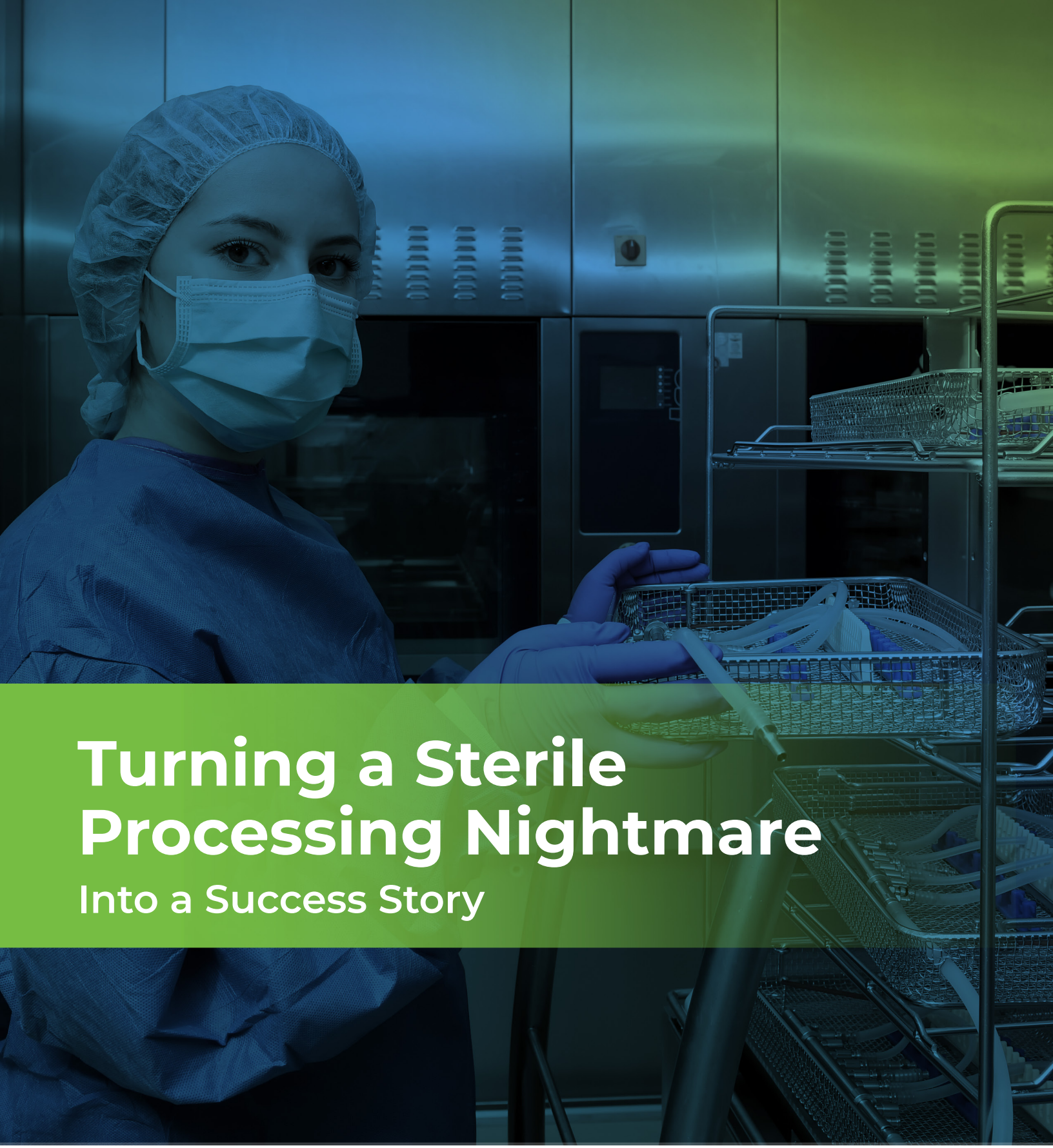

Turning a Sterile Processing Nightmare

Into a Success Story

Sullivan
Healthcare Consulting

The signs were clear: the Sterile Processing Department in this busy community hospital had been neglected too long. Perioperative departments are an ecosystem, and when one part doesn't receive the attention it needs, it quickly impacts outcomes elsewhere.

