

OR EXCELLENCE

SPECIAL ORX WORKSHOP

How to Perfect Your Central Sterile Supply Department

This session is for you if you think a good autoclave can cover up a bad reprocessing department.

Often located in the dark recesses of surgical facilities, the central sterile department is where the overworked and underpaid reprocessing techs toil for hours on end, glorified dishwashers entrusted with one of surgery's most crucial jobs: making sure the instruments are clean. Yet we only have to look to recent news about GI scope reprocessing to see that a single poorly trained tech can hurt more patients in a single day than a bad surgeon. And don't forget how wet packs and instrument sets that are late for the case affect surgeon satisfaction and your facility's bottom line. In this workshop, you'll learn how to better appreciate your SPD and to make it run more smoothly.

- **Don't neglect SPD.** Central sterile techs don't easily fit into a normal healthcare category, but no longer can you afford to neglect the importance of the SPD. The role it plays is just as important if not more so than the procedural areas it supports. Although sterile processing is often misunderstood, it plays a critical role in today's healthcare environment. Administrators and leaders who manage the sterile processing areas must understand the value of proactively managing the day-to-day operations to not only improve performance but to proactively fight against the transmission of dangerous and sometimes deadly healthcare-acquired infections.

- **Keeping up with demand.** Procedural areas are revenue generators. Hospitals depend on perioperative services for more than half of their revenue. And of course surgery centers live and die by volume. So the more patients you can treat, the more revenue you can generate. Because of this production-based model, sterile processing departments must keep up with demand — sometimes unrealistic high-pressure demands.

- **Not a moneymaker.** Since SPD is not a revenue-generating department, it's hard to develop a unit of service that makes sense to manage the workflow demands. As a result, we impose unrealistic productivity standards with staff who are on the low end of the pay structure, have the least amount of training and education, and are expected to meet demands with a constant need to improve production times of ever-expanding surgical departments and procedural areas. A greater push for productivity and the lack of properly educated staff can result in disastrous consequences for facilities.

- **Retaining high-quality CS personnel.** High turnover rates have long been the norm for sterile processing. You can retain your best people by creating an environment that promotes education, safety, accountability and collaboration. Encourage your reprocessing staff to get certified in reprocessing surgical instruments and GI scopes. **OSM**



David Taylor,
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SPEAKER PROFILE

- Director of the cardiovascular OR at Methodist Hospital in San Antonio, Texas.
- Clinical consultant to a variety of clients, including teaching hospitals and level I trauma centers.



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SPEAKER PROFILE

- Infection preventionist at Yale New Haven Hospital in New Haven, Conn.
- Also works as an independent infection prevention consultant.