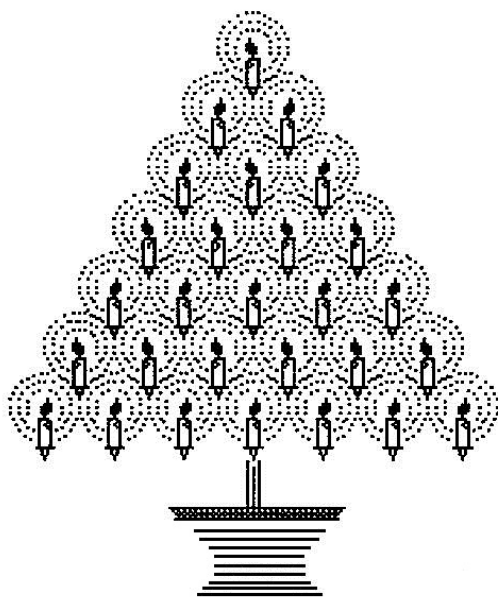


I HEARD IT
THROUGH THE

STEAMLINE

NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PERSONNEL



Merry Christmas

WE WISH YOU A SAFE AND
JOYOUS HOLIDAY SEASON,
AND A NEW YEAR FULL OF
HAPPINESS AND SUCCESS

From Your N.C.A.H.C.S.P.

PRESIDENT

It gives me great pleasure to inform all of you that we have reached the goal of 300 members, 327 to be exact. My thanks to all of you who worked to increase the membership.

You probably are getting tired of my saying this, but, we set another record for attendance at our 1-day meetings. The Fall Seminar was another success, with the excellent program presented by Martha Young and the attendance of 106. Thanks to 3M and to all of you who attended.

The Program Planning Committee has been working hard to prepare educational programs for the coming year and I wish to thank the members for their dedication to this Association.

The Newsletter Committee continues to do an excellent job in preparing a informative media for communication between members. I would like to encourage all of you to become involved in submitting articles for the Newsletter. One of the goals for this committee is to win the ASHCSP Newsletter Award at the Annual Conference in Kentucky. GET INVOLVED! Write or call one of the Committee members and submit an article.

The Public Relation Committee is working on items for the Annual Meeting in Raleigh. Please mark your calendar for this meeting, May 6 & 7, 1993.

The next meeting for the NCAHCSP will be January 15, 1993, in Greensboro. Election results for President-elect, Secretary and 4 Board Members will be announced. I am looking forward to another good year.

Have a safe and warm winter.

Mary C. Robinson
President

CENTRAL PROCESSING IS IT IDEAL AND PRACTICAL?

Dozens of articles have been published documenting infection after improper reprocessing of patient care devices. The importance of appropriate disinfection and sterilization of medical devices in the prevention of nosocomial infections cannot be overemphasized. Until the 1940's user departments were engaged in reprocessing of their equipment. Reprocessing was "everybody's business but no one's responsibility" (Perkins). With the rapid growth and technological advances in the types of medical devices, centralized processing became standard for most US hospitals. In reviewing the literature related to cleaning, disinfection and sterilization of medical devices one can conclude that centralized processing of medical devices affords efficiency, is economically sound and ensures high quality control standards. In healthcare today, infection control and central processing personnel are faced with new and different challenges related to high-level disinfection and sterilization

CENTRAL PROCESSING

(Continued)

procedures than those of our predecessors. Some of the challenges include: invasive and diagnostic procedures historically performed in the operating room are moving to other departments such as radiology, ambulatory /outpatient surgical centers and mobile healthcare units; growth and proliferation of the types and numbers of high tech expensive devices particularly fiber optics; new sterilization technologies of vaporized hydrogen peroxide, peracetic acid, and the phaseout of chlorofluorocarbons; changing governmental regulations for healthcare including cost, employee protection and quality, and our own internal hospital continuous quality improvement programs. In view of the challenges, those responsible for ensuring properly disinfected and sterilized medical devices may need to rethink if central processing is ideal and practical to all of the types of medical devices and equipment that hospitals are reprocessing today. At our institution, the Infection Control and Central Services Departments collaboratively have addressed some of the challenges and examined the question.

