



SPD staffing, training, supervision not a one person job

by Ray Taurasi

QI am the nurse manager of the sterile processing department in a 600-bed academic medical center. Our department is staffed 24/7. Between the main OR and day-surgery we average approximately 110 surgeries a day. There is immense pressure and stress on the SPD staff to keep up with the workload demands. For the most part, the staff is very dedicated and committed to doing a good job. But they are often rushed and many new and inexperienced techs have not been given the level of training needed to perform the tasks they are given. There have been some growing issues related to processing delays, errors, and the overall quality of instrument sets. As a result, OR-SPD relationships are suffering. I have one lead tech that assists on the evening shift but I am feeling quite overwhelmed and feel that I need additional leadership assistance within the department. I report to the OR director and informed him that we need to beef up supervision in the SPD as the lead tech is not prepared to handle her management duties while also working an assembly station. I also expressed the need for staff development assistance. The OR director said he did not believe it was necessary to increase leadership in SPD. Yet OR has a director, 2 nurse managers, 4 clinical leaders, one for each service, and a clinical educator! He said I needed to zero in on the employees responsible for inferior performance and deal with them individually. He also said I should be more focused on my management duties. It's true that my day is consumed with putting out fires and trying to provide assistance to all three shifts but we need staff education and development as well as process improvements – and I just can't do it alone! I am not one to walk away from a challenge so how can I get him to understand that there really is a need for more supervisory assistance in our SPD?

AI understand your frustrations and unfortunate situation. Your story is one that I have heard and witnessed all too often. So many SPD departments do not receive the support required from upper-level management. Instead, they are expected to perform critical tasks in inadequately staffed, ill-equipped facilities. Quite often they are lacking the necessary human resources and leadership to perform their duties proficiently and to fulfill work volume demands. There have been literally hundreds of media headlines and documentaries regarding adverse patient-care outcomes resulting from improperly cleaned, disinfected and/or sterilized items. These adverse events have involved thousands of patients. We've seen countless cases of cross contamination, infection transmission to patients and healthcare workers, and even patient deaths. Investigations of such events have identified the following human factors as key causes to the performance failures:

- Inadequately trained staff
- Failure to follow manufacturers' IFU
- Failure to follow procedures
- Failure to monitor processes and processing equipment
- Improper use of processing equipment and/or tools
- Breaches in aseptic technique
- Improper inspection of medical devices
- Improper selection and use of chemical agents
- Lack of supervisory surveillance

Note: this is not an all-inclusive list! With this knowledge it would be irresponsible to deny the need for strong professional supervision and leadership within the sterile processing department. It is essential that the SPD staff are educated and well-trained in all aspects of their job duties. The dynamics in the world of sterile processing are more complex and ever-changing and continuing education and mentoring of sterile

processing staff is more critical than ever before. This requires the department to be allocated with the appropriate educational resources to fulfill these needs. When the hierarchy ignores these important issues they are setting their sterile processing departments up for failure and placing patients in jeopardy.

AAMI ST79 standards state that, "All preparation and sterilization activities, including decontamination, inspection, preparation, packaging, sterilization, storage, and distribution, should be supervised by competent, qualified personnel." Clearly it would not be possible for one supervisor to fulfill this need in a facility that operates 24/7. AAMI ST79 also addresses the qualification for a sterile processing supervisor stressing that they should be educated and certified in sterile processing technology and management. Sterile processing staff should be qualified and competent in all aspects of sterile processing, including biohazard transportation, decontamination, preparation, packaging, sterilization, sterile storage, and distribution of sterile medical devices. AAMI documentation also states that all personnel performing reprocessing and sterilization functions should be certified within two years of employment and maintain current certification throughout their employment. Perhaps sharing this information with your boss might serve as a springboard that inspires him to do some further reading on the subject and make some positive changes. **HPN**

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