

Surgical Products Presents:

Bridging the Gap Between
the Operating Room and the
Sterile Processing Department



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Today's Speakers

- **Moderator**

- **Richard Ritsma**

- Editor-in-Chief

- Surgical Products*

- **Panelists**

- **Rose Seavey, RN, BS, MBA, CNOR, ACSP**

- Director of the Sterile Processing Department

- The Children's Hospital of Denver**

- **Tim Brooks**

- Director of Surgical Services,
Material Management & CSSPD

- Yuma Regional Medical Center**

- **Julie Lubecki, RN, MSN**

- Director of Surgery

- Yuma Regional Medical Center**

Building Bridges Between OR and SPD

Rose Seavey RN, BS, MBA, CNOR, ACSP

Can any health care professional deliver effective hands-on patient care in today's high-technology environment without the backup of countless support people?

NO!

Developing effective partnerships is vital to safe patient care!

- **Medicine's Hippocratic Oath "First do not harm"**
- **A major responsibility of health care providers is to minimize patient risks**
- **The most important aspect in anything we do is positive patient outcomes!**

OR and SPD

- **Work closer together than any other two departments**
- **The relationships between OR and SPD are frequently less than ideal**
- **Patient safety can be affected by those relationships – negative or positive**
- **Now, more than ever, a closer relationship between OR and SPD needs to be developed**

AORN

Position Statement on Patient Safety

Surgical setting is one of the most potentially hazardous environments

– Some of the potential risks that contribute to unsafe practice include :

- **Human Factors:**

- **Communication patterns**
- **Institutional culture**
- **Staffing patterns**

– JC - most vital component of safe patient care is the creation of a safe, team-based environment

- **Most common reason for unsafe care is a breakdown in communication among team members**

Contributing Factors to Errors

- **inadequate communication among team members**
- **time pressures and constraints**
- **rapidly and frequently changing technology**
- **emergency surgery**
- **intimidating management styles**
- **staffing shortages**
- **absent or inconsistently applied P&P**
- **a blaming culture**
- **fatigue**
- **unclear instructions, and**
- **multitasking**
- **insufficient orientating and training**

Evidence Based Practice

Best practices – Gold Standard

- **Proven Clinical Outcomes**
 - Adopt demonstrated improved clinical treatments or standards
- **Human Factors**
 - Adopt team work and communications outcomes
 - Safer patient care
 - Right instruments/supplies, right place at the right time
 - Surgeon satisfaction
 - MM/Financial
 - Reduced waste of supplies, resources (re-work)

Build Bridges

Create and nurture a culture of “*safety*”

- Must be founded on:
 - a sense of trust
 - feeling of safety
- Change the blaming culture
 - blame individuals for errors
 - errors treated as a personal failure
- Supportive culture
 - opportunities to improve the system
 - prevent harm, and
 - commitment from all team members to:
 - have a proactive approach
 - support, address and correct all errors, and
 - confirm that pt. SAFETY is the first priority!

There was a time when OR could function independently...

- **Money makers**
 - Pay nurses to do non-nursing jobs in down time
 - Had the nursing staff
- **But, not anymore...**
 - Financial constraints
 - Nursing shortage
 - Changing technology
 - Instruments
 - Reprocessing instructions
 - Sterilization recommendations

Points of Reference - Influence Behaviors

- **SPD “prepares”**
- **OR “presents”**
- **Surgeon “uses**

Barriers to working together

- Lack of time,
- Lack of confidence,
- Fast paced environment

Overcoming Barriers

- Building trust
- Investing in each other
- Exchanging useful information
 - Technology changes
 - Critical thinkers

Common concerns that may hinder effective teamwork

- **Lack of staff continuity** – travelers or rental staff
- **Inconsistent instrument names**
- **Kelly, clamp, peon, or snap?**
 - Ortho set, major, minor, extremity, soft tissue?
 - Pet names
- **New equipment that does not get communicated**
 - Unknown to SPD (clean, take apart, sterilize?)
- **Advanced technology**
 - Insufficient instruments or time for turnarounds - stats
 - SPD accused of taking too long – delaying the case
 - Don't get adequately cleaned
 - Stats take staff away from other customers



Summary

- **Culture change necessary to bridge the gap between OR and SPD**
 - **Build closer relationships**
 - **Partner – we are in this together**
 - **Need to build trust, eliminate the blaming culture**
 - **Need to invest in each other - critical thinking skills**
 - **Strive to create a culture of safety:**
 - **Patient,**
 - **Staff,**
 - **Surgeon, and**
 - **Bottom line**
- **Sterile Processing is part of the Surgical Team!**

