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LEARNING OBJECTIVES

1. Create a shared vision.
2. Implement process improvement through collaboration.
3. Understand the roles of each team.

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SELF-STUDY SERIES

Bridging the gap!

Collective collaboration is important in creating a cohesive surgical services department

by Ryan Rozinka, CRCST, CHL

Central service professionals (CSPs) play a critical role in the sterile processing department (SPD) by helping to ensure surgical instruments are properly cleaned and sterilized before use in patient cases. Depending on their facility, responsibilities can vary from reprocessing, cleaning and sterilizing instruments to preparing the case cart area for specific cases. This needs to be a collaborative effort amongst several groups. Without a shared vision, goals are almost impossible to accomplish.

Creating a shared vision

Creating a shared vision should be the first step in starting and maintaining collaboration within Surgical Services as a whole. As you are creating a shared vision, you will need to decide who should be involved, schedule collaborative working time, assign a neutral facilitator, get prepared in advance, set the stage, create a plan and use a process. Draft the vision statement later in the process, talk privately to those who disagree, reconvene with the group, holding a shorter meeting to review the statement once the vision statement is created. These are all critical steps to ensure a collaborative working relationship and to ensure the best outcomes for the patients we serve.

Involve the Infection Preventionist

In many health systems, the SPD and OR operate in silos. Often, OR personnel do not have insight into what it takes to make an SPD work and function and likewise, CSP do not understand the workflow and demands in the OR. It is critical to have a dedicated Infection Preventionist (IP) for both departments that is knowledgeable and able to help bridge the gap between the departments to promote a better work environment and outcome for patients. And this can be compounded by a physical separation — the SPD is typically in the basement of facilities and the OR suites are on different floors — creating a disconnect and a lack of understanding between

the two departments. To be frank, it can sometimes feel like a love-hate relationship because they must work together, but they do not always understand each other. Because their work and goals are highly intertwined, many health systems are working to bridge the gap and improve the connection, making it a smoother process between the departments to provide the best possible care to patients. More often than not, IPs are paired up with the Surgical Services department to help in the process which allows them to understand work flow, potential needs of the department, and connect with staff to create a better working relationship. They can help promote cohesiveness between the departments. When mistakes happen, often the early response is to point fingers. This is the most ineffective way to problem solve and create better working environments. Having an IP dedicated to the department provides a third-party facilitator.

Why we do what we do

We all can lose track of the reasons why we chose these professions in the medical industry. It was not just for a paycheck. We all want to help patients whether it be directly or indirectly. I would like to believe this is a common feeling - we do not make mistakes on purpose. It feels easier for me to present the problem, as mistakes happen for many reasons: time constraints, complexity of process, and human factors that are purely personal that affect daily activities. They are not made to make someone upset. They happen because we are all human. There are two things that can happen from making a mistake. We can either point the finger and not correct the root cause that prevents the issue from happening again, or we can come together to better a process to ensure we are giving the best care to our patients. In order to provide patients the best care possible, it is important for CSP, OR, and IP personnel to understand each other's roles and how they affect the other. Doing so may help heighten the importance of each department's tasks in ensuring clean instruments,

as both play a role, helping to lead to a more efficient and thorough process.

Technology helps

In recent years, there has been more emphasis put on SPDs with new standards put in place to improve the end products for surgical technicians, OR nurses, surgeons and patients. If the OR better understands the SPD's role in patient safety, they can, in some cases, help the SPD push for the latest technology to raise the standard of care. This would positively impact both departments. For example, not every sterilization load in the SPD is monitored with a biological indicator (BI) due to the historically long process time. It used to take hours or even days for a BI readout to show if the sterilization equipment is functioning properly. However, recent advancements in sterile processing assurance technologies now make it possible to get a BI readout in less than 30 minutes. So now SPDs can verify every sterilization load meets sterilization parameters before sending instruments into surgery — helping to reduce the risk of infection and streamline workflow. This is a solution both the SPD and the OR can agree on and can strive to implement. This is just one example of how opening the lines of communication between the SPD and the OR can be a critical step in ensuring higher standards of care for patients throughout the facility. Having an IP entrenched in both departments helps support the needs and safety practices needed to ensure patient safety.

The good news is that there have been rapid advancements in the sterilization assurance technology space over the recent years, namely in decreasing readout times for BIs to as quick as 24 minutes or less. This innovation, in particular, has reduced the historic conflict between speed and quality, making every load monitoring a feasible reality. Monitoring every load not only could help reduce risk, but it also streamlines SPD workflow while providing the same standard of care to every sterilization load and raising the overall standard of care a facility provides.

Instrument recalls are incredibly serious occurrences, and the facilities that have gone through one previously do not want to again. By implementing every load monitoring (ELM), facilities can guarantee instruments are safe before they come into contact with a patient. This puts another assurance process in place to minimize risk to patients. If a BI happens to be positive and staff have to recall instruments, SPD technicians only need to locate one load, as

opposed to multiple, if they are monitoring every load. It's much easier to recover one rack of sterilized instruments, rather than going on what feels like a wild goose hunt to find the others that have already been put away or, even worse, placed in surgery. And often with every load monitoring, instruments have not even left the SPD yet, as they have not been deemed safe, making locating and reprocessing them much easier. The support of an IP to help facilitate this change is critical. They can use their expertise to be champions of the process change and the benefit it can play in overall patient care. This will help justify the cost increase to the facility.

