Building bridges between SPD and OR

The financial state of hospitals is not encouraging. Some issues cited in the January OR Manager include: reduced Medicare reimbursements, increased patient volumes, and inability to obtain credit, with 50% of hospitals in the US already approaching insolvency. One suggestion for countering these economic pressures was to increase surgical volume by making ORs “so attractive to physicians that they will switch their allegiance from another facility.”

To increase volume and provide an environment that will encourage surgeon allegiance, the OR department must run efficiently and competently. Cases must start on time, supplies must be available when needed, and turnover must be efficient and timely.

This can happen only if the sterile processing department (SPD) and the operating room share these goals and only if the 2 departments work together as a true team. If the departments have a good working relationship, it can probably be made better. If the relationship is like a bad marriage headed for divorce, a change to improve relationships is mandatory.

In today’s economy, there is no room for animosity that interferes with efficiency and respect for the contributions each department makes to common goals. Perhaps it is time to revisit relationships between the OR and SPD and to consider improvement initiatives.

Here are ideas for building bridges between the 2 departments.

Getting to know you

If the staff members in each department do not know each other except as a voice on the other end of the phone, the first priority might be to provide ongoing opportunities for shared experiences. Breakfast, lunch, monthly joint inservices, and joint quality improvement projects all provide opportunities for face-to-face interactions. Knowing the person on the other end of the phone when dealing with an emergency can go a long way toward problem solving.

If the departments have a less than cordial relationship, breakfast or lunch might not be appropriate. One initiative might be to designate an inservice time for both departments to meet and provide a forum for a spokesperson or two from each department to state their major issues between departments. The rules for the session should include respect for each other, absence of anger, polite listening, and no rebuttal.

Some issues SPD may present are instrument sets returned in disarray, the OR’s expectation that instruments can be processed in unrealistic time frames, or lack of communication when the OR staff calls about a tray they say has not been delivered. But later when the tray is found in the OR, no call is made to inform SPD. As a result, SPD personnel waste valuable time continuing to look for a tray already found.

The OR staff may express distress over not having a complete set of instruments, a slow turnaround, or having to deal with an SPD person unfamiliar with the instruments the OR is seeking.

Select an issue for improvement

Once a dual list of concerns is identified, select one issue for improvement. It is important to choose an issue that is big enough to matter but small enough to be able to guarantee success. A small committee with personnel from both departments should
then be charged with investigating causes and solutions for that problem. Management support is critical to success. If there are Six Sigma or other quality improvement experts in either department, they should lead the improvement process. If the departments experience one success, they are likely to be more optimistic about future successes.

**Pair staff with a mentor**

Other initiatives include having personnel spend time in each other’s department paired with a mentor. This is not easy with staffs stretched to the limit, but the return on this time investment can be worth it. SPD personnel prepare instruments for use, but other than reading instructions about their care and handling, they may not know how the instruments are used and how critical it is to ensure they are functioning and readily available.

**Hold joint inservices**

Inservices from manufacturers of new instruments may be limited to OR personnel, with no information given to SPD personnel as to how the instrument is used. Instrument processing personnel should not only be expected to attend these inservice programs but also should have an opportunity to observe how the new instruments are used in surgery.

In addition to learning about use of instruments, SPD personnel who spend time in the OR may come to more fully appreciate the pressures within the surgical suite and the need for a rapid response from SPD.

By the same token, OR personnel assigned to spend time in SPD gain an understanding of the many steps involved in preparing an instrument for surgery, observe competing demands, and see first hand the responsibilities SPD has to departments other than the OR. They also come to appreciate reasons for what may seem like slow turnaround, such as why it can take 3 hours or more to turn around an instrument set and how a manufacturer’s instructions for an extended cycle can wreak havoc on the OR schedule.

**Team SPD staff, OR team leaders**

A number of facilities have achieved better working relationships by teaming one or more designated SPD technicians with an OR specialty team leader and matching work schedules as much as possible.

Facilitate team building by scheduling periodic meetings between the SPD technician and team leader to resolve issues or examine ways to improve efficiency. If possible, include the specialty team from the OR. To make it a true team effort, a surgeon may be invited to attend. To encourage participation, request the surgeon’s presence only long enough to address the relevant issue (10 to 15 minutes works well). A light breakfast, lunch, or snack may also encourage participation. Although everyone’s time is precious, the surgeon’s time in terms of dollars and waiting patients must be used sparingly and wisely.

**Hold short monthly meetings**

Monthly half-hour meetings between SPD technicians and specialty teams can continue the process of getting to know one another and achieving mutual goals. Meetings should only be cancelled rarely. One cancelled meeting may simply mean postponement of the agenda. Two cancelled meetings send a message that the meeting is not important and perhaps neither is the team building.

**Offer recognition**

Recognition for a job well done is often a powerful motivator, and a recognition program can be easy to implement. SPD personnel are often not recognized until something goes wrong. Positive recognition for a job well done or for exceptional service promotes pride in one’s work and fosters teamwork.

One possibility is a small form attached to instrument trays with the name of the person who packaged the set and a check-off section for comments or special recognition for that person.
An employee-of-the-month certificate is nice, but a day off with pay (assuming hospital policy will permit this) for outstanding service over a period of time is even better. Recognition from SPD for an outstanding OR effort is equally important.

To provide a path to advancement in SPD, consider creating a clinical ladder for SPD technicians with a pay incentive. One way to structure the clinical ladder is to assign one or more specialty leaders in SPD and add responsibilities to those positions.

**A continuing commitment**

It does not require “rocket science” to create programs to strengthen and or improve the relationship between SPD and the OR, but it does take continued commitment. A program that starts with promise but is not consistently refueled is bound to fail. With all the pressures managers face today, continued commitment and oversight of relationships between SPD and the OR can easily be relegated to the back burner. Continued commitment takes energy and time. But the investment can pay big dividends by providing service that causes surgeons to “switch their allegiance from another facility.” If management does not see relationships between the OR and SPD as critical, neither will the staff.

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