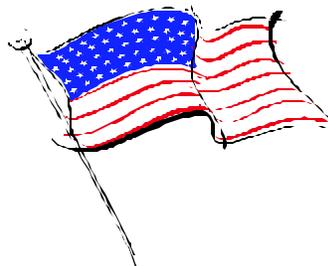


I HEARD IT THRU THE STEAMLINE

ASHCSP Affiliated Chapter Newsletter of the Year—1993, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006

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ELECTION INFORMATION

Attention!! Attention!!

All members of the NCAHCSP are reminded that it is time once again to pick a slate of officers for the Board positions. Anyone can run for the Board of Directors provided they have been a member of the NCAHCSP for a minimum of one (1) year.

It is very important that you, the membership, have a hand in helping to serve your chapter by becoming a board member. There is a fair amount of work involved with the programs and other things that we, as a chapter, do but there are also a lot of rewards. We work together to get everything done and have fun doing it. The time invested in being on the Board of Di-

rectors is a reflection on your commitment to the organization as a whole and to your own growth as well.

There are many things that you will do in your lifetime, hopefully, serving on the NCAHCSP Board of Directors will be one of them.

If you are interested, please let any one of the current BOD members know and they will be glad to assist you. We are always looking for a few good folks to help serve the chapter. Are you one of them?

Please check the web page for a willingness to serve form.

WE WANT YOU !!!

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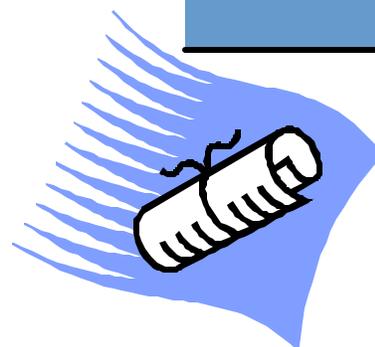
NEWS FROM ASHCSP

Once again the North Carolina Association for Hospital Central Service Professionals has shown it's might. We took the **Newsletter Award** for the chapter with more than 100 members. We also took the **Educational Achievement Award**.. Hooray for us!!!

Also, **Diane Fink** and Pam **Caudell** received the APEX Award and can now use the initials ACSP after their names. They were the only two (2) in the United States to receive this award this year. **GOOD JOB!!**

Editorial/Newsletter Committee

- Pam Caudell-Editor Granville Medical Center
- Lana Haecherl
- Georgia Gallagher
- Harriet Pratt
- Diane Fink



PRESIDENT'S MESSAGE

I can't believe another summer has come and gone already. I do enjoy the fall season best of all because it's cooler and it's the harvest season. When we hear the word harvest, most of us automatically picture bales of hay and other crops gathered in large amounts waiting to be prepared for the winter. And most of us consider the harvest to be over until next year. The harvest is not always about crops and foods.

For instance our association has produced a great harvest so far this year.

We started sowing the seeds of knowledge at our winter meeting on January 20th in Winston Salem, N.C. with speakers that covered the new frontiers for monitoring the steam sterility assurance process, sterility maintenance concepts and the officers and BOD devoted that afternoon session to answer your questions and hear your comments regarding the certification and re-certification processes.

Then it was time for our spring and summer planting which took place at our annual meeting on May 4th and 5th in Myrtle Beach, S.C. We stated with plenty of "hydration" at the Hospitality Suite on the evening of May 3. These events are always fun and a great opportunity to meet the officers and BOD and to network with others from the same profession.

The next day we started early with getting everyone registered and seated. The first nutrient we gave you was options for low temperature sterilization by methods of ETO, Sterrad and Ozone. Then you were given the knowledge for documentation because it's not just paperwork. After that we took a break to feed our physical bodies with the good food and fed our spirits and profession by recognizing and awarding those that excelled in making their departments more efficient and customer friendly.

After that great meal and all the excitement of the awards we needed to throw in some fertilizer, so it was off to the vendor exhibits to see what the world of technology has to offer. By the time we finished the exhibits, the sun was setting and it was time for playing and relaxation.

Early the next day we added more nutrients in the form of the sterile processing factory goal of 100%, fed you information to help you prepare for JCAHO and finished our planting with the knowledge that leaders follow their hearts.

When the final feeding ended on May 5th, the only thing left to do was wait and pray. We hope and pray that we applied enough water, fertilizer and other nutrients to enable each of you to return to your facilities a wiser and stronger Central Service/Sterile Processing professional.

