



North Carolina Association for Hospital Central Service Professionals

I HEARD IT THROUGH THE STEAMINE

Volume 25 Issue 3 Third Quarter 2013

We will not forget 9/11
Pray for our troops

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PRESIDENT'S MESSAGE

Hello to all the NCAHCSP members,

Time again for our fall newsletter to reach out and let the members know we are still here to encourage and support the professionals who help make this organization a success.. The holiday season is approaching and many will enjoy their family and love ones for another season because, we were part of the care it took to help a patient recover from surgery, hospital stay, or a procedure from an outpatient center. Our profession may not reach out and physically touch a patient but; our hands are on the life saving products we manage. Remember we make a difference in the ever changing profession of patient care. We help love ones enjoy another Holiday season together.

My hope is that all will have a wonderful holiday season from Thanksgiving to the New Year. Remember to stay safe and take pleasure in family, friends, church and co-workers. May all your Holidays be blessed with love and good will.

Hope to you at the fall meeting. The winter meeting agenda is coming together and we hope you will attend this meeting as well.

Please don't forget, nominations are coming up for Board of Directors as well as President-elect. If you are interested in serving, please go on-line and get the forms and have them signed by your supervisor.

Karen Furr

President-NCAHCSP



The Value Of Robotic Surgery: It All Comes Down To Training

Wed, 10/23/2013 - 12:02pm

Jeff Berkley, PhD, Founder and CEO, Mimic Technologies

This is a response to a blog that appeared in Wednesday's edition of Today In Surgery.

Robotic surgery is currently being debated as part of a larger discussion the nation is having on both cost and quality in healthcare. Right now, the da Vinci robot is being used by surgeons and hospitals throughout the world. As we debate costs and value, which surgery we choose will continue to be a significant public health issue. Minimally invasive surgery (MIS) technologies clearly have been part of the trend in medicine to provide patients with the best surgery possible. Techniques including conventional laparoscopic and robot-assisted surgery allow operations for everything from acid reflux to heart surgery with the potential benefit of fewer complications and much shorter recovery times.

But conventional laparoscopic surgery is limited. Unlike human hands, most of the rigid instruments used in MIS cannot bend at the wrist so that surgeons can change their approach to operating at any angle. This requires surgeons to learn new moves very different from those well-practiced in open surgery, which can result in additional operating room time for surgeons new to the technique.

Another problem when surgeons operate on a patient using traditional laparoscopic techniques: small cameras give only a flat 2D view, making it hard to judge distances and the location of sharp instruments. The resulting complexity of traditional MIS makes the approach difficult for many surgeons to learn. This is one of the reasons surgeons have been slow to adopt the technique over the last 30 years since its introduction. Instead, now 80 percent of surgeries that could be done minimally invasively are still done by opening up the patient, which can cause you to have a needlessly long and painful recovery period.

That is why robot-assisted laparoscopic surgery was invented for patients. Because it addresses many of the complex needs of minimally invasive surgery. Its instruments are inserted through small incisions, but offer a wider, more natural range of motion, including bending at the wrist. This is possible because they are robotically actuated by a surgeon seated at a control panel that provides a magnified 3D image of the surgical area.

There are other reasons. Because the motion that exists in your surgery can be scaled and the hand tremors filtered out, your robot-assisted surgery is potentially more precise than manual surgery and easier to learn than the traditional laparoscopic approach that you are hearing about. Your surgeon can reach expert levels of performance faster when using the robot. Even when a surgery such as hysterectomy can be achieved through traditional laparoscopy, it is important to consider how much practice on patients is necessary to achieve the results that patients need. The robotic approach for most surgeries is typically associated with a shorter learning curve. Add simulation training into the mix, where surgeons practice first (as if they were in surgery) and the learning curve for robotics becomes even shorter.

As media coverage has accurately included as part of its reporting, when adequate training is provided, the robot is safe for patients. As we have this debate on which technology and what techniques are better for the patient, it is essential that we discuss and consider the training aspect. But even more, we must look at the level of care a surgeon can provide patients after they reach expert levels of performance. Ultimately, surgeons will choose the approach that is easiest to learn. This is what helps explain the recent proliferation of robotic surgery.

Jeff Berkley, PhD, is the founder and CEO of Mimic Technologies, which provides worldwide training and software for the da Vinci robot.

