STERILE PROCESSING CHALLENGES

And How to Overcome Them

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Introduction
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- Vice President at Soyring Consulting
- Worked with more than 65 healthcare facilities and Surgical Services departments of all sizes
- Areas of expertise:
  - Sterile Processing
  - Perioperative Operations
  - Anesthesia Services
  - Materials Management
- Sterile Processing construction and renovation projects
Soyring Consulting

- Clinical and managerial consulting services
- Work with healthcare facilities/systems of all sizes
  - For-profit
  - Not-for-profit
  - Community
  - University
  - Faith-based
Soyring Consulting

• Soyring has worked with facilities in more than 40 states
  • Surgical Services
  • Sterile Processing
  • Endoscopy
  • Supply Chain/Materials Management
  • Emergency Department
  • Hospital and facility design
  • Nursing/Clinical units
  • Women’s and Children’s Services
  • Information Systems
The University of Miami Hospital

T-DOC Surgical Instrument Tracking System Assistance
Project Overview

• UMH had implemented the T-DOC system to address findings during a recent department of health review
• Soyring was engaged to assist with improving data within the system and setting up processes to better utilize the features of T-DOC
Project Overview

• Reviewed all single instrument lines within the present installation of the T-DOC system, as well as count sheets that included these single items
  • Inaccuracies found within count sheet data
• Worked closely with clinicians and management to review and update count sheets found within the original system
• Recommended and implemented a system administrator for the T-DOC system
Project Overview

• Corrections, deletions, and updates were made to information within the T-DOC system
• Worked with T-DOC representatives to re-deploy the system utilizing the new information provided by Soyring
• The re-deployed system went live and contains much more accurate information
• The project ended following the successful implementation of the re-deployed system and training of a new system administrator.
Opportunities for Data Improvement

• The system contained 11,705 single surgical items that required review
  • Issues found within these items included:
    • Poor descriptions (e.g., scissor, forceps, and knife handle)
    • Duplicate items
    • Inaccurate item descriptions (i.e., conflicting with manufacturers’ descriptions)
    • Lack of item naming conventions
    • Items that lacked information sufficient enough to identify the item
Opportunities for Data Improvement

- The system contained 1,369 instrument sets
  - Issues found within these instrument sets included:
    - Duplicate sets
    - Poor descriptions (i.e., Osteotomes, Dr. XYZ set)
    - Lack of set naming conventions
    - Lack of single instruments (i.e., no single instruments associated with the instrument set)
    - Incorrect packing descriptions (i.e., “unknown”)
    - Incorrect sterilization method (i.e., steam used for heat-sensitive items)
Opportunities to Improve Support Structure

• Activities that improved supporting the instrument tracking system including:
  • Identifying a staff member who could be a single point of contact for expertise and information updates/corrections
  • Limiting the number of users with access to make changes
  • Improving update, change, and removal processes and tools
  • Increasing utilization of instrument tracking system by SPD staff
    • Adding items not in the system
    • Generic labels
Needs for implementation

• Engagement of Management and Stakeholders
• Standardizing single item and set naming conventions
• Training and Education of staff members
  • Identifying a System Administrator
• Development of processes and tools to support system
• This implementation process required engagement of management and clinician knowledge coupled with the Soyring team’s expertise and knowledge to ensure success
End Results

• Technicians improved utilization of new T-DOC system
• Most trays being utilized had new labels
  • Yellow labels utilized as visual indicator for a new bar code
• A motivated CSP Tech became well trained and was able to take on the role of System Administrator
• Processes and tools put in place to ensure continued success of the T-DOC system
• Key stakeholders are now invested in finding further areas of improvement within sterile processing operations and utilization of the T-DOC system
Transition

• Miami chose T-DOC because of its ability to tie instrument tracking to patients which is a current trend within SPDs
Current Trends in the SPD
Current Trends in the SPD

- Tracking trays to patient
  - Tying reprocessing to the patient record to measure effectiveness of the process
- ATP testing
- Loaner tray tracking processes
  - Requiring the manufacturers to provide the IFUs
- RFID utilized for instrument reprocessing
- Tracking of DME equipment through a real time location services (RTLS)
Leveraging T-DOC
Leveraging T-DOC

• Completely new solution for biological indicators
  • Indicator Queue enables real-time monitoring of approval steps
  • On-screen alignment with actual indicators and incubators for easy interpretation of colors, wells, and steps
  • Ability to perform Post-batch approval
  • Connection to selected incubators

