CRITERION

SPRING 2012 "The Official Newsletter of the CBSPD, Inc." VOLUME 17, ISSUE 1

A Message from the Executive Director
By: Nancy Chobin, RN, AAS, ACSP, CSPDM

Hello Everyone. Hope you all had wonderful holidays. In the northeast, we have had a wonderful winter (finally). We had an early snow storm in October that causes major power outages but since then we have had 50-60 degrees most days with a small number of really cold days.

Board of Directors Meeting - The CBSPD Board of Directors met in October, 2011 in Clinton, New Jersey. Marie Long, from Ohio was asked to represent the technicians at the meeting and subsequently won the election as the technician representative to the Board. We congratulate Marie and look forward to working with her. The Board members surprised the original Board members, Nancy Chobin, Teckla Maresca, Nora Wikander and Sue McManus. Plaques were presented for their years of service to the CBSPD and a beautiful (and delicious) cake was enjoyed by everyone.

At the Board meeting, Nancy Chobin, RN, CSPDM, announced that Karen Swanson, CSPDM (Item Review Chairperson) was asked to accept the position as the Executive Director for the CBSPD as part of succession planning. Karen has been a longtime supporter of the CBSPD serving on several Committees most notably the Item Review Committee and Manager representative to the CBSPD Board. Karen will be looking for a replacement for her position as we begin the transition process. Jeanette Bakker of the Continuing Education Committee agreed to serve as the Item Review Liaison and will be training with Karen Swanson for her transition. Congratulations to both Karen and Jeanette.

Coming Soon – The CBSPD will be making major changes to our webpage. It will be even friendlier to use and offer more services. We had hoped to have this for February 2012 but are still working on the final details. Keep checking the CBSPD webpage: www.sterileprocessing.org for more information.

Updating Exams – The Ambulatory Surgery exam is being updated to comply with the updated Job Analysis survey performed in 2011. Then the new Management exam will be developed (which will replace both the existing supervisor and manager exams). The GI Flexible Endoscope exam will also be updated in 2012. The Item Review Committee will be very busy.

AAMI Update - Nancy Chobin and Karen Swanson attended the AAMI-FDA Summit on Medical Device Reprocessing in Arlington, VA. The meeting was attended by over 300 medical device manufacturers, hospital and Ambulatory Surgery personnel as well as AAMI and FDA personnel. The meeting generated good dialogue between the groups to better understand the challenges healthcare personnel face today with medical device reprocessing. Nancy and Karen attended the first ever Co-Chairpersons meeting in Orlando, Florida in February. Nancy Chobin is the Co-Chair of TIR-12, "Designing, testing, and labeling reusable medical devices for reprocessing in health care facilities: A guide for medical device manufacturers" and the new document "Processing of Flexible Endoscopes (work began in February on this document).

Congratulations – to all the newly certified personnel and for all of you who successfully re-certified. You are in a select group and should be very proud of your accomplishments!

Get Well - Our thoughts and best wishes go out to Peggy Ryan, RN, Board member Emeritus who was hospitalized in December. She is now home recovering. We wish her a speedy recovery!

In our Thoughts – A always, we want to keep in our thoughts and prayers the fine men and women of the U.S. Military who serve and protect us every day. We owe them a great deal of gratitude for their many sacrifices. Say a prayer for those who lost their lives or returned with injuries that will impact them for who knows how long. ♦

Continuing Education (CEU) Report
By: Teckla "Tam" Maresca/Nora Wikander: CEU Committee Co-Chairs.

The CEU Committee hopes that your holidays were happy and healthy. As a new year starts please take the time to reflect on your certification and assess where you are with credits toward your recertification. There are so many ways to obtain your credits, journal in-services, departmental in-services, manufacturer in-services, on-line webinars, on-line in-services and outside seminars to list a few. Just be sure what you choose to use is relevant to the exam content outline for your certification level. When the committee reviews submissions for approval we use those outlines as a base, program contents need to relate to sterile processing activities. Time frames for approval are based on a sixty minute hour.

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What's Inside…

CEU Report Continued

For multi hour seminars time is not awarded for breaks or vendor exhibits.

