

*I HEARD IT
THROUGH THE*

STEAMLINE

NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PERSONNEL



HAVE A GREAT
SUMMER!

PRESIDENT'S MESSAGE

I would like to begin my message by thanking those of you who were able to attend our Annual Seminar in Wilmington. A lot of hard work was performed by our Board of Directors in making the event as educational and enjoyable as possible. I do hope those of you who were able to attend found it educationally rewarding. I would also like to thank the Board of Directors for all the work they did in providing what I feel was an excellent event!

This past year brought an enormous number of "highs and lows" to our organization. We experienced the sudden death of one of our board members (Joe Stanley); as well as the illness and resignation of Linda Rudeseal. We will all miss Joe Stanley; however, we were fortunate to have had him in our organization, and were able to benefit from his enthusiasm, hard work, and dedication to providing education to our membership.

On a much happier note, I am glad to report that Linda Rudeseal is doing very well and is making a strong comeback! Although she has made a career change and therefore has resigned from the Board of Directors, I am sure she will always remain a very important part of our organization. Thanks again Linda for all the help and support you have given us!

Another highlight of our organization is the great amount of participation we are having with our membership. We continue to "break" our membership records, as well as increase the

number of people attending our programs. We hope (and will strive) to continue this growth for many years to come! Thanks to each of you for your participation!

Our profession has seen many changes over the years. There will be many more changes to come; new technologies, new regulations regarding the work environment, cost reduction "challenges", healthcare reform, educational requirements, etc. The list will continue to grow, as well as our profession. We will need the help, expertise, and experience from each of us to meet these new challenges. Our organization has positioned itself so that we can help meet these challenges by providing quality and timely educational programs and providing a means of communication between our membership. We are very fortunate in that we have such an active organization and that our goal is to get even better!

Again, thanks to each of you for your participation in "our" organization. I hope you are finding our organization as beneficial to you as I have found it to be to me. We are indeed blessed by the enthusiasm, dedication, and knowledge of our membership. As always, if I (or any of the Board of Directors) can be of service, please do not hesitate to contact us.

Sincerely,
Carl L. Winge
President, NCAHCSP



JCAHO AGENDA FOR CHANGE: IMPLICATIONS FOR CENTRAL SERVICE

By Gail Bennett, RN, MSN, CIC

Hospitals and other healthcare facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) increasingly must meet outcome-oriented monitoring and quality assurance goals called for in the Commission's Agenda for Change. The purpose of the agenda, introduced in 1986, is to develop an outcome-oriented monitoring and evaluation process to help healthcare organizations continuously improve the quality of care they provide.

Central Service has the responsibility of being prepared to demonstrate that a monitoring and evaluation process is in place and that outcome goals have been met or, if goals have not been met, action has been taken to improve care.

DOCUMENTING QUALITY ASSURANCE

The JCAHO's focus on patient Outcomes, provides more structure for facilities to document quality improvement. JCAHO has developed a ten-step process that can be used to document routine quality assurance as well as problem-solving activities as done in Central Service and other departments.

TEN-STEP PROCESS FOR Q.A.

1. Assign responsibility.
2. Delineate scope of care.

3. Identify important aspects of care.
4. Identify indicators related to those aspects of care.
5. Establish thresholds for evaluation related to the indicators.
6. Collect and organize data.
7. Evaluate care when thresholds are reached.
8. Take actions to improve care.
9. Assess the effectiveness of the actions and document improvement.
10. Communicate relevant information to the organization-wide Quality Assurance Program.

Managers in the CS Department should use the JCAHO ten-step Q.A. process to identify and solve problems with the goal of continuous improvement. The Central Service Manager may consider monitoring the following types of procedures.

HIGH RISK, such as ETO sterilizer procedures and operation.

HIGH VOLUME, such as instrument set processing.

PROBLEM PRONE, such as maintaining proper inventory levels or proper use of flash sterilization.

