

I HEARD IT THROUGH THE

# STEAMLINE

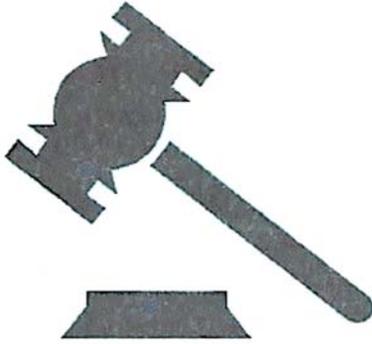
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NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PROFESSIONALS



**UNCLE SAM WANTS  
YOU  
TO HAVE A GREAT SUMMER!**

## PRESIDENT'S MESSAGE



First of all, I would like to congratulate Ruby Blackwell and the Board of Directors for an excellent meeting in Charlotte. It's always a pleasure to work with talented people, especially on an educational opportunity like "Go for the Goal: The Olympics of Sterilization". It's a joy when everyone's hard work comes together! This year's attendance was a little lower than expected; but with today's changes in healthcare budgeting, the first line item to be cut is usually education. One of the most important aspects for an annual meeting is the opportunity to net work with your peers - an opportunity to compare notes, offer solutions, and renew old friendships.

I would also like to recognize this year's award winners! This year's recipients are: Margie Morgan, for the Joe Stanley Memorial Award, Glenda Bentley, for the Ray Manning, Sr. Achievement Award, and Carl Winge for the Merit Award. Having personally worked with each of this year's recipients, I couldn't have been happier with the decision making process. As usual, Richard Martin pulled a couple of

surprises on behalf of the vendors by selecting *Mary Jo Perkins*, Ruby Blackwell, and Eva King as this year's recipients of the "You Done Good Award".

Most of all, I would like to recognize this year's vendors. Our organization is extremely fortunate to have such a supportive group. As many of you are aware, the vendor show is a highly profitable revenue producer. This show enables us to continue to provide high quality educational opportunities for a minimal fee. Without the vendors, our costs per meeting would prohibit us from keeping our registration fees as low as they are. Again, my appreciation to all the vendors for their continued support.

As my first year as president has come to a close, I would like to challenge each of you to become more involved in this organization. The up-coming year is going to be full of challenges, both professionally as well as personally. We briefly discussed the possibility of incorporating the organization during the business meeting. This is to ensure the continued growth and stability of our organization. Over the years, we have continued to grow, both in membership, and in our financial security. We have come to the point that it is imperative to consider making some changes to preserve our organizational heritage. As I had mentioned during the business meeting, the attorney we've been working with will be available at the

*PRESIDENT'S MESSAGE cont.*  
July meeting to answer questions regarding incorporation.

In closing, I want to thank you for the opportunity of working with you during the past year. The up-coming year will hold it's own rewards. The first of those rewards are our newest board members: Pam Benton (Duke University Hospital) and Carl Winge (Frye Regional Medical Center). Welcome aboard, take a deep breath and let's get down to work! The second of those rewards will be continuing to work with a talented group of people. The Board of Directors do an excellent job of providing guidance to this organization, enabling you to reap the benefits.

Sincerely,  
Frank Sizemore  
President



## **CUSTOMIZED PACKS IN CENTRAL SERVICE**

Customized procedure packs have had a significant impact on the way most central service departments are serving their customers. As hospitals look for ways to restructure, reorganize, and examine ways to lower labor and supply costs, the

customized procedure pack becomes a viable way to do this for some hospitals. On the surface, it is an opportunity for a brave and ambitious manufacturer to serve the hospital, but like so many other things, it is not without its problems.

A central service department that wants to investigate using custom packs in its area will have to answer some very hard questions. If a decision is made in favor of the packs, then there are more issues to resolve before it can come to fruition. Not every issue may be covered in this short article, but an attempt will be made to cover most of the main ones. Additionally, most of the commentary will pertain to case cart systems utilizing computer-based fill sheets.

