

**INTEGRITY:  
THE CRITICAL  
PIECE TO  
QUALITY**





Integrity is a word used liberally in the professional world, and for good reason. It's defined as "a quality of being honest or having strong moral principles" or a "firm adherence to a code of especially moral values," and those who possess it and display it consistently in their personal and professional lives are considered "sound" and "incorruptible."

As much as each of us lists integrity as a prioritized quality for ourselves and others, the reality is many of us slip up over the course of our careers and personal lives – or, at least, are tempted to do so. In healthcare and, certainly, in the realm of Sterile Processing (SP), pressures mount on a daily, hourly and even minute-to-minute basis, which can lead to unrealistic expectations and demands, and a desire to get things done quickly to stay afloat. But it's important to always remember that even a split-second slip in integrity can spell big trouble for employee and patient safety. It could even mean the difference between life and death.

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## PANDEMIC PRIORITIES: Integrity Still Matters

At the time of this publishing, the global pandemic is still in full swing and social media boards are filled with questions, comments and concerns about how best to manage COVID-19 (novel Coronavirus), especially in light of supply shortages. While Sterile Processing (SP) professionals can take comfort in knowing high-level disinfection and sterilization are both effective at eliminating the virus from instruments (meaning no extraneous steps are necessary), it's essential that all processing professionals are diligent and consistent in following all instructions for use, standards and policies and procedures. This is imperative not just during a pandemic, but for every instrument, every tray and across every shift – every day of the year.

Still, the pandemic and the resulting shortage of critical supplies has led some healthcare organizations to take some drastic measures, including asking SP professionals to use less personal protective equipment (PPE) or reuse PPE. In such an unfortunate event, epidemiologist Cori Ofstead, MPH, President and CEO of Ofstead and Associates, stressed the need to sit down with stakeholders and determine how they're going to decontaminate the PPE before reuse. "Anything used in manual cleaning is highly contaminated and should not be reused, unless it can be cleaned and disinfected or sterilized in ways that do not compromise the materials," she told IAHCSSMM. "Vendor consultations may be necessary for this."

Experts agree there are no levels or degrees of integrity. Demonstrating it yesterday or even an hour ago does not constitute a person of integrity if he or she is willing to expand the boundaries "just this once." There's no proverbial cheat day. We must be willing to do what's right always, and not just in our own actions. In healthcare, where others' lives depend on our knowledge, skills, integrity and strong moral code, the onus of responsibility also rests on our shoulders if we witness another healthcare professional taking shortcuts, shunning policies and adopting practices that deviate from instructions for use (IFU), standards, guidelines and regulations, and policies and procedures.

No one said reaching and consistently maintaining integrity is easy, however. In fact, most would agree that, especially, in the ever-changing, high-stress healthcare environment, it can be downright difficult. We may not realize how a rushed process or other questionable action can lead to devastating consequences – so we do it. We may not want to correct a co-worker who performed a step incorrectly – so we look away or swallow our words. We may not want to explain to a boss that the practice they just taught counters the IFU or best practices – and we likely wouldn't find it comfortable to inform a surgeon, nurse or other healthcare customer that their request for expedited instrument turnover can't and won't be met because it would put the patient at risk. *But we must.*

As Sterile Processing Director Marjorie Wall, MLOS, CRCST, CIS, CHL, CSSBB, and IAHCSSMM Board of Directors member, explained, "We are all human and make mistakes. Through open communication and education, we can be better."

### Stand up, speak up


By and large, SP professionals and their

healthcare customers share a mutual goal: to deliver quality service that sets the patient on the receiving end of the instrumentation and frontline care with the best odds for a positive outcome. Still, to no fault of one's own, undue pressure can pop into the picture that can hamper the ability to reach that goal: a missing or malfunctioning instrument discovered when the patient is already on the table; a higher-than-normal procedure volume that leads the surgical team to push, sometimes aggressively, SP professionals to turn instrument sets around more quickly than is prudent (and some SP professionals to cave to the requests for fear of angering the surgeon); instrument damage caused by poor practices in the OR, SPD or other department; standards, guidelines and best practice-based policies and procedures that are forsaken for so-called "sacred cows" – those practices that have been followed and passed down time and again because "that's just the way it's always been done"; a colleague who rushes a process or skips a step because they're tired, unfocused or eager to move onto a less challenging task; and the list goes on.