Questions have been asked about hands on training and the points awarded. Each submission is reviewed separately. As a general rule "hands on" is based on the amount of time each individual would spend actually performing the exercise. As an example if an activity calls for 1 hour – each individual would not be spending that entire hour doing the hands on demonstration so the time is pro-rated.

Keeping track of your approved hours is your responsibility. Every program (seminar), in-service or self-study you use must be approved by the CBSPD CEU Committee. If you do not have an approval code or a statement that the program is pre-approved (most journal articles are pre-approved) you need to submit the information to the CEU Committee for review. When attending seminars, make sure that your certificate of attendance has a CBSPD approval number and approved contact hours. Contacting the seminar organizers prior to attendance and asking if they have applied for approval can avoid you having to submit the program for review after attending. Remember that you will be required to submit your original certificate of attendance when you are re-certifying.

We encourage you to submit requests for approvals on line through our website sterileprocessing.org. Make sure you complete the entire application and once it has been submitted that you receive a confirmation sheet that the submission went through. Save this confirmation until you receive the approval letter. If you have not received a response to your submission within 6 weeks please contact the CBSPD office. It will be helpful for you to have the original submission on hand that could then tell us when it was originally submitted.

Your response will be sent to you via the e-mail address you provide with a PDF file attached. Open the attachment and print the letter and file it with your re-certification information so it is available when you complete your re-certification application.

Our manufacturers have many new in-services that they are making available to their customers, most are available on-line as webinars but some are in-services that their representatives will bring to your departments. When these programs are completed you should receive a certificate from the manufacturer presenting the program that includes the approval code and the amount of time program was approved for. You can submit a request for review for any of the manufacturer's in-service's that have not already received an approval code from us by submitting the information to the CEU Committee. Make sure you keep the original certificate since the original is required when you send in your re-certification information.

The major reason for requiring continuing education is to keep you updated with the latest trends, processes and requirements for performing our jobs. The same program/in-service/self-study can only be used once in a five year re-certification process. The printed self-study programs are approved for a five year time frame from the original publication date. Be aware of the original publication date so you are not submitting something that is not past the approval time. For example: Your re-certification is due in 2012 – the self-study you are using was approved in 2006 – you must have completed the self-study by 2011 in order to use it for your re-certification.

Celebrate your certification and what it means, keep striving to be better by seeking out the information you need to keep yourself updated. While you are doing that you are gaining credits for re-certification. Keep your records current to make the process easier.

If you have any questions about the Continuing Education Process please submit them to the CBSPD office and someone from the Committee will be happy to answer them.♦

2012 CBSPD Board of Directors

Executive Commissioners (Non-Voting)

Nancy Chobin, R.N., CSPDM, Executive Director
Teckla "Tam" Maresca, L.P.N., CSPDM; Co-Chairperson, CEU Review Committee
Nora Wikander, R.N., CSPDM*;* Co-Chairperson, CEU Review Committee
Martha Young, CSPDT, International Liaison Rep.
M. Eleanor Reilly, R.N., CSPDM, Board Member Emeritus
Margaret Ryan, R.N., CSPDM, Board Member Emeritus
Sue McManus, R.N., CSPDM*;* Board Member Emeritus
Karen Swanson, L.P.N., CSPDM*;* Test Development Committee Chairperson

CBSPD Voting Board Representatives

Nyla "Skee" Japp, R.N., PhD, CSPDM, Manager, CEU Review Committee
Angela Jensen, CSPDS, Supervisor, CEU Review Committee
Marie Long, CSPDT, Technician
Jeanette Bakker, CSIS, Surgical Instrument, CEU Review Committee
Gail Law, R.N.,CASSPT, Ambulatory Surgery Tech
Karen Zervopoulos, CFER, GI Scope
Paul Letersky, B.A., J.D., Public Member

SPS Medical Scholarships

The Board of Directors of the CBSPD congratulates everyone that was awarded scholarships in 2011 from SPS Medical. A list of all winners is posted on our website on the CS Scholarships page (*www.sterileprocessing.org/sps_medical.htm*).

SPS Medical will continue to offer their scholarships for all of the CBSPD exams. An SPS application can be obtained on our CS Scholarships page link above, or by calling SPS at 1-800-722-1529. ♦

PRE-APPROVED IN-SERVICE

Quality Assurance and Continuous Quality Improvement - Compiled from the Basics of Sterile Processing (4th Edition) - By: Sue McManus, RN, CSPDM

CS/SPD must monitor the effectiveness of its work. CS/SPD's "customers" are patients, surgeons, nurses, and fellow employees. How we act and react to them greatly affects care outcomes. To be the best and remain the best, we must continuously monitor how we are doing and look for ways to improve.

