As Central Service (CS) professionals gear up for Central Service Week October 9-15, 2016, IAHCSMM encourages them to reach beyond the walls of their department and recruit others in the healthcare facility to participate and celebrate alongside them. Operating Room (OR) professionals and infection preventionists (IPs) are two groups, in particular, that should be present over the course of those seven days. After all, it is because of CS professionals’ daily contributions and due diligence that the OR has access to properly maintained and processed instruments that help meet the needs of every patient who comes through their doors. CS professionals’ dedicated adherence to current standards, best practices and manufacturers’ instructions for use also plays a direct role in infection prevention and other positive patient outcomes.

Bringing these individuals into the fold when planning and executing CS Week celebrations not only makes for a more successful and fun seven days, it can also set the stage for year-long support and more effective teamwork. The months of October and November offer a unique opportunity.

The More the Merrier
CS Professionals Shouldn’t Celebrate Solo

International Central Service Week (October 9-15, 2016) recognizes all Central Service (CS) professionals who make a difference in patient care throughout the US and across the globe. The International Association of Healthcare Central Service Materiel Management (IAHCSMM) celebrates every CS professional for all their outstanding achievements – not just during this dedicated week, but each and every day of the year.

This CS Week section provides a sampling of ideas and tips to help make the very most of CS Week celebrations. Additionally, this section – as well as the Hot Topics and Professional Perspectives articles that follow – highlights the importance of celebrating with key CS customers and teammates, including Operating Room professionals and infection preventionists, and building effective and enduring interdisciplinary partnerships in the name of quality and patient safety. It is our hope that CS Week brings the appreciation and respect every CS professional so greatly deserves.

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opportunity to celebrate across these three disciplines. International Infection Prevention Week comes exactly one week after CS Week.

“That means for 2016, CS professionals and IPs can, and should, celebrate together from October 9 through October 22,” said Rose Seavey, MBA, BS, RN, CNOR, CRCST, CSPD'T, President/CEO of Seavey Healthcare Consulting and former SPD Director at The Children’s Hospital of Denver.

Perioperative Nurse Week falls shortly thereafter, on the second week of November (November 6-12, 2016), so CS professionals should keep the celebratory flame burning.

“There are many ways to show appreciation and respect for each other, such as giving gratitude or thankful recognition,” Seavey said, adding that large gestures aren’t necessary. “It can be as small as a card signed by the entire staff. Small acts of kindness and recognition can go a long way in forming a bond and feeling appreciated.”

Beyond that, she encourages CS professionals to invite IPs and OR professionals to join them in their CS Week celebratory activities, such as hosted lunches or other events.

The interdisciplinary teams at Greenwich Hospital in Greenwich, Conn., do just that. “They come to help us celebrate during CS Week, and they send us cards and cookies. They personally congratulate us because they know and appreciate how hard we work,” said SPD Manager Rodrigo Zavala. “We also do the same for them and every other department during their week of honor.” The CS team signs and sends a card to the departments and delivers baked goods (or places a special order in the hospital kitchen) to help honor their interdisciplinary teammates.

“We’re all on the same side and we all are doing our part to improve Low (Or No) Budget?
No Problem!

A memorable and successful CS Week celebration doesn’t have to hinge on the bottom line. In fact, CS professionals can make a big splash on even the most shoestring budget. All it takes is a little creativity, kindness and planning.

Here are just a few thoughtful ideas to help make the most of CS Week:

• Write personal “Thank You” notes for each CS employee. Each year, IAHCSMM President Steven Adams, RN, BA, CRCST, handwrites personalized notes of gratitude for each employee on his team and makes a point of reflecting on a specific accomplishment or task each individual has demonstrated over the past year. “Staff members have mentioned on numerous occasions that the handwritten notes are more appreciated than any gift,” Adams said.

• Create simple, printable certificates of appreciation and commendation, and consider hosting an honors banquet for each shift to distribute the certificates. Certificates can be awarded for best attendance, most improved technician, certification successes, fewest tray or set errors, most valuable mentor, and much more. Home-baked goods and low-cost refreshments can make the moment even more fun and memorable.

   Note: To boost morale, be sure to recognize every employee, not just a select few.

• Host a departmental tour (to drum up participation, announce the offering in advance in the facility's newsletter and/or post signs in common areas). Recruit team members from each shift to participate in the tour and share their knowledge in key areas.

• Ask the facility’s C-suite executives if they might be willing to fund an ice cream social or light snacks and beverages in honor of CS Week. If so, invite key CS customers to participate and use the opportunity to educate participants on the CS department's key contributions and greatest successes for the year. Poster board presentations with photos, diagrams or figures are simple, inexpensive and effective ways of conveying a message and providing education. Poster board presentations can cover any number of topics, including how CS professionals impact infection prevention and other positive patient outcomes; how certification of CS staff has impacted quality and reduced errors; how OR staff (and other departments) can improve instrument reprocessing by moistening instruments immediately after use, etc.

• Work with the OR to create a presentation or fun skit that highlights how CS and OR are connected.

• Arrange for vendor-provided educational inservices and, again, invite key CS customers to participate.

• Host fun and educational games (such as wrap contests and CS-focused trivia games) for employees across all shifts.
patient care. We believe it’s important to recognize everyone’s efforts and contributions,” Zavala said.

BUILDING BRIDGES THROUGH CREATIVE CELEBRATIONS

What follows are some tried-and-trued tips to help foster greater teamwork between CS, OR and IP professionals, and help honor each discipline during their respective weeks of recognition:

• Invite OR professionals and infection preventionists to participate in CS Week events, and brainstorm together on creative ideas that will help facilitate camaraderie across the departments (e.g., Delegate a liaison from the CS department and OR to promote information-sharing and interdisciplinary involvement in CS Week and Perioperative Nurse Week activities; co-create educational games; help decorate and offer to bring snacks, refreshments or other items to aid the celebration; invite IPs to share information on how CS contributes to infection prevention and control).

• Ask OR nurses and IPs to promote CS Week within their departments and encourage IPs and the perioperative team (surgeons, nurses and surgical technicians) to attend at least one CS Week event. Reciprocate by asking all CS staff members across all shifts to attend at least one event during Perioperative Nurse Week and International Infection Prevention Week.

• Prior to both CS Week and Perioperative Nurse Week, ask OR nurses if they have any instrumentation-related questions that need addressing. Provide concise, typewritten answers to their questions and present them in a designated folder. If the OR is experiencing any instrumentation challenges (malfunctioning devices, excessive repair requests, etc.), for example, work with the nurses (and surgeons) to create a mutually acceptable resolution. If there is a challenging vendor-related issue, offer to arrange a vendor inservice for additional clarification and education. Also, ask OR nurses (in person) if they would be willing to speak with CS staff directly to help educate them on a particular instrumentation-related issue that presents a challenge in the OR.

• Include an announcement about CS Week, Perioperative Nurse Week and International Infection Prevention Week in the facility newsletter, or ask Human Resources to send out an email to staff that announces the designated weeks, informs them of planned activities and touts the importance of ongoing interdepartmental support and teamwork.

• Following CS Week, send a letter of appreciation (signed by all staff members) to OR professionals, IPs and members of any other healthcare discipline who may have participated in CS Week activities.
International Central Service Week
October 9-15

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Celebrate • Collaborate • Appreciate
International Central Service Week offers a perfect opportunity to rally the troops, honor co-workers, educate healthcare customers and the community on CS’s role in patient safety, and promote interdisciplinary teamwork and camaraderie.

