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CIS Prioritization in Central Service

LEARNING OBJECTIVES

1. Define prioritization
2. Identify factors that are essential to prioritization and developing new processes
3. Discuss how to apply prioritization using the Eisenhower matrix
4. Discuss an effective method for prioritizing instrumentation using a multidisciplinary approach

Instrument Continuing Education (ICE) lessons provide members with ongoing education in the complex and ever-changing area of surgical instrument care and handling. These lessons are designed for CIS technicians, but can be of value to any CRCST technician who works with surgical instrumentation.

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THERE MAY BE TIMES WHEN IT SEEMS THE CENTRAL SERVICE (CS) department is out of control. Perhaps the Operating Room (OR) keeps calling, asking for instrumentation that is not in the department. Perhaps loaned instrumentation arrives and no one knows which case the instruments are intended for or what time the instrumentation is needed. Situations like these are common in the CS department, but practicing prioritization can help remove stressors that arise and help keep the department running effectively and efficiently.

OBJECTIVE 1: DEFINE PRIORITIZATION

Prioritization can be described as an arrangement of a group of items or tasks, according to importance, priority or urgency. Establishing prioritization helps identify which tasks or items are more significant than others and aids in grouping those items together. Prioritization is similar to making a plan or developing a strategy for accomplishing a task. Prioritization clarifies expectations, which allows personnel to understand the given task by removing guesswork and assumptions, thereby, allowing individuals to accomplish tasks more efficiently.

OBJECTIVE 2: IDENTIFY FACTORS THAT ARE ESSENTIAL TO PRIORITIZATION AND DEVELOPING NEW PROCESSES

The goal for implementing a prioritization list is to improve a process or give direction on how a process should be completed. Before implementing a prioritization list, three factors should be

considered: create transparency, clarify expectations and “get better.”

- **Create transparency** – Any time there are process changes or more efficient ways of doing things, the first step that should be taken is to attain buy-in from personnel through transparency. When introducing the new prioritization list, transparency is created by being open, honest and genuine about the process. Transparency is needed about why a priority list is being created. It is also important to discuss how the process will differ from what is currently being done. It is important to review the goals and anticipated outcomes expected from the changes being presented, and discuss how the changes are going to directly affect CS personnel and their work. Creating transparency allows personnel to absorb and process new information, while helping them mentally prepare for the upcoming changes.
- **Clarify expectations** – Clarifying expectations is an essential element of introducing a new process or creating a



prioritization list. By setting expectations upfront, assumptions and guesswork are eliminated. Reviewing the process also allows personnel to ask follow-up questions or clear up any confusion they might have with the process or list. Clarifying expectations enables personnel to know exactly how to interpret a prioritization and understand what is expected of them with a task. Clarifying expectations before putting the process in place or creating a new prioritization list will save time and help reduce frustration for everyone involved after the process is implemented.

- Get better** – In highly-reliable organizations, “getting better” is referred to as mindfulness. Mindfulness is being aware of failures and understanding that failures should not be simplified or dismissed. Any time a new process or prioritization plan is put into place, issues will arise that were not thought through initially. Problems or challenges are part of the process, and are to be expected. The key is to be mindful of the issues and understand why the issues occurred in the first place. Setbacks are great opportunities to engage personnel and ask why the process failed (e.g., what could be done differently in the process, or what changes would make the process more efficient?). In the CS department, technology is becoming more innovative and sophisticated; instruments are becoming more complex and cleaning instructions are also becoming increasingly more challenging. Being mindful of the failures and remaining sensitive to the root causes will allow the CS department to get better and become a highly-reliable department.

OBJECTIVE 3: UNDERSTAND HOW TO APPLY PRIORITIZATION USING THE EISENHOWER MATRIX

An important tool that will aid in prioritizing important and urgent items is the Eisenhower matrix tool. The Eisenhower matrix is credited to president Dwight D. Eisenhower and used as a prioritization tool to separate important and urgent items from the less important and less urgent items. The matrix tool is separated into four quadrants. See Figure 1.

