

## “Dare to change”

Slide 1

S 2

At the congress in Prague 2014 my mandate as president of WFHSS ended. Therefore you can consider this lecture as my retrospect and as my more or less philosophical view on the future of the world of sterilization.

For me, after all every individual is the center of his own universe, I can safely say that these 15 years as president have been, on a human level anyway, a real enrichment. The Presidency has given me the opportunity to explore the borders of my personality, to scan my own limits and to get the utmost, hopefully also the best out of myself. From this experience I can recommend anyone to think about what the motto of the lineage Gruuthuuse, a medieval noble family from Bruges, also for him or her can mean.

S 3

After 500 years their motto: "Plus est en vous", "There is more in you" still is actual. It invites us to leave our comfort zone. It invites us not to evade the challenges that we encounter in our life but rather to address and to give a positive answer to them. In this way we can grow as a person. In this way we can give more sense and depth to our existence. Only in this way we can penetrate to the core of our "being". Therefore we will have to demolish psychological and other barriers, which we usually have gradually built ourselves. From time to time, however, we will come to the conclusion and we will have to accept that we therein do not succeed. No worries!

S 4

Confucius already knew, 2500 years ago, that "Our greatest victory is not that we never fail, but that we, whenever we stumble, rise again". Indeed what is worse than to admit that we are limited? The answer to this question is: that we not even tried to push our boundaries. This leaves us behind, frustrated and dissatisfied with ourselves.

S 5

The World Forum has given me the opportunity to undertake this "real" journey. I can only recommend you to leave on the same internal expedition. I can assure you that it will be an exciting adventure. In fact, this is the most important thing I wanted to say to you today: Go into the challenges, both professionally and private, that you come across in your life. The rest will follow from itself, automatically.

S 6

Along the road the encounter with people has given, to my low profile, backpacking trip, a particular added value. They are, piece by piece, special but most of all simple people. They are fellow workers of sterilization departments and of hospitals, heads of associations and representatives of industry. They all have their passion, their enthusiasm to advance sterilization, scientifically and/or organizationally, in common. Their authenticity, their drive has something touching for me. They have been a reason to go on, not to give up because they count on you and you cannot and do not want to let them down. Thanks to them you're not alone in the ongoing struggle for a better sterilization. But even more important is that it is mainly thanks to such people that sterilization could change.

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I would like to take this opportunity to engage all of you herein. After all, you are also part of my story. I do not only want to thank you for your support but also and even more so for your commitment, through your work, to a better life for our patients and therefore your commitment to a better world. Your efforts, your example of cooperation may be a positive signal that gives hope to people.

S 8

In light of the current tragedies that get more and more grip on the world, I refer hereby to the dramatic consequences of climate change and the negligent responses and actions with retard effect of authorities, industry and also people;

S 9

I refer hereby to the increasing number of armed conflicts with unprecedented, massive refugee flows as result and the inability to solve those conflicts in a nonviolent way, the belief that people can secure a positive future is a matter of survival for them.

S 10

Your dedication is more than a drop on a hot plate because it can have the same effect as the flapping of the wings of a butterfly and can bring change.

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It is only given to exceptional people to change the world. As a group it is much easier. We stand stronger then to make progress universal and durable. For me that is the simple explanation for the origin of the various national sterilization associations.

S 12

Without the binding framework of an association the sterilization departments worked and work as in a kind of vacuole. Each in itself, each for itself. This naturally leads, as the quality becomes dependent on the individual, to large variations in the output of the departments. This situation was and is today, in various countries it still exists, unacceptable, not in the least for the patients, not in the least for the sterilization departments, not in the least for the hospitals, not in the least for the ministries of health. The establishment of national sterilization associations has reversed it.

S 13

Indeed the big jump forwards in lots of departments only happened when they started collaborating within the framework of a national society. In other words: “Unity is strength”.

S 14

The primary role of an association is by giving information and by converting information into knowledge introducing change on the level of the sterilization departments. This cannot be better summarized than with the words of Jan Hoborn who once said that: “Knowledge is the best medical device”.

S 15

An association can also function as a partner with whom the authorities can discuss relevant matters. Consequently the drawing up of guidelines and codes of conduct becomes possible and even more importantly: the application of these can be made compulsory. This is of course a catalyst for change and progress of the CSSD. An association thus is the linchpin in a nationwide good sterilization practice.

