

Certification creates ladders of opportunity for CS/SPD

2005 CS/SPD salary survey results

by Jeannie Akridge

While the average respondent to the 2005 *Healthcare Purchasing News* Central Service Salary Survey has yet to reach the 50K mark in annual compensation, this central service/sterile processing department (CS/SPD) employee has experienced a significant increase in his/her average salary – which is up 6.6 percent over 2004 to \$48,344 across all titles, from CS technician to CS director.

It's important to note that there was a three percent increase in the number of CS managers who answered our survey, for a majority of 40 percent, the most reported title for 2005. In addition, there was a five percent decrease in the amount of CS technicians who responded, for a total of 18 percent. CS directors comprised 12 percent of our survey demographics and they had the highest average earnings at \$64,868, up significantly from \$52,000 in 2004. Overall, more than 80 percent of our respondents reported that their salary increased over 2004, and the average increase was 3.9 percent.

Along with that increase in salary, there's also been an increase in responsibility, requirements and even recognition. The challenges faced by today's CS professionals are immense, and the role they play in the hospital has become increasingly more complicated.

"Additional responsibilities are required of central service staff due to advances in medical instrumentation and surgical techniques," explained Betty Vaughn, manager central service, Boone Hospital Center (Columbia, MO). "Staff

are challenged daily to learn specialization of work activities, complex instrumentation, and provide input to improve processes."

"CS staff and managers must be more knowledgeable about the profession," said Jean Sargent, ACE, CRCST, CHL, FCS, CMRP, corporate director, central service/receiving, UCLA Healthcare. "We are no longer working with simple instruments, equipment or supplies. Our staff must know how to properly clean, assemble and sterilize every item that is handled by the department. We must also know how to process equipment, determine if they are in good working condition and what disposable items are associated with each piece," Sargent continued.

Whether or not they are the result of handling more complicated instruments, or a myriad of other catalysts, mistakes made by CS professionals not only put patient safety at risk, but can also bring unwanted media attention to the front door of the facility.

"Quality production and quality of service provided our patient care teams in my opinion has taken an aggressive leap into the spotlight with the public's attention brought to recent events [with] multiple stories relating to poor cleaning of various medical devices and potential for cross contamination of patients," said Richard Schule, BS, CST, CRCST, CHMMC, FCS, manager, surgical processing department, ISO 9001:2000 Certified, The Cleveland Clinic (OH).

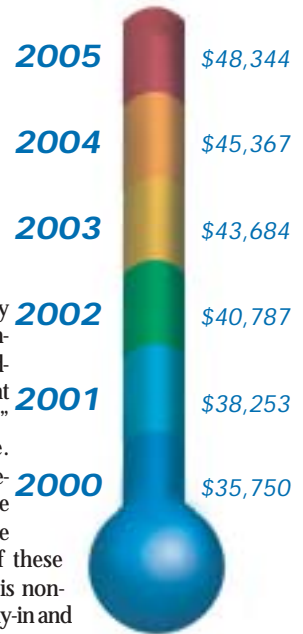
"Everything we do in the CS profession circles around patient safety," Schule continued. "With-

out properly trained CS technicians and leadership, patient safety is at risk," said Schule.

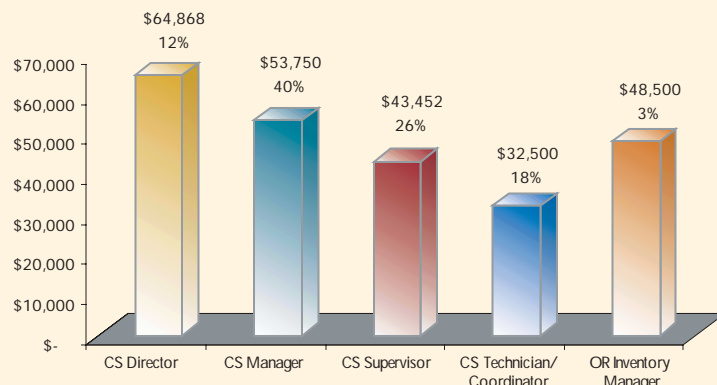
"The quality required and the performance demanded of these professionals is non-negotiable. Day-in and day-out on every shift, the CS professional must perform flawlessly or the result can contribute to a loss of life," he emphasized.

To help address this issue, in June 2004, New Jersey became the first state to mandate certification of central service professionals, which stipulates certification within the next three to five years for CS technicians and immediate certification for sterile processing managers.

