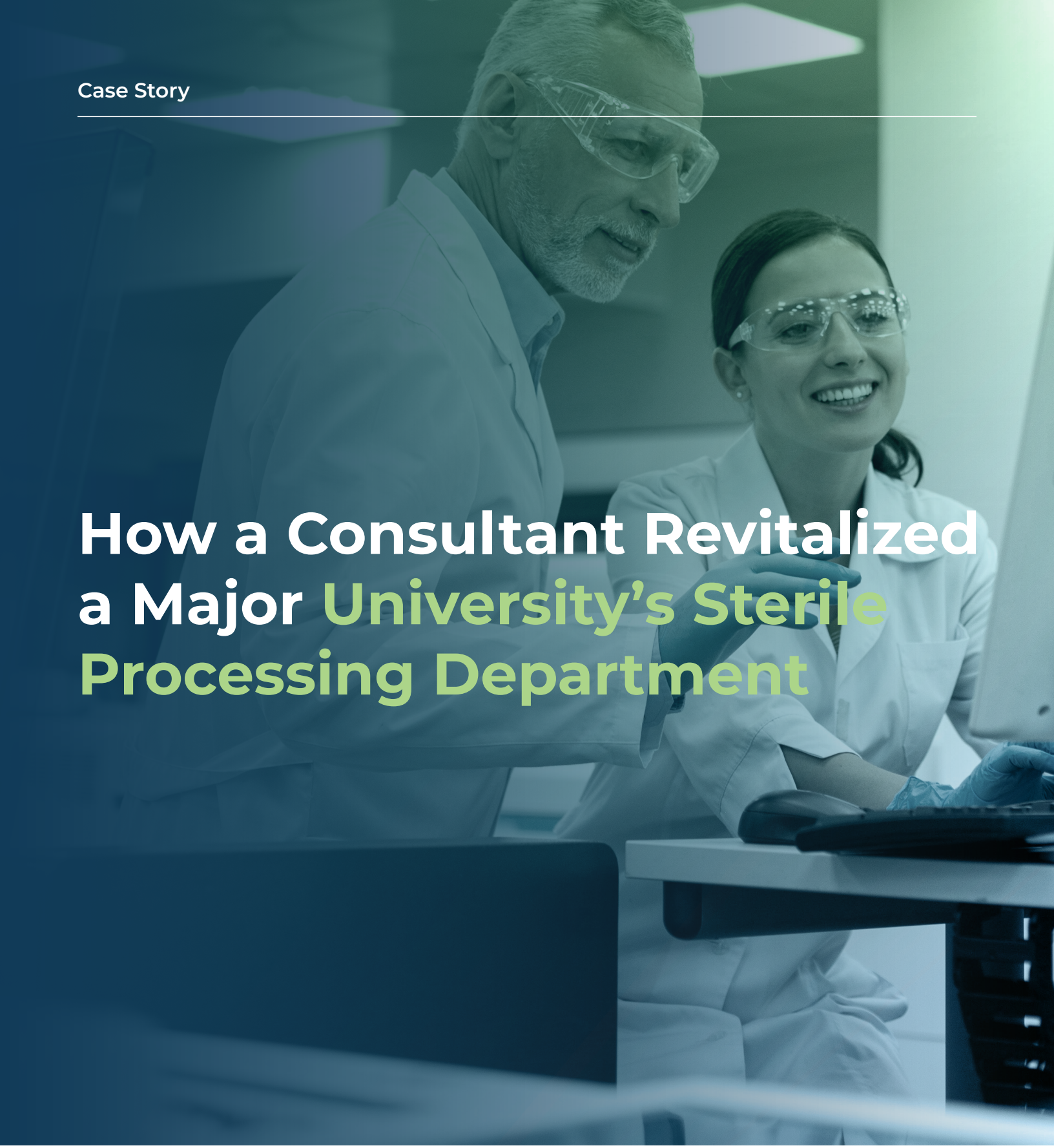
Case Story



How a Consultant Revitalized a Major University's Sterile Processing Department

Sullivan
Healthcare Consulting

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A major state university medical center's sterile processing department (SPD) serving over 50 ORs was in turmoil. With trays consistently unsterile when needed, general instrumentation costs through the roof, and communication between departments adversarial at best, the administration turned to Sullivan Healthcare Consulting to uncover the causes of their challenges and to get the department growing in sync with the rest of perioperative services. Sullivan has decades of experience in perioperative services, including optimizing sterile processing. Sullivan's consultant, Matthew Box, MMHC, CRCST, CHMMC, stepped into the department and began building consensus and leading change.

A thorough assessment of the department's clinical, operational and financial performance revealed opportunities for improvement in:

- Staffing, recruitment and retention
- OR/SPD communication and collaboration
- Resource (instrument) planning and utilization management

By adopting a customer-service mindset, optimizing their instrument tracking system, and using the data to guide decisions, friction between SPD and surgical coordinators began to melt away.

