

April 2010

## Breaking News You Can Use

### **AAMI releases updated EO guidance document for industry**

The Association for the Advancement of Medical Instrumentation (AAMI) has released an updated technical information report (TIR) that offers guidance on developing sterilization cycles for ethylene oxide (EO) used in industry.

“The TIR gives guidance related to the physical aspects of EO rather than the microbiological ones,” noted Gerry O’Dell, president of Gerry O’Dell Consulting and co-chair of AAMI’s Industrial Ethylene Oxide Sterilization Working Group, in a April 6, 2010 AAMI press release. The Industrial Ethylene Oxide Sterilization Working Group developed the document.

The report, TIR15: 2009: Physical Aspects of Ethylene Oxide Sterilization, has also been revised to complement the newly updated standard ANSI/AAMI/ISO 11135-1:2007.

Among the document’s new resources is a flammability curve, which helps ensure a safe sterilization cycle. Also included is guidance on how to develop a sterilization cycle, including the best type of condition method. Two different methods exist for conditioning: static and dynamic. In the static method, steam is injected into the sterilization chamber and the product sits for a period of time, according to O’Dell. With dynamic conditioning, a semi-continuous flow of steam through the product is allowed. With this method, preconditioning, which can take 12 to 24 hours for some products, can be eliminated, he added.

To order TIR15, call (877) 249-8226 or log on to <http://marketplace.aami.org> (type ‘TIR15’ in the search bar).

### **Vendor offers free instrument reprocessing poster**

Surgical quality, safety and infection prevention begins in the Central Sterile Supply Department and is dependent upon ongoing education and consistent adherence to instrument processing standards and manufacturer recommendations. To help CSSDs meet those critical goals, Millennium Surgical Corp., in partnership with nurse consultant Rose Seavey, RN, BS, MBA, CNOR, CRCST, CSPDT, president and CEO of Seavey Healthcare Consulting Inc. and 2008-2010 AORN board member, developed a surgical instrument reprocessing wall poster that highlights the critical steps of instrument sterilization.

The 18”x24” laminated poster is being distributed free of charge to facilities who fill out a brief online request form. To learn more – and to request the free poster – log on to Millennium Surgical’s website at [www.millenniumsurgical.com](http://www.millenniumsurgical.com) (click on the blue ‘Resources’ tab in the top toolbar and then on ‘Instrument Reprocessing Guidelines Poster’ in the drop-down menu). Note: Due to the high volume of requests, poster distribution has been limited to one per facility.

## **Soft drinks may increase risk of pancreatic cancer**

Central Sterile Supply Department professionals, if you've been looking for a reason to kick the can (soda can, that is), this just might do it: consuming two or more soft drinks per week increases the risk of developing pancreatic cancer by nearly twofold compared to individuals who do not consume soft drinks, according to a report in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

Mark Pereira, Ph.D., senior author on the study and associate professor in the School of Public Health at the University of Minnesota, said people who consume soft drinks on a regular basis, defined as primarily carbonated sugar-sweetened beverages, tend to have a poor behavioral profile overall. However, the effect of these drinks on pancreatic cancer may be unique. "The high levels of sugar in soft drinks may be increasing the level of insulin in the body, which we think contributes to pancreatic cancer cell growth," said Pereira.

For the current study, Pereira and colleagues followed 60,524 men and women in the Singapore Chinese Health Study for 14 years. During that time, there were 140 pancreatic cancer cases. Those who consumed two or more soft drinks per week (averaging five per week) had an 87 percent increased risk compared with individuals who did not. No association was seen between fruit juice consumption and pancreatic cancer.

Although relatively rare, pancreatic cancer remains one of the most deadly forms of the disease, and only 5% of people who are diagnosed are alive five years later.

## **Cost, quality rank high on IDN Summit's survey of supply chain professionals**

IDN Summit's first independent survey of healthcare supply chain professionals uncovered some eye-opening discoveries, with many of them revolving around quality and cost-saving initiatives.

