

I HEARD IT THRU THE STEAMLINE

Volume 20, Issue 4

October 2008

Newsletter of the Year Award:
1993, 1995, 1996, 1997, 1999, 2000,
2001, 2002, 2003, 2004, 2005 2006,
2007



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Our prayers are with our
troops wherever they may
be stationed

DON'T FORGET TO VOTE!!!!

**HAPPY HOLIDAY SEASON!
CHEERS TO EVERYONE:**

*It's hard to believe that the Holiday Season is almost here already!
It seems that I was just voted in as your President this year, like yesterday!
Boy how time flies, especially when you are learning and having fun too!*

*We have just completed the most exciting Presidential Election ever!
Congratulations to Barack Obama on being elected as the 44th President of The United
States of America!*

*November brings me to the point of focusing on being Thankful!!
Even though times seem difficult this past year with high gas prices, jobs being lost,
homes being foreclosed on, etc.
I still have so much to be Thankful for!*

*As you spend time with your family, friends & love ones, take time to reflect on this past
year (2008) on things that you too are Thankful for! I am certainly thankful for each one
of you that are a part of this outstanding organization that choose me to lead and give
back to each one of you as your president. You trusted me to represent our organization,
and for that I will for ever be thankful, grateful & humble for!*

*With this year coming to an end, we are in the final planning stages for our Annual "50th"
Anniversary Educational Meeting in Myrtle Beach next year. (April 29th, - May 1st,
2009) The Education Committee has done an excellent job in lining up expert speakers
for all that are planning to attend!*

*We are planning a BIG Celebration, one you don't want to miss!
You can visit our Website to pre-register! Plan to be there! I look forward to seeing you
there!*

*It is may wish for the remainder of this 2008 year that each one of you continue to be
thankful, in great spirit & good health as well. May all of your days, evenings, & nights be
filled with joy & gratefulness!*

*Always remember that Excellent Healthcare Service happens throughout the year due to
the great contribution that each one of us provides within the Central Service Profession!*

I am wishing you & yours a Very Happy, & Safe Holiday Season!

Patricia Washington

NCAHCSP- President 2008-2009

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OOPS!!!!

**I missed one.
Please forgive me.
Please remember
to congratulate
Marian Thompson
from First Health
on passing the
CBSPD Certifica-
tion Test.**

Fall Lawn Care Tips

The worst of the summer heat has passed and the air is much cooler and has much less humidity. Now is the time to roll up your sleeves and do some fall lawn maintenance. Listed below are several things you can do to get your yard ready for the next blooming season without worrying about overwintering.

- * Apply herbicides to broadleaf weeds.
- * Correct your soil's acid pH. If your lawn is not performing well, please have your soil tested. If the soil test should show a need to reduce acidity, apply lime now. If it is too alkaline, apply sulphur.
- * Thatch removal is important to keep from smothering grass. Dethatch your lawn by raking; for bad cases of soil compaction, you might have to venture down to the rental place and rent an aerator to pull plugs of soil from your ground so nutrients can get into it.
- * Rake up your leaves or use a leaf vacuum so the leaves won't smother your grass until next spring.
- * Make sure to drain all the old gas out of lawn mowers, clean the under carriage and make sure the blades get sharpened.

Fall yard care for cool season grasses must begin with adequate watering. Just because it's not now hot, this style of grass must be watered. Cool season grasses need to be kept watered just as if it were summertime. Something else that only applies to cool season grasses is the fertilizer that we put on the grass in late fall to early winter. Generally we apply one pound of nitrogen to 1,000 square feet of lawn.



Warm season grasses will not need to be fertilized. In fact, if warm season grasses are fertilized in the fall, the process necessary for hardening off does not happen and the grass will die. Over-seeding your warm season grass with rye grass will keep the yard looking green throughout the winter but there is one caution to this. When buying rye grass, make sure you buy the annual not the perennial grass mixture

as this does not die back during warm weather and tends to compete with the warm weather grasses.