To further prioritize problems for monitoring, the department may choose to focus on problems that have the greatest potential for:

- A) Increased morbidity and mortality, such as nosocomial infections related to contamination of sterile supplies.
- B) Legal action against the facility, such as safety / OSHA violations.
- C) Loss of accreditation or licensure, such as failure to conform to JCAHO Standards.
- D) Adverse publicity for the facility.

In addition, monitoring in the Central Service Department may focus on any area that has presented problems relating to quality in the past, e.g.,

compromised sterile supplies or staff compliance with Protective Barrier Attire Guidelines for Decontamination.

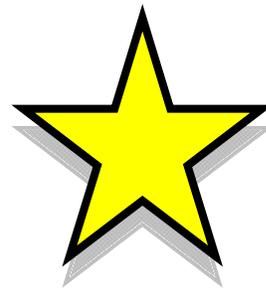
One of the more challenging steps is to develop indicators that reflect quality of care. Indicators may be of three types: structure, process, and outcome. JCAHO's focus is on outcome indicators, but structure and process indicators may be used, especially if they have a direct impact on outcomes.

INDICATORS FOR CENTRAL SERVICE

- 1) **Structure indicators** are inputs into care. Structure tells us "how to" and "enables us to" do our work. Examples are: Policy and Procedures, Equipment, Personnel, Resources
- 2) **Process indicators** relate to functions carried out by personnel. Process is what we actually do. Examples are: Equipment Monitoring, Packaging, Supply Selection, Use of Barriers, Handling of Sterile Packages.
- 3) **Outcome indicators** include complications and adverse events. Outcomes answers the question, "What was the result of our intervention?" Examples are: Patient Infections, Employee Exposure to Ethylene Oxide, Sterilizer Malfunction, Spore Test Results, Compromised Sterile Packages.

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SPOTLIGHT



INTERVIEW

Marsha Lemay Barnes has been a Central Sterile Processing Technician at New Hanover Regional Medical Center in Wilmington, N.C. since July 1986. She came to C.S. with 15 years' experience as a surgical technician, working for Needham Animal Hospital in Wilmington, N.C.

Marsha likes a challenge. She completed her C.S. Technician certification in May 1992 and has taken on the responsibility of department proctor for infection control and safety. She enjoys reading to stay current on these topics, and sharing her knowledge and enthusiasm with others. She has been a member of the NCAHCSP since May 1992.

Last year she researched, developed and presented a slide presentation on bloodborne pathogens to her fellow workers. The Infection Control Nurse complimented her on her excellent knowledge of the subject.

She and her husband, James, love having the "little ones" around the house - Neil, Leroy, and Camille (their hermit crabs). Her hobbies include reading, walking, and her love of all animals.

Spotlight cont.

The Central Sterile Processing Director, Paul Hess, is very outspoken in his praise of Marsha's dedication and personal commitment. He said that she throws herself, literally and figuratively, into every project. Obviously, New Hanover Regional Medical Center is fortunate to have Marsha on their team, and we're very happy to have her as a member!

By: Linda Rudeseal

MEMBERSHIP REPORT



We currently have 208 members for 1994. By the time you have received this newsletter, a reminder will have been mailed to anyone who has not rejoined for 1994. Please take time to rejoin! Remember, if you have not joined by July 1, you will no longer receive any mailings from this association.

Thank you.

Linda Messick
Membership Committee

WELCOME NEW MEMBERS

Denise Baker
Central Processing Tech
Central Processing
Mercy Hospital
Charlotte, NC

Shryl Baker, LPN
Supervisor
Sterile Processing
Central Carolina Hospital
Sanford, NC

Glenda Bentley
Coordinator
Central Sterile Supply
Wilkes Regional Medical Center
N. Wilkesboro, NC

Heather L. Carter
Sterile Processing Technician
Central Sterile Supply
Halifax Memorial Hospital
Roanoke Rapids, NC

Harriet Cobbs
Technician II
Central Sterile Supply
High Point Regional Hospital
High Point, NC

Charles Coley, Jr.
Technical Sales Consultant
Surgicot, Inc.
Research Triangle Park, NC

Clara Covington
Technician I
Central Service
NC Baptist Hospital
Winston-Salem, NC

NEW MEMBERS cont.

