PRESIDENT’S MESSAGE

SPD Olympics: Reach for the Gold!

Thank you all for such a great turnout at our annual meeting. As you return to your various hospitals, and positions I know you are pushing to maintain the Gold Standards that were shared. Hold the torch high and know that you make a difference.

Harriet Pratt has served as our secretary since 2001. You will remember her best as the lady at the registration table that checked your membership. She has had some health issues this year that have required her to slow down a bit and resign her position as Secretary. Harriet has done a wonderful job and will be missed.

In her place you will see Priscilla Worth from Carolina Medical Center. We are thankful she is willing to step in and see if this is something she wants to pursue. Thank you Priscilla!

We are excited about the upcoming year. You gave us several very good suggestions for meetings in the future. It is my pleasure to serve as your new President. I am available to you for suggestions and questions at judith.carey@caromonthealth.org.

Words to work by......
“Get it clean. Package it right. Claim it. Sterilize it properly. Transport and store it like it is going to be used on you.”

You Heard It Thru The Steamline,
Judith M Carey RN
NCAHCSP – President 2010

Thanks to Commitment for their continued support of our chapter. They are underwriting the cost of printing this newsletter.
Perhaps the one aspect of gardening that excites me the most is the aspect of color and its use in gardens and landscapes. This is a complex topic, but the basics are fairly simple. By knowing these, you can create various effects in your own garden.

To begin, do you know what color really is? This will vary depending on whether you are an artist, a photographer, an electronic graphic artist, or a printer. Suffice to say here, that in all but art, color deals with light--both absorbed and reflected--and is composed of three basic colors, plus black in the case of printers. Since garden design with color is most closely related to art, let's explore this view of color.

Most people are familiar with the artists' color wheel, with the six main colors of the spokes or pie slices of the circle. The three primary colors are red, yellow, and blue. Combine these, and you get the colors in between--the secondary colors. So red and yellow make orange, yellow and blue make green, and blue and red make purple.

Add black to these six basic colors and you have "shades" of a color. Add white to these six basic colors, and you have "tints" of a color, including the popular pastels. Then, of course, you can mix various combinations of the basic six to get all the other colors.

The effects these colors give in an "outdoor room" or garden space or bed are the same effects you can achieve indoors. The colors on "top" of the wheel--red, orange, and yellow--are the "warm" colors. The others--green, blue, and purple--are the "cool" colors. Warm colors are just that--they give a feeling of warmth, security, or to the extremes hot, passion, and excitement. Cool colors give the opposite effects--calm, serene, relaxing.

Most gardens should have no more than about 10 to 15 percent of really warm or hot colors for best design. You can use more warm-colored plants and flowers than this, just fewer in number than the cool colors. In other words, perhaps a group of three red flowers among a bigger group of 20 to 25 cool ones, or several different varieties of cooler colors. Keep in mind that the main color of gardens and landscapes is green, a cool color. Often, the effect of cool colors can come mainly from foliage and lawns and leaves of woody plants. These form the "background" of landscapes.

Add black to these six basic colors and you have "shades" of a color. Add white to these six basic colors, and you have "tints" of a color, including the popular pastels. Then, of course, you can mix various combinations of the basic six to get all the other colors.

Warm colors tend to "advance" or be closer than they really are, so use them to draw attention to parts of a garden or landscape, to make parts of gardens appear closer. Cool colors tend to "recede" or be farther away than they really are, so use them to make parts of the garden seem farther away, or be not too noticeable.

To make a garden bed look larger, put the warm colors in front and the cool colors in the back. Reverse this to make the bed seem more narrow--warm colors in back and cool colors in front.

White deserves special mention for its use in gardens. It is a good example of the difference of light and art color theory. If you put all the colors of light together, white is formed. Yet in art, combine all the main color pigments and what do you get? A muddy gray. White draws more attention than even the warm colors, so use it sparingly, use it to contrast with other colors, to separate colors from one another, or just by itself. Examples of the latter are white gardens and moon gardens--those that show up at night in moonlight or with low lighting. White--either flowers or white variegated foliage--is also good to use in shade to brighten up the area a bit.