Approximately four years ago survey rounds were conducted in the diagnostic, support, ancillary, laboratory and clinical departments of our institution to assess compliance with infection control standards and hospital infection control policies. The survey process consisted of observations related to patient care practices; reprocessing practices; housekeeping practices; universal precautions; and infection control policies and education. In

each of the departments surveyed, we observed various components of high-level disinfection and sterilization procedures being performed within the department. The types of items being reprocessed outside of central processing ranged from hemostats to highly technical / expensive devices. We identified three types of reprocessing deficiencies in varying degrees that were common throughout the areas surveyed:

- 1) decontamination and packaging procedures were being performed in areas insufficient in space or not designed for reprocessing
- 2) lack of written procedures for the components of reprocessing being performed in the department
- 3) personnel were not specifically trained for reprocessing.

The most problematic of the deficiencies was lack of space for separation of dirty and clean procedures. The departments reprocessing within the unit were required to review applicable standards of reprocessing recommended by the Association for the Advancement of Medical Instrumentation, Occupational Safety and Health Administration, the Joint Commission for Accreditation of Healthcare Organizations, Association of Practitioners in Infection Control, and the Centers for Disease Control. These standards included but were not limited to: physical requirements, sanitation practices, personnel practices, written procedures, and the types of devices being reprocessed. The departments that were noncompliant with current standards were given three options for correcting the deficiencies.

CENTRAL PROCESSING

(Conclusion)

These included:

- 1) to stop reprocessing and obtain disposables
- 2) arrange for all reprocessing to be performed in Central Services
- 3) ensure provisions to comply with the applicable standards for the components of reprocessing performed within the department.

Infection Control and Central Services worked collectively with each of the user departments to aid in the decision-making process and facilitate the transition of the method chosen for compliance. As one might imagine the areas with specialized / expensive or highly technical devices are renovating or constructing areas to allow for sufficient space and proper work / flow patterns, developing written policies and procedures, and taking advantage of in-house training offered by our Central Services.

Central processing is ideal, however, the practicality is an institutional decision. When facing the challenges related to high-level disinfection and sterilization, strategically examine the structure, process, and outcome of the reprocessing procedures. As difficult as change can be, we were committed to respond to the challenge of deciding where reprocessing could best be accomplished in our institution. An integral component of our Hospital's mission statement is to service the customer through Excellence, Compassion, Innovation, and Integrity. At our institution departments work congruently to deliver quality patient care.

Lu Ann Sorrell, RN, CIC
Infection Control Practitioner



Unfortunately, Sue McManus, RN has had to resign from the Board of Directors due to changes in her responsibilities at her facility. One of the requirements of being on the BOD is that the person works directly with Central Service. It is our loss in losing Sue on the board, and we certainly, wish her well in her endeavors!

We have appointed Joe Stanley to complete Sue's term on the Board of Directors. Joe is the Director of Central Supply Services at Dorothea Dix Hospital. He has been a state employee there for more than 30 years. He has had several positions at Dorothea Dix Hospital including Research Unit, Staff Development, Med / Surg Units, and the Operating Room. All of this experience should certainly help our organization!

Joe is a fanatic over the Atlanta Braves! As he puts it, "I don't miss a game ... If I am not able to go to the games, I watch it on TV or will tape it if I just can't see it!" We will have to remember that during our July BOD meeting! Welcome to the Board!

TREASURER'S REPORT

Account Balance (4-26-91)	\$21,283.26
Deposits	5,113.00
Checks	10,204.41
Balance (7-23-91)	\$16,191.85

By: Jo Perkins

NCAHCSP WELCOMES

Ellen Burden
Central Sterile Service
Beaufort County Hospital
Washington, NC

Kimberly Carroll
Central Supply Technician
Central Sterile Supply
Cape Fear Valley Medical Center
Fayetteville, NC

Loretta Drayton
Central Service Technician
Carolinas Medical Center
Charlotte, NC

Kayd' B. Etheredge
Sterile Processing
Lexington Medical Center
West Columbia, SC

Sylvia Holland, RN
Charge Nurse, Central Processing
University Hospital
Charlotte, NC

Cheryl C. Gardner
Central Processing Technician
Mercy Hospital
Charlotte, NC

Melissa Ann Gilreath
Central Supply Technician
Central Sterile Processing
Wesley Long Community Hospital
Greensboro, NC

