

We continue to pray for our troops wherever they may be stationed.

# I HEARD IT THRU THE STEAMLINER

Volume 23 Issue 2      SPRING 2011

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Hello NCAHCSP members,

I hope your summer has been wonderful so far. The meeting in May was exceptional and I was so glad to see all of you again. It never fails to amaze me the dedication that each of you possesses when you spend your own time and money to learn and embrace new ideas pertaining to your profession. The meeting had many talented speakers and the ability to net work with our counterparts from other facilities. As your newsletter editor, I am most thrilled by the amount of knowledge there is in each of your brains just waiting to be shared. Again, I am asking for assistance in writing educational articles for the newsletter. I don't need the entire article just an outline or even suggestions of information you would like to learn more about. Also if there is anything you would like to learn more about or have information about your facility please drop me a line and I will be happy to share with the group.

Thanks for Your Continued Support

Pam Caudell, Editor-in-Chief




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**Newsletter Committee**  
Pam Caudell-Editor-in-Chief  
Paul Hess-Assistant-Editor  
Diane Fink-Staff Writer  
Lana Haecherl-Staff Writer

## What's Happening in The NCAHCSP World

### And the Winners Are:

#### Diane Fink Leadership Award:

Leah Tilley—Lea is the SPD Lead Tech at CMC-NorthEast in Concord. Having just moved into a new department, you can imagine how chaotic things were. Leah initiated work flow patterns in each area of the new department. Leah also has set up a Huddle every day between the 7-3 shift and the 3-11 shift for the continuation of work flow as well as what is going on and who is going to be the lead for the next day. She has developed monthly SPD lead tech meetings to discuss issues within the department. Her supervisor writes "This lead tech demonstrates all of the great standards of excellence that our organization is made up of."

Way to go—Leah Tilley

#### Ray Manning, Sr. Achievement Award

Earnestine Ratliff-Earnestine is an SPD Instrument Tech IV working at Carolinas Medical Center. Earnestine has worked diligently at streamlining Neuro Service Instrument Sets in order to keep par levels down and make sure all trays were identical. This means that instead of 12 different doctor's trays, there are now only 4 trays which meet the needs of the service. Her supervisor writes "Earnestine exhibits all the traits necessary: of being professional, tolerant of difficult customers, proficient in all areas of sterile processing, reliable and focus driven."

Great Job—Earnestine Ratliff



#### Joe Stanley Memorial Award:

Patricia Washington—Manager-SPD, CMC-NorthEast She established a history for maintenance of all surgical trays and established a check and balance system with documentation for all instrument repairs. She also collaborated with a sister hospital and centralized all EtO sterilization. Her supervisor writes: "Patricia is a leader and an expert in her field." One of her physician supporters wrote "When problems occur in the OR, Patricia comes up to the OR personally to look into it so she can rectify the situation, she displays leadership, talent, and the drive to do an outstanding job at NorthEast."

Bloody Marvelous—Patricia



### DID YOU REMEMBER:

In the sterilization process, items capable of holding water such as basins and solid bottom trays should be placed on their sides during the sterilization process.

## What's Happening in The NCAHCSP World (cont)

We really enjoyed Mary K Lane. She went in-depth with her explanations. She explained the problems she had, what she did and had to go through to get everyone on board (the OR) and the results she had gotten. This is more on our level of things we had to go thru in SPD. It was great hearing the positive outcome. We'd like to hear more things like this. Also...we'd like to hear from members of other hospitals regarding their responsibilities, layout of dept, etc. It's just interesting to compare.

