

IAHCSMM Large Chapter of the Year 2019

Pacific Northwest Chapter
Central Service Supply Department Professionals

Alaska Idaho Montana Washington

IAHCSMM International Association of Healthcare Central Service Material Management
 Instrumental to Patient Care

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Newsletter – Spring 2019



Presentation Award at the IAHCSMM Annual Conference in Anaheim, California on April 28, 2019 presented to the Governing Board and Members.
Our most sincere THANK YOU to all of our members, sponsors and a dedicated Governing Board.

3 Dangerous SPD Staffing Myths

It takes a village to raise a reprocessing department.

By Hank Balch

Why do some of our facilities end up with sterile processing leaders who have checked out, frontline staff who have lost their passion and customers in the operating room who feel the pain? There are at least 3 dangerous staffing myths that can lead facilities to fall into traps.

Myth #1: Trust in a Reprocessing Renaissance Man or Woman

A common misconception about creating an excellent sterile processing department is the idea that they can revolve around one leader who “has all the answers,” one all-star who can come in and flip the switch from struggle to success. But the truth is, there are no lone ranger superstars in the reprocessing industry. Behind every leadership accolade, every department recognition, every publicized process improvement event is a team of CS experts who ensured that the hundred or so steps it takes to properly process a surgical tray got done on time and in good order.

Facilities who place the entire responsibility for hiring, firing, on-boarding, training, coaching, development, supply ordering, process improving, vision-casting, shift supervising, budgeting, quality-assuring and OR communicating on the shoulders of a reprocessing manager or supervisor are setting themselves up for a quality disaster. There are many jacks-of-all-trades in the reprocessing world, but none rise to the level of master. There is no such thing as a reprocessing polymath. Facilities that refuse to acknowledge the necessity of a supporting cast of leaders in their sterile processing departments will consistently experience service breakdowns, quality challenges and leadership burnout. Reprocessing excellence is a team sport.

Myth #2: Cost-Cutting Through Reprocessing Leadership Overlap

Against the backdrop of tightening budgets and shrinking reimbursements, it is not uncommon to hear the following questions posed to reprocessing leaders: “Do you really need a day-shift supervisor if you already have a manager there?” “Can we just create a lead tech position instead of supervisor on third shift?” “Why do you need a specialist to do your instrument ordering for you, can’t the manager do that?” and on and on.

In the world of surgical services (with admittedly critical OR-RN positions in play), the sterile processing list of FTEs looks mighty enticing for number-crunching finance directors who are looking for cost-saving “opportunities.” After all, we’re just cleaning instruments, right? How many leaders do you need for that? Well, the real-world answer is: as many as it takes to ensure quality, service and safety to our patients. Because, in actuality, we are not “just cleaning instruments,” we are laying the foundation for a sterile, functional surgery.

Even though we can’t point to a magic number or a foolproof organizational chart, if safe surgery is our aim, the days of viewing the sterile processing department as the field from which you can harvest excess positions must end. One manager by himself cannot lead a 3-shift, 24/7 reprocessing department well. One supervisor by himself cannot even lead 2 shifts well, without having additional support staff. In fact, both the Association for the Advancement of Medical Instrumentation (AAMI) and ECRI Institute recommend qualified supervision of reprocessing activities on every shift.

Think of it this way: Each set of surgical instrumentation is like a patient for us. Imagine the uproar if your hospital announced tomorrow that there would no longer be charge nurses on the patient floors for third shift. No nurse-to-nurse handoff from the evening to the morning. It would be a complete disaster. And that is the very same every-day disaster that many reprocessing departments are forced to overcome because their support positions were sniped away in the name of cost-savings. We need not even mention the cost of one HAI or SSI to prove the underlying value of this point.

Myth #3: The Idea of Reprocessing Simplicity

Many in healthcare leadership still don’t get that we’re not living in the bygone age of sterile processing. Our decontamination rooms aren’t like the dish room in the cafeteria. Our washers aren’t manufactured by Maytag. Our teams aren’t automatons and our instrumentation isn’t like a bulk order of simple widgets.

