



# IT'S CRITICAL THAT OR PERSONNEL BUILD STRONG RELATIONSHIPS WITH OTHER DEPARTMENTS THROUGHOUT THE HEALTH CARE FACILITY. BUT PERHAPS NO PARTNERSHIP IS AS CRITICAL AS THE ONE BETWEEN THE OR AND THE STERILE PROCESSING DEPARTMENT (SPD).

SPD is responsible for a wide range of activities related to the cleaning and sterilizing of surgical instruments before use. These include decontaminating, inspecting, packaging, disinfecting, reprocessing and transporting all reusable surgical instrumentation.

According to David Taylor, MSN, RN, CNOR, the President of Resolute Advisory Group LLC, most SPDs are comprised of three different specialty areas: decontamination, assembly and sterilization, and storage and distribution.

# A 'SUBOPTIMAL' RELATIONSHIP

In his experiences working with numerous health care organizations, Taylor characterizes the relationships between the OR and SPD to generally be "suboptimal."

"Both departments are faced with unique challenges in their day-to-day operations and neither truly understands the challenges each other faces on a daily basis," Taylor says.

"The relationship between the OR and SPD is symbiotic – they are completely dependent on each other," says Elbridge "Eb" Merritt, MSN, RN, CNOR, CHL, CRCST, CIS. "The best relationships are mutually respectful and collaborative."

Hank Balch, the co-founder and host of the Beyond Clean podcast, believes that the quality of the relationship between the OR and SPD often correlates to the size of the hospital.

"Typically, there are better relationships between the two teams at smaller hospitals," says Balch. "This is because there is a natural connectedness between them in both their proximity to each other and their mutually supportive roles."

"As the size and complexity of the hospital grows and the physical distance between the two teams increases, the professional distance between them also tends to increase," adds Balch.

But size and complexity are not always the determining factor in the quality of the relationship, he notes.

Ryan Rozinka, CRCST, CHL, technical service specialist with 3M Infection Prevention Division's Sterilization Assurance Group, points out that the OR and SPD operate in silos in many health systems.

3M INFECTION PREVENTION DIVISION, STERILIZATION ASSURANCE GROUP

"Often, OR
personnel do not
have insight into what
it takes to make the SPD
function well," he says.
"Likewise, the SPD does not
understand the workflow and
demands of the OR."

This disconnect can be compounded by a physical separation, says Rozinka.

"The SPD is typically in the basement of facilities while the OR suites are located on different floors, creating a disconnect and lack of understanding between the two departments," he explains.

"To be frank, it can sometimes feel like a love-hate relationship between the

OR and SPD," Rozinka adds. "They must work together, but they don't always understand each other."

### BEING PROACTIVE IS KEY

All of the experts emphasize the importance of the OR and SPD being proactive when it comes to

improving relationships and collaboration with each other. According to Rozinka, this starts with understanding each other's roles and how what each department does affects the other department.

"Doing so may heighten the importance of each department's tasks in ensuring that patient safety comes first while helping lead to more efficient and thorough processes," he says.

Balch concurs regarding the importance of a positive relationship between the two departments.

"Both teams have the same fundamental mission: ensuring safe patient care," he says. "When the relationship sours, this negatively impacts everything – from clear communication, teamwork and efficiency to increasing the potential for processing errors and surgical delays."

Merritt urges OR and SPD staff to "be positive, respectful and appreciative in your daily communication with each other. Collaborate and support each other when improving processes and avoid 'blame games' at all costs – because once this begins, it can be a slippery slope."

"Instead of pointing blame, OR and SPD

teams can work together to implement checks and balances," adds Rozinka. "This helps ensure that any issues along the way are resolved prior to the physician and patient entering the room."

Taylor says it's critical to proactively manage the day-to-day operations of SPD and the OR to make sure that both departments are working toward the same goals.

"This not only helps improve performance, but it also helps prevent patient injuries and the transmission of dangerous and sometimes deadly infections," says Taylor. "And it keeps your organization from becoming the focus of the latest nationally televised or printed news story about a negative patient outcome."

### BRIDGING THE GAP

The good news, says Rozinka, is that many health systems are working to bridge the gap and improve the connection between the OR and SPD.

"More health systems are emphasizing collaboration between the OR and SPD," he says. "For example, I've worked in SPDs where there's an afternoon huddle to bring members from all areas together to discuss what went well and what didn't that day."

"These conversations can serve as a bridge to the next day by identifying any potential issues with turnover time and then adjusting the schedule to make sure that SPD has enough time to get the instruments prepared," Rozinka adds. "To get a better understanding of the circumstances behind the scenes, it's important to include staff from both departments in your morning awnd change-of-shift huddles," Taylor adds. "By including all staff, you're able to break down barriers and facilitate better communication."

## **'WALK A MILE IN MY SHOES'**

Taylor is a big proponent of rotating hospital employees through various departments to give them a better view of the big picture when it comes to successful surgical procedures.

"I call it 'walk a mile in my shoes,' " he says. "Rotating staff through different departments for up to two weeks at a time gives them a glimpse of what happens behind the scenes and the hard work accomplished by their peers to make surgery happen."

Rozinka agrees.

"Requiring OR staff to spend time in the SPD during orientation can help them better understand the steps and time required to reprocess instruments, the importance of point-of-use cleaning, and how to prep case carts," he says.

"Likewise, it's important for SPD staff to observe the OR to get a better understanding of their needs," Rozinka adds. "The more each department understands each other's roles and how their roles affect one another, the easier it is to close the gap and improve collaboration."

Taylor recommends that SPD staff spend time directly observing surgical procedures.

"So when a surgeon is upset because the instrumentation doesn't work as intended, they get to experience the stress this causes in the OR first-hand," he says.Conversely, the actions of OR staff can have a big impact on SPD's ability to process instruments effectively, Taylor adds.

"If the OR staff does not begin the cleaning process during the procedure by applying the appropriate enzymatic solutions prior to the instruments returning to SPD, then it takes longer for SPD to properly clean the instruments and return them for use," he says.

### **AVOIDING COSTLY MISTAKES**

Both the OR and SPD are fast-paced, high-stress environments where mistakes can cost much more than just dollars and cents. So it's critical that staff in each department learn to work closely together and collaborate effectively with each other.

"These two areas can get caught up in the busy pace and stress and lose track of how dependent they are on each another," says Merritt. "That's why teamwork, collaboration and mutual respect between the departments is so important – and why all employees should strive so hard to achieve this."