

Training and Competencies In Sterile Processing

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Objectives

- o Discuss the training needs for sterile processing personnel
- o Review the levels of competency for sterile processing personnel
- o Discuss the competency requirements for each area of responsibility in SPD
- o Discuss the types of competency assessments recommended and their frequency.

Why So Much Attention to Training and Competency Assessments?

- o JC requirement
- o Medical Errors
- o Protection of the Public
- o Sophistication of devices and equipment in healthcare



Background and Need

- o Changes in healthcare - fewer people to get the job done
- o Increased workload and responsibilities - leads to high turnover rates
- o High unemployment rates have made recruitment difficult (low pay, hard work, weekends, etc.)

Background and Need

- o CS/SPD has traditionally provided on-the-job training
- o Little money for training and education - usually first area cut from budget
- o Emphasis on quality and productivity
- o Need to allow for personal and professional growth of employees to keep them

Background and Need

- o Must ensure that today's employees are technically competent and proficient for today and to meet the needs of the future
- o Managers expected to provide for their employees' educational and continuing education needs

Definitions

- o **Training** - as planned learning experience whereby individuals learn to perform specific skills.
 - o Function that goes on day-to-day
 - o Motivation important part of training
 - o Attempts are made to communicate skills and attitudes through training

Definitions

- o **Education** - process of acquiring knowledge whereby individuals can learn to think and reason
- o **Learning needs** - gap between current level and desired level of knowledge, skills, attitudes or performance. Usually stated as a problem or issue (e.g. repeated back injuries from lack of knowledge of lifting)

Benefits to Training and Development

- o Increased productivity, work quality
- o Increased opportunity for promotion
- o Reduced turnover rates
- o Required by regulatory agencies (require documentation of training)
- o Increased job satisfaction
- o Increased customer satisfaction

Training Objectives

- o Three basic objectives
- o Acquisition of knowledge
- o Development of skills
- o Development of modification of attitudes

Resistance to Training

- o Time factor
- o Cost factor
 - o Can we afford NOT to train?
- o **REMEMBER - the lack of proper training results directly in a large number of operational problems which can lead to patient safety issues!**

Key Indicators for Training Needs

- o **Shortage of staff - unable to rotate employees due to limitation of skills**
- o **General employee dissatisfaction as expressed in large number of complaints, excessive turnover, large number of disciplines**
- o **Customer complaints about services**

Key Indicators for Training Needs

- Inability of department to function within the budget
- Poor employee morale

To Determine Training Needs Ask...

- What don't my employees know or do that they **SHOULD** know or do?
- What are employees doing that they should **NOT** be doing?

CDC Alert 9-11-15

- Healthcare facilities should provide training to all personnel who reprocess medical devices.
- Training should be required and provided:
 - Upon hire or prior to provision of services at the facility
 - At least once a year
 - When new devices or protocols are introduced, including changes in the manufacturer's instructions for use during the device's life cycle

CDC Alert 9-11-15

- Personnel should be required to demonstrate competency with device reprocessing (i.e., trainer observes correct technique) prior to being allowed to perform reprocessing independently.
- Healthcare facilities should maintain current documentation of trainings and competencies.

CDC Alert 9-11-15

- If the healthcare facility hires a contractor for device reprocessing, the facility should verify that the contractor has an appropriate training program and that the training program includes the specific devices the healthcare facility uses.

CDC Alert 9-11-15

- Copies of manufacturers' instructions for operating and reprocessing each type of reusable device should be readily available to staff and inspectors.
- This file should include instructions for use of chemical disinfectants.