Proper preparation is the foundation of good decision-making regardless of the issue. Initial meetings must be held with representatives of the operating room, physician staff, and pertinent central service staff to discuss:

- a) how a system such as this would impact surgery
- b) what changes would have to be made in existing areas to accommodate the new products
- c) how the system would impact the respective staffs of each department
- d) the need for standardization of procedures within each service (which is one of the keys to the success of a custom pack system)

Properly prepared central service and operating room staffs may experience reductions of from 20 –

*CUSTOMIZED PACKS cont.*

40% in the number of case cart procedures necessary following standardization. It is not that difficult if one approaches it logically. If there could be one pick list for a knee operation, for example, instead of separate lists for ACL - Right Knee, ACL - Left Knee, etc., that would be invaluable when time is of the essence, especially since the same products are pulled for both procedures.

What this takes on the part of the professional staff is a willingness to look at their procedures objectively to eliminate duplication of effort by the CS staff. What it takes on the part of the nursing staff is a willingness to work together with the CS staff to develop the pack so that it meets the needs of the OR, but does not hamper the productivity of either group. What it takes on the part of the CS staff is the resolve to take on a project of this magnitude and to work with everyone involved to ensure its success.

**ADVANTAGES**

- \* Increased productivity of nursing staff. Room setup time is greatly reduced as all identified necessary products are included in the custom pack.
- \* Faster response time by the nursing staff for patients.
- \* Increased productivity of central service staff in filling case carts and

in providing product to the operating room in a timely manner.

- \* Cost will be a plus provided the surgeons agree to standardize procedures and product usages.
- \* Reduction of waste products in the operating room as only one package is opened rather than several.
- \* Decreased inventories of on-hand stock items in CS.

**DISADVANTAGES**

- \* Weight and sizes of custom packs may impact employee injuries.
- \* Space required for staging new product may pose problems for departments without options for expansion.
- \* Single use products that aren't used must be discarded and may not be resterilized according to most policies. Surgeons must make decisions about what things should be in these packs based on, among other things, item usage.
- \* Handling and storage of the packs can be expensive. Some institutions may have to investigate special shelving and containers made specifically for the packs, as conventional shelving may tear the outer wrap, rendering the package useless. This can create yet another expense for the department from lost revenues.

*CUSTOMIZED PACKS cont.*

\* As with most products, manufacturer backorders are particularly hard to work around. A contingency plan is an absolute necessity for just such an occurrence.

**CONCLUSIONS**

Converting to a custom pack system is a major institutional decision which, rightly, should include all affected departments and personnel. It may work well with some institutions and not so well with some others. But there are several issues to take under consideration before the decision is made.

Look at setting guidelines for all products that should go into a particular pack. How much the item costs should be weighed against the percentage of utilization of the item across the surgeon ranks. If an item costs \$200 but only one of five surgeons uses the item in the operation, this item should probably not be included in the pack. As stated before, once the pack is opened, this \$200 item if not used will be discarded. The patient will be paying for items and materials he/she did not need. If the item is merely added to the pick list for the case, then it may be credited and returned to stock following the case if it isn't used.

Part of the real key is getting the surgeons to standardize their needs per each operation type. Dr. Jones' knee operation should not be significantly different in cost from the same surgery performed by Dr. Smith. Certainly, physician's

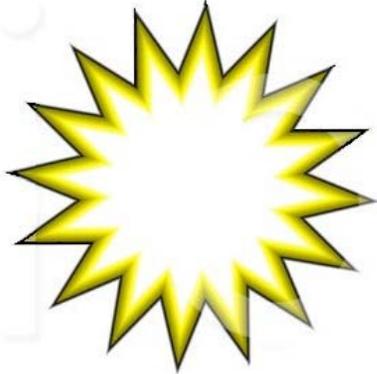
preferences for gloves, suture and the like will be different - but the basic components for the case should be relatively the same. And this is what standardization of cases should mean for them. They will have to make some compromises. They will have to look at their cases and decide which products are used most frequently for their operations, compare the data with the other surgeons and come to a consensus on what should be in the custom pack and what should be available.