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Pre-Approved In-service Continued

First, look at these definitions and think of how they are applied in CS/SPD.

1. **Continuous quality improvement (CQI):** statistical method used to improve work processes that affect quality.
2. **Product testing:** periodic quality assurance testing of routinely sterilized products using multiple biological and chemical indicators.
3. **Quality:** degree of excellence.
4. **Quality assurance**: monitoring of the effectiveness of a process.

Quality issues can be identified by any staff member. There is a need to analyze a process to help solve a problem. The entire process needs to be reviewed to find the cause, correct the problem, and then monitor the results. The investigation should be documented.

Quality issues can also be identified by random audits. For example, instrument sets should be opened at random and inspected for cleanliness and accuracy. Any deficiencies should be discussed with the responsible employee. Mistakes are often made because of lack of staff or inadequate written procedures. An analysis of the problem helps to identify what needs to be changed.

Collecting data and identifying issues are only part of quality assurance. A plan of action must be developed, tested, and implemented and the results monitored. Even if the problem is resolved, audits should be performed periodically to review the ongoing improvement.

In Sterile Processing we do multiple audits and collect many different kinds of data**.**

1. Because of concerns about the potential dilution of the active ingredients of HLDs some manufacturers require that the efficacy of each lot of test strips be tested. If this type of testing (also known as **quality assurance testing**) is required, the performance and results of the test must be recorded, and the records must be maintained.
2. There should be a process in place to ensure the quality of patient care equipment processing by initial audit and ongoing monitoring. For safe and effective patient care, the functionality of all equipment owned, leased, or rented by the facility should be maintained. All patient care equipment must not only be safe to use, but also perform as expected.
3. Electrical equipment should be included in a preventive maintenance program. Preventive maintenance should be performed by qualified personnel in accordance with the manufacturer's service manual. Preventive maintenance records should be retained, either by CS/SPD or the repair service.
4. A quality assurance process should be in place for woven textiles (if they are used in your facility) to ensure that the barrier quality of the material is still effective and that there are no defects (e.g., holes). Woven wrappers must be laundered between uses and inspected each time for holes and tears, using a lighted work table. Also, they must be delinted after each laundering. The manufacturer's instructions for the number of reuses should be followed, and the number of reuses should be tracked (there is usually a grid on the material for marking uses). Acceptable patching procedures must be in place and followed.
5. Many quality control and product testing procedures are performed in our sterilizers. Periodic product quality assurance testing is done because the PCDs used to monitor sterilization cycles might not provide the same challenge as all items that are routinely processed. Product testing ensures the effectiveness of the sterilization process and can identify problems that could cause wet packs. "Quality assurance testing of routinely processed items representing a product family should be performed on an ongoing basis" (ANSI/AAMI ST79). Routinely sterilized products should be tested periodically and when "major changes are made in packaging, wraps, or load configuration, such as dimensional changes, weight changes, or changes in the type of material of packaging or wrapper" (ANSI/AAMI ST79). Not every instrument tray supplied by the manufacturer needs to be tested. Medical device manufacturers divide instrument sets into families of products on the basis of similarities such as mass, material, construction, shape, lumens, and packaging systems. The most difficult-to-sterilize tray (called the "master product") from each family of instrument sets should be chosen for testing. The device manufacturer can assist in identifying families and master products.
6. Newly purchased or loaner sets should be evaluated to determine if the existing product testing is applicable to these sets. The device manufacturer can be helpful in determining whether the newly purchased or loaner set is a greater challenge to sterilization than the master product previously tested in that family. If the newly purchased or loaner set is less of a challenge, no product testing needs to be performed; the sterilization cycle presently used for that product family may be used. If the newly purchased or loaner set is a greater challenge, then a new master product for the family has been identified and product testing should be done.
7. Examples of products that should be tested include the following:
   a) **Wrapped textile packs:** Place BIs and CIs between multiple layers of draping material or surgical towels.
   b) **Basin sets:** Place BIs and CIs in locations where air could be trapped (e.g., between nested basins).
   c) **Instrument sets:** Place BIs and CIs at each end of the tray and among the instruments.
   d) **Containment devices:** Place BIs and CIs in each corner, the center, and in any other areas recommended by the containment device manufacturer.
   e) **Multi-layered instrument trays in containment devices:** Place BIs and CIs in the locations determined by the product manufacturer to create the greatest challenge to the sterilization process.
   f) **Other types of items:** Place BI and CIs in the area of the load least accessible to the sterilization process.