The articles in this Hot Topics section underscore each of these points and serve as yet another reminder that quality and safety can not be achieved by working in a silo. More to the point, they cannot be achieved in the absence of dedicated, focused and knowledgeable CS professionals.

In October – and every month in-between – we celebrate all you do to deliver quality customer service and positive patient outcomes.
Cut Contention, Reap Appreciation
with Interdisciplinary Collaboration

International Central Service Week provides a golden opportunity to forge more positive partnerships between the disciplines, share in successes, and encourage others to celebrate CS and its vital contributions to patient care and customer service. While establishing and maintaining strong, mutually respectful relationships with all healthcare customers is essential, perhaps the most critical gaps lie between CS and the OR. An all too common contention between CS and the OR plagues many facilities, and numerous stories underscore its pervasiveness.

Take, for instance, one story passed on to me last spring by a frustrated Central Service technician. On this particular day, she explained that by noon she and her coworkers had already fielded numerous heated phone calls from the Operating Room – the worst of which came from a surgeon who repeatedly questioned why it was taking so long to get a particular instrument set into the surgical suite.

The technician explained to me that back-to-back procedure scheduling had OR staff pushing hard for faster than prudent turnaround times. The CS team wouldn't bend and tried to make their case for the processing delay, but the surgeon shouted a few choice words and abruptly hung up. A couple minutes later, a flustered nurse flew into the CS department to see if she could help push things along.

"It's just another day, and another misunderstanding of why we do what we do," said the tech, adding that the relationship between the two departments is usually strained and almost always stressful.

Such encounters, unfortunately, aren't few and far between. For years, CS managers, technicians, consultants, and OR professionals of varying disciplines have shared concerns over the lingering relationship challenges plaguing both sides. "It's often a very acrimonious relationship, with lots of finger-pointing," confirmed Gail Horvath, BS, RN, MSN, CNOR, CRCST, Patient Safety Analyst/Consultant with ECRI Institute PSO and Insight Assessment Services. Horvath presented the session, Establishing Collaborative Relationships, Tuesday, May 6, at the 2014 IAHCSMM Annual Conference in Columbus, OH.

Experts tend to agree that this interdepartmental contentiousness translates into an exhausting game of tug of war that ends with no clear winner, especially for the patient on the receiving end of the instrumentation.

"Excellent patient care requires the best efforts of everyone in the healthcare facility," said Natalie Lind, IAHCSMM’s Director of Education. "Whether you work behind the scenes or in a more visible role, everything you do impacts the patient. Success requires a team effort at all levels, in all situations."

Knowledge builds bridges
Finding common ground often begins with a proverbial walk in one another's shoes. OR professionals need clean, sterile and well-functioning instruments to do their job well, but if they don't understand the rigors of reprocessing and how shortcuts and time pressures can jeopardize quality, patient safety can easily be called into question.

In the pre-cleaning stage alone, Horvath pointed to common problems that can set both departments up for trouble as the day progresses. Instruments should be sent to CS promptly after use, but she's seen them sitting on the cart for seven or eight hours, allowing bioburden to dry on the devices and making decontamination all the more difficult. Another factor the OR must consider is how it's imperative to allow enough time for chemicals to work according to manufacturers’ directions.

At the same time, CS professionals may be the instrumentation, decontamination and sterilization experts, but if they lack the knowledge of how those instruments are used and why each is critical to the success of a procedure, problems can ensue. Breakdown in communication and the dysfunctional teams that often result can lead to diminished trust, fear of conflict, lack of commitment, avoidance of accountability, and inattention to results and outcomes, Horvath explained.

"I propose a shared responsibility for patient safety," she said, adding that targeted cross-training and jointly-developed policies are two primary ways to foster more effective collaboration.

She advocates joint staff meetings, either monthly or quarterly, to pinpoint problems and challenges, and identify solutions – and she encourages managers and technicians to participate. When
either department adds a new employee, a face-to-face introduction is prudent, allowing staff to put a face to a name and instill upfront a sense of teamwork. “Meetings also allow for firsthand exchange of information, changes or updates that may affect [each department’s] services,” she said.

This unified approach also helps both teams keep matters in perspective, even during high-stress situations. “It’s easy to get distracted by little things or to make little things into big things. Cohesive work groups keep the focus on what’s really important and by doing that, both departments achieve success,” reasoned Lind.

A liaison approach, where employees from each department get a firsthand look into what takes place behind the scenes is effective. CS staff often don’t see the end results of their work, Horvath acknowledged. “It’s important to go to the OR to learn and watch.” Sending OR staff to CS is equally important, she stressed. Ideally, both departments will play a role in purchasing evaluations and decision-making, ensuring that any new device can be safely and effectively processed by CS. Joint education is also essential whenever new surgical instruments or equipment are introduced. Both sides must understand why instruments should be strung a certain way, for example, and how damage, such as staining or pitting, can be avoided. General care and handling should be jointly addressed, and both departments should have a mutually agreed upon action plan for addressing challenges, such as missing or damaged instruments, incomplete inventory lists, and more. Roles and responsibilities pertaining to the process of handling instruments throughout the cycle of use should be clearly defined. “This is a continual process,” reminded Horvath.

Don’t underestimate the importance of full information transparency and both departments’ access to vital resources, either. Being well-versed on new procedures and processing practices and standards, and making manufacturer Instructions for Use readily available to CS and OR staff is essential, Horvath noted.

Even the best interdisciplinary teams will disagree from time to time, and in some cases, tensions may rise, but that shouldn’t necessarily be viewed as a setback. “All groups disagree at times. When this happens, we need to take a moment to regain our focus. Once we clearly see our focus, we can do whatever is necessary to achieve our goals,” assured Lind.

“Instead of focusing on the negative, we need to look at how well we do, as a whole. When we work together, we can get through any challenge.”

WORK TOGETHER, CELEBRATE TOGETHER

Horvath stressed the importance of having CS and OR professionals sharing their successes, working together toward problem resolution, and celebrating one another’s professions during International CS Week and Perioperative Nurse Week. She acknowledged that the OR team often doesn’t participate in CS Week celebrations – and the same is often true of CS professionals during OR nurses’ designated week of recognition.

“If we don’t celebrate and recognize each other, how can we expect to play well in the sandbox together?” she asked, adding that mutual appreciation and a willingness to celebrate one another’s disciplines and contributions promotes camaraderie, teamwork and understanding. “We may work in different departments and have different roles, but we’re all in this together.”

Celebrate • Collaborate • Appreciate

“Instead of focusing on the negative, we need to look at how well we do, as a whole. When we work together, we can get through any challenge.”

JULIE WILLIAMSON
serves as IAHCSMM’s Communications Director and has held the role of IAHCSMM Editor since 1999. She has 17 years of experience writing on topics related to Central Service, surgical services, infection prevention, materials management, and healthcare technology for various healthcare trade publications and journals.
LOOKING FOR CS WEEK CELEBRATION INSPIRATION? GIVE THESE IDEAS A TRY!

• BUILD INTEREST EARLY. Let other healthcare professionals in your facility and members of the general community know about International CS Week well in advance, and share with them why celebrating your profession is so important. Place ads in facility newsletters, post flyers and consider writing an article or press release for local newspapers (include department tour/open house dates, times of educational events, etc.). The more aware others are of your event, the more likely they’ll be to participate.