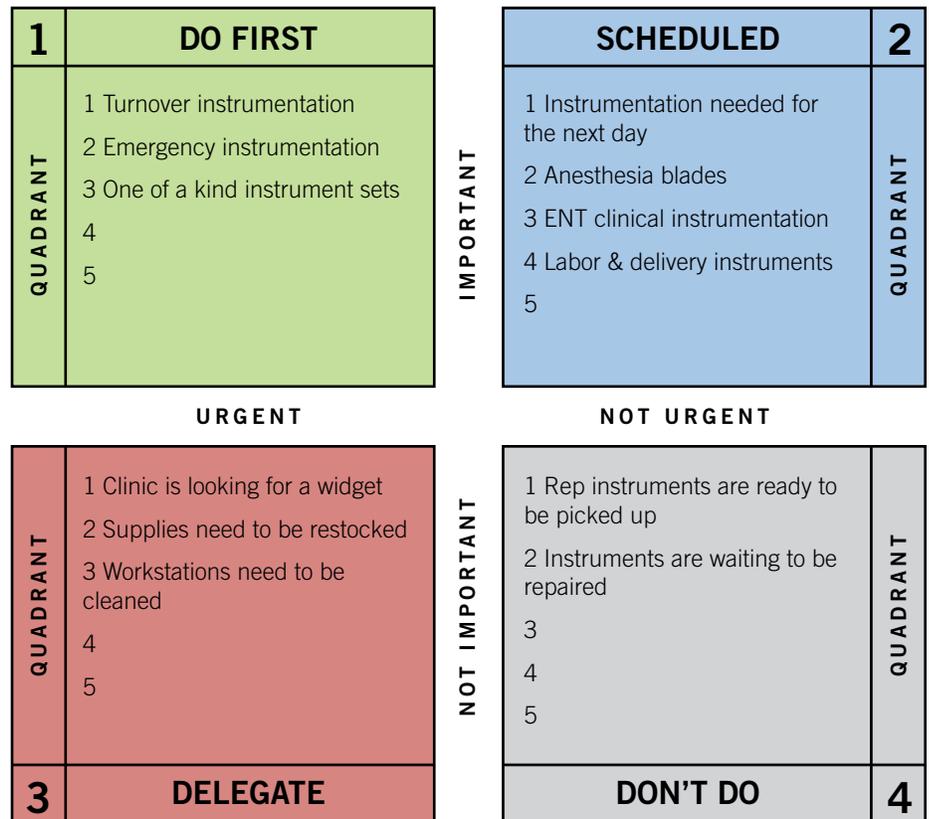
The first quadrant, known as the Do First quadrant, identifies items that are urgent and important. Items in this quadrant are considered highest priority and should become the primary focus above all other quadrants. In this quadrant, one might find items such as instrumentation turnovers for the

day, one-of-a-kind sets, or emergency instrumentation.

The second quadrant is the Scheduled section. Items in this quadrant can be categorized as less urgent; however, they are still important. Scheduled items or daily routine items would be found in this section. The Schedule quadrant might include instrument sets that are needed for the next day’s surgical procedures; anesthesia blades; or instrumentation that is processed for Labor and Delivery and other clinical areas. All items in the second quadrant are considered important for the next day’s procedures, but are less urgent than items listed in quadrant one.

The third quadrant is the Delegate section. The third quadrant will contain items that are urgent, but less important. An example that might be found in the

Figure 1: Matrix





Delegate section is if a clinic calls looking for a specific instrument they may use in clinic the next day. Restocking and cleaning workstations is another example of items that can fall into the Delegate quadrant.

The last quadrant is called the Don't Do section. The Don't Do quadrant contains items that are the less urgent and less important than items found in the other three quadrants. Items that would best fit this section are loaned sets awaiting pick up by the instrument representative after use in a procedure. Once the instruments are cleaned and safe for handling, the vendor representative should then be responsible for the instrumentation. Another example could be when sets that are taken out of service and awaiting preventative maintenance, sharpening or general repair. Until these instruments are taken to be serviced and returned, these items may be neither urgent nor important compared to tasks in the other quadrants.

OBJECTIVE 4: DISCUSS AN EFFECTIVE METHOD FOR PRIORITIZING INSTRUMENTATION USING A MULTIDISCIPLINARY APPROACH

One of the biggest challenges a CS department can face is a lack of communication with the OR. This is especially true when prioritizing instrumentation. An effective way to promote communication and help prioritize instrumentation is to develop a multidisciplinary team that meets regularly to review the surgical schedule and instrumentation. This team is vital to planning and prioritizing instrumentation and provides guidance on which instrumentation falls into quadrant one or quadrant two on the Eisenhower matrix. When developing this team, it is important to ensure the team has the appropriate stakeholders involved.

The following is a list of stakeholders that might be found on a multidisciplinary team*.

