out by sending a pre training questionnaire, and creating a plan and agenda for who was going to be trained and when. I kept in contact with Sue and her staff, and organised everything required for the training including any special needs assistance.

A RapidAER training session will take around 1.5 hr, with no more than 5 people at a time and I completed as many of these as required to cover all staff. Subsequently I was there for go-live, for at least 3 days. Since the RapidAER department started running, I am back and forwards to the customer to make sure all is running correctly. If I’m there and know about a problem occurring, I will try to deflect an engineer callout if the problem can be attributed to user error by running ad hoc training showing the users how to solve the problem themselves. I am really proud of how smoothly the whole project has gone and how well the staff have taken the knowledge on board. The staff are not afraid to communicate with me directly, as well as through Sue, so that all problems are dealt with quickly.

I am also really proud of how user friendly and easy the RapidAER is, and that’s what the customers love about it. In accounts like Warwick, there are simply less cycle fails due to user error because the training has been delivered effectively and easily.

Making the Unit Manager understand the importance of the training, what it involves, and the reason for characterisation, is my biggest piece of advice for any future installs. Only with this understanding can the installation and go-live processes be as smooth, unhindered and effective as possible. I think that our Warwick customers would consider our team very approachable, responsive and helpful, and always able to answer their queries and problems.

CUSTOMER REVIEW

The Cantel training team is professional, motivating and very patient with the staff.

Our engineering team, Mike Jenkins and Chris James, were great at supporting us through go-live and at teaching us, too. I couldn’t have had an easier transition moving from our old facility and AERs to our new ones. I feel extremely positive about my experience working with Cantel.

Cantel is more to us than just the provider of our AERs. I can pick up the phone and ring Ben, our account manager, Liz, our clinical trainer, or one of the engineers and they will always be on hand to help. To me, Cantel is our colleague, not just our supplier.