PRESIDENT’S MESSAGE

On behalf of the Board of Directors and Officers of the North Carolina Association for Hospital Central Service Professionals, welcome! We are here to provide an educational opportunity to the professionals of central service profession. Each year we offer three quarterly meetings, held in Winston-Salem NC, at The Hawthorne Inn and our annual meeting, held in Myrtle Beach, in April. We would like to offer an invitation to you to join us at each of our educational sessions. All information can be found on our web page NCAHCSP.org under the educational offerings tab. We strive to provide topics which are important for the advancement of our profession. These sessions are geared to help the attendees to provide high quality service and provide high quality care for the patients being served in their area of care.

In addition to our scheduled meetings we also provide a quarterly newsletter “I Heard It Thru the Steam Line” which includes an in-service, which is approved through the CBSPD board for 1 CEU per in-service. Follow the In-Service Offerings tab to view a complete list of in-services that are currently available. These CEU’s is a member benefit; as soon as you become a member you will have access to each of the in-services. This is a very economical way to maintain certification.

We want more sterile processing and central professionals to become involved in this organization to help grow our profession as well as the organization! We have two areas where there is an opportunity for input. One is Awards and the other is become a board member. Becoming a board member is a great opportunity to become involved in the leadership and direction of the organization. Please review our many opportunities to become a part of our organization and see what we are about, please go to our web page at www.ncahcsp.org.

NCAHCSP-President 2013
Karen Furr
Top 5 Plants You Can't Kill

These 5 plants are not only tough as nails, but they're pretty, too. Turn your black thumb into a green thumb with these top picks. As gardeners, we're constantly faced with challenges: plants that won't bloom, flowers that die from a late frost, droughts that wipe out entire beds. Gardening definitely has its fair share of difficulties, so every once in a while it's nice to have plants that require little maintenance. Even better-grow plants you can't kill!

Sure, spraying these all-stars with weed killer would probably lead to their demise. But for the most part, these are hardy, maintenance-free picks that work well in any North American backyard.

So are you ready to turn your black thumb into a green thumb? Get planting with these top picks.

Coneflower
(*Echinacea*, Zones 3 to 9)

Coneflowers have become a garden staple for their easygoing nature. Growing 2 to 5 feet high and 2 to 5 feet wide, they are the perfect companion plant in just about any garden. They require well-drained soil but will thrive in full sun as well as partial shade. Known for attracting birds, bees and butterflies, coneflowers also make lovely cut blooms.

**Why we love it:** The coneflower is the low-maintenance star of nature-friendly gardens. It comes in many colors, and it's easy to find one you—and the birds—will love.

Colors: purple, pink, crimson, white, yellow, orange and even green. It's easy to find a variety that you—and the birds—will love.

Cosmos
(*Cosmos bipinnatus*)

If big, beautiful flowers are one of your top requirements, cosmos is perfect for you. Though it's an annual, it often reseeds on its own. Blooming summer to frost and growing up to 6 feet high, this backyard favorite deserves a regular spot in your sunny garden.

**Why we love it:** It's easy to grow from seed. So for a couple of bucks, you'll have a gorgeous show in a single season.

Daylily
(*Hemerocallis*, Zones 3 to 10)

An excellent choice for a classic salt and are often used for erosion control on steep hillsides. The pretty blooms come in every shade except blue and pure white; their distinctive trumpets may be triangular, circular, double, spidery or star-shaped. Daylilies grow 10 inches to 4 feet high and 1-1/2 to 4 feet wide and do best in full sun to partial shade.

**Why we love it:** Some cultivars attract hummingbirds and butterflies. A plant that is best divided every three to five years, the daylily is perfect to share with friends.

Hens and Chicks
(*Sempervivum tectorum*, Zones 3 to 8)

The only way to kill this succulent is by being too kind with overwatering. This perennial is perfect for rock gardens. It grows 3 to 6 inches tall and up to 20 inches wide and blooms in summer. For best results, plant in well-drained soil that gets full sun to light shade.