Follow these basics when choosing flowers for your garden, and you're on your way to good design. As with any rules and principles, there are exceptions, and you can have attractive designs with striking effects such as a riot of mainly warm colors, as long as this is the effect you are trying to achieve! Consider, too, the color of the foliage and how it will look in your garden when shopping for perennials and some of the newer vegetable varieties.

By Dr. Leonard Perry, Extension Professor
University of Vermont
Committee Chairs for 2010-2011

Education  Finance
Lana Haecherl  Frank Sizemore

Membership  Editorial
Pricilla Worth  Pam Caudell

Public Relations  Recognition
Margie Morgan  Diane Fink

Nominations
Judith Carey

Any one in the chapter may ask to be on any of the committees. We would love to have you and your ideas. If you think you would like to help, just call the chairperson of the committee and I’m sure they can find something for you to do.

AWARDS AND THE WINNERS

Bill Dennis Merit Award—Paid registration fee and accommodations for this year’s annual meeting, and a plaque as well as membership for next year.

Ray Manning, Sr. Award—Paid registration fee and accommodations for this year’s annual meeting, and a plaque.

Joe Stanley Award—Registration fee for this year’s annual and a plaque.

AND THE WINNER’S ARE:

Frankie Barnes for the Joe Stanley Memorial Award.

Frankie supervises both the CS Distribution area and the Copy Center. When Frankie assumed her duties in CS, she had no prior training or experience in CS. She has learned very quickly. She developed a clinical ladder for the technicians as well as found sponsors to assist in financially support her teams’ endeavors to become certified. Her manager writes these words: “She will see a project thru and do it to the best of her abilities. ”She uses the AAMI book as a weapon to get things done correctly.

“WAY TO GO, FRANKIE!!!”

Our next winner is Shaquea White. She is the recipient of the Ray Manning, Sr Achievement award. She is currently an Instrument Technician 4 at Carolinas Medical Center. She developed flash trending for the OR, started regulatory rounds to be JCAHO prepared and developed an instrument repair program for the OR. Her manager states; “She is confident and able to work with many different departments within the facility including Infection Control, Risk Management, Safety, Materials Management and Quality. She is an excellent role model for her co-workers.”

“GREAT GOING, SHAQUEA!!!”

Lana Haecherl is this year’s winner of the Bill Dennis Merit Award. She is the manager of the CS Department at Carolinas Medical Center. Lana has become indispensable to the chapter by taking over the CE scoring and developing a faster way for the membership to receive their certificates. She has also been invaluable in helping out whenever and wherever needed. Her suggestions and ideas have proved to be stellar.

YOU’RE THE BEST, LANA!!!!
Jo Perkins Award

As many of you know Jo was a long time member of the chapter. She served as Treasurer for many years. Her continued work with the vendors and her ability to get their help on numerous occasions were but a few of her many talents. When Jo passed, the Officers and Board felt the vendors needed to have an award to show how much we appreciated their help. So the Jo Perkins Award was born. This particular award has been sponsored by Bailey and Bonnie Cobb since its’ inception. They are great supporters of our chapter and always attend the annual meeting. This year’s winner was KURT EMMRICH from InterMetro Industries. Without their continued support for many years, this chapter would not have gotten where we are now. Kurt and his group has continued to provide the Hospitality for the membership on Wednesday evening for many years. Kurt is the kind of person that will give you information about another company’s product although it is of no benefit to him. He always lends his support in whatever endeavor we try and do.

MANY THANKS, KURT EMMRICH

Let me tell you, Diane Fink was one surprised cookie when it was announced that USMS had wanted to develop a scholarship in Diane’s name, “In recognition of your fine leadership and extraordinary determination.” You could have knocked her off her chair with a feather. As most of you know, Diane had officially retired from NorthEast Medical the end of March. This was, of course, just after she had finished construction and moving into the new Central Sterile. If any of you thought she was going to rest or relax, not. Both her mother and mother-in-law are now in a nursing facility. She spends a lot of her time going to see them and making sure they don’t drive the nurses to ruin.

