

**Testimony for PA House Health Hearing
September 17, 2012**

Mr. Chair and members of the Committee, my name is Anna Grayson. I have been in positions as a Manager and Director of Central Sterile Supply Departments for close to 30 years in New Jersey, New York, and Pennsylvania. Currently, I am responsible for 72 technicians at 2 hospital sites, the daily operations of the departments as well as providing education and training to technicians. Today, I am testifying on behalf of myself in support of HB2290, which requires certification of central sterile supply technicians and maintain continuing education credits.

Central sterile supply department professionals are those responsible for ensuring that instrumentation and equipment used in medical and surgical procedures are properly cleaned, disinfected, inspected and sterilized prior to patient use. The Central Sterile Supply Department of a healthcare facility is the heart of all activity surrounding supplies and equipment required for operating rooms, Endoscopy suites, ICU, birth centers and other patient care areas. Central Sterile Supply technicians are responsible for first-line processes to prevent patient infections.

The Central Sterile Supply profession continues to evolve at a rapid pace with new surgical items being introduced regularly. The processing of robotics, endoscopes, joint replacement, and related instruments and equipment requires an

advanced technical knowledge that only certification will provide. Association for the Advancement of Medical Instrumentation (AAMI) standards recommends certification for individuals responsible for sterilization activities, as well as those who manage Central Sterile Supply processes.

It is paramount that Central Sterile Supply Department technicians receive ongoing, formal training, including certification, in order to perform their daily duties safely, effectively and consistently. Certification will promote healthcare quality, reduce the risk of healthcare associated infections, and ensure successful patient care.

Currently, a person only has to have a GED or high school diploma to qualify for the job; however, the job requires knowledge in the following subjects: microbiology, medical terminology, infection control, decontamination, etc. Allowing under trained or inappropriately trained health care professionals to sterilize medical instruments used in surgical procedures places the patient at risk of unintended consequences that may include physical harm or even loss of life.

I have seen how uncertified technicians view the job as merely a paycheck. These technicians take shortcuts to get the work done, use the wrong detergents, place dirty or broken instruments in surgical trays, overload sterilizers to cause wet trays, and other types of unacceptable processes that affect patient outcomes. Certification, through education changes behavior, attitude, and processes.

Continued education reinforces these changes in behavior, attitude and processes and is the pathway for assuring better patient outcomes.

Surgical site infections (SSIs) are the most common type of health care associated infection (HAI). The Centers for Disease Control and Prevention (CDC) estimates the direct costs associated with healthcare associated infections are as high as \$45 billion each year.¹ In 2002, there were 1.7 million healthcare associated infections and 99,000 deaths.² Surgical site infections result in an estimated 290,485 infections per year, 13,088 deaths per year, cost a hospital \$25,546 per event per year, and cost a hospital \$7.4 million per year.³

According to the Healthcare-Associated Infections in Pennsylvania 2010 Report, surgical site infections were the most common type at 26.8%.⁴ SSIs are linked to significant health care costs and frequent hospital readmission.⁵ The 2010 Pennsylvania Report focuses on six benchmark operations such as cardiac surgery, coronary artery bypass graft, knee arthroplasty, and abdominal hysterectomy.⁶ The Pennsylvania data indicates that in the last half of 2008 there were a total of 44,640 operations performed on these six benchmarks.⁷ There were

¹ http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf

² <http://www.hhs.gov/ash/initiatives/hai/index.html>

³ <http://www.hhs.gov/ash/initiatives/hai/introduction.html>

⁴ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 4

⁵ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92

⁶ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92

⁷ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92

a total of 608 SSIs identified and reported from these procedures.⁸ This produced an overall SSI rate of 1.36 infections per 100 procedures.⁹ For 2009, there were a total of 94,179 benchmark procedures operations, which produced a total of 1,269 SSIs.¹⁰ This produced an overall SSI rate of 1.35 infections per 100 procedures.¹¹ Overall HAI data through 2010 indicates that SSIs increased in 2009 and 2010.¹² The Pennsylvania report concludes that “this supports the idea that SSI rates are either not declining or are declining less rapidly than other HAI categories. Thus, there are enough signals in the available data to indicate that greater efforts are needed to produced reductions in preventable SSIs.”¹³ Additionally, 32.1% of patients were readmitted for infections in 2010.¹⁴

This bill is about patient safety. Patients of surgical services will benefit from a more qualified and competent healthcare workforce. The patient can pick the best physician in the best health care facility but does not pick the central sterile supply technician that sterilizes his/her medical instruments used for surgery. The education, training and assurance of competency of this vital member of the surgical team will reduce the incidence of surgical site infections resulting in

⁸ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92

⁹ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92

¹⁰ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg. 92-93

¹¹ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg.93

¹² Healthcare-Associated Infections in Pennsylvania 2010 Report, pg.192

¹³ Healthcare-Associated Infections in Pennsylvania 2010 Report, pg.192

¹⁴ Hospital Readmissions in Pennsylvania 2010 Report, pg. 8

a reduction of readmissions and surgical complications. I urge you to support

HB2290.