



“Bridging the Gap Between OR and CS” by Diane M. Fink, RN

Objectives

1. Understand sources of tension between OR & CS
2. Understand how to build trust between OR & CS
3. Describe factors that

influence customers perception of CS.

Central Service, Sterile Processing, Central Supply or whatever name your department may be known has been around for over sixty years to provide service to all areas of the hospital. Prior to the institution of Central Service, cleaning, disinfection and sterilization of equipment and instruments was done primarily on the nursing unit or in the department where the items were used. With this system it was difficult to maintain the same standard and quality of service.

In the 1940's W.B. Underwood and John J. Perkins worked with the hospitals to establish a department that could provide all the services, which would be efficient and consistent for providing clean and sterile supplies, and equipment that would enhance patient safety. Significant ongoing changes have been taking place in the Central Service Department since its formation. Changes in the processes and regulations are constantly impacting the service given.

With the establishment of Central Service, a majority of the Operating Rooms continued to process their own instruments. In the early 1990's OSHA established the guidelines for Blood Borne Pathogens, which made it necessary for all hospitals to look at their processing procedure. Even though some hospitals had appropriate processing within their area, a large number of hospitals surgical suites did not have the appropriate equipment required for processing large amount of instruments. Central Service became the primary department where OR soiled instruments and equipment was received, cleaned, decontaminated, inspected, packaged, sterilized and dispensed. Thus, Central Service became an integral part of the surgical team. OR is usually is Central Service's biggest customer. Why then, is there so much dissension between the two departments?

It has been difficult for Operating Rooms to relinquish ownership of instrumentation to Central Service. Why?

The fear of “letting go” often makes the OR staff uncomfortable. Likely it is a feeling of “not being in control. Afraid that OR may be caught in a situation without having everything they might need right at their fingertips, just in case the surgeon may need it.” There is nothing wrong with OR being prepared and anticipating surgeon needs. It is expected. Preplanning and developing systems that work between the Operating Room and Central Service can help alleviate uncomfortable feelings. There are many “service duties and responsibilities” that can be performed by Central Service that would allow OR staff more time to focus on direct patient care.

How can Central Service and the Operating Room be equal partners in providing the patients with what they need to have a good surgical outcome? As a service department, Central Service Technicians are expected to give just that: SERVICE. How you give that “service” impacts your customers and their perception of you and the whole CS staff.

Each of us has one chance to make a first impression. A positive impression may make other frustrations easier to tolerate. What then can be done to ensure the Operating Room Staff that Central Service will provide for their surgical needs? How can Central Service gain the respect, trust and confidentiality of the Operating Room?

Communication between departments is essential. One way of instituting good communication is to develop specialty lead people in the Operating Room and Central Service. Lead people can pave the way for other staff members to learn and to be kept informed of changes. Operating Room and Central Service can work together to establish guidelines for developing and formulating standardization of instrument sets, pick lists, current instrument component cards and encouraging both departments to keep the line of communications open at all times. A more solid relationship will develop every time communication is enhanced.

The Operating Room, as well as other customers, are usually not knowledgeable in the processes required to clean, decontaminate, package and sterilize instruments. The customer's main objective is to “have what they need, when they need it.” No consideration is given to the procedures that must take place before the owner can get their items back.

As long as service is not interrupted departments perceive that everything is as it should be. Observation in each other's department helps all staff member develop a better understanding of each department's services and procedures.

Central Service staff can get a first hand look at how an incomplete or dirty instrument impacts the surgical setting. There is a delay in the surgical procedure while another instrument set is obtained. This delay is frustrating to the surgeon and the OR staff. The patient is paying for anesthesia time while instruments are being procured. Anesthetized patients are already at risk and any delay could impact the patient's well being.

The Operating Room staff can observe the decontamination process and see how closed instruments and mixed instrument sets delay the cleaning process. Failure of the Operating Room staff to follow reprocessing guidelines impacts the turn around time for instrument sets and causes unnecessary rework for Central Service.

Central Service and the Operating Room can establish a system where new OR and CS employees can observe in each other's department. Understanding the "whys and how's" can lead to a better respect for each other and the duties they perform daily. Problem issues that develop need to be addressed immediately. Failure to do so often leads to loss of credibility on both sides.

Often the OR staff are in crisis situations and are in need of certain items immediately. Their demeanor can often be misconstrued as negative or condescending. How then can you be a positive role model in this situation? Practice a pleasant method of response. Ask how can I help you? If the OR staff is not sure of the specific instrument set they need, offer suggestions. Central Service Technicians are the "experts" in instrument set assembly and more often know what is in the set. If unsure about a request, ask the OR staff to elaborate or give you more information. Use please and thank you in your responses. A positive attitude is everything. Treat others, as you would want to be treated in the same situation. Customer relations can deteriorate rapidly if you are not courteous. Responses such as "this is not my job", "I don't know", "call back later" are definitely not acceptable in the work environment as

these are precursors to making customers unhappy. An unhappy customer will share his negative story with others more than a positive story. Negative behavior is often perceived as uncaring or lackadaisical which can result in the loss of department credibility. A positive, can do attitude is the attitude that is needed in the work place.

Customers often complain when they are confused, overwhelmed, feel ignored, treated poorly, wait extended periods for items or when defending their self-esteem. To overcome this type of behavior, listen to your customer's needs. Be aware of your body language and your voice.

Understand the customers' point of view. Deal with problem. Tell the customer what you are going to do and follow through with it.

So much pressure is placed upon Central Service and the Operating Room staff to produce faster turnaround times for surgical cases: faster instrument reprocessing turnaround times, limited number of instrument sets due to budget constraints, less FTE's to do the work.

No matter how conscientious the Operating Room or Central Service staff may be, instruments will continue to be lost, sets misplaced, sets mislabeled or incomplete. Pointing fingers and accusations will not correct the problem but will make the relationship between these two departments more strained. Both departments need to understand that irregardless of which department may be at fault, it must be understood that most of the situations are unintentional occurrences and work processes need to be looked at to see how it could be prevented from reoccurring. Measures need to be established that will work toward minimizing or reducing errors.

Both departments are vital in providing the patients with whatever it is they need to have a good surgical outcome. The choice to help build the bridge between the two departments depends on each and every Central Service and Operating Room employee. The ultimate recipient of a