“YOU ARE THE BEST, DIANE FINK”

Now if you think Diane was surprised, you should have seen the look on Christiana Winchell’s face when the announcement came that she was the first to receive the Diane Fink Scholarship. Christina also received a plaque to hang on her wall so everyone can see it. She kept looking around to see if they didn’t mean someone else. It was really fantastic to see the look of surprise. The choice was based on the individual that displays the drive and determination to be the best in the Central Service Profession. Now if Christina doesn’t have determination, no one else does. For someone so small, she is a force to be reckoned with.

“CONGRATULATIONS, CHRISTINA”

Web site address: www.ncahcsp.org
Next meeting: August 27, 2010 at the Hawthorne Inn in Winston-Salem. See all of you there.

Thanks to Commitment for sponsoring the printing of this newsletter.
Objectives:
1. Define ergonomics
2. Describe the individual safety agencies
3. Discuss effective exercises to prevent MSD

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of the working population. Effective and successful "fits" assure high productivity, avoidance of illness and injury risks, and increased satisfaction among the workforce. Although the scope of ergonomics is much broader, the term here refers to assessing those work-related factors that may pose a risk of musculoskeletal disorders (MSD) and recommendations to alleviate them. Common examples of ergonomic risk factors are found in jobs requiring repetitive, forceful, or prolonged exertions of the hands; frequent or heavy lifting, pushing, pulling, or carrying of heavy objects; and prolonged awkward postures. Vibration and cold may add risk to these work conditions. Jobs or working conditions presenting multiple risk factors will have a higher probability of causing a musculoskeletal problem. The level of risk depends on the intensity, frequency, and duration of the exposure to these conditions and the individuals’ capacity to meet the force of other job demands that might be involved.

The National Institute for Occupational Safety and Health (NIOSH) is the Federal agency responsible for conducting research and making recommendations for the prevention of work-related disease and injury. The Institute is part of the (CDC). NIOSH is responsible for conducting research on the full scope of occupational disease and injury ranging from lung disease in miners to carpal tunnel syndrome in computer users. In addition to conducting research, NIOSH: investigates potentially hazardous working conditions when requested by employers or employees; makes recommendations and disseminates information on preventing workplace disease, injury, and disability; and provides training to occupational safety and health professionals.

The CDC (The Centers for Disease Control and Prevention), is recognized as the lead federal agency for protecting the health and safety of people - at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

OSHA has concluded that effective management of worker safety and health is a decisive factor in reducing the extent and the severity of work-related injuries and illnesses. Effective management addresses all work-related hazards, including those potential hazards that could result from a change in worksite conditions or practices. It addresses hazards whether or not they are regulated by government standards.

OSHA’s experience in the Voluntary Protection Program has also indicated that effectively managing safety and health protection programs improve employee morale and productivity, as well as significantly reduce workers’ compensation costs and other less obvious costs of work-related injuries and illnesses.

Repetitive, prolonged, reaching, when sorting sterilized packages or lifting above shoulder height to reach high shelves of equipment or when pushing and pulling heavy carts full of dirty or clean items can cause employee exposure to Musculoskeletal Disorders (MSD). Static postures may occur from continuously standing in one position while sorting instruments. Contact trauma to forearm area can occur if employee rests wrists on hard sharp counter surfaces when sorting.

Increased potential for employee injury exists when awkward postures are used when handling or lifting patients/residents. Awkward postures include:

Twisting while lifting
Bending over to lift
Lateral or side bending
Back hyperextension or flexion
Forces on the spine increase when lifting, lowering or handling objects with the back bent or twisted. This occurs because the muscles must handle your body weight in addition to the weight of the patient/residents being lifted. More muscular force is required when awkward postures are used because muscles cannot perform efficiently.

Fixed awkward postures (i.e., holding the arm out straight for several minutes) contribute to muscle and tendon fatigue, and joint soreness.

To be considered a risk factor, awkward postures need to last more than 1 hour continuously or for several hours in the work shift.

Reaching forward or twisting to support a patient/residents from behind to assist them in walking.

Possible Solutions

Good work practice recommends avoiding awkward postures while lifting or moving patients/residents.

Educate and train employees about safer lifting techniques.