The ASHCSP annual conference took place on September 23rd – 26th. at The Mohegan Sun in Uncasville Connecticut. Once again our baskets were filled to the brims when our association won the 2006 ASHCSP Affiliated Chapter Educational Achievement Award for chapters over 50 members and the 2006 ASHCSP Chapter Newsletter of the Year award. I have always been proud of our association, but on the day I had the honor of accepting these awards on your behalf, I thought my heart would burst from the pride I felt inside. I thank you for giving me that honor. Just when I thought my basket could hold no more, two of our members, Diane Fink and Pam Caudell, won the APEX awards. That brought my basket to overflowing. Congratulations to you both. If you aren't familiar with these two ladies you need to be. They work very hard to promote the growth and awareness of our important role in healthcare. So when you see them again, be sure to congratulate them.

So you see our harvest for this for is year is not over. It's never really over as long as there are people with the desire to learn and people with the desire to teach. Our next meeting will be on November 10th, 2006 at The Hawthorne Inn and Conference Center in Winston Salem, N.C. You can find all the information regarding this and future meetings in our "award winning newsletter" at www.ncahcsp.org. We hope to see you there.

Food for thought:

"Real integrity is doing the right thing, knowing that nobody's going to know whether you did it or not." --- Oprah Winfrey

With best wishes for you and yours,



Cheryl Edgar

HAPPENINGS AT Northeast Medical

Sandy Cress, Priscilla Howard and **Iris Kimball** have successfully completed the CS course offered by the Cabarrus College of Health Sciences. They also took the certification test in April and guess what!! **THEY PASSED!!**

GREAT JOB TO ALL!!!

In July, Sterile Processing in conjunction with the Infection Control arena remove the isolation carts and replaced them with isolation door modules. This freed up floor space and out the isolation supplies in direct view to remind staff and visitors of the

need to don personal protective equipment.

WHAT A GREAT IDEA!!

On August 2, 2006 NorthEast Medical celebrated Sterile Procession and Medical Equipment Appreciation Day. Diane Fink provided a Lasagna Dinner with all the trimmings for all the staff. The food was sooo good.

The CS staff at NorthEast Medical has had to become very flexible over the last several months. Because of the new construction

on the new children's hospital, the staff have had to make a number of concessions regarding the transportation of surgical case carts. The elevator that had been used to transport carts from the OR to SPD was out of service due to the construction and the new route to the OR took at least 20 minutes one way. The staff got plenty of exercise making this long trip multiple times daily. We are happy to announce that the elevator is back in service and is working well.

Membership report from Madam Secretary:

Our current membership totals 287. If you have not renewed, please go on-line and get a membership renewal form. The NCAHCSP's membership year runs from January 1 until December 31st. Our by-laws allow a 6 month grace period for members to renew. This grace period is past and roughly 40% of our membership has not renewed.. Yes, without renewing, you can still have access to our website, www.ncahcsp.org, and read our award winning newsletter, "I Heard It Through the Steamline", and you can even complete the in-services. **BUT**, you will not receive continuing education credits for those in-services; nor will you receive registration information for upcoming meetings thru the mail.

Please complete a 2006 membership application and send it along with your dues to the address shown on the application. Please feel free to call me at 704-379-5385 if you have any question about your membership status.

Harriet Pratt



FOR SALE!!

The 5th edition of the Technician's Manual is now available for sale. The Instructors guide has gone to print. The Spanish translation as well as the Japanese edition is completed and is in print. The cost is \$100.00 for non-members and \$80.00 for members. The Spanish workbook is \$60.00 for non-members and \$50.00 for members. Please see the ASHCSP website for ordering information.

“Ethical Issues In The CS Arena”

Pamela H Caudell, RN, CNOR, CSPDS, ACSP

Objectives:

At the end of the article, staff will be able to:

- ? Define ethics
- ? Discuss development of professional and personal ethics
- ? Know what ethical issues may arise in a health care facility

Ethics is defined as the discipline dealing with what is good and bad and with moral duty and obligation. *Ethical actions* are those that conform to accepted and professional standards of conduct. Our conduct is complicated by our individual beliefs, knowledge, work ethic and other ethic and religious practices.

Morals, on the other hand, relate to the principles of right and wrong in behavior; a set of moral principles or values. When our professional conduct fails to conform to moral standards or policies, our behavior is said to be unethical. In addition to individual morals and ethics, professional ethics are those principals of conduct governing an individual or group.

Today ethical issues are more complex due to personal accountability and obligation to the public, both requirements in healthcare. As modern medicine continues to find new and more complex treatment methodologies, some of which are controversial, new ethical issues will need to be addressed and old ethical issues may have to be revisited.

As professionals, we have a moral obligation regarding our public and private decision-making and behaviors. In today’s health care environment, what we do and how we do it affects the

lives of everyone. No individual or group of individuals is untouched. We need to re-affirm our moral obligation to do the right thing in the health care profession, which can sometimes be ambiguous, difficult and conflicted! Many health care organizations have developed a Code of Ethics such as the American College of Healthcare Executives, Dental Hygiene Practice and Nursing.