It might also be suggested that dollar ranges be set for product inclusion. For example, if an item costs \$1.00 or less, but is used as much as 80% of the time, it would be included in the pack. If an item costs \$5.00 and is used as much as 85% of the time, it would be included. If another item costs \$10.00 but was used only 70% of the time, it would possibly not be included, but added to the pick list as a separate item to be pulled for the case and returned for credit if not used.

There are many considerations, not the least of which should be, what is best for your own situation, for your department and for your institution. Think long and hard about all contingencies and the types of packs that are out there. Consider the suppliers and their good and questionable points. A good and functional custom pack system depends on you and the decisions you make ahead of time.

Barney M. Branch  
Duke University Hospital

## SPOTLIGHT



In this issue of the *STEAMLINE*, the spotlight is on our award winners from the annual May meeting.

**Glenda Bently**, Central Service Coordinator at Wilkes Regional Medical Center in North Wilkesboro, was the winner of the Ray Manning, Sr. Achievement Award. In her nomination, Glenda was described as a tremendous asset and an excellent representative of the Central Service department and her hospital. She came into a department where there were few written policies and procedures and no formal education for the employees. Glenda wrote over 50 new policies and revised many others. She set up in-services, purchased films, and sent employees to classes to help them become better CS techs, which gave them pride in their jobs and a better understanding of how and why items are processed for sterilization.

**Margie Morgan**, Moore Regional Hospital in Pinehurst, was the winner of the Joe Stanley Memorial Award. Margie was described in her

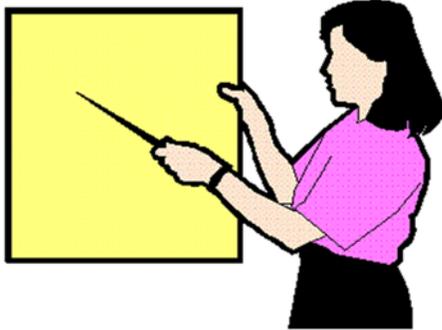
nomination as having the qualities that make her an effective leader and central service professional. She has established sterilization policies and procedures; set up tray manuals and exchange carts, which were later converted to stationary par-levels; and consolidated warehouse and distribution supplies, which resulted in a reduction of inventory, saving inventory dollars and eliminating three FTE's. Margie has initiated many in-service classes for the staff of the department. She is self-motivated, has good communication skills, accepts responsibility, and expects and receives high levels of performance from her staff.

**Carl Winge**, Manager SPD of Frye Regional Medical Center in Hickory, was the winner of the NCAHCSP Merit Award. Carl is a past president of the NCAHCSP and a past and present board member. He has been active in the NCAHCSP and the ASHCSP for many years, "Just say there is a job to be done and he will do it." Carl has worked on the state and national levels to further the growth of the our association in many categories. He is an asset to our organization and will always give his best to insure that our group remains strong, in the future, both locally and nationally.

## CONGRATULATIONS!



## MEMBERSHIP REPORT



Currently, we have 234 members. If you have not yet rejoined, you will receive a reminder in the mail. Remember, if you have not renewed your membership by July 1, 1996, you will no longer receive mailings from the association. Also, if you have people in your organization that are receiving mail, but are no longer employed with you, please contact me at (910) 716-4891 to update our membership database.

Linda Messick, CSPDT  
Membership Chairperson



**WELCOME  
NEW MEMBERS!**

Sandi Boyd  
Operating Room  
Spruce Pine Community Hospital  
Spruce Pine, NC

Lyman E. Carmon  
Technician II, Central Service  
Pitt County Memorial Hospital  
Greenville, NC

Deidre Carter  
Instrument Technician, Central  
Processing  
Cabarrus Memorial Hospital  
Concord, NC

Cathy Chavis  
Central Sterile  
Scotland Memorial Hospital  
Laurinburg, NC

Ethel Collins  
Technician, Central Service  
Maria Parham Hospital  
Henderson, NC