If any test results indicate a problem, the cause of the problem should be investigated, the problem should be corrected, and the products should be retested. "It might be necessary to change the configuration of the load and/or items within the package or to service the sterilizer" (ANSI/AAMI ST79).

To perform product **quality assurance** testing:
a) Follow the medical device manufacturer's instructions for processing the device.
b) Place CIs and BIs in the areas of the product determined to be the least accessible to the sterilization process.
c) Label as a test.
d) Place in a standard load.

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Pre-Approved In-service Continued

e) Run the cycle.
f) Retrieve the CIs and BIs.
g) Read and record the results of the CIs.
h) Incubate the BI test and control vials. Read and record the results.
i) Place the product into routine use if the monitoring results are acceptable and there is no evidence of moisture
j) Maintenance of the documentation of the testing process.

Sterilization is a multistep process requiring great attention to detail. Proper identification of items, lot control, documentation, selection of the correct cycle time and temperature, compliance with the device manufacturer's written instructions, and proper loading and unloading all have an impact on a successful outcome. **Quality control** using physical monitors, CIs, and BIs assists in the detection of sterilization process failures.

The **quality** of inventory and distribution can be assessed and improved by the following measures:
a) Evaluating the receiving, holding, and general stores areas for conformance to sterility maintenance policies and procedures; taking any necessary compensatory measures (e.g., remodeling, increased frequency of cleaning, construction of shelving); and regularly auditing personnel practices.
b) Periodically examining requisitions for completeness, timeliness, and accuracy.
c) Periodically reviewing the inventory management system (manual or computerized).
d) Routinely auditing distribution personnel practices and inspecting distribution carts to verify that all items are properly packaged, labeled, and, where applicable, carrying appropriate expiration dates and sterilization indicators.
e) Evaluating all transportation vehicles for cleanliness and functionality, taking compensatory measures when needed (e.g., replacement, repair), and conducting a regular preventive maintenance program.
f) Determining response time and reviewing all transportation routes.
g) Promoting quality audits in user areas.
h) Annually evaluating the inventory control and distribution system to identify changes in the facility's operations that could affect the current system or indicate the need for a new or modified system.

One of the most important aspects of process improvement is monitoring compliance with established policies. Employees should always comply with departmental policies and procedures. Noncompliance can result in different standards of care for patients.

Continuously monitoring quality leads to fewer operational errors, increases employee and customer satisfaction, improves patient outcomes, and can lower operational costs.

Quality assurance and continuous quality improvement should not be considered negative processes. It is a positive process to improve the job you do, to make work easier for you, and to reduce costs (by reducing rework, employee injuries, and adverse patient outcomes). Always keep our patients in mind! They come to a hospital to get better, and everything we can do affects the outcome of their care. ♦

References

BASICS of STERILE PROCESSING TEXTBOOK
By: Sterile Processing University
4th Edition (to be released this year), Chapters 1-10
Pages 21-22, 152, 160, 203, 216, 291-293, 318-319, 331, 332.

*****Keys to In-service Quiz**

1: A; 2: B; 3: C; 4: D; 5: D; 6: A; 7: A; 8: A; 9: C; 10: A

Post Test

Quality Assurance & Continuous Quality Improvement

This pre-approved in-service is worth **1 CEU** with a passing score of 70. Your manager must generate a certificate or letter of completion on facility letterhead with your name, your manager's signature, test date, test title, and name of journal (Criterion). Please keep this with your re-certification records until it's time to re-certify.

1. Quality assurance and continuous quality improvement is considered to be a/an
    a. positive process.
    b. negative process.
    c. job for the supervisor.
    d. exercise for new hires.

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Important Web Links!