In the Central Sterile Processing department, ethical issues are addressed on a daily basis. The manner in which the CS professional handles these issues can have long-range effects on the department, the employees, the facility itself, the patients and any other customers involved within the organization.

Ethical dilemmas can be defined as having to choose between two equally desirable or undesirable alternatives. It is important to remember that the way professionals approach and solve ethical dilemmas is influenced by their values and basic beliefs about the rights, duties and goals of all human beings. As a professional of the Central Sterile arena, there are many ethical issues that you will face on a daily basis. This could be anything from, is this item sterile or not to whom do you owe your primary allegiance; the organization or your subordinates? The way the CS professional handles these issues can have long range effects on the department, the employees and the health care facility as well as the patient/customer.

If you are the manager of a Central Sterile Department, for instance, you have additional obligations that a CS Tech may not have. Some of these include:

1. Provide a safe work environment.
2. Not discriminate.
3. Be supportive of staff.
4. Safeguard customers from unethical or illegal practice.
5. Support the policies of the facility.
6. Maintain conditions of employment.

7. Work with other health care professionals.
8. Act in accord with one's own values.
9. Promote efforts to meet the health needs of the customer.
10. Assure privacy and confidentiality of all staff.

ETHICAL ISSUE

Entitlement

Sometimes employees feel they are "entitled" to certain benefits such as using sick time when they're not sick because they're "entitled to it." There is also the issue of taking supplies and other items home with them because they worked hard today and no one ever gives them anything and I need some dressings for my dog anyway so I'll take these.

Work

Within the many CS departments experiencing ethnic diversity, there is the potential for diversity in work ethic. All employees need to understand both the department's and the facility's expectations in terms of commitment to quality and work performance. It is always up to the manager of the department to make perfectly clear what the standard is and what are the consequences of poor work performance or less than optimal quality of work.

Sales Representatives

Most facilities today have a corporate compliance or similar policy. These policies detail the need to keep separate ones' position as a representative of the health care facility and personal gain. These policies specify that health care personnel should not accept nor expect favors, gifts or any remuneration from sales representatives, including invitations to lunch or dinner. Such activities can be misconstrued as kickbacks. It is important for CSP professionals to be familiar with their facility's corporate compliance policies and comply with them at all times. In addition, if the CSP professional has knowledge of anyone in the health care facility abusing the corporate compliance policies, this information should be reported to your Corporate Compliance Officer or Administrator

for follow-up. Usually these issues are investigated anonymously.

Employees

Sometimes the CSP manager is confronted with employees taking products home without paying for them. Occasionally there is the falsification of time and attendance, and/or falsification of permanent records such as the sterilization record. There can also be a failure to report a positive biological test result. All tasks in CS are important and complete documentation is required to verify that items were prepared properly. There can be no exceptions.

Patient Safety

Patient safety can never be compromised. Sometimes the CS professional may be privy to information that may have a negative impact on patient safety (such as a device processed by a sterilization method other than that recommended by the manufacturer.) Anytime there is an indication that patient safety could be compromised, the CSP professional has an ethical responsibility to report this information to the appropriate administrative or risk management personnel. Policies and procedures should be developed, shared with staff via in-service training and enforced regarding the careful inspection and testing of all patient care equipment handled by the CSP staff.

Employee Safety

The CS manager has a legal and ethical responsibility to safeguard the workplace for employees. If there is an employee safety issue, it must be reported to the appropriate administrative representative. Employee safety can present under a number of scenarios; malfunctioning equipment, insufficient equipment to get the job done or outdated equipment.

In an era of markedly limited physical, human and fiscal resources, nearly all decision making by CS professionals involves some ethical component. In addition, there is the potential for staff to experience interpersonal conflict resulting from personal, subordinate, organizational and consumer responsibilities. There are no rules or guidelines in existence that will cover all aspects of the ethical dilemmas that managers face oftentimes on a daily basis.

ASHCSP NEWS FROM AROUND THE COUNTRY

BY-LAWS CHANGES

Under the by-laws changes established at the last ASHCP board meeting, the board will now be comprised of:

1. President-selected by the current board
2. Vice-President-appointed by the President

Both of these positions are for a one (1) year term only. The remaining board will be made up of four (4) at-large members. As the current board positions end their respective terms, elections for these positions will be held from nominations from across the country, not just from the individual regions. The Board of Directors is transitioning to an "at-large" role to better represent the entire country and to encourage quality leadership representation from stronger areas of the country. Paul Hess has been asked by incoming President, Penny Sabrosky to serve as the Vice-President. He has accepted that position and asks that we as a chapter and individually support him as the ASHCSP goes thru this transition.