**Why we love it:** This low grower also works wonders in containers. Since it doesn't have a deep root system, you can plant it somewhere fun. Try growing it in an old birdbath or shoe.

Yarrow
(*Achillea*, Zones 3 to 9)

These easy-care, long-lasting flowers come into their own once summer is on its way. They grow 6 inches to 4 feet tall and 18 to 24 inches wide, in yellow, white, red and pink. Well-suited to most growing conditions, yarrows provide a long season of bloom. They're a good cutting flower, too. Avoid seedy varieties that may require a bit of weeding to keep contained.

**Why we love it:** This plant is heat- and drought-tolerant and can survive on benign neglect.

Taken from Birds and Blooms website
What is the best practice for cleaning any instrument that is dropped while in the middle of surgery and the patient is on the table under sedation?

I wish “Dear Steamy” had the answer that we want to hear; however, the answer is not clear cut when the instrument is urgently needed.

Ideally, hospitals should have enough reserved instrument inventory to meet the urgent demands of the surgical procedure in this situation. Check the instrument inventory to see if another sterile instrument is individually packaged or available from another sterile set. If not, the instrument must be cleaned properly before being sterilized for reuse. It is understood that immediate-use steam sterilization, formally known as flash sterilization, has been an on-going challenge. When performed correctly and deemed appropriately, immediate-use sterilization is an effective and safe way to sterilize critical surgical instruments; however, the sterilization process is not the real issue. It is the proper cleaning of the item to be sterilized by immediate-use method that is in question. Most surgical areas do not have mechanical equipment to clean the instrument.

The instrument should be processed mechanically through SPD and returned to OR for immediate-use (flash) sterilization. Due to time constraints and patient safety, the instrument can be manually cleaned following approved decontamination guidelines. The instrument should be immersed under water during the cleaning process (not under a running faucet). Inspect all parts of the instrument (ratchets, teeth, box-locks, jaws, etc.) for cleanliness. Rinse the instrument thoroughly and place in sterilizer.

I think this is one question that JCAHO may ask on its next visit to your hospital. Your response should be:

- Replace the dropped instrument from an individually sterile package or one from another sterile set (if available)
- Send the instrument to SPD for mechanical cleaning and return to OR for immediate-use sterilization
- Manually clean the instrument following the correct decontamination guidelines and return for immediate-use sterilization

Thanks for your question
Steamie
Chapter Award Winners

Manning/Stanley Technician Achievement Award

This person has worked within Central Sterile for the past 9 years and have belonged to NCAHCSF for about 6 years. She started her career as an Instrument Tech I and is currently a Certified Tech IV. Her primary job functions include operating the sterilizers and keeping track of all load documentation for a very busy 33 OR in a Level 1 trauma center.

She is the charge person on weekends and supervises techs under her leadership role. She also is an active advocate for education within the department. She has been known to provide educational sessions and has provided resource materials to her teammates on everything from flexible scope care to the importance of sterilization documentation. She also serves on numerous committees within her facility as a representative of her department.

Some statements used to describe her were:
Hard worker, strives to perform the best quality work possible; team oriented and has fantastic follow thru skills. She considers the patient is always the primary focus.

WAY TO GO:
Snjezana Pijunovic (Sandy)

Diane Fink Outstanding Leadership Award

This is a perfect healthcare educator. She is a staff development specialist and has worked within Central Sterile for over 10 years. She has been a member of NCAHCSF for years and has served as a member of the Board of Directors.

She is involved in teaching, leading and showing day to day best practices as they relate to the Sterile Processing arena. She has developed weekly in-services for all Surgical Services departments and has provided “reference books” on the work floor for employees to refer back to whenever needed. She provides one-on-one coaching and has mentored many of the Central Sterile staff to become certified. She is the role model leader that all directors would love to have leading, teaching and caring for the entire patient/family/staff within the Surgery division.

“The older she gets, the better she gets.”

