Bringing Order to Sterile Processing through Standardized Processes

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Sterile processing departments operate in an environment of unpredictability, with variations including add-on cases, staff shortages, broken equipment, product outages, and wet loads. Given these circumstances, the Central Supply Processing and Distribution Department at Sanford Health in Fargo, ND, has worked to bring order to the one area we believe we can control: namely, streamlining the processes through which we do our work. Establishing standardized work processes and having well-written policies and procedures is the best way to survive the onslaught of unpredictability. In addition, standardized work eliminates variability, directly affecting quality and patient safety.

Assess Your Situation
Flexible endoscopes are complex instruments that require strict attention to detail during cleaning and disinfection, in order to avoid potential adverse outcomes. When examining our reprocessing workload, we realized that our greatest opportunity for minimizing variability and improving patient safety was to design standardized work for flexible endoscopes.

Although implementing standardized work can seem like a daunting task, it is an endeavor worth pursuing. It provides a mechanism for discovering process defects and non-value-added work, a resource for training, and a framework for competency testing. Once implemented, it becomes a springboard for process improvement work.

Before implementing new standardized work processes, understanding the current state and collecting data are critical first steps. When investigating current practices, it is important to ask whether everyone is doing the work the same way. For example, examine the way technicians are leak testing a gastroscope. Are they performing each task in the correct sequence? Are they missing steps? Are they documenting failures correctly? You may be unpleasantly surprised to see the amount of variation among staff.

One of the biggest challenges for sterile processing departments is finding the resources to get the work done. Do you have enough staff, space, and equipment to perform the work correctly? Use data as evidence when submitting requests to add staff or equipment. Perform reprocessing time studies and examine how the workload can fluctuate on an hourly and daily basis.

Barriers need to be eliminated or diminished as much as possible. Perhaps it was discovered that considerable time savings can be gained and staff injuries reduced by using an automated scope flushing device. Maybe data showed that dedicated preceptors for endoscope reprocessing would greatly improve the quality of cleaning and, therefore, adding this position to the department would be beneficial.

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Align Staff with Responsibilities
A key step in our experience was aligning staff with appropriate work responsibilities. A decontamination supervisor position was added to ensure that the work was being performed correctly. This supervisor is responsible for writing policies, creating standardized work, performing competency testing, and ensuring staff compliance. In addition, a preceptor team was created, with four technicians holding the title of decontam specialist. These specialists are responsible for training new staff on decontamination processes and procedures, including scope processing training.

The manager can perform this work or find a champion to carry out the mission. This person needs to be able to perform the analytical work, write standardized work and training manuals, develop competency testing, confirm practices are compliant with AAMI standards and the hospital's infection control policies, update sterile processing policies (as needed), and monitor compliance. Delegating these tasks frees up the manager’s time and provides an opportunity for the professional development of staff.

Implement Evidence-Based Processes
For endoscopes, an instrument-tracking system was used to create a guide for reprocessing each type of scope. The tasks needing to be performed, along with applicable pictures/media, were described in this module (Figure 1). Please note that before entering this information into our instrument-tracking system, a waterproof binder was used. If you do not have a tracking system in place, these resources can still be provided.

Before a technician can reprocess a scope independently, they must pass a rigorous competency test (example available from first author upon request). Quality and safety will not be sacrificed, even on the busiest of days, so this rule can never be deviated from.

In addition, ensuring that technicians have the correct tools necessary for proper cleaning and disinfection (e.g., leak testers, automated leak testing accessories, scope flushing components, cleaning brushes). Work stations should be neatly organized and labeled. Create and display visual aids prominently. Confirm that the trainers are performing the work correctly and understand expectations. Develop a plan to monitor compliance, track deviations, and perform competency testing of all staff. Finally, pick a date for implementation and communicate any changes to staff.

Figure 1. Example components for inclusion in a guide for processing flexible endoscopes
Keep the Positive Momentum Going
Postimplementation, performing change management actions is important. Provide continuing education opportunities and update procedures and policies as needed. Continue to perform competency testing on a regular basis and provide any remedial training. Communicate success experienced from the change and make sure improvements are visible to staff.

Despite having new processes in place, consistent monitoring of process deviations still needs to be performed. Now that standardized work has been established, these deviations can spur on further process improvements. At this point, the journey of continuous improvement is underway.

Conclusion
Standardized work can be developed in any department of any facility. It can be a long and arduous task, but it is a worthy investment. Creating standardized work is similar to laying a foundation for a building. Without it, the department will become susceptible to the distress caused by the day-to-day variation of the work environment. With it, everybody can become more reliable, and therefore more valuable to patients, other healthcare staff, and the organization as a whole.

IAHCSMM’s Eighth Edition
Central Service Technical Manual
The educational resource CS professionals have relied upon for years has undergone a full revision and will soon be available for purchase. The 24-chapter Central Service Technical Manual, Eighth Edition, provides the latest information on all aspects of sterile processing, as well as:

- Updates on standards and regulations
- Expanded content on endoscopes and sterilization
- Two new chapters: Monitoring and Recordkeeping, and Personal and Professional Development

This latest edition is sure to become the go-to educational resource in any CS department’s library.