Bridges Built Between OR and SPD

Tim Brooks,
Director of Surgical Services Materials Mgt.
Central Services – Supply Processing Distribution

Vision

- **Reduce OR Director interactions with service related issues**
- **Improve Communication between CS & OR**
- **Develop OR Materials Management Structure**
- **Maintain role of Central Services for hospital**

Establish Five Service Lines

- Centralized Decontamination
- Centralized Sterile Processing
- Centralized Supply Processing for the OR, Women's Surgery, CVOR and CS
- Centralized Data Entry Billing
- OR EVS

Communications Improvements

- CS/SPD staff included in all monthly OR meetings and AM shift reports
- Establish CSSPD daily shift report
- Provide wireless phones to communicate with
 - Sterilization
 - Instrument Techs
 - Supply Techs
 - ORAs
- OR overhead paging to include Sterilization and SPD
- All OR new hires complete CSSPD orientation
- Developed ORA assignment sheet

Sterile Processing

Outcomes to Achieve

- Management of all flash and System-1 sterilization
- Provide on-call instrument support
- Management of all Consignment/loaner instrumentation
- Management of all operating budget dollars for surgical instrument
- Management of all rigid and flexible scopes
- Management of all Instrument repair & budget dollars
- Case cart stocking
- Battery charging and sterilization

Decontamination Outcomes to Achieve

Centralized decontamination from 3 locations for all surgical instruments and consignment loaner instrumentation to achieve high-level disinfection prior to sterilization

Maintained centralized decontamination for all hospital mobile patient care equipment and carts systems

Implement new instrument decontamination racking system to improve washer throughput and reduce manual hand washing

Supply Processing & Distribution (SPD) Expectations

1. Manage for Surgery

- **All routine, special order and consignment supplies**
- **Receiving for all Surgical Services & Central Services**
- **Receiving for all implants and frozen tissue**
- **Supply support to Outpatient Surgery Center**
- **Supply automation to the OR core, suites, and Women's Center**

2. Manage for Hospital

- **Hospital mobile equipment distribution, IV pumps, suction**
- **Code and procedure cart delivery system**
- **Traction and CPM set-ups**
- **Wound care supply and pump management**
- **Specialty supply management**
- **DME, therapy bed, and custom ortho brace billing**

Operating Room Assistants Expectations

- **Room turnover and set-up**
- **Patient transport**
- **Management of mobile equipment**
- **On-call responsibilities**
- **Trash & soiled linen**
- **EVS for all management and support services
office cleaning**
- **Assist with patient positioning**
- **Holding area environmental services**
- **Waste disposal system management**
- **Floor maintenance for all Surgical Services
and CSSPD**

Data Entry - Expectations

Consolidated staff from three areas, patient accounting, OR, and CS

- Increased revenue capture reducing lost and late charges
- Reduced billing delays
- Patient Billing for Surgical Services
- Post case data entry
- Implant data entry
- Hospital data entry
- Hospital billing audits and corrections
- Hospital and the OR supplemental charge sheets management

Revenue capture increase from 2002 to 2006 = 106%

Director Surgical Services Materials Management / CSSPD Expectations

- Input and access to all surgical services budgets
- Input on capital and operating budgets for instrumentation
- Involved in all Department of Surgery meetings both staff and physician related
- Access to the OR scheduling system to allow ability to track instrument utilization
- Management of preference cards
- Management of Instrument count sheet data base
- Manage service contracts
- Complete monthly budget variances for all Surgical Services budgets

Shift Report

- **AM Instrument Tech attends the OR AM shift report to review add-ons and additional instruments needs and problems noted from previous day**
- **Shift change report: 2pm – 15 minute meeting**
 1. Review remaining procedures and add-ons
 2. Review consignment instrument needs
 3. Review damaged or missing instruments
 4. Review physician complaints and respond to them
 5. Review next day instrument list generated from OR scheduling system
 6. Review priority-1 or P1 instrument tray needs