S 16

But the sterilization departments are and stay responsible for the most critical step in the process namely the conversion of theory into practice. Indeed if we do not succeed in bringing about change on the shop floor, the existence both of a national society and of the WFHSS is useless. Also Bruce Lee underlined the importance of this step by saying that: "Knowing is not enough, we must apply. Willing is not enough, we must do".

S 17

My advice to sterilization departments all over the world therefore is the following: work together with the national sterilization association on a constant improvement, upgrading of the practice. When the information and guidelines that are given are the same for the entire country, this will in the end lead to a univocal practice. For me this is an absolute necessity for an efficient organization and a more standardized and safe, secure operation of all departments.

But it is also time to take a step further. It is time to "think off" sterilization as Jack van Asten once said; in other words to finish off sterilization completely and consistently. For where sterilization associations and authorities have played and play an important role in defining and implementing the outline of "sterilization" such as the centralization of all sterilization activities within the hospital, the use of automatic machines, the free, liberal interpretation of the details of "decontamination" as the way work has to be done, the choice of products, the use of all kinds of tests and indicators etc. remains a sore point.

S 18

That there is the urgent need to define the "state of art", a more evidence based practice, in sterilization is also evidenced by a statement of Peter Hooper, an "authorized person" in the UK. He told

me once that he was surprised that "although he already visited a great deal of sterilization departments, he had never seen a department that is identical to another. They are all different".

S 19

Despite the fact that we draw on the same sources, namely directives, norms, guidelines, recommendations and more or less standardized trainings, it seems that the texts are divergently interpreted and thus differently put into practice. Sometimes sterilization seems to be "A most individual expression of a most individual emotion". Of course local factors such as access roads, available space and resources play an important role. Nevertheless the question remains if we should not be searching for a consensus about what an ideal department and what an ideal way of working can be and evolve in that direction?

S 20, 21, 22, 23, 24

S 25

The centralization of the sterilization activities of the hospital in one department and standardization on the level of that department has led to improved quality and has reduced the costs. If we can do the same at a higher echelon and achieve standardization between departments, this can lead to a uniform and better national and even international practice. It remains an important task for the associations and for the MOH's to ensure that the quest for the ideal sterilization department is not limited to a few leading hospitals with an exemplary function. Also elsewhere the patient has the basic right to be treated with a medical device of a high quality, the hospital the same duty.

S 26, 27, 28

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In the years 70-80 of previous century most national societies came into being. These societies explored their own backyard without really having structural contacts with one another. For small associations, like the Belgian, where little expertise was available, no research was performed; this was not an ideal situation. We had to mainly rely on information from industry and that's not always an objective source.

So we became aware of the importance of international cooperation to share knowledge and experience, to objectify information, to identify relative or post-truth facts. We realized the need for international contacts in order to improve national practice.

That laid to the creation of the European Forum for Hospital Sterile Supply (EFHSS) in 1999.

The forum grouped only national European societies.

S 30

But at the beginning of the 21<sup>st</sup> century, globalization had become an irrepressible force in sterilization as well. More and more associations from outside Europe asked if they could join.

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The EFHSS board recognized this trend and it adopted the reach and name of the forum, at the occasion of the board meeting in Norway, accordingly to: World Forum for Hospital Sterile Supply.

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Between brackets: recently WFHSS is renamed to "World Federation for Hospital Sterilisation Sciences" with the status of a non-profit organization and 56 members at the present.

Already today, we live in different times. Some even say that we have reached a turning point in history. Globalization is increasingly questioned because the negative aspects come to light: a growing gap between rich and poor, alienation from and in society. Because the outdated recipes of the political elites do not work anymore people are searching for refuge in extremes in the hope to find some security there. As a result countries are increasingly falling back on their selves. One not only talks about protectionism but even about the building of walls. It, of course, is the fundamental duty of nation states to provide their citizens protection and to preserve culture, what makes the identity of a people. However, this obligation should not be an excuse for a standstill in other domains.

Advances in science and technology should be encouraged and embraced because they provide more welfare and prosperity. Moreover, intellectual progress does not confine itself within walls. The latter is especially the case in medicine where innovation has brought a significant improvement in the quality of life of patients all over the world. Therefore it is our moral duty to continue to work together internationally.

S 33

The necessity for this cannot be better expressed than with the words of Dr. Victor, a Belgian orthopedic surgeon who recently said that: "Only by gaining insight and by comparing us with foreign countries we can improve quality of interventions". His words can easily be extrapolated to the entire healthcare sector, including the sterilization department.

