SPD staff justification within healthcare facilities

Executive summary

Ensuring properly staffed sterile processing departments (SPDs) can be challenging and is usually based on several factors, depending on the demands of a given healthcare facility. The number of ORs, procedure volume and level of sophistication and training of SPD staff members are just a few crucial pieces of information that help determine the number and level of employees scheduled at any given time. For example, OR procedure volume may decrease, yet the sophistication of procedures increases—therefore increasing SPD workload. However, full-time employee (FTE) hours may still decrease due to lower procedure volume.[1] The risk that facilities run when they lack proper staffing and training is a reduction in surgical instrument processing quality. The remaining staff can be time-constrained, which can lead to an increase in employee error.[1]

The *IMPRESS*® instrument management system from CareFusion can help facilities manage SPD staff justification and improve department and individual employee productivity through streamlined processes, greater visibility and proper training—an investment that pays off in the long run.

SPD responsibilities and training—then and now

In the past, SPDs were generally known as "bedpan and thermometer" departments. Now, SPD staff is doing sterile instrument processing. With proper training and time invested, trainers and managers can test employees for competency verification, and with ongoing continuing education, they can perform more sophisticated tasks.[1] The Association for the Advancement of Medical Instrumentation (AAMI) recommends that "personnel engaged in sterile processing should receive both an initial orientation and on the job training." Core knowledge areas they recommend include microbiology, infection control, decontamination, sterilization and new instrumentation, just to name a few. Some facilities now mandate that SPD staff be certified in those core knowledge areas; however, only two states thus far require it.

Inadequate training in the SPD can lead to potential employee and patient injury.[1] Proper training takes time, costs money, requires adequately trained preceptors/trainers *(this is mandatory)* and requires a formal process.[1]

The majority of results from a 2-part trend evaluation survey of SPD personnel in healthcare facilities showed that proper SPD training would take three to six months *(60%)* or six to 12 months *(31%)*. With different people learning at different rates, it was unrealistic to expect all SPD employees to be fully competent in their training within a specific time period.[1] SPD employees should be trained in the areas of identification, care, handling, testing and processing surgical instrument sets. The challenge for SPD managers was developing and maintaining the competencies on which training should be based.[1] Key indicators for additional training were staff shortage, employee dissatisfaction/morale, customer complaints, and budgetary concerns. In addition, OR personnel were concerned about the lack of quality in instrument processing. In the survey, SDP employees most frequently noted that a lack in processing quality was due to lack of time resulting from short staffing.[1]

SPD staffing improvements, with the help of the *IMPRESS* system

SPD managers at three healthcare facilities have reevaluated their staffing needs on a variety of levels to better meet the needs of their surgical departments, and have adopted the *IMPRESS* system to help them aggregate the details.

University of Louisville Hospital

At the University of Louisville Hospital (UofL) in Louisville, KY, SPD staff is justified by unprocessed instrument and immediate-use steam sterilization (IUSS) levels. Kimberly Same, SPD Manager at UofL, has her own budget, several full-time employees (FTEs) and one part-time employee (PTE), and hasn't asked for additional staffing. "I believe my staff is productive about 75% of the time. We monitor staffing needs on Mondays, and record productivity monthly." Before she came on board 5 years ago, UofL's SPD and OR productivity levels were poor; now they're better. The SPD staff is currently divided into three shifts, with some staff reallocated from first to second and third shifts—all based on reporting of instrument tray volume. Their staffing now appropriately correlates to that of the OR. "The OR here is the engine of the train. Surgeons need instruments, so they need the SPD." The UofL staff reviews their productivity numbers, and Ms. Same pulls staff reports from the *IMPRESS* system and shows each SPD employee their specific productivity figures. These reports provide insights into both departmental and individual performance. Even staff members who have a dislike for computer systems appreciate the accuracy of the system. For Same, it's less about forcing productivity numbers than it is about staff members doing their jobs correctly. With great need comes great responsibility, and Same takes the department's duties seriously. "I'm more concerned with processing being done correctly. Mistakes cost patient lives."

Sacred Heart Hospital

Through process improvement, Sacred Heart Hospital in Springfield, OR is down to a lean 51 SPD employees. Their 24/7 staffing breakdown includes 37 FTEs, 2 per diems and 2 PTE/shift workers. Originally there were 3 work shifts per day, with 60% of the staff on the day shift. Through benchmarking processes, Sacred Heart is determined to flex their staffing to meet instrument output. The SPD budget is managed by the SPD but falls under the surgical department. As an "overhead" department, the SPD is scrutinized for potential savings. SPD productivity levels are monitored using the following formula: total number of labor hours per day/number of items terminally processed per day *(ex. 1 set =1, 1 peel pack=1, 1 scope=1).* Over 5 years, a productivity rate of .34 was budgeted, and they're currently at .28.

Sacred Heart has found the *IMPRESS* system to be helpful; they began using an *IMPRESS* system in 2008. In 2010, the department not only converted to another *IMPRESS* system *(with more robust functionality),* but also went through a staffing reorganization. "With the *IMPRESS* system, you can extract enormous potential," says Dan Hughes, Sacred Heart's SPD Manager. The *IMPRESS* system offers the ability to answer most questions and mine data. With approximately 1,400 surgical cases per month and 28 clinical areas, Mr. Hughes says, "Make sure your desired metrics are appropriate for your department. Do easy fixes first, and understand what is realistic for your facility versus what the industry benchmark is."

OhioHealth system

At the OhioHealth system in Columbus, OH, Sterile Processing System Director Nikki Ross has her own budget for each hospital in the system. Previously, SPD budgets were managed by the Director of Surgery. Under each SPD manager, there are certified and non-certified techs, coordinators who are responsible for pulling cases and loaners, supervisors and team leads. The department utilizes an internally established numeric scale to rate staff productivity. Using this custom scale, each of the managers can determine individual productivity and whether additional staff members are required.

At OhioHealth's Riverside Hospital, SPD Process Excellence Project Manager Sabrina Gilbert has created internal templates that incorporate data collected from their *IMPRESS* system. These templates are essential for not only determining each facility's productivity scale, but also continuously monitoring performance. In less than 30 days of using this information, Riverside recognized over $25,000 in minimum labor savings. After two months, savings quadrupled as compared to the same time the previous year. In short, the *IMPRESS*

system helps them improve their productivity and safety, hold staff members accountable "to a higher standard," and improve their processing cycle time. With all of this success, the *IMPRESS* system has essentially become a behavior tool. "The goal for success is coaching and mentoring," says Gilbert. The staff realized that over time, collaboration is important with consistent *IMPRESS* system scanning—and everyone needs to use it in order to get effective results. Ms. Gilbert is sure that the *IMPRESS* system has been crucial to their improved productivity. "We couldn't do this without *IMPRESS*."

The bottom line

Multiple SPDs across healthcare facilities have experienced positive effects through use of an *IMPRESS* system. The bottom line? The more an *IMPRESS* system is used to help aggregate data, the better the results. With the *IMPRESS* system's ~200,000 images, touchscreen capabilities, ease of use, continuous support from CareFusion and much more, SPDs are better able to staff accordingly and train all levels of employees appropriately, so they can continually increase their productivity. Using an *IMPRESS* system ultimately helps drive SPD output quality, leading to better productivity across departments and facilities and a greater opportunity for improved patient outcomes.

Reference

1 Chobin, N. The real costs of surgical instrument training in sterile processing revisited. *AORN J,* August 2010, 92(2):185-193.

CareFusion
Vernon Hills, IL

carefusion.com

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