• CREATE A “COLLABORATION STATION.” In the weeks leading up to CS Week, work with your healthcare customers and create poster presentations, bulletin boards or hands-on demonstrations of how each department can assist CS (and vice versa) in doing their job more effectively and efficiently. Spraying or wetting soiled instruments after a procedure and before they make their way back to decontamination, and keeping instruments sharp and well-maintained are just two examples that could be shared to promote quality and teamwork.

• CELEBRATE SUCCESS WITH A GIFT THAT KEEPS GIVING. A pat on the back and verbal praise for a job well done is important, but consider distributing printed certificates and handwritten notes to show more heartfelt staff appreciation. Consider awarding scholarships to help staff become certified, and ensuring that the department is outfitted with the most up-to-date educational resources to help them stay sharp in their day to day duties.

• CREATE A DIFFERENT EDUCATIONAL OPPORTUNITY FOR EVERY DAY OF CS WEEK. You have an entire week dedicated to your profession, so why limit the festivities to one or two days? Consider an open house for one day, for example, and recruit vendors to provide educational inservices on another one or two. Host a lunch, dinner or dessert social, and invite team members from the OR, Infection Prevention, Endoscopy, and C-Level executives, elected officials, and others, to participate. While they’re there, keep them engaged with educational offerings, such as process demonstrations, videos or standards-based trivia games.

• PROCLAIM YOUR IMPORTANCE. Send a letter to your elected official(s) to educate them about the CS profession. One of the most effective methods for influencing public policy is direct communication between constituents and elected officials. Several states have proclamations ready to print and display within a department or hospital. If your state has a proclamation, you can use it to send a letter to your local paper or news station. If your state does not have a proclamation, there’s no better time to contact your elected official and request one.

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Celebrate • Collaborate • Appreciate
EACH YEAR, IAHCSMM PAYS tribute to hardworking Central Service professionals for their unwavering dedication and commitment to quality, patient safety and professionalism. It’s an appreciation that’s become further magnified after our spending time in various facilities nationwide and seeing firsthand the difficult roles and responsibilities that take place within the CS department’s walls.

I vividly recall the first time I toured a hospital CS department. It was 1997 and I paid a visit to a facility just outside Savannah, GA, as a naïve reporter who had, up until that time, only written about the world of CS, but not yet seen the department in action. In no time flat, I had “bunny-suited” up and had my eyes opened to the vital and challenging roles and responsibilities of sterile processing. I clearly recall the sweltering, almost suffocating heat of the decontamination area, and how the technicians meticulously scrubbed, brushed and flushed instrument after instrument, all without complaint. I recall the breadth of knowledge involved in proper tray assembly and how impressed I was with the team of technicians who could rattle off the names of each instrument and almost instinctively know how to process, assemble and handle each one. Most of all, I remember how passionate the team was in doing each step correctly, and how patient the staffers were in showing me the ropes. This experience, and my two other visits that came later, gave me a far better understanding and appreciation of the CS profession, and served as invaluable hands-on research for my CS-related writing.

I’m certainly not the only IAHCSMM employee impressed by CS professionals’ many valuable contributions. IAHCSMM Executive Director Susan Adams and IAHCSMM Government Affairs Director Josephine Colacci, JD, have also had the pleasure of spending time in CS departments, with the most recent visit taking place over two days this past July at Bon Secours-DePaul Medical Center in Norfolk, VA. It’s here where IAHCSMM President Sharon Greene-Golden, CRCST, FCS, serves as department manager.

The sheer volume of instrumentation knowledge required of today’s CS professionals really struck a chord with Adams and Colacci. “These professionals have a tremendous amount of responsibility and what they need to know is overwhelming,” noted Adams. “On top of that, the job is physically taxing, and they need to stay focused and detail-driven, even in the face of extreme pressure. It takes a special group of people to do that job, and my hat is off to them.”

Colacci also raved about her experience observing the many functions that take place in CS, and the extensive knowledge and insight required to safely, effectively and efficiently manage each step in the process. Aside from being impressed by CS professionals’ ability to keep track of
so many different types of surgical instruments – and expertly differentiate between lookalike devices – she was equally amazed by all that goes into point-of-use cleaning.

“Point-of-use cleaning is something I have heard from our members, but after seeing the instruments come back from a surgical case and enter the decontamination area, it was easy for me to recognize that more could have been done to prepare the instruments prior to them arriving in decontamination,” she acknowledged, adding that she was also astonished by the “work of art” that goes into tray wrapping.

Above all, each of us admires and respects how every facet of a CS professional’s job plays a critical role in patient safety and positive patient outcomes. “We can talk about it all day, but until you actually see the entire process with your own eyes, you cannot possibly understand the significance of a CS professional’s job,” Colacci said.

From all of us at IAHCSMM to each of you in CS, we salute you for all you do on a daily basis to keep our family members, friends and loved ones safe! 😊
TAKE TIME TO SHINE THIS CS WEEK (AND BEYOND)

AHCSMM is counting down the days until International Central Service Week – and the Association is hoping that CS professionals the world over will take time to celebrate their profession, their peers and themselves during this week.

International Central Service Week provides a golden opportunity for hardworking CS professionals of all titles, experience levels and tenures to shine and receive the acknowledgement and appreciation they deserve. Aside from creating a fun and spirit-filled week for all in the department, this designated week (if planned and executed well) can help CS professionals make their presence and contributions more widely known by other healthcare departments – from the operating room, endoscopy departments and labor and delivery units to infection prevention and risk management, biomedical engineering, human resources, those in the C-suite, and more.

CS professionals who haven’t already marked your calendars and begun planning for this important week of recognition still have time to devise an effective CS Week strategy that with leave a lasting impression with all who participate.

What follows are some tips and strategies to help highlight the department’s contributions and give dedicated CS teams the recognition, kudos and encouragement they deserve:

**PLAN AHEAD.**
At least two weeks before CS Week, advertise the event and any planned activities. Liberally post signs on common area walls that promise the greatest visibility, such as in break rooms, cafeterias and restrooms. Also, if your hospital offers a newsletter, publish an announcement there. If a newsletter isn’t an option, seek the assistance of the Human Resources department for other ways to spread the word to staff (email announcements and follow-up reminders are one good way, as is including a typewritten announcement or flyer that can be included in employees’ pay stub envelope).

**SPREAD THE EXCITEMENT.**
Sure, one day of celebrations can be fun and rewarding, but don’t stop there. Assign a different activity or event for each of the seven days (it’s called CS Week for a reason, after all!). Consider kicking off the week with an ice cream social, for example, and invite all hospital customers, infection preventionists and executives to the CS department to learn more about your team’s daily duties, goals, successes, and challenges. If possible, recruit a representative from the OR or Infection Prevention to share their perspectives on CS’s role in quality and patient safety.

**CAPTURE KEY MOMENTS.**
Invite someone from your facility’s Corporate Communications/Public Relations department to visit the CS department, take photos of the event, and write an article on the department for the facility’s newsletter (or perhaps even for a press release that can be distributed to local newspapers). While you’re at it, contact the local newspaper to see if they would be interested in writing an article on your department. This is a great way to share a success story and educate the public on CS’s vital role in patient safety and the delivery of quality care.