If you have to mow your yard during the fall and early winter, cool season grasses don't have any problems with this. Just adjust the height as you normally would, right up until you stop mowing. However, if you have warm season grasses, you should set the blade height to increase the height by 1/2 inch.

If there are shrubs that are sensitive to the cold, taking leaves you have raked and putting them up around the plant will provide them additional coverage. Little things you do now will keep those plants that you cherish alive until spring comes around next year.

NCAHCSP Chapter News

REMEMBER we have a quarterly meeting in Winston-Salem on February 20, 2009. (I can't believe it's that close already.) As usual we will be having good speakers and an opportunity to mix with others that do the same things you do. In case of inclement weather, a note will be posted on the web site.

DON'T FORGET TO VOTE!!!!

We live in a nation that no matter how rough it gets, we still have the ability to elect our governing officials. This past election taught us that. Therefore, I'm asking everyone to take a few minutes and look at the ballot and choose the people that will lead this organization to the best of their ability and help us become an even bigger and better association able to stand alone without any assistance from anyone. Without your support,

this chapter just becomes routine and very bland. We don't always agree on how things should be done but we talk about them and everyone has a say and a vote on how things are going to come out. Think about the people that are running on the ballot. Are they trustworthy and will they do the best job they can to do what you, the membership, would want them to do? Our future is in your hands. We want to be the best we can be, always.

What makes someone a good officer or a board member?

For each of us it is something different. Is it the dynamic personality, the promise of a better life, truth, justice and the American way? Just what is it exactly? Interestingly enough, each of us has a different perspective on what a good board member or officer should be. Personally, I think it is someone who can assist in the development of educational activities. Someone who acts as a team player, always aware of the needs of the rest of the board. Who looks at what the rest of the board can do and can't wait to help with the rest.

We can either be on one side of the fence or the other. Fence riding is only good for a short period of time. As a board member, I can only speak for myself. The people who serve on our board are truly dedicated to the chapter and its' members above most everything else. Hats off to each of you.

What is a Sterile Conscience?

It takes a special kind of person to work in Sterile Supply and Sterile Processing.

It takes a person that knows why they do what they do and the consequences if things are not done right.

It is so easy to follow Policy and Procedure when others are watching....But what do you do when you are alone?

The truth comes out when it is just you and the product. You try to carry too much and drop a sterile wrapped item on the floor....A loaner set comes to decontam and it looks clean.....

Now imagine. Your mother is scheduled for a total hip replacement. That sterile wrapped item is going to be used in her case. The loaner set was brought in to be used in her procedure. Would that make a difference in how you would handle anything?

Hats off to Sterile Supply staff who handle everything like it was going to be used on their loved one.

Submitted by: Judith Carey



May God bless each of you now and in the coming year. You truly are one of a kind but also made in his image.

SCIP—What Is It And How Does It Affect Me?

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

Objectives:

At the conclusion of this article the reader will be able to:

- Describe what SCIP means.
- Discuss the relationship between SCIP and patient care.
- List two ways CS personnel can be involved in the SCIP process.

How many of you have heard your peers talking about the SCIP process and wondered what it meant. SCIP stands for Surgical Care Improvement Project. This is a partnership between many groups and agencies in order to reduce nationally the incidence of surgical complications by 25% by the year 2010. Some of the groups involved in this are the American College of Surgeons, the American Hospital Association, the Association of Perioperative Registered Nurses, the CDC, Centers for Medicare and Medicaid Services (CMS) and Joint Commission to name just a few. These groups have partnered together in order to work collaboratively to improve the safety of surgical care through the reduction of postoperative complications. In 2003 the Journal of the American Medical Association showed that postoperative complications accounted for about 22% of preventable deaths.³ Patients who get a