Use assist devices or other equipment whenever possible.

Team lifting based on assessment.

Four Basic Exercises for Good Back Care

The following exercises are helpful for many people. They can be done every day in the order listed below.

Note: Everyone’s body is different. Don’t do any exercise that causes pain or gets more difficult to do over time. If the exercise relieves pain or gets easier after a few repetitions, keep doing it.

If you are under medical care for a back problem or if you have back pain, be careful. Ask your health-care provider before you try these exercises.

THE PELVIC TILT

The pelvic tilt exercise helps strengthen your stomach, buttocks, and thigh muscles as well as stretching the lower back muscles. This exercise flattens the back and then let the back return to its natural curve.

1. Lie flat on your back on a hard surface with head resting on a small pillow.
2. Bend knees and hips so both feet are flat on the hard surface.
3. Push lower back flat to the floor. Make sure your back is flat by trying to place your hand between your back and the hard surface. When done correctly, your hand shouldn’t fit.
4. Tighten your “stomach” (abdominal) muscles.
5. Tighten your “buttock” (gluteal) muscles.
6. Lift your hips from the floor and tilt your whole pelvis forward while keeping your back flat against the hard surface.
8. Slowly relax.
9. Repeat this exercise ten times.

The best way to do this exercise is on the floor. You can also do it against a wall. Once you are familiar with the "feel" of the pelvic tilt, you can do this exercise in any position and you can practice at work or at home. The pelvic tilt can be done standing up against a wall or while you are standing in line, waiting at a red light, or wherever you can focus on your back for a few minutes.

LUMBAR STRETCHES

When lumbar muscles are tight, they become shortened and interfere with bending, twisting, and pelvic rotating. Keeping these muscles stretched also helps keep the natural curves of the spine in shape.

1. Lie flat on your back on a floor or hard surface with your head on a small pillow.
2 Bend your knees and slowly bring them toward your chest. Reach your hand behind your thigh to help bend the knees. (Note: pulling from the top of the knee isn’t good for the knees.) Don’t bounce.

3 Keep your head on the pillow and elevate your butt as high as possible off the floor. Your knees should be as close as possible to your chest.

4 Hold this position for a count of 10. Relax, but continue to hold onto your thighs.

5 Again, pull knees as close to your chest as possible. Do this exercise 10 times.

**HAMSTRING STRETCHES**

When hamstring muscles are shortened or tight they interfere with bending. You can stretch them by doing the following exercise. Begin by lying on a hard surface.

1 With your knees close to the chest but in a relaxed position, slowly extend one leg toward the ceiling.

2 Flex your foot and push your heel upward to feel the hamstring muscles stretch. Count to 10 while holding this position.

3 Now bend this leg and bring the knee back toward your chest, while extending the other leg. Repeat Step 2 with the other leg.

4 Repeat this exercise 10 times, one leg at a time.

5 When you are done, bring both knees toward your chest and roll to the side as a safe way of returning to a standing position.

**REVERSE SITUPS**

Many people have weak abdominal (“stomach”) muscles and tend to arch their backs while doing sit-ups.

That’s why we recommend “reverse” sit-ups to strengthen the three groups of muscles that make the abdomen strong.

1 Sit on the floor in an upright position with knees bent.

2 Lock hands together behind your head and hold your arms out to your side.

3 Tighten your stomach muscles and slowly lean back about 15 degrees, which is like going from 12 noon to 11 o’clock on a timepiece. Hold this position for a count of 5, and 10 if you can.

4 Slowly lean back to the 10 o’clock position. Hold and count again.

5 Return slowly to an upright position.

6 Repeat the whole exercise.

As you can see, there are many agencies aware of the damage you can do to yourself. Please be aware of how you are lifting, standing, sitting, squatting or moving to ensure you are aware of how you need to protect yourself, no matter what. After all, your back is the only one you have.