For important CBSPD announcements, go to
www.sterileprocessing.org/info.htm

If you are looking for a CS/SPD job or need to post a job opening, go to
www.sterileprocessing.org/jobs/page1.htm

For CEU/Re-certification info, go to
www.sterileprocessing.org/ceu1.htm

To download anything from our site, including exam applications, re-cert packets and more, go to
www.sterileprocessing.org/download.htm

Looking for CEU programs? Have a CEU program in your area that you want others to know about? Go to
www.sterileprocessing.org/future_programs.htm

Looking for CS/SPD training courses? Have a course you want to suggest to us? Go to
www.sterileprocessing.org/courses/courses1.htm

Managers! Tired of making all those certificates showing your employees passed magazine journal quizzes? How about having a table right on your computer for compiling all your CEU's? We have what is called an "Ongoing CEU Record". You can download a copy at
www.sterileprocessing.org/ceu_record.htm

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Order #	Diameter	Length
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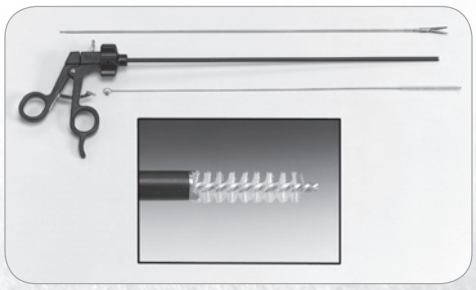
45-543	3 mm	12"
45-544	4 mm	12"
45-545	5 mm	12"
45-546	6 mm	12"
45-539	5 mm	16"
45-540	7 mm	16"
45-541	10 mm	16"
45-550	2.5 mm	24"
45-551	5 mm	24"
45-552	7 mm	24"
45-553	10 mm	24"



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CBSPD In-service Quiz Continued

2. Continuously monitoring quality leads to
   a. more operational errors.
   b. improved patient outcomes.
   c. increased operational costs.
   d. decreased employee satisfaction.

3. One of the most important aspects of process improvement is monitoring compliance with
   a. Routine habits.
   b. National standards.
   c. Established policies.
   d. Federal Regulations.

4. Noncompliance with departmental policies and procedures can result in
   a. improved patient outcomes.
   b. decreased operational costs.
   c. increased employee satisfaction.
   d. different standards of care for patients.

5. **Quality control** using physical monitors, CIs, and BIs assists in the detection of
   a. operational costs.
   b. customer satisfaction.
   c. employee productivity.
   d. sterilization process failures.

6. All patient care equipment must not only be safe to use, but also
   a. perform as expected.
   b. can withstand sterilization.
   c. be chargeable to the patient.
   d. can be taken home by the patient.

7. A quality assurance process in place for the number of uses for woven textiles usually involves a/an
   a. grid on the material for marking uses.
   b. bar code on the sleeve for scanning uses.
   c. border to punch holes for numbering uses.
   d. number on the gown that the assembler records when processing.

8. To be the best and remain the best, CS/SPD must continuously
   a. monitor how they are doing.
   b. work out at the gym every day.
   c. tell everyone how good they are.
   d. advertise in the local newspaper.

9. The definition of quality assurance is
   a. capturing all patient charges.
   b. having no accidents in your department.
   c. monitoring of the effectiveness of a process.
   d. keeping up with the attendance of employees.

10. Quality issues should be identified by
    a. any and all of us.
    b. the supervisor/manager.
    c. adverse incident reports.
    d. Joint Commission Audits.

April & October 2011
CBSPD Re-certification Stats
(Newly Re-certified names listed at *www.sterileprocessing.org/new_re-certs.htm*)

Feb 2012 is not available at this time but will be posted on our website and in next Criterion.

Manager: Total Eligible = 10;
Total Re-certified = 3 (30%)

Supervisor: Total Eligible = 35;
Total Re-certified = 6 (17%)

Technician: Total Eligible = 1,514;
Total Re-certified = 753 (50%)

Surgical Instrument Processor:
Total Eligible = 35; Total Re-certified = 7 (20%)

Ambulatory Surgery Tech: Total Eligible = 33;
Total Re-certified = 14 (42%)

Upcoming Certification Exam Windows in 2012

Exam Window 2
MAY 7-12, 2012

Application Deadline
MAY 1, 2012

Exam Window 3
AUG 6-11, 2012

Application Deadline
JULY 31, 2012

Exam Window 4
NOV 5-10, 2012

Application Deadline
OCT 30, 2012

NEW CBSPD ADDRESS!