Whether we like it or not, globalization is a fact. To turn back the time is not possible anymore. Looking back neither helps us. It makes us only doubt. We must look ahead and prepare the future today.

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An anecdote which I have recently read in a newspaper confirms this. It goes as follows: An engineer visited, in a developing country, the digging of a canal.

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He saw, to his astonishment, instead of excavators hundreds of people working with shovels and wheelbarrows. On the question of why they were doing so, he was told that it was the intention to give work to as many people as possible. The engineer replied then why they didn't work with spoons and buckets? This would surely create even more jobs. The conclusion of the article was that we have no other choice than to go with the times, to make an optimal use of the today's opportunities and to develop them further. In this way we avoid awakening in an environment where we are no longer competitive in, let alone compatible with.

S 37

Also sterilization has to be open to change. But when visiting sterilization departments, I sometimes get the impression that we still also often work with shovel and wheelbarrow, sometimes even with spoons and buckets.

A few examples:

S 38, 39

Using linen as packaging material;

Processes and equipment that are not validated, cannot be seen as real innovative activities.

Also in sterilization change too often is been postponed for fear that we will be held responsible for what might go wrong. This heralds a culture of conservatism, petty economy and fear of its own shadow. Leave everything as it was before then it is good. Sterilization then trudges cautiously along in a tunnel without vision towards nowhere. We have to get off the blinders that prevent us from seeing the way to a better way of working. A status quo is no longer an option. Sterilization also has to focus on change management.

S 40

Progress must be made on the basis of evidence, knowledge and experience or on a fundamental attitude like Immanuel Kant, an 18th century German philosopher, described of: "Sapere aude" or "Dare to know". I would like to add another dimension here: "Dare to change". We also must have the courage to consequently implement our knowledge and expertise. Sterilization has need of this, because sterilization has problems with letting go of traditions and habitual routines, with making the final step to a contemporary department. Two more examples and questions at the same time: During my visits to departments I often record that not all of the instruments are treated in the central department.

S 41

The belief and confidence in one's own knowledge and skills must surely by now be big enough to adequately treat, for example, also the delicate ophthalmological instruments in the CSSD.

S 42

And is it really necessary to build in a control of the control of the control?

S 43

Once again, we must be prepared to take up our responsibilities. Choosing for security should suffice. To maximize security is not what is required.

It becomes time to rediscover the essence in sterilization.

I agree that innovation and change are at present buzz words with which all, especially economic problems of our contemporary society should or have to be solved. This because growth can be created. Growth provides more income for governments who have become dependent on it.

S 44

For company's innovation is the quest for new and better products, more turnover and efficiency, fewer costs. But it is also a necessary element in the fierce struggle for the survival of the company.

For a hospital this is less the case as its finances are most of the time guaranteed by the government. This should not prevent it from carefully using these public financial resources which are getting scarcer and scarcer.

S 45

In this, albeit special biotope, innovation is necessary in order to continue to realize the primary, social mission of the hospital what is to provide up to date care to each patient within a changing reference framework.

S 46

The hospital of the future will rather be a hub in a network with general practitioners and external specialists. The service a hospital provides will no longer stop at the exit. Pilot projects today already consist of a quick discharge followed by a continuous follow up of the

patient at his home via mobile devices and cloud solutions. This provides better results because patients run less risk of catching a hospital acquired infection and can recover in their trusted environment.

S 47

Recently, the Belgian Minister of Health launched a pilot project with healthapps. She wants to make Belgium a Digital Health Valley!

For sterilization innovation is necessary in order to keep on developing in that changing environment. In the meantime change should already have become a natural habitat for our department.

S 48

Because during the last decades “sterilization” has undergone a permanent, Darwinian evolution.

It moved away from an appendage to the operating theatre into an independent central sterile supply department.

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It moved away from an open area to a department that is strictly divided into different zones.

S 50

It moved away from mainly manual working towards automated instrument and device reprocessing.

It moved away from unrestricted and uncontrolled reusing of medical devices meant for single use to a total ban on reuse.

It moved away from the use of chemical and biological indicators towards physical validation of the processes.

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It moved away from a quality check at the end of the sterilization process towards monitoring of each step of decontamination.

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It moved away from untrained staff to highly qualified members of staff. In other words, the CSSD developed from a department concentrating on the sterilization process itself to a department with a holistic approach of "decontamination".

