The traditional relationship between the operating room and the sterile processing/central service department is complex. The term “love/hate relationship” has been uttered by many involved from each of these two teams. The two departments have an almost symbiotic existence, completely dependent on each other for success, yet communication and cooperation between them is often quite strained. Sometimes that communication can actually be quite hostile, if it really occurs at all. Why is this so?

Lack of understanding

One of the leading reasons relationships often suffer between these two departments is that each team really doesn’t understand the other’s business. Central Sterile Supply Department personnel have very little, if any, training in surgical procedures or anatomy. As a result, they often do not understand what the root goals of a particular procedure are, nor do they understand how the instruments they reprocess are actually being used. Conversely, Operating Room personnel, through perhaps training in basic decontamination and sterilization techniques, actually have very little understanding of the complex and varied duties performed in a modern Central Sterile Supply/Sterile Processing Department. They also do not usually understand that the OR is, in almost all cases, only one of many customers whose needs of the patient currently on the OR table. The CSSD department of today is also dependent on each other for success, yet communication and cooperation between them is often quite strained. Sometimes that communication can actually be quite hostile, if it really occurs at all. Why is this so?

Without collaboration

The two departments often, as previously mentioned, take up adversarial stances when it comes to many issues. Two such issues are:

In-use and end of case instrument care

OR personnel rightly see the decontamination and processing of surgical instruments as a Sterile Processing function. What they often do not consider is that without proper point-of-use care, effective decontamination and subsequent sterilization is considerably more challenging and time-consuming, if not impossible. When blood and other body fluids are allowed to dry on the surface of an instrument, the proteins tend to coagulate and create a serious challenge for even the most robust decontamination techniques and equipment. In addition, any bacteria or other microorganisms on the surface of the device will begin to form biofilms. The CDC defines biofilm as an “accumulated mass of bacteria and extracellular material that is tightly adhered to a surface and cannot be easily removed.” In addition to being difficult to remove, biofilms can reduce sterilization efficacy by preventing access of

standards, reduce/minimize the chance for wrong-patient, wrong-site and procedural errors and do their best to minimize expenses, all while attempting to remain focused on the needs of the patient currently on the OR table.

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the sterilant to the microorganisms contaminating the device. It is therefore important that used medical devices are promptly cleaned and reprocessed to minimize the opportunity for biofilm formation.

Blood and other body fluids also tend to be high in chloride content, which is extremely corrosive to stainless steel; considerably more so when allowed to dry and concentrate on the surface of the device. Instrument sets that are sent to the decontamination area in complete disarray or piled up on top of each other can be much more easily damaged, and may be subject to processing delays (they will need to be sorted out before assembly) and to misplaced instruments. Although point-of-use care is explicitly recommended by professional organizations such as AORN and AAMI, many OR staff erroneously feel that they shouldn’t have to keep the instruments clean and organized, because that is “CSSD’s job”. From the CSSD perspective on this issue, staff feel that instruments sent down disorganized, caked with dried-on blood or other debris, or piled on top of one another show complete disregard for their department, for the facilitation of efficient workflow and for the stewardship of the instrumentation.

Surgical procedure/case cart picking
OR staff often find themselves frustrated when items are picked incorrectly for procedures, or when variances in a procedure are not accounted for in the instrumentation and/or the supplies picked. They often cannot understand how such a simple task, in their estimation, could be mishandled so often. The problem lies in the fact that most CS Technicians have minimal, if any, training in surgical procedures and techniques. They rely on very specific types of data to pick the appropriate supplies (item numbers, storage shelf/bin locations, etc.). CS Technicians often do not enter the OR suite, due to comfort level or to policies limiting traffic in the suites, on a regular basis and do not see the end results of any errors they make. When the data included in the preference card or pick list is incorrect, they often erroneously believe they may (or even should) absolve themselves of any responsibility of correcting these types of errors because it is “OR’s job”.

Potential benefits of collaboration
When the OR staff truly become aware of the real risks they take when caring for instruments improperly, they often become much more willing to increase efforts to assist in the point-of-use handling of these devices. This will directly improve the lifespan of the instruments, reduce the processing cycle time, and increase the likelihood that the CSSD will be able to effectively and reliably clean and decontaminate the instruments. It is logical to assume that this also will greatly increase the probability that the devices will be returned to the OR sterile and safe for their intended use.

When CS Technicians attain a better understanding of the root goals of the invasive procedures performed in the OR, what happens during these surgical procedures, and how the instruments delivered for these procedures are actually used, they are considerably more able, and therefore more likely, to use critical thinking skills to make good decisions when reprocessing the devices or when there are variances to a procedure, catching errors or omissions on preference cards/pick lists and communicating them to the appropriate personnel, and prioritizing the workflow.

Additionally, many facilities have also found that OR and CSSD collaboration is key to the successful development and enforcement of a Loaner Instrument policy. Both teams can then be consistent when communicating the policy to vendors.