Shelia Davis
Technician II
Central Sterile Supply
High Point Regional Hospital
High Point, NC

Barbara Deese
CSPDT
Central Sterile
Scotland Memorial Hospital
Laurinburg, NC

Freda Dick
Technician
Central Processing
Cape Fear Memorial Hospital
Wilmington, NC

Patricia Fluitt
Technician I
Central Service
NC Baptist Hospital
Winston-Salem, NC

Carol Jean Elder
Technician II
Central Service
NC Baptist Hospital
Winston-Salem, NC

John Fico
Supervisor
Central Services
Carolinas Medical Center
Charlotte, NC

Brenda Harris
CS Technician
Central Sterile Processing
Lenoir Memorial Hospital
Kinston, NC

Lorie Hilburn
CSPDT
Central Sterile
Scotland Memorial Hospital
Laurinburg, NC

David Holt
Medical Equipment Technician
Supply Processing & Distribution
Presbyterian Hospital
Charlotte, NC

Eileen Hotter
Supply Technician
Central Supply
NC State University
College of Veterinary Medicine
Raleigh, NC

Bonnie Hucks
Technician II
Central Sterile Supply
High Point Regional Hospital
High Point, NC

Carolyn Hutchens
Technician I
Central Service
NC Baptist Hospital
Winston-Salem, NC

Rosetta Johnson
CRST Processing Technician
Processing
Rex Hospital
Raleigh, NC

Lynore Lamm
Manager
Central Supply
Wilson Memorial
Wilson, NC

Twila Lye
Coordinator
Central Sterile Supply
Carteret General Hospital
Morehead, NC

NEW MEMBERS cont.

Josie Miller
Technician II
Central Service
NC Baptist Hospital
Winston-Salem, NC

Michael Moore
MPD Tech
Materials Processing & Dist. Center
Western Wake Medical Center
Cary, NC

Alfred Nonnon
Manager
Stores & Distribution
Materials Management
NC Baptist Hospital
Winston-Salem, NC

Amanda Parker
Sterile Technician
Central Sterile
Scotland Memorial Hospital
Laurinburg, NC

Marcell McCall Scott, LPN
Supervisor
Central Processing
Forsyth Memorial Hospital
Winston-Salem, NC

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

Mazie Speas
Certified Instrument Technician
Central Service
NC Baptist Hospital
Winston-Salem, NC

Sam Thomas
MDT
Sr. Sales Representative
Norcross, GA

Kenneth Thornes, Jr.
Technician
Central Processing
Mercy Hospital
Charlotte, NC

Cassie Watson, RN
Manager
Surgical Services
Wilkes Regional Medical Center
N. Wilkesboro, NC

Teresa Wright
Certified Technician
Sterile Supply Processing
Rex Hospital
Raleigh, NC

HEALTH WATCH



SNACK FOR A HEALTHIER BODY

Research on the subject of snacking has uncovered surprising benefits. Frequent snackers consume higher levels of iron and calcium than non-snackers do and these are nutrients that many women need more of. Several studies have shown that

SNACKING FOR A HEALTHIER BODY cont.

eating the same number of calories in several small meals a day (rather than three large ones) lowers cholesterol slightly. Other research suggests that snacks may actually help with weight control, probably by blunting your hunger so you eat less at subsequent meals.

Most of us don't get enough healthy foods in the course of normal eating. Many of us eat only half the recommended daily servings of fruits, vegetables, grains, and calcium-rich dairy products. Well-chosen snacks could be the best, most pleasurable way to fill in the foods you're missing.

