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Sterile Processing Standardization: Cost Containment, Staff Satisfaction & Joint Commission Preparedness

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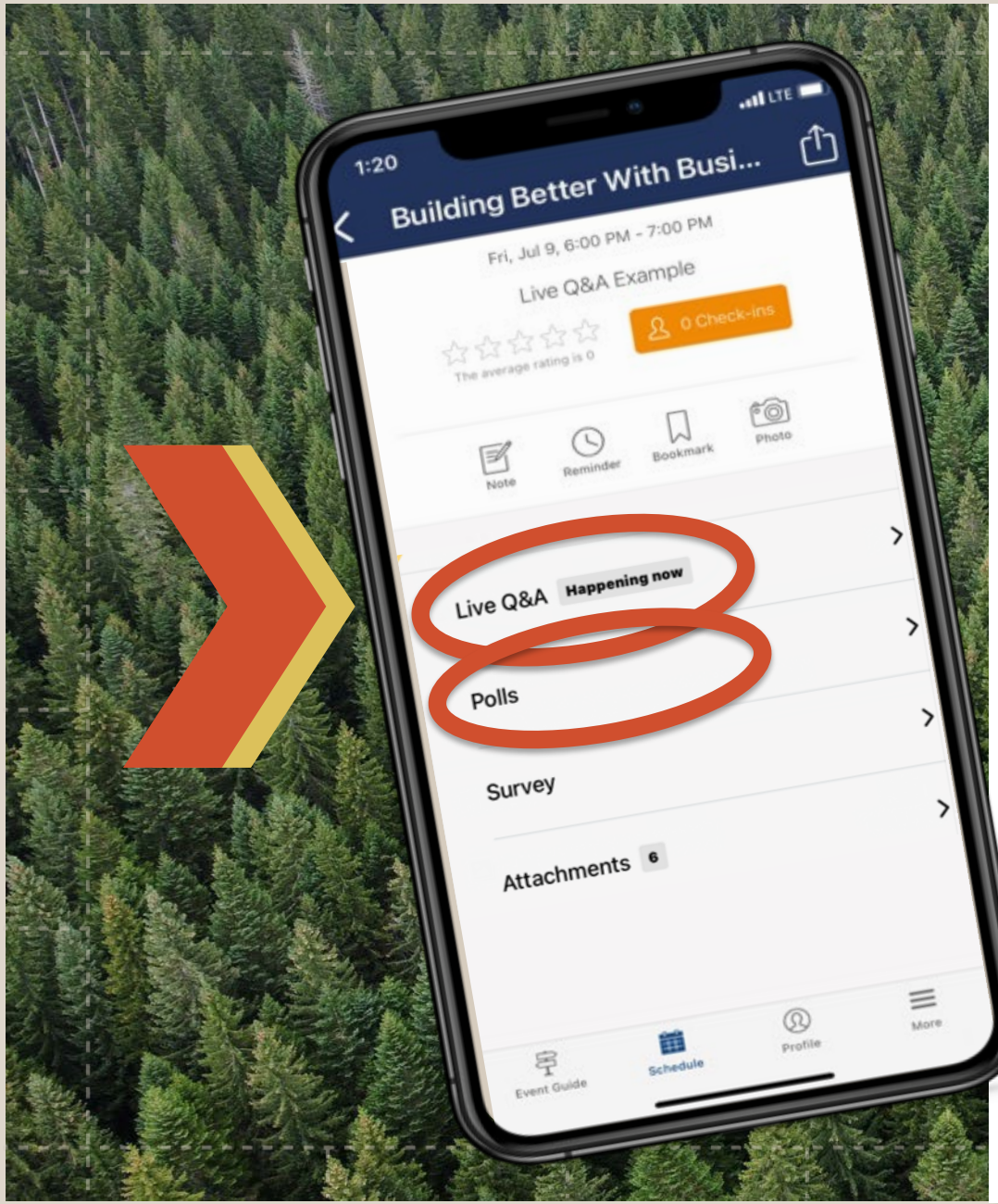

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Sterile Processing Standardization: Cost Containment, Staff Satisfaction & Joint Commission Preparedness

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CE Deadline: 08/31/26

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Learning Objectives

At the end of this session, participants should be able to:

- Recall evidence-based protocols for standardized sterile processing that reduce variability, improve resource utilization, & support cost containment across the supply chain.
- Identify standardization strategies that enhance staff satisfaction through streamlined workflows, clear expectations, & integration with supply chain processes.
- Recognize a compliance-driven framework that ensures Joint Commission readiness while also maintaining operational efficiency & quality assurance by a streamlined Supply Management Standardization team.

