BRIGHT EYES SESSION

Bridging the gap through collaboration:

Why Central Sterile Processing is “central” to you!

Cynthia McDonough, RN, CPSN, CNOR, CSPDT
ASPSN 38th Annual Convention
New Orleans, Louisiana October 26-29, 2012
Objectives:

- Identification of the challenges of collaboration between clinical areas and central sterile processing
- Recognition of the advantages of collaborative relationships between these key areas
- Presentation of solutions to common challenges
Strategies for success:

• Teamwork
• Communication
• Respect
• Recognition
• Collaborative education
Communication challenges

- Educational diversity
  - RN, CSPT
  - ASPSN, AORN, CBSPD
- Cultural diversity
  - Non homogenous
  - English as a second language (ESL)
  - Certification recommendations
- Administrative variances
  - Surgical Administration
  - Materials Management
  - Nursing
- Geographic location
  - Operating room
  - Sterile processing, linen, distribution departments
Competing priorities

• Work flow in Central Sterile Processing
  – Decontamination
  – Preparation and packing
  – Processing
  – Inventory and storage
  – Distribution

• Work flow in the clinical setting
  – Pre-operative
  – Intra-operative
  – Post-operative
Central Regulating Agencies

- **AAMI**
  - Association for the Advancement of Medical Instrumentation
- **AORN**
  - Association of periOperative Registered Nurses
- **IAHCSMM**
  - International Association Healthcare Central Services Material Management
- **FDA**
  - Food and Drug Administration
- **OSHA**
  - Occupational Safety and Health Association
- **CBSPD**
  - Certifying Board of Sterile Processing and Distribution
What is CBSPD?

• Certification Board for Sterile Processing and Distribution, Inc.

Is a non-profit certification board comprised of experts in the field of sterile processing and distribution. The board plans, develops and administers competency-based certification examinations for personnel performing all aspects of central processing including cleaning, disinfection, sterilization and inventory management activities, regardless of the setting.
Certifications can be obtained in the following areas:

Sterile processing and distribution
Management
Ambulatory surgery
Endoscopy technician
Surgical instrumentation technician

Certifications are valid for five years from time of certification with the completion of Continuing Education credits and full time employment.
The certification course work and examination include:

Roles & Responsibilities
Anatomy & Physiology
Microbiology
Infection Control
Decontamination
Processing Patient Care Equipment
Preparation, Packaging, & Instrumentation
Sterilization
Sterile Storage
Supply Distribution
Inventory Control
Medical Terminology
• The CBSPD is committed to the certification of healthcare sterile processing and distribution personnel regardless of their workplace setting.
• Certification provides internationally recognized competency-based measurable standards.

The objectives of the certification program are to:

• To promote the education of healthcare sterile processing and distribution personnel through certification to ensure safe and effective levels of practice to protect the public.
• To recognize healthcare sterile processing and distribution personnel who have achieved certification having met measurable standards for the profession.
• To promote continuing education for those individuals working in the healthcare sterile processing and distribution profession.
• To encourage re-certification by those individuals previously recognized as certified.
• To maintain a publicly accessible certification registry of healthcare sterile processing and distribution personnel.
• To promote professional accountability for healthcare sterile processing and distribution personnel.

* [www.sterileprocessing.org/certification](http://www.sterileprocessing.org/certification)
Instrument care and handling

Decontamination
Inspection
Preparation
Packaging/Wrap
Sterilization
Inventory
Storage
(Re)Distribution
Decontamination
Point of use Enzymatic
Washer/sterilizer
• Renders instruments safe for handling
Inspection
Preparation
Packaging and Wrap
Inappropriate peel package

Wrapped with rubber bands can cause breakage:
Not Recommended

Superfluous double wrapping
Sterility not guaranteed

Too Heavy!
Sterilization

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<th>Autoclave</th>
<th>Steris</th>
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| Steam     | Sterrad |

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<th>E.O. Gas Sterilizer</th>
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Ethylene Oxide Gas Sterilizer
Principles of Sterilization

- Purpose of sterilizing goods and items for use is to minimize the potential source of infection to a patient.
- Sterilization provides a sterility assurance level of $10^{-6}$
- Sterilization renders items sterile through thermal energy
- Effectiveness is directly related to the proper decontamination of the items
Steam Sterilization