Sandy & Leah—CMC—NorthEast Medical



### HAVE YOU RE-JOINED ASYET?

If not, why not? If we are not meeting your needs, what do we need to do to improve? Do you work with someone that is unfamiliar with the chapter? Invite them to the next quarterly meeting. We are more than happy to explain what NCAHCSP is and what we are able to do for the membership. Please renew if you have not renewed for the year 2011. If you want to be a part of this great organization, go the website and there will be a link where you can download a form to join. The cost is a whole 20.00/year for membership. This is such a good deal. You get sooo much for your 20 bucks. There are 4 CEUs per year from the newsletter as well as the ones from the annual meeting which average around 8 (+ -) and the ones from the quarterly meeting. Also average between 4 and 4.75. The opportunities to hear the speakers from our own facilities as well as ones from across the United States are limitless. We feel it is the goal of the NCAHCSP to provide quality education to assist staff in their quest for continuing learning. Not only that, we want to provide an environment in which it is possible to talk with other CS members and hear about each others issues and perhaps gain assistance in working out problems within our own departments.

If you know anyone from South Carolina or Virginia that would like to attend, please let them know we will welcome them. Also, if anyone from their Board of Directors can let us know who currently the president, we would appreciate. We need it for our information if we need to share anything. Take care and let me know what's happening in your neck of the woods.

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

True	False
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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
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**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.

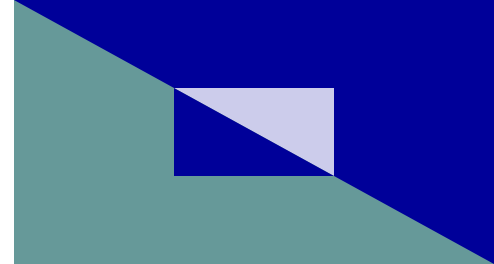
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## “Is Your Child Allergic to Peanuts?”



I'm just a kid, playful active bold, but don't feed me peanuts, please let me grow old." So begins Erica's poem, written by her Aunt Karen. Erica is only one of the growing number of children being diagnosed with peanut allergy. For these children, just touching a product that contains peanuts may evoke a potentially life-threatening reaction.

### What's Happening?

Parents of an allergic child often do not realize exactly what is happening the first time their child is in the throes of an allergic reaction they only know something is very wrong. Erica's father, Chris Papkee, relates their story: "My wife had placed my daughter in her high chair, next to the kitchen table, before I awoke. One of the first things I did that morning was to make myself some peanut butter and jelly crackers." The phone rang and Chris answered it, standing only a few feet away from his daughter.

"When I came back to the table, I was struck by what I at first thought was chicken pox marks all over my daughter's face and arms." Erica had experienced her first allergic episode. Every inch of skin that had come into contact with the peanut butter was covered in hives. Erica's parents mentioned her strange reaction to her pediatrician at her next checkup. Testing revealed peanut allergy.

"Peanut allergy tends to be the most serious of all food allergies," says pediatric allergist Robert Wood of Johns Hopkins University in Baltimore, Md. A person can be allergic to any food, but the most common life-threatening food allergies are to peanut, egg, milk, wheat, tree nuts, soy and shellfish.

"Although not everyone has dangerous reactions, those with peanut allergy have a higher incidence of severe reactions," Dr. Wood says.

Severe allergies can cause anaphylaxis, an immune system response involving more than one body system. Hives, swelling of the throat and airways, a dangerous drop in blood pressure and heart failure are only some of the effects of anaphylactic shock. According to Dr. Wood, the incidence of peanut allergy, along with all other allergic disease, has increased in recent years. "But," he says, "the reason for the increases is not clear."

Unfortunately, there is no treatment except strict avoidance of the offending allergen. While this may sound simple enough,

avoiding peanuts is often a difficult task.

Dining in restaurants is risky if any peanut products are used in any food preparation. Cross contamination is a real danger. Utensils used to prepare a peanut-containing product can contaminate non-peanut-containing food.