She is the OUTSTANDING—Betty Twamley

Bill Dennis Merit Award

This person is so valuable to the chapter, the Board felt she was the natural choice for this award. She has served on the board of NCAHCSF in a number of positions, from Chairperson of the Recognition Committee to President. She has done an outstanding job in every role. As the leader of the Recognition Committee, she has reformed the criteria to help define the eligibility of the award winners. This was no easy task, but after much time and sweat, it has become a huge success. This candidate takes great pride in receiving the nominations and presenting the awards to the winners. She knows what high standards the winners have met in order to be the winner of each and every award given by the chapter. We thank her for all her hard work to the association and thank her for help make the chapter a success.

THANK YOU—PATRICIA WASHINGTON

Jo Perkins Vendor Award

Presented to Steris Corporation for the many years of continued support and quality educational offerings to the membership of the NCAHCSF.

THANK YOU—Steris Corporation
Chapter Award Special Appreciation Award

This person is very special to the chapter. She has given many years of service, expertise and knowledge. With her experience, she has worked with many different Sterile Processing departments to help create a much better and safer environment.

She is a Clinical Specialist working with STERIS to provide training and education not only to Sterile Processing but the Operating Room as well. She has also worked with Infection Control and physician offices to ensure all staff measures are aware of quality measures. She also helped facilities to troubleshoot; wet pack problems, positive BIs, washer testing problems and sterilizer issues to name just a few.

She has over 30 years as a Registered Nurse working in the OR. She has been a staff nurse working with Sterile Processing on many associated projects. She has also been a Director of Surgical Services with responsibility for Endo Lab, PACU, OR and Central Processing.

She has published several articles in *Infection Control Today* and *Managing Infection Control*. She has also presented many educational and training seminars not only to our own chapter but to many other chapters as well as AORN. She also holds affiliations with many professional organizations. She belongs to NCAHCSP, AORN, SGNA, APIC & IAHCSMM.

She has reached an age where she has decided to retire. We wish her all the best and will truly miss her expertise, her caring for our practices, and her willingness to go beyond her job and help in any way she can.

YOU WILL BE MISSED!!
WE WISH YOU WELL
MYRNA KAUFFMAN

S.A.F.E. Situational Awareness for Everyone® Display provides your OR team with real-time, up-to-date, accurate patient data from disparate hospital sources. It helps optimize patient safety and workflow efficiency for every procedure. The display eliminates information delays and manual checklists while significantly reducing the potential for a "never" event.

OR team members look to one trusted source for the most current data updates of the patient and operation. The system provides automatic access to key information from diverse IT systems - Laboratory, Radiology, Medical Records, Allergies and more.

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S.A.F.E. Situational Awareness for Everyone Display provides a dynamic view of clinical information on a dedicated, easy to read display to optimize clinical decision making and patient safety. It helps OR staff safely navigate through Sign In, Time Out and Sign Out requirements for every surgical procedure while encouraging best practices and optimal patient outcomes. Patient safety reminder prompts include antibiotic re-doses, tourniquet management, patient repositioning and more, preventing potential patient infection or injury during surgical cases. Since the system provides information in real-time, it enables healthcare providers to feel confident they are receiving the most current patient and procedural information. S.A.F.E. Situational Awareness for Everyone Display provides smooth patient handoffs from the OR to PACU after every procedure.

S.A.F.E. Situational Awareness for Everyone Display can help you:

- Increase patient safety in the OR
- Avoid costs associated with adverse events
- Eliminate communication bottlenecks
- Increase OR and staff utilization and efficiency
- Realize increased performance and profitability
- Maintain patient satisfaction levels

Provide surgeons, staff, patients and their families with "peace of mind" regarding optimized patient safety in the OR.

Taken from STERIS website
HEAT STROKE—SIGNS AND SYMPTOMS

Heat stroke is a very serious and potentially dangerous heat injury that requires medical attention immediately. This is the most severe form of heat-related condition that stems from milder illnesses such as heat cramps and heat exhaustion. The medical definition of heat stroke is a core body temperature 105 degrees Fahrenheit or higher combined with central nervous system complications resulting from overexposure to high temperatures.