postoperative infection or other complication such as thrombosis have an increased length of stay or have to be readmitted to the hospital. This causes increased costs for patients, hospitals and payers, i.e., insurance companies. We know and have access to a great wealth of evidence based information. Unfortunately, what most studies have found out is that standards are not applied reliably in all facilities. The CDC estimates that approximately 500,000 surgical site infections occur annually in the United States. Patients that develop surgical site infections are 60% more likely to spend time in an ICU, five (5) times more likely to be admitted to the hospital and have twice the mortality rate as non-surgical site infections. One of the first approaches taken to achieve the goal of reducing surgical complications was to improve the timing, selection and duration of prophylactic antibiotic administration. Studies have shown that the appropriate antibiotic given within 60 minutes of incision time and stopped within twenty four hours of incision close time provides the lowest risk for post op infection. What that means substantially is that we use a broad spectrum antibiotic that covers most of the probable intra-operative contaminants for the operation, it's safe for the patient and is cost effective

for the facility. It also means that the antibiotic must be given within 60 minutes of incision time. Studies have shown that the further out the antibiotic is given from time of incision, the risk of infection increases exponentially. When the antibiotic is given within the 60 minute time frame, the tissues show an adequate bactericidal level within the skin and tissues. By maintaining therapeutic levels of antibiotic within the tissues throughout the operation, this provides a protective effect in minimizing risks for infection during the procedures. Studies have shown, however that administration of antibiotics for more than a few hours after surgery does not enhance the effect and as a matter of fact can cause *Clostridium difficile* to colonize. It is also possible to promote antimicrobial resistance when antibiotics are given for an extended period of time. The Society of Thoracic Surgeons (STS) in 2005 wrote guidelines that say in cardiac cases, a single dose or 24 hour prophylaxis may be just as effective as 48 hour dosing of antibiotics.

Another item deals with shaving of the surgical site. It is a well known fact that prepping of the operative site must be done as close to the time of surgery as possible. In the olden days, patients were told to shave themselves the night before surgery. .



Then we started shaving the patient with a razor preoperatively. Both of these skin preps were enhancing the growth of bacteria on the skin. Razors cause minute scrapes and nicks and cuts on the skin, some are too small to see. Anytime there is a break in the skin, this becomes a natural place for the growth of bacteria. This can become a potential site for an infection to start to grow, which can lead to a post operative infection.

Surgical Site Infections (SSIs) are the second most frequent adverse event in hospitalized patients, representing approximately 15% of all hospital-acquired infections and 40% of all infections in surgical patients. One of the more important tools that we can use to insure that we do the right thing at the right time and in the right way is by using protocols. This helps us standardize processes in order to provide safer measures for our patients as well as achieve a higher performance ratio. A protocol is a code of correct conduct literally. What that means for us is the steps we take to do a job consistently and correctly each and every time when written becomes a written protocol.

I know you're wondering how all of this can possibly affect you. The truth is, as of Octo-

ber 1, 2008, CMS (Center for Medicare and Medicaid Services) has instituted something called "pay per performance". This roughly translated means that we as a facility no longer will get paid if certain types of patients develop post surgical infections. For example, if a post surgical patient contracts a urinary tract infection within a certain period of time, any additional time the patient would have to spend in the hospital would not be reimbursed or paid to the facility. What this can mean is fewer dollars to the facility which could mean no raises or bonuses or even any additional working capital to buy new furnishings or that new washer that you've fixed one too many times already. The other possibility is related to the Core Measures Optimal score card. This shows us and the world how well we are doing at preventing post operative infections by looking at certain measures such as the ones we've just talked about.

Currently any patient with a computer can go to www.ncha.org and see how their area hospital stands against any other hospital in the state. Because of this, it is possible that CMS can look at our score as it related to the other hospital and instead of paying us what we charged, only pay us at the same percentage as our score. For example, if we were at 59% for our optimal scorecard and the state average was 83%, CMS could decide to only pay us 59% of what we

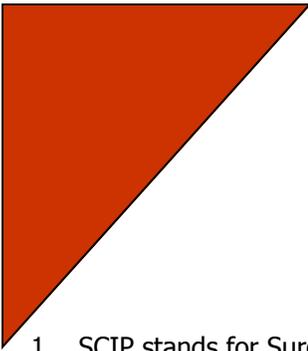
charged. At that rate, we could be closing our doors fairly quickly.