Outline

1	**Why Standardization Matters**	Robert Corley
2	**Enterprise Process**	Jann Maze
3	**Division Implementation**	Katie Scaggs
4	**Scale & Sustainment**	Robert Corley
5	**Shared Closing**	Team

Abbreviations

IFU- Instructions for Use
SKU- Stock Keeping Unit
AAMI- Association for the Advancement of Medical Instrumentation
SPD- Sterile Processing Department
OREC- Open Receivables
ASC- Ambulatory Surgery Center

WHY STANDARDIZATION MATTERS

Why Standardization Matters in Sterile Processing Departments (SPD)

Patient Safety

- Reduces variability in cleaning, assembly & sterilization processes
- Supports consistent adherence to validated Instructions for use (IFUs)
- Decreases infection risk tied to process variability
  - Association for the Advancement of Medical Instrumentation (AAMI) ST79 emphasizes standardized processes to ensure sterility assurance

Workforce Consistency

- Simplifies training & onboarding across the team
- Enables staff to flex across sites with minimal disruption
- Decreases reliance on tribal knowledge
- Reduces variation that leads to survey findings

Financial Stewardship

- Improves cost predictability & contract compliance
- Reduces waste, duplication & expired inventory
- Leverages bulk purchasing & vendor consolidation

Source: ANSI/AAMI ST79, Section 4-Quality Management System (2017, reaffirmed 2022)

Warning Signs of Harmful Variation

Operational Warning Signs

- Staff confusion from multiple products for the same functions
- Inconsistent practices between shifts
- Different products used interchangeably without validation
- Lack of standard work tied to specific supplies
- Turnover inefficiencies & rework

Regulatory & Financial Signals

- Noncompliance with IFUs due to variation
- Inability to demonstrate standardized processes
- Excess waste due to duplicate inventory & expired inventory
- Cost variability & missed savings opportunities

Bottom Line: Variation becomes harmful when it creates confusion, delays, noncompliance & unnecessary cost

ENTERPRISE PROCESS

Sterile Processing Standardization

- Why Enterprise Action is Needed
- Baseline Assessment & Current-state Data
- Vendor Crosswalk & Decision
- Governance, Accountability & Timeline
- Repeatable Enterprise Playbook

Why Enterprise Action Is Needed

- Enterprise risk was invisible at the local level
  - Shift to a controlled clinical service
  - Standardize products
- Missed enterprise opportunities
  - Benchmark performance
  - Product variance reduction
  - Shortage mitigation
- Local fixes could not sustain regulatory or growth demands
  - Compliance depends on standardized process
  - Ensure consistent regulatory readiness

Centers for Medicare & Medicaid Services & the Joint Commission, regularly audit hospitals & other healthcare facilities to ensure that practices & procedures align with the published standards. (Seavey, 2019)

Source: Seavey R. Using a systematic approach for adapting new technologies in sterile processing departments and operating rooms. *American Journal of Infection Control. 47 (*2019) :A67-A71.

Baseline Assessment & Current-State Data

- Product variation
  - Establish the level of standardization
- Contract use & price alignment
  - Evaluate spend on contract vs. non-contract SKU's
  - Provide contracted alternatives
- Vendor footprint
  - Assess consolidation opportunities

Source: Getty Images. Used with permission of HealthTrust.

Vendor Crosswalk & Decision Criteria

- Purpose of the keep/convert/eliminate current SKU's
  - Improved workflow
  - Value-based provider
- Decision Framework
  - Clinical
    - Collaboration to standardize reducing unnecessary variations
  - Operational
    - Warehouse stock
  - Compliance
    - IFU, standard & audit alignment
  - Contracting/Financial
    - Value delivery & supply reliability

Source: Getty Images. Used with permission of HealthTrust.

Assessment Question 1

Who is the Outcome Owner of the initiatives?

A. Corporate Supply Chain leadership
B. Supply Chain Division/Facility leadership
C. Sterile Processing Department leadership & staff
D. All the above

Response: Assessment Question 1

Who is the Outcome Owner of the initiatives?