• Improved documentation process for BIs
Leveraging T-DOC

• Improved endoscopy features provide you with an overview of location and timeslots in drying cabinets
  • Obtain a better overview of placements and expiry time of endoscopes in drying cabinets
  • Specify handling steps per scope
  • Connect to selected drying cabinets
  • Guidance through reprocessing cycles to ensure documentation quality
• Improved documentation and scope reprocessing management
Leveraging T-DOC

• Enhanced T-DOC Multimedia with easy picture import
  • Import pictures and video directly at your scanner station for easy use
  • Make it easy to create image documentation of loaner equipment
  • Create video instruction guides at your workstation and share them immediately

• Improved reference materials for reprocessing activities and loaner tray tracking
Leveraging T-DOC

• Based on what I know about Version 13 there are some new exciting features coming out that could assist in meeting the challenges of the SPD department
Case Study #1

Large Health System with Multiple Sterile Processing Sites
Background

- Worked with a large health system to assist in sterile processing
- SPD quality improvement project
- Health system was experiencing serious quality issues
- Assisted with leadership and intervention implementation assistance
Questions

• Does your organization track quality concerns?
  • Does it do so within your Sterile Processing Department?
    • If so, how is this information reported out?
Additional Information

• Many quality improvement frameworks exist
• Quality framework, MAI (adopted from Dr. William Jessee)
  • Monitor
    • Selecting metrics to monitor to identify trends
  • Assess
    • Assess areas that are not performing as expected
  • Improvement
    • Conduct improvement activities to get to desired state
• Repeat Process
Additional Information

• First step to assist this organization was to monitor the quality events of the organization through the collection of data and reporting of defects related to sterile processing
  • Critical defects
  • Major defects
  • Minor defects
Questions

• If negative trends were identified at your organization what actions were taken?
  • Were assessments conducted within these problem areas?
    • How were these assessments conducted?
  • Did potential remedies or interventions develop from these assessments?
Additional Information

• Once data was collected, negative trends were identified and assessment of the problem areas occurred
  • Organization engaged outside firm to assist
  • Potential interventions were identified targeted at correcting issues
Questions

• After an assessment of a problem area within your organization, did your organization conduct improvement activities?
  • If so, who was involved and did improvements occur?
What would you do?

Present your decisions to the group
Outcomes

• Improvement activities were pursued including implementation of 6 different interventions
  1. Identification and recruitment of customer site leads
     • Customer site managers
  2. Standardization of case carts
     • From a variety of sizes and conditions to a common set
  3. Assessment and identification of competency gaps of SPD technician staff
     • Redefined job descriptions
     • Revision of educational plan to address gaps
     • Training and education
Outcomes

4. Recruitment of additional staff members
   - Identification of FTE gap then recruitment of new staff members and experienced agency staff (80/20)

5. Implementation and training of an OR back table process
   - Targeted at improving the receipt of surgical instruments

6. Loaner instrument process
   - Development of policy and procedure including 24-hour receipt
   - Communication and accountability for vendors
Outcomes

Chart key
- Critical: Defects such as soiled or wet instrument, unsterile tray, IUSS (Flashing) that reach the back table, surgeon or patient.
- Major: Defects such as broken instrument, incorrect tray or incorrect instrument that reach the back table.
- Minor: Nestling issues, missing/wrong count sheet, incomplete case cart.

* Defects are defined by AORN Standards.
Questions?
Case Study #2

A Hospital in the Midwest
Background

• Assessment of sterile processing department was conducted
• Issues found in the SPD included:
  • Inconsistent policies and procedures
  • Lack of formalized educational program
    • Competencies
    • Orientation plan
    • Education plan
  • Lack of detailed job descriptions by position including job duties
  • Quality of instrumentation coming from customer departments
Questions

• What issues has your organization encountered within its sterile processing department?
  • Were these issues ever addressed?
• Discuss major issues and potential courses of action to correct them
Outcomes

• Inconsistent policies and procedures
  • Action: Redeveloped policies and procedures to meet departmental needs

• Lack of formalized educational program
  • Action: Developed comprehensive educational program to address orientation of employees, initial and annual competency, as well as educational needs
Outcomes

• Lack of detailed job descriptions by position including job duties
  • Action: Revised job descriptions to include major job duties and set expectations for staff members

• Quality of instrumentation coming from customer departments
  • Action: Implemented process of working with customer departments to utilize pre-cleaning solutions and better organization and transportation of instrumentation to SPD
SPD Issue Discussion

Identify three major issues from audience
Work through potential solutions for each issue

Major issue and courses of action to correct it
Three Issue from Audience

• Issue 1
• Issue 2
• Issue 3
Potential Courses of Action to Address Issues

• Issue 1
• Issue 2
• Issue 3
Questions?