- **CS manager** – Responsible for the daily operation in the CS department
- **CS technician** – Preferably a technician who is familiar with the kinds of instrumentation in the department, along with the amounts and any specific or specialty instrumentation available. A Certified Instrument Specialist (CIS) would be ideal to participate on the multidisciplinary team.
- **OR manager** – Responsible for the daily operations in the OR
- **Charge nurse** – In charge of the OR board, personnel assigned to rooms, and add-on cases and cancellations
- **Surgery scheduler** – Receives the surgical request from the physicians. This request contains details about the surgical procedure, along with special equipment, supplies and instrumentation needed for the procedure.
- **Service-specific coordinators** – Technicians and nurses who specialize in a particular service and are considered the experts in that specialty. Facilities that do not have service-specific coordinators; in their absence, a staff member with general knowledge of the case types and instrument needs for each procedure could be suitable (several personnel could fall under this category).
- **Material manager** – Responsible for ordering equipment, supplies and instrumentation. The material manager may also have shipping and receiving duties. Some facilities may have an OR-specific materiel manager who is separate from the facility's material manager. The team should decide to include one or both on the multidisciplinary team; however, both are preferred.

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- **Physician** – Can be a helpful member of the team, especially when dealing with a service that routinely requests implant (e.g., orthopedic and neurological services)

**This list is not inclusive of all job descriptions or personnel who could be involved in the multidisciplinary team. Each facility should determine who can best contribute to the team.*

Once the team has been determined, the next step is to decide how often the team will meet and what will be accomplished. The team may decide to have an equipment/loaned instrument meeting once a week, and a separate daily huddle, for example. The goal of a weekly huddle should be to review the surgical schedule for the following week and identify procedures that might require loaned instrumentation, implantable devices or other special requests. Reviewing the surgical schedule allows the multidisciplinary team to identify the need for the instrumentation and devise a plan to ensure the instrumentation,



implantable devices or other special request are ready and available the day of the procedure.

Ideally, once the items are identified, a team member can be assigned to ensure those items are available. When the multidisciplinary team is reviewing the surgical schedule for loaned instrumentation, those instruments should be received in the facility 48 hours prior to the scheduled procedure. When the set is new and has not been processed in the facility previously, instrumentation should be received at least 72 prior to the procedure. The 72-hour requirement allows for adequate time to review the instructions for use (IFU) to ensure the instrumentation can be cleaned and sterilized according to the IFU. If an item fails to arrive at the facility 48 hours prior to a procedure, the delay can be communicated to the multidisciplinary team and action can be taken to prevent any surprises the day of the procedure. The information gathered from this meeting should be placed in the second quadrant, the scheduled quadrant on the priority list; the instrumentation is important for upcoming procedures, but not as urgent as turnovers and other priority instrumentation.

The daily huddle should be separate from the weekly meeting, and all members who attend the weekly meetings may not be needed for the daily huddle. The goal for the daily huddle is to review the scheduled procedures for the following day and identify instrumentation that might need to be turned over for other procedures and processed as a priority. The huddle is also a last-minute check to ensure that loaned instrumentation, implantable devices and special request supplies are ready and available. During the huddle, the team can also discuss any last-minute add-on procedures that were added on to the schedule after the weekly meeting.

The huddle is also a good time to ask questions about instrumentation. Some question might include:

- Will there be enough time to turn over instrumentation between procedures?
- Can the procedure order be changed to allow time for processing surgical instrumentation?
- Can the facility borrow instrumentation to reduce expected turnovers?
- Does the procedure need to be cancelled?

Answering these questions can help each department make a reasonable plan to ensure the best possible patient outcomes. Once the huddle is completed, CS can finalize the instrument priority list for the next day. Most of the items discussed in the huddle, such as turnover and priority instrumentation, can then be added to quadrant one, the urgent Do First section of the matrix.

CONCLUSION

Prioritization is a good practice that allows the CS department to increase productivity and reduce stress by setting clear expectations and processing instrumentation in an efficient and effective manner. Using a multidisciplinary team and tools such as the Eisenhower matrix, the CS department can prioritize instrumentation based on importance and urgency, and deliver high quality care to the customers and patients CS serves. 

RESOURCES

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IAHCSMM ACKNOWLEDGES THE FOLLOWING CS PROFESSIONALS FOR THEIR ASSISTANCE IN THE CIS LESSON PLAN SERIES

- Linda Breadmont, CRCST, ACE
- Deborah Bunn, BS, MS, CRCST, CIS, CHL, ACE
- Gwendolyn Byrd, CRCST, CHL CIS, CFER, GTS
- Michelle Clark, CRCST, CSPDT
- Ava Griffin, BSN, RN, CNOR
- Susan Klacik, BS, CRCST, ACE, CIS, FCS
- Susan Ober, MSN, MBA, RN, CNOR, CRCST
- Christina Poston, CRCST, CIS, CHL, BA ED
- Donna Serra, CRCST, CHL
- Kelly Swails, MA, CHL, CRCST, CST
- Cindy Turney Smith, CRCST, CBSPT