Patrick Cotter  
Sales Manager  
Professional Medical Sales  
Charlotte, NC

Sylvia Felton  
Technician I, Central Service  
Pitt County Memorial Hospital  
Greenville, NC

Randy Hurder  
Technician, Central Processing  
Rowan Regional Medical Center  
Salisbury, NC

Joseph La Vine  
Technician, Central Processing  
Mercy Hospital  
Charlotte, NC

Shem D. Logan  
Technician, Central Sterile Supply  
Mercy Hospital  
Charlotte, NC

Mack McCraw  
Sales Representative  
Allied Signal  
Knoxville, TN

*NEW MEMBERS cont.*

Linda A. McGee  
Technician, Sterile Central Supply  
Wilkes Regional Medical Center  
N. Wilkesboro, NC

Lisa M\_ Moses  
Technician II, Central Supply  
Cape Fear Valley Medical Center  
Fayetteville, NC

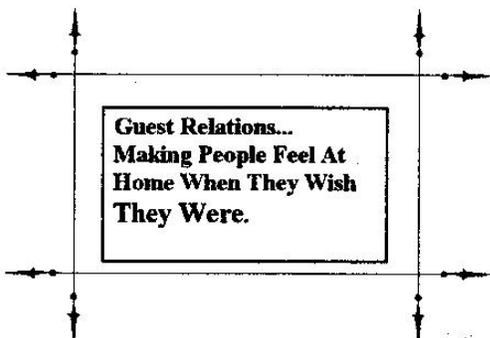
Jean Murdock  
Supply Technician III, Central  
Sterile Supply  
Cape Fear Valley Medical Center  
Fayetteville, NC

Beverley Palmer  
Director, Surgical Services  
Scotland Memorial Hospital  
Laurinburg, NC

Lorraine D. Roy  
Technician, SPD  
Onslow Memorial Hospital  
Jacksonville, NC

Lee Runion  
Supervisor, Central Sterile Supply  
Cape Fear Valley Medical Center  
Fayetteville, NC

Teresa Ann Stafford  
Technician, Central Supply  
Spruce Pine Community Hospital  
Spruce Pine, NC



## HEALTHWATCH



### HOW TO AVOID BURNOUT Awareness And Tips

"Burnout" is a stress condition brought on by being involved in an intense situation for a long period of time without adequate rest and recreation. Most often thought of in relation to a job, burnout can also occur in other situations, such as being a primary caregiver to small children or a sick elderly person. It is the result of feeling overworked and unappreciated. Learn how to avoid burnout by knowing your own limits, taking care of yourself, and listening to the ideas of others.

#### Know Your Limits

Sometimes we can control a situation that has the potential for burnout by recognizing it at the outset. In fact, certain jobs, such as air traffic control, are known for their high incidence of burnout, as are jobs which involve caring for the very ill or in which a great many hours of overtime are demanded.

Some people thrive on stressful environments, but if you are the type of person who can't help but get

*HEALTHWATCH cont.*

involved to the detriment of your own needs, you might reconsider the situation and choose not to participate. Knowing yourself well enough to avoid situations of potential burnout can be a healthy strategy for you.

**Take Care Of Yourself**

When you ignore your physical and emotional needs during a period of constant or severe stress, burnout may result. Good self-care includes eating well-balanced meals, getting regular exercise, and adequate and satisfying sleep. You also need regular rest and recreation. If you find yourself in a stressful situation where one or more of your self-care habits has gone by the wayside, it might be time to take a good look at what is causing the stress and take action to change it.

**Talk With Others**

Share your feelings about the situation with others in the same or similar situation. Listen to what they say about the strategies they use to cope. Or talk with someone from outside the situation who is able to be objective and who might also offer new ideas. You might find that communicating with others about your own situation is a positive step away from stress and burnout and a positive step toward greater health.