Brenda Carol Green
Material Processing & Distribution
Technician
Wake Medical Center
Raleigh, NC

Lisa Griffin
Central Service Technician
Carolinas Medical Center
Charlotte, NC

Kathy Jean Hughes
Material Processing & Distribution
Technician
Wake Medical Center
Raleigh, NC

Penny Kirby
Sterile Processing Technician II
Lexington Medical Center
West Columbia, SC

Lisa McDonald
Central Service Technician
Annie Penn Memorial Hospital
Reidsville, NC

Linda Menius
CPD Technician
Cabarrus Memorial Hospital
Concord, NC

Mary C, Powell, RN
Central Sterile Coordinator
Central Sterile
Maria Parham Hospital
Henderson, NC

Roberta Reich
Assistant Supervisor
Central Sterile Supply
Medical Park Hospital
Winston-Salem, NC

Laura Roseman
Clinical Nurse Coordinator
Central/Sterile Supply
Women's Hospital of Greensboro
Greensboro, NC

Delsie Faye Russell
Medical Supply Technician II
Central Sterile Services
UNC Hospitals
Chapel Hill, NC

NEW MEMBERS

(Continued)

Donna Lynne Snyder
Central Sterile Supply
Medical Park Hospital
Winston-Salem, NC

Bonnie Spratt
CPD Technician
Cabarrus Memorial Hospital
Concord .NC

Patsy Stainback, RN
Infect ion Control Officer
Central Sterile Department
Maria Parham Hospital
Henderson, NC

June Stepp
Nurse Consultant / Marketing
White Knight Healthcare, Inc
Asheville, NC

Cheryl Turner
Supervisor
Central Processing
Forsyth Memorial Hospital
Winston-Salem.NC

Shirley Wages
Central Supply Technician II
Lexington Medical Center
West Columbia, SC

Sharon Welborn
Central Service
Technician
Iredell Memorial Hospital
Statesville, NC

Della Rae Womble
Medical Supply Technician II
Central Sterile Service
UNC Hospitals
Chapel Hill, NC

MEMBERSHIP REPORT

I would like to thank everyone for helping us to meet our 1992 membership goal of 300 members. We now have 327 members. THANKS for your support! We could not have accomplished this goal without you.

The Membership Committee is developing an informational brochure to mail to persons interested in joining the association. We will let you know when this is available.

Look for the 1993 membership application in this newsletter and make a New Year's resolution to join now. Also, anyone who has not joined by May 31, 1993 will no longer receive mailings from the Association.



AEROBICS FOR HEALTH

Improving Your Heart, Body, and State of Mind

Over 20 years of research has shown that aerobic exercise is one of the best things you can do for your health and well-being. Aerobics condition your heart and lungs, help you use oxygen more efficiently and help control weight and reduce stress.

What's Aerobic?

Aerobic refers to any exercise that helps you use oxygen more efficiently by reaching and maintaining your Target Heart Range (THR) - the safest range of heart beats per minute during exercise. Aerobics should be done for a minimum of 20-30 minutes, 3 times a week. Calculate your THR by subtracting your age from 220 and multiplying your answer by 60% and by 80%. The lower number would be your goal as your fitness level improves.



Aerobics strengthen your heart

Aerobics and Your Heart

Oxygen is vital to life, and your heart is the muscle that pumps oxygen-rich blood to the rest of your body. Aerobic exercise increases lung capacity (allowing them to take in more oxygen) and strengthens the heart muscle (allowing it to pump oxygen

efficiently). Aerobics can also increase your body's level of HDL, a substance that carries heart-damaging cholesterol out of the blood stream. Aerobics also lower blood pressure. Many people who suffer from high blood pressure, a leading cause of heart disease, can help control their blood pressure through a regular program of aerobics.