Resources:
Steris: Study Guide

NIOSH Website—Articles on Ergonomics

United States Department of Labor (OSHA)-Hospital etool
Ergonomics—How’s The Back Pain?
MAY/Spring 2010

1. Ergonomics is the study of the right job for the right person.
   True   False

2. Ergonomics can refer to those work related factors that pose a risk of MSD.
   True   False

3. Vibration and cold are helpful to certain working conditions.
   True   False

4. Common ergonomic risk factors are found in jobs requiring repetitive, forceful or prolonged exertion.
   True   False

5. NIOSH investigates only those working conditions that are beneficial to the employee.
   True   False

6. NIOSH is a part of the CDC.
   True   False

7. The CDC is recognized as the lead federal agency for protecting the health and safety of people.
   True   False

8. Static postures can occur from continuously standing in one position while sorting instruments.
   True   False

9. Some awkward postures include bending over to lift, twisting while lifting, or lateral or side bending.
   True   False

10. Employees do not need to be educated and trained about safe lifting techniques.
    True   False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.
0=Not Applicable, 1=Poor, 4=Excellent

Author’s Knowledge of the Subject 0 1 2 3 4
Author’s Presentation, Organization, Content 0 1 2 3 4
Author’s Methodology, Interesting/Creativity 0 1 2 3 4
Program Met Objectives 0 1 2 3 4

To receive 1.0 contact hours toward certification from CBSDP, complete the in-service “quiz” after reading the article. Send the entire page with the completed “quiz” to:
Lana Haecherl
P.O. Box 568
Pineville, NC 28134

Lana will issue a certificate if your score is greater than 70%. Please be sure to fill in the information requested below.
If you are NOT a member of NCAHCSP, please include a fee of $20.00 for instate membership and $20.00 for out of state membership. Your fee will provide you a 1-year membership in the Association and will also entitle you to submit the next in-service offerings for the cost of a postage stamp. That is potentially six in-service programs for your registration fee. Remember you will not be issued a certificate unless you are a member of NCAHCSP.

CEU credits pending from CBSDP.
CLEARLY print your name as you wish it to appear on the certificate. Enter the address where you want the certificate sent.
NAME: _______________________________
Address: _______________________________
City: __________________ State: _____ Zip: _____
E-mail address: _________________________________
Angie overheard her parents talking about how her brother’s ADHD medicine was making him less hungry. Because Angie was worried about her weight, she started sneaking one of her brother’s pills every few days. To prevent her parents from finding out, she asked a friend to give her some of his ADHD medicine as well. Todd found an old bottle of painkillers that had been left over from his dad’s operation. He decided to try them. Because a doctor had prescribed the pills, Todd figured that meant they’d be OK to try.

Both Todd and Angie are taking huge risks, though. Prescription painkillers and other medications help lots of people live more productive lives, freeing them from the symptoms of medical conditions like depression or attention deficit hyperactivity disorder (ADHD). But that’s only when they’re prescribed for a particular individual to treat a specific condition.

Taking prescription drugs in a way that hasn't been recommended by a doctor can be more dangerous than people think. In fact, it's drug abuse. And it's just as illegal as taking street drugs.

Some people experiment with prescription drugs because they think they will help them have more fun, lose weight, fit in, and even study more effectively. Prescription drugs can be easier to get than street drugs: Family members or friends could have a prescription. But prescription drugs are also sometimes sold on the street like other illegal drugs. A 2006 National Survey on Drug Use and Health showed that among all youths aged 12 to 17, 6% had tried prescription drugs for recreational use in the last month.

Why? Some people think that prescription drugs are safer and less addictive than street drugs. After all, these are drugs that moms, dads, and even kid brothers and sisters use. To Angie, taking her brother's ADHD medicine felt like a good way to keep her appetite in check. She'd heard how bad diet pills can be, and she wrongly thought that the ADHD drugs would be safer. But prescription drugs are only safe for the individuals who actually have prescriptions for them. That's because a doctor has examined these people and prescribed the right dose of medication for a specific medical condition. The doctor has also told them exactly how they should take the medicine, including things to avoid while taking the drug — such as drinking alcohol, smoking, or taking other medications. They also are aware of potentially dangerous side effects and can monitor patients closely for these.

Other people who try prescription drugs are like Todd. They think they're not doing anything illegal because these drugs are prescribed by doctors. But taking drugs without a prescription — or sharing a prescription drug with friends — is actually breaking the law.

