

I HEARD IT
THROUGH THE

STEAMLINE

NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PERSONNEL
Volume 2-----Issue 4

November, 1991



INSIDE

2 President's Msg.

2 Future CSS

3 CDC / Aids

4 Technology

4 N.C. Device

5 New Members

5 Success

6 Region 3 Report

7 Certification

7 Poetry

8 Exercise

9 Re-Certification

9 Future Programs

10 Poem

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PRESIDENT'S MESSAGE

I have just returned from a very successful fall seminar in Greensboro. The attendance was 87, an all-time record for a one-day seminar. Thanks to all of you who attended, and to Bailey Cobb for arranging the speakers. I heard a lot of positive comments regarding the topics and speakers. This is what we are striving to accomplish, keeping the members informed, and providing educational programs.

The second testing for Certification was held, and there were several mentioned as having passed and have become certified.

CONGRATULATIONS TO ALL OF YOU.

The election of four (4) Board Members and Treasurer is due in January. You should have received the nomination letter, and I hope all of you have exercised your right as a member to nominate someone for the Board. The ballots should be returned before the January 13, 1992 meeting. The results will be announced at this meeting.

The Holidays are fast approaching and I would like to take this opportunity to wish all of you a Happy Thanksgiving, Merry Christmas and a Happy New Year.

Have a safe Holiday Season, if you drink - DON'T DRIVE.

Mary C. Robinson
President
NCAHCSP



OUR FUTURE IN CSS

For the past several years, the CSS at CFVMC has been in the process of changes. In the early 80's the expansion started with the opening of a Short Stay Surgery Center and this was the beginning of a total inventory system for the department. Following this we were requested to work on establishing a controlled inventory system for other departments. The Emergency Room was selected as the first department to develop a method for replenishing their supplies. After reviewing their usage we were able to establish inventory levels and eliminate supplies that were no longer used. The Anesthesia, Respiratory Therapy and Recovery Room were next on our list for revision of inventories.

FUTURE IN CSS (continued)

During these inventory changes we were into the long range plans that would be taking us through to the late 1990's. The Emergency Room was first to move to a large trauma center. CSS has gone into this new area and stocked the department with the needed inventory, and on opening day, the ER staff only had to move their patients over. Observation was moved to a temporary location for a year.

During the last week of August of this year, four new areas opened with CSS providing their service of total inventory set up. These departments and units just opening were: a new Observation Unit, Nephrology Unit, a third OR for Short Stay Surgery, and a 7th and 8th floor for general medical and surgery patients.

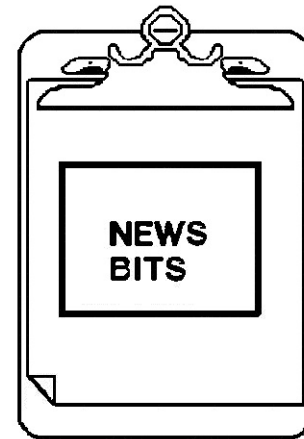
While working on these projects during the summer, we were also working on a visit from Joint Commission the day after Labor Day. As you can see, we were not bored during the summer months.

After a brief lull, we have again returned to some of our long range plans. The past few weeks, we have been ordering equipment needed for the new tower. So far, the sterilizers, cart washers and instrument washer have been ordered. We have started working with OR on plans for a total case system that will be implemented when the new patient service tower opens in 1993.

This is a brief note about some of the projects we are involved in, and if our plans go according to projections,

hopefully we can invite all of you to visit the new CSS in 1993.

Louise Rahilly
Cape Fear Valley
Hospital
Fayetteville, NC



CDC and AIDS

The Center for Disease Control (CDC), Atlanta, does not require HIV testing for Healthcare workers. The infection control guidelines were issued in July, 1991. Following are highlights of the CDC guidelines:

- * All healthcare workers should adhere to universal precautions.
- * Available data provides no basis for recommendations to restrict the practice of healthcare workers infected with HIV or HBV who perform invasive procedures that are not exposure- prone, provided that these workers practice recommended dental and surgical techniques and universal precautions.

CDC and Aids

(continued)

* Exposure-prone procedures should be identified by medical surgical-dental organizations and institutions at which the procedures are performed.

* Healthcare workers who perform exposure-prone procedures should know their HIV and HBV status.