1989 PARLEY INTERNATIONAL



**Ways to Lose 10 Stubborn Pounds**

If your body won't let go of extra weight, these strategies may help:

\* **Follow the Rule of 3,500.** To lose a pound, your body has to "spend" 3,500 calories. Although everyone's metabolism uses calories differently, a good rule of thumb is to try to cut 3,500 calories a week. Aim for burning 1,750 calories a week in exercise and to cut 1,750 calories a week from your diet, and you'll be on track for losing a pound a week.

\* **Write down everything you eat for a week.** Measure and record everything you eat, tally calories and fat grams, and then look for ways to improve.

\* **Write down all exercise for a week.** Record all of your activities and look for ways to add more.

*HEALTHWATCH cont.*

\* **Do interval training.** By adding short bursts of speed to your walks, you'll burn extra calories and build muscle tissue.

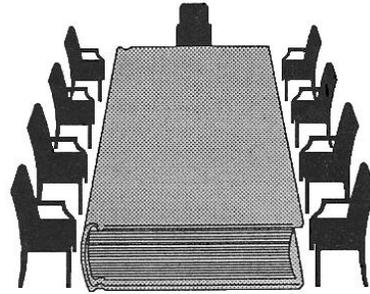
\* **Walk faster, farther, or more frequently.** Adding speed or distance to your walks, or walking more often, burns extra calories and increases your fitness level.

\* **Do more on weekends.** Climb a mountain, play tennis, go for a swim. Any activity burns extra calories and makes you more fit.

\* **Build muscle.** Your body must burn calories simply to maintain its muscle tissue, so by building muscle you increase your daily calorie burn even when you're not exercising. (On average, a pound of muscle burns 35 calories a day, while a pound of fat burns only 2 calories.) Lift weights at home or at a gym, work out with stretchy exercise bands, or do resistance exercises, such as push-ups, that use your body's own resistance to build muscle. You'll burn extra calories and you'll look and feel better, too.

<b>TREASURY REPORT</b>	
<b>BALANCE (JAN 1996)</b>	<b>\$12,614.92</b>
<b>DEPOSITS</b>	<b>16,299.00</b>
<b>EXPENSES</b>	<b>5,094.16</b>
<b>MONEY MARKET</b>	<b>5,146.13</b>
<b>BALANCE (MAY 1996)</b>	<b>\$28,965.89</b>

## REGION 3 REPORT



Many of you heard the Region 3 report at the annual meeting. We just returned from our board meeting, held in Las Vegas, our site for the 1998 annual conference. While there, I'm happy to report that we worked our fingers to the bone! The Annual Conference Committee worked into the late hours to finalize this year's annual conference, to be held in Fort Worth, Texas, October 19 - 23. In fact, the registration form for this year's conference was included in your last ASHCSP newsletter. Make plans to attend, visit old friends, make new ones, and enjoy a tremendous educational opportunity. Program brochures will be available soon. I'm sure you'll be as impressed with the faculty as I am.

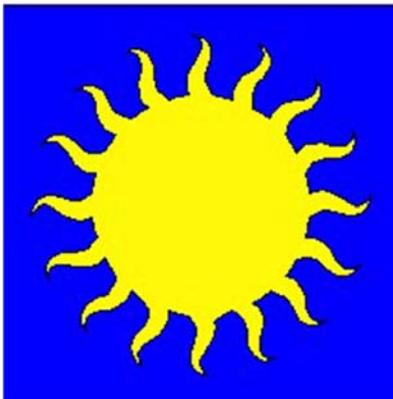
While at our board meeting, we worked hard on establishing the strategic plan for the upcoming year. We were fortunate to have a consultant to help guide us through the process, helping us establish our objectives for the upcoming year. This process should help us establish ourselves financially, and confirm our position as the leader in

*REGION 3 REPORT cont.*

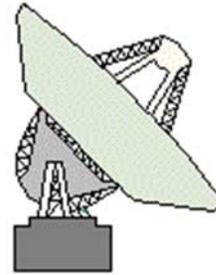
educational opportunities for the Central Service Professional.