As a result of these initiatives, the department could get much more detailed insights into their real purchasing needs and has saved over $260,000 on general instrumentation costs alone and has seen a dramatic improvement in SPD efficiency and quality.

Problem: The Price of Disorganization

After restructuring, the hospital sought to improve the leadership and performance of its SPD. The department home to over 100 full time equivalents, three sterile processing sites, and two endoscope reprocessing sites was facing several critical challenges:

- The hospital was spending over $40,000 a month on general instrumentation.
- Budgeting was next to impossible because historical data on instrumentation usage and needs was inconsistent and inaccurate.
- 50% of trays prepared and sent to the OR were being returned each day.
- High instrument turnover, with the SPD having roughly 100 instrument sets that weren't ready for use in the OR daily.

Poor organization in SPD, with instrument sets piling up on the down cart. The hospital needed to kno what instruments it had on hand or needed to purchase.

In addition to the significant budgetary concern, some surgeons and coordinators perceived SPD as a barrier to operations running smoothly which shut down communication and fractured interdepartmental relationships.

Finally, the central SPD was short on staff by nearly 30 full time equivalents (FTEs). Those roles were being handled by traveling sterile processing technicians at a significant cost to the organization in more than one way. First, traveling technicians, like most traveling healthcare roles, are vastly more expensive than full-time staff. Secondly, travelers were at best 80% as efficient as the organization's full-time SPD techs. Overall, the department struggled to retain staff long term, as there was no clear leadership or career progression for the staff running the SPD.

After a thorough assessment of the department's strengths and weaknesses, Box established goals to get the sterile processing department functioning efficiently and to improve general instrumentation management and instrument purchasing practices. And he knew he could not do it alone.

Solution: Building on Improved Communication

Box recognized that a redesign of communication and leadership was vital to stakeholder alignment and departmental success. Previously, the ORs and surgical coordinators rarely spoke to SPD staff face-to-face. Communication had been limited to urgent and sometimes terse phone calls when the surgical coordinators needed something fast. As a result, the relationships were strained.

Box began by establishing a strong partnership with the incumbent SPD manager to create open lines of effective communication and establish a leadership presence where there had been no prior dedicated leadership. Working together they began attending the morning huddles to open the doors for interdepartmental communication and report on turnover needs for the day.

> **"In the beginning, things didn't go so well. The enmity of the surgical coordinator's group mindset was impenetrable, and they weren't progressing," Box recalls. "I remembered the old adage, 'You don't manage a committee; you manage the people on the committee.'"**

So, Box and the SPD manager began setting individual meetings with surgical coordinators whenever they weren't in surgery. With gentle and persistent effort, eventually, more and more of the coordinators started meeting with Box and the SPD manager to address their instrumentation needs and concerns face-to-face. These conversations, rooted in professionalism and civility, allowed the surgical coordinators and SPD manager to discuss real problems and realistic solutions. This one-to-one communication and relationship building campaign paid off.

By shifting their communication style, Box and the SPD manager became partners rather than adversaries with the surgical coordinators. "When you're talking face to face, it's much harder to be aggressive, so the communications started improving," Box said. Ultimately, this helped them lay the groundwork for more substantial improvements to sterile processing operations.

In addition to daily OR huddles, Box also had the SPD commit to forecasting (or 'crystal ball') meetings to better prepare for the next few days' upcoming case schedule. This allowed SPD to drill down further into instrumentation needs, plus it helped them identify what instrumentation conflicts could arise and where loaner trays were located.

The shift in communication was vital for getting operations back to a good place. While the disorganization of the SPD was a significant contributor to the problems the department faced, there was insufficient case planning on the surgical side as well. Because surgeons were not identifying the instruments and systems they needed prior to case times, the central SPD was required to provide everything that could possibly have been needed. As a result, 50% of all trays were returned each day, increasing the burden on the central SPD.

Optimizing and Leveraging Instrument Tracking Equipment

With unsterile instrument sets and trays scattered throughout the SPD, the team needed a better understanding regarding what instrument inventory they had and what its functional status was.

To address this challenge and its high costs in terms of efficiency and patient care, Box had the SPD start running daily scans of every cart and organizing the data in CensiTrac. While the hospital had used CensiTrac in the past, it hadn't been leveraged to its full potential, and they were paying $40,000 a month for new instrument purchases. The up-to-the-day inventory data empowered purchasing teams to make data-driven, informed decisions to prioritize new instrument purchases.