OASIS COMMONS
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Sterile Processing University, LLC...

NEED CONTINUING EDUCATION POINTS?
NEED TO GET UPDATED IN STERILE PROCESSING?
DO YOU WANT TO BECOME A STERILE PROCESSING OR AMBULATORY SURGERY TECHNICIAN, OR FLEXIBLE ENDOSCOPE REPROCESSOR
BUT DO NOT HAVE A COURSE NEARBY?
YOU DO NOT HAVE TIME TO ATTEND SCHOOL?

Understand that certification for CS/SPD personnel is quickly being required throughout the US. Don't wait until it is Required. Get your education now! If already certified, maintain your certification with continuing education. All SPU In-services have been pre-approved for CBSPD Continuing Education credits.

SPU only contracts with certified sterile processing managers who have a minimum of 15 years' experience in the profession. In addition, all educational materials are based on scientific data, recommended practices, regulations, etc.

The on-line Basics of Sterile Processing course is *being completely updated with more information and modules to conform to the expanded FOURTH edition of The Basics of Sterile Processing (2012). The 4th Edition of The Basics of Sterile Processing Textbook, Workbook and on-line courses will be available by early summer.*

NOTE: Working in an Ambulatory Surgery Center? *SPU offers an* ***on-line Ambulatory Surgery Sterile Processing Technician course!***

MANAGERS and SUPERVISIORS *– NOTE:* ***SPU now offers*** **Management Basics for Sterile Processing.** ***The Second Edition (May 2011) was updated*** *with a new chapter on Safety. It includes 17 chapters with all the important management concepts and information to manage and operate a sterile processing department. Indicated for SPD Managers and Supervisors.*

NOTE TO EDUCATORS *– SPU offers an instructional CD in Power Point to facilitate teaching a Central Service/SPD course. The CD follows the course content for the FOURTH edition of* ***The Basics of Sterile Processing (available summer 2012). If you previously purchased a CD, you are eligible for an upgrade.***

NOTE TO MANAGERS OF SPD AND AMBULATORY SURGERY PROCESSING AREAS – SPU now offers policies, procedures and documentation forms on line! You have been asking for this and we have heard you!

– COMING SOON –
The NEW Basics of Flexible Endoscope Reprocessing Textbook and Workbook (summer 2012) and On-line Flexible GI Scope Processing course

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USA

ALL of 2011
CBSPD Certification Exam Stats
(Passing names listed at *www.sterileprocessing.org/new_members.htm*)

Technician: Total Sat for Exam = 2,914;
Total Passed = 2,333 (80%); Total Failed = 581 (20%)

Manager: Total Sat for Exam = 47;
Total Passed = 24 (51%); Total Failed = 23 (49%)

Supervisor: Total Sat for Exam = 78;
Total Passed = 52 (67%); Total Failed = 26 (33%)

Instrument Processor: Total Sat for Exam = 71;
Total Passed = 24 (34%); Total Failed = 47 (66%)

Instrument Specialist: Total Sat for Exam = 64;
Total Passed = 51 (80%); Total Failed = 13 (20%)

Ambulatory Surgery: Total Sat for Exam = 46;
Total Passed = 44 (96%); Total Failed = 2 (4%)

GI Scope: Total Sat for Exam = 159;
Total Passed = 146 (92%); Total Failed = 13 (8%)

*****Reminder to All Upcoming***
May/Aug 2012 Re-certs**

Why retake the exam when after working full time for 5 years, you only need 10 points of education per year to re-certify (except for Supervisors/Managers)?

If you were originally certified on 5/16/92 or 5/7/07, you are due for re-certification in May 2012. Please have your completed re-certification packet with payment into the CBSPD office no later than 4/19/12.

If you were originally certified on 8/6/07, you are due for re-certification in August 2012. Please have your completed re-certification packet with payment into the CBSPD office no later than 7/19/12.

The CBSPD mails out re-certification packets 6 months before you are due to expire. If you have not received your packet yet, please contact our office to update your address and/or print one out from our downloads page at

www.sterileprocessing.org/download.htm