NEW CERTIFICATION

Baptist Hospital Winston-Salem, NC

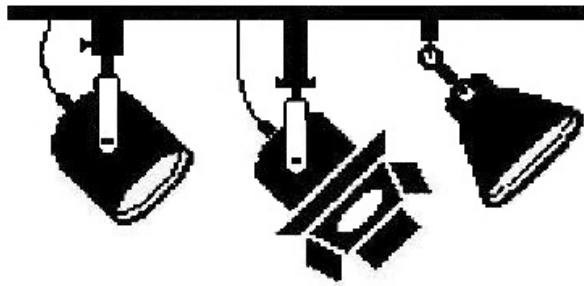
Lloyd Mitchell
Patricia Blair
Karen Harper
Alfred Nonnon
Linda Messick

Rex Hospital Sterile Supply
Raleigh, NC

Barry J. Lee

John Umstead Hospital
Butner, NC
Etheline Perry
Mildred A. Jackson

The Sterile Processing Department of St. Joseph's Hospital in Asheville is proud to report that 11 of 14 staff members are now certified through NICHSPDP.



SPOTLIGHT

Margie Sherrill, CRCST
Lake Norman Regional Medical Center
 Mooresville, NC 28115

Margie started to work at Lake Norman Regional Medical Center in 1973. She held positions as a Nurse Assistant in ICU and a Ward Clerk on nursing units until 1983, when she was offered the position running the Sterile Processing Unit. Margie ran the department with only herself until last June when she got a full-time technician. When she started in Processing, Lake Norman Medical Center was averaging 3 to 4 surgical procedures a day, today they do almost twice that many.

Margie is a Certified, Registered Central Service Technician. She and her husband live on a farm in Concord, NC and they attend Shiloh Methodist Church. They are the proud parents of 2 sons and 1 daughter, and have 2 grandsons. Their daughter is an Operating Room Nurse at Wake Medical Center, Margie encouraged her in her chosen profession. Margie likes to do crafts and read in her spare time.

The NCAHCSP certainly appreciates dedicated members like Margie who is always playing an active part in her association by attending workshops and networking with other members and the board.

NEWS BITS

GLUTARALDEHYDE MONITORING:

Most Central Services have an ETO monitoring program in place but how many have an exposure control plan for glutaraldehyde? Glutaraldehyde is an OSHA regulated substance. It is a strong irritant to the eyes, nose, and throat, and can cause skin irritation. The OSHA regulation states that there is a 0.2 ppm ceiling limit for the workplace exposures to glutaraldehyde. OSHA recommends that employees be monitored for 15 minute intervals, equivalent to the ETO STEL (short term exposure levels). There are badges (dosimeters) available for personnel monitoring. Glutaraldehyde (Cidex is a trade name) are used to disinfect, and in some cases, sterilize medical instrumentation. Since OSHA published the bloodborne pathogen standards, I have received many calls concerning glutaraldehyde monitoring. I hope this will help you to understand the OSHA regulations.

Virginia Coffey

NEW PUBLICATIONS:

The American Society of Healthcare Materials Managers and the American Society for Healthcare Human Resources Administration has developed a new publication "Developing Materials Management Job Descriptions." This manual provides sample job descriptions and tools to develop your own. It includes all new regulations, such as the American Disabilities Act. For a brochure and order form call ASHMM at 312-280-3336.

NEWS BITS

(Continued)

New JCAHO Manual:

The Joint Commission of Accreditation of Healthcare Organization, recommends that department supervisors review two new chapters in its 1993 accreditation manual: "Orientation Training and Education of Staff," and "Responsibilities of Department Service Directors," which establishes uniform expectations for the performance of all directors. A third new chapter is about patient education. The 1993 manual also gives hospitals added flexibility to achieve standards compliance. For more information, call JCAHO's customer service line 703-916-5800.

Materials Management in
Healthcare: Nov. 1992

ASHCSP REGION 3 REPORT

The ASHCSP of American Hospital Association met November 21- 24, 1992 in Louisville, KY. The meeting was very productive with many agenda items covered. The program planning committee presented the tentative 1993 annual program. It looks like another great one, with topics such as building a team for excellence, the changing role of CS, and a dateless system. All day on Saturday, The National Institute For Certification of Healthcare. Sterile Processing and Distribution Personnel will host a technician review and then possibly offer the certification test on Sunday. The conference will be held at the Galt House in Louisville, October 23-27, 1993. Hope you plan to attend. You will be

hearing a lot more about this conference as plans are finalized.

