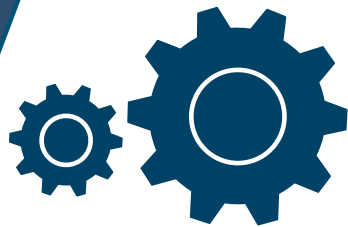


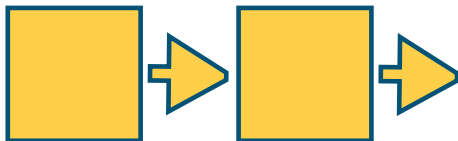
# SOP



## STANDARD



## OPERATING



## PROCEDURE



# Standard Works Support Best Practices in Sterile Processing

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## LEARNING OBJECTIVES

1. Explore the role of education in forming or replacing acquired habits
2. Review applicable quality management tools, including standard operating procedures and standard work documents
3. Discuss the similarities and differences between best practices and recommended practices

**T**he phrase “the way we’ve always done it” has a particular hold on the Sterile Processing (SP) industry and its professionals.

Charged with having upstanding morals and ethics, SP professionals are required to maintain a level of performance that consistently contributes to the patient safety story. The tone of SP within this story, however, is determined by more than best intentions and hope. While we recognize that the healthcare field is always growing and changing, how quickly and accurately information is disseminated throughout the Sterile Processing department (SPD) varies greatly. Concerns with compliance and best practices may only be brought to the forefront when site surveyors and regulatory agencies are at the department’s front door. The hustle and bustle of reactivity causes anxiety and rushed decision making among leadership in the Operating Room (OR) and the SPD. It then spreads to the frontline in the form of panic and concern. When an SPD’s processes and

practices haven’t been cross-referenced between changes in procedures, standards and regulations, there is an overwhelming concern with the SP team’s ability to discern best practices from acquired habits and implemented systems.

## Objective 1: Explore the role of education in forming or replacing acquired habits

For a professional to achieve consistent results, regardless of their field, they must be trained accordingly. Training is the action of teaching somebody a particular skill.<sup>1</sup> The effectiveness of training will ultimately be shaped by the professional’s behavior, ability to interpret, and critical- and cognitive-thinking skills. While the educator or trainer may be delivering a consistent expectation and relaying a desired outcome, SP professionals may not understand how to achieve it. Facilities may often prefer that organized activities be the only form of imparting instructions that ultimately contribute



to their team's performance. The demonstrated level of knowledge that is observed in departmental outcomes, however, is often shaped more by the influence and support of professional colleagues.

This is the eternal battle of formal versus informal training.<sup>2</sup> Formal training attempts to relay clear end goals, job responsibilities and broad processes to support departmental processes and procedures. Informal training, on the other hand, creates relationships between departmental colleagues as they reach out and connect with one another in an attempt to execute the responsibilities and goals they learned in formal training. Both types of training will contribute to the acquired habits of new and long-standing employees until the end of their employment. Given that one of the goals of management is to achieve and maintain full staffing, the ability to sustain and support their team is imperative.

Acquired habits that vary from professional to professional create an endless cycle of inconsistencies in perception, comprehension and process execution. While such habits may assist SP professionals in the initial training phase, process improvement and team support become arduous and exhausting for management or their education team. Often, leaders become frustrated because they know they have explained certain things only to be met with: "I do it like this," "Well, that's not how I was shown," or "This is how I've always done it."

### **Objective 2: Review applicable quality management tools, including standard operating procedures and standard work documents**

There are tools that can lessen the frequency of inconsistency in practices and encourage a clear understanding

of expectations. Quality management systems (QMS) are developed to create a structure for professional expectations and practices. In short, a QMS is a system of documented processes, procedures and responsibilities that define tangible ways to achieve departmental policies and objectives.<sup>3</sup>

As the SPD's high-level demands are outlined in our QMS, we can begin to hone in on specific goals and expectations with the use of standard operating procedures (SOPs). SOPs are designed to help break down the most complex processes into the steps necessary to achieve the desired outcome. The idea is that if the SOP is performed the same way, every time, then the same outcome can be expected. SOPs are used to define the successful outcomes of the processes in an assigned area, such as assembly or decontamination.