ECRI

- o ECRI Institute (formerly the Emergency Care Research Institute)
- o Top 10 Health Technology Hazards for 2016
- o **# 1 - Inadequate Cleaning of Flexible Endoscopes before Disinfection Can Spread Deadly Pathogens**

Inadequate Reprocessing

- o Inadequate reprocessing of endoscopes and surgical instruments made number one on the list for 2016 (ECRI Institute, 2015).
- o Reprocessing of endoscopes and surgical instruments was # 4 on the list in 2015 and # 6 in 2014 (ECRI Institute, 2013), so the **problem has become worse, not better**

CDC-FDA Health Alert

- o **Immediate Need for Healthcare Facilities to Review Procedures for Cleaning, Disinfecting, and Sterilizing Reusable Medical Devices**
- o The Centers for Disease Control and Prevention (CDC) and U.S. Food and Drug Administration (FDA) are alerting healthcare providers and facilities about the public health need to properly maintain, clean, and disinfect or sterilize reusable medical devices.

CDC-FDA Health Alert

- o Healthcare facilities (e.g., hospitals, ambulatory surgical centers, clinics, and doctors' offices) that utilize reusable medical devices **are urged to immediately review current reprocessing practices at their facility to ensure they (1) are complying with all steps as directed by the device manufacturers, and (2) have in place appropriate policies and procedures that are consistent with current standards and guidelines.**

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CDC-FDA Health Alert

- Healthcare facilities should regularly audit (monitor and document) adherence to cleaning, disinfection, sterilization, and device storage procedures.
- Audits should assess all reprocessing steps.

CDC-FDA Health Alert

- Healthcare facilities should allow adequate time for reprocessing to ensure adherence to all steps recommended by the device manufacturer, including drying, proper storage, and transport of reprocessed devices.
- Considerations should be made regarding scheduling of procedures and supply of devices to ensure adequate time is allotted for reprocessing

CDC

Staff Training and Competency: Ensure personnel performing reprocessing of duodenoscopes have received appropriate training with competency verification for reprocessing procedures. Competencies should be assessed at initiation of employee duties and at least annually and anytime a breach is identified or when a new technique or equipment is introduced. Competency verification should include direct observation in addition to other assessments per facility policy (e.g., written tests). Personnel responsible for reprocessing endoscopes are encouraged to seek certification in flexible endoscope reprocessing.

Reference: Centers for Disease Control – Memo on "Interim Protocol for Healthcare Facilities Regarding Surveillance for Bacterial Contamination of Duodenoscopes after Reprocessing."
Posted 3-11-15

Need

- Establish the levels of competency for safe and effective practice
- Encourage improved performance in the job for each employee
- Provide opportunities for growth for employees for promotion within the healthcare facility

Definitions

- **Competent** - an individual's capacity to perform his/her job functions; whether in fact they have the knowledge and skills, behaviors and personal characteristics to function well in a given situation (JCAHO); the ability to do what is required.

Definitions

- **Competency** - an individual's actual performance in a particular situation.
- **Experience** - skills or knowledge gained through practice
- **Cognitive skills** - a person's ability to plan and act based upon knowledge or perceptions. Also known as critical thinking skills.

Critical Thinking Indicators

- **Assumptions**
 - The only way we know how someone thinks is by observing their behavior
 - Ask people to explain why they are doing things to clarify intent

Levels of Competency

- **Novice** - new employee without experience. Requires close supervision, assistance and education. Needs rules (policies and procedures) to guide their actions.

Levels of Competency

- **Advanced beginner** - independent in some but not all aspects of practice.
- May need help with establishing priorities; still needs frequent monitoring and continuing education to develop.

Levels of Competency

- **Competent** - has the ability to apply experience and judgment to new situations; able to set priorities, manage most complex situations; good logical decision making.
- Still requires CE to remain current.

Levels of Competency

- **Proficient** - performance is skilled, efficient. Decision making is less labored; mentors other employees; manages all situations effectively.
- Requires ongoing continuing education to remain current.

Levels of Competency

- **Expert**- Has an intuitive grasp of special techniques; masterful at problem solving; anticipates problems, assists others to become mentors.
- Ongoing CE needed to remain current.

Continuing Education

- Should be provided monthly
- Focus on core competencies such as decontamination, HLD, sterilization, packaging, regulations and standards
- Can use videos, professional journal articles, webinars, etc.
- Must keep staff current

How Do I Begin To Assess Competency?

