





# Orienting and Onboarding Executive-Level Leadership to Sterile Processing

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## LEARNING OBJECTIVES

1. Identify the different levels of hospital leadership
2. Differentiate between reactive and proactive relationship building
3. Assess opportunities to orient and onboard executive leadership

**T**he Sterile Processing department (SPD) is typically known as a non-revenue-generating area; however, there is far more to consider in this regard. While it is true that the SPD does not directly generate money from its tasks and personnel, SP technicians are responsible for supporting one of the most significant financial contributors: the Operating Room (OR).

A healthcare organization's main purpose is to serve its patients with the highest quality of care, and this can only be accomplished by applying smart and effective business practices. To stay quality-focused and competitive, the facility must meet certain gross revenues, quality metrics and other markers that allow the organization to make money. Operating a successful business requires focused, knowledgeable and supportive executive-level leadership whose job is to run the business aspects associated with patient care safely, effectively and

efficiently. At the same time, it requires knowledgeable, skilled and confident SP technicians who understand the processes and why they are vital to good outcomes and can share that knowledge with others, including executive-level professionals and leaders from other departments as needed. This lesson explains how orienting and onboarding executive-level leadership to the SP environment can help top leaders better understand the department's goals, obstacles and overall operational needs.

## Objective 1: Identify the different levels of hospital leadership

The organization or facility's mission statement is a great place for SP professionals to begin understanding the goals and focus areas of leadership and team members. The mission statement encompasses the organization's core values, practices and purpose. It also outlines the action ladder that the organization and its employees will need



to climb in order to reach the mission's higher vision.<sup>1</sup> The size of the organization determines the number of executive levels and leaders. Understanding the dynamic relationship between each level of management and how they are connected to one another's successes will also help SP professionals understand how to discuss topics effectively.<sup>2</sup>

There are four general levels of leadership: C, V, D and B. C-level leadership (also known as the C-suite) is comprised of the top level of executives who maintain the various operations of the healthcare facility. This includes the development and maintenance of plans and policies that help achieve a variety of facility objectives. C-suite professionals must focus on objectives that contribute to the big-picture goals and overall vision of the organization.

The Chief Executive Officer (CEO) is the most senior executive and is responsible for making major managerial decisions. One of their duties is connecting the organization's internal goals with external opportunities to expedite, expand or drive the goals to success.<sup>3</sup> A Board of Directors is responsible for hiring, reviewing and managing the CEO. The Chief Financial Officer (CFO) primarily focuses on finances, taxes and cash flow in and out of the organization. The CFO is also responsible for financial planning and considers potential investments and return on investments. The Chief Operating Officer (COO) is responsible for day-to-day operations to ensure the organization is functioning well and able to support good outcomes that align with the mission statement and priorities of other C-suite executives. The COO is highly focused on the high-level effectiveness of practices and processes. The CFO and COO often report directly to the CEO.<sup>4</sup> These three executive positions—CEO, CFO and

COO—create the overarching strategy to be used by those in other levels of management. This strategy helps take key performance indicators (KPIs) to the next level and apply actionable steps.

The V-level of leadership pertains to the organization's President (sometimes known as the Senior Vice President) and Vice President. This level's primary focus is keeping the organization's strategies on track by overseeing internal operations. Internal operations are the processes and practices within various departments that join to make the organization functional and yield the C-level's anticipated outcomes. The Chief Surgeon is also sometimes part of this leadership group. The Chief Surgeon's primary focus is to oversee the Surgical department and ensure that the highest quality of surgical procedures are met.

D-level leaders are comprised of directors of various departments within the organization. Each is responsible for a department that falls under the umbrella of a particular profession or discipline. For example, an OR Nurse Director is responsible for achieving V-level goals through leading and managing outcomes of all nurses who are assigned to various roles within the OR. D-level leaders look to those who report to them, B-level leadership, to implement actionable steps, processes and protocols that lead to their anticipated outcomes. Often, B-level leaders are responsible for the frontline professionals who perform the major roles and tasks of a discipline and the departmental managers who focus on daily tasks for smooth operation.