Among the key findings:

- Controlling costs was the most important factor in respondents' daily work lives;
- Nearly three quarters of respondents were concerned about the potential effects of healthcare reform;
- Linking systems and financial systems, constrained capital spending and automating the supply chain also ranked high on their list of important items in the daily concerns;
- Physician buy-in was the area of greatest strategic importance to this group;
- 73% of respondents are utilizing value analysis teams to impact physician preference concerns;
- 55% of respondents are utilizing a payment-cap model to impact physician preference concerns;
- 94% of respondents contracted with one or more GPOs; however about three quarters of respondents are doing some direct contracting with suppliers;
- 54% of respondents had already implemented Total Quality Improvement, Lean or Six Sigma in the supply chain/materials management area, and 23% plan to do so;
- 89% of respondents view improved efficiencies as extremely important to their operations.

This survey of healthcare executives represents various aspects of supply chain management at integrated delivery networks and health systems across the United States. Three quarters of respondents identified themselves as chiefly responsible for their organizations' supply chain function. Some 48% of respondents represent systems with more than 1,000 beds and nearly three quarters represent organizations with more than 500 beds, placing the respondent organizations among the largest in the nation, with hundreds of millions of dollars in annual supply spending. Nearly nine out of 10 respondents had spent at least 11 years in healthcare,

and 59% had at least 25 years' experience. Most respondents were either at the vice president or director level and are the people primarily responsible for the supply chain. To read the complete survey, visit [www.idnsummit.com](http://www.idnsummit.com).

### **Do specialty orthopedic hospitals have better outcomes?**

The more specialized a hospital is in orthopedic surgical care, the better the outcomes appear to be for patients undergoing hip and knee replacement surgery, University of Iowa researchers report in a new study of Medicare patients. Among more specialized hospitals, there were fewer serious post-surgical complications such as blood clots, infections and heart problems, as well as fewer deaths. The findings, which were published by the British Medical Journal, were based on data for nearly 1.3 million patients who received hip or knee replacement surgeries between 2001 and 2005 at 3,818 hospitals in the United States.

For the study, hospitals were grouped into five levels of specialization. At the average hospital, orthopedic surgeries, which include back surgery and fracture repair in addition to joint replacements, represented 10.5% of admissions. The most specialized group in the current study included hospitals that had 14.5% or more admissions for orthopedic care. These hospitals had fewer complications or deaths within the first 90 days after a surgery than less specialized hospitals did. The rate of death for patients who had hip and knee replacements, for example, was twice as high at the least specialized hospitals compared to patients treated at the most specialized hospital -- 1.4% compared to .7% within the first 90 days after surgery. In addition, the rate of post-surgery infection for patients who got hip and knee replacements decreased from 2.6% at the least specialized hospitals to 1.6% at the most specialized hospitals.

### **Now hear this: Analgesics contribute to hearing loss**

It appears that hearing loss isn't just attributed to genes, loud noise or ear infections. New research suggests that regular use of aspirin, acetaminophen and other analgesics can substantially increase the risk of hearing loss, especially in men younger than 50. Researchers reported in the American Journal of Medicine that use of acetaminophen more than twice a week by such men doubles the risk of hearing loss, while use of ibuprofen and related non-steroidal anti-inflammatory drugs (NSAIDs) increases the risk by nearly two-thirds. Regular use of aspirin increases it by about a third.

Hearing loss is the most common sensory disorder in the United States, afflicting more than 36 million people. It is prevalent in the elderly, but about a third of those ages 40 to 49 already suffer some hearing loss. Common risk factors include loud noises, alcohol, hypertension, diabetes and the use of the diuretic furosemide. Studies in animals and anecdotal reports in humans indicate high doses of the analgesics can interfere with hearing, but there have been few studies looking at regular use and none studying acetaminophen (one brand name is Tylenol), according to the authors.