**PUT EYES ON YOUR CONTRIBUTIONS.**
Create visual CS-related displays (such as poster presentations) for added educational impact and place them in highly visible areas of the facility, such as corridors and cafeterias. Ensure that at least one staff member is on hand to answer questions and distribute materials to inquiring individuals. Be prepared to share your important role with patients and visitors – not just fellow healthcare workers.

**DO A WALK-THROUGH.**
Conduct daily departmental tours, and serve snacks and beverages in approved areas to help draw participants. Consider playing IAHCMMM’s DVD “It All Starts Here” in the department and other common areas to further promote CS and its far-reaching contributions. Remember, food typically draws good attendance, so take the time to educate and spread an effective message while you have a captive audience.
HAVE YOUR CAKE & EAT IT, TOO!

International CS Week can be a uniquely personal, fun and memorable event. Here experts weigh in on ways CS teams can celebrate wisely.

“It is important to remind and reinforce the work that you do, not just to the hospital but your friends and family too! Take a moment to explain to them what you do and how important it is to every patient who has a surgical procedure at that hospital.

CS week is about educating those people in your life, both professionally and personally, about the crucial work you deliver, day in and day out. It is a time to celebrate and be proud of what you do!”

– Rachel Pocock - Marketing Manager, Synergy Health

“For the past three years, aside from the traditional CS Week celebrations (food, gifts) we have held a CS appreciation picnic at a park for staff and their families to come and enjoy a day together outside of the department. I provide hamburgers, hot dogs and chicken, and staff bring sides, drinks and desserts. We do this in appreciation of all of their hard work over the year, and each year gets better and better.

In the past, we have also invited various members of administration to tour our department during CS week. Our visitors have included the hospital President, Chief Nursing Officer and physicians. Having these different groups tour the department not only allows them to see and understand what goes on within CS, but it also allows staff to see members of administration and the surgeons taking an interest in what they do. This not only helps develop a more integrated team, but it also reinforces to the CS techs that they are important and appreciated.”

– Andy Mikos, CHL, CIS, CRCST
TOOLS OF THE TRADE
CS Pros Speak about Education Essentials

It’s been said that education is the foundation upon which we build our future. That’s certainly the case for successful, quality-driven CS professionals. What follows are insights, tips and other pearls of wisdom from those who walk the walk, talk the talk, and commit to ongoing education and professional growth.

“I truly believe that we need to lead by example in order to achieve positive results. I show up to work with a smile on my face, and a positive outlook, despite the possible heavy workload in my eight-hour shift. I compliment co-workers doing the work with me, or extend a helping hand during my work shift to lift the burden of them getting too stressed or feeling behind in their work. I am present to learn, ask questions, pay attention, and accomplish the task accurately and positively. Positive teamwork is crucial within the Sterile Processing Department.

I also believe that positive teaching and forgiving minor mistakes in Sterile Processing boosts employee morale and creates future successes. Sterile Processing involves specific training and constant change, so guiding a co-worker positively in their work is key. I learn more and complete a task better if I work closely with positive leaders who are willing to show me clear direction at a task, and follow up with reference books, etc.

Everyone has their own strengths and weaknesses. As a supervisor or manager, identifying your employee’s strengths in a positive way will benefit your department in productive, efficient methods. I have learned my own strengths and weaknesses as a technician by making a minor mistake, thus avoiding making the same mistake twice.

Being Certified in Sterile Processing means continual education, and continual learning. I have learned to be proactive in learning new tasks at work, in order to achieve success in handling these tasks on a weekend or holiday shift. Sterile Processing Departments need proactive, positive leaders, supervisors, managers, and co-workers to accomplish the critical task of meeting patients’ needs.

Working in Sterile Processing the past five years (four years certified), I have learned many hat tricks to this type of critical work. These are five lessons I have learned from a collaboration of Managers, Supervisors and co-workers:
1. Focus more on the task at hand; talk less.
2. Pay attention to detail per task. ALWAYS double-check your work!
3. Work as a proactive, positive team member. Sterile Processing work can be very tedious; therefore, combining a positive, uplifting spirit at work will boost morale and provide less tension during busy times. Laughter and small talk is good medicine amongst co-workers when the going gets tough!
4. Develop strong work ethics and continue to learn new tasks. Remember, the needs of the patient come first!
5. Find the right fit, and the right hospital for you. In my experience, I worked for a Top 100 hospital, prestigious and highly favored, and was not happy working in their type of management environment.

I have found this particular job position very challenging and educational.”

– Margi Mattfeld, Certified Sterile Processing Technician II

“...I truly believe that we need to lead by example in order to achieve positive results...”

“It was a rainy Monday morning when I joined the CSSD and heard about regulations, standards, guidelines, safety, customer focus, good work practices, infection control, and education. Expectations were high, but the results were poor.

Over time, I thought, it’s [up to us to change things for the better]. We should have intense passion for all the things we want. If we are not strongly for or against something, what we want is less likely to manifest in life. I eventually met IAHCSMM, a “friend” in Chicago with lot of branches and fruits (opportunities) to us all. This “friend” helped educate me on the latest standards and practices to promote quality patient care.

Maintaining IAHCSMM membership not only provides an opportunity to interact with other members, it also helps us focus on performance improvement in healthcare. This enhanced my skills, while increasing my grade and position, which also resulted in greater quality for our sterile processing unit.

As the seasons came and went, our CSSD work and knowledge became more powerful. It improved our work and helped us focus more on education and peer mentoring to develop future leaders. Education creates a life cycle of growth and leadership.”

– Dhananjay Shettigar, CRCST, Alain Hospital, Abu Dhabi, U A E.
“I still remember the time (year 2003) when I was a volunteer nursing aide in Laguna Provincial hospital in the Philippines. Even though I was assigned in the surgical department, I kept coming to the Central Sterilization Room (CSR) to see what they were doing. I didn’t know that the head nurse in OR was observing me. The next day, when I reported to the nursing office, they told me that I would be assigned in the OR. I was happy and did my very best there. I learned how to autoclave.

Later, I worked in Saudi Arabia as a nursing Orderly (functioning as a Nurse Aide). Although I received Best Employee award for my hard work, I filed an exit letter, asking to be transferred to the CSSD because of my experience in sterilization. They granted my request and I started working as a CSSD technician. After a year, I became certified. Being a CSSD technician, I have learned that we should not stop studying. We must be aware of the ever-changing world in CSSD."

– Ariel Conos, CRCST, CSPDT, - Philippines

“Driving department-wide education has been a specific goal of ours and we have worked diligently on this over the past year in our Sterile Processing Department. During this time, we have implemented a number of educational programs. At St. Joseph’s Hospital and Medical Center in Phoenix, AZ, home to Barrow Neurological Institute, we have a staff of 35 technicians working in our SPD. We are a Level 1 Trauma Center and perform virtually every medical procedure.