Another change is the adoption of a year round celebration of Central Service Week! The winner of next year's theme contest will be announced at the end of this year's conventions. I've seen the new theme and I'm sure you' ll be as impressed as I am. This theme will be on promotional products, available year round.

Many of you have commented that there were a number of problems in registering for this April's certification exam. This was a problem experienced by several different areas. Sue McManus explained that the National Institute has employed a new company to administer the technician certification exam. She suggested that each of you remove any old candidate bulletins which have a New Jersey address. Nancy Chobin, director of the National Institute, will be forwarding new candidate bulletins in the near future. Sue apologizes for any inconvenience this may have caused.



## NEWSBITS



**Alexander Community Hospital** in Taylorsville has approved an affiliation agreement to work more closely with **North Carolina Baptist Hospitals** in Winston Salem.

**Richmond Memorial Hospital** in Rockingham and the **Charlotte Mecklenburg Hospital Authority** have signed a letter of intent to investigate a joint venture in which the authority will acquire up to 51 percent control of Richmond Memorial.

**Sue McManus, R.N., C.S.P.D.M.**, Director of Patient Services at Saint Joseph's Hospital, has assumed additional responsibilities as Central Processing Manager at Memorial Mission Hospital of Mission-St. Joseph's Health System in Asheville, NC. Sue is responsible for 32 employees that report to her and for providing service to multiple operating rooms, delivery rooms, and an active regional trauma center. Sue reports to the Vice president of Surgical Services, Mark Gordon. Sue's former roles include: O.R Nurse Instructor, CS Manager,

*NEWSBITS cont.*

Material Manager, and Executive Housekeeper at St. Joseph's. Sue can be reached at: Memorial Mission Hospital 509 Biltmore Ave. Asheville, NC 28801 (704) 255-4288

**OSHA follows CDC's tuberculosis lead.**

Wondering what type of tuberculosis protection OSHA will be looking for at your hospital? As long as you've been following guidelines from the Centers for Disease Control and Prevention, you shouldn't have much to worry about. On Feb. 9, OSHA released Instruction CPL 2.106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis*. The document, which serves as a guide to compliance until draft guidelines are released, is basically in sync with the CDC's TB guidelines, according to Gina Pugliese, RN, a consultant with Sullivan Kelly & Associates, Chicago. And because OSHA has not yet issued a standard, hospitals still have some flexibility in controlling TB.

"Even if you are using an unorthodox method, if you can show that it is controlling TB, then OSHA can't cite you," said Pugliese during a session on TB control at the recent Health Care Safety and the Environment Conference in New Orleans. "Also, if you don't have the TB hazard, OSHA can't cite you for not having TB controls. You must have the tuberculosis hazard."

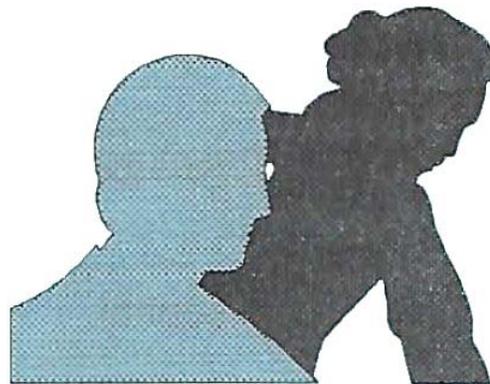
*Materials Management in Health Care*, April 1996, Vol. 5, No. 4

**EPA stops sale of disinfectant.**

The Environmental Protection Agency has taken action to remove Broadspec 128, a disinfectant manufactured by Brulin & Co., Indianapolis. The EPA has asked the company to stop selling the product and is recalling the disinfectant from distributors. Brulin has taken measures to inform customers of test results that showed the product failed to meet standards. The EPA also issued a \$30,000 civil penalty against the company for selling an ineffective product.

