

# THE CENTRAL STERILE SUPPLY DEPARTMENT AND ITS ESSENTIAL AND LARGE ROLE IN QUALITY OF CARE

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Every health service has, among other characteristics, the mission to ensure proper and safe health care. Moreover, avoiding health care associated infections is an important part of this mission. The Central Sterile Supply Department (CSSD), which exclusively focuses at avoiding the transmission of infections within health services, does it through the sterilization process.

When centralization of the sterilization process was recommended during the 1950–1960s, it aimed at ensuring the quality of processes that were performed there and to make them cheaper. During that period, the CSSD aimed at ensuring the quality of surgical procedures and the prevention of surgical-site infections. After the development of medical technology and increase in the complexity of care provided in health services, the use of clean and uninfected or sterilized equipment became a need. The use of invasive equipment has multiplied and it is already being used in different areas of the hospital. Moreover, the CSSD is responsible for supporting the prevention of infections like pneumonia or urinary tract infections.

By increasing its range, the importance of the CSSD in ensuring quality of the care provided to the patient/client, beyond the central axis of sterilization and operating room, has also increased. The impact of the services provided by the CSSD is visible, and it has ensured safe surgeries and care to many people. The lack of these good practices has been associated with outbreaks of infections and diseases to patients. Their implementation, based on evidence, is enough to avoid the occurrence of these situations, therefore ensuring quality and safety of the provided care.

The use of sterilized material for preventing infections in the surgical site is the first recommendation and possibly the one with the highest impact for preventing them. Cleansing and sterilization of surgical material are unquestioned and essential good practices. They are so essential that by ethical

standards, paradoxically, their impact can only be measured through the lack or break of such procedures, when outbreaks and infections of the surgical site occur, but cannot be measured otherwise by the mere presence of these actions when the outcome is favorable for the patient.

Using sterilized or disinfectant equipment or instrument is recommended in every manual and publication of international and national institutions for preventing infections that are transmitted in health services. A good example is the disinfection of respiratory and tracheal pieces, tubes, and equipment for ventilatory aid – which are essential for the prevention of pneumonia. Another example is the use of clean and uninfected bowls, which will avoid the colonization of the collecting bag, and reduce the chances of a urinary tract infection.

The technical break in the sterilization or disinfection process was described as the cause of many infection outbreaks from the surgical site or of infections that happened after endoscopic procedures. These infections could have been avoided, but since they were not, they resulted in heavy damages for patients as well as the health system.

Achieving the purpose of providing health services with safety and quality depends on the application of safe processes and procedures based on scientific evidence. The use of these two factors requires a critical and careful reading of the current scientific articles, chosen by excellence, by the professionals. The *Associação Brasileira de Enfermeiros de Centro Cirúrgico, Recuperação Anestésica e Centro de Material e Esterilização* (SOBECC) helps professionals to go through this path of knowledge, thus improving the quality and safety of the work performed in the CSSD by means of information and articles.

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