Here are 10 Signs and Symptoms of Heat Stroke:

1. **Incredibly Hot Skin**
   Incredibly hot, red skin is one of the most popular signs of heat stroke. If your skin is hot to touch and you have an internal body temperature 105 degrees or higher, you will need to see a doctor as soon possible. A simple sunburn will also present this symptom (red, hot skin) but the situation becomes dangerous when your body temperature stays higher than 105.

2. **Dizziness and Fainting**
   In addition to an internal body temperature greater than 105 degrees Fahrenheit, dizziness and fainting are the next most common symptoms of heat stroke. If you’ve spent several hours in the sun and you experience this symptom, contact your doctor immediately and make sure you drink lots of water in the meantime.

3. **Extreme Fatigue**
   Spending a day in the sun can be exhausting at the best of times, however, if you’re experiencing some of the other symptoms on this list along with extreme fatigue, it may be a sign of heat stroke. If this is the case, it’s always best to seek medical help, just in case your heat exhaustion has progressed into heat stroke.

4. **Nausea**
   Nausea is another indication that your heat exhaustion has progressed into heat stroke. A constant nauseous or uneasy feeling in your stomach (especially combined with dizziness) may mean your condition is worse than you initially thought. Drink lots of water to help treat the nausea and, as always, contact your doctor for assistance.

5. **Vomiting**
   Feeling nauseous is one thing, but actually vomiting is another. If your nausea has progressed into vomiting, this is a definite sign of heat stroke and it’s critical that you seek medical attention immediately. Drink as much water as possible on your way to seek help.

6. **Rapid Heartbeat**
   A rapid heartbeat after spending time in the sun can be an indication of a serious problem. If you’re experiencing some of the other symptoms on this list in addition to a rapid heartbeat, you will want to make sure you get checked out immediately. When it comes to the heart, you don’t want to take any chances.

7. **Mental Confusion**
   Individuals who have heat stroke often feel dizzy but mental confusion is also a popular symptom. If you’re having difficulty thinking, remembering or focusing, it may be an indication that you’re suffering from heat stroke. If this is the case, contact your doctor or seek medical help as soon as possible.

8. **Seizures**
   Seizures are a very serious (and very dangerous) symptom of heat stroke that requires immediate medical attention. This symptom often presents itself abruptly and offers few warning signs. If someone you know has suffered a seizure, get them to the hospital as soon as possible.

9. **Lack of Sweating**
   One of the differences between heat exhaustion and full-blown heat stroke is a lack of sweating. If you’ve spent too much time in the sun, you’ll likely feel very hot and perspire a lot. However, if you’re suffering from heat stroke, your body will not produce sweat, despite feeling incredibly hot.

10. **Severe Headache**
    If you’ve spent time in the sun and you’re experiencing a severe headache, you may be suffering from heat stroke. It’s common for individuals to have a slight headache after spending time outdoors in the summer but a severe headache, combined with at least one other symptom on this list is an indication you need to seek medical attention immediately.

Written by Angela Ayles of Activebeat/6.10.2013
Objectives:
Define Robotics
Discuss the Use of Robotics in Surgery
Describe Cleaning Processes for Robotics

When I was growing up, we watched movies that had robots in them. Mostly they were of the science fiction variety. Everyone I knew really thought this was impossible, just a figment of someone’s imagination. The term “robot” was first coined by a Czech playwright, Karel Capek. Capek had written a play called “Rossum’s Universal Robots” in 1921 and had taken the word from the Czech word “robota” which translates into forced labor in English. Originally robots were developed as dumb machines that were only used to perform menial, repetitive tasks. Now they are used to perform highly specific, precise and dangerous tasks in industry and research that had previously not been possible with people. They are used as bomb robots, in the manufacturing of microprocessors for computers and even exploring under the oceans.