Making it a reality
If meaningful collaboration is ever to be achieved and maintained, there first needs to be a commitment from OR and CSSD management to make real, sustainable collaboration a priority. The two leadership teams need to reach a consensus regarding goals for the relationship, create action plans both for achieving and for maintaining the desired collaboration, make agreements for expectations and accountabilities moving forward, and define how success will be measured. Without strong leadership driving a collaboration initiative, staff will often fall back into old practices and misconceptions.

Walk a mile in their shoes
One tool for increasing understanding and building the foundation for long-term collaboration is to have OR and CSSD staff spend time in each other’s departments. A simple way to accomplish this in a structured manner can be to build in a rotation into staff orientation plans:

- CS Techs would be assigned to observe OR procedures to directly view the impact of case cart picking and instrument assembly on case workflow, learn how instruments are used in surgery, and achieve a better overall understanding of OR procedures.
- OR staff would, in turn, be rotated through the CSSD to observe the impact point-of-use instrument care plays in processing workflow, learn some of the techniques used in modern sterile processing, and gain a better understanding of the myriad tasks CS Techs perform for all areas of the healthcare facility.

Get to know one another
A crucial component in building collaboration is the personalizing of the relationship between the departments. When either department’s staff get to know members of the other team individually, they are much less likely to make negative generalizations about the other’s abilities or their intentions. No longer is the person on the other end of the phone a nameless, faceless nobody who probably doesn’t care about their needs and concerns. If someone they know personally, who will be much more likely to achieve respect (or possibly disdain) based on the merits of their own actions, rather than because of some preconceived notion or stereotype.

To foster stronger relationships between the departments, management should ensure that both teams are included in staff meetings, in-services and certainly all celebrations or functions. The more time they spend together, and the more directly involved the two teams are, the more likely they will be to communicate openly and deal with issues collaboratively.

Develop collaborative policies and practices
Management should actively seek involvement from both OR and CSSD staff in development of collaboration strategies and process improvement teams. Each department also should provide input into decisions that may impact both, such as:

- Policy or procedure changes regarding the processing of instruments, case cart picking, instrument repair, loaner instrumentation, or immediate-use steam sterilization. These areas usually have profound impact on the workflow of both the OR and the CSSD.
- Introduction of new devices/instruments/packaging materials. CSSD should be consulted prior to final purchasing decisions to ensure that the items can be safely and
6. Management does not need to be fully committed to collaboration for it to be successful.  
A. True  B. False

7. Ways to foster stronger relationships between OR and CSSD staff could include:  
A. Inviting the other department to celebrations or social functions.  
B. Inviting the other department to attend staff meetings or in-services.  
C. Excluding the other department from staff meetings or in-services, as the subject likely doesn’t pertain to them.  
D. Both A and B.  
E. All of the above.

8. Should CSSD staff be consulted when the OR creates a new immediate-use steam sterilization policy?  
A. Yes  B. No

9. Should the OR staff be consulted when the CSSD requests for scoring  
I have enclosed the scoring fee of $10. (Payable to KSR Publishing, Inc. We regret that no refunds can be given. Multiple submissions may submitted together and paid with a single check – $10/each.)

10. After use, prompt device cleaning and reprocessing is recommended to minimize the chance for biofilm formation.  
A. True  B. False

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Joseph F. LeBouef, RST, CST, CRCST has over 20 years of experience in the Surgery and Sterile Processing fields. Having served as a Certified Surgical Technologist and a Sterile Processing Manager, LeBouef is currently an Educator of both Surgical Technology and of Sterile Processing. He is also the President of the IAHCSMM Cascade Chapter, an IAHCSMM-approved Instructor, and Chapter, an IAHCSMM-approved Instructor, a member of AAMI workgroups STW40 and STW61 and a member of the IAHCSMM Orthopedic Council.

Joseph LeBouef is also a consultant for 3M Health Care.

References
Visit the HPNonline Self-Study archives at www.hpnonline.com/ce/ce.html

Here’s a sample of what you will find:

2011
Class 6 sterility assurance technologies
Sterility - You couldn’t see it then; you can’t see it now
Achieving LEAN sterile processing
Clean or Not? A lesson on how to evaluate the efficacy of cleaning protocols.
A laparoscopic surgery primer for SPD professionals
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The importance of IFU for sterile processing quality management
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Ultrasonic cleaning in the healthcare setting

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What’s new in the 2nd edition of ANSI/AAMI ST79?
Practical SPD equipment maintenance
Considerations for use of rigid sterilization containers
Verifying cleaning processes: the role of washer indicators
Risky business: Risk analysis in CSSD
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Flash Sterilization: Exposing best practices in 2010
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Class 6 emulating indicators: Use failure to your advantage
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What, how and why: Connected equipment for instrument reprocessing