Daily huddle

While there is still room for improvement, more health systems are emphasizing collaboration between the OR, CSP, and IP. I am beginning to see CSP, OR, and IP personnel on various committees like process improvement groups or value analysis committees to bring new products into the hospital. Within the last few years, IP is becoming a stronger advocate to help promote positive changes within the Surgical Services department as a whole. I have also worked in SPDs that have seen success in an afternoon huddle to bring members from all areas of surgical service together to discuss what went well and what did not on a daily basis. They also can use these conversations to review the next day and identify any potential issues with turnover time and adjust the schedule to ensure that the SPD has enough time to get the instruments prepared prior to the next patient. This is also a great opportunity to bring quality control topics up. Start talking about biological indicators and chemical indicators and their purpose. The more dialogue brought up during these types of meetings enhances the knowledge base and understanding of why we do what we do and why it is important.

Surgeons need the confidence that their instruments are safe and ready for use for every patient in every procedure. To provide them that confidence, the CSP and OR personnel need to have open communication and collaboration. Both of these roles are fast-paced and demanding and open the door to a natural human element of error. Instead of pointing blame, teams that work together can implement checks and balances to ensure that any issue along the way is resolved by CSP, OR nurses and surgical techs prior to the physician and patient entering the room. Sometimes while trying to get the backing from senior

leadership to move to ELM, the support of IPs is critical to help show the importance of giving every single patient the same quality of care. Patient safety is always on the forefront of any facility. SPDs that implement every load monitoring can help ensure every patient is receiving the same standard of care. By monitoring every load, OR staff and patients can have confidence that every instrument has met sterilization parameters prior to use. Yes, there is an increased cost to the facility but there are more costs associated with surgical site infections (SSI). The cost of purchasing the appropriate amount of BIs in order to monitor every load can seem daunting. However, take a step back and look at the bigger picture if instruments aren't properly sterilized — this can increase risk. It can cost a facility roughly 1.43 times more to treat a patient with an SSI compared to one without, according to a study published in *The Journal of the American Medical Association*.¹ Facilities should aim to reduce risk in every area they have control, and that includes ensuring instruments are properly sterilized and safe for patient use.

OR and SPD cross-training

To help bridge the gap between CSP, OR, and IPs, it is important for them to better understand each other's role and to spend time seeing the day-to-day operations. Requiring OR staff to spend time in the SPD during orientation can help them better understand the steps and time required to reprocess instruments, the importance of point of use cleaning and how to prep case carts to come down. Likewise, it is important for CSPs to observe the OR to get a better understanding of their needs to keep the OR on schedule and the importance of their roles in patient care and how one wrong step can affect the outcome of that case and those to follow. Now that there are IP's dedicated they are also able to become more knowledgeable and efficient with the functionality of the department which allows them to better support and understand the needs for positive improvement within. The more each department understands each other's roles and how their roles affect one another, the easier it is to close the gap and improve collaboration.

Staff involvement in process improvement

Promoting the work that is being accomplished in these collaboration groups is key to also bridge that gap. Make sure at staff meeting someone from the team is discussing goals that have been met, items

still being worked on, and taking suggestions from staff for items they would like to see worked on to enhance the overall work environment. The more transparent you are with the workings of these types of groups, the more engaged staff will become because they are seeing process improvements that start with staff feedback and it is not another process improvement group that goes nowhere or that comes from the top down. If staff feel they are being listened to, it will create a positive work environment and encourages staff to work together to reach goals for the department.

Conclusion

In the fast-paced medical world creating a collaborative work environment is crucial.

The operating room, SPD, and IP's can help create healthy working relationships and build team unity to break down those silos to ensure the best possible outcomes for those we serve. Mistakes will continue to happen moving forward. The true craftsmanship is how do we learn from those mistakes and work towards a better tomorrow. **HPN**

Reference

1. Merkow RP, Ju MH, Chung JW. Underlying Reasons Associated with Hospital Readmission following Surgery in the United States. *The Journal of the American Medical Association*. 2015; 313(5): 483-495. <https://jamanetwork.com/journals/jama/fullarticle/2107788?resultClick=1>

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CONTINUING EDUCATION TEST • APRIL 2019

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Collective collaboration is important in creating a cohesive surgical services department

Circle the one correct answer:

- Collaboration within Surgical Services has many positive attributes.
A. True B. False
- The cost of an SSI for a facility can be up to 2.43 times more than a patient without.
A. True B. False
- Current Biological Indicators now have readout times of 30 minutes or less.
A. True B. False
- By implementing every load monitoring, facilities can provide the utmost level of assurance that instruments are safe before they come into contact with a patient.
A. True B. False
- Facilities should aim to reduce risk in every area they have control, and that includes ensuring instruments are properly sterilized and safe for patient use.
A. True B. False
- Every Load Monitoring is a trend we are seeing more and more in healthcare facilities.
A. True B. False
- Job shadowing is not a potential way of encouraging teamwork between the OR and SPD.
A. True B. False
- Faster biological readout times enable SPD to quarantine every load until the biological is read.
A. True B. False
- Keeping results, progress, and asking for ideas from others should only happen if asked.
A. True B. False
- There were 9 items needed to start a shared vision. Please select those mentioned in this article:
A. Assign a facilitator
B. Prepare in advance
C. Write a vision statement later
D. All of the above

CONTINUING EDUCATION TEST SCORING



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