As machines became more complex, inventors and scientists starting looking at ways to develop robots to do more. There was a vision to have a robot to extend the capabilities of human surgeons beyond the original dream of conventional laparoscopic surgeries. In 1985, the first robotic system called the Puma 560 was used by Kwoh to do neurosurgical biopsies more precisely. Three years after that, Davies used the Puma 560 to do the first transurethral resection of the prostate. Using the information obtained from the use of the Puma 560, the PROBOT was developed. This was designed specifically to be used only with transurethral resection of the prostate (TURPs). The first surgical robot was the ROBODOC, designed and marketed by Integrated Surgical Supplies out of Sacramento, California. This robot was designed to ream out the femur with greater precision in hip replacement surgeries. It is also considered to be the first surgical robot that was approved by the FDA.

As it became more known in the surgical community about the use of robots, NASA’s Ames Research Center wanted to learn more about this new procedure. The researchers there were already working on virtual reality and wanted to take this additional information to see if they couldn’t develop telepresence (being able to see and in the presence of) surgery. The concept of telesurgery became the force that brought together researchers and scientists and surgeons in order to develop surgical robots. In the early 1990s, the Stanford Research Institute began working with the NASA-Ames team of robotocists (study & develop robots) and virtual reality experts developed a telemanipulator for hand surgery. A telemanipulator is a device for transmitting hand and finger movements to a remote robotic device, allowing the manipulation of objects that are too heavy, dangerous, small, or otherwise difficult to handle directly.

The U S Army also became interested about the same time. Their thoughts were robots could be used to decrease wartime mortality by bringing the surgeon directly to the soldier. The Army had already been using a program called MASH (Mobile Advanced Surgical Hospital) Units and thought at some point the soldier could be loaded onto a van set up for surgery and the surgeon could operate from home base. However, at this point in time, the Army has not tested nor has it been approved for military use.

The surgeon is situated at this console several feet away from the patient operating table. The surgeon has his head tilted forward and his hands inside the system’s master interface. The surgeon sits viewing a magnified three-dimensional image of the surgical field with a real-time progression of the instruments as he operates. The instrument controls enable the surgeon to move within a one cubic foot area of workspace. The detachable instruments allow the robotic arms to maneuver in ways that mimic fine human movements.
Each instrument has its own function from suturing to clamping, and is switched from one to the other using quick-release levers on each robotic arm. The device memorizes the position of the robotic arm before the instrument is replaced so that the second one can be reset to the exact same position as the first. The instruments' abilities to rotate in full circles provide an advantage over non-robotic arms. The seven degrees of freedom (meaning the number of independent movements the robot can perform) offers considerable choice in rotation and pivoting. Moreover, the surgeon is also able to control the amount of force applied, which varies from a fraction of an ounce to several pounds. The technology also has the ability to filter out hand tremors and scale movements. As a result, the surgeon's large hand movements can be translated into smaller ones by the robotic device. Carbon dioxide is usually pumped into the body cavity to make more room for the robotic arms to maneuver just as for any routine laparoscopic procedure.

Robotic surgery may be used for a number of different procedures, including:

- Coronary artery bypass
- Cutting away cancer tissue from sensitive parts of the body such as blood vessels, nerves, or important body organs
- Gallbladder removal
- Hip replacement
- Hysterectomy
- Kidney removal
- Kidney transplant
- Mitral valve repair
- Pyeloplasty (surgery to correct ureteropelvic junction obstruction)
- Pyloroplasty
- Radical prostatectomy
- Tubal ligation

Robotic surgery cannot be used for some complex procedures. For example, it is not appropriate for certain types of heart surgery that require greater ability to move instruments in the patient's chest.

Penelope, the first surgical robot able to hand instruments and assist at surgery is transfer ring to another department — central sterile reprocessing — and her name will be Penelope CS. Penelope, named for Ulysses' wife in the mythic Odyssey by Homer, was invented by Michael R. Treat, MD, associate professor of clinical surgery in the College of Physicians and Surgeons of Columbia University in New York City. Penelope's software brain allowed her to focus on surgical instruments, count them, know where they were, and hand them to the surgeon. Penelope also could unpack instruments, arrange them, pick up an instrument, and put it back. Thus, it wasn't much of a stretch to move Penelope into CS and use her to clean, sort, inspect, and count instruments and repack them to go back to the OR.

