

Outpatient Surgery

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Ready to Reprocess Surgical Supplies?

6 keys to reusing single-use devices safely, efficiently and economically.

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It sounds like a come-on: reprocessed devices at half the cost of new ones. Sounds too good to be true, I know, but we've been sending our highest-volume single-use supplies and devices to a third-party reprocessor for 5 years now, a move that's shaved our supply budget by 36% and provided our surgeons with supplies that are as safe and as functional as brand-new devices.

Like most things worth fighting for, it hasn't always been smooth sailing. We've had to convert skeptical surgeons, adjust our collection processes and train new hires who weren't familiar with how reprocessing works. If you're considering reprocessing single-use devices (SUDs), follow these 6 steps to maximize your cost savings and staff satisfaction while also maintaining your high quality standards for patient care.

1. Size up your hurdles.

Early on, we realized that 2 things had to happen for a reprocessing program to be worthwhile for our 7-OR, multi-specialty facility. First, our staff had to consistently collect SUDs and place them in the appropriate collection bins. Second, our staff and physicians had to overcome their preferences for new devices and accept the quality and reliability of reprocessed items. Fulfilling those 2 goals was a challenge that would require a lot of initial and ongoing education for both staff and physicians.

2. Reassure your surgeons.

You must get buy-in from the entire surgical team to make your reprocessing program work. To accomplish this goal, explain why you're sending single-use medical devices to be reprocessed and sterilized. Highlight both the environmental (fewer SUDs taking up landfill space) and financial (fewer dollars spent on new devices) benefits of reprocessing. Expect to encounter resistance from skeptics who don't believe reprocessed devices will live up to original equipment manufacturer (OEM) standards, and be prepared to refute these concerns with hard evidence from the third-party reprocessor about its quality control measures. Combating staff and physician skepticism takes time and effort. My advice: Recruit a physician champion to help make the case to the medical staff.

Your reprocessing company can also help educate your physician leadership and answer any questions they might have about quality control. It may be necessary to show them (not just tell them about) the efficacy of reprocessed SUDs. Another hospital in our system recently conducted a blind study of new and reprocessed items for physicians and then shared the results with facility leadership. The study found no differences between the failure rate and quality of the OEM vs. the reprocessed devices, which helped ease physicians' fears.

3. Choose wisely.

You'd be surprised how many SUDs are eligible for reprocessing. Our third-party reprocessor supplied us with a list of 100 disposable items that could be reprocessed. But don't get carried away by the possibilities. It doesn't make sense to reprocess items that are used infrequently. To maximize our cost savings, we worked with the reprocessor to identify the top 10 items (by volume) that would give us the most impact. We currently reprocess:

- pneumatic compression sleeves;

- endoscopic disposable instruments, such as graspers, shavers, clip appliers and scissors;
- burrs;
- drill bits;
- saw blades;
- harmonic scalpel handpieces;
- RF electrodes; and
- NICU/neonatal O2 sensors.

We continue to evaluate the costs and benefits of reprocessing each item and look for ways to maximize our savings by adding new items to the list or striking those that no longer make financial sense. Our reprocessor supplies us with regular reports that detail the original cost of reprocessed items, the number of returned items, the number of reprocessed items and the total savings.

4. Simplify collection.

Work with your third-party reprocessor to determine how many collection bins you'll need and where to place those bins to ensure items are collected appropriately and picked up for reprocessing. After the initial rollout of your program, continue to monitor and evaluate: Are all SUDs slated for reprocessing being collected? Are some falling through the cracks? We found that we needed to add more collection bins for our program. We're also working with our reprocessor to place bins in physicians' offices, since some items, specifically external fixation devices, are typically removed there instead of in the hospital.

5. Train staff early and often.

Be sure to train staff thoroughly on collecting SUDs for reprocessing, including which devices are reprocessed and which collection bin to use. They also must know what to do if they come across an item whose quality is questionable. We require our staff to return all disposable supplies and send them to the reprocessor. It's up to the reprocessor to have testing systems in place to validate that a device meets functionality requirements and can therefore be reprocessed and reused. The reprocessor determines how many times a particular device can be reprocessed (1 to 5 times) based on these tests. It puts each device through multiple tests each time to make sure it's OK to send back to the facility.

Your education and training efforts must be ongoing. Staff turnover and new surgeons can derail a successful reprocessing program overnight if you don't secure buy-in from them at the outset. Bring in your reprocessing company to conduct training and build competencies with new team members as soon as possible.

6. Evaluate constantly.

A reprocessing initiative won't run itself. You must develop evaluation methods in order to keep collection and usage of reprocessed SUDs running at a smooth pace. Here are some useful strategies:

- Certify competencies for employees on policies and procedures for SUD reprocessing.
- Have the reprocessor provide a tech for weekly collection of SUDs.
- Work directly with a service manager at the reprocessor to develop and monitor reports.
- Look for ways to improve your results; for example, by adjusting collection methods or adding new items to the program.