* Healthcare workers who are infected with HIV and HBV should not perform exposure-prone procedures, unless they have sought counsel from an expert review panel. The panel would advise the workers under what circumstances, if any, they may continue to perform these procedures. Such circumstances would include notifying a patient of the healthcare worker's status before the patient undergoes the procedures.

* The public health benefit of notifying patients who have had exposure-prone procedures performed by healthcare workers infected with HIV or HBV should be considered on a case-by-case basis.

HOSPITALS
Volume 65, Number 17
September 5, 1991

TECHNOLOGY

The Food and Drug Administration approved nine medical devices in 1991 that are considered "significant advances". The devices are:

* A hyperthermia system for treating brain tumors.

* A cochlear implant that helps restore hearing in deaf children.

* A catheter used to sample the

chorionic villus during pregnancy to diagnose genetic abnormalities during the first trimester.

* A home uterine activity monitor used to detect preterm labor.

* An atherectomy catheter that shaves plaque from artery walls of patients with heart disease.

* A balloon catheter used to open clogged heart valves.

* A test used as an aid to diagnose chronic myelogenous leukemia.

* A test kit that helps evaluate and monitor treatment responses in certain hairy-cell leukemia patients.

* A test that identifies tumor markers in patients with lymphocytic cancer and helps physicians to determine the effectiveness of therapy.

HOSPITALS
Volume 65 Number 17
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NORTH CAROLINA DEVICE REGULATIONS

The North Carolina Hospital Association has introduced a Bill to amend the regulations of medical devices by the State Board of Pharmacy. This Bill was finally passed by the 1991 Session and reads as follows:

Section 1. G.S. 90-85.3(e) reads as:

'Device' means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article including any component part or accessory, whose label or labeling bears the statement 'Caution: federal law requires dispensing by or on the order of a physician.'

DEVICE REGULATIONS

(continued)

The term does not include:

(1) Devices used in the normal course of treating patients by health care facilities and agencies licensed under Chapter 131E or Article 2 of Chapter 122C of the General Statutes.

(2) Devices used or provided in the treatment of patients by medical doctors, dentists, physical therapists, occupational therapists, speech pathologists, optometrists, chiropractors, podiatrists, and nurses licensed under Chapter 90 of the General Statutes, provided they do not dispense drugs."

Sec. 2. This act is effective upon ratification. In the General Assembly, read three times and ratified this the 8th day of July, 1991.

Dr. Work, in a recent conversation, indicated that his interpretation of this Bill is that hospitals are now exempt from any device regulation by the Board of Pharmacy. Should any members have further questions about the current status of devices in North Carolina, please contact:

Fred M. Eckel
Executive Secretary
NCSHP
Chapel Hill, NC 27514



TREASURER'S REPORT

Acct. Bal: (7-31-91)	\$16,191.85
Deposits:	1,575.40
Checks	6,516.92
Acct. Ba. (11-5-91)	\$11,248.33

By: Jo Perkins

WELCOME NEW MEMBERS

Marcia E. Board
Unit Service Coordinator
Central Supply
Surgicenter Services of Pitt, Inc.
Greenville, NC

Linda Crotts
Central Service Supervisor
Catawba Memorial Hospital
Hickory, NC

Christine Jenkins
Supervisor
Supply Processing and Distribution
Gaston Memorial Hospital
Gastonia, NC

Linda Knight
One Day Surgery
Carolinas Medical Center
Charlotte, NC

UPDATE

Durham County Hospital has a name change!
It's now Durham Regional Hospital.

TOGETHER MEANS SUCCESS

Cooperation between departments is the key that unlocks success for the Surgical Department and Central Services. Cooperation is not something that occurs automatically; it requires positive actions from everyone. The networking and the exchange of ideas produces quality cost effective outcomes. Only through collective actions can this common goal be accomplished.

SUCCESS

{continued}

The Central Service Department has two primary customers, the Patient and the Surgical Department. Also, the Surgical Department has two primary customers, the Patient and the Surgeons. There must be a commitment from both departments in order to provide the customers with the highest level of quality of care that society demands. With the rising cost for medical care customer satisfaction will be the factor that will determine the success of medical facilities.

Each department has a particular proficiency that can and should be shared. The combined expertise of these two services striving together for excellence will only enhance the quality of care that is delivered to the customers.

The Surgical Department depends on the Central Service department's expert skills to help facilitate the daily needs of sterilized items used in all procedures done in the operating rooms.

The prompt response by Central Service is crucial in delivering quality and efficient care to all surgical patients. Clear communication between the two departments is vital.

