



Eliminating Contract Labor: Creating a Pipeline of Sterile Processing Technicians to Improve Operating Room Quality

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Abstract

The Covid-19 Pandemic has attributed to what some labor industry experts are referring to as the “Great Resignation.” The healthcare industry has long experienced shortages of medical doctors, nurses, and allied health professions prior to the pandemic. Many healthcare leaders feel the day to day anxiety because of employees jumping ship for higher pay, better benefits, and improved environments. Hospitals typically invest in nurse externships, residency programs, and specialized clinical programs such as the Association of peri-Operative Nurses Peri-op 101 training; geared towards creating a pipeline of operating room nurses. Inspired by the successful gains of the nurse residency programs at Emory Healthcare located in Atlanta, Georgia. The Perioperative Enterprise team decided to create a sterile processing trainee program.

Problem

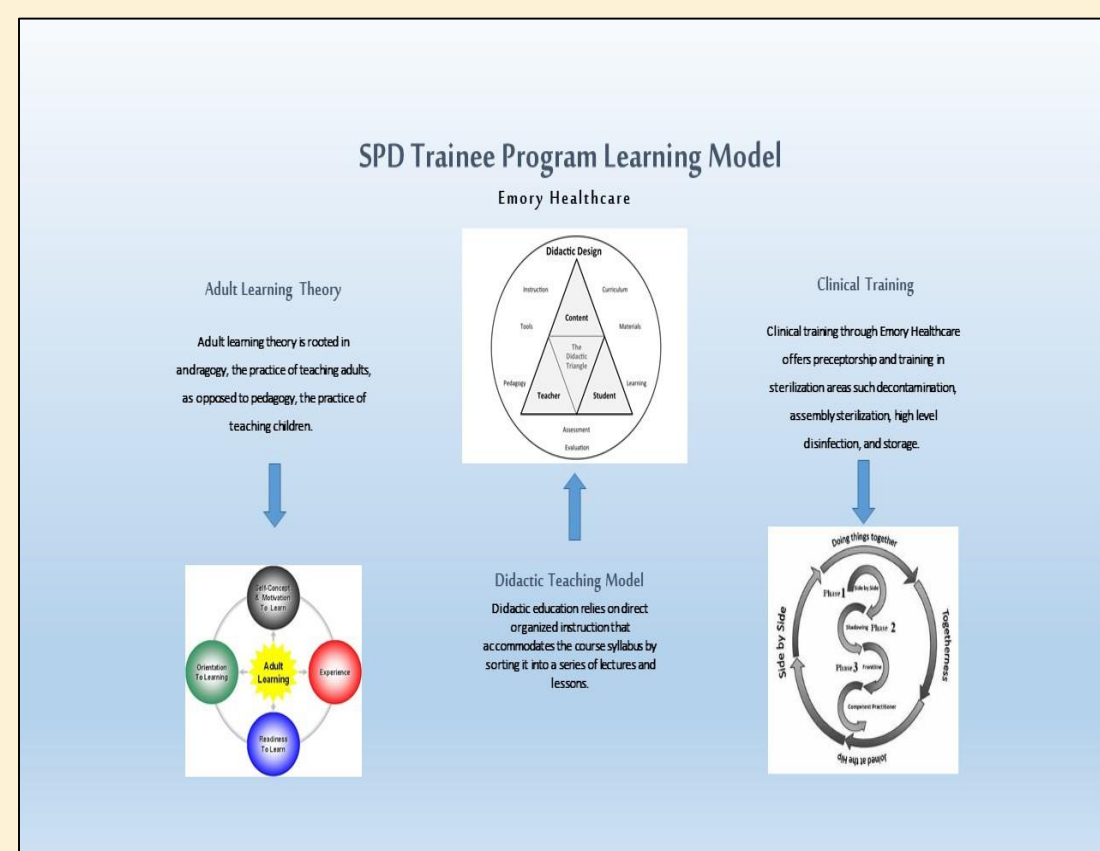
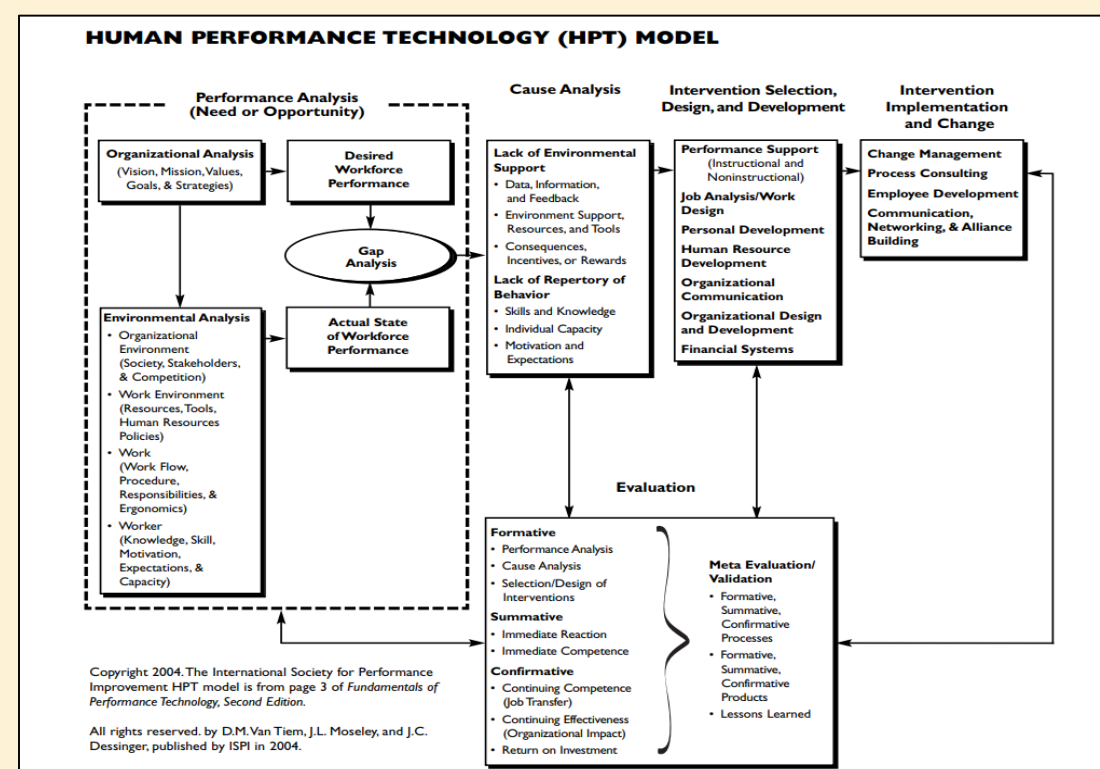
Inadequately sterilized medical devices can contribute to surgical site infections, hospital readmissions, and extended length or stay in the hospital. Due to the limited pool of competent sterile processing technicians many operating unit sterile processing managers have been left no choice but to accept the assistance available from contract labor. Several of the healthcare organization have experienced increases in patient safety and quality events related to contracted sterile technicians.

