

## The White Glove Treatment at Children's Hospital Central California

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A skydiver jumping from an airplane demonstrates the ultimate level of trust in the person who packed the parachute. The slightest lack of confidence in the chute's function would keep even veteran skydivers onboard.

Placing a head of hair into the hands of a stylist also demonstrates trust. Admittedly, hair falling to the salon floor cannot compare to a body plummeting to earth. Hair grows back.

The human body is less resilient. And while a haircut isn't surgery, you still expect stylists to use a clean comb and razor.

Like the scissors used on your head, most surgical implements—from scalpels to clamps—are not disposable, and require thorough decontamination and sterilization to prevent the spread of infection.

"You have to have a license to cut hair," said Cheron Rojo, sterile processing department (SPD) educator at Children's Hospital Central California. "But you don't need a license to sterilize instruments that go into a person's body."

Rojo has called for certification requirements throughout his home state of California, and readily declares SPD technicians at Children's Hospital must be certified. "SPD techs aren't just dishwashers," said Rojo, who also serves as educator director for the California Central Services Association (CCSA). "What we do can affect outcomes. It's an important part of healthcare, and it needs to be recognized as a profession."

### **Innovation**

In 2010 Rojo introduced a new

multi-phase training initiative he named the Annual Exercise Program. "I pulled two weeks of random surgery schedules to look for terminology related to the type of instrumentation a surgeon would need to perform that procedure," said Rojo. He then created quizzes to test his technicians on their knowledge of medical terminology. "They really got into it. They got competitive."

Random locations—including restroom doors—contained flash cards with medical terms and their definitions. "The techs even began identifying new medical terms that weren't on the quiz," said Rojo. "We're teaching the staff a full course of medical terminology."

By August the SPD technicians had completed all phases of the Annual Exercise Program. Almost everyone achieved 100 percent. Rojo's approach to SPD education garnered national attention and positioned Children's Hospital as a true innovator in the industry.

"The practice of sterile processing changes all the time, so you have to stay on top of things," said Pamela Brisendine, SPD manager at

Children's Hospital Central California and CCSA marketing & Valley Region director. Brisendine understands quality assurance in her department depends on staffing skilled technicians comfortable in an atmosphere of continuous learning.

To teach proper assembly, Rojo took pictures illustrating processes for individual instruments, and then created PowerPoint slides with titles detailing the procedures. The slideshow walks techs step by step through assembling instrumentation to manufacturer specifications. As a means of review, Rojo conducts biannual competencies to address new or forgotten processes. Held every June and December, the biannual competencies also provide an avenue to redirect variances from manufacturers' recommendations. "We used to have annual competencies," said Rojo. "But studies have shown that errors can set in after six months."

### **Communication**

The open communication between SPD techs and management has created an environment where tech-

nicians are not afraid to point out errors. Brisendine assigns numbers to employees so she can address a problem publicly without humiliating an individual. Management speaks privately to erring technicians so they can make necessary adjustments, and the entire staff learns from the mistake as well.

Positive interaction also exists between sterile processing and surgery. Sterilized instruments arrive in the operating room perfectly arranged. Surgical nurses have immediate access to the required tools, with the first instrument used by the surgeon placed at the front of the pack and the last one in back.

"The relationship between the OR and SPD is amazing!" exclaimed Rojo. Surgical teams at Children's Hospital often perform life-saving operations on critically ill kids. "It's a very stressful environment," he said. "And when the trust is not there it breaks down." Rojo acknowledged that medical professionals in operating rooms have a much higher level of schooling than the technicians in his department. "If the SPD staff isn't educated,

the OR is going to see that," he said. "As part of their training, our techs spend a whole day in OR with a nurse. It really opens the techs' eyes to even answering the phone quicker because these doctors have patients open in OR."

With innovation and communication, the professionals at Children's Hospital Central California have taken the sterile processing industry above and beyond the white glove treatment.

*Shawna Bryant is a staff writer in communications & marketing at Children's Hospital Central California, a nonprofit, pediatric regional medical center with Magnet Recognition for excellence in nursing. The 348-bed facility on a 50-acre campus near Fresno has a medical staff of more than 525 physicians, making Children's Hospital Central California one of the 10 largest hospitals of its type in the nation, and the second largest children's hospital in the state of California. The pediatric intensive care unit at Children's is one of fewer than 10 in the nation to have received the Beacon Award for Critical Care Excellence.*

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