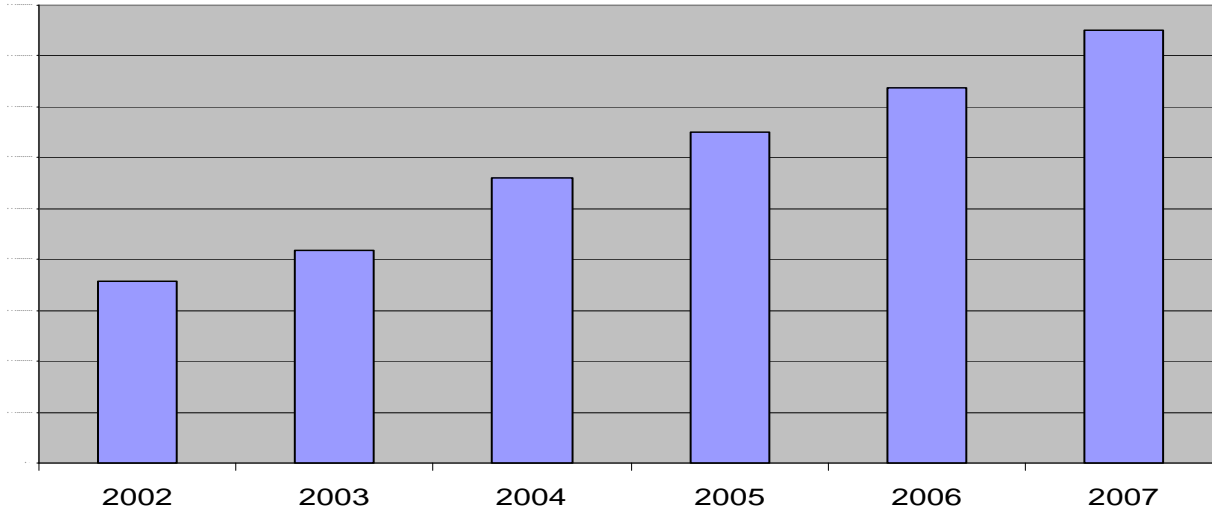
Additional Progress

- Implemented PBDS delivery system
- Implemented computerized instrument count sheet system (**standardized stringers**)
- Cataloged all specialty & consignment instrumentation into the CS instrument count sheet system – 127 sets were built with pictures and count sheets
- Remodeled CSSPD to allow support of case cart system and OR/CS inventory supporting the Main OR and Women's Surgical Services

Outcomes

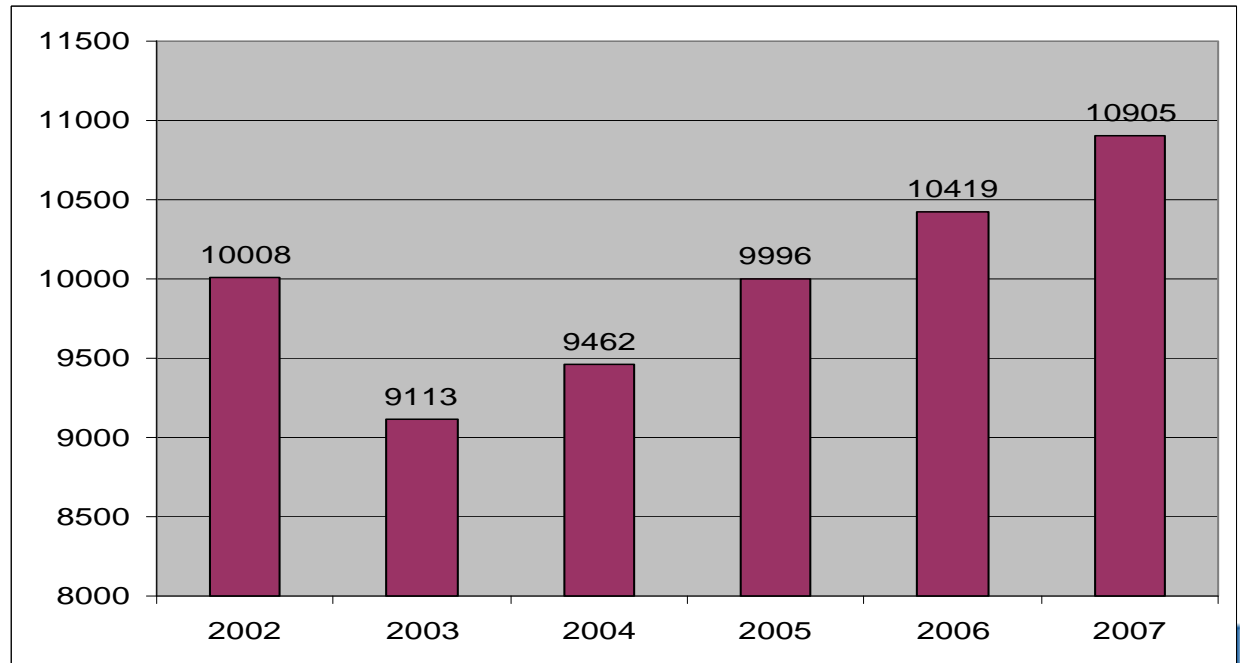
- Staff turnover OR MM/CSSPD – 1% past 3 yrs
- 99.59% instrument tray accuracy – FY2007
- 97% fill rate on case carts – FY2007
- NO room delays due to lack of instruments or supply availability past 3 years
- 87% reduction in flash sterilization over five years from 3618 loads in FY2002 down to 465 in FY2007
- One sterilizer operator error in five years
- Eliminated 6 flash sterilizers
- Shifted 2 FTE's from EVS to Data Entry and Scheduling office
- Eliminated hand washing of ring handled and forceps by utilizing new instrument washer racking system
- Maintain strict consignment instrument management