### **Objective 2: Differentiate between reactive and proactive relationship building**

Leadership must be able to cascade goals and objectives to their colleagues effectively. Doing so aligns strategic

initiatives to process outcomes that are intended to achieve the facility's mission statement. At its core, this work dynamic is similar to the SP professionals who work together to meet each day's goals and responsibilities. An instrument set cannot be inspected, for example, without it first being decontaminated, so it is imperative that the decontamination technician performs their role effectively before advancing the set to the next processing step. After trays enter the washers, the responsibility for processing and performance diligence is then passed to the assembly technician to ensure safe, successfully processed trays.

Various executive-level leaders often arrive on the SPD scene when patient safety or other concerns affect quality, or when new goals and priorities need to be shared. If a tray does not get turned over effectively or efficiently, for example, a surgical delay could result, causing the departmental manager (B-level) to not meet the quality expectations of their department director (D-level). The director may be required to report their delay in surgical minutes and provide reasons for the delayed procedure to their vice president (V-level), who may have to answer to C-level leaders if the incident becomes an ongoing concern that could affect public opinion, hospital preference or the organization's bottom line. This can contribute to a reactive approach between the various leadership groups and the SPD members as opposed to one where concerns and challenges are proactively addressed and mitigated.

Reactive relationships are often the result of stressful situations, when desired outcomes and successful interactions are not achieved. A working relationship built solely on interactions encountered during high-pressure moments will not be as effective



or sustainable, often because such scenarios create anxiety, stress and other negative reactions that can derail effective communication and problem solving.

### Objective 3: Assess opportunities to orient and onboard executive leadership

Establishing proactive relationships across all leadership levels hinges on effective orientation and onboarding of those outside the SPD and other areas where device processing occurs. Orientation is best described as a singular event that acclimates new colleagues to the company's policies, culture and procedures.<sup>4</sup> Each new colleague will ideally undergo orientation when they are hired by the organization. To proactively introduce upper-level executives to the SPD, SP leaders can adopt a similar approach. Typically, the program outline for orientation will be determined by the mission, goals and objectives of the organization. It is important to recognize that orientation is a high-level overview; therefore, relaying pertinent information to executive-level leaders, without delving too deeply into specifics, is often a better approach when orienting upper-level leaders to the SPD. An upper-level orientation may include:

- A departmental walk-through or video that demonstrates the flow of the department.
- Naming (and briefly describing) one or two projects or cost-saving initiatives that are underway in the department.
- Identifying when it is challenging to meet upper-level executives' goals.
- Presenting documents that demonstrate regulatory or quality concerns and their potential effects on the facility's bottom line and mission. After successful orientation of

executive leaders, onboarding can then occur. Onboarding is a formal process that demonstrates how the goals outlined in orientation can be achieved through everyday processes. SP leadership can bridge interdepartmental gaps in communication and relationships by onboarding upper-level leaders effectively. This can be done by:

- Attending meetings where SP functions and operations might be discussed (i.e., infection prevention reviews, service line monthly meetings, quality reviews, OR huddles) to ensure the SPD is represented and valuable insight can be shared
- Sharing process steps that illustrate cost savings and quality improvements at leadership meetings
- Discussing major concerns with D-level leadership in an effective manner [i.e., formal meeting or utilizing the Situation, Background, Assessment and Recommendation (SBAR) communication framework]
- Identifying and explaining why cascading goals may not be occurring with formal standard works, standard operating procedures (SOPs), and competencies.

It is important not to skip orientation when first meeting with or being introduced to upper-level leadership. This is because V- and C-level executives are not always familiar with the inner workings and critical functions of the SPD. The orientation process should be part of a planned meeting that affords a specific time window for effective knowledge sharing. To make the most of the opportunity and available time, be sure to identify and stay focused on core concepts. Keep the conversation professional and at a high level. Avoid presenting too many specifics about the profession or processes, and do not use industry jargon, which could

introduce confusion. Outlining the key points, critical concepts and support requests will help make the most of the executive-level onboarding experience.