The issues were causing delays and cancellations, which enormously impacted the hospital. Each minute the OR had to delay a case due to SPD challenges cost the hospital a minimum of $62, but that price tag significantly understates the actual financial impact of delays. When staff time, reputation risk, and regulatory, safety, and legal risks are accounted for, the cost of delays is likely to be dramatically higher.

That's what the Sullivan Healthcare Consulting Team found when this busy community hospital's Chief Operating Officer called for advice. The Sullivan Team quickly ascertained that this SPD and perioperative department desperately needed:

- ✓ Leadership
- ✓ Optimized staff scheduling
- ✓ Improved workflows to address inefficient instrument throughput

Sullivan's Senior SPD Consultant, who brought over three decades of experience as a sterile processing executive, immediately understood the precise need to improve processes, workflows, quality, and nearly every facet of the sterile processing department.

"Our patients are our community," Sullivan's Senior SPD Consultant explained. "They're trusting us to save their lives or to fix something." Yet, when she arrived in the SPD, its backlog of instruments, inconsistent adherence to instrument manufacturers' instructions for use, and delays put patients at risk.

> **"We're the patient's voice when they don't have one."**
> – Sullivan's Senior SPD Consultant

Let's take a closer look at the challenges facing this sterile processing department.

Instrumentation Challenges

The department's most evident challenge was its backlog of hundreds of instruments. Unsterilized instruments were haphazardly stacked on shelves, haunting a team that was constantly behind due to inefficient processes.

To complicate matters in terms of instrumentation, the SPD lacked a tracking system, so no instrument that entered or left the SPD had a clear chain of custody. This ultimately led to outdated instruments, many dating back to the early 2000s.

The problems with the instruments' age multiplied when they broke—a common occurrence—because replacement parts had long since been discontinued and weren't available for reorder.

Finally, washers would break down for days at a time, dramatically reducing the department's capacity for sterilization and forcing the staff to resort to hand-washing instruments when necessary.

Major Staffing Challenges

The SPD's staffing was fraught with inefficiency, yet the gravity of the situation wasn't fully appreciated due to the department's leadership vacancy. The sterile processing department had been without a director of sterile processing for over two years. The quality of work done by technicians had decayed in that time, compounding quality issues because many sterile processing technicians were trained incorrectly to start. When Sullivan's Senior SPD Consultant arrived, technicians were simply checking boxes rather than understanding the how or why behind processes—processes that ultimately save patients' lives.

SPD THOUGHT EXPERIMENT

If your patients saw your SPD, would their confidence increase or decrease? If you have any inclination that they'd lose confidence after seeing it, it's a good sign to revisit your SPD processes.

Additionally, shifts were not optimized based on instrument throughput needs. Sullivan's Senior SPD Consultant found an SPD full of technicians at 7:00 AM when they weren't busy, yet they were short-staffed later in the day when output needed to accelerate. Plus, the SPD's broken on-call system lacked accountability and didn't reflect the urgency and life-or-death stakes of sterile processing.

Ultimately, the SPD's leadership vacancy fostered a culture lacking accountability. Without leadership to take charge, standards fell rapidly, putting patients at risk.

A Lack of Historic Quality and Performance Measurement

Finally, there was very little measurement taking place in the OR. Sullivan's Senior SPD Consultant found a major lack of key performance indicators (KPIs) used and very little to measure against. This compounded the SPD's lack of accountability, as with no measurement came nothing to report.

Transformative Solutions in Sterile Processing

Sullivan's Senior SPD Consultant recognized the SPD's dire state and immediately got to work, focusing on fundamentals like establishing leadership, addressing major staffing problems to alleviate instrumentation issues, and establishing quality standards to keep the team productive and accountable.

Improved Instrument Throughput

It was clear that significant changes were needed to improve the SPD's instrumentation problems. Sullivan's Senior SPD Consultant created significant changes to the SPD's workflow, including scanning to sink, reducing rewashes by aligning instrument processing to the manufacturers' IFUs, and establishing expectations for instrument processing times.

COULD YOUR SPD'S WORKFLOWS BE MORE EFFICIENT?

Here's a good heuristic for figuring that out: plot a technician's movements through the SPD over the course of an hour.