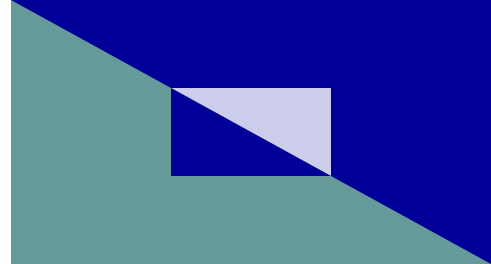
Peanut butter often turns up in unexpected places. It can be used as a thickener in foods such as chili, used to seal eggrolls or as a filler in prepared foods. Sometimes, restaurant personnel are not aware of all food ingredients and may give incorrect information when questioned.

Care also must be exercised when eating at home, and simply reading labels is not enough. Manufacturers are not required to label trace amounts of food in products, and for those with severe allergy, a trace is all it takes for a fatality to occur. Peanuts may also be listed as ingredients not obviously peanuts, such as hydrolyzed vegetable protein. Cross contamination during production is another concern. Frequently, products such as ice cream and baked goods are produced on the same machinery that was previously used to produce a peanut-containing product. Traces of the allergen can end up in a food the allergic individual may assume is safe.

The severity of previous reactions is not an accurate indicator of future reactions. Even a tiny amount of peanut can be fatal to sensitive individuals. Some can even react by inhaling minuscule peanut particles in the air, or by touch, absorbing residue left behind on surfaces. Teachers and other caregivers must be prepared to deal with an allergic reaction and know how to handle an emergency. In school or daycare settings, Dr. Wood suggests: "No food should be allowed that has not been cleared by the parent." Classmates need to be aware of the seriousness of the condition. Because this allergy can be so devastating, many daycares and schools are adopting a "no peanut" policy in an attempt to reduce the risk of a fatal reaction.

### Managing the Allergy

"The changes we have had to make to live with this allergy affect every aspect of our lives," says Chris, Erica's father. "Things we took for granted became a lot of work." Finding accommodating childcare or playgroup settings and explaining to family and friends is a daunting task. "We had to diligently watch other parents and children to be sure they did not give her anything to eat; we had to explain over and over about the allergy." Sometimes others find it



## Peanut Allergy (cont)

difficult to grasp the concept that a small amount of a peanut-containing product could cause any harm. "We do not get to enjoy social gatherings in the same manner as we used to. We quickly noticed how most celebrations and parties include food, because we now have to be very aware of our daughter's environment."

Management of peanut allergy may change in the future. "New treatments are being investigated, but none are available now," says Dr. Wood. He feels that there are indication treatments which may be available in as little as five to 10 years. However, for the present time, those with this allergy must carry an Epi-Pen, a pre-measured dose of auto injectable adrenaline, in case an allergic reaction occurs. Dr. Wood stresses that parents should always be prepared for an emergency. For highly allergic individuals, "Death or brain damage from an anaphylactic reaction to peanuts is a real risk," says Dr. Wood.

Chris and his wife, Patti, became frustrated with the constant struggle to keep their daughter safe. "Imagine knowing that you could lose your daughter every time she eats; imagine the stress a person new to the allergy has and the fear they experience because they realize they do not even know how to find safe food. One of the problems in dealing with this allergy was a lack of knowledge of how to live with it and a lack of knowledge about the allergy in society."

Chris and Patti founded a support organization, [PeanutAllergy.com](http://PeanutAllergy.com)

for those affected by the allergy. "We have found thousands of other people with peanut allergy." [PeanutAllergy.com](http://PeanutAllergy.com) also addresses issues of concern for those with peanut allergy, such as educating others about the allergy and the many safety issues.

Dr. Wood has some advice for parents of the peanut allergic: "Be ever vigilant avoiding peanuts, and be aware of the possibility of contamination. Be fully prepared to deal with a reaction, because you can never assume a reaction will not occur. Have appropriate medicines, an Epi-Pen and antihistamines, available 100 percent of the time and know how to use them." He says the most important thing to keep in mind about this condition is, " Always remember that peanut allergy can be deadly."