### Conclusion

Orienting and onboarding upper-level executives to the SPD is essential to ensuring processes, practices and duties are understood and departmental and employee needs are recognized and supported. It is essential that all SP professionals understand their organization's different levels of leaders, can confidently discuss SP roles, challenges and successes, and seek ways to develop proactive relationships and collaborate toward effective solutions. With organized and formal orientation and onboarding processes, leaders and teammates at all levels can more clearly understand their respective roles and how they relate to patient care, quality outcomes and the organization's bottom line. **P**

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# CRCST Self-Study Lesson Plan Quiz: Orienting and Onboarding Executive-Level Leadership to Sterile Processing

Lesson No. CRCST 196 (Technical Continuing Education – TCE) · Lesson expires June 2027

1. Orientation and onboarding:
  - a. Are different names for the same process
  - b. Are helpful for executive-level leaders to understand the Sterile Processing department's goals, objectives and needs
  - c. Should only be provided for the CEO
  - d. Are most effective for large healthcare organizations
2. Executive-level leadership includes all but those at the:
  - a. C-level
  - b. V-level
  - c. X-level
  - d. D-level
3. Which is a great place to start when inquiring about a facility's goals?
  - a. The organization's mission statement
  - b. The facility's Human Resources department
  - c. The organization's public relations executive
  - d. The Chief Operating Officer
4. C-level leadership should already know the inner workings and operations of the SPD.
  - a. True
  - b. False
5. Orientation is best described as:
  - a. Detailed competency training of core skills
  - b. Monthlong training for all C-suite executives
  - c. A singular event that acclimates new employees to the company's policies, culture and procedures
  - d. The training component of a comprehensive onboarding process
6. The Chief Surgeon is sometimes part of which leadership level?
  - a. V
  - b. D
  - c. C
  - d. B
7. B-Level SP leaders could orientate other leadership to the SPD by:
  - a. Attending multidisciplinary meetings
  - b. Discussing major concerns
  - c. Sharing process steps
  - d. All the above
8. Reactive relationships:
  - a. Are the most effective when orienting leaders of all levels
  - b. Often result during the least-stressful situations
  - c. Rarely are a concern as long as executives understand the SPD's needs
  - d. Often result when desired outcomes are not achieved
9. Executive leaders often visit the SPD:
  - a. To participate in training of new technicians
  - b. When accreditation surveyors are in the SPD
  - c. When patient safety or other concerns affect quality
  - d. When D-level leaders are unable to visit the department
10. B-level leaders look to those in D-level leadership to implement actionable steps, processes and protocols that lead to their anticipated outcomes.
  - a. True
  - b. False
11. The organization's Vice President may have to answer to C-level leaders:
  - a. When an incident becomes an ongoing concern that could affect public opinion or the organization's bottom line
  - b. When a less-experienced C-suite leader is hired by the organization
  - c. When a new D-level leader (such as an SP leader) is hired
  - d. When they need to review how a delay affected surgical outcomes
12. Establishing proactive relationships across all leadership levels:
  - a. Relies on weekly leadership meetings
  - b. Is rarely necessary
  - c. Hinges on orientation and onboarding of those outside the SPD
  - d. Is the responsibility of senior SP technicians and HR executives
13. SP leadership can bridge interdepartmental gaps in communication and relationships by onboarding upper-level leaders effectively. One way this can be done is by:
  - a. Discussing major concerns with B-level leadership
  - b. Ensuring leaders across all levels are certified in Sterile Processing
  - c. Designating an OR liaison with SP knowledge to represent the SPD during meetings where SP functions and operations might be discussed
  - d. Sharing process steps that illustrate cost savings and quality improvements at leadership meetings
14. When first meeting with or being introduced to upper-level leadership:
  - a. Departmental orientation should not be skipped
  - b. Only certified technicians should be part of the orientation process
  - c. The Chief Surgeon should be present
  - d. None of the above
15. To make the most of the available time and opportunity:
  - a. Avoid presenting too many specifics about the profession or processes
  - b. Never use industry jargon
  - c. Identify and stay focused on core concepts
  - d. All the above

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