The schedule for ASHCSP annual conference and meetings is 1993 Louisville, KY, 1994--New Orleans, and 1995 Charlotte, NC That's right---Charlotte! I'm very excited about it. Hosting an annual meeting will give many NCAHCSP members an opportunity to attend and network with other CS people from around the country. The Board reviewed AHA's reform strategy and the vision of AHA for healthcare reform. The Board discussed the issues and the opportunities this reform plan presents to the Central Service Field and how ASHCSP can assist in its success. All committees reported and a lot of the committees have been busy revising and creating long range plans. The Research and Development Committee announced that the Tech training workbook and manual will be completely revised and available soon.

This has been a good year for our Society and I thank each of you for helping make it that way. May you have a wonderful holiday season.

Virginia Coffey
Region 3 - Representative
to ASHCSP Board of Directors





DELIVERING QUALITY PRODUCTS

Throughout the years, Central Service professionals have perceived a need to ascertain whether or not the products they produce are of high quality.

In an effort to assure quality of their products and services, Central Service Departments have established numerous programs and activities to provide evidence that products and services meet the needs for which they were intended.

Providing a procedure tray for the treatment of patients is one of many products produced by the CS Department. The equipment and supplies contained on procedure trays are usually fairly standard. The specific contents of each procedure tray depend on internal preferences. There is no specific layout for the instruments and supplies contained in each tray, but the tray should be complete, clean and all instruments in good working condition.

Once Central Service personnel have a basic understanding of tray contents they should be able to assemble and produce quality procedure trays. Satisfaction of the user, and the successful accomplishment of the patient care procedure are the primary considerations in the production of trays. To assure quality, each procedure tray should contain a two-part control ticket that lists the following:

- a. Name of Kit / Tray
- b. Initials of employee who assembled the tray.
- c. Date
- d. Check space for deficiencies (missing instruments, etc.).
- e. A list of those deficiencies.
- f. Supervisors signature (after inspection of tray contents).
- g. Space for the user to list any discrepancies found in the kit / tray.

All procedure kits / trays should have a control ticket placed on the tray after assembly. The following procedure should be used:

1. The Central Service Department will keep one copy for reference and quality control.
2. The second copy will be wrapped in the kit / tray for the user department.
3. If the user department finds that a kit / tray is in any way unsatisfactory for use, they should list any discrepancies on the control slip.
4. Return the completed slip to the Central Service Department

Providing a quality procedure kit / tray is the responsibility of all Central Service Departments. Using control tickets makes it possible for Central Service to monitor both the quality of its product and the performance of the personnel who produce the product.

QUALITY DELIVERY

(Continued)

It is important for every Central Service employee to be trained to know the purpose, benefits and procedure for the use of control slips. This information can be shared in a short, simple in-service or during the employees training to assemble kits / trays.

Jo Perkins
Manger, Customer Support
Materials Management
North Carolina Baptist Hospital



**For Your
Information**

The following is a list of final and draft documents available from the Association for the Advancement of Medical Instrumentation. Final documents cost \$30 each for members and \$49 for nonmembers. Draft documents cost \$15 and \$20 for nonmembers. For ordering information. call (703) 525-4890.

FINAL DOCUMENTS

Automatic, General Purpose Ethylene Oxide Sterilizers and Sterilant Sources Intended for Use in Healthcare Facilities.

Biological Indicators for Ethylene Oxide Sterilization Processes in Healthcare Facilities.

Biological Indicators for Saturated Steam Sterilization Processes in Healthcare Facilities.

Chemical Sterilants and Sterilization Methods - A Guide to Selection and Use.

Determining Residual Ethylene Chlorohydrin and Ethylene Glycol in Medical Devices.

Determining Residual Ethylene Oxide in Medical Devices.

Good Hospital Practice: Ethylene Oxide Gas – Ventilation Recommendations and Safe Use.

Good Hospital Practice, Guidelines for the Selection and Use of Reusable Rigid Sterilization Container Systems.

DRAFT DOCUMENTS

Good Hospital Practice: Ethylene Oxide Sterilization and Sterility Assurance.

Good Hospital Practice: Performance Evaluation of Ethylene Oxide Sterilizers EO Test Packs.

Good Hospital Practice: Steam Sterilization and Sterility Assurance in Office - Based, Ambulatory Medical and Dental Facilities.

Good Hospital Practice: Steam Sterilization Using the Unwrapped Method (Flash Sterilization).

