



# How to Make Headlines for Your SPD: Five Easy Ways for Your Team to Go "Viral"

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*(Thanks to [David Jagrosse](#) for inspiring this tongue-in-cheek post. Don't leave this page without reading the final paragraph.)*

60 Minutes, NBC Nightly News, ABC Nightline or even the front page of your local newspaper -- I'm about to give you five easy ways to get your SPD team immediate media coverage. Not only can you become more well-known than [Charlie](#) and the [evolution of dance guy](#) overnight, every single one of these tips is super easy to do, and they're almost guaranteed to land your facility a top spot on the nightly news. So sit back, take a few notes, and prepare to make headlines...

## 1) Compromise Your Staffing

This first tip for instant media coverage is actually one of the easiest to accomplish, especially in light of the [recent announcement by CMS of the 1.5% cut to hospital reimbursements](#). All you have to do is put your CS/SPD positions on the chopping block, stop approving any replacement positions, and by all means, [do not create any new, unbudgeted support positions](#). Not only will this decision save a little money on the front end, it will negatively impact the critical instrument processing arm of the Operating Room (which is the primary revenue-driver for most facilities), while also ensuring frontline SPD technician burnout, unhealthy levels of overtime, leadership exodus, and yes -- quality breakdowns. And we all know that nothing draws media attention faster than a good old-fashioned [staffing-related quality concern](#). If your facility is at a loss for how to stir up some media air-time, make sure to ignore your staffing needs in SPD.

## 2) Compromise Your Training

While this second tip is not as flashy as overall staffing levels, it's just as potent a force to ensure the kind of media attention we're discussing. If you want to create an atmosphere where a [sentinel event](#) is just around the corner, few decisions are as effective as deciding to compromise your CS/SPD training program. Rather than invest in dedicated preceptors or staff educators, make new employee training an afterthought in your department. Assume untrained technicians can learn through osmosis or simply by 'asking questions if they don't know,' but don't give them any kind of structured orientation on the equipment, chemicals, or regulatory guidelines needed to adequately do the job. Don't [require certification](#) as a condition of employment, and make sure to schedule your newbies on weekends, by themselves, as quickly as possible. Nothing sets the stage better for a headline-grabbing medical error than putting someone in a position of great responsibility without the training they need to safely do the job.



## 3) Compromise Your Repairs

If staffing models and training are out of your control, try compromising your instrument repairs. After all, your instruments are the only things that actually touch a patient in your department, so there is no easier way to create a media frenzy than by having poorly-repaired instruments being used on moms, dads, sons, and daughters. If you want to go for media gold, don't repair your instruments at all or do so on a very limited basis. Make sure you use a cut-rate instrument repair company, with uncertified repair technicians, little industry training, and improper repair equipment. Don't spend any time teaching your own techs how to identify hairline cracks in box locks or needle holder inserts, and definitely do not insist on [visually inspecting arthroscopic shavers](#) or [testing laparoscopic instrumentation](#). Teach your team to settle for scopes, clamps, scissors, and retractors that are 'good enough.' If you execute this approach well enough, you won't only save money, you might even get yourself an invite to the [Today Show](#).

## 4) Compromise Your Documentation

Now, unlike staffing, training, and instrument repairs, compromising your department documentation can take a while to catch up with you -- but don't worry, eventually that documentation will be called for, and when you can't find it, [the papers will hit the proverbial fan](#). Not only is [missing documentation](#) a great opportunity to be denied Joint Commission accreditation (which is a surefire way to hit the front page of Sunday's paper), it also provides ample opportunity for personal injury attorneys to demonstrate negligence on the part of your facility, opening your health system up to [hundreds of thousands](#) (if not millions) of dollars worth of personal damage claims. Don't keep track of biological control lot numbers, forget about monitoring temperature/humidity in your sterile storage, and don't bother with completing annual competencies with your team. Instead, make sure your surveyors know you were 'just too busy to keep up with paperwork,' and ask them just to trust you when you say everything is okay. If so, someone from [Forbes](#) should be calling you real soon.

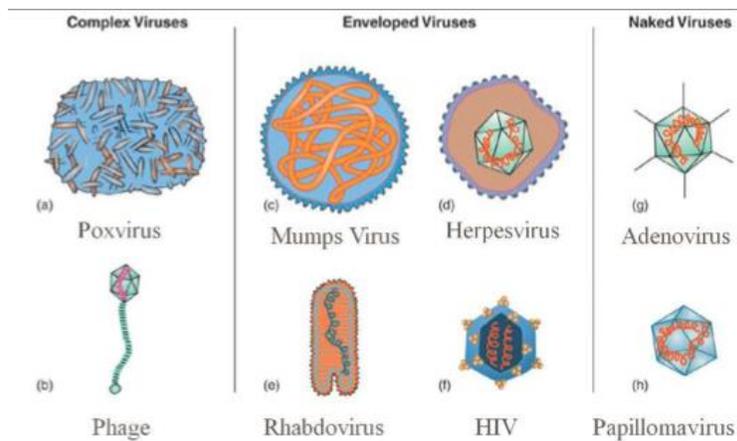
## 5) Compromise Your Equipment

And finally, if your staffing, training, repairs, and documentation just refuse to be compromised, you can always go with the old standard bearer of putting up with failing CS/SPD equipment to carry your team [above the fold](#). Preventative maintenance programs aren't cheap, and the instruments look pretty clean, so why not leave it at that? Really, the possibilities for compromising your processing equipment are nearly endless. You can hang onto your sterilizers 15 years past their useful life, never inspect the instrument washer arms, rarely change the water in your ultrasonic machine, ignore the exposure ranges on your low temp sterilizers, [use inappropriate chemistries](#), utilize a second-rate instrument tracking system, fail to test the efficacy of your cart washers, and so much more. Basically, forget that these kinds of equipment are finely-tuned surgical instrument

processing hubs, and instead pretend they are an expensive version of your Maytag dishwasher. It won't take long for the results of this illusion to [create a situation that would bring Diane Sawyer](#) to your front door.



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If you've made it this far, hopefully you've realized that when I said these tips would ensure your team goes [viral](#), I meant it [literally](#):



And obviously, none of us want the kind of viral media attention that happens when CS/SPD departments make the kinds of compromises listed above. So **why do so many in the industry still get pressured** to run their departments with a short roster, accelerate training at unsafe speeds, save money on cut rate repairs, take shortcuts on documentation, and squeeze every ounce of working life out of our reprocessing equipment? To be fair, I think the answers differ from facility to facility and system to system. But if you take anything away from this article, make it this: Only one thing can stand between these compromises and your patients -- and that's **YOU** -- a competent, informed, passionate, patient-safety-oriented CS/SPD professional, who stands athwart the pressures of compromising quality, yelling "STOP!" when no one else will.

And that's the kind of message that should go viral . . .

What say you?

W. Hank Balch © August 2016

*This article is the sole opinion of the author and in no way reflects the position of any employer or facility.*