Whether they're using street drugs or medications, drug abusers often have trouble at school, at home, with friends, or with the law. The likelihood that someone will commit a crime, be a victim of a crime, or have an accident is higher when that person is abusing drugs — no matter whether those drugs are medications or street drugs.

Like all drug abuse, using prescription drugs for the wrong reasons has serious risks for a person's health. Opioid abuse can lead to vomiting, mood changes, decrease in ability to think (cognitive function), and even decreased respiratory function, coma, or death. This risk is higher when prescription drugs like opioids are taken with other substances like alcohol, antihistamines, and CNS depressants.

Overdosing isn’t the only way drugs can kill. We know from basic science that some medications can interact with other medications and form a toxicity that can do permanent damage to the liver, kidneys even the brain. Always avoid taking someone else’s medication even if you have the same health condition. The dosage prescribed for you may not be the same. Remember how you treat your body is up to you.

Taken from kidshealth.org
Richard is an ambitious 36-year-old commodities trader in Florida. He's healthy and drop-dead handsome, lives alone in a house with a pool, and has worked his way through a series of gorgeous women. Richard's job is stressful, but he spent Christmas in Tahiti. Unencumbered, he also has time to indulge such passions as reading (right now he's finishing a book called "Half the Sky"), marathon running and writing poetry. In the last few days, he has been composing an elegy about the Haiti earthquake.

Lorna is a 64-year-old woman in Boston. She's overweight and unattractive, even after a recent nose job. Lorna is on regular dialysis, but that doesn't impede her active social life or babysitting her grandchildren. A retired school assistant, she is close to her 67-year-old husband and is much respected in her church for directing the music committee and the semiannual blood drive. Lorna believes in tithing (giving 10 percent of her income to charity or the church) and in the last few days has organized a church drive to raise $10,000 for earthquake relief in Haiti.

The above two examples have been adapted from Jonathan Haidt, a psychology professor at the University of Virginia, which he develops in his book, “The Happiness Hypothesis.” His point is that while most of us might prefer to trade places with Richard, Lorna is probably happier.

Happiness is something we all want and strive for (and sometimes yearn for) but at the same time it is a complex concept and difficult to measure. Research shows that men are no happier than women, and people in sunny areas are no happier than people in chillier climates. The evidence of health is complex, but even chronic health problems (like those requiring dialysis) may have surprisingly little long-term effect on happiness, because we adjust to them. Beautiful people aren't happier than less attractive people, although cosmetic surgery does seem to leave patients feeling brighter, and young people are actually a bit less happy than older folks, at least up to age 65.

Lorna has a few advantages over Richard. She has less stress and is respected by her peers – factors that make us feel good. Happiness is tied to volunteering and taking part in acts of charity and giving toward others. People with religious faith tend to be happier than those without. A solid marriage is linked to happiness, as is participation in social networks. One study found that people who focus on achieving wealth and career advancement are less happy than those who focus on good works, religion or spirituality, or friends and family.

At this place we are all engaged on some level with the profession of healing and helping. While happiness is something we all desire, it can be helpful to remember that the work all of us do in this hospital (while helpful to others) is ultimately what comes together to provide for our sense of satisfaction and happiness.

Prayer: Dear Lord, give me the strength I need for today and let me see happiness in the work you are calling me to do. Amen

Submitted by
Adjunct Chaplain Ralph Kraft
sjlc@embarqmail.com
Mission Statement

North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.