We have implemented a number of methods to distribute information, educate our staff and ensure that they have the tools and knowledge needed to provide excellence in care. These methods include:
1. Skills Competency Checklist – This checklist itemizes the skills necessary to perform the role of the sterile processing technician. The department supervisor, team leader and preceptor work directly with each individual to document the understanding of each necessary skill. This checklist is reviewed annually for all staff. This includes skills, such as manually cleaning and disinfecting a specific model flexible scope, using chemicals, operating a sterilizer, wrapping an instrument set, etc.
2. Department Inservices – Inservices are conducted by vendors for all items in use, and annual repeat inservices are provided for specific devices (i.e., flexible scopes, new spinal systems).
   We also implemented a monthly inservice conducted by the SPD supervisor(s) as part of a program we call “Back to the Basics.” The idea is to get back to reviewing “basic” tasks of reprocessing and then break these tasks down into a one-hour hands-on inservice with Power Point presentations.
3. We implemented a white board “SPD Process Reminder” where the supervisor writes appropriate processes down (or just simple reminders). The information remains on the board for a week or two and is then changed to another current issue.
4. We created a “Daily Process Reminder,” brief one- or two-sentence reminders that are written on recycled Bowie-Dick cards. The card is passed through each shift and read during shift report every day. The information is basic (i.e., Cidex OPA must be 68°F or higher, Rapicide Test Strips must be read at 30 seconds, Cavicide must have a wet contact time of 3 minutes.) The cards have the statement on one side and the department area it pertains to (i.e. Decontam, Sterilizing, Assembly, Distribution, etc.) on the other side. We have dozens and dozens of these cards.
5. We implemented an email education program where step by step processes are documented and emailed to a staff distribution list. These emails are intended to specifically explain how to process a specific device. Emails with photos attached are also distributed for every new instrument set being implemented. This identifies how staff should process the item through decontamination, assembly and sterilization."
6. We use quizzes (taken together as a group on each shift) to review critical information, including sterilization cycle types, High-Level Disinfection monitoring requirements on test strips and soak times, expiration dates, biological monitoring, etc. These are not “graded” tests, but serve as an educational opportunity.
7. We encourage our staff to attend IAHCSMM educational seminars. This has helped drive excellent turnout each year at our local Grand Canyon Chapter meeting.

– Kevin McAfee, CRCST

I have been in this field for more than 20 years. I am a major part of infection control which helps keep a high standard for myself and my employees. This helps keep the ball rolling smoothly. Because of the years I have invested in this field, I have learned to be a strong role model for (current) and future employees. I started out from scratch in this field and have learned a lot since I started in this job. It is a struggle sometimes, but every day I learn something new."

– Robby Miller, CRCST - Sterile Processing Supervisor, Evening Shift
St. Joseph’s Hospital and Medical Center

CONTINUED ON THE NEXT PAGE
CELEBRATING INTERNATIONAL CS WEEK

“I'm the supervisor of HIMA San Pablo Caguas Central Supply Department, a 400-bed private hospital in Puerto Rico. My story began in Oct. 2012 when I was developing our 2013 educational plan. I was looking for a strategy that would promote enthusiasm in my employees and improve outcomes. They really wanted to learn more, clarify doubts and improve their [ability] to do their best for the department; however, I didn't want to deliver education where I was talking and they were just hearing.

I used my Central Service Technical Manual as a reference base and developed an educational plan. The challenge began when I gave all the employees a theme from the book and a schedule to present it on a weekly meeting basis. The results were fantastic because they started to search for more information, make Power Point presentations, and [delve deeper] into our own processes. Each one wanted to make a great presentation for their peers.

I discovered that I have excellent resources in our department. My employees differ (some are shy, others are nervous), but are capable of sharing information that can positively affect our processes. We took on this great educational challenge, and we succeeded. They feel good and confident, and I am very proud of them.”

– Iris Y. Ramos - Supervisor, Suministros Esteriles

“[In CS], it's like a real family, going through the hard times together and encouraging each other to keep on going. At the end of the day, you feel confident that everyone’s safe and satisfied.”

– Dawn Rooney, CRCST, CIS - Central Service Coordinator, Saint Clares Hospital, Weston, WI

“I have been working at Franciscan St. Elizabeth Health since August 2, 1982. I enjoy my career very much. I have a caring attitude toward patients, visitors, co-workers, surgeons, sales reps, managers, and anyone else with whom I come in contact. I decided I would like to further my knowledge after I became a Charge Technician and certified as a CRCST. I took the CHL exam and passed, earning my healthcare leadership certification. Now, I am studying to take the CIS exam. I am having fun learning as much as I possibly can. I strive to be a good mentor and team player. I like to have a positive attitude, and I want to deliver medical excellence.

I owe my supervisor great respect. She mentioned during one of my performance evaluations that she would like for me to try out for different committees throughout our facility. This was an awakening for me! I began thinking, yes, I would like to get more involved because I do like my career. I want to learn as much possible, so I will know I am delivering exceptional service to others. It is with great pleasure to be able to say I am reaching for my goals, and completing them.”

– Jetta Tharp, CRCST, CHL, CIS - Charge Technician/CS Technician, Franciscan St. Elizabeth Health
WHY I’VE CHOSEN A CAREER IN CS

By Ann Trybus

“I am going to become a psychiatrist. I want to open brains and fix them.”

That was my response to a question in grade school about what I wanted to be when I grew up. Years went by and I enjoyed science above all other classes in the curriculum. By the time I hit middle school, I wanted to find a cure for cancer.

More time went by and life twisted and turned. As a young single mother, I waited for ten years and, as a side job, worked at a photo center to help pay the bills. Well, in reality, one job paid the bills, the other job paid the babysitter.

My dreams of attaining my doctorate faded as the years passed. I would, however, subscribe to a few science and health magazines to see how my “would be” associates were coming along with psychology and cancer cures.

Through hard work and ambition I did become manager of that photo center’s photo development area. I was neat, tidy, organized, and efficient, and in my element in a lab setting. Keeping track of chemicals, Material Safety Data Sheets, and personal protective equipment was rewarding, and I enjoyed leading my fellow employees.

Alas, the digital photo age arose and after 15 years in the photo business, I looked around me and thought, “What now?” I didn’t have a degree. When people would ask me what degree I had I told them I had a Master’s from the School of Hard Knocks. That reply didn’t seem to impress.

I began searching jobs available at the local hospital, with the thought that I could get an entry-level job and work my way up to some kind of lab position.

Let’s see…Nurse? No. Doctor? No. Lab Technologist? Hmm. I Googled the job and learned it would require 8-10 years of college. Not an option at that point in my life. Central Sterile and Reprocessing Tech? What’s this? I Googled that and what I read gave me chills. The chance to work in a lab setting, with standards, MSDS, hundreds of instruments and accountability for job performance on a constant level? “This is me!” I thought.

The posting stated that certification was required. I wondered how much money and years of studying would be involved. Much to my pleasant surprise, found this goal was doable.

I then contacted the nearest formal school for classes, signed up and paid. I was on my way. A few days before the classes were about to start the school called to apologize; they had cancelled my course because of low interest. I was crushed for a moment, but bounced back. I called a school about an hour away and learned the class has already started. I would have to wait months. Not willing to give up, I went online and searched “CSPD in my local area.” Up popped CPD Guy’s name and website. I clicked away. I wrote him an introductory email and asked him if he knew anyone who could help me in my local area. He wrote back that there was a professional in CSR by the name of Debbie and he gave me her number.

I called her and explained my predicament, and shared my aspirations of wanting to become a Certified CS Technician. I was absolutely giddy about her setting time aside to speak with me about the process of becoming a certified technician. She suggested the steps I should take. I listened intently and wrote everything down.

Several days later, I contacted Darlene, the Director of volunteers for a family of hospitals connected to the local hospital where Debbie worked. I set up an appointment to become a volunteer. This would allow me to become a familiar face and show my promptness and professionalism at the two hospitals.