Angela Lewellyn, LPN, CRCST, CHL, Director of Development and Research for Advantage Support Services Inc., said it's helpful for all technicians to view themselves as educators and infection prevention advocates. "To take ownership, we should present information, as a gentle reminder, and re-educate each other to ensure a department of excellence."

Fostering a culture of integrity and teamwork involves overcoming fear, gaining confidence and ignoring one's inner voice that may say, 'who am I to question?'

"Often, people are scared to speak up because they are worried about retaliation, feel like it's not their place to say anything, or are burned out and just don't care anymore. We need to



remember that all of us are here for the patient. Our jobs are to help patients,” said Wall. “If a technician sees someone doing something unsafe, they need to stop the line and speak up. Management can be brought to help facilitate the conversation, if needed.”

Lisa Wakeman, DrPHc, MBA, CRCST, CIS, CHL, MBTI, CS Education and

Quality Coordinator for IU North Hospital in Carmel, Indiana, reminded that teachable moments are spontaneous. By choosing to connect with someone, we can seize an opportunity that may otherwise be missed.

“All too often, we let these moments pass us by because we are focused on conquering the task at hand, and we lack

the mindset to engage with a peer to help them learn. When noticing a team member either taking a shortcut or doing the wrong thing, a common response is to let something we observe slide because it’s easier and faster to simply take care of it ourselves and avoid the confrontation,” she explained, adding it may be tempting to later complain about it behind that

## Tales from the Trenches

Every Sterile Processing professional has likely faced situations in the workplace that required immediate action to keep integrity intact and avoid jeopardizing employee and patient safety. Here are a few real-life examples\*:

“I had an incident where a technician did not inspect the instruments with lighted magnification. I was supposed to check his work and when I did, I found bioburden. I had him look at the instrument through the lighted magnification and asked him what he saw. He was shocked by what he missed and when I explained it was bioburden and it could have been disastrous if that instrument had been used on the next patient, he was horrified. He then asked if he was in trouble. I told him he wasn’t in trouble but stressed to him that is exactly why every instrument needs to be checked carefully and with lighted magnification. It was a scary lesson for him that, hopefully, stuck with him. We all need to understand that being lax just once can have serious impact on the patient.”

“An OR team needed the ‘one instrument’ the SPD had available and it was currently in an ethylene oxide (EO) cycle. The manager wanted to abort the cycle and deliver the instrument to the OR team immediately. It’s important to note that this instrument had been exposed to EO and no aeration had taken place. We, as an SPD team, discussed with the manager how immediate removal of the instrument – and without aeration – would expose the patient to a carcinogenic, and the instrument also wouldn’t be sterile. As a team, we were able to instruct him on the AAMI guidelines (pertaining to early release) and we encouraged the manager to call a sister hospital and discuss the matter with the surgeon. This intervention prevented that instrument from being used on the patient.”

“In 2014, I was in a hospital and observed a person with 40 years of experience using a wipe intended for countertops to clean a flexible endoscope. I immediately explained that the wipes were not indicated for use on flexible scopes; I included this incident in my report to her supervisor and suggested that something needed to be done to educate staff on proper cleaning protocol. Six months later, when I returned to check on the hospital’s progress, that same veteran employee was using the same type of wipe to clean components of the Da Vinci robot. Obviously, no action had been taken; of course, I reported it again. Cases like this are especially alarming because newer employees often look to these veteran employees for coaching on how to do things.”