A. Corporate Supply Chain leadership
B. Supply Chain Division/Facility leadership
C. Sterile Processing Department leadership & staff
D. All the above

Governance, Accountability & Timeline

Work Ownership

- Strategic owner
- Outcome owner
- Execution owner

Milestones

- Clinical Excellence & Quality approval
- Go-live pilot site
- Creation of item lists

Division & Facility

- Adaptability
- Commitment
- Comparative transparency
- Escalation process

Repeatable Enterprise Playbook

1. Select one Sterile Processing Category
   - Pull one year of contract & non-contract spend

2. Identify your Sterile Processing Department committee
   - Identify team lead & re-group monthly
   - Review products by category
   - Match products to the identified item list

3. Once item list is identified, implement products to the pilot site to provide feedback

4. Send usage to vendor to confirm support

5. Create launch package & communicate to field

6. Monitor for compliance

DIVISION IMPLEMENTATION

Standardization translated into real operational practice

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Starting Point & Readiness

Why

Supply & ordering inconsistency, product confusion, role confusion, vendor entitlement

Source: HSHS Supply Chain. Not for reuse without permission of HSHS.

Operational Barriers

Product

- Supply variation
  - Relationship-based purchases
  - Off-contract vs. contract
  - Product availability, ship times, OREC
  - Back orders
  - Sterile Processing Department (SPD) tray turnover times, case readiness

People

- Staffing instability
  - Job satisfaction
- Workflow disruptions
- Vendor influence & expectations
- Operational readiness
  - Responsibility for ordering, stock outs

Source: Central sterile supply department management on hospital-associated infections: a systematic review & meta-analysis. *National Library of Medicine.* https://pmc.ncbi.nlm.nih.gov/articles/PMC11883770. Accessed 5/05/2026.

Communication – Education – Change Management

Stakeholders:* *Leaders, Frontline, Vendor partners

Communication strategy & cadence

- Leadership check ins for sharing successes, barriers & support
- Frontline training & consistent messaging
- Vendor partners for support & alignment

Feedback loops & adjustments

- Showing up – loop closure & support
- Accountability from stakeholders
- Vendor partnership for support & alignment

Source: "Inventory management of surgical supplies and sterile instruments in hospitals: a literature review". *National Library of Medicine.* https://pmc.ncbi.nlm.nih.gov/articles/PMC6598505. Accessed 5/05/2026.

Pilot Outcomes

COMPLIANCE IMPROVEMENTS

TRAY READINESS METRICS

WASTE REDUCTION, SAVINGS TRACKING

CONTRACT ALIGNMENT

TURNAROUND TIME IMPROVEMENTS

STAFFING STABILITY METRICS

BUDGET ALIGNMENT

PHYSICIAN SATISFACTION

Realized Outcomes

- Eliminated **28 vendor trays**, consolidated **21 general use trays**, eliminated **countless peel packs**
- Division SPD went from **1412 redundant line items** at 7 facilities & warehouse to **968** items (excluding Ambulatory Surgery Center volumes)
  - Showed an estimated annualized division **savings of $350,000** in supply reduction & vendor standardization
- G level pilot site went from **67% staff vacancy to 13%** YTD.
  - Leader turnover was previously 100% -- Current leader in place for 24 months (since start of pilot)
- Pilot site is pilot for all SPD initiatives & division standard

Key Takeaways & Replication

Leadership Support

- Is the facility / division ready for change?
- Support & sustainment

Assessment / Walkthrough

- Develop plan
- Engage frontline teams early & often

Metrics

- Measure what matters most to operators
- Savings & compliance
- Sterile processing operations metric improvements

Starting Point & Readiness

Why

Supply & ordering inconsistency, product confusion, role confusion, vendor entitlement

Source: HSHS Supply Chain. Not for reuse without permission of HSHS.

Same Supply Room – Two Years Later

Why

Supply & ordering consistency, product standardization, role standardization, vendor expectations

Source: HSHS Supply Chain. Not for reuse without permission of HSHS.

Assessment Question 2

What factor matters most in moving to a full project implementation?

A. Clear success criteria & defined scope
B. Reporting reliable data
C. Leadership alignment & support
D. All the above

Response: Assessment Question 2

What factor matters most in moving to a full project implementation?