What does it look like?

If your team's movement paths are more like a plate of spaghetti than a runway, your workflows probably have room for improvement.

Remember, improvement doesn't always happen overnight. However, by focusing on Lean principles and continuous improvement, you can make enormous progress quickly.

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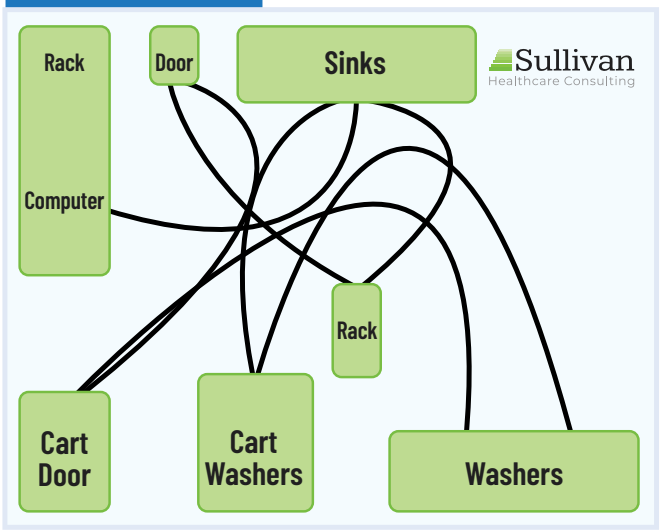

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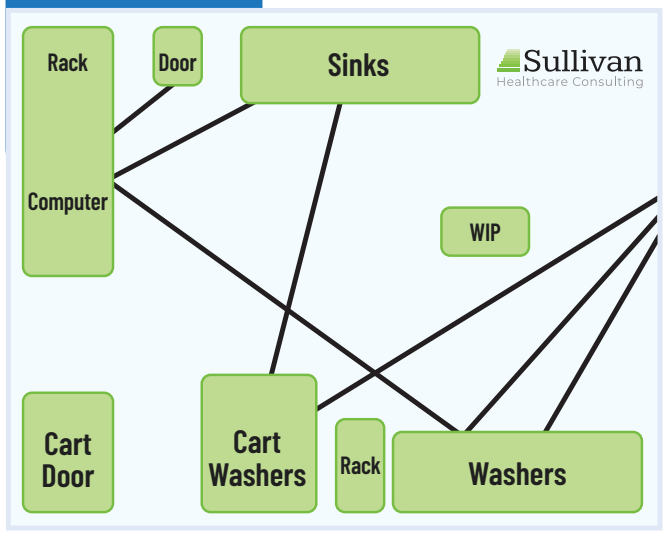

Fixing Chronic Staffing Challenges Through Data-Driven Change and Hands-On Leadership

Sullivan's Senior SPD Consultant's work to address staffing challenges was twofold. It started with strategic, high-level fixes and was applied in practice through hands-on leadership.

Data Analysis and Gemba Observations

Sullivan's Senior SPD Consultant began her work addressing SPD staffing issues with detailed data analysis and Gemba observations. Each SPD area underwent time studies; first-case-on-time-starts were tracked, and staffing gap analyses were made. With that information, Sullivan's Senior SPD Consultant identified when the hospital lacked staff, where they needed to stagger shifts, and where shifts needed to be eliminated.

For example, the overload of staff in the morning wasn't contributing to efficiency in the SPD. So, staff were staggered to implement a 24/7 staffing grid and shift away from unreliable on-call and weekend work. This drove accountability and enabled the SPD to have staff on hand at critical times.

Additionally, roles were made clear and specialized to improve the SPD's efficiency. Sullivan's Senior SPD Consultant designated floaters, sink technicians, washer technicians, pilots, tops, and assemblers to streamline workflows and create a more Lean SPD. Instead of having technicians zooming around the SPD from sinks to couplers to racks and washers, each person had a designated role and space.

This cultivated ownership over processes, improved outcomes, and injected a sense of calm into the previously chaotic SPD.

