Volume 25 Issue 1

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NORTH CAROLINA ASSOCIATION FOR HOSPITAL CENTRAL SERVICE PROFESSIONALS

We will not forget 9/11
Pray for our troops

Inside this issue:

PRESIDENT'S MESSAGE

I've just returned from the annual meeting in Myrtle Beach and I can't begin to tell you how pleased I am, not only the turnout for the meeting but the level of participation from everyone involved. This year while I was presenting the Jo Perkins Vendor Award I was flooded with memories of my first days in the world of Central Service. Many of you know Jo hired me into the department and served as my mentor for many years, including right up to the time she lost her battle with cancer. I remember all of those times when she would talk with me about the roles and the responsibilities of the CS Techs and the importance of doing the job right the first time. I know that without her taking me under her wing, and showing me the ropes so to speak, I would not have had the opportunities to grow as a professional in this world of sterile processing.

It made me stop and think am I doing the same for those around me? We each have a unique opportunity to pass along our knowledge to those around us. By doing so we can help create an opportunity for someone to take a grasp of a future that holds many possibilities. Our world is constantly changing, more complex instrumentation, increasing regulatory guidelines, computerization in the departments, and less funding for staffing. Our ability to survive in this ever changing world is dependent on working with others, and never losing sight of where we've come from. Sharing this knowledge with others is extremely important. Only knowing our past will prepare us for the future.

I would like to take a moment to thank the board of directors and officers of this great association. This past year has been a challenge at times, primarily due to changes taking place at work. Time has been a precious commodity and the support I've received from this group has made it easier. I couldn't have asked for a better group to work with.

Thank you for allowing me to be your president this past year, and I look forward to working with all of you in the future.

Thanks,
Frank……

Pictured: Madlyn Travis-CS Supervisor, Tracy Brown, Penny Hamilton and Linda Tucker-CS Techs

North Carolina Hospital Celebrates Central Sterile Week

Publish Date: 11/21/2012

Randolph Hospital in Asheboro, NC celebrated Central sterile week (Oct 14-20, 2012) in a big way this year. The week began when the central sterile staff decorated the lounge and prepared a hot dog lunch for the operating room staff. The hospital also highlighted CS week in its' newsletter: Central Sterile Processing Week is designated to recognize staff members within the department, as well as to promote the central service and sterile processing profession within the healthcare industry and raise awareness of the essential part these professionals play. These ladies play an essential role in the surgical department of Randolph Hospital. We are proud to recognize our employees for all they contribute for the greater good!

On Tuesday, the Central sterile Staff created a game for the OR staff to play. They took 15 items used in the OR and tied them in a bag made from the instrument wrappers. Each person had two minutes to feel inside the bag and write down as many as possible in that time.
The OR staff bought snacks for the Central sterile staff on Wednesday and the Central sterile staff created several word search games with hidden instrument names. To make it trickier, a list of the words to find was not included.

On Thursday, the central sterile staff provided homemade cakes. A third game was played where an item was placed in a box and wrapped in surgical wrapping. The OR staff had to read a poem and guess what it was.

The central sterile staff gave out prizes to the winners of all the games that were played during the week on Friday. The Central Sterile Staff was presented with "Pamper Yourself" baskets from the OR staff. A basket was purchased for each central sterile staff member and each of the OR staff members brought in an item for each basket including chocolates, candles, and flowers.

NCAHCSP MEMBERSHIP NEWS

Please don't forget to check the website-www.ncahcsp.org on a regular basis as we are always adding new or additional information.

Current membership shows a steady number of members.

Over on page 4, you will find information on some of the companies that assist us both financially and in providing us information. I will give you background information about those companies. If I miss anyone, please don't hesitate to let me know as we don't all use the same vendor.

Check out our new segment called **"DEAR STEAMIE"**. We will endeavor to answer any and all questions you put forth to us.

Please visit our Facebook page and like us. You can find current information there

CMC Medical Equipment & Sterile Services would like to welcome our new coordinator Dontarius Simmons. Dontarius comes to us with 12 years of experience and will be a great asset to our team.