Within an SOP, there may be steps that need further elaboration or explanation. It is important to not bog down the SOP with extensive explanation. This further elaboration can be detailed using a standard work document or standard works (SWs). SWs are an excellent way to detail, demonstrate and even teach particular skills necessary to daily SP practices. An SW document often includes the assignment area, responsible team members, scope of work, skill or task it will define, and number of steps in sequential order that are expected to be performed.<sup>4</sup> The intention and purpose is to stabilize a process and increase consistency by supporting the SP professional with clear expectations and explaining the indicators used in quality control and assessments.

For example, a decontamination SOP may include a process step that instructs the technician to: "Use the three sinks, along with physical and chemical

cleaning, to remove residual debris and bioburden." An SW detailing how to use the three sinks in accordance with department best practices is necessary to assure the process is completed the same way by everyone. This is beneficial to a new technician who may have never been in decontamination, a professional who has never worked in a facility with three sinks in decontamination, and even the most senior colleague who has not reassessed their acquired habits in a number of years.

### **Objective 3: Discuss the similarities and differences between best practices and recommended practices**

The most significant effects of quality SWs in the SPD are their ability to promote industry standards. While regulatory compliance will always reign supreme (hence the hustle and bustle when site surveyors are due), standards are left to the interpretation of the professionals charged with applying them. It's not like there is strong language like "must," "have to," or "will" driving their applications. Rather, there are terms like "shall," "should," "could" or "ought to" that may make standards and professional practices more difficult to assert in the SPD. Industry standards have recommended practices suggested by the working group members of the standard committees. SWs and best practices are implemented to encourage and give more authority to industry standards and recommended practices.

Best practices are processes that are proven to lead to optimal efficiency and results outlined by SWs.<sup>5</sup> An example of a best practice in the three-sink SW mentioned above is that "a sink is filled with warm water within the detergent's parameters before adding the detergent, in an attempt to minimize foaming." This is an industry-recommended




practice that is taught in many SP technical certificate programs. It can be included in the detergent's instructions for use (IFU), decrease the chance of a safety event, and control the spread of pathogenic debris. This best practice is taught during training in an attempt to minimize these concerns.

Best practices also perpetuate a department's culture. There is power in an SP team that can confirm that what they are doing is valid and supported by their leadership and industry. There will be many instances when SP professionals are challenged to perform tasks outside of best practice by individuals who are unaware of industry recommendations or who may benefit from process deviation. Best practices that mirror industry standards, ones that are not only encouraged by leadership but also ingrained in the training process, provide SP professionals with the evidence and confidence they may need in situations that require them to advocate for patient safety. Not following best practices also affects an SPD's culture by perpetuating multiple ways to perform a single process. While personal best practices may have been created with the best intentions, the individual may not have had the information necessary to determine if their way was the best way of doing it. This is where the idea of "doing things my way" can cause friction and process deviation from the department's expected way of performing a process.

The creation or updating of SWs is also an excellent way to determine if best practices need to be reevaluated. If multiple professionals have different ways of filling the sink with water and detergent, it is department leadership's duty to investigate this. SWs and best practices are not above reassessment simply because they were determined

and taught. If the SP industry has taught us anything, it is that healthcare and surgery are evolving every day along with the products used by the profession. It is necessary that best practices and SWs are evaluated for applicability, accuracy and actionability. Maybe the pump is broken so professionals are pouring their own detergent into the sink. Perhaps the detergent-to-water ratio is off and providing too much detergent. There are a number of reasonable possibilities that may be causing the sink to have foam. Before determining that the deviation is done out of professional spite or laziness, be sure to investigate the reasons thoroughly.

### Conclusion

The QMS family is very similar to the professionals within the SPD. There will always be the colleague who wishes all standards were regulations. These technicians truly have hearts of gold and only want the best for the patients they serve. There will also be the SP technician who has a different way of doing a process each time. This person could offer insight into how current practices and SWs may be optimized or improved upon. And every department has one or two colleagues who have an ability to inspire those around them. This is why every SPD needs to have SWs that align with best practices. They provide a point of reference for all department professionals. Conversation and discussion around the documents' applicability, accuracy and actionability are the goals of a sound QMS. The conversation may include some inquisitive and even disgruntled voices, but it will help provide the route for understanding and, ultimately, hopefully, process improvement. As we all know, a quiet department is no good—and we're not referring to the noise of the equipment. 

