Sterile reprocessing: Rely on the experts to aid OR

Perioperative nurses’ roles have expanded to the point where it is difficult for them to be experts in all areas, especially the reprocessing of complex medical devices. And with reimbursement pressures, OR clinicians need to focus on patient care and physician satisfaction.

So I challenge each operating room to recognize the sterile processing department (SPD) as the experts in reprocessing reusable medical devices. Here are a few ways you can support SPD.

Preclean instruments
SPD is where cleaning, high-level disinfection, and sterilization are performed. But the SPD staff needs the OR to do its part by precleaning instruments as soon as possible and keeping them moist by using a commercially available presoak product (eg, enzymatic) and/or a towel moistened with water (but not saline) before transferring them to SPD.

If instruments are not kept moist, blood will dry on them within 30 minutes or less. Blood and body fluids can cause pitting, and dried blood is hard to remove, adding additional processing time, which may delay the return of instruments to the OR, affecting OR workflow and customer service.

Rick Schultz, CEO of Spectrum Surgical Instruments Corporation, said at a seminar in October 2011 that it is the OR’s responsibility to take care of the instruments, but it is SPD’s responsibility to clean and sterilize them. The OR needs to preclean instruments to make cleaning in SPD easier. This will protect patients and is the OR’s responsibility.

Immediate-use steam sterilization
Immediate-use steam sterilization is a hot topic as a result of the Joint Commission’s emphasis in this area and the multi-society position paper titled Immediate-Use Steam Sterilization (IUSS).

Joint Commission surveyors have been trained using the Association for the Advancement of Medical Instrumentation (AAMI) comprehensive steam sterilization standard and are citing more hospitals for failure to correctly perform cleaning, disinfection, and sterilization. Citations have gone up for high-level disinfection and sterilization since this training in early 2010. The Joint Commission is also citing facilities for not protecting instruments during transport or for routinely using IUSS.

Using a consistent process
As stated in the multi-society position paper and as expected by the Joint Commission, instruments should be cleaned, packaged, and sterilized the same way whether reprocessed in the OR or in SPD. That means if a complex instrument set’s written instructions for use (IFUs) require 40 minutes to manually clean, including three 10-minute cycles in the ultrasonic cleaner, rinsing with purified water, and sterilizing in the original containment device for 10 minutes at 270°F to 275°F in a dynamic-air-
removal steam sterilizer, then this process needs to be followed whether the instruments are processed in the OR or in SPD.

Does your OR have the proper setup to follow the IFUs? Are the personnel oriented, trained, competent, and certified, and do they have the critical thinking skills to perform these tasks correctly?

Reducing use of IUSS

The HealthEast Care System in St Paul, Minnesota, has dramatically changed the use of IUSS to an average of less than one load a day at its hospitals and no loads for a typical month in its ambulatory surgery center by establishing collaborative OR and SPD teams who developed an improvement plan. The teams developed stringent policies for loaner instruments to ensure they arrive in time to be processed correctly (not using IUSS) based on professional recommendations and practices, Joint Commission statements, and best practices.

The OR policies defer to sterile processing policies for all reusable device cleaning, disinfection, and sterilization. Some changes to decrease IUSS included:

- increasing individual instrument inventory
- changing the components of instrument sets
- creating more instrument sets
- changing sterilization methods that were an option in the IFU.

Planning, communication, and processes also improved. But most important, the OR recognized SPD as the processing experts. In the next phase, the goal is to reduce or eliminate all sterilization performed in the OR setting.

Hospitals are eliminating IUSS in the OR except in emergency situations for single dropped instruments—its original purpose—because cleaning and sterilization process are so complex that sterile processing experts are needed to focus on these tasks.

Competency in sterile processing

For all of these reasons, it is time for the OR to pass the baton completely to the sterile processing experts. Their departments are better designed and equipped for this purpose than the OR, and their employees are trained and should be certified in cleaning, packaging, and sterilizing reusable medical devices.

The department should be managed by a certified expert and change leader who keeps up with recommended practices. If the department leader or employees are not certified, that should be a top priority, with the OR supporting that endeavor.

Certification helps develop a basic level of understanding and knowledge, consistency and standardization of performance, confidence, authority, and a sense of professionalism. Certification is offered through the Certification Board for Sterile Processing and Distribution, Inc (www.sterileprocessing.org) and the International Association of Healthcare Central Service Materiel Management (www.iahcsm.org). So far, New Jersey is the only state to require certification of central service managers, supervisors, and technicians. Some organizations have tied certification with pay incentives, and others have made certification mandatory to work in the department.

Justifying higher salaries

Nancy Chobin, assistant vice president, sterile processing services, Barnabas Health, West Orange, New Jersey, was able to justify to management the cost of increasing salaries across the board in sterile processing to make the salaries commensurate with the level of responsibilities.
She says she was able to demonstrate that it is less expensive to provide realistic salaries and a career ladder and to retain employees than it was to replace and train new employees. Upgrading job descriptions to reflect the complexity of today’s sterile processing also helped to justify an improved pay scale.

Funding certification
Sam del Toro, manager of the sterile processing department at Hoag Hospital in Newport Beach, California, and the hospital’s administration decided to fund the certification of 10 to 15 employees per year for 3 years (which would cover all employees) to ensure they are Joint Commission survey ready and know the “why” behind tasks, not just how to perform them.

The department has a binding contract that states that employees must commit to work in the department for 1 year after they achieve certification or reimburse the facility for the cost of certification to ensure that the investment has a measure of return. A benefit is a reduced turnover rate.

I challenge ORs to recognize SPD as the experts in reprocessing reusable medical devices and depend on them to provide the OR with the equipment they need in a timely manner. Use your influence to support them so they can do the job they know best and so ORs can do the job they know best. This partnership and support can lead to a higher level of care and better patient outcomes.

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References