Congratulations Paul !!!!



MORE ASHCSP NEWS:

The ASHCSP is currently conducting a Benchmarking Survey. The survey is the first step in measuring and comparing CS/SPD productivity for a variety of processes including decontamination, sterilization, processing and inventory. This will also include staffing configurations. This first survey will provide a solid groundwork of knowledge on how CS/SPD departments operate regionally and across the country, and will enable you to make educated decisions about staffing, budgeting and purchasing, and provide you the

Annual Meetings 2007 and 2008

The next annual ASHCSP meeting will be held in St. Louis, Missouri. The dates are September 15 thru September 18, 2007. The meeting place will be the Hyatt. Make plans now to meet there. Remember, we have the best speakers as well as the best vendors there are. And also remember that the North Carolina Association for Hospital Central Service Professionals (NCAHCSP) **always** kicks butt.

The annual meeting for 2008 will be held in Reno, Nevada at the Nugget Resort and Casino from September 13 thru September 16, 2008. Now remember, if you were at the Mohegan Sun this year for the annual conference and you lost money, this will give you a chance to win some of it back. Lots of Luck.

data needed to substantiate growth or change within your department. The results of this survey will be available starting October 15, 2006. General data will be posted in the members' only area of www.ashcsp.org, and the ability to order customized reports will be available at that time also. By fully completing the survey, you will receive a customized report addressing the results from one function in the survey-a value of \$200!! Visit the ASHCSP website and begin your survey, <http://www.ashcsp.org>. We would like to see input from all areas of the country and every hospital and medical center.

Twinkies and Root Beer

A little boy wanted to meet GOD. He knew it was a long trip to where GOD lived, so he packed his suitcase with Twinkies and a six-pack of Root Beer and he started on his journey. When he had gone about three blocks, he met an elderly man. The man was sitting in the park just feeding some pigeons. The boy sat down next to him and opened his suitcase. He was about to take a drink from his root beer when he noticed that the man looked hungry, so he offered him a Twinkie. The man graciously accepted it and smiled at the boy. His smile was so pleasant that the boy wanted to see it again, so he offered him a root beer. Again the man smiled at him. The boy was delighted!! They sat there all afternoon eating and smiling, but they never said a word. As it grew dark, the boy realized how tired he was and he got up to leave, but before he had gone more than a few steps, he turned around, ran back to the man and gave him a hug. The man gave him his biggest smile ever.

When the boy opened the door to his own house a short time later, his mother was surprised by the look of joy on his face. She asked him "What did you do today that made you so happy?" He replied, "I had lunch with GOD." But before his mother could respond, he added, "You know what? GOD's got the most beautiful smile I've ever seen."

Meanwhile, the elderly man, also radiant with joy, returned to his home. His son was stunned by the look of peace on his face and he asked, "Dad, what did you do today that made you so happy?" He replied, "I ate Twinkies in the park with GOD." However, before his son could respond, he added, "You know, he's much younger than I expected."

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment or the smallest act of caring, all of which have the potential to turn a life around. People come into our lives for a reason, a season or a lifetime. Embrace all equally!

Author unknown



Answers to the July Post Test:

1. Recommended Practices represent the official positions of aseptic and technical practices used by both the operating room and central sterile. **True**
2. Recommended Practices are written by the involvement of members of the following group:
 - D. NAACP and UNC are not the right answers
3. CDC was the first organization to have a book published on Recommended Practices in 1975.
 - F. AORN was the first group.
4. Central Sterile only follows the Recommended Practices from AAMI. **False**—CS follows both AAMI and AORN practices.
5. One reason the CDC is involved in writing Recommended Practices is the scientific knowledge about germs, bacteria and virus' they bring to the table in order to help write policies that protect both patient and staff. **True**
6. Recommended Practices represent what is considered to be the "best practices" for Central Sterile departments to follow in order to:
 - A-optimize Infection Control efficacy, control costs and have patient and staff safety.
7. The 16 recommended practices are used to assist managers in writing policies and procedures that will be used to assist the CS department to work in coordination with the individual facility. **True**
8. AAMI has recommended practices that deal with how a CS department is set up. **True**
9. The OR uses the same practices that CS uses to prevent cross-contamination during surgical procedures. **True**
10. The reason CS follows both AORN and AAMI recommended practices is that AAMI deals more with the clinical aspect of our jobs while AORN deals more with the technical, i.e., the use, maintenance and evaluation of our equipment. **False**—it's the other way around.

WEB Page:

The NCAHCSP website has been visited a total of 493,011 times since we went online in November of 1996.



Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.

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