*Materials Management in Health Care*, April 1996, Vol. 5, No. 4

**SUPERVISOR'S CORNER**



**Seven 'Sins of Supervision' That Cancel Out Cooperation**

James K. Van Fleet, a well-known management consultant and lecturer on managerial motivation techniques, is author of a new book entitled "The 22 Biggest Mistakes Managers Make and How to Correct Them" (Parker Publishing

*SUPERVISOR'S CORNER cont.*

Company, West Nyack, NY). Seven of his 22 have to do with the part of any manager's performance that indicates whether he or she has the qualities of *leadership* that justify promotion.

Here are the seven. Stand in front of a mirror and try them on for size:

\* **Trying to be liked rather than respected.** Don't accept favors from your subordinates ... Don't do special favors trying to be liked ... Don't try for popular decisions ... Don't be soft about discipline ... Don't party or socialize with subordinates ... Have a sense of humor.

\* **Failing to ask subordinates for their advice and help.** Make them feel a problem is their problem too ... Encourage individual thinking ... Make it easy for them to communicate their ideas to you ... Follow through on their ideas.

\* **Failing to develop a sense of responsibility in subordinates.** Allow freedom of expression ... Give each person a chance to learn his or her superior's job ... When you give responsibility, give authority, too ... Hold subordinates accountable for bottom line results.

\* **Emphasizing rules rather than skill.** Give a person a job to do -and then let him or her do it... Let an employee improve his or her own job methods and procedures.

\* **Failing to keep criticism constructive.** When something goes

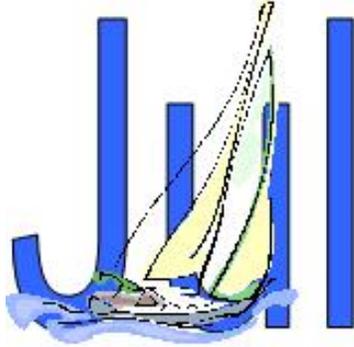
wrong, do you tend to assume who's at fault? ... Do you do your best to get all the facts first? ... Do you control your temper? ... Do you praise before you criticize? ... Do you listen to the other side of the story? ... Do you allow a person to retain his or her dignity? ... Do you suggest specific steps to prevent recurrence of the mistake? ... Do you forgive and forget?

\***Not paying attention to employee gripes and complaints.** (1) Make it easy for them to come to you. (2) Get rid of red tape. (3) Explain the grievance machinery. (4) Help a person voice his own complaint. (5) Always grant a hearing. (6) Practice patience. (7) Ask a complainer what he or she wants you to do. (8) Don't render a hasty or biased judgment. (9) Get all the facts. (10) Let the complainer know what your decision is. (11) Double-check your results. (12) Be concerned, and pay attention.

\* **Failure to keep people informed.** Let people know where they stand with you ... Praise people properly ... Let your close assistants in on your plans at an early stage ... Let people know as early as possible of any changes that will affect them... Let them know of changes that will not affect them, about which they may worry. Be accessible.

*THE BETTER-WORK  
SUPERVISOR*

## **UPCOMING PROGRAM**



**You won't want to miss our next meeting, July 26, 1996, at the Hawthorne Inn, Winston-Salem. The morning session will feature Sandra Lee, from AMSCO. Ms. Lee is always one of our most popular speakers!**

**The afternoon will bring the fun and excitement of Sterile Bowl 1996. Doug Krueger of Kem Medical will return as master of ceremonies.**

**Make your plans now to attend this great event!**

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Hickory, N.C. 28601  
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**Smile and the World Smiles  
With You**

**Are you happy with your job?  
Are you aware that how you  
feel about your job comes  
through to the people you  
deal with day in and day out?  
The public can spot an "I just  
work here" attitude. If you  
feel your job is worth doing  
well, people respond to you  
with respect. If you like your  
job, respect its value, the  
public will respond to your  
positive style.**

**NCAHCSP  
MISSION  
STATEMENT  
NCAHCSP will  
establish itself  
statewide as the  
leading  
educational  
organization  
through  
innovative  
programs that  
enhance the  
development of  
Central Service  
professionals.**

**STEAMLINE EDITORIAL BOARD  
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MAY 1996**

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