"DEAR STEAMIE"

Dear Steamie,

Due to limited hospital funds, we have to room together when we come to the meetings. Would you please consider other hotels that have 2 rooms, 2 baths and is less expensive?
Examples: Prince Resort or Horizon

Thank you for your question and I understand your concern. When planning an event the size of the annual NCAHCSP meeting many factors have to be considered.
Last year the contract on the Ocean Dunes/Sand Dunes expired. Comments had been received showing some displeasure with the physical aspects of the Ocean Dunes/Sands Dunes resort, including parking. The Board thought we should explore other resorts to have the meeting. After investigating several resorts we found there were only a couple that could offer us the amount of space required to handle our meeting. A facility must have adequate meeting space, banquet facilities, an exhibit hall, dining space, as well as sleeping rooms. Of those facilities responding to our survey, the board compared the responses for each and found the Hilton met our needs. Our contract with Hilton will run for a total of 5 years.

Thanks for asking,
"Steamie"

Our condolences go to Karen Baker in the recent loss of her husband. Gary was a fine man and our hearts go out to Karen in her time of loss.

Understanding High Blood Pressure—The Basics

High blood pressure, also known as hypertension, is the most common cardiovascular disease.

Blood pressure refers to the force of blood pushing against artery walls as it courses through the body. Like air in a tire or water in a hose, blood fills arteries to a certain capacity. Just as too much air pressure can damage a tire or too much water pushing through a garden hose can damage the hose, high blood pressure can threaten healthy arteries and lead to life-threatening conditions such as heart disease and stroke.

Hypertension is the leading cause of stroke and a major cause of heart attack. In the U.S. alone, more than 30% of American adults have high blood pressure.

If you have high blood pressure, you'll probably find out about it during a routine checkup. Or, you may have noticed a problem while taking your own blood pressure. Be sure to see your doctor for a definite diagnosis, and take the opportunity to learn what you can do to bring your blood pressure under control.
A blood pressure reading appears as two numbers. The first and higher of the two is a measure of systolic pressure, or the pressure in the arteries when the heart beats and fills them with blood. The second number measures diastolic pressure, or the pressure in the arteries when the heart rests between beats.

It's also normal for blood pressure to vary from person to person, even from one area of your body to another. But when blood pressure remains consistently high, talk with your doctor about treatment. Consistently high blood pressure forces the heart to work far beyond its capacity. Along with injuring blood vessels, hypertension can damage the brain, eyes, and kidneys.

People with blood pressure readings of 140/90 or higher, taken on at least two occasions, are said to have high blood pressure. If the pressure remains high, your doctor will probably begin treatment. People with blood pressure readings of 180/120 or higher need treatment immediately. People at higher cardiovascular risk (such as diabetes, chronic kidney disease, or known heart and vascular disease) are treated if their blood pressure rises above 130/80, because they already have a high risk of heart disease. Fortunately, high blood pressure can be controlled effectively. The first step is to have your blood pressure checked regularly.

High blood pressure is more likely in people who:

• Have a family history of high blood pressure, heart disease, or diabetes

- Are African-American
- Are over age 55
- Are overweight
- Are not physically active
- Drink excessively
- Smoke
- Eat foods high in saturated fats or salt
- Use certain medications such as NSAIDs (ibuprofen, aspirin, e.g.), decongestants, and illicit drugs such as cocaine

In as many as 95% of reported high blood pressure cases in the U.S., the underlying cause cannot be determined. This type of high blood pressure is called essential hypertension.

Though essential hypertension remains somewhat mysterious, it has been linked to certain risk factors. High blood pressure tends to run in families and is more likely to affect men than women. Age and race also play a role. In the U.S., blacks are twice as likely as whites to have high blood pressure, although the gap begins to narrow around age 44. After age 65, black women have the highest incidence of high blood pressure.

Essential hypertension is also greatly influenced by diet and lifestyle. The link between salt and high blood pressure is especially compelling. People living on the northern islands of Japan eat more salt per capita than anyone else in the world and have the highest incidence of essential hypertension. By contrast, people who add no salt to their food show virtually no traces of essential hypertension.

Many people with high blood pressure are "salt sensitive," meaning that anything more than the minimal bodily need for salt is too much for them and increases their blood pressure. Other factors that have been associated with essential hypertension include obesity; diabetes; stress; insufficient intake of potassium, calcium, and magnesium; lack of physical activity; and chronic alcohol consumption.

When a direct cause for high blood pressure can be identified, the condition is described as secondary hypertension. Among the known causes of secondary hypertension, kidney disease ranks highest. Hypertension can also be triggered by tumors or other abnormalities that cause the adrenal glands (small glands that sit atop the kidneys) to secrete excess amounts of the hormones that elevate BP.