By this time, I had not only signed up to volunteer two days a week, but I also left the photo industry and got a job as a cashier at a local big box store five days a week. I was working seven days a week – something I am not a stranger to, but something that did prove tiring. I also moved into a new home and started a correspondence class at a formal out-of-state school to complete course work for preparation for the certification exam.

Volunteering went wonderfully. I met very caring nurses and other hospital staff. I was on the surgical services floor (although I was unable to enter restricted areas).

I recall peeking into the window of CSPD and almost feeling like a kid outside a candy store. Debbie saw me peeking in the window and told me to scrub up and come into the sterile section.

I knew I was where I wanted to be.

Before I knew it, I was finishing up about six months of volunteering and the formal school work I needed to complete, and I was ready to start my 400 hours. Debbie agreed to serve as my proctor.

I would also like to add that I have attended a three-day conference on CSPD. It was extraordinary meeting all of the professionals in the field. As I looked around the room and listened to the speakers, I couldn’t help but wish I could have seen a few surgeons there. Everyone in a hospital needs to appreciate what Central Sterile Technicians do.

I’ve successfully completed the final exam and am now working on my 400 hours. Preparation is going well as I prepare to become certified with both IAHCSSM and CBSPD.

I want to do this right. I want to learn the right way from the right people and be able to say “I am certified and ready. I put patient care first and foremost. I follow standard precautions and will keep current on important changes in the profession. I am a certified Technician and proud of it!”

I didn’t become a brain surgeon or discover a cure for cancer, but the profession I’m pursuing is no less important. Life takes on many twists and turns. The trick is to land on your feet and do what you love.

– Ann Trybus, student
Some days, when I enter the Central Service department, the 80s song “Manic Monday” seems like an all too fitting theme. The pace is fast and furious, and it seems we’re always working diligently to beat the clock to turn instruments around for the next procedure within a given (and, sometimes, unrealistic) timeframe.

Despite the hectic pace in the department, I truly do enjoy many aspects of my job. The work is never dull or boring. Technology has influenced the changes in instrumentation, and techniques in the Operating Room, which forces us to stay on our toes. Frenzied pace aside, each day is a new adventure.

What I love most about this job is how each CS technician is on the front line defensive against infection and injury. What we do and how we do it matters – and it has a direct impact on patient care and outcomes. How is this, you might ask, when we rarely, if ever, come in direct contact with the patient? Well, we must not forget that we are the hands and eyes responsible for cleaning, decontaminating, sterilization, assembling, testing, and otherwise managing the instruments and equipment used on the patient. We must properly and diligently test the insulation on laparoscopic equipment, so patients are not inadvertently burned. We must ensure that the arms on robotic equipment are completely functional.

So many instruments (i.e., scissors, osteotomes, needleholders, and more) can injure a patient if they are not tested properly or fail to meet standards. It is our responsibility to clean, test and even remove any instrument from service that does not meet the Association for the Advancement of Medical Instrumentation (AAMI) standards or the manufacturer’s Instructions for Use (IFU).

LEAD BY EXAMPLE
If there’s a downside to our profession, it’s that our work often goes unnoticed and is undervalued by many other healthcare professionals. Despite the fact that we are dedicated, hard-working professionals, and the work we perform each day is vital to quality customer service and successful patient outcomes, hospital staff may treat us as if our career is “just a job.” Unfortunately, when we are met with this type of negative perception, we may begin to view ourselves and our profession the same way. And when that happens, no one wins. Technicians who view their work in CS as a mere job, not a true profession or career, must change that mindset. We must find satisfaction in knowing that we can and do make a difference. Our services are needed by the trained professionals within the hospital, and by the many patients and family members who visit the hospital and its affiliated clinics each day.

As technicians, we are responsible for behaving as consumerate professionals, even when our colleagues do not always view the work we perform as “professional” or “vital.” How do we maintain a professional mindset in the face of opposition? We must begin by giving ourselves credit for our knowledge and experience. We must celebrate who we are and how we are different. We must never belittle ourselves or our coworkers for lacking the knowledge to perform a task. If we do not know how to perform a task, we must ask. Learning is proactive and it is critically important to our long-term growth and professional advancement.

True professionals research and ask questions. Part of becoming a respected professional is to ask, research and learn how to perform a desired task. We must never be afraid to ask a question because seeking knowledge is vital to quality, safety and successful outcomes. Even the most famous, wise and experienced scientists and researchers ask questions – that is how they continue to grow, learn and advance as esteemed professionals.

We must do our very best at every task within the department, and this requires research. If we know we are doing our best, then we should take pride in that. Behaving in a friendly manner, standing tall and smiling, conveys both confidence and approachability – two traits that make others desire to be in our presence and more willing to reach out to us for help. Conveyance of confidence and a positive attitude positively alters people’s perceptions and it also makes others take notice of our quality-driven performance. When we feel confident, we do a better job.
When other professionals within the hospital witness us seeking knowledge and desiring to improve our performance with a positive attitude, their perception of CS professionals will begin to change. This will not happen immediately, but it will happen and it will be highly rewarding.

The most important components for becoming recognized, valued and respected as a professional are education and credentials. Hospitals across the United States are slowly requiring that all CS technicians become certified, and that is a positive development. Certification means that we have met a standard for being able to effectively perform the tasks required within our chosen profession.

Continuing education keeps CS professionals up-to-date with how and why certain standards are required – and how they are changing. As professionals, we must be well versed on the standards and best practices that help us perform our on-the-job roles and responsibilities safely and effectively. We must also continue to attend seminars and read literature that pertains to our industry, so we can arm ourselves with information, advance our knowledge and provide the patient with the very best instrumentation and outcomes.

IN CONCLUSION
Why do we CS professionals matter? We matter because we are the unsung soldiers in the war against infection. No surgery anywhere in the world could take place without us. CS is undergoing a metamorphosis – a constant evolution that requires its professionals to commit to ongoing knowledge, professional growth and advancement.

Those of us in this profession must continue to be proactive – obtaining certification, accessing and staying abreast of the latest industry standards, attending seminars and conferences, and reviewing literature to stay abreast of what is required for us to perform our duties safely, consistently and effectively. Our world in CS is extremely chaotic and complex, but our commitment to quality, maintaining a positive attitude and becoming our personal best will give us the tools we need to continue to grow, thrive and succeed.

Genan Holder, BS, CRCST, CHL, CIS, serves as Central Sterile Processing Technician at Hospital for Special Surgery (HSS) in New York. She received a Bachelor of Science degree in Computer and Information Science, and will earn her Master of Science degree in Education, in the disciplines of Biology and Microbiology, in June 2014.

“What I love most about this job is how each CS technician is on the front line defensive against infection and injury. What we do and how we do it matters – and it has a direct impact on patient care and outcomes.”

– Genan Holder, BS, CRCST, CHL, CIS

GAINING RESPECT IN CS AND BEYOND

Many Central Service professionals can attest that respect from peers, customers and facility executives is sometimes lacking. The good news is respect is something that can be earned. Following these steps can help, according to Genan Holder, BS, CRCST, CIS, CHL:

• **RESPECT YOURSELF.** We can’t expect others to show us respect if we don’t do it ourselves. Self-respect involves behaving professionally; dressing appropriately; following policies, procedures, guidelines, and standards; and taking proper care of oneself (this includes proper grooming and getting adequate rest, so we are engaged and focused on the job). We must always demonstrate pride and respect for the facility in which we work, and be proud of our contributions.