Surgical Services Revenue



**Revenue
Capture**

**Surgical
Procedures**



Bridges Built Between OR and SPD

Julie Lubecki, RN, MSN
Director of Surgery

The Department of Surgical Services including CS/SPD is the single largest supply, equipment, expense consumption, and revenue generating department in any hospital.

Leadership Team

- Departmental Needs
- Current Issues
- Staffing and Common Complaints
- Gain Trust From Administration

Outcomes to be Achieved

- **Fully staff the OR**
- **Improve partnership with CSSPD and the OR**
- **Improve communication with staff/surgeons**
- **Accurate preference cards**
- **Consistent inventory process**
- **Improve the patient billing process**
- **Improve instrument management**
- **Decrease flash sterilization**
- **Improve block utilization**
- **Improve room turnover**
- **Improve surgeon satisfaction**
- **Utilize location code for inventory/instrumentation**

Services Transferred

- Instrument inventory and budget dollar responsibility
Including capital budgeting for all instrumentation
- Flash Sterilization and System-1
Instrument coordinators
- Supply inventory
- Consignment inventory and instrument sets
- All environmental services functions
EVS, transport, trash, floor maintenance
- Preference card management
- Case cart system

Free up the Director of Surgery to allow the focus on

Group 1

- Surgeons
- RN staff
- OR Education
- Surgical Techs
- Anesthesia Techs
- Anesthesiologists

Group 2

- PACU
- Pre-op Holding
- ICU
- ED
- LAB
- X-ray
- Cath Lab
- Surgical Floors
- Lab & X-ray

Challenges

- Week-end Coverage
- Change of RC's Schedule
- Interim Director
- 12 Open Positions and a New Open Heart Program

Surgery Executive Development

- Anesthesia
- Chief of Surgery
- OR Directors
- VP of Nursing
- Decrease Surgery Delays
- Decrease Material Cost
- Increase Overall Satisfactions
- Increase Communication Among all Parties