Birth control pills -- specifically those containing estrogen -- and pregnancy can boost blood pressure, as can medications that constrict blood vessels.

Please make sure you see your physician on a regular basis and do whatever it takes to help prevent high BP.

Taken from Webmd.com

1. T, 2. F, 3. F, 4. F, 5. T, 6. F, 7. F, 8. T, 9. T, 10. F

INVENTORY CONTROL—CAN YOU GET IT WHEN YOU NEED IT?

By: Pamela H Caudell, RN, CNOR, CSPDS

Objectives
Define Inventory Control
Discuss two methods of Managing Inventory
Describe at least two order-processing systems

No matter which facility you are employed in, there is always the problem of having enough inventory to meet the needs of the department let alone the entire facility. Whether it be the sponge sticks the ED needs, the total joint trays for the OR or the IV fluids they need on the medical floor, there has to be a record of what is available. We, in the Central Sterile Department, have pick sheets or instrument lists for each of the type of tray we process. Materials/Distribution has a PAR level for each of the supplies they must keep on hand to provide what the facility needs. There is also the Durable Medical Equipment (pumps, SCD machines, etc) that must be provided as ordered throughout the facility. Inventory control/ management is the way the health care facility retains control of the supplies needed while keeping the cost within a reasonable level.

We measure inventory performance by inventory turnover and line-item fill rate. *Inventory turnover* is defined as the annual dollar value of the items issued from a storeroom divided by the dollar value of the supplies stored in the storeroom. In other words, the amount of supply issued from the storeroom in dollar value divided by the dollar value of supply left on the shelf. For example, we gave out 750.00 of a certain product. We had 75.00 of product left on the shelf. This means this product turned over a total of 10 times for the year. This is about average. We would ordinarily like to see about 12 times or once a month for turnover. This ensures the item is used often enough to prevent outdated items being on the shelf.

Line-item fill rate is defined as the percentage of ordered supplies that are filled from stock on hand. In other words, Unit A orders 10 stop cocks. The supply room/materials can only deliver 7, therefore the line-item fill rate is 70%. The supply room can then do what is considered a capable to fill promise. In other words, the supply room can give the requesting unit an expected date of completion based on the knowledge of when the item was ordered, when shipped and when it got to the distribution center; then to the facility's loading dock. This allows the requesting unit to decide if they really want the item when it arrives or tell the supply room to cancel the unfilled portion of the order.

One of the big issues with any supply item is obsolesce. This means the item is either not being made anymore, it has reached its' expiration date, or the facility has switched to something else and you still have stock left on the table, so to speak. The problem with obsolete stock, of any kind, is it cost money to buy it and if it doesn't get used for whatever reason, the facility has lost money. For instance, Dr Smith uses a particular type of bone cement doing his total joint cases. Suddenly Dr Smith switches to another brand. It is not really noticed for a period of time the change has occurred. In doing inventory checks, it is noticed the inventory turnover for type A bone cement is now only 2 as opposed to the 16 that had occurred the previous inventory check. As a consequence, there are several boxes of cement that will expire within the next thirty days. How does this get handled?

1. We try and convince Dr Smith to use up the left over product before it expires. Barring that we then
2. Try and find another hospital that will purchase our remaining stock at a lower cost. We still lose money but not quite as much.

Try and get the vendor from whom we purchased Bone Cement A to give us at least a partial credit. But I have to be honest with you, most vendors will not go for this option if the product has been sitting on the shelf for greater than 30 days. This is where a good working relationship with Materials Management comes in handy.

Because they are continually ordering supplies, they will usually catch something has changed almost before it is noticed by the unit. A good Product Standardization Committee is a necessity in most facilities as any new supply item being requested needs to come thru the PSC for approval. This committee will ask questions such as:

- Why do we need to add this product/
- Is it replacing another item we already have
- Can we use up the current supply
- How much is it going to cost
- How many other units/physicians are going to be using this

Once these questions are answered, the committee will then decide to either add the product, table it for further discussion or deny the product at this time.
Now how do we get the supplies we need for our units?

The most simple is called the requisition form. This involves simply writing out what is needed on a request form and hand carrying it to the supply room and waiting for the item and bringing it back. The problem with this method is how many trips in a day do you care to make? A variation of this called the traveling requisition system has a card (traveling requisition) for each item in inventory. The top part of the card has all the information needed to process an order. For example, it has the item number, the manufacturer, the phone number to place the order and the way its' packaged. The bottom portion is the part the purchasing department fills out and includes the ordering date, the amount ordered, expected delivery date and any price change information. This was designed as a manual system but for the most part has been converted to an electronic form which is easier to keep updated.