A. Clear success criteria & defined scope
B. Reporting reliable data
C. Leadership alignment & support
D. All the above

SCALE & SUSTAINMENT

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Non-negotiables Before Scale

Clinical & Technical Requirements

- All selected supplies must be fully aligned with manufacturer's IFUs
- SPD processes must be validated for new supplies
- Supplies must be verified compatible with all SPD equipment

Regulatory & Compliance

- Biological & chemical indicators must meet performance expectations
- No negative impact to sterilization efficacy or monitoring outcomes
- Clear linkage between supplies, processes & IFU requirements

Operational Readiness

- Staff trained & validated on standardized products
- Ability to demonstrate compliance consistently
- Internal audits confirm adherence before scale

How to Sustain the Standard

Standardization only delivers long-term value if it is actively maintained, monitored & reinforced – otherwise drift will occur

Sustainment Framework

- Education Cadence
  - Ongoing education (initial + annual + change updates)
  - Reinforce the ***why*** behind standardization, not just the task
- Leader Standard Work
  - Verify adherence to standardized supplies
  - Address variation in real time
- Monthly Checkpoints
  - Validate supply adherence across sites

Drift Indicators

- Reintroduction of non-standard products
- Increased staff workarounds or confusion
- Rising tray delays or rework
- Inconsistent practices between shifts

When to Intervene

- Any increase in variation or noncompliance trends
- Staff feedback indicating confusion or inconsistency
- Operational impact (delays, errors, waste)
- **Action:** Re-educate, reinforce standardization work & correct at the source before spread

Assessment Question 3

Which of the following is the foundational requirement before SPD supply standardization can be scaled enterprisewide?

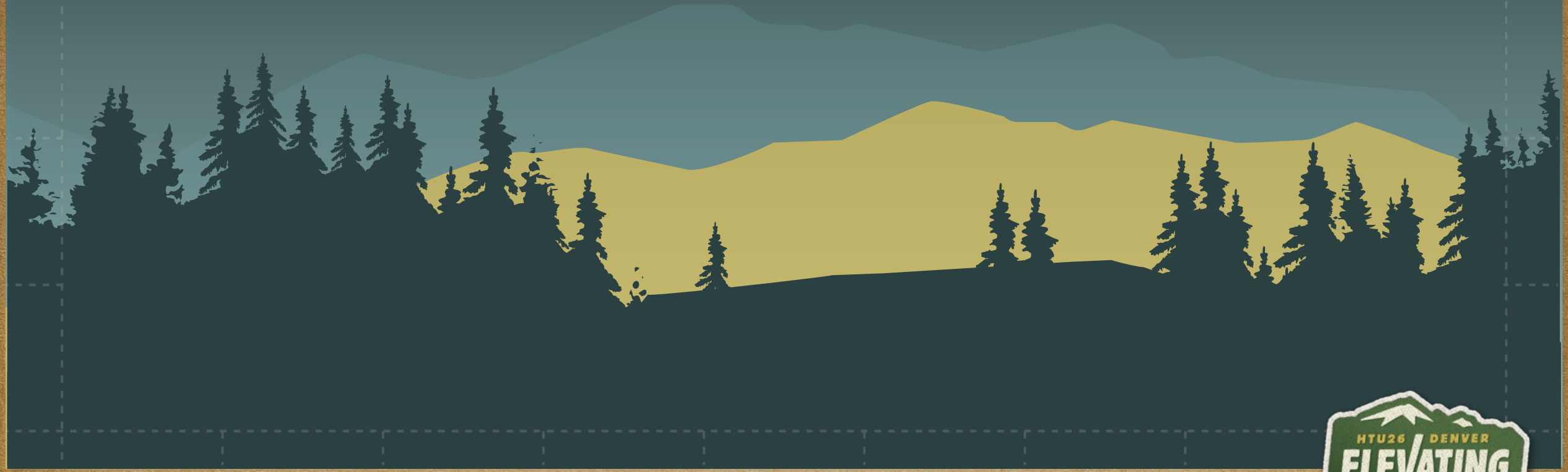
A. Reducing supply cost
B. Vendor consolidation
C. Decreasing inventory levels
D. Process validation & IFU compliance

Response: Assessment Question 3

Which of the following is the foundational requirement before SPD supply standardization can be scaled enterprisewide?

A. Reducing supply cost
B. Vendor consolidation
C. Decreasing inventory levels
D. Process validation & IFU compliance

SHARED CLOSING



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- **If someone in this room wants to start this work in the next 90 days, what are the first three actions they should take?**
- **Who must be at the table from day one for standardization to work?**
- **What is one lesson you learned that would save another organization time, frustration or rework?**

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