To make your snacks work toward health: Carry fruit in your bag to work. Accompany snacks with a glass of skim or 1% milk. Munch on a whole-grain roll or whole-wheat pretzels. Think of your snacks as mini meals and pay more attention to their nutrient content. Snacks that pack a punch:

BREADS AND GRAINS: Make these the mainstay of your snacking. They provide complex carbohydrates and an array of nutrients. Whole grains are particularly rich in fiber, vitamins, and minerals. **SNACK SMARTER!** Focus on whole grain bread, bagels, cereals, tortillas, plain rice cakes, and crackers. Choose biscuits, muffins, granolas, croissants and the like less often - they're higher in fat.

FRUITS AND VEGETABLES: They're packed with vitamin C, fiber, beta-carotene and other essentials for health. **SNACK SMARTER!** Variety is big: Move beyond apples and bananas to include citrus fruits and

fiber-rich nectarines, peaches, papayas, and mangoes. Carrot sticks, broccoli florets, cherry tomatoes, pepper strips, and sugar snap peas are naturals for snacking.

CANDY: Sweets like red licorice, jelly beans and taffy are fat-free (or nearly). Chocolate is higher in fat, but a 1.5-ounce milk-chocolate bar provides 8 percent of the U.S. recommended daily allowance for calcium. If you can afford the calories, go for it! **SNACK SMARTER!** The key here is portion control. Don't let sweets crowd out more nutritious foods. Fat-free fruits are a lot healthier than fat-free candies.

NUTS: Nuts and peanut butter pack a big nutritional punch - protein, vitamin E, potassium, iron, B vitamins, and a range of hard to find minerals. The downside is their fat content; on average, one generous handful of nuts has 16 grams of fat, and a tablespoon of peanut butter has 7.5 grams. **SNACK SMARTER!** Enjoy nuts and peanut butter as "ingredients" in other foods. Spread your peanut butter on a slice of bread and accompany it with a glass of skim milk. Sprinkle nuts on a serving of frozen yogurt or have some in a candy bar as opposed to eating them by the handful.

DAIRY PRODUCTS: These foods are among the best sources of calcium, a mineral essential for building and maintaining strong bones. **SNACK SMARTER!** Low-fat milk and yogurt, low-fat chocolate milk are good options. Choose higher-fat foods (ice cream, cheeses, and fancier frozen yogurts) less often. Portions don't have to be huge to be satisfying; the

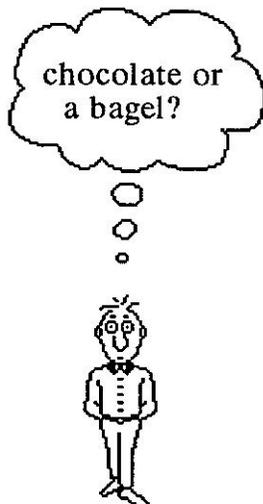
SNACKING FOR A HEALTHIER BODY cont.

best-tasting bites are the first and last.

JUICES: Juices contain most of the nutrients (except the fiber) found in whole fruits and vegetables. Calorically, fruit juices are comparable to cola (about 100 calories per cup). Tomato-based juices have around 50. **SNACK SMARTER!** Drink juice instead of soda; it's an easy way to boost fruits and vegetable consumption. Mix fruit juices with seltzer or iced tea. But don't depend solely on juices for your fruits and vegetables; the selection is too limited.

COOKIES, CAKES, ETC.: Rich desserts offer one thing in abundance - pleasure. For many of us, they're comfort foods, treats well worth making room for. **SNACK SMARTER!** If you find fat-free versions as satisfying as the real thing, wonderful. But if you eat more of the low-fat version than you would of the regular kind, the calories mount up and can negate the fat savings. Best approach: Indulge in the real thing - occasionally.

GLAMOUR, April '94



MANUFACTURERS TAKE RESPONSIBILITY FOR MAKING CLEANABLE DEVICES

Manufacturers have a critical role in ensuring that devices are designed to facilitate proper cleaning and sterile processing between patient procedures. This was the conclusion reached at an event sponsored by the Mentor, Ohio based STERIS Corporation, a manufacturer of endoscope reprocessing equipment. Representatives of over 30 leading medical and dental device manufacturers, along with clinical and regulatory experts, met to discuss processing considerations in the design of reusable medical devices.