Taken from Surgical Products web newsletter

NCAHCSP MEMBERSHIP NEWS

Please don't forget to check the website-www.ncahcsp.org on a regular basis as we are always adding new or additional information.

Are you interested in becoming a member of the board? The chapter will be holding elections for the upcoming year. If you think you might be interested, please check out the requirements for running for the board found on-line in the chapter's website. You can also find a willingness to serve form there as well. The Chapter needs you!!

Current Membership: 220 bright and shiny members.

“DEAR STEAMIE”

Dear Steamie,

If I leave a NCAHCSP Educational Meeting early why do I not get a certificate?

*The certificates issued are based on the amount of CEU's offered for the specific meeting you are attending. The Certification Board for Central Processing and Distribution (CBSPD) has strict guide lines for issuing approval for the CEU's . The printed certificate is given to show that you attended the **entire** meeting, and received the approved amount of continuing education units; **therefore, if you need to leave the meeting early, the CEU's are reduced to reflect the time missed.***

The NCAHCSP Board of Directors understands the need for certified SPD personnel to earn as many continuing education units as possible to maintain their certification. Evaluation comments rendered have asked "Why not start later?" or "Why can't we leave earlier?" The Board could start the meeting later or have it end earlier, but the number of CEU's received would be lower. CEU's are issued based on time, not on the educational content.. The goal is to maximize the number of CEU's you receive.

Thanks for asking,
"Steamie"



A GI specialist was frustrated with a hospitalist's documentation. He asked me if I knew what "WNL" meant. I told him, "Within normal limits," and he replied, "No, it means 'We never looked.'"

Taken from "Scrubs Newsletter"

Look at W-2 to See What Health Insurance Really Costs

Written by Diane Stafford/ writer for the Kansas City Star

Look closely at your new W-2 form this tax season. Notice Box 12 and a two-letter code, DD. If you work for an employer with 250 or more workers, information in that box for the first time is required by the Affordable Care Act. It tells how much you and your employer spent on your health insurance premiums. "It's going to be an eye-opener for a lot of people," said Jerry Nebbia, a health benefits expert in Mercer's Kansas City, Mo., office. "A lot of people have no idea what the true cost is." The W-2 reporting requirement for health insurance is to expand next year to include employers with fewer than 250 on payroll. The health insurance benefit amount isn't taxable as personal income—for now, anyway.

But it is insight into your employer's total cost of your compensation. It also is a close reflection of what you would pay if you lost your employer subsidy and wanted to continue the same coverage under COBRA. In the workplace at large, the cost of employer-paid benefits equals nearly 31 percent of total employment costs, according to the U.S. Bureau of Labor Statistics. Of that, health insurance costs account for about 7.7 percent of employer costs in private industry and about 11.7 percent in state and local government.

For some workers, employer-sponsored health insurance is a hefty benefit amounting to \$5,000, \$10,000, even \$20,000 a year. Last year, according to the Kaiser Family Foundation's survey, employer-sponsored health insurance cost an average of \$5,615 for individuals and \$15,745 for families. The requirement to include the full health insurance cost on W-2s was conceived partly to make employees more aware of the actual cost of their coverage. Often, employees with employer-subsidized coverage are paying only one-fourth of the full premium cost.

Knowing the real price is important because workers are being asked to be smarter consumers of health care, to make more coverage choices, or to shoulder more of the cost.

Written by Diane Stafford/ writer for the Kansas City Star

What Your Sleep Position Says About You

Could there be a relationship between sleep position and your personality? A recent study by a British sleep expert suggest that our bodies could be saying something about us even when we are asleep.

Professor Chris Itzikawski interviewed 1,000 men and women and found a correlation between their personalities and sleeping positions. The study found the 6 most common sleep positions are Fetal, Log, Yearner, Soldier, Free Faller, and Starfish.

It was determined that 41% of the people interviewed slept in the Fetal position. Fetal sleepers were described as being tough on the outside but sensitive at heart, shy initially but quick to relax.

15% of those interviewed sleep like a log. People who sleep on their sides like a log were often described as easy going and sociable, generally trusting of strangers, but sometimes gullible.

Sleeping with arms out stretched, Yearners, who made up 13% of the population studied were reported to have an open nature, but can be suspicious and cynical, slow to reach decisions, and reluctant to change their minds.