What can we do as Central Sterile professionals to assist in this collaborative? Learn as much as you can about the process. Volunteer to serve on the SCIP committee. We have a voice in the safety of the patient. It is important that when we see an unsafe practice, we speak up and let others know what we have observed. Remember that we are the first line of defense against infection. We are the most important people in the facility. We are the ones responsible for making sure **ALL** instrumentation is clean and sterile and ready for use. Because of the work we do, we are much involved as any of the nurses and doctors who actually work in the OR.

References:

1. JCAHO on Quality and Patient Safety 11/2007
2. Medscape—SCIP Infection Prevention Update, 06/07
3. JAMA 2003; 290:1868-1874 Zhan C Miller "Excess length of stay, charges and mortality attributable to medical injuries during hospitalization"





1. SCIP stands for Surgical Care Improvement Project.
True False

2. Groups that are involved in this process are American College of Surgeons, CDC, JCAHO and Ford Motors.
True False

3. One of the first things that was done was to improve the timing of the procedure as well as the right antibiotic. True False

4. Studies have shown that the further away from the incision start time, the greater are the chances are for post-op infections.
True False

5. Shaving is also an important issue. Patients must be shaved with a razor prior to surgery.
True False

6. Surgical Site Infections (SSIs) are the second most frequent adverse event in hospitalized patients.
True False

7. Protocols are a code of correct conduct.
True False

8. CMS has instituted "pay per performance". This means if we are good, CMS will give us extra money.
True False

9. Patients that develop a surgical site infection are 75% more likely to spend time in an ICU.
True False

10. A broad spectrum antibiotic is generally safe for the patient and cost effective for the facility.
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**

Please Note--Answer key will be in the next issue of the "Steamline"

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 \$15.00 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: _____

There are certain criteria which we have to maintain in order to be able to provide you, the membership with CEUs.

First off, we have to send the certification board a copy of the article with the question list. We also have to maintain a roster of the membership that have completed the article. And finally we have to have an evaluation of the article writer. If the certification board asks for our records and none or only partial information is available, they can refuse to grant CEUs to our educational articles as well as our meetings.

What I'm trying to say is please remember to fill out your evaluation tool as completely as you can.

Thanks for your assistance.

Margie Morgan

July 2008 CJD—Post Test

1. CJD is not fatal. True **False**
2. Thorough cooking of contaminated meat will kill the prion that causes CJD.
 True **False**
3. Powered equipment should never be used on CJD patients because of the inability to clean and sterilize the equipment properly. **True** False
4. The symptoms of CJD are such that it can be very difficult to diagnose without a brain biopsy.
 True False
5. Alcohol can be used on instruments suspected of being contaminated with CJD.
 True **False**
6. Instruments that have been contaminated with CJD do not have to be kept moist before being cleaned.
 True **False**
7. All disposable items, table covers, gowns and any fluids that have come in contact with CJD must be incinerated and not thrown in the trash.
 True False
8. In order to decontaminate instruments that have come in contact with prions, they must first undergo cleaning and then sterilization at 272 degrees F for 18 minutes.
 True False
9. Paracetic acid is just as effective for decontaminating instrumentation as steam sterilization is.
 True **False**
10. If the patient has to have implants, it is OK to have the entire tray of implants on your back table.
 True **False**

Soft Ball game...

Two 90-year-old women, Rose and Barb, had been friends all of their lives. When it was clear that Rose was dying, Barb visited her every day. One day Barb said, 'Rose, we both loved playing women's softball all our lives, and we played all through High School. Please do me one favor: when you get to Heaven, somehow you must let me know if there's women's soft-ball there.'

Rose looked up at Barb from her deathbed and said, 'Barb, you've been my best friend for many years. If it's at all possible, I'll do this favor for you.' Shortly after that, Rose passed on. At midnight a few nights later, Barb was awakened from a sound sleep by a blinding flash of white light and a voice calling out to her, 'Barb, Barb.'