## Interesting Little Known Food Facts

The vegetables and fruits you eat don't have as many vitamins and minerals as they did 50 years ago. According to USDA data, a serving of broccoli grown in 1962 had 103 mg of calcium. but a serving of broccoli grown in 1992 had only 48 mg. That's a 53% drop in 3 decades!

In 1962, your average orange contained 200 IU of vitamin A. However, in 1992, it only contained 21 IUs of vitamin A. This is about 90% less than before.

In 1962, a serving of collard greens gave you 57 mg of magnesium , which was a good contribution toward your daily intake of 400 mg. In 1992, the amount shown before dropped to just 9 mg per serving. So in today's market, most fruits and vegetables are considered to be nutrient-starved. As a consequence, it is virtually impossible to get all the nutrients you need to be healthy by just eating what is considered to be a proper diet.





## Irritable Bowel Syndrome

### **What Everyone Wants to Know About Irritable Bowel Syndrome**

One of the most common problems that approximately 20% of Americans have is Irritable Bowel Syndrome, or IBS. You may also have heard it being called Spastic Colitis, Spastic Colon, Spastic Bowel and Functional Bowel Syndrome.

#### **Definition of IBS**

Irritable Bowel Syndrome is a disorder that involves abnormal bodily functions and is therefore often labeled a functional disorder. It may be hard to pinpoint the exact origin of this abnormality since diagnosis is difficult to obtain by normal methods. IBS is not derived from an infection, an inflammation or a structural abnormality. Tests on blood or x-rays will not be able to show its presence in a person's body.

Irritable Bowel symptoms could include diarrhea, cramps or pain in the abdominal region, excessive gas, bloating or nausea. It is a good idea to go see your doctor if you experience the above symptoms for an extended time period.

#### **How is Irritable Bowel Syndrome Diagnosed?**

A doctor will determine if you are experiencing Irritable Bowel Syndrome by questioning you concerning your symptoms. He may want to know what your eating habits are and how long the symptoms have been occurring in order to establish your history and if certain patterns are present, the doctor may conclude that you do have IBS based on that information. One of the most diagnostic symptoms is the amount of time that you have been experiencing the abnormalities. If they have been happening over a long time period, then IBS is most likely the cause. If not, then it may be something else that is giving you trouble. More tests may be necessary in order for your physician to reach a good diagnosis.

#### **Can Foods Cause IBS?**

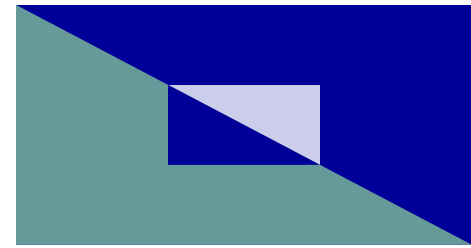
While different types of food may seem to lead to your symptoms of IBS, in actuality food is not the cause of the disorder. However, you may feel worse when you eat different foods. You may experience much pain or discomfort if the wrong foods are ingested and the intensity of the symptoms may increase.

Milk, ice cream and other dairy products or chocolate and other high fat-content foods are best left alone. You should also try to stay away from alcohol, caffeine and carbonated beverages.

A really good idea might be to keep a diary of what foods you eat and when you experience symptoms. Remembering to write down what foods you have eaten can help you pinpoint the foods that seem to lead to Irritable Bowel Syndrome. Then you can learn to avoid the foods that will cause you misery in the restroom later. It may seem difficult to give up some of your favorite foods, but doing so will help you to feel better and keep you healthier. That chocolate cake may taste good for a little while, but just try to remember what discomfort you will have down the road.

On the positive side, some foods may be able to help keep IBS symptoms down to a minimum. Foods that are rich in fiber are highly recommended. Some excellent examples of these are apples, peaches and other fruits, or vegetables such as broccoli or cauliflower. Stewed and dried fruits such as apricots, raisins and prunes can also be helpful in reducing your symptoms.