Soldiers, weighing in at 8%, tended to be quiet and reserved, and don't like a fuss. They set high standards for them selves and others

7% of sleepers known as Freefaller were characterized as brash and gregarious on the exterior but thin skinned. Their outward confidence masked a personality that responded badly to criticism.

5% of people that sleep on their back with arms above their head, known as Starfish sleepers, make good friends, because they ready to listen and offer help, These were unassuming people and happiest out of the spotlight.

Whatever your sleep position or personality one thing is certain, improper sleep can lead to serious health issues.

Taken from WEBMD.com

TOTAL HIP SURGERY: IN YOUR FUTURE?

By: Pamela H Caudell, RN, CNOR, ACSP

Objectives

1. Define arthroplasty
2. Discuss rationale for having a total hip
3. Describe cleaning methodologies for total instruments

Hip replacement surgery is also called a total hip arthroplasty or a THA. This involves removing the damaged hip and replacing it with an implant also called a prosthesis. There are basically four components to a prosthesis set. They are: the ball component which is made of metal or ceramic, the socket and the liner which is made from either ceramic, plastic or metal; the femoral (thigh) component and sometimes a neck extension. The implants are biocompatible; meaning they are accepted by the body and are resistant to corrosion. Cemented implants are held in place with bone cement. Uncemented implants have textured surfaces that allow new bone to grow into the implant, securing it in place.

The goal of hip replacement surgery is to relieve pain and increase the mobility and function of a damaged hip joint. Before thinking about surgery, though, your doctor may recommend other treatments, such as pain medications, physical therapy, exercise, and use of a cane or walker. If these treatments are not enough, hip replacement may be the right option for you.

Conditions that can damage the hip joint, sometimes requiring hip replacement surgery, include:

- Osteoarthritis
- Rheumatoid arthritis
- Broken hip
- Bone tumor
- Osteonecrosis, which occurs when there is inadequate blood supply to the ball portion of the hip joint

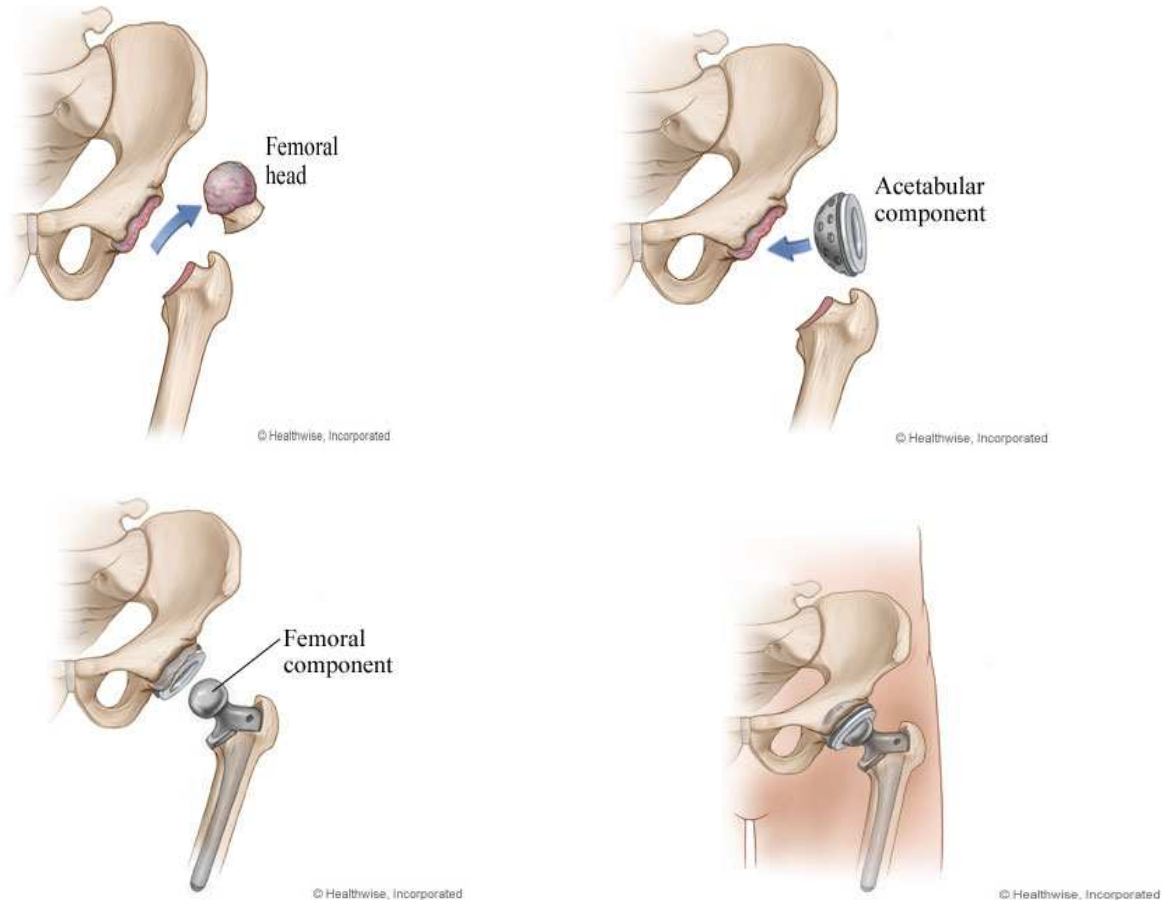
Symptoms that might lead you to consider hip replacement include:

- Persistent pain, despite pain medication
- Pain increased by walking, even with a cane or walker
- Poor sleep due to pain
- Difficulty going up or down stairs
- Trouble rising from a seated position
- Inability to participate in formerly enjoyable activities because of pain



The pictures above show the damage that osteoarthritis can do to a hip. The picture on the left shows the damage to the joint when the cartilage that lines the joint and protects the hip is eroded and bone rubs against bone. The insert shows what a normal hip looks like. The x-ray shows what the hip looks like when it's destroyed as opposed to the other normal side.

The following pictures show the progressive surgery needed to replace the hip with a prosthesis.



To perform a hip replacement, your surgeon:

- Makes an incision over the front or side of your hip, through the layers of tissue
- Removes diseased and damaged bone and cartilage, leaving healthy bone intact
- Implants the prosthetic socket into your pelvic bone, to replace the damaged socket
- Replaces the round top of your femur with the prosthetic ball, which is attached to a stem that fits into your thighbone.

The new, artificial joint is designed to mimic the natural, gliding motion of a healthy hip joint. Techniques for hip replacement are evolving. As surgeons continue to develop less invasive surgical techniques, the hope is that these techniques might reduce recovery time and pain compared with standard hip replacements. However, the results are too new to adequately say one technique is better than the other.

I thought from the central sterile side, this might help you understand the importance of what you do. I have personally had this surgery and I was very concerned about the sterility of the instruments since I was now the patient and had no control. However, one thing that kept going thru my mind was the knowledge the people working in central sterile take very personally the sterility of all the instrumentation they process. So no worries.

Orthopedic surgery requires instruments which are heavy and have multiple components, articulating or rotating parts, removable handles, plastic replacement parts, and series of gauges or other measuring devices in graduated sizes. Devices are usually supplied in sets and subdivided into trays and cases in which the devices may be arranged by size or in the order needed for a specific surgical procedure. There are generally multiple trays in order to hold the number of instruments needed to perform surgery. It is imperative all the trays sent in from the various vendors be checked for completeness before they are processed.

Since most sets of instruments come to central sterile from another facility, the instruments need to be put through the complete process from decontamination to sterilization and storage. To maintain instruments properly it is important to consider the following information and processing instructions:

- Warnings and precautions
- Instrument set completeness and functionality
- Reprocessing limitations and or restrictions
- Preparation for reprocessing at the point of use
- Preparation for cleaning (including assembly/ disassembly as necessary)
- Cleaning, disinfection and drying
- Maintenance, inspection, testing and lubrication
- Sterile packaging
- Sterilization
- Storage

Each company should be able to supply Central Processing with all the aforementioned information in order to be able to handle the instrumentation in the appropriate manner. Each company has their own information sheet that should be applied to their instrumentation only. Each company is just a little different in the handling of their instruments so each processing area should have a copy of instructions. The two statements below are taken from two different company instructions. You can see they are both similar in the area of removing the instrumentation from trays prior to cleaning.