Good Hospital Practice: Table -Top Dry Heat (Heated Air) Sterilization and Sterility Assurance in Dental and Medical Facilities.

**FROM: MARY'S KITCHEN
HOT WIENERS**



- | | |
|-------|-----------------|
| 4 pkg | wieners |
| 1 jar | Hot Taco sauce |
| 1 jar | Mild Taco sauce |
| 1 cup | BBQ sauce |

Cut wieners into 1/4 lengths, place in crock pot, pour Taco sauce over wieners. Add BBQ sauce to wieners and Taco sauce, to cover. Cook in Crock pot until the wieners puff. I usually prepare in the a.m. and cook on low until time for serving. You may add hot sauce to your taste.



SEASONS GREETINGS

I would like to wish all of you a Merry Christmas and a very Happy New Year.

This is my favorite time of the year, a time for memories of a childhood...

Christmas candles, fruit cake, oranges, nuts, the smell of a freshly cut cedar tree, bright colorful lights secrets, whispers, carols, plays at Church, Santa Claus, visits to relatives, and most importantly the birth of Christ. This year dust your memories off...remember ... build new memories for another year.

Have a safe and wonderful Holiday Season

Mary C. Robinson

**UPDATED PROGRAM INFORMATION
AS OF NOVEMBER 16, 1992**

Due to late confirmation on the hotel arrangements for our 1993 annual seminar, this sheet is the most current information regarding our future programs and locations. More specific information will be distributed at a later time.

**January 15, 1993
Ramada Inn Airport, Greensboro**

Sandra Samz, RN will speak on "Continuous Quality Improvement" (CQI). Sandy is the Director of Quality Resource Services at St. Joseph's Hospital in Asheville. Her topic; "Continuous Quality Improvement" will certainly provide us with information we can all use in one of the "hot" topics with JCAHO.

May 5th, 6th, & 7th, 1993:

NCAHCSP annual seminar will be held in Raleigh, North Carolina at the Radisson Plaza Hotel Raleigh. We will have Zory Glaser, Ph.D., M.P.H., as our speaker for the Friday morning session and Joe Dick, M.Ed. as our speaker for the Thursday morning session and the Friday afternoon session. Both speakers are known nationwide and have spoken at at least one of the ASHCSP's annual seminars.

OTHER 1993 DATES

July 16, 1993 --Greensboro, N.C.
November 5, 1993--Greensboro, N.C.

CODE OF ETHICS FOR CENTRAL SERVICE PERSONNEL

I shall do my job to the best of my ability because my job is as important as the other person's.

I shall acquaint myself with the goals, objectives, policies and procedures of my department and those of the hospital, and I shall abide by them.

I shall be knowledgeable of my department so that I can explain its operation to others with pride.

I shall be neat in appearance at all times and radiate a pleasant personality.

I shall use thoughtfulness and good manners with all patients and my fellow workers as courtesy improves hospital service.

I shall try to answer all questions asked by hospital staff and patients in an intelligent, sympathetic and kind manner.

I shall honor the requests of hospital staff with prompt and efficient attention, provided their requests are not in conflict with department and hospital policies.

I shall remember always that the patient is a guest in my house and needs every consideration.

I shall remember that the patient is always first.

I shall follow the Golden Rule: "Do unto others as you would have them do unto you."

By: Reny Moses

STEAMLINE EDITORIAL BOARD

Volume 3 --- Issue 3
September 1992

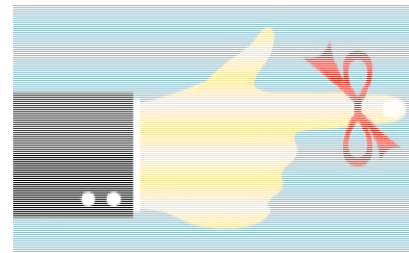
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Sanford, NC 27330

Frank Sizemore
Manager of Central Service
N.C. Baptist Hospital
Winston-Salem, NC 27103

Carl L. Winge
Manager Central Service
Carolinas Medical Center
Charlotte, NC 28203



REMINDER

Enclosed with this issue are some important documents for you to use:

- Membership Application
- Preregistration form for the January 15, 1993 Seminar
- Proposed by-law revisions

Please use these forms for yourself, and make copies for others interested in joining our group.