Do some research and discover which other foods are full of beneficial fiber that you might be able to easily add to your eating habits. Remember to let your body adjust to the change over time and don't increase the amount of fiber in your diet too quickly. If you begin to develop a more healthful, fiber-filled diet, you are sure to see improvement and have good results in reducing symptoms of IBS.



## From Fat to Fit: Yoga for Every Body

By Kate Hanley, Special to Lifescript

Published September 04, 2010

*Yoga is no mere fad. This ancient Indian practice has gone mainstream with a multitude of styles to meet every body's needs. In recognition of National Yoga Month, find out which is right for you. Plus, test your yoga IQ with our quiz...*

Just glance at all the different yoga class listings at your local gym, and you'll see it's no longer a New-Age celebrity craze.

In fact, to celebrate National Yoga Month, the **Yoga Health Foundation** is offering more than **1,500 free yoga classes and events** throughout September to help you discover which style is best for you.

Yoga, with roots that extend back thousands of years, offers many documented health benefits. It:

- Lowers blood pressure, cholesterol level and pulse rates
- Improves cardiovascular, endocrine and digestive function
- Boosts immunity
- Promotes better sleep
- Lessens chronic pain
- Increases energy and endurance
- Reduces risk of depression
- Improves memory and concentration

Yoga also "defrags" your brain, says John Kepner, executive director of the International Association of Yoga Therapists.

So what's the right yoga class for you? Here's our guide to find the best option.

### **Restorative**

A restorative class uses blankets, bolsters and blocks to prop students up in yoga postures, so they can experience the benefits without physical effort. Instead of doing a full backbend, for example, students lie on the floor with their spine draped over a bolster.

"Restorative poses allow the body to stretch more than just muscles," says Witold Fitz-Simon, a Brooklyn yoga teacher, founder of [yogaartandscience.com](http://yogaartandscience.com) and author of *The Yoga Practice Journal*.

"The body's connective tissue, known as fascia, can begin to lengthen, which can create fundamental postural changes," he says.

Above all, the poses feel great – as relaxing as a massage and as refreshing as a nap.

**What to expect:** A dark, hushed room filled with lots of props and people sighing contentedly.

**Who should do it:** Anyone who can identify with the phrase, "Stop the world, I want to get off" – the over-worked, over-tired, stressed out and recuperating.

**Who shouldn't:** Anyone who thinks rest is a four-letter word.

**More info:** [www.yogajournal.com](http://www.yogajournal.com)



## 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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## Committed to the Needs of Healthcare Providers

**General Surgical Instruments:** Repair and sharpening of all instruments, needle holder insert replacement, repair or replace broken parts.

**Eye/ENT/Micro Instruments:** Repair and sharpening of all instruments.

**Laparoscopic Instruments:** Sharpening, repair, parts replacement, hinge pin repair, subassembly replacement, shaft re-insulation and re-coating.

**Re-application of Diamond Coating:** Diamond welding on micro needle holders and tissue forceps, cardiovascular forceps.

**Welding/Soldering:** Repairs on instruments needing welding or soldering.

**Repotting:** Bipolar and monopolar forceps with or without irrigation tubes.

**Kleppinger Forceps:** Repair, rebuild and re-insulate.

**Biopsy Forceps/Ronguers:** Repair of all types of biopsy punches, forceps and ronguers. Parts replacement and sharpening.

**Ortho Instruments:** Repair and sharpening of all types of curettes, chisels, osteotomes, gouges and elevators.

**Neuro Instruments:** Repair of all delicate types of pituitary ronguers, micro forceps and specialty items.

**Color Dipping:** Application of standard or custom colors to almost any instrument.

**Etching:** Electro etching on your instruments.

**Demagnetizing:** Demagnetize instruments in delicate eye and cardiovascular trays.

**Personalized Tray Maintenance Reports:** Reports to track the progress of your tray maintenance program.

## Reliable Instrument Repair

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