Aims

The purpose of this research is to address the shortage of sterile processing technicians and understand the significance of certified sterile processing technicians in relationship to operating room performance.

Methodology

The methodology included human performance technology, adult learning theory, didactic and clinical training models, quantitative analysis, and qualitative analysis.



Discussion

The executive leadership at Emory Healthcare recognized that sterile processing technicians are the heartbeat of perioperative services; without clean and sterile instruments no surgeries can take place. Sterile processing professional have long been considered a silent partner in healthcare; however, their expertise and quality contribute to patient outcomes. Sterile processing technicians play a critical role in the delivery of quality patient care supporting the operating rooms, emergency room, labor delivery, ancillary clinics, and inpatient units with a healthcare organization. Each year hospitals are responsible for sterilizing millions of instruments and medical devices that are used in surgery and outpatient clinics. Medical devices and instruments pose a great risk to patient safety through surgical site infections and possible death. According to the Center for Disease Control approximately 1 in 25 patients are diagnosed with healthcare acquired infection (CDC, 2016). During the Covid-19 Pandemic there was an increase of contract labor and sterile processing quality declined. The HPT model was used to identify organizational challenges and gaps. Many of these errors were due to lack of training and linked to contract labor. As a result, system perioperative leaders used adult learning theory, didactic and clinical training models to design a sterile processing trainee program aligned with the Healthcare Sterile Processing Association curriculum. The program was advertised internally and externally resulting in over 200 applicants per cohort.

Results

The Emory Healthcare Sterile Processing Training program provided a 12 to 15 week didactic and clinical experience for all trainees. The program focused on all aspects of sterile processing to include: decontamination, instrument assembly, sterilization, and sterile storage utilizing the Healthcare Sterile Processing Association curriculum. The program was designed to utilize internal resources to include: Enterprise Manager, SPD Training & Education, campus classrooms, and sterile processing departments for clinical practice. The program has been facilitated three times within the last 12 months for a total of 42 sterile processing trainees recruited; 39 have successfully completed the program. At the end of each cohort trainees were advised and scheduled to sit for the international sterile processing examination. Currently, 30 SPD Trainees have successfully passed the Certified Registered Central Sterile Technician certification through the Healthcare Sterile Processing Association (HSPA). During the last 12 months the health system has eliminated immediate use steam sterilization through partnering with surgeons, reduced backlogs by 66.78%, and bioburden to less than 1%. The retention rate for the program has resulted at 62% reducing contract labor by 27%. There are number of reasons cited for resignation to include: salary, career uncertainty, interpersonal skills, and relocation.

Conclusions

The future of Perioperative Services will depend on competent sterile processing leadership and technicians. Perioperative leaders must be active and engaged in the process of ongoing education training and development for sterile processing technicians. Workforce strategies designed for sterile processing technicians can be used to recruit, train, and improve the performance of the sterile processing department and operating rooms. Training, certification, and career ladders for sterile processing can lead to greater retention, improve communication between the operating room and sterile processing, and improve quality indicators and physician satisfaction.

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