Another system is called the perpetual inventory system. This inventory system records each receipt into and out of the supply area. As the quantity on hand falls below the reorder point, an order is placed to bring the item back up to par (normal on hand inventory).

The form for a perpetual inventory system is very similar to the traveling requisition in that it also contains the same manufacturer information, pricing, amount ordered, etc. The difference being each time items are put into or taken out of stock, a line is filled out and it shows the sum total of the item available at that time. This too started out as a manual way of doing ordering but this can also be found computerized and there are several computer software companies that have taken this to a whole new level of tracking. This has been expanded to the point that when an item is entered into the computer as being dispensed, the system will automatically send an order to the manufacturer to reorder the item without having to do this manually.

A computerized system can be a challenge in and of itself. Any system is only as good as the data entered into it. If the information is not updated on a regular basis, the facility will not know what it has on hand and if the current charge is the true cost or a lower charge so we are losing money. Another problem with an inaccurate computer system has to do with improper inventory counts so if an item falls below par, it may not get ordered in a timely fashion. One way that many supply departments handle this is to do periodic cycle counts. This involves counting the items on hand and comparing them against what the perpetual inventory says should be there. Many departments do a cyclic count so that every item in the system gets counted on a regular basis. For instance, the first items counted would be the first 6 items on the list. The next count involves the 2nd set of 6 items and so on down the list until every item is counted and then it is started again.

The day to day challenges of managing inventory can, at times, be overwhelming. With the vast array of items currently used in most facilities, it is not impossible to have as many as 100,000 items in inventory. These must be managed carefully and correctly if we are to continue to be profitable and to have those items on hand that are necessary for our daily work load to flow smoothly.

Resource: Training Manual for Health Care Central Service Technicians, 5th Edition

Inventory Control—Vol 25-Issue 1 Post Test

1. Inventory control/management is the way the health care facility retains control of the supplies needed while keeping the cost within a reasonable level.
   TRUE FALSE
2. Inventory turnover and line item fill rate measures inventory performance.
   TRUE FALSE
3. *Line-item fill rate* is defined as the percentage of ordered supplies that are filled from special order merchandise.
   TRUE FALSE
4. Obsolete means an item has been improved.
   TRUE FALSE
5. Every vendor will trade out any supply item that is currently on the shelf.
   TRUE FALSE
6. Product Standardization Committees help keep units from ordering items that may already be in use in another unit.
   TRUE FALSE
7. The average turnover rate for an item should be 12 times a year or once a month.
   TRUE FALSE
8. Requisition forms are considered to be the most complicated way to get supplies.
   TRUE FALSE
9. Perpetual Inventory System records every receipt into and out of the supply area.
   TRUE FALSE
10. Periodic cycle counts are used to check the actual amount on hand against what the computer says should be there.
    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**

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Sexual Harassment—Where Do You Go?

By: Pamela H Caudell, RN, CNOR, CSPDS

Objectives:
Describe Sexual Harassment
Discuss quid pro quo
Discuss how a facility should address sexual harassment

"Hey baby, let's get together." Is this sexual harassment? Yes, if it continues or is unwanted. Sexual harassment occurs when one employee makes continued, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another employee, against his or her wishes. [1]

According to a current issues update from the U.S. Equal Employment Opportunity Commission (EEOC), sexual harassment occurs, "when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment."

On-the-job sexual harassment is not a recent problem, although it has been only recently that legally liability has made it to the courts. It wasn't until 1976 that the first sexual harassment case made it to the courts. But the reality is that until Anita Hill charged Clarence Thomas with sexual harassment, it really didn't get noticed by John Q. Public. Sexual harassment is not new by any stretch of the imagination. When a poll was done by Redbook in 1976, 9 out of 10 women said they had unwanted advances by those they worked with. On the other side of the coin, approximately 15 percent of men stated they had also been sexually harassed while at work.

Companies/facilities don't get away without suffering consequences as well. Each facility can expect to see losses from low productivity, increased health-care costs, poor morale, employee turnover or absenteeism. A facility's image can also be damaged beyond repair. When a sexual harassment report is filed, the company can receive bad press which can cause customers to look elsewhere for treatment or product.

