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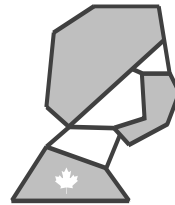
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Tearing Down The Walls Between O.R. and S.P.D.

Author: Sandra Stewart, RN, BA Health Sciences, is a Nurse Consultant with Cardinal Health, Canada.

This article is a synopsis of a talk given at the Operating Room Nurses Association of Ontario 7th Biennial Provincial Conference. The author would like to thank all of the O.R. and S.P.D. staff that she has had the pleasure of working with and observing over the years.

ABSTRACT

The focus of this article is the relationship between the Operating Room (O.R.) and the Sterile Processing Department (S.P.D.). The goal is to help readers gain insights into the driving forces which impact on both departments and to help them establish realistic expectations for improving the performance and quality of this relationship. It is important to discuss ways to solve conflict and enhance teamwork between the O.R. and S.P.D. Both departments need to establish a common understanding and ensure that everyone "talks the same language" and "tears down the walls" between them.

For the purpose of this article the short form of S.P.D. will be used for Sterile Processing Department (sometimes known as Central Processing), the department where instrument processing takes place and the distribution center for the entire hospital's supplies.

TEARING DOWN THE WALLS BETWEEN O.R. and S.P.D.

The complexity of knowledge and skill that is required to care for our patients today is exceptional. The O.R. and S.P.D. are unique environments and they each have very unique staff. In order to create or restructure systems in these departments and produce solutions for conflict between departments, an innovative knowledge base is required. Both departments need to combine knowledge and skill. Every team member must take responsibility for, and be accountable for, his or her own practices.

In most hospitals the S.P.D. is located in the basement below the O.R. But there are also



Photo by L. Socha

SPD staff at work

many hospitals where the S.P.D. is located at the furthest point from the O.R. In still other institutions the instruments are still decontaminated and sterilized in the O.R., not in the S.P.D. However, regardless of the facility's policies, and the location of the S.P.D., there are still conflicts shared by all Operating Rooms and Sterile Processing Departments.

Missing instruments and instrument damage are common conflict situations between the O.R. and S.P.D. But when are instruments disappearing and when is the damage occurring? The answers can be numerous. Incorrect dismantling of the instrument table in the O.R. can result in missing and damaged instruments. Misuse of the instruments during surgery can also result in damage. Examination of how instruments are transported from the O.R. to S.P.D. can uncover other problems. Finally, examining the decontamination and processing of instruments in S.P.D. will also result in the answers to many questions.

Outdated pick lists in S.P.D. will result in incorrect O.R. cases and the creation of a conflict situation. Who is responsible for updating the lists? Appropriate O.R. resources need to be assigned and management must allow the time for compliance. Technology can be utilized to facilitate the updating process.

Ask yourself if, as an O.R. nurse, you consciously or unconsciously invoke a servant/master relationship with the S.P.D. staff. Are your demands reasonable? According to Jesse Jackson, "You should never look down on anybody unless you are helping them up." Trying to resolve conflicts means organizing the

Tearing Down The Walls (cont.)



Clean scrubs for staff

Photo by L. Socha

problem solving effort and creating change. Recommendations for change should also contain provisions for ongoing improvement. An important strategy to help overcome resistance to change is to acknowledge past successes. What changes have impacted both departments and what was done to respond positively to those changes? It is also important to continually evaluate our practices rather than treating this process as a one-step solution.

Forming a workgroup to solve the conflicts between the O.R. and S.P.D. can help create other solutions. It is critical to choose the right workgroup members and to build a successful team. Key people, in both the O.R. and the S.P.D., must be identified and involved to obtain their support. The key members should include staff that are directly involved in the daily practices and stand to benefit the most from a solution, as well as the main decision makers who are responsible for implementing changes.

Staff need to identify the key issues that are causing conflict. Discussions should be focused on how to make the suggested solutions work instead of wasting energy discussing the negative. Aim for productive outcomes. Have an agenda and establish a definite time limit. Schedule meetings carefully to maximize staff member attendance. Identify and capitalize on each team member's strengths. Over time, as team members work through various problems and discuss how to approach them, they will learn about each other's abilities and goals and will benefit from each other's experience and knowledge.

Monthly meetings for ongoing evaluation should be scheduled and adhered to. To increase the likelihood of success every team member should be held accountable to the process and its deadlines. Avoid procrastination!

Teamwork will help to break down the walls between the two departments and to foster communication. We need to actively listen to one another. In this society of super sophisticated talkers we often suffer from a shortage of listeners. A lack of communication among staff members can lead to negative outcomes – so any change that occurs needs to be announced to all of the staff in the O.R. and the S.P.D. For this reason it is important to not rely on just one method of communication. Letters – both on paper and in electronic format – can be sent. Establishing a targeted electronic message list, just between the O.R. and S.P.D. staff, and putting priority ranking on messages will alert staff of the “must read” messages. Once the message has been opened it should register the staff member who has acknowledged receipt.

Another communication option is to create a poster display informing staff of any changes. These posters must be strategically placed in locations where they will catch the attention of the right people. Using interdepartmental group meetings to communicate change is also important as it allows for discussion. Workshops, to introduce change, allow for hands on learning. Many people find it is easier to learn something new when they actually try the new process instead of just hearing or reading about it.



Pans & basins drying after clean cycle in SPD

Photo by L. Socha

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Tearing Down The Walls (cont.)



Photo by L. Socha

OR Aide cleaning (processing)

The primary purpose of communication is to deliver information from one person to another with minimal chance of distortion of the meaning. The O.R. and S.P.D. staff need to speak the same language. This can be challenging as we often do not even speak the same language within the O.R. – how often, as a scrub nurse, have you met a surgeon who likes to make up his/her own names for instruments? How can we expect the S.P.D. staff to know that “Dr. Jones” calls a Freer Elevator a “Red Cigar”?