At point of use, soiled instruments must be removed from metal or polymer trays and moistened to prevent debris from drying before transportation to the reprocessing area for manual and/or automated cleaning procedures. Do not clean soiled instruments while in polymer or metal trays. Instrument trays, cases and lids must be cleaned separately from soiled instruments.¹

Stryker Orthopaedics trays and cases are intended for transport and storage of re-usable instruments. They are not designed for cleaning and disinfection in the fully assembled state. The instruments must be removed from the tray for adequate cleaning results.²

Cycle Type Prevacuum/ Pulsating Vacuum	Temperature 132°C / 270° F	Expose Time 4 minutes	Minimum Dry Time 30 minutes	Minimum Cool Time 30 minutes
Prevacuum/ Pulsating Vac- uum ³	134°C / 273° F	18 minutes	30 minutes	30 minutes

Method Moist heat sterilization according to ANSI/AAMI ST 79
Cycle Pre-Vacuum (Pre-Vac)
Temperature 132°C (270°F)
Exposure Time¹ 4 minutes (minimum)
Drying Time² 30 minutes (minimum, in chamber)⁴

From the tables above, you can see there are still some differences in the sterilization statements from each of the two different vendors.

But, here again, you can see it is important to check with each manufacturer to see what their recommendations are for their instruments. There are certain things that need to be followed no matter what type of instrument you are preparing for sterilization. Cleaning and disinfection is always the first step. All multi-part components should be broken down into all the pieces taking care to not lose any of the parts. Keep in mind some of the pieces have areas that will need to be cleaned manually, and it is critical that they always follow the manufacturers' instructions when processing them. Many instruments require manual cleaning because bone, tissue and, in some cases, cement can become so embedded in the instruments they must be cleaned with brushes before automatic washing.

Since instruments are placed directly upon bone and may be exposed to cement, meticulous inspection of all surfaces of each instrument for residual bioburden is imperative. All trials must also be carefully inspected because surgeons may try several sizes to determine that which is best. Femoral and tibial trials, femoral impactors, and large drill bit ends are examples of instruments that are difficult to visually inspect. Central Service employees should use a lighted magnifying glass to view these items, and they may request that a co-worker provide a "double-check" for the most challenging instruments.

The facility is responsible for the reassembly, inspection, and packaging of the instruments after they are thoroughly cleaned in such a manner that will ensure steam sterilant penetration and adequate drying time must also be provided. Provisions for protection of any sharp or potentially dangerous areas of the instruments should also be recommended by the hospital. The Sterilizer Manufacturer's instructions for operation and load configuration should be followed explicitly. Maintenance of sterile package integrity is generally event related. If a sterile wrap is torn, perforated, shows any evidence of tampering or has been exposed to moisture, the instrument set must be cleaned, repackaged and sterilized.

References:

1, 3 Zimmer Instrument Care, Cleaning, Maintenance and Sterilization Instructions,

2, 4 Instructions for Cleaning, Sterilization, Inspection and Maintenance of Orthopedic Medical Devices, Stryker, 2012,

Training Manual for Health Care Central Service Technicians,
5th edition



Total Hip Surgery in Your Future?

Third Quarter 2013

1. The goal of hip replacement surgery is to relieve pain and increase mobility.
 True False
2. A prosthesis can be made of metal, ceramic or plastic depending on placement.
 True False
3. Conditions that can damage a hip joint are all of the following except:
 - A. Osteoarthritis
 - B. Broken Hip
 - C. Scurvy
 - D. Bone tumor
 True False
4. Symptoms leading to choosing hip replacement include; pain, poor sleep and difficulty in going up and down stairs.
 True False
5. Orthopedic trays of instruments are easy to sterilize due to the multiple layers of trays.
 True False
6. All trays coming from outside vendors must be checked for completeness.
 True False
7. It is not necessary to decontaminate trays coming from another facility.
 True False
8. The manufacturer warnings and precautions must be followed exactly.
 True False
9. Every manufacturer uses the same instructions for cleaning and processing.
 True False
10. Maintenance of sterile packaging integrity is event related.
 True False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.

0=Not Applicable, 1=Poor, 4=Excellent

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

To receive 1.0 contact hours toward certification from CBSDP, complete the in-service "quiz" after reading the article. Send the entire page with the completed "quiz" to:

Lana Haecherl
 P.O. Box 568
 Pineville, NC 28134

Lana will issue a certificate if your score is greater than 70%. Please be sure to fill in the information requested below.