S 53

Within the general framework of the Medical Device Directive 93/42/EEC European and ISO norms have consolidated the first wave of change. This amongst others by imposing minimal norms on sterilizers for medical purposes and on sterilization of medical devices. Later on quality thinking with quality systems was grafted onto.

S 54

This in an attempt to get control over the variability in the output of the CSSD, which was often considered too high and in order to safeguard quality on a permanent basis. Quality systems were introduced in the industry after the conclusion that it eventually was not only cheaper but also way more efficient not to check the quality of the finished product at the end of the process, but to come to a better result through command and control of the constituent processes. This concept is perfectly suited for and applicable in "sterilization". As certainly for "sterilization" the quality of the end product is no longer visible at the end of the process.

S 55

The lack of quality can only be demonstrated when it is in actual fact already too late namely when the packaging is opened for example in the operating theatre or manifests itself after the use of the medical devices in form of an infection.

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The parallels which can be drawn between “sterilization” and a company provide an indirect proof that “decontamination” too is in essence an industrial process. The outcome of which can be perfectly predicted if the essential requirements of process control are met. Or as Axel Kramer formulated it: “Validated reprocessing is a fully controllable risk”. To create the conditions to make this possible is the primordial task of the CSSD. Reprocessing then becomes measurable and hence an objective, rational process.

S 58

Industrialization should not be restricted to “sterilization” but should also apply to other aspects of care in general. That this is necessary can be illustrated by quoting Dr. Marcus Froehling who said that: “The industrialization of care is the only way to increase the human touch of care”. Industrialization, besides attention to change, also includes professionalism. The professionalism of the members of staff of the hospital has to create the necessary space for a human, empathic approach of each patient. As a result to the patient can be shown, in a structured way, the attention and warmth which he is in need of in the traumatic circumstance which is in fact any hospital admission. In this process the CSSD can play an important facilitating role with regards to the organization by providing “in time” a correct medical device to the provider of care and to the patient. The

flexibility of the CSSD team will play an important role in bringing this about.

S 59

Sterilization has had a long struggle for the recognition of its own identity. To, what certainly may seem surprising to outsiders, deliver a better quality it was necessary for sterilization to cut the umbilical cord with the operating theatre and become an independent department. The flip side of this coin was that sterilization was as if it was sucked into a black hole from which nothing could escape and that did not allow any influence from outside. It ended up in a strict isolation. But "Every disadvantage has its advantage" Johan Cruijff once said. The advantage was that sterilization so was enabled to develop his skills and build the necessary self-confidence and self-esteem. Today, this is an achievement and merit of many departments on which they can rightly be proud.

S 60

Therefore the time is ripe now to look over the walls of the CSSD and to strive for better integration into the hospital. This can be achieved when the department puts its expertise at the disposal of the hospital such as in logistics and in the area of cleaning and disinfecting of flexible endoscopes.

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I already pointed out that the CSSD provides in fact a facilitating service in the hospital. This doesn't mean that its contribution can be minimized; this does not mean that our department is not important. On the contrary: the CSSD is an important partner in the total care around the patient. But we should not forget that we decide ourselves whether we are taken seriously because we can only be as

important as the service we provide and as the commitment we show. Therefore our product should always be of the highest possible quality. We can and have to be big in something small; we should be committed for 100% to this task. The higher our conviction to do this, the more important the CSSD will be not in but for the hospital.

S 62

This requires permanent alertness and a lot of empathy for the patient. The latter is not always easy as we never get the stimulating emotional feedback which results from direct patient contact. Our motivation, the dedication of the members of staff in our departments has to arise from the realization of the importance of our service within the framework of the total care provided in the hospital and the recognition of it by management. To the extent that the members of staff of sterilization departments feel valued, they will also perform better and their identification with a high quality end product will be higher. Their sense of self-esteem and self-respect reflects on the end product and the department and vice versa. The extent to which the CSSD is given the recognition it deserves is directly related to the quality of that end product.

S 63

The challenge for sterilization departments is thus to create a working environment in which our members of staff love to do their jobs, where they have the opportunity of developing themselves and where they can realize the objectives of the sterilization department. This should be our contribution to the wellbeing of the patients, our brick in the wall of a better world.

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It is clear that in the future sterilization will have to put its money on uncompromising quality, high flexibility, and excellent service, on attention to its members of staff but especially on care for the patient. This requires an open mind and courage, the courage to change!

Thank you!

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Wim Renders

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