Central Services and the Surgical Services must work together as one, they cannot be separate.

A strong collegial relationship is necessary for delivering cost effective quality outcomes to the customer and also it is the basis for success of the institution.

Sheila Fitzpatrick
Clinical Education Supervisor
Surgical Services
North Carolina Baptist Hospital

ASHCSP REGION 3 REPORT

After spending seven days "getting orientated to the Board of Directors for the American Society", my feelings were one of being overwhelmed with directions from everything from how to fill out an expense sheet to proper dress for a board meeting or workshop. Those folks in Chicago make sure you know what is happening.

The American Society has set goals for 1992. Included in these goals are updating the Technician Training Manual and Workbook, to publish two recommended practices on "Processing Patient Care Equipment" and "Continuous Quality Monitoring."

I will be attending a board meeting in Phoenix, AZ. in November. I will also be traveling to West Virginia to help their "newly organized state association" get off the ground. I also look forward to helping Virginia and South Carolina organize chapters.

REGION 3 REPORT

(continued)

If I can furnish any of you with information concerning the American Society, please contact me at 704-638-1009.

ASHCSP

Dates to Remember

February 19-21, 1992 - The second National Symposium and Exhibition on Hospitals and the Environment.

May 24-28, 1992 - The World Symposium for Central Service Vancouver, Canada

August 9-12, 1992 - American Society for Healthcare Central Service Personnel's 25th annual meeting conference, and exhibition, The Pointe on South Mountain, Phoenix, Arizona.

By: Virginia Coffey

Lord, grant me the strength
that I may not fall
Into the clutches of cholesterol.
At polyunsaturates, I'll never
mutter,
The road to heil is paved with I butter.
And cake is cursed, and cream
is awful,
Satan hides in every waffle.
Beelzebub is a chocolate drop
And Lucifer is a lollipop.
Teach me the evils of hollandaise
Or pasta, and gobs of mayonnaise.
And crispy fried chicken from the
South--
If you love me, Lord, please shut
my mouth.

PRIDE IN CERTIFICATION!

The NICHSPDP certification test was presented again on October 12, 1991 at several test sites throughout N.C. The NC Association would like to congratulate our newly certified technicians:

St. Joseph's Hospital, Asheville, NC

Mary Messer

Wanda Parker

Judy Swanger

Eric Zimmerman

Judy Hughes

Carolinas Medical Center, Charlotte, NC

Willie Mae Morrison

Linda McVay

Hazeline Howard

Watauga Hospital, Boone, NC

Darlene Green

Kimlyn Dollars

Dorothea. Dix Hospital, Raleigh, NC

Joe Stanley

Marion Williams

Mildred Sanders

Evelyn Bridges

Pitt County Memorial Hospital,

Greenville, NC

Joann Bradley

Mane Dunn

Ruth Umphlett

Holly Garris

Emma Watson

Ethel Whaley

Lyman Carmon

Test taken April 1991

Marie Carron

Bernard Dixon

Daisy Payton

Presbyterian Hospital, Charlotte, NC

Abdi Ali

Marsha Mason

North Carolina Baptist Hospital, Winston-Salem, NC

Janet Aultman



**DON'T
FORGET**

Nominations for Board Members, and Treasurer must be returned to Mary Robinson by November 29, 1991 in order to allow time to prepare ballots. Send your nominations to:

Mary C. Robinson
Gaston Memorial Hospital
Manager, SPD
2525 Court Drive
Gastonia, N.C. 28053-1747



TEN REASONS WHY AEROBIC EXERCISE IS IMPORTANT

1: Improves the quality of your life. The old adage, "add life to your years, as well as years to life by exercise" has considerable merit. A properly designed exercise program will give you more energy to do the activities you enjoy.

2: Relieves Depression

In her book *Mental Skills for Physical People*, Dr. Dorothy V. Harris wrote, "exercise is nature's best tranquilizer." Researchers have found that mildly to

moderately depressed individuals who engage in aerobic exercise 15 to 30 minutes a day at least every other day typically experience a positive mood swing in two to three weeks.

3: Prevents Certain Types of Cancer Studies have found that men and women who exercise are less likely to get colon cancer. Research has also suggested that women who do not exercise have more than two and one-half times the risk of developing cancer of the reproductive system, and almost twice the chance of getting breast cancer.

4: Enhances Self-Image

Research has documented the assertion that individuals who exercise regularly feel better about themselves than sedentary individuals.