If you are **NOT** a member of NCAHCSP, please include a fee of \$20.00 for in-state membership and \$20.00 for out of state membership. Your fee will provide you a 1-year membership in the Association and will also entitle you to submit the next in-service offerings for the cost of a postage stamp. That is potentially six in-service programs for your registration fee. Remember you will not be issued a certificate unless you are a member of NCAHCSP.

CEU credits pending from CBSDP.

CLEARLY print your name as you wish it to appear on the certificate. Enter the address where you want the certificate sent.

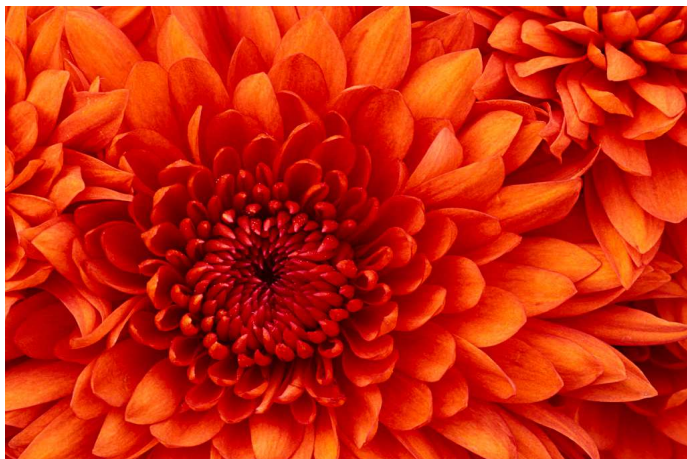
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Address: _____

City: _____ State: _____

Zip: _____

E-mail address: _____



Fertilizer to Use on a Yard & Shrubbery in the Fall

Overview

Fall is an important time to fertilize the garden, sometimes known as "winterizing." Shrubs, trees and plants begin to use their energy to strengthen and expand their root systems in preparation for winter dormancy and spring growth. Fall fertilizing provides a slow absorption of nutrients into soil and root systems. Nutrients provided in fall fertilizer feedings promote strong growth and increased disease resistance in spring.

Considerations

Indications that shrubs and plants need fertilizer are yellowing leaves, reduced leaf size, premature fall coloration and leaf drop, reduced twig and branch growth and an overall lack of plant vigor. Younger shrubs, trees and plants need more fertilizer than established ones. Plants undergoing drought or other climate stress have increased fertilizer needs in fall.

Types

Types of fertilizer include synthetic chemical fertilizer and fertilizer from natural sources. Synthetic chemical fertilizer is absorbed directly by plant root systems and does not sustain healthy soil functioning. Fertilizer from natural sources is absorbed by roots and provides microorganisms to soil, which enhance soil health slowly over time. Natural sources of organic fertilizers include animal manure, seaweed, cottonseed meal, feather meal, blood meal, alfalfa, mined rock posers and fish bone meal.

Function

Fertilizer is available as granules, pellets, spikes, capsules, liquid and as decomposed compost. Consider the type of plant, the time of year, the desired rate of dispersion and cost per application when choosing a fertilizer. Synthetic chemical fertilizers may be toxic in concentrated form and create a storage problem. Children and pets should not be exposed to synthetic chemical fertilizers.

Features

Organic fertilizer from natural sources introduces microorganisms into the soil. Organisms such as bacteria, fungi, protozoa, microarthropods and beneficial nematodes work within the natural cycle of growth to feed plants steadily. The organisms break down materials in the soil to make nutrients available to plants. Many microorganisms ingest harmful pathogens in the soil that would otherwise attack plants to cause disease.

Effects

Nutrient transfer to plants during the fall fertilizing process is accomplished by the beneficial bacteria in natural materials. Bacteria break down larger plant materials, then store and release them as needed. Organic fertilizer ensures a slow, steady supply of nutrients. Plants and shrubs are then able to resist the stress of disease, drought, frost and harmful insect infestation.