Women are the most likely victims but men can also face harassment. People feel humiliated, suffer a loss of dignity, psychological and occasionally physical injury and feel a loss of self esteem as well as damage to their reputation. Sometimes the victims must choose between their work and their feelings of self worth. If the harassment continues, the involved person may even have to leave their job in order to preserve their safety.

What are some of the things that constitute sexual harassment?

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and repartee.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.

Federal law currently recognizes two different sets of legal grounds for claiming sexual harassment under Title VII.

Quid pro quo harassment is the most commonly recognized form of sexual harassment. It occurs when (1) job benefits, including employment, promotion, salary increases, shift or work assignments, performance expectations and other conditions of employment, are made contingent on the provision of sexual favors, usually to an employer, supervisor or agent of the employer who has the authority to make decisions about employment actions, or (2) the rejection of a sexual advance or request for sexual favors results in a tangible employment detriment, a loss of a job benefit of the kind described above.

This is legalize for: I will move you from night shift to day shift if you sleep with me.

B. Hostile work environment harassment under the Equal Employment Opportunity Commission (EEOC) occurs when unwelcome comments or conduct based on sex, race or other legally protected characteristics unreasonably interferes with an employee's work performance or creates an intimidating, hostile or offensive work environment. Anyone in the workplace might commit this type of harassment – a management official, co-worker, or non-employee, such as a contractor, vendor or guest. The victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed. In other words, if you feel you have to continually look over your shoulder to see if your harasser is around, this will affect your work performance, or if you are present when this treatment is being done to someone in your presence, this constitutes harassment.

An employer's obligations with regard to sexual harassment arise before any act of sexual harassment occurs. The EEOC requires that employers take reasonable steps to prevent harassment before it occurs. Every employer has an obligation under Title VII to post a general discrimination prevention poster.

An important component of harassment prevention is the creation and dispersement of a sexual harassment prohibition policy and reporting procedure. This policy is critical because under federal case law, an employer fulfills its obligation if it takes all reasonable steps to prevent harassment before it occurs, and to take effective steps to remedy harassment after it takes place. If an employer demonstrates those attempts at prevention and remediation, it might not be found liable for the act of harassment itself. Other states, such as California, impose a "strict liability" test, where employers are liable for the conduct of their supervisors and managers regardless of their best efforts to prevent and to remedy harassment. In other words, every facility is required to present to their employees a policy that addresses sexual harassment; what it is, what penalties will be set upon the employee for sexual harassment, how to file a grievance, who can be contacted for additional information and discuss how committed the facility is to following thru on ***every*** complaint no matter what. Staff members must see, from their employer, there will be no retaliation for the victim.

Sexual harassment has to be treated seriously and any complaint must be treated seriously. In addition, every facility must make sure that any personnel assigned to the follow-up of a complaint has the training to ensure a competent and complete investigation with the documentation to show the steps taken to follow up with the complaint. Remember that not every complaint will be voiced immediately after the harassment. Women particularly will wait to see if the harassment goes away or if the harasser moves on. Just because the situation has been brought under control, the facility should still monitor the matter in order to ensure the continued compliance of the party/parties involved. Sexual harassment in the workplace presents an ongoing and growing risk to both facilities and businesses. Preventing it is the smart thing to do as well as the right thing to do.

References:

1. Article__"Sexual Harassment in the Workplace: A Primer" Barry Roberts & Richard Mann

Sexual Harassment 1st quarter
Post-test

1. Sexual Harassment occurs when the behavior creates an intimidating, hostile or offensive work environment.
   True False
2. In 1986, the first sexual harassment case made it to the courts.
   True False
3. Women are the most likely victims but men can also be harassed.
   True False
4. People can feel loss of self esteem as well as damage to their reputation.
   True False
5. Quid pro quo is not common but can happen.
   True False
6. The victim does have to be the target of sexual harassment.
   True False
7. A hostile work environment harassment under EEOC, occurs when unwelcome conduct based on sex, unreasonably interferes with the worker's work performance.
   True False
8. The employer must take reasonable steps to prevent harassment before it occurs.
   True False
9. Under federal case law, an employer fulfills its' obligation if it does nothing to prevent sexual harassment.
   True False
10. Every complaint of sexual harassment will not be voiced immediately.
    True False

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1. T, 2. F, 3. T, 4. T, 5. F, 6. F, 7. T, 8. T, 9. F, 10. T

Spring Pruning of Perennials

Gardeners in warm climates can treat fall, and sometimes even winter, as supplemental growing seasons. But for gardeners who experience hard winters, fall is a great time to get a head start on garden clean-up. We hear a lot about four seasons of interest in the garden, but this rarely applies to perennial plants. Most perennials turn ugly as the temperatures drop. However there are a few that remain evergreen, especially in milder areas. These can be left standing for interest as well as to fuel the vigor of the plant. And there are perennials that simply don't fare well if they are pruned too late in the season.