Hard science goes into the chemistries of our detergents and sterilants. There are complex standard operating procedures that must be supervised when processing small-diameter bronchoscopes and delicate eye instrumentation. We have to manage data, track quality assurance programs, and coordinate, document and distribute ongoing education. We have to develop frontline experts. We’re not flipping burgers and we’re not standing on an assembly line. We need trained specialists to ensure the highest standards and the most consistent quality. We need educators. We need instrument coordinators, OR liaisons, quality assurance and database specialists. In short, because of the complexity of our age, reprocessing departments need support.

An army of one

There are few challenges as widespread in our industry as the unsupported reprocessing leader being forced to fight the battle for quality, safety and service by themselves. And although there are many assumptions behind such facility decisions, most of them are dangerously mistaken. If you want to have the kind of sterile processing department that is defined by excellence — which, in turn, provides the safest patient care — then it must be supported by enough sterile processing leaders to get the quality plane off the ground. Don’t believe the lies of the one-man-band, the leadership overlap or the penny-pinchers. It only takes one person to take a stand for safety, but it takes a village to raise a reprocessing department.

*Congratulations to newly elected members
of our Governing Board*

Don Williams - President
Diane Verdadero – President Elect
Jose Portugal – Treasurer
Son T Ta (Kevin) – Membership

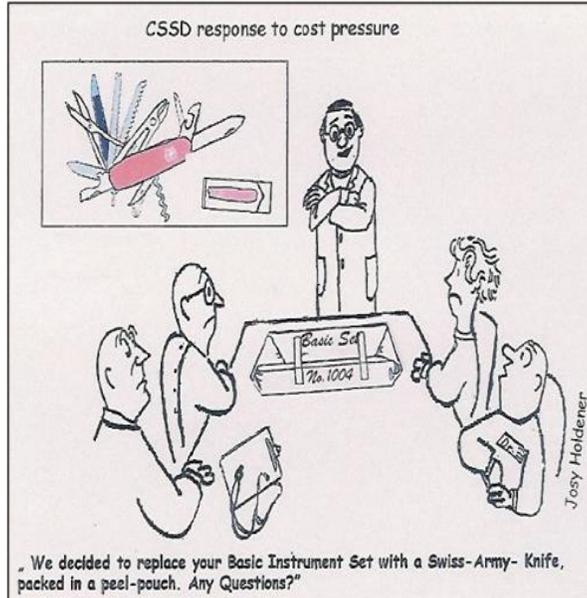
EVENTS

Note Your Calendar

Summer Seminar – June 8, 2019 – Alaska Regional Hospital

Fall Seminar – September 7, 2019 Billings, Montana TBD

Fall Seminar – September 28, 2019 – Swedish Cherry Hill



YOU OR SOMEONE YOU KNOW IS NOT A MEMBER?

The *Pacific Northwest Chapter Central Sterile Supply Department Professionals* is committed to providing excellent educational opportunities to our members. An excellent way to get the credit units you need to renew your certification. If you (or you know someone who is not a member ask them to) consider joining. The **membership fee** is \$0.00, it is **free**. We will be glad to send them a membership application. Just e-mail us at panworg@gmail.com.

Or write to:

Application
Pacific Northwest Chapter CSSD Professionals
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Bothell, WA 98041

This newsletter is published quarterly for the benefit of the Pacific Northwest Chapter Central Sterile Supply Department Professionals (PNCSSDP)

Pacific Northwest Chapter is affiliated with the International Association of Healthcare Central Service Material Management (IAHCSMM)

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Pacific Northwest Chapter CSSDP Samuel Luker Exceptional Performer Award 2019



Roman Kulikovskiy

Congratulations – Roman was selected the Samuel Luker Exceptional Performer for 2019. He attended the IAHCSMM National Conference in Anaheim, California

Through their knowledge, expertise and performance in Sterile Processing the following were recognized by their associates and nominated for the award.

Vanessa Corr – Swedish health Services
Dora Gorena - Multicare
Tony Kidd – Swedish Health Services
Marylou Trask – Virginia Mason Medical Center

Thanks.

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know how we can better be of service.*

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