Staff Expectations

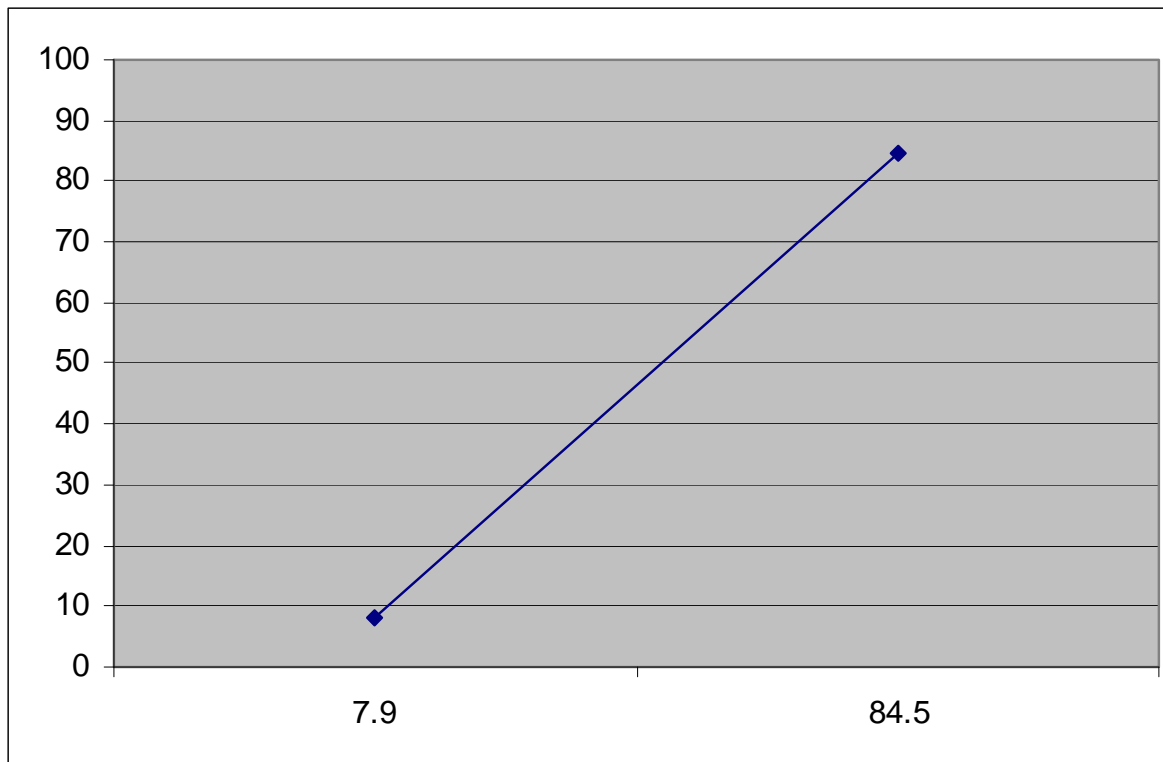
- 2500 Different Procedures
- 1464 routine supply items
- Over 3000 special order supplies and implants
- Over 2000 different Instruments
- 323 different instrument sets totaling
- 72 devices requiring inservicing or training
- Delay of procedures
- Video systems knowledge

Room Assignments

- This process almost immediately improved:
- Surgeon Satisfaction
- PRC Scores
- Increased staff satisfaction
- Decreased both staff and surgeon complaints

Competency of OR Nursing Staff

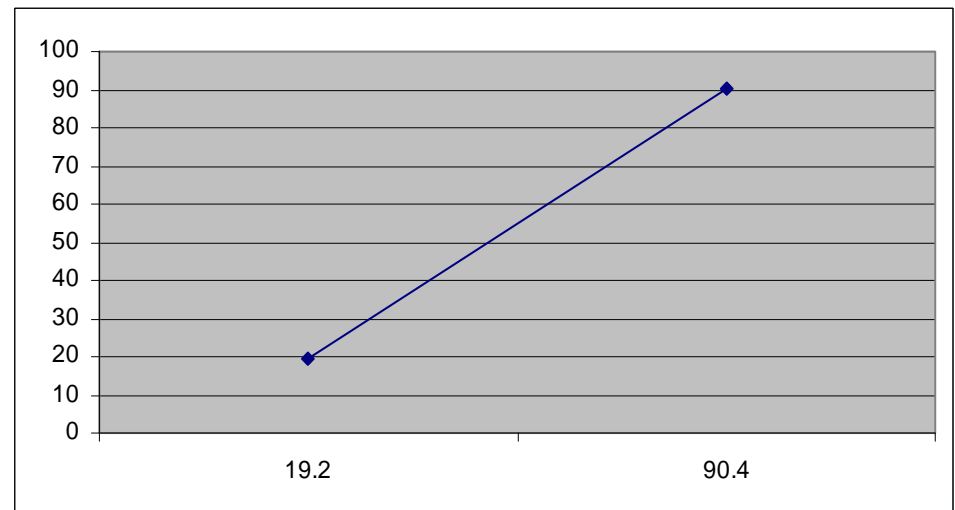
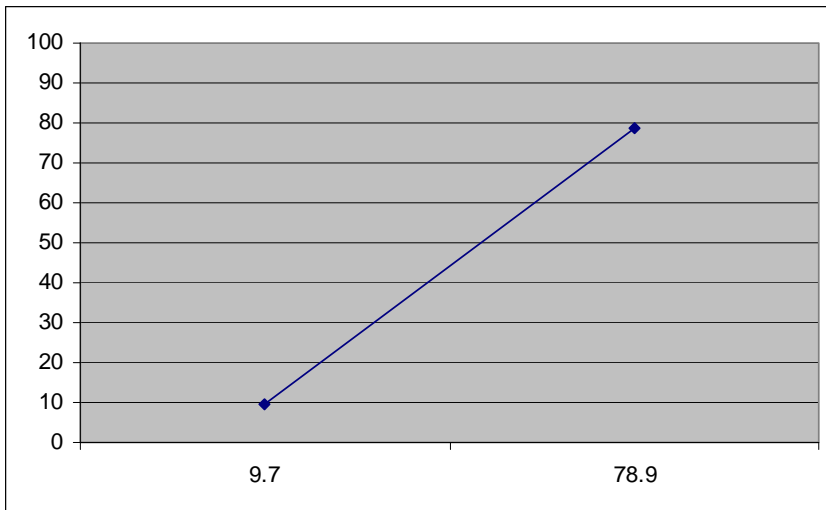
- Overall Medical Staff satisfaction increased from 7.9% to 84.5%