The following list is a recommendation of plants that are best pruned in spring. There will, of course, be exceptions. Any plant that is diseased, infested, or otherwise in poor condition, should be pruned in the fall. Consider this listing and the complementary Plants to Prune in the Fall, as guidelines. You will learn what works and what doesn't, for your own garden.

- **Asters** Fall blooming asters have generally been pinched and forced several times throughout the growing season. Once they are finally allowed to bloom, they appreciate being left alone to recuperate, until spring. Several bloom so late into the fall, the question of fall clean-up becomes moot. (USDA Zones 4 - 8)

- Astilbe don't require much maintenance. Fall clean-up is unnecessary and may weaken the plant's tolerance for cold. Minimal spring clean-up is required. (USDA Zones 3 - 8)

- **Basket-of-Gold (Aurinia saxatilis)** Although Aurinia fares best and lives longer if sheared back after flowering and not allowed to go to seed, the foliage can be evergreen in mild winters and there doesn't seem to be any benefit to cutting it back until spring. (USDA Zones 3 - 7)

- **Bear's Breeches (Acanthus spinosus)** You may need to cut back old, dying foliage throughout the growing season, but the new healthy growth remaining in the fall could well remain evergreen throughout the winter, depending on weather conditions. (USDA Zones 6 - 10)

- **Black-eyed Susan (Rudbeckia fulgida)** Although not particularly attractive in winter, the seed heads will feed the birds remaining in the area. .(USDA Zones 3 - 8)

- **Blue Mist Shrub (Caryopteris)** Caryopteris bloom on new growth. Cut back to 6-8 inches in the spring. Newer varieties, especially, can be very sensitive to cold and shouldn't be cut back until buds begin to green. (USDA Zones 5 - 9)

- **Butterfly Bush (Buddleia davidii)** To lessen winter kill, wait for signs of green at the base and then cut back to 6 - 10 inches. (USDA Zones 6 - 9)

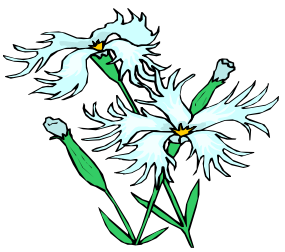
- **Campanula** Most campanulas get sheared back at some point during the summer, to clean up ugly or damaged foliage and encourage another flush of blooming. Fresh basal foliage will result and should be left through winter, so as not to encourage more tender growth in the fall. (USDA Zones 3 - 8)

- **Cardinal Flower (Lobelia cardinalis)** Although Cardinal Flower likes moist soil, it doesn't like sitting in cold, wet soil all winter. Leaving the foliage and flower stems in tact protects Cardinal Flower from some of the ravages of winter, so hold off clean-up until spring. At that point, you can trim the damaged areas or simply cut back to the ground. (USDA Zones 3 - 9)

- **Coral Bells (Heuchera)** Heuchera are prone to heaving in soils that freeze and thaw. Leaving the foliage in tact helps to mulch the plants through winter. (USDA Zones 4 - 9)

- **Cushion Spurge (Euphorbia polychroma)** In warmer climates, Euphorbia can actually become a shrub and it's fine to leave the plant alone until spring and then clean out the dead foliage. In colder climates, simply cut the plant back to its base in the spring. (USDA Zones 4 - 8)

- **Dianthus** Most Dianthus can remain somewhat evergreen throughout the winter and nothing is gained by cutting back in the fall. They will still need some clean-up in the spring. (USDA Zones 5 - 8)



- **Goldenrod (Solidago)** The new hybrid goldenrods don't seed or spread all over the garden and can be left standing for winter interest. Study clumpers, like 'Fireworks' and 'Golden Fleece', will remain upright through spring. The old-fashioned species Solidago should be cut in fall, to avoid invasiveness. (USDA 2 - 8)

- Hosta (or plantain lilies) Although Hosta foliage gets ugly over winter, some Hosta varieties can be damaged by spring frosts and benefit from the protection of the collapsed foliage. (USDA Zones 3 - 8)

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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.

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