### REFERENCES

1. "What Is Training? Definition and Examples." *Market Business News*, Nov. 23, 2021, <https://marketbusinessnews.com/financial-glossary/training>.
2. "How to Apply Formal and Informal Employee Learning." *Continu - Modern Learning Platform*, Continu Inc., June 15, 2021, <https://www.continu.com/blog/formal-and-informal-employee-learning>.
3. "What Is a Quality Management System (QMS)?" *American Society for Quality*, <https://asq.org/quality-resources/quality-management-system>.
4. Cruz, SB. "Education Nation: Creating Sterile Processing Department SOPs." *Healthcare Purchasing News*, December 2022. <https://educationhub.hponline.com/wp-content/uploads/2022/11/2212-CEU.pdf>.
5. "Best Practices: Definition, Importance and Examples." *Indeed*, Dec. 9, 2022, <https://www.indeed.com/career-advice/career-development/what-are-best-practices>.
6. Clear, J. *Atomic Habits: Tiny Changes, Remarkable Results: An Easy & Proven Way to Build Good Habits & Break Bad Ones*. New York: Avery, an imprint of Penguin Random House, 2018.



# CRCST Self-Study Lesson Plan Quiz

## Standard Works Support Best Practices in Sterile Processing

Lesson No. CRCST 191 (Technical Continuing Education – TCE) · Lesson expires July 2026

1. Regulations and best practices are:
  - a. Requirements that must be followed
  - b. The same as standard operating procedures (SOPs)
  - c. Part of the acquired habit process
  - d. None of the above
2. Best practices provide:
  - a. Further evidence for processes detailed in SWs
  - b. Regulatory standards of care
  - c. The best way to train employees according to U.S. Food and Drug Administration (FDA) requirements
  - d. The only correct way to do a process
3. Best practices and SWs have little or no effect on the Sterile Processing department (SPD) culture.
  - a. True
  - b. False
4. One of the A's used to assess SWs is:
  - a. Association
  - b. Authority
  - c. Accuracy
  - d. All the above
5. Best practices that mirror industry standards provide support to Sterile Processing (SP) technicians when they are faced with difficult situations and conversations.
  - a. True
  - b. False
6. Training results will be affected by an SP technician's:
  - a. Behavior, seniority and title
  - b. Behavior and critical- and cognitive-thinking skills
  - c. Behavior, cognitive thinking, and memorization skills
  - d. Title, experience and attitude
7. Which term is often present in regulations?
  - a. Must
  - b. Have to
  - c. Will
  - d. All the above
8. Which term is an indication of standard recommendations?
  - a. Should
  - b. Have to
  - c. Do it as stated
  - d. None of the above
9. Acquired habits can be indicated by the phrase:
  - a. "I do it like this."
  - b. "Well, that's not how I was shown."
  - c. "This is how I've always done it."
  - d. All the above
10. An experienced SP technician never has to receive training after their initial onboarding.
  - a. True
  - b. False
11. Achieving consistent results requires:
  - a. Standards
  - b. Regulations
  - c. Training
  - d. Organized activity
12. Formal education:
  - a. Creates relationships that lead to promotions
  - b. Relays clear end goals
  - c. Is only required for new hires
  - d. Is typically unstructured
13. An SW document:
  - a. Is part of a job description
  - b. Breaks down a complex process
  - c. Details the steps in an SOP
  - d. None of the above
14. Quality SWs:
  - a. Do not need to be reassessed
  - b. Promote industry standards
  - c. Can cause process deviation
  - d. Are most useful in facilities with high procedural volume
15. Ingraining best practices into the training process:
  - a. Is a requirement of The Joint Commission (TJC) and the Occupational Safety and Health Administration (OSHA)
  - b. Provides extra confidence when technicians advocate for patient safety
  - c. Is rarely beneficial or necessary
  - d. Is a regulatory requirement for each SW practice

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