Bill R. Sanford STERIS's Chairman, President and CEO, stated that until now most device designers have concentrated on the functional performance of a device in the hands of the physician or dentist. He emphasized that "very little thought has been given to how a device can be safely, effectively, and consistently cleaned and sterilized for reuse."

Attending manufacturers agreed that they must take responsibility now to design devices that can be properly cleaned, disinfected or sterilized - and not wait for the FDA to mandate the act.

MANUFACTURERS cont.

In the works are plans for STERIS to meet with marketing and infection control personnel at device manufacturers. Their next step is to increase healthcare providers' involvement in the issue by encouraging them to begin validation and testing processes within their facilities in order to evaluate the clean ability and processing ability of reusable devices.

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ERGONOMICS RULE FAST-TRACKED.

A 1992 increase in musculoskeletal problems among health care workers has prompted the Occupational Safety and Health Administration to speed up work on a proposed rule on ergonomics. Citing recent workplace injury and illness data that "suggest a need for change, 11 OSHA head Joseph A. Dear said he plans to develop and expedite a proposed rule by late September.

For every 100 full-time hospital workers, 11.2 non-fatal injuries occurred, compared with 9.7 per 100 workers in the health services industry overall, according to 1992 data released by the Department of Labor's Bureau of Labor Statistics.

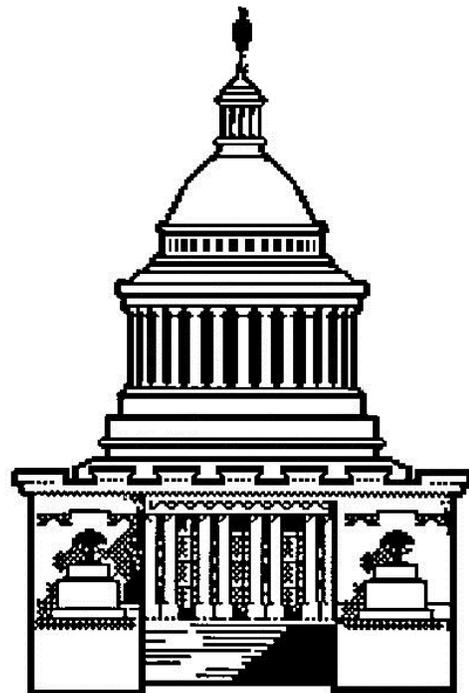
Meanwhile, Department of Labor Secretary Robert Reich recently expressed support for an OSHA reform bill introduced by Sen. Edward D. Kennedy (D-MA) and Rep. William D. Ford (D-MI). Specifically, Reich applauded the bill's provisions

to increase federal criminal penalties for willful OSHA violations and to put into effect the newest permissible exposure limits for airborne contaminants.

In addition, OSHA plans to "move ahead promptly" with a regulatory initiative requiring employers to set up worker safety and health programs.

The agency also plans to streamline inspection processes and encourage worker-management cooperation in safety and health issues, Reich said in a letter to Kennedy. - R.B.

MATERIALS MANAGEMENT IN
HEALTH CARE
March 1994
Vol. 3, No. 3.





REGION 3 REPORT

The Board of directors met February 25-27 in Dallas, Texas and discussed several important topics I will try to cover. We were introduced to our new Society Director, Jackie Croteau, who has been at AHA for 19 years. She and Jim McLarney, acting vice-president of the Office of Personal Membership, were both able to attend the meeting. Jackie will truly be an asset to our Society and we all welcome her!

Due to a change in career, Evelyn Bollinger (Region 7 BOD) had to resign. Robert Mood has appointed Susan Cameron to complete the rest of her term. We will indeed miss Evelyn, however, Susan will do a great job in filling her position.