We have to strive for an absence of these language barriers. A computerized list, or reference manual, grouping instruments according to their type of service could be beneficial. The instruments should be cross-referenced if they are known by more than one name.

Creating strong short-term communication is also important. Often, in the O.R., we need it “immediately”... but do both parties understand the real level of urgency? Is a 15-minute response time, to get an instrument from S.P.D. to the O.R., too long? How about 10 minutes? Or 5 minutes? If the need is not clear then the O.R. staff will often end up in unnecessary panic... and panic is not pretty!

As already mentioned, the S.P.D. is, in most institutions, located in the basement and the O.R. is often one floor, or more, above... sometimes the two departments are even at opposite ends of a hospital. As separate entities both departments are positioned to create complications and tension is inevitable.

A dedicated phone line from the O.R. to the S.P.D. can often be a simple, effective solution to a lot of

problems simply by eliminating the chance of getting a busy signal. The key to success on both sides also lies in the personnel who handle both ends of that phone call. Systems fall apart when one party has no idea what is being requested or does not understand the real urgency of the requirement. Cross training of S.P.D. staff can make them more confident and lead to increased accountability and better job performance.

But how can the O.R. and S.P.D. understand each other’s worlds when they often feel worlds apart – both physically and mentally? Most S.P.D. staff have never been in an Operating Room. They have no idea how the instruments they prepare and sterilize are used. The O.R. staff needs to show the S.P.D. staff how important their role is in overall patient care. This should lead to an understanding of the necessity for the high-standards in S.P.D. production. It is also important for O.R. staff to understand the complexity and diversity of S.P.D. responsibilities. In order to understand each other’s worlds we have to understand each other’s processes. How does it all work? A day taken by O.R. and S.P.D. staff to walk in each other’s shoes could lead to a world of understanding and help “tear down the walls”.

It is also important that the O.R. and S.P.D. staff get acquainted with each other. We have to aim for an absence of barriers in the Operating Room – a challenging task when we are already physically isolated. We have to work to establish interpersonal relationships in our own department and inter-departmentally. S.P.D. Managers with O.R. backgrounds must help to unite the team. An awareness of each other’s



Photo by J. Porteous

Sterile fields prepared for a surgical procedure

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BCORNG 2004 Conference (cont.)

“We are there 100 per cent of the time to care for our patient,” said McKay. But that could all change if registered nurses are taken out of the operating room, said McKay.

Currently, when a patient undergoes surgery there are two registered nurses present — a circulating nurse (who organizes the equipment and caters to the patient) and a scrub nurse (who hands the instrument to the surgeon).

But there is a move underfoot — with talks occurring in the Lower Mainland — to replace the registered nurse in the operating room with a licensed practical nurse.

There’s a view if there’s a registered nurse in the vicinity — who could be at the desk — that’s good enough, said McKay.

Operating room technicians and LPNs play a part in the operating room but should be confined to the technical “scrub” roles leaving

the circulating role to registered nurses, according to the Operating Room Nurses Association of Canada.

McKay said patients must ask: “Who is going to be looking after me. Am I going to have a registered nurse looking after me during my surgical procedure or am I going to be looked after by someone with less skills, paid less, with less education.”

Until the public demands the highest standard of care “government and administrators in the hospital will do whatever it takes to get that budget under control,” said McKay. “And that means kow-towing to the bottom line, the dollar line, at the expense of patients.”

McKay left her two-term post Saturday handing over the reins to president-elect Bonnie McLeod.

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ORNAC / JOHNSON & JOHNSON MEDICAL PRODUCTS BURSARY FOR OR NURSES



This bursary was established to financially assist ORNAC members in furthering their education in areas that will enhance the perioperative nursing practice.

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Alberta	Medicine Hat	October 20-23, 2004
Quebec	Quebec City	December 1-3, 2004
Atlantic Conference	Moncton, NB	October 3-6, 2004
Newfoundland & Labrador	Gander	October 28-30, 2004

ORNAC CONFERENCES

www.ornac.ca

19th National	Montreal, PQ	May 2-6, 2005
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INTERNATIONAL CONFERENCES

NATN (www.natn.org)	Harrogate, UK	October 6-9, 2004
AORN (www.aorn.org)	New Orleans, USA	April 3-7, 2005

ANAESTHESIA CONFERENCES

CAS (www.cas.ca)	Vancouver, BC	June 17-21, 2005
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Tearing Down The Walls (cont.)

roles, frustrations, problems, and needs will lead to greater understanding and create a bridge to cooperation. Social activities, such as an introductory lunch, can be more effective than waiting until there is a conflict in order to schedule a meeting with each other. In this way the departments interact and get to know each other when there is no conflict resolution required. How many O.R. staff, especially in the large institutions, can name the staff members in S.P.D. (outside of the individuals who are in charge)? And how many S.P.D. staff could name the O.R. nurses (again with the exception of those who are in charge)?

We should not have the attitude that there is an ‘US’ and a ‘THEM’. Taking each other’s ideas seriously, accepting each other’s opinions, and being able to explain our needs will open up the lines of communication and effective interaction. Knowledge and understanding will create a cooperative work environment where O.R. and S.P.D. staff work together and share their knowledge and expertise.

Building trust will reduce tension, disagreement, backbiting, and criticism. We all have expectations of each other but when expectation levels are realistic and very clear they are much easier to achieve. Our expectation should be for a seamless team between the O.R. and the S.P.D.

So let’s go **TEAR DOWN THOSE WALLS!**

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