

HOW MANY TRAYS FOR THE TOTAL JOINT CASE?

By: Pamela H Caudell, RN, CNOR, CSPDS, ACSP

Objectives:

1. Discuss pros and cons of using loaner trays
2. Describe the necessity of having a policy concerning the use of vendor trays.

In most cases, there are generally no more than 3 pans of instruments setting on the table ready for a case. Not so with the total joint orthopedists. There is the probability there will be anywhere from 8 trays up to 40 (yes I said 40). How do you handle all these trays? When do they arrive? Are they in your sterile room or do you have them on consignment?

Where do we start? First the patient goes to the doctor because there is pain in the knee and you can't get around as well as before. The physician will take an x-ray of the affected area and look to see if there are signs of arthritis and just how bad is it. In the world today, most insurance companies will not pay for procedures until the physician has exhausted all other avenues of treatment. For example, if you have knee pain, there are several remedies to try to fix it. Anything from steroid injections to Physical Therapy can be prescribed for care. Only after all avenues have been tried will most insurance companies tell you they will pay.

Most of us do not have the prerequisite number of instrument trays on the shelves. Therefore we use loaner instrumentation. There are many positives to this.

The trays don't sit on our shelves and take up much needed space.

The trays are considered to be complete as they are checked when they leave the shipping warehouse and again when the trays are checked in your facility.

Minimally, the trays will be brought in the day before the scheduled case. Each Central Sterile area has their own rules about how much ahead of surgery scheduled date the instruments should be brought in.

What about the negatives?

Who is accountable for the trays while in your facility?

What do you do when you are missing a tray?

Are they clean or will you have enough time to process?

If implants are involved, is there adequate biological time?

So now you have 30 trays for this knee revision happening within the next three days. Some are wrapped, some are not. Some are coming from Winston Salem and some are coming from Wilmington and a couple of the trays are being shipped in from California. How

do you handle all of this?

What are your first steps? Do you know exactly what system is coming, how many trays are available, is this a first case or one later in the day, what is the sterilization process according to the manufacturer.

When the trays first arrive, they need to be inventoried to make sure the number of items is correct and there are no missing or damaged parts. This is because as you and I both know, if it's missing from the tray, it's our fault. Secondly, the trays should be washed in the washer/decontaminator or other appropriate washers even if they come from another institution, because they have been riding around in the back of some van or someone's car. Trays that come to you in sterilization wrappers still need to be unwrapped, examined and processed for sterilization just like the unwrapped trays. The rationale for this lies in the fact there must be a record of sterilization and all the quality assurance measures that go along with this. If you sterilize something in your facility, you can produce the record that shows it going thru the decontamination process and the sterilization process. If it is processed somewhere else there is no record that you can produce. Occasionally, there may be something broken or missing.

. Not that any other facility would send you anything damaged but some things do get missed even under the best of circumstances. Did you get instructions from the manufacturer on how to sterilize this equipment? Every manufacturer uses a different set of instrument trays to sterilize their instruments in. They, for the most part sent in trays that will have to be wrapped before being sterilized. How consistent is the weight spread? Usually the trays weight anywhere from eight (8) pounds to at least 25 pounds and there are some companies that still will have trays that weigh over 25 pounds. How many layers are there? Will your sterilization processes sterilize all the layers down to the bottom one or do you need to take the trays apart in order to ensure that sterilization happens throughout the tray?

No wonder there is such confusion about loaner trays. AORN in conjunction with IAHCSSM, around 2008 started to collaborate together to bring to all SPD and OR staff a method by which there would be a protocol for each department to have in order to address the issues that all Healthcare professionals face with the continued and increased use of loaner/vendor trays. Together they published a joint position paper on effectively managing loaner equipment. It is now a necessity to build a policy from the ground up that addresses all the aforementioned issues as well as continuing to make patient safety- first on the list. What are some of the items that will make this policy effective?

All parties involved must be familiar with the policy, this includes the OR, SPD personnel, Infection Control, Materials, Risk Management, etc.

The Vendors themselves must be aware of your policy and what it contains

Neighboring facilities must know about your policy especially if you get some of the instrumentation from them

Communication is key. This also includes the physicians. How many times have you received loaner trays at the last minute, for example, the morning of the day the case is being done? And be expected to have those trays ready by the case start time of 9:00 am. Can they be processed correctly within that time frame? I think not. This is where a sound policy comes in handy. The surgeons will have been involved in the designing of this policy, if you are lucky. This will help you explain to a surgeon why you can't process the instruments in the time frame and what the consequences to the patient could be. If all departments have been involved in the designing and implementation of this policy, you have much better backing as well as data to show why this evidence based practice is necessary. It takes all healthcare providers to minimize patient risks while increasing patient safety.

What does this policy need to address?

How are loaner trays requested and by whom

What are the time requirements for pre-procedure and post-procedure processing

How about in-services: who does, when and how often

How do we get the loaner items? Is there a detailed list of items, do we have pictures?

Do we have detailed FDA -cleared manufacturer's written instructions for care of instruments including cleaning, assembly and sterilization

How is the inventory of loaner trays done both pre and post procedure.

How do we decontaminate loaner trays prior to release from facility

How are they returned courier, vendor, Fed-Ex?

What records need to be maintained?

How about training? Who does it, and how often does it need to be renewed?

All of these questions need to be addressed before a complete policy can be put in place. It takes everyone being involved to make this work. Everyone working in SPD has the voice to speak up and say, we need to change our policy. We have to protect our patients. We may, one day, need to have surgery. How would we feel about the vendor trays being used on us?

Post Test—HOW MANY TRAYS??—
Spring 2011

1 Surgery is considered the last resort for total joint surgery.

True False

2. One of the positives for loaner trays are they don't take up precious storage space in the department.

True False

3. Another positive is that the trays are considered clean when they come to you.

True False

4. Outside vendor trays that arrived wrapped and sterilized can be used immediately.

True False

5. You don't need to have records that show quality measures for sterilized instruments.

True False

6. The manufacturer of the trays does have to produce instructions on how to clean and sterilize their trays.

True False

7. There is no maximum weight limit for vendor trays.

True False

8. AORN and IAHCSSM decided to collaborate on a position paper that addresses managing loaner trays.

True False

9. When writing a policy on vendor trays, it is not necessary to have buy-in from anybody else.

True False

10. When writing a policy on the care and handling of vendor trays, training of staff is necessary.

True False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.

0=Not Applicable, 1=Poor, 4=Excellent

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

To receive 1.0 contact hours toward certification from CBSDP, complete the in-service "quiz" after reading the article. Send the entire page with the completed "quiz" to:

Lana Haecherl

P.O. Box 568

Pineville, NC 28134

Lana will issue a certificate if your score is greater than 70%. Please be sure to fill in the information requested below.

If you are **NOT** a member of NCAHCSP, please include a fee of \$20.00 for instate membership and \$20.00 for out of state membership. Your fee will provide you a 1-year membership in the Association and will also entitle you to submit the next in-service offerings for the cost of a postage stamp. That is potentially six in-service programs for your registration fee. Remember you will not be issued a certificate unless you are a member of NCAHCSP.

CEU credits pending from CBSDP.

CLEARLY print your name as you wish it to appear on the certificate. Enter the address where you want the certificate sent.

NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____