Robert discussed the Teleconference, which had been sponsored by ASHCSP, held on February 17th. The program went very well, but AHA was unable to ascertain how many of our members were able to view the program. We will reevaluate future participation and notification of these events, so that more of our members will be notified of the teleconferences and will be able to attend. If you were

able to view the program, I am sure you found it very informative, especially for the first one produced.

Jackie Croteau reported on the recent meetings between Personal Membership Group directors and AHA President Dick Davidson. Mr. Davidson stressed the need for the societies to provide member services, education and professional development, and to help them move into the future. He also felt the societies could help AHA fulfill its mission of healthcare reform. Mr. McLarney also reported that a new data system would be running by the end of the year, which will provide much assistance to all the societies.

The Research and Development Committee has been working hard on revisions and new Recommended Practices. Revisions to the R.P.'s for Sterile Storage, Administration, and Sterilization would be completed by early summer as well as the new Recommended Practice for Special Procedures. We expect to have several of these along with the new Technician Manual Workbook printed and available for the annual meeting in September. The revision to the Ethylene Oxide Manual will hopefully be out by the end of the year.

The Program Planning Committee has completed the program arrangements (programs and speakers) for the annual meeting in New Orleans. Once again, we are looking forward to an outstanding educational experience in New Orleans. We have already received commitments from more than 20 vendors, even this early in the year!

As a part of strategic planning for

REGION THREE cont.

ASHCSP, the Board is also considering adopting a change in the bylaws which would increase the term of board members from two to three years. This change would allow greater continuity and allow board members to learn during much of the first year and then have two full years of productivity. This change is more in line with how the other societies elect and serve on their board. If passed, this change would be incorporated over the next three years, and would allow the ASHCSP to elect three Board of Directors each year.

The ASHCSP will be once again be conducting a membership survey in the very near future and are urging all members to respond to it in order that ASHCSP can be more responsive to our membership. Our society will work diligently during the upcoming months to verify affiliated chapter officer lists as well as updating affiliation agreements.

I hope these highlights have provided you with a glimpse of our society in action. There is much to do and we do need your help. If you should have any questions or need any assistance in anyway, please do not hesitate to contact me.

Have a safe and wonderful spring.

Carl L. Winge
ASHCSP Region 3
Board Member

**PRE-APPROVED NICHSPDP
IN-SERVICES:**

Kimberly-Clark now has NICHSPDP pre-approved in-services available for the following subjects:

Returning Reusable Sharps from the OR, Package Cycle and Contamination Prevention, Infection Control's Role, Proper Handling, Microbiology of Sterilization, Steam Sterilizer Loading

Each in-service is approved for 1.0 contact hours of credit.

Contact your Kimberly-Clark representative for more information regarding these in-services.

TREASURY REPORT		
BALANCE (1/14/94)		\$7,864.36
DEPOSITS		2,354.00
CHECKS		<u>3,474.37</u>
BALANCE		<u>\$6,743.99</u>

UP-COMING PROGRAM



JULY 22, 1994 - HAWTHORNE
INN, WINSTON-SALEM

This July will find us back at the Hawthorne Inn where the morning topic will be **The New Face of Tuberculosis**, presented by Michael Domin. Mr. Domin is the Manager of Technical Services for the Kimberly-Clark Professional Health Care Sector. This presentation will help us establish a framework for prevention and control practices which serve the best interest of patients while proving a broader range of health care worker protection against exposure to human pathogens.

The afternoon topic will be **Custom Procedure Trays - Past, Present, and Future**, presented by Jack Cahill. Mr. Cahill is the Executive Vice President of Sales & Marketing for Sterile Design, a division of Maxxim Medical. This presentation will cover where we've been, where we are now, and what direction the future is headed. With today's discussion regarding reusables versus disposables, and environmental impact, you definitely don't want to miss this topic.

Make plans to attend this meeting NOW. We'll see you July 22, 1994, at the Hawthorne Inn. Remember, registration begins at 7:30 AM. As usual, pre-registration is greatly appreciated.

Frank Sizemore
Program Planning

STEAMLINE EDITORIAL BOARD

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