“I had an open heart surgeon come to me on a Saturday afternoon and ask that we rush the open heart instruments through (just hand wash them so they could then ‘flash’ them). I told him that could not be done and reminded him that this was an open case and all open cases must be run through the washer and then through the sterilizer. He then said, ‘Do as I tell you or you are fired.’ I told him that I would save him some time and would just quit before I allowed a patient to be put at risk. I also told him I was sure the patient would not like it if they found out that the open heart instruments were not cleaned properly. I then started to leave, and he called me back, apologized and admitted he just wanted to get out early to play golf.”

*\*Sources were kept anonymous to protect the employee(s) and their facilities*



person's back, which only makes the problem worse.

"It takes extra time to stop what we are doing and constructively teach something, and we stretch outside of our comfort zones when we choose to make a moment count. Our work environment is what we choose to make it," noted Wakeman. "We can inspire others toward positive change when we take initiative to demonstrate that we trust and value one another enough to grow together. Showing someone a better technique, process, method, or skill while explaining the rationale helps them put the reason behind best-practice into context."

Kindness and patience also count. "I usually say in a polite tone that I saw what they did but that is was not done the way the IFU says, or what's in the standards or policy," said Teresa Young, CRCST, CHL, CER, BLS, Scope Coordinator at Eskenazi Health in Indianapolis, Ind. She also encourages new employees or anyone in need of guidance to ask questions in the moment. "And if someone asks you a question, take the time to show them so they will keep asking questions as the need arises. The minute you stop answering them or respond in an unfriendly or disrespectful tone, then you've lost them and, sometimes, forever."

Of course, being open to ideas and willing to take constructive criticism when our own actions are called into question is equally important for maintaining a department of consistent integrity and accountability. Wakeman urges more veteran employees to recall what it was like when they were a newer technician, and to understand that a lot has changed over the years. "Even seasoned professionals may not have had newer information put into the right format for them to accept and adopt a newer method. If you want to teach someone, you have to be open to also

## When Communicating Concerns Doesn't Help: What Next?

There may be times when a co-worker, manager or healthcare customer is seen doing the wrong thing, but effective communication and in-the-moment education isn't well received by the other party. Here are some tips to help right the ship:

"I once had a director who had double standards for her approach with certain staff. As a supervisor at that point, I was holding other staff members accountable for their actions, such as with their attendance and productivity. I felt that my holding my staff accountable, and her not was inappropriate and sending a wrong message. I once told her I was not going to proceed with punishment because she did not do the same with certain staff. This did not put me in good favor. This director was identified by her favoritism and later released from her position. Being transparent and being fair across the board is all any employee asks for. If you feel you have a manager that is doing something wrong, it is best to follow the chain of command and express your concerns and be forthcoming with the whole story." – anonymous Sterile Processing manager.

"When I was in one of the most prominent hospitals in the country as a vendor, my associate and I noticed blood on an instrument on the clean side of the Sterile Processing department. When we told the supervisor what we saw, the supervisor became irritated and said we were trying to stir up trouble and business. Vendors tend to be discounted by hospital management. That is why data is so very important and should be the foundation for a plan for improvement. Even doing the right thing doesn't always work out, so always have a witness present if you decide to confront a situation." – Rick Wells, CCSVP, President, SolutionWells LLC

being teachable yourself," she noted. "There is always something to learn in Sterile Processing. With an iron-sharpens-iron mentality, we can foster a culture that is open to growth and improvement.

Upon hiring, Tony Thurmond, CRCST, CIS, CHL, Central Services Manager for The Christ Hospital in Cincinnati, Ohio, and IAHCSSM's immediate Past-President, always asked the interviewee two questions: If you were to see a co-worker doing something wrong, whether it is intentional or not, how do you approach them or handle it; and if they

are doing something wrong or incorrect, whether intentionally or not, how would they handle someone approaching them and letting them know that what they did is incorrect?