• Considerations:
  – Cleanliness
  – Prepare and Package
  – Weight and density
  – AAMI and AORN recommendations = 25 lbs
    – Loaded on racks
    – Dry times

• Conditions
  – Contact
  – Time
  – Temperature
  – Moisture from steam
Steam Sterilization Loading

- Sterilizer manufacturer determines weight going into sterilizer based on 25 lbs
- Highly dense sets like Ortho should be verified that the sterilization process is appropriate time and dry time
- Set load = all sets: containers on bottom
- Mixed load = sets and Peel Packs
Storage

Parameters for storage of sterile instruments and supplies are strictly regulated and include:

- Temperature
- Humidity
- Sterile with Sterile
- Location
  - Never under a sink
  - At least 10 inches off the floor
  - At last 18 inches from sprinklers (and ceilings)
  - At least 2 inches from outside walls
- Rotate stock
  - First in/first out
- Expiration
  - Integrity of packaging
Inventory
(Re)Distribution

This process cannot succeed without complete and accurate preference card management, a timely and comprehensive booking process and communication!
Quality Assurance & Maintenance

Incubators

Door Gasket

Gauges, Controls, and Monitors

Chamber Drain
Documentation

- **Lot Control Sticker**
  - Sterilizer number
  - Date
  - Load number

- **Specific contents of load**

- **Name and initials of operator**

- **Results of testing (BI/Bowie Dick)**

- **Response of CI (Chemical Indicator)**
Immediate use Sterilization

“Flash Sterilization”

“Autoclaving”
Immediate use is defined as:

- The shortest possible time between a sterilized items removal from the sterilizer and its aseptic transfer to the sterile field.

AORN Standards

- Use of flash sterilization should be kept to a minimum.
- Flash sterilization should be used only in selected clinical situations and in a controlled manner.
When should I do this?

- Should only be used when there is insufficient time to process by the preferred wrapped or container method
  - Instrument turnover and appropriate processing should be planning in advance with CSP whenever a conflict is expected
  - Daily schedule review in advance

- Should never be used as a substitute for sufficient inventory
  - Track and trending of immediate use sterilization will indicate the need for increased inventory
Criteria for Immediate Use

- Should be performed only if the following conditions are met:
  - Device manufactures written instructions are available and followed
  - Items are disassembled and thoroughly cleaned with detergent and water to remove soil, blood, body fats, and other substances
    - Lumens are brushed and flushed with cleaning solution
    - This cannot be done in a scrub sink!

- Items are placed in a closed container, validated for sterilization, in manner that allows steam to contact all items

Measures are taken to prevent contamination during transfer to sterile field

Items are to be used immediately and not stored for later use
Packaging and wrapping should NOT be used in flash sterilization

- Paper/Plastic pouches
- Textiles
- Non-woven wrappers
DOCUMENTATION OF CYCLE INFORMATION

- Items processed
  - Be specific

- Patient name and MRN
  - Patient label if available

- Cycle parameters:
  - Temperature
  - Duration
  - Pressure

- Date and time cycle is run
  - Confirmation that parameters were met

- Reason for flash sterilization
Strategies for success:

- Teamwork
- Communication
- Respect
- Recognition
- Collaborative education
AORN has partnered with IAHCSSM on a webinar series dedicated to sterile processing for ambulatory surgery centers, taking place in April and May.
Communication

- Shared bulletin boards
  - Common hallways
- Combined leadership meetings
  - Putting faces to names
- Newsletters
  - Add columns to department newsletters
- Name tags
  - Photo IDs

- Phone manners
  - Name
  - Accountability
- Please and thank you!
Can I get a small frasier suction tip?

Can I get an 8Fr frasier suction tip?

(Frasier suction tips come in sizes: 3fr, 5fr, 6fr, 7fr, 8fr, 9fr…….)
Respect
Recognition

Sterile Processing week
• October

Peri-operative Nursing week
• November
Collaborative education

Tours

Inservice

Exchange programs
HOW HAS YOUR MORNING BEEN SO FAR GUS?

PRETTY BUSY! I HELPED DELIVER 4 BABIES, REMOVE A GALL-BLADDER AND REBUILD A JAW - ALL BEFORE FIRST COFFEE BREAK.
Questions?
This presentation was made possible through the collaboration of the staff of Massachusetts General Hospital Central Sterile Processing and Supply

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