How to add more teeth to your loaner set policy

It’s one thing to have a policy on managing loaner instrument sets. But how do you put teeth in your policy so these sets can be reprocessed in time to provide safe care and comply with professional guidelines and regulatory requirements?

Readers have asked how to get administrative support for enforcing a policy. This article shares options others have used to manage loaner instrumentation.

In all cases, leadership by sterile processing and OR managers is critical to success.

Revenue, saving money, and protecting patients

Getting administrative buy-in for a loaner policy and procedure is easier when you can show revenue and quality are in jeopardy, says Michele DeMeo, CRCST, CSPDT, former manager of the sterile processing department (SPD) at Memorial Hospital in York, Pennsylvania.

If loaner trays arrive too late, cases may be delayed or cancelled because of the time needed to properly clean and sterilize sets and quarantine implants until biological indicator (BI) results are known.

Unfortunately, instead of delaying or cancelling surgery, some take shortcuts. This does not solve the problem of late delivery of instruments and creates an even bigger problem for patient safety and related costs that may be more than the lost revenue.

Sterile processing and OR managers need to ensure shortcuts are not made, collect data, and provide a solution to gain the administration’s support for a loaner policy and procedure that ensures patients are provided with properly processed instruments.

Documenting the case

Loie Rainey, RN, OR manager at Munson Medical Center in Traverse City, Michigan, gained support to put more teeth in its policy and procedure by showing how the hospital could free valuable space, reduce costs, and improve patient safety. Regarding costs, Rainey and her team looked at:

- the value of shelf space and the number of loaner sets left on shelves, possibly for years
- the liability the facility had for those loaner sets
- accountability to vendors, who might require the facility to fix or repair lost, missing, or damaged instrumentation when the facility had not documented the sets’ arrival and had no way to prove it was not responsible for these situations.

Reducing liability risk

With Munson’s new policy and procedure, loaner instruments need to leave the facility within 48 hours when not in use, freeing space for in-house instrumentation.

The facility reduced its liability risk by more than $1 million by not storing those...
instruments. Now sterile processing personnel review, inspect, and photograph incoming sets so they have documentation in case of a claim by a vendor. This has saved the cost of repairing and charging for lost instruments.

The inspection step has also identified instruments that arrive dirty. The hospital then informs the vendor and expresses concern about the risk to patients and added processing time required to clean instruments with dried-on debris.

**A sample policy**

Gaining buy-in may be easier when senior leaders are shown the position paper and sample policy from the International Association of Healthcare Central Service Materiel Management (IAHCSMM). These are tools to help in developing your own policies and procedures.

Included are elements of a loaner program and a checklist for receiving loaner instrumentation and implants. The sample policy is a template that reflects minimum regulatory guidelines and other issues facilities need to consider. The sample policy can help in meeting the Joint Commission’s National Patient Safety Goal NPSG.07.05.01, which requires hospitals to “implement policies and procedures aimed at reducing the risk of surgical site infections.”

**Time frame for set delivery**

IAHCSMM advises that adopting such a loaner policy and procedure will improve instrument processing by requiring companies to provide written instructions for use and to deliver the instruments to the facility’s decontamination area at least:

- 2 working days (48 hours) before a scheduled case for existing sets
- 3 working days (72 hours) for new sets.

Communicating the policy and procedure to the staff and vendors is necessary for compliance. The policy and procedure should have a consequence for vendors who do not comply; for example, a vendor with 3 missed delivery deadlines will no longer be able to do business with the facility.

**Working with vendors**

Managing relationships with vendors, which includes contracts and sales representatives’ behavior, is important, DeMeo notes.

If the SPD is not open 24/7, the OR must become gatekeepers at night to ensure instruments arrive on time, she says. Buy-in and compliance are easier when the OR personnel and surgeons understand why instruments need to arrive on time and the clinical risks if this does not happen.

Cynthia Hubbard, BS, RN, recently served as an interim SPD manager in a facility that had a contracting manager who takes a serious approach if vendors provide loaner instruments that fall short of the facility’s contract terms. Expectations for payment, receipt, cleanliness, removal, etc, are listed under the contract’s terms and conditions, which are signed by the vendor representative. With input from SPD when instruments did not arrive in time, the contracting manager has been able to get vendors who previously did not meet the facility’s time requirement to increase the instrument inventory for the hospital.

**Voice of the customer**

When she had difficulty obtaining spine instrument sets, Rose Seavey, MBA, RN, CNOR, CSPDT, says she documented times when there were not enough trays to
comply with the loaner policy and procedure. She then called the sales representative’s manager and explained the need for more instrument sets because “all patients deserve to have terminally sterilized instruments.”

The sales manager said her input as a customer was more powerful than if it had come from the sales representative. Seavey, who was SPD director at The Children’s Hospital of Denver, is now CEO of Seavey Healthcare Consulting.

Support your sales representatives not only by explaining the policy and procedure but also by assisting them in informing their management about the need for enough instruments to meet the facility’s policy and procedure.

Leadership
Seavey feels strongly that SPD managers need to become leaders with the autonomy, authority, and negotiation skills to be the patient’s advocate. They need support of the OR, including surgeons, the infection preventionist, and the risk manager.

SPD managers are the experts in the processing of medical devices. The OR and SPD management team needs to be able to present data showing lost revenue, cost impact, and patient safety risks. That can help make a case for putting more teeth into the loaner policy and procedure.

Asking the administration to visit SPD on the busiest day of the week with the most loaner trays should also be an eye opener. ❖

—Martha Young, MS, CSPDT President, Martha L. Young, LLC, providing SAVVY Sterilization Solutions for Healthcare, Woodbury, Minnesota

Martha Young is an independent consultant with long experience in medical device sterilization and disinfection.

References


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