5: Relieves Stress and Anxiety

Exercise dissipates those hormones and other chemicals that build up during periods of high stress. Exercise also generates a period of substantial emotional and physical relaxation that sets in approximately an hour and a half after an intense workout.

6: Reduces the Risk of Heart Disease

Experts have found that non-exercisers have twice the risk of developing heart disease than individuals who exercise aerobically on a regular basis.

7: Can "Slow" The Aging Process

By counterbalancing the age-related decrease in work capacity and physical performance, aerobic exercise can help you maintain and sustain your ability to perform work and to be independent.

AEROBICS

(continued)

8: increases the good (HDL) cholesterol

Exercise is one of the few voluntary activities that is effective in raising your level of HDL-- the type of cholesterol that lowers your risk of heart disease.

9: Improves The Quality of Sleep
Researchers have found that people who exercise go to sleep more quickly, sleep more soundly and are more refreshed than individuals who do not exercise.

10: Improves Mental Sharpness
Numerous studies have shown that individuals who exercise regularly have better memories, better reaction times and a better level of concentration than non-exercisers.

By: James A. Peterson, Ph.D.
Cedric X. Bryant, Ph.D.
Fitness Management
August, 1991

RE-CERTIFICATION

Congratulations to all of you Certified Technician's. I'm pleased to say there are additional methods of obtaining points for Re-certification.

While at the Annual Meeting in Ft. Lauderdale, we had the privilege to speak with Nancy Chobin, a member of the Certification Board. During our meeting, she pointed out that in addition to the previous listing in the last newsletter, in-services which you attend, or present, may be used for acquiring points.

Ask your supervisor to submit the outline and duration of the in-service to the Certification Board for approval. In addition, any in-services presented by manufacturer's (i.e., video or audio cassettes) may be applicable. Your supervisor should ask them to submit information for approval.

Again, congratulations to all of you who have become certified, and good luck to those who will sit for the next exam.

By: Frank Sizemore

FUTURE PROGRAMS AND DATES

January 10, 1992 Ramada Inn
Greensboro

Morning Session:
Michael Domin from Kimberly-Clark will speak on "Excellence In Sterile Processing"

Afternoon Session:
Mike McShane from Aesculap will speak on the use of sterile container systems.
Virginia Coffey will show an AMSCO video on the proper packaging, assembling, wrapping, handling, and storage techniques that will maintain sterility of the products.

Annual Meeting:
May 6-8, 1992
Woodlawn Holiday Inn
Charlotte, N.C.

May 6, 1992 Golf tournament for attendees and vendors
Tentative location:
Pawtucket Golf Club

FUTURE PROGRAMS

(continued)

May 7, 1992

Morning Session: To be confirmed
Vendor exhibits
1:00-3:00pm.

Afternoon:

May 8, 1992 Estelle Dawson-Crews

Morning Session: "Women Working
With Women"

Afternoon Session: "How to Work With
POOPS and Still
Keep Your Shoes
White"

July 17, 1992: Ramada Inn
Greensboro

Program topics and speakers to be
determined, and communicated at a
later date.

November 13, 1992 Ramada inn
Greensboro

Morning Session: Martha Young,
from 3-M will
speak on
"Monitoring the
Sterile Process"

Afternoon Session: "Minimizing
Employee
Exposure to
Infectious
Diseases"

By: Carl Winge

**SEASONS GREETINGS ALL
YEAR LONG**



Tw'as the week before Christmas,
And out on the dock,
The boys were all rushing
To put up the stock.

The people in Central Service,
We're preparing tray sets with care,
And trying to look busy
so Frank would not glare.

The clerks in the storeroom
were preparing par stock,
while Alfred and Tommy
were watching the clock.

The Purchasing Agents
were all on the phone,
while Louise kept shouting,
"The salesmen are gone!"

Inventory Control Clerks
were doing cycle counts,
and Paul Spedding
was tabulating the amounts.

Then you could hear,
chains from afar,
When up drove Bob Johnson
in the courier car.

Mr. Huebner jumped in,
as Bob Johnson spun out.
He leaned from the widow,
and you could hear him shout.

"On Owen, on Perkins,
On Sizmore, Spedding and Nonnon,
I'm going home for Christmas,
you keep this place running!"

Then he wished a Merry Christmas
To one and to all.
And winked at Jacque Lewandowski
And said, "Don't forget you're on
Call"

Written by: Debbie Hauser
Senior Secretary
Materials Management
North Carolina Baptist
Hospital