'Who is it?' asked Barb, sitting up suddenly. 'Who is it?'

'Barb -- it's me, Rose.'

'You' re not Rose. Rose just died.'

'I'm telling you, it's me, Rose,' insisted the voice.

'Rose! Where are you?'

'In Heaven,' replied Rose. 'I have some really good news and a little bad news.'

'Tell me the good news first,' said Barb.

'The good news,' Rose said, 'is that there's Softball in Heaven. Better yet, all of our old buddies who died before us are here, too. Better than that, we're all young again. Better still, it's always springtime, and it never rains or snows. And best of all, we can play softball all we want, and we never get tired.'

'That's fantastic,' said Barb. 'It's beyond my wildest dreams! So what's the bad news?'

'You're pitching Tuesday.'



Understanding MRSA

MRSA-Methicillin-resistant Staphylococcus Aureus is a bacterium that causes infections in different parts of the body. It's tougher to treat than most of the other strains of staph because it's resistant to most of the commonly used antibiotics. What you are going to see as some of the most common symptoms are mild infections on the skin which may be pimples or boils.

Something that was unknown roughly 15 years ago is called community acquired MRSA. This accounts for almost 50% of the infections that are seen in the US's emergency rooms. Statistically there have been around 19,000 deaths in the past year from community acquired MRSA. This is something that has been in the news lately pertaining to schools and our children that attend them. Although it has not been proven, it is widely thought that the over use of antibiotics may have bred strains of MRSA that are distinctly different than those found in hospitals. This particular strain of MRSA is not as resistant to as many types of antibiotics as the hospital strain but it is considerably more virulent, causing more deaths per capita than hospital acquired MRSA.

What can we do to help our children to stay healthy?

1. Teach them to wash their hands, wash their hands, wash their hands, preferably with soap and water.
2. Don't touch other people's wounds or bandages.
3. Do not share personal belongings like towels.
4. Monitor the amount of antibiotics your child is receiving. Do you really need an antibiotic for every sniffle?

If your child has pain or swelling or something that appears out of the ordinary, do not hesitate to inform the family physician or take them to the emergency room. We must make every effort to keep this bacteria under control in order to prevent future deaths.



Black-eyed Pea Casserole

- 1 pound lean ground beef
- 1 medium onion, chopped
- 1 medium green pepper, chopped
- 2 (15 ½) cans black eye peas
- 2 tbsp. jalapeno peppers, diced finely
- 1 can cream of mushroom soup
- 1 (6 oz) box Uncle Ben's long grain and wild rice mix
- 1 cup grated sharp cheese

Prepare Uncle Ben's long grain and wild rice mix according to directions and set aside. Meanwhile brown ground beef, onion, and green pepper in large skillet. When browned, drain and add in cream of mushroom soup, black eye peas, jalapeno peppers, and prepared rice mix. Place in baking dish and bake @ 350 for 25 min. Remove and sprinkle with cheese and cook for another 5 min. or until cheese is melted.

A DIFFERENT CHRISTMAS POEM

The embers glowed softly , and in
their dim light,
I gazed round the room and I cherished
the sight.

My wife was asleep, her head on my chest,
My daughter beside me, angelic at rest.
Outside the snow fell, a blanket of white,
Transforming the yard to a winter delight.

The sparkling lights in the tree, I believe,
Completed the magic that was Christmas Eve.
My eyelids were heavy, my breathing was deep,
Secure and surrounded by love I would sleep.
In perfect contentment, or so it would seem,
So I slumbered, perhaps I started to dream.

The sound wasn't loud, and it wasn't to near,
But I opened my eyes when it tickled my ear..
Perhaps just a cough, I didn't quite know, then the
sure sound of footsteps outside in the snow.
My soul gave a tremble, I struggled to hear,
And I crept to the door just to see who was near.