Inspiring Change by Walking the Walk

Sullivan's Senior SPD Consultant understood that leadership is the linchpin in any sterile processing department. It holds teams together, keeps them focused, and holds them accountable. When she entered the SPD, it had been two years since it last had a consistent leader. Sullivan's Senior SPD Consultant knew that it wasn't enough to diagnose and instruct, and that created the crucial distinction between her approach and how other SPD consultants: She was constantly visible.

Sullivan's Senior SPD Consultant was constantly present in an SPD defined by chaos and stagnation. She was not only visible, but engaged. Sullivan's Senior SPD Consultant didn't just give orders and wait for them to be executed from an office; she worked alongside the technicians daily in the SPD. When she wasn't in the SPD, she rounded in ORs, met with surgeons, and checked in with executive leadership.

> **"Turnaround is never me driven, it has to be we driven. That's why I place such a high value on maintaining visibility."**
>
> – Sullivan's Senior SPD Consultant

This hands-on approach to leadership led to immediate improvements and quickly earned buy-in from all stakeholders. This enabled Sullivan's Senior SPD Consultant to make broader changes while retaining the complete trust and support of the hospital's executives, surgeons, and sterile processing department.

> **"Sullivan's Senior SPD Consultant was able to manage change with our team without losing their engagement. They challenged [our staff] but set a vision that opened their view to see the critical nature of their roles in patient care."**
>
> – Chief Operating Officer of the Client Hospital

Key Sterile Processing Leadership Takeaways

Be visible:

When patients are under anesthesia, they have no voice, so the sterile processing department must be their voice. This demands initiative and accountability, and nothing fosters that in a team like a visible leader who walks the walk and leads by example. While teams need to develop independence and not rely on their leaders, periods of rapid turnaround can benefit from a greater leadership presence.

Time the processes, not the people:

When an SPD has issues, its techs may simply be doing what they were taught by prior leadership. By placing the blame directly on technicians, you make progress in terms of efficiency at the expense of progress in terms of morale, buy-in, and team cohesion—which can cost you down the line. But those two types of progress don't need to be mutually exclusive. By focusing on the process and teaching staff to improve and perfect it, you can progress with KPIs like instrument throughput and intangible measures like team morale.

An SPD's outcomes can only be as good as its leaders:

Anybody can push a button, and anybody can wash an instrument, but unless they can explain the why or the how, quality will decay over time, putting patients at risk. Great leaders improve processes and educate professionals. Weak leaders and leadership vacancies can't.

Enhancing Accountability and Outcomes With Quality Audits

Identifying the core problems is a significant challenge when any perioperative department struggles. As we established earlier, perioperative departments are ecosystems where any challenge will impact downstream. In this instance, Sullivan's Senior SPD Consultant implemented a quality audit program to measure as much as possible to identify root problems in the SPD.

Every metric—defects, rewashes, tray errors, time spent on each tray and instrument, and the total number of trays and instruments processed—was tracked and measured. With that data, Sullivan's Senior SPD Consultant was able to identify core issues and implement solutions. For example, by tracking the number of rewashes, she could identify problems in the decontamination process and introduce new processes to reduce errors there.

Outcomes

In less than a year, Sullivan's Senior SPD Consultant took a horror show SPD and turned it into a case study.

Highlights from their work include:

- **Tray Defects:** Reduced tray defects by 88% (from 36 in March of 2024 to four in September of 2024)
- **Tray Throughput:** Increased tray throughput by 109% (from 3.2 trays per hour to an average of 6.7 trays per hour) and zeroed out shelves every day
- **Quality Audits:** Achieved 100% accuracy in matching trays with a catch rate of 38 defects within 90 days
- **Rewashes:** Reduced rewashes by 97%
- **Traveler dependence:** Travelers were reduced by 75%

Sterile processing is always a work in progress, and leaders can't afford to rest on their laurels. As Sullivan's Senior SPD Consultant put it, "Sustaining your SPD is like working out. Once you skip a single day, what's stopping you from never going back? We can't get comfortable because that comfort leads us back to chaos."

While comfort may be a danger, being less stressed isn't going to hurt your SPD. Does your SPD make you anxious? It doesn't have to.

Take the first steps toward a better sterile processing department

▶ Contact Sullivan Healthcare Consulting today to schedule a free 30-minute consultation with Bill Bailey, Sullivan's Vice President, Senior Supply Chain & Sterile Processing Consultant.