- Begins with Job Description
- Identify knowledge, skills and behaviors necessary for competent performance
- Include ability to stand, lift (35-60+ lbs) exposure to biohazardous material, high stress environment, ability to distinguish colors, etc.
- Provides performance expectations for employees e.g., "contract"

Designing Competencies

- Need to be written with goal in mind
- Look at practice - high risk/high volume or high risk low volume procedures?

Designing Competencies

- Be selective
- Must be ongoing and revised when changes occur

Designing Competencies

- Key words
 - Describes, names, knows, understands (for knowledge)
 - Demonstrates, adheres, performs, interprets, records (for skills)

Frequency of Competency Determination/Validation

- o Upon hire
- o After 3 months
- o Annually
- o As indicated for procedural/equipment changes

How Do I Begin?

- o Use of Study Guides
- o Outlines knowledge and skills identified by consensus of the profession
- o Adapt to the knowledge and skills required for the department's services

Documentation

- o "IN GOD WE TRUST.....ALL OTHERS MUST DOCUMENT"

- o Peggy Ryan



Types of Competency Testing

- o Orientation
- o Annual
- o New Procedures, Equipment, Instruments

Competency Focus

- o Daily tasks
- o Observation
- o JC accepts "in the absence of error competency can be assumed"
- o Concentrate on high risk or problem prone tasks

Documentation Needed

- o Job description (for orientation)
- o Regulatory requirements for competencies (e.g. OSHA)
- o Equipment competencies
- o May need more than one observation

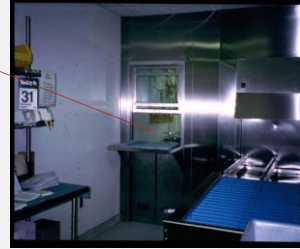
Safety Competency

Whoops!



Is this Familiar????

Window to
Decontam
Open



When This Happens you Are
Officially a SPD Technician!



Is This Correct??????????????



Are these Loaded
Correctly????



Know What This Is???



Bowls Upside Down over wrapped set!



Do You Think The Instruments Are Being Damaged???



Proper Storage Conditions?



Does Your Storage Area Look Like This?



Sandwich in Drawer



Competency Methodologies

- o Read MSDS sheets
- o Read policy & procedure manual
- o View videos
- o Talk with Infection Control Nurse
- o TELL ONE, SHOW ONE, DO ONE

Competency Activities

- o Seminars
- o Departmental Inservices
- o Professional Journals
- o Videos
- o Internet websites

Management Responsibilities

- o Develop competency-based job description,
- o Develop Orientation Guide
- o Ensure training needs met
- o Document training, continuing education
- o Develop Inservices; special training
- o Develop Annual Competency Testing

Orientation Guide

- o Identify knowledge and skills for all areas of practice
- o Make all information specific; ensures standardization of training
- o Should complement policy/procedure manual

Orientation Competencies

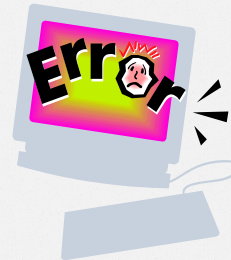
- o Assign competent mentor
- o Ensure all work performed under direct supervision of mentor
- o Evaluate performance continually
- o Require return demonstration for each task

Orientation Competencies

- o In return demonstration ask questions about the tasks (e.g. what detergent are you selecting for manual cleaning? Why? How much is needed? Where did you get the information about the device? Etc.

Remember.....

ASSUMPTION
IS THE
MOTHER
OF ALL
MISTAKES



Annual Competency Testing

- Select key tasks/knowledge areas required for competent performance
- that have caused problems in the past
- not frequently performed (e.g. changing paper in sterilizer printer)
- Have employee demonstrate tasks required

Special Competencies

- New equipment, new instrumentation
- Develop list of tasks and knowledge for proper use of the device
- Develop Competency check list
- Perform direct observation of employee

Conclusion

- Competencies for sterile processing have been determined
- Training should be developed to complement competencies
- Annual competency testing required

The End

- Ability - is what you are capable of doing
- Motivation determines what you can do
- Attitude determines how well you do it
- Lou Holtz