Standing out in the cold and the dark of the night,
A lone figure stood, his face weary and tight.
A soldier, I puzzled, some twenty years old,
Perhaps a Marine, huddled here in the cold.
Alone in the dark, he looked up and smiled,
Standing watch over me, and my wife and my child.

"What are you doing?" I asked without fear,
"Come in this moment, it's freezing out here!
Put down your pack, brush the snow from your sleeve,
You should be at home on a cold Christmas Eve!"
For barely a moment I saw his eyes shift,
Away from the cold and the snow blown in drifts..

To the window that danced with a warm fire's light
Then he sighed and he said it's really all right,
I'm out here by choice. I'm here every night."
"It's my duty to stand at the front of the line,
That separates you from the darkest of times.

No one had to ask or beg or implore me,
I'm proud to stand here like my fathers before me.
My Gramps died at 'Pearl on a day in December,"
Then he sighed, "That's a Christmas 'Gram always
remembers."
My dad stood his watch in the jungles of 'Nam',
And now it's my turn and so, here I am.

I've not seen my own son in more than a while,
But my wife sends me pictures, he's sure got her
smile.

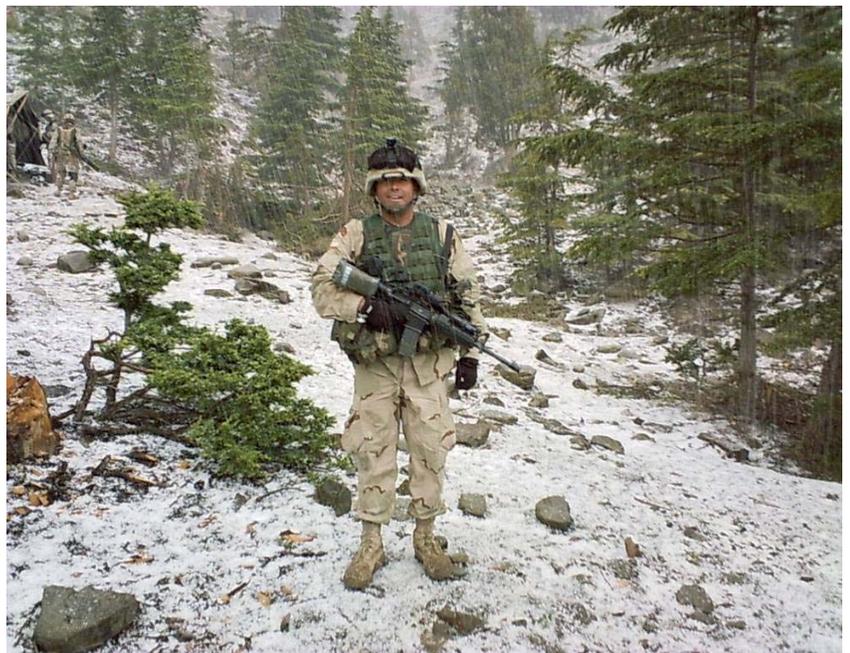
Then he bent and he carefully pulled from his bag,
The red, white and blue... an American flag.
I can live through the cold and the being alone,
Away from my family, my house and my home.

I can stand at my post through the rain and the sleet,
I can sleep in a foxhole with little to eat.
I can carry the weight of killing another,
Or lay down my life with my sister and brother.
Who stand at the front against any and all,
To ensure for all time that this flag will not fall.."

"So go back inside," he said, "harbor no fright,
Your family is waiting and I'll be all right."
"But isn't there something I can do, at the least,
"Give you money," I asked, "or prepare you a feast?
It seems all too little for all that you've done,
For being away from your wife and your son."

Then his eye welled a tear that held no regret,
"Just tell us you love us, and never forget.
To fight for our rights back at home while we're gone,
To stand your own watch, no matter how long.
For when we come home, either standing or dead,
To know you remember we fought and we bled.
Is payment enough, and with that we will trust,
That we mattered to you as you mattered to us."

Written by,
LCDR Jeff Giles, SC, USN
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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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