• **FOCUS ON INTEGRITY.** Be honest and reliable. Do not commit to anything you cannot perform or deliver with quality and safety. Never promise to complete the turnaround of a tray without informing the recipient of all the variables involved. If a request is unrealistic, make sure all parties involved are informed. Honesty and reliability will earn respect in the long-run.

• **BE WILLING TO ACCEPT CRITICISM.** When people discover you are good at what you do, you will likely face more criticism. This may seem unfair, but it’s a harsh reality that all professionals experience. Handle the comments with dignity and use them as a learning tool. Learning comes from making mistakes and a willingness to see something from another person’s perspective.

• **FOCUS ON THE DETAILS.** All professionals hold in high esteem those individuals who are competent, professional and excel at their work. Becoming competent on the job is the fastest way to earn respect, and this requires careful attention to the details and minutia. As Oprah Winfrey says, “the love is in the details.” Competency and respect are also generated in the details. In healthcare, and certainly in CS, it’s sometimes the smallest details that make the biggest difference.
This year, I celebrate my 40th anniversary in the Sterile Processing field. I continue to have passion and enjoy my work every day; no two days are alike in the Sterile Processing Department.

I reflect on the many changes in technology and processes throughout the years in Sterile Processing. How far we have advanced! Gone are the days of processing hundreds of "glass" mercury thermometers daily and packaging them for use. We did not use prepackaged disposable surgical packs; we had a linen room, and all the cloth linen was de-linted and checked on the light table for holes. The linen was then folded and sterilized, or used for sterile wraps. Most of the items used for patient care were sterilized, not purchased sterile ready for use, such as catheters, syringes (which were glass), needles, irrigation syringes, emesis basins, wash basins, bedpans, urinals, etc. Instead, the items were packaged in white paper "Chieftain" bags.

Sterile water and saline were prepared in the "solution" room. We had a large distiller in the department. We filled large Pyrex bottles and sterilized them utilizing the liquid cycle, monitoring them with a glass ampoule. Cotton Balls and gauze sponges were sterilized in large metal containers. All surgical trays were wrapped in the muslin wraps as the disposable, non-woven wraps and rigid container systems were not yet available. All items removed from a patient isolation room were sent to the SPD for decontamination in the sterilizer – even trays with uneaten food.

Ethylene Oxide sterilization was available, and we had an EtO sterilizer and an EtO aerator. There was no air or personnel monitoring to determine EtO exposure levels. The EtO sterilizer evacuated into a bucket on the floor. There were one or two cycles used on the steam sterilizers, and these sterilizers were not computerized machines with printers. We had to change the cycle graph on the recorder daily and the doors were hand-tightened (we always double-checked the door to ensure it was tight; otherwise, steam escaped and we’d hear an ear-piercing noise).

Now, in the present at my current position as the Sterile Processing Service Chief at the Captain James A. Lovell Federal Health Care Center, we are challenged with integrating five SPDs into one service. In 2010, The Captain James A. Lovell Federal Health Care Center opened as the first United States federal healthcare center that partners the U.S. Department of Veterans Affairs and the Department of Defense into a single, integrated federal healthcare facility that cares for military veterans, active-duty military and dependents.

The SPDs are located in several buildings. Four process large volumes of dental instrumentation, and there is one large main SPS located at the hospital, which processes instrumentation from all areas of the medical center, including surgery, GI, and various clinics. With all SPDs reporting to one service, our goal is to have standardized practices and procedures in all of the sterile processing areas.

The Reusable Medical Equipment (RME) initiative that began at the VA in 2009 resulted in many changes for the VA SPDs. These changes included policies/standard operating procedures; competencies; required IFU from the manufactures; and staffing additions with new positions developed, including RME Coordinators, RME Educators, Implant Coordinators, etc. With the integration, education on the RME processes was initiated immediately. The RME program had to be communicated and implemented in all of the sterile processing areas. Staff education was a very important component to ensure a successful integration of the Sterile Processing Service. This required a team effort and involved not only SPS staff, but clinical staff for point-of-use processes. We developed standard operating procedures for all items processed and competency for the technicians. This team effort also involved completing the VA Level I certification program, and obtaining manufacturer instructions for processing instrumentation.

As we continue our journey, we encourage all of our SPS staff to obtain IAHCSMM certification, which many of the staff have done. We also encourage staff to continue to grow and gain knowledge to provide the quality sterile products in the ever-changing world of sterile processing.

There has never been a more exciting or interesting time for the sterile processing profession. We recognize the dedication and efforts of our sterile processing staff at the FHCC. This year, in honor of International CS Week, we have much to celebrate!

Kathleen Ladewig, CRCST, serves as Division Officer/Chief of the Sterile Processing Department at Captain James A. Lovell Federal Health Care Center.
Greenville Hospital SPD team: Front: Audrey Percot, CRCST, K. McCall, Renee Spencer, Laquicia Ellis, CRST, Andy Mikos, CRST
Back: Carol Tyson, Josh Engrammery, CRST, Andy Mikos, CRST, Mary Jones, CRST, Kelvin Triand, CSPDT, John Aventi, CRST, Regina Mitchell, CRST, Betty Kerx
Gladys Parks, of Greenville Hospital System. Photo courtesy of Andy Mikos.

Greenville Hospital System’s K.P. McCall, Renee Spencer. They have been in the profession for a combined 46 years and love decontam! Photo courtesy of Andy Mikos.

Left to right: Kiana Stroud, CRCST, "Annette Simmons, Renee Duck, Kamila Washington, CSPDT, of Greenville Hospital System. Photo courtesy of Andy Mikos.

Navy Blue Team, NYU College of Dentistry. Photo courtesy of Andy Mikos.

Abony Engrammery, CRST, Greenville Hospital System SPD. Photo courtesy of Andy Mikos.
A DAY IN THE LIFE: A TECH’S VIEW ON DELIVERING QUALITY

By a SynergyHealth SPD Instrument Technician, REX Healthcare, Raleigh, NC

What may seem like relatively simple, task-oriented work – decontaminate, inspect, assemble, package, sterilize, and prepare sterile instruments for surgery – can quickly become compounded given almost 40 operating rooms, multiple surgery locations, and a limited instrument inventory.

Despite challenges of a dynamic environment, Synergy Health Instrument Technicians are successful at carrying out this important work at REX Healthcare by focusing on their company’s values: Achievement, Accountability, Integrity, and Innovation. This allows the Surgical Services staff to focus on patient care in the Operating Room.

An instrument technician’s typical day involves coordinating the movement of items for the current day (due to inventory constraints, for example) and preparing items for the next day’s surgery schedule. Under the guidance of a shift Supervisor, technicians are trained and highly skilled in maintaining efficiencies related to the flow of instruments returned from the surgical suites through processing and storage or distribution. Technicians follow “signals” to flex in and out of processing areas, depending on workload. Technicians have access to tools that aid in the production of quality products. These may be in the form of equipment testing devices or resources found in the instrument tracking system. Ongoing process improvement initiatives allow technicians to work smarter and more effectively, resulting in favorable outcomes for the Operating Room in terms of instrument availability and the delivery of quality products. Rex and SynergyHealth use defined metrics to measure and drive SPD performance.

“Ongoing process improvement initiatives allow technicians to work smarter and more effectively, resulting in favorable outcomes for the Operating Room.”