NCAHCSP Officers and Board of Directors 2009-2010

President—Judith Carey 2010
Processing Coordinator, Sterile Supply Services
Gaston Memorial Hospital
2525 Court Drive
Gastonia, NC 28054
Phone-704-834-2346
Fax-704-854-4631
careyj@gmh.org

Past-President—Paul Hess, RN, BSN, CRCST, ACSP 2010
Manager, Support Services
Central Processing and Distribution
New Hanover Regional Medical Center
2131 S 17th St
P.O. Box 9000
Wilmington, NC 28402-9000
910-343-2142 (phone)
910-343-4400 (fax)
paul.hess@nhhn.org

President-elect—Lana Haecherl 2010
Manager, Sterile Processing and Distribution
Carolinas Medical Center
P O Box 32861
Charlotte, NC 28232
Phone-704-355-9814
Fax—704-355-7225
lana.haecherl@carolinashealthcare.org

Secretary—Pricilla Worth
Manager, Sterile Processing & Distribution
Carolinas Medical Center—Mercy
P O Box 32861
Charlotte, NC 28232
Phone-704-304-538
fax 704-355-7225

Treasurer-Frank Sizemore
Manager-Central Service
North Carolina Baptist Hospitals, Inc
Medical Center Blvd.
Winston-Salem, NC 27157-1122
Phone-336-716-6270—-fax-336-716-5269
fsizemor@wfubmc.edu

Pam Caudell, RN, CNOR, CSPDS 09-10
Unit Coordinator, SDS, PACU, Pre-op
364 White Oak Street
Asheboro, NC 27204
Phone—336-625-3482
pcaudell@randolphhospital.org

Louise Rahilly, RN 10-11
2623 Fordham Drive
Fayetteville, NC 28304
Phone—910-485-8296
crah115826@aol.com

Diane Fink, RN 09-10
Concord, NC 28025
dmfink@earthlink.net

Karen Furr 09-10
Moore Regional Hospital
Sterile Processing Supervisor
P.O. Box 3000
Pinehurst, NC 28374
Phone-910-715-1081
Fax—910-715-1088
kfurr@firsthealth.org

Margie Morgan 09-10
Moore Regional Hospital
Asst. Director, Sterile Processing
P O Box 3000
Pinehurst, NC 28374
Phone-910-715-1081
Fax-910-715-1088
mmorgan@firsthealth.org

Rebecca Cox, CSPDT 09-10
Central Sterile Supply
Medical Park Hospital
1950 South Hawthorne Road
Winston-Salem, NC 27103
Office: 336-718-0668

Lisa Coston 10-11
New Hanover Regional Network-
New Hanover Regional Medical Center
Central Processing and Distribution
2131 South 17th Street
Wilmington, NC 28402-9000
Phone-910-343-2140
Fax—910-343-4400
delisa.coston@nhhn.org

Patricia Washington 10-11
Manager, Sterile Processing
Carolinas Medical Center-NorthEast
920 Church Street North
Concord, NC 28025
Phone-704-783-1441
Fax-704-783-3181
patricia.washington@carolinashealthcare.org

Betty Twamley-10-11
University of North Carolina Hospitals—Chapel Hill
Educator-Surgical Services

Volume 22 Issue 2        MAY 2010        Page 11
Committed to the Needs of Healthcare Providers

**General Surgical Instruments:** Repair and sharpening of all instruments, needle holder insert replacement, repair or replace broken parts.

**Eye/ENT/Micro Instruments:** Repair and sharpening of all instruments.

**Laparoscopic Instruments:** Sharpening, repair, parts replacement, hinge pin repair, subassembly replacement, shaft re-insulation, and re-coating.

**Re-application of Diamond Coating** Diamond welding on micro needle holders and tissue forceps, cardiovascular forceps.

**Welding/Soldering:** Repairs on instruments needing welding or soldering.

**Repotting** Bipolar and monopolar forceps with or without irrigation tubes.

**Kleppinger Forceps:** Repair, rebuild and re-insulate.

**Biopsy Forceps/Ronguers:** Repair of all types of biopsy punches, forceps and ronguers. Parts replacement and sharpening.

**Ortho Instruments** Repair and sharpening of all types of curettes, chisels, osteotomes, gouges and elevators.

**Neuro Instruments** Repair of all delicate types of pituitary ronguers, micro forceps and specialty items.

**Color Dipping:** Application of standard or custom colors to almost any instrument.

**Etching:** Electro etching on your instruments.

**Demagnetizing** Demagnetize instruments in delicate eye and cardiovascular trays.

**Personalized Tray Maintenance Reports:** Reports to track the progress of your tray maintenance program.

Reliable Instrument Repair
Call Toll Free
888-797-6817