Read more: [Fertilizer to Use on a Yard & Shrubbery in the Fall | Garden Guides](http://www.gardenguides.com/135873-fertilizer-use-yard-shrubbery-fall.html#ixzz2jjm58QEI) <http://www.gardenguides.com/135873-fertilizer-use-yard-shrubbery-fall.html#ixzz2jjm58QEI>

Taken from Gardening website



Obamacare-Pros & Cons

ObamaCare Pros	ObamaCare Cons
Tens of millions of uninsured will get access to affordable quality health insurance through the marketplace.	In order to get the money to help insure tens of millions there are new taxes, mostly on high-earners. The taxes that may affect you directly are the individual mandate and employer mandate .
Over half of uninsured Americans can get free or low cost health insurance using their State's Health Insurance Marketplace	The individual mandate says you have to obtain health coverage by January 2014, get an exemption or pay a fee if you can afford it.
Medicaid is expanded up to 15.9 million men, women and children below 138% of the poverty level.	Medicaid is expanded using Federal and State funding. Not all State's have to expand Medicaid.
CHIP is expanded to cover up to 9 million children.	CHIP also uses Federal and State funding.
You can't be dropped from coverage when you get sick or make an honest mistake on your application. You also can't be denied coverage or treatment for being sick or charged more for being sick. You can't be charged more for being a woman either.	Insurance companies must cover sick people and this increases the cost of everyone's insurance.
Small businesses can get tax credits for up to 50% of their employees health insurance premium costs.	The employer mandate says that in 2015 businesses with over the equivalent of 50 full-time employees must provide health coverage. In anticipation some businesses have cut employee hours.
Young Adults can stay on parents plan until 26. 82% of uninsured adults will qualify for free or low cost insurance.	Young people tend to be healthy and not to need coverage as often as older Americans.
Medicare is improved for Seniors including eliminating the donut hole, keeping rates down and expanding free preventive services.	Some Medicare payments to doctors and hospitals have been limited. (Medicare pays doctors more than any other type of coverage and the rates have led to very complex problems that are driving the costs of health care up for everyone).
All coverage starting after 2014 must include new preventative services and essential health benefits.	Insurance premiums have increased due to insurers having to provide covered services.
ObamaCare helps to curb the growth in health-care spending.	ObamaCare focuses more on making sure people are covered than it does on addressing the cost of care in the first place.

5 Ways to Save on Medical Costs

WebMD Feature

Health care can get real expensive, real fast, even when you have insurance. But you can save money on medical care without harming your health, experts say. Follow these tips to trim your health care expenses by hundreds, maybe thousands, of dollars.

1. Ask Questions

In many ways, it is difficult to question your doctor. However, in this day of financial hardship, asking why when the doctor orders a test can sometimes keep you money in your pocket. At the very least, your doctor can give you an explanation of what he's looking for with the test.

2. Compare Prices

With the rising cost of health care it pays to shop around, says Jeffrey Rice, MD.

Rice is chief executive officer of Healthcare Blue Book. **Healthcare Blue Book is a free online consumer guide that helps people determine fair prices in their area for health care products and services.**

"The most important thing is that patients understand the cost of their care before they get their care," Rice says. "Most people who have insurance think that if they stay in-network they're going to get the network discount and it doesn't matter where they go" for their care. "It absolutely matters."

"In-network" refers to a list of health care providers who have reached agreements with your insurance company on how much they'll charge for their services. You generally will pay less for providers on that list.

But it still pays to compare prices within the list.

"There are huge price variations, and you really need to be careful to not be overcharged."

3. Take Advantage of On-line Tools

Sometimes it can be difficult to decide if what you have, illness wise, needs to be treated. This is where looking on-line can help you decide if going to the neighborhood urgent care beats going to the ER at your



local hospital or if you can wait and see your physician in a day or two.

4. Switch to Generic Drugs

The FDA says generic drugs use the same active ingredients and work the same way in the body as brand-name drugs, but they cost 30% to 80% less. Most generic drugs are considered to be as safe and effective as the newer and more expensive drugs.

Other ways to save money on medicines:

- ◆ Check to see whether you are eligible for drug assistance programs in your state.
- ◆ Check with the company that makes your medicine to see if you qualify for financial assistance.
- ◆ Shop around your neighborhood or legitimate online pharmacies for the best prices on prescription drugs.

5. Ask Your Physician About Pill-Splitting

Because some medications come in different strengths, it is possible to buy medications in twice the strength as the order and then split the pills in half. This should only be done with the understanding and permission of the physician as some medications, due to shape, size and content, should not be split.



We're on the web!!
WWW.NCAHCSP.ORG

Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself state-wide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.



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