Because of the complexity of the instrumentation, there is an intense involvement of the CS Tech. In order to have adequately trained staff, the CS department needs to be involved from the beginning of the process to purchase a robotic unit. This is to ensure the staff is involved in the training process from the beginning. The CS department needs to know specifically the disassembly & cleaning, disinfecting, assembly and sterilization instructions so the staff can be comfortable with the processing of the robotic equipment.

The involvement starts when a case is posted. It would be really beneficial if all parties involved could watch a procedure being done so they could see how the instruments go together and are used. This helps staff understand the intricacies of the equipment. Each manufacturer will be able to provide cleaning and sterilizing instructions and
One thing that is important to discuss prior to scheduling cases is the amount of time necessary to completely process the instrumentation.

Surgeons need to be involved in these discussions so they are aware of the limitations of scheduling two cases back to back. Robotic surgery is an up and coming process and at sometime in the near future we will all be involved in the processing of this new and somewhat futuristic concept. Ask questions and become involved so you know all there is to know.

References:
Web site: www.allaboutroboticsurgery.com

CS Questions & Answers
Written by Ray Taurasi

We only have one ultra-sonic washer in our decon area. A new nurse in our ophthalmic surgery clinic recently toured SPS and was concerned we are processing eye instruments through the same ultra-sonic washer we use for other surgical instruments. She said this was not an acceptable practice and that there should be separate washers exclusively for eye instruments. She also stated we should not be using enzymatic detergents on eye instruments. ... Is it required to have two washers, with one just for eye instruments? Can enzyme detergents be used?

ANSWER: First and foremost, it is imperative that the IFUs of the eye instrument manufacturer, detergent manufacturer and the ultrasonic equipment manufacturer be followed. Eye instruments should not be processed with other surgical instruments. There is great concern relative to the proper and careful processing of ophthalmic instrumentation due to the high risk of TASS (toxic anterior segment syndrome) which could result from improper processing techniques and protocols. The ideal situation would be to have an exclusive ultrasonic washer for eye instruments, but if this is not the case, the ultrasonic should be drained, thoroughly cleaned, rinsed and wiped with alcohol prior to processing each load of eye instruments. You might find that some ophthalmic instrument manufacturer will recommend a manual cleaning process and a specific cleaning agent. I am not aware of any universal recommendation against the use of enzymatic cleaning agents on eye instruments but here again, you must follow the IFUs of the specific manufacturer.
Robots—In Your Future
Post test 2nd quarter

1. Robots were developed as dumb machines used only to perform menial tasks.
   TRUE  FALSE

2. PROBOT was designed to be used with sigmoid surgeries.
   TRUE  FALSE

3. The 1st surgical robot approved by the FDA was the ROBODOC.
   TRUE  FALSE

4. A telemanipulator is a device for transmitting hand and finger movements to a remote robotic device allowing manipulation of objects that are too small, heavy or too difficult to handle directly.
   TRUE  FALSE

5. The U.S. Army became involved when they decided robots could be used for field surgery.
   TRUE  FALSE

6. Surgeons operate from a console at the head of the table.
   TRUE  FALSE

7. The computer memorizes the position of the arm so when instruments are changed, the position for the second is exactly the same as the first.
   TRUE  FALSE

8. The console computer can translate the surgeon’s hand movements to much smaller and more delicate movements.
   TRUE  FALSE

9. Robotic surgery is appropriate for all types of surgery.
   TRUE  FALSE

10. Penelope CS is a robot that can be used in Central Sterile to assist with tray building among other jobs.
    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.

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Word Search

Find and circle all of the words that are hidden in the grid. The remaining letters spell a secret message.
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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