"You have to be able to be accept that question or critique of your own work in a professional manner. If you cannot, I prefer not to hire this person," noted Thurmond. "That is a hard approach for most, but you have to consider that tray may be used on a family member. Do you want that tray incorrect?"



### When managers miss the boat

Although those in leadership roles have more experience, they aren't infallible. But what's the best approach when a technician knows they are being taught incorrectly by an educator or manager, or personally witnesses improper practice? The answers lie in tactful, thoughtful, education-based communication, sources say.

"It can be an unsettling feeling to observe a leader doing something contrary to what you know is right. One can feel a sense of discouragement because the leader sets the precedent for the entire team. Leaders are held to a higher standard, but it is important to remember that even leaders are learning, and in our humanity, everyone is capable of being wrong," said Wakeman.

The best approach, she's found, is to always lead by example. "In our profession, we must be adaptable to new evidence-based practices. Continually, we are discovering new guidance from organizations that develop and promote industry standards, and ground-breaking studies are published routinely that challenge the status quo. Leaders respect the opportunity to evaluate information that is intelligently and respectfully presented." She assured that providing research from credible sources can open up a dialogue with the team and spark ideas that promote change. "Choosing to be patient and providing compelling information will go so much further than complaining about your leader and stirring up dissension. Making the conscious choice to critically think and start an engaging conversation about a topic can challenge others to reframe their mindset."

Having tact and an ability to "read" the situation and the individual can also help steer a more productive discussion, without putting the manager on the defensive. "No manager comes to work

every day to fail. Often, it can be hard for managers to admit their lack of knowledge for practical techniques," said Jhmeid Billingslea, CST, CRCST, CIS, CHL, CMRP, CS Regional Manager for Advantage Support Services. In his experience, the best approach is for the technician to provide evidence-based knowledge in private and not on the department floor.

Wall shared similar sentiments and added the value of a team-based approach for fixing flaws and process missteps. Leaders need to be open to staff bringing up concerns, and technicians need to bring up concerns in an appropriate way and in an appropriate venue, and be prepared to have an open dialog, she stressed.

"Sometimes, the technician may not have all the information around the manager's decision. Sometimes, the manager is in the wrong and needs the opportunity to course correct," she said. "In my career experience, if I am doing something wrong, I want my staff to bring it to my attention. This may be a quick text message, pulling me to the side to express concerns, or speaking up about the concern during a shift huddle." In turn, however, Wall also asks that the technicians be open to communication, hearing my perspective, and committing to help fix the process if it is broken."

### Lean on data

Whenever a teachable moment occurs, it's best to rely on irrefutable data for support. Standards and guidelines provide a valuable template for what "good" looks like, and they help take the guesswork out of a process. As Wakeman explained, standardization is the baseline for minimal expectations of normal day-to-day operations. "Quality cannot be achieved if it is not being routinely monitored and backed by evidence-based research," she said.

Facilities that use a multidisciplinary risk assessment approach to developing policies and procedures -- utilizing industry standards -- can ensure that they are staying current on the latest guidance for safe practices, Wakeman continued. She explained that when technicians are informed and understand current standards, this knowledge can empower them in daily decisions.

"Remember that all standards publications are living documents and will be routinely revised to reflect the most current advances in technology, science and practice. A commitment to being engaged with our profession and continuing education can increase awareness and compliance with standards."

Consultant and former vendor representative Rick Wells, CCSVP, President of SolutionWells LLC, stressed how IFU should also be used as the leading source of supportive literature. In his decades of experience, he's seen many departments where one influential person with a well-intended but not IFU-compliant idea educates others in the department on how to do something faster or easier. "The IFU is the authority," he said. He also recommends that those who see an incorrect behavior or misstep should have a "wing man" for additional support and witness. "Use the IFU and have a vendor present or someone respected within the department. I can appreciate that with so many IFU, the process can be overwhelming, but it is the only way out of a tangle. It protects the hospital legally, and it will allow everyone to sleep well at night knowing you are doing the best thing for today's and tomorrow's patients."