Turnover Time/ On-Time Starts

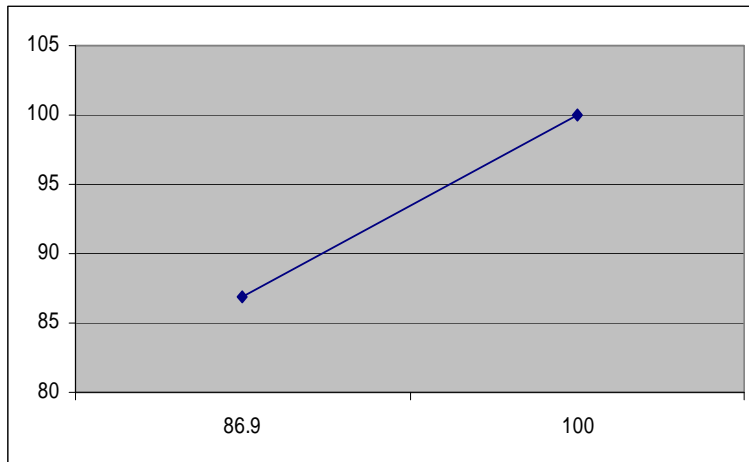
- Overall Medical Staff satisfaction increased from 9.7% to 78.9%
- Actual Turnover time decreased from 32 to 27 minutes

- Overall Medical Staff satisfaction increased from 19.2% to 90.4%

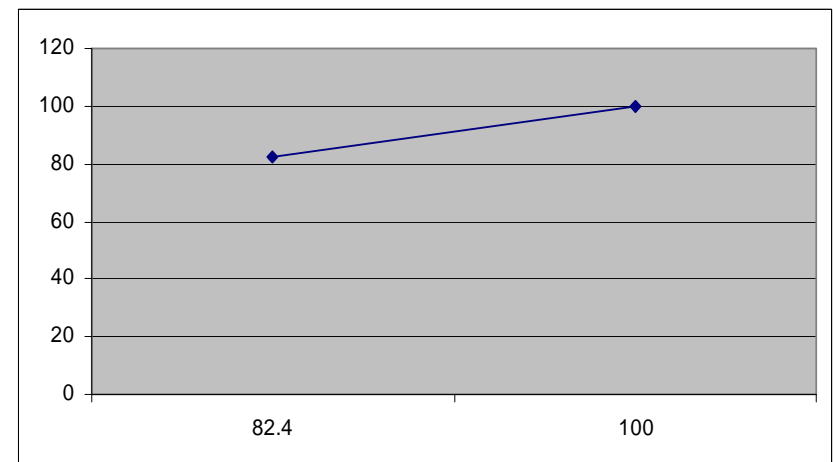


Surgical Equipment/ Surgical Instrumentation

- Overall Medical Staff satisfaction increased from 86.9% to 100.0%



- Overall Medical Staff satisfaction increased from 82.4% to 100%



Up-Coming Challenges

- Maintaining surgeon and staff satisfaction
- No open block
- New OR design
- OR Expansion
 - OR integration
 - Instrument tracking
 - Equipment tracking
 - Staffing

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Question and Answer Section

Present Your Questions to the Expert Panel

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Reference Section

- Event: This webcast will be available on-demand from February 27th through August 27th, 2008 at www.surgicalproductsmag.com/or
- Surgical Products Magazine www.surgicalproductsmag.com
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