Empowered with this data, Box tasked an SPD and OR professional council with defining expectations for case cart assembly and processes for using loaner instruments and trays. SPD and OR stakeholders now had a shared understanding of where each instrument set or tray was located, even if it wasn't currently available for use. The data clarified the number of available and ready trays, the number of trays in the down cart, and the trays waiting for an instrument to arrive.

These optimizations boosted the organization's bottom line by reeling in its purchasing and now Box, the SPD manager, and the OR could utilize the data on returned trays to optimize surgeons' preference lists to increase efficiency further and reduce case time.

Implementing Administrative Guidelines

Before Sullivan's consultant arrived, general instrumentation orders were being made every week and costs were out of control. To address the problem, Box implemented purchasing guidelines at the administration level to ensure data-driven purchasing decisions . If the requested weekly spend was too high, Box would send it back. Once the weekly purchases were in line with demand, Box helped the hospital reduce their purchasing frequency from weekly to bi-weekly or monthly. The added structure at the administrative level was a game changer for the budget while maintaining flexibility at the surgical coordinator's level.

Before Sullivan's consultant was brought in, the department didn't know what to request for their budget due to inaccurate historical data. With workflow enhancements and instrument tracking, the department can make accurate predictions for future purchasing needs. This will ultimately result in even more savings for the organization's bottom line.

Supporting the Career Progression of SPD Technicians

To begin to address the staffing challenges the sterile processing department was facing, Box also made staff development recommendations. While plans and strategies increasing efficiency are important, they can only be carried out when an organization is staffed appropriately.

Box recommended that the central SPD and its leadership develop a formal career ladder for sterile processing technicians. This would require varying degrees of skills, experience, and certifications at each level, giving technicians concrete goals they can work toward, enhancing their professional fulfillment and capability.

These technicians would be able to take on greater responsibility as the upskill, eventually acting as liaisons to surgeons or leading more complex functional areas of the SPD.

Developing a Customer-Service Mindset

In the beginning, surgical coordinators would call down to SPD with urgent requests for the instrumentation they needed. Then, SPD would walk a tray up three floors and leave it in a cart from which the coordinator or a scrub tech would retrieve it. This communication-free hand-off approach was inefficient and often led to more delays, communication errors, and frustration — especially if the tray received wasn't what was needed.

To improve the flow of instruments from SPD to surgery and to reduce OR turnover time, Box created a liaison position within SPD whose role is to serve the needs of the coordinators in surgery.

In this new approach SPD recognizes the OR as its customer, the first reason for their work, not a distraction from their work. The liaison takes the requested tray directly to the OR, takes time to confirm that the tray has what they need, and checks for anything else the OR needs.

> **"This subtle shift in approach, the increased face-to-face communication between the two groups has improved the interdepartmental relationship significantly. The customer-service mind set we initiated has reduced friction, and saved time in the event of incorrect tooling," reports Box.**

Results

After months of working with the SPD leader to improve communication, organize the department's workflow, control spending, and track instruments, impressive results emerged.

- **Monthly instrumentation costs dropped 75%.** From a baseline of over $40,000 a month, the cost of general instrumentation dropped to $18,000, then $16,000, and finally to less than $10,000 monthly. This led to an annualized savings of over $260,000 for general instrumentation alone.
- **IUSS (flash sterilization) rates dropped from over 5% to below 0.5%.** Thanks to the implementation of efficient workflows and instrument tracking, flash sterilization rates dropped significantly, keeping patients safer and reducing the likelihood of readmissions, infections, or other surgical complications.
- **The percentage of trays with missing or incorrect instrumentation fell from 6.6% to 1.5%,** reducing operation times and lifting the SPD's turnover burden.

Takeaways

The challenges were clear when Sullivan's consultant arrived in the sterile processing department. However, their results couldn't stand the test of time without addressing the adversarial relationships and poor communication between departments. By leveraging his perspective as an outsider, Box could identify the root problems the department was facing. That knowledge, combined with his understanding of the SPD as a part of the broader organization, was paramount for getting the department's outcomes and budget back on track.

Having a consultant who knows what to do isn't enough. They need to know how to win the support and trust of the teams they're working with. Only then can they truly get the job done.

> **"You can give an organization the best advice in the world, but it's going to be hard to earn buy-in if you approach them as a boss rather than a part of their team," Box said. "Your solutions need to be reasonable, sensible, and achievable in their eyes."**

Having successfully done that, the organization's bottom line saw remarkable results. Sullivan's consultant masterfully ingratiated himself with the various stakeholders in this hospital and helped the existing SPD leader develop the executive presence and leadership skills needed to continue that work long-term.

For sustainable solutions to your organization's challenges, turn to Sullivan Healthcare Consulting. With decades of experience at the leading edge of perioperative care, Sullivan's team of consultants helps organizations manage to higher margins by optimizing their surgical services.

To get in touch with a consultant, call Sullivan Healthcare Consulting today.

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