Data is essential when communicating concerns with SPD customers, such as the Operating Room, for example, and helping establish more effective interdisciplinary teams. Wells encourages the building of a cross-functional team



where a surgeon and people from each department are present. “This group should meet monthly to review data that is either financial or infection control-related, and it should be shared with all staff after analysis. Solving problems always begins and ends with the process.” Once the team arrives at a solution, he recommends having the OEM and Infection Control sign off on the new process to solve whatever issues the team may have been having.

It’s effective for SP professionals to have knowledge of not only the standards that directly impact their department, but also those for their healthcare customers. Knowing and understanding Association of periOperative Registered Nurses (AORN) guidelines, for example, will help give SP professionals more confidence and credibility in addressing issues with the surgical team. Many OR professionals don’t have a firm grasp on the standards themselves, Thurmond said, and many were taught to follow what they were taught by their elder team members – not necessarily what’s in the current standards. “If you have knowledge of how to do right, you always should lean on it and use it every day.”

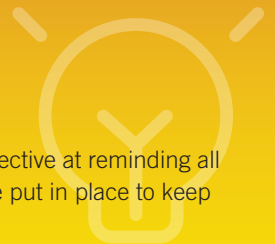
Wall also underscored the importance of a cross-functional team for promoting ongoing education and accountability. “The cross-functional team should develop a plan for compliance from all team members,” she reasoned. “This may mean purchasing trays so Sterile Processing has sufficient time to process instruments. This could also mean OR leadership focusing on point-of-use cleaning and improving compliance, and Sterile Processing not skipping critical decontamination steps to process trays at an unsafe speed.”

And don’t underestimate the value of thoughtful understanding and situational awareness, which will help all sides gain a clearer picture of the other’s immediate

## Top Tip!

Signage posted in all areas of the department can prove effective at reminding all members of the team that quality counts and processes are put in place to keep patients safe.

Teresa Young, CRCST, CHL, CER, BLS, Scope Coordinator at Eskenazi Health in Indianapolis, Indiana, posts “Follow the Process” signs in the department and said an employee once admitted they were thinking about cutting a corner but then saw the sign, stopped and did it the right way.



challenges and perspectives. Surgical team members, for example, have a clinical focus and aren’t typically experts in the scientific processes involved with sterilization and high-level disinfection, reminded Wakeman. “Clinicians may legitimately not understand the rationale behind a particular practice. It is in these moments that we can concisely provide the context necessary to efficiently intervene. Having situational awareness and a proactive mentality can help provide you with solutions when these moments arise,” she said. That begins with building strong relationships of trust with OR leadership and the surgical team. “Routinely going out of your way to provide for their needs and continually demonstrating that you have their back can go a long way. Surgical team members may be more open to collaborating with you when they are in a pinch and want to cut a corner knowing that they can depend on you.”

When situations arise where a surgeon or OR nurse makes an unrealistic or unsafe request for the sake of time and cost, and the SP manager or technician doesn’t feel their concerns are being heard, it will likely be more beneficial to schedule a brief meeting with the surgeon to speak about the SPD’s issues and challenges and share the appropriate standards and

supportive data to show why what’s being requested is so concerning.

“I’ve found that the best teaching moments for clinicians is not when they are already crunched for time, but when both parties can carve out some time to discuss the matter openly and thoroughly, and with all the right information in hand,” said Brian Reynolds, CRCST, CHL, CIS, CER, Assistant Chief of Sterile Processing Service for West Palm Beach VA Medical Center, and IAHCsMM President. “It’s also helpful to be part of those physician meetings, if possible, so both sides can express their needs and concerns and determine together how best to address them.”

The bottom line is each member of the team plays an essential role in patient outcomes, and each departmental and interdisciplinary teammate must engage in positive, in-the-moment teaching opportunities to improve quality and patient care and help promote integrity. “When we share experiences where gaps are evident, we can work together to limit incidents that lead to shortcuts,” said Wakeman. 