The Synergy Health Team at REX celebrates achieving “Superior Performance.”
Who enrolls in sterile processing education courses? Often, they are long-time sterile processing technicians who want to improve their job-related knowledge, skills and performance.

As the Director of Education at IMS, I have been lucky enough to be involved, either directly or indirectly, in the certification of nearly 500 employees and customers. Typically, I get copied on an email from the course instructors who let me know that an employee or customer had passed his or her certification exam. Up until a few weeks ago, I’ve rarely had the opportunity to see the excitement of our customers and the sense of accomplishment they have in passing the exam.

In March, 2013, four sterile processing technicians from Advocate Sherman Hospital in Elgin, IL, enrolled in a certification course provided by IMS. Much to the excitement of the facility, all four passed the exam the first time they took it. The response from the C-Suite was tremendous. In my 18 years in Sterile Processing, I have never seen such praise, support and excitement from a group of leaders. Chief Nursing Officer Judy Balcitis, who presented the staff with their certification pins at the conclusion of the monthly employee recognition awards ceremony, stated, “The employees received their certificates from CEO Rick Floyd, were given their pins, and were guests of honor at a party that followed the ceremony. We wanted to show them how proud their senior leadership was of their achievement.”

Below is an excerpt from a letter one student sent to the course instructors:

“I DID IT! I just wanted to say thank you for all of the hard work you both put into these classes to help us better our self-esteem and get a better understanding of why we do the work we do -- and to make sure it is done properly, according to the rules and regulations. I must admit that I have 20-plus years working in sterile processing and I had no clue why things were done a certain way and whether they were right or not. At that time, I was not certain, but I can honestly tell you that I have more knowledge now than I had before this class.”

This education program was championed and initiated by OR Manager Robin Moses-Otterstein. Sterile Processing Department Manager Michelle Milner drove the program daily to make sure they were participating. Robin and Michelle provided guidance and encouragement throughout the certification process. Earning their certification boosted these employees’ morale, increased their confidence, and validated their competency. Henceforth, they exemplified a willingness to change processes and promote quality. Robin Moses-Otterstein noted, "The increased confidence also helped strengthen the already supportive relationship between SP and OR staff.” This was evidenced by improved communication, understanding, and teamwork between the departments.

Employer-sponsored education is one of the most effective means to promoting compliance, safety, and efficiency in sterile processing. And, as the success at Advocate Sherman Hospital shows, it is a concrete way to show employees that you care about them and are invested in their career development.

As we plan our company Sterile Processing Department picnic, we reflect on the fact that on June 25, 2012, SIPS was given the opportunity to outsource a unionized SPD at Westchester Medical Center (WCMC) in Valhalla, NY.

Prior to SIPS’s arrival, the facility had concerns with errors, attendance and a lack of professionalism in the SPD. I recall meeting with the staff to inform them of the upcoming changes, to share who we were, company goals, and SIPS mission and vision. There was some initial objection, and staff appeared afraid of the big change that was about to take place. A large percentage of the staff remained guarded until either they decided if they were coming on board with SIPS, or if we were selecting them to come and join our team.

On Day One of the changeover, everyone was given job expectations for their positions, along with SIPS’s policies on attendance and errors. One employee voiced that he felt it wasn’t fair to put a number on the amount of errors that the staff could make before disciplinary action would be taken. We explained although human error is a reality, if one person makes a mistake daily and we cover 365 days/year, then a large amount of people are being affected. We would love to say that this concept helped to change everyone’s mindset and that all of the staff was successful; unfortunately that is not the case. SPD is not for everyone.

Instilling Excellence

We put a core group in place to start our SPD reconstruction. In addition to the typical job titles: technician, lead technician and supervisor, we created the positions of a Quality Assurance Coordinator and an Educator. We also took a few months to locate the right manager to drive the team. We hired a manager who understood the staff and customer needs, and who wasn’t afraid to roll up his sleeves to tackle the long road ahead. As subject matter experts in the field of sterilization, it was clear to me in assuming the manager role that the department had several areas that presented opportunities for growth. With change and sustainability in mind, we took a close assessment of the people, the processes and the technology that were already functional in the SPD.

The number one resource for any functional sterilization department is its staff; these resources should be cultivated, inspired and granted the opportunity to succeed. The human element is the most challenging to manage and the most rewarding. We required every member of the SPD team to obtain their CRCST certification within a 12-month period. In order to achieved this goal, a CRCST class was offered free of charge to all employees. Supporting this goal of higher learning required greater accountability, so we created several initiatives to broaden the scope of our plan – one being a bonus structure that included our technicians. Our certification rate within this group soared from 30% of the team not being certified to an astonishing 100% certification of all the staff that was hired in June 2012. Michele Grubbs, recently certified after eight years in the profession, stated, “Being certified, I feel more confident in producing trays and also I’m recognized as a professional among my peers.”

WCMC’s sterilization department produces 7,500-8,000 instrument trays monthly, equating to over 450,000 instruments per year. We feel the amount of sterile goods that we produce monthly is also the amount of opportunities that are granted to us monthly to get it right. Working in a Level 1 trauma center, and the biggest hospital in Westchester County, there are many expectations and many customers to serve intra departmentally and interdepartmentally. Although these customers come from diverse backgrounds, we all share a common thread – that being patient care. As SPD leaders, we agree that the mission is to provide exceptional service to support great patient care. There are many roads we can take to achieve this noble mission.

Those who are commonly thought of as the least educated have been tasked with the highest of expectations. Our SPD team decided we would expand our role and make certain that each and every one of the 8,000 trays and 45,000 instruments would meet the gold standard. You may ask how this is possible since no one can a produce perfect product at every juncture. Perhaps that is true, but with that goal on the table and the odds against us, we still challenged old processes and created new paths. This led to the
implementation of a Quality Assurance Team. As Dr. Jeff Freda stated during the WCMC monthly Operating Room Committee meeting, “Prior to us [SIPS] taking over the department, the average amount of sets being checked for quality was eight. Now, they QA over 600 trays monthly.”

The driving principals of the QA team are two-fold: “Fit for patient care,” which means the product should be suitable for the intended purpose; and “Get it right the first time,” which means that mistakes should be eliminated. In actuality, our QA Technicians inspect more than 1,000 trays monthly. Any errors found are documented and reported to the QA coordinator. The QA coordinator then informs the shift leaders and works with the educator to devise a corrective action plan centered on education and training. These errors are rectified upon inspection and tracked.

We have produced leaders who are transformational and staff members who understand that sterilization technicians are a vital part of the healthcare team. We’ve adopted the motto that “there will be good days and great ones, but no matter what day it is, it is an opportunity to learn and succeed – and of course, to enjoy the journey.” As Robin Armstrong, an SPD professional for more than 25 years who was promoted from Lead Technician to first shift Supervisor, noted, “The opportunity to grow in the field is great. Being a Lead Tech for so many years, I never dreamed of becoming a supervisor, but the leadership team allowed me to dig deep and pull on my potential. I love my job.”

These are the types of opportunities that are produced when you have a functional team of caring professionals. It keeps us thriving when we improve individually and as a team. Doing so allows us to successfully provide service for our main priority – the patients!

LaWayne Perkins, CRCST, CHL, serves as SPD Manager for Westchester Medical Center. Karen Cherry, MBA, CRCST, is President of SIPS Consultants.