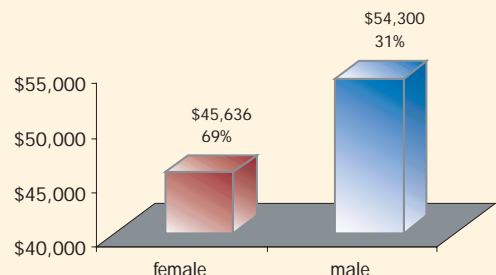
"Certification embraces patient safety by establishing and maintaining standards for professional accountability," said Vaughn. Schule agreed, but also cautioned that mandatory certification will not in and of itself lead to perfect practice. "To state that mandatory certification would eliminate these events is no different than to say a medical degree eliminates malpractice," said Schule. "The fact is a commitment to education and mandatory state or national testing of that knowledge provides a



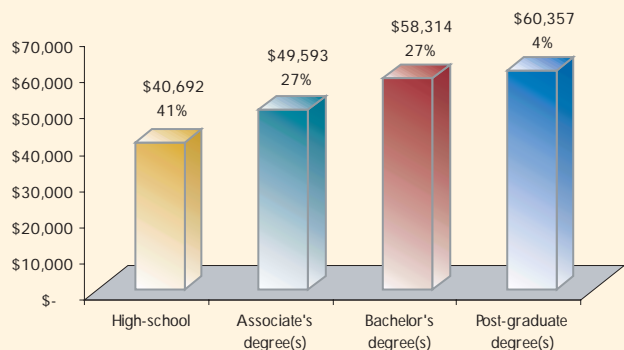
Average Salary by Job Function



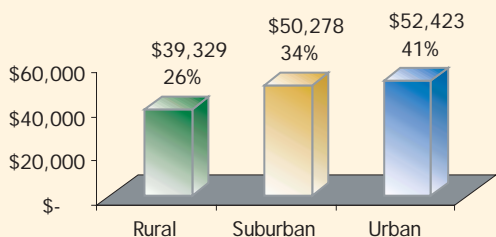
Average Salary by Gender



Average Salary by Education



Average Salary by Type of Hospital



foundation of knowledge that exponentially reduces a contributing factor to poor quality of product or service," he added.

The theory is that nationwide mandatory certification can help to improve the level and quality of care being provided to the customer. But will it raise salaries? Perhaps not right away, but it certainly will put the CS employee on the way to earning well-deserved respect.

Active and educated

HPN's survey revealed that 90 percent of our CS readers are currently using continuing edu-

cation (CE) sources each year (see chart). They participate in an average of ten CEs per year – 15 percent participate in more than 20 CEs yearly.

In addition, 80 percent told us they were either certified or a member of a variety of professional organizations. Almost half (47 percent) of our respondents are members and/or certified by the International Association of Healthcare Central Service Materiel Management (IAHCSMM), up from 31 percent in 2004. Nineteen percent are affiliated with the American Society of Healthcare Central Service Professionals (ASHCSP); and another 18.5 percent with the Certification Board for Sterile Processing & Distribution Inc., both comparable to last year's findings. Nine percent

are affiliated with the Association of periOperative Registered Nurses (AORN).

"It is imperative that the CS staff is trained and certified and recognized for this within the organizations as professionals and paid accordingly," said Sargent, who is also the sole nominee for 2006 president-elect of the Association for Healthcare Resource and Materials Management (AHRMM), as well as serves on HPN's editorial advisory board. "Staff who work in this arena are requesting to be recognized. Mandatory certification is the step that will gain them the recognition," said Sargent. She esti-

ated that as more states move towards mandatory certification CS workers could realistically see an upward shift in salaries within the next three to five years.

Schule emphasized that certification alone will not push salaries upward. "Mandatory certification will not drive up salary costs," he said. "The education and technical experience of the CS professional is what produces the demand and subsequently the increased salary. The advancement in medical technology and complexity of surgical instrumentation and equipment used today is the catalyst behind the demand for the experienced and educated CS technician."

Our 2005 survey also showed a drop in the number of CS employees who reported high school as their highest level of education, from 51 percent in 2004 to 41 percent. There was also an 11 percent raise in the number of bachelor's degrees and a four percent increase in the number of associate's degrees for 2005.

Nearly a quarter of respondents have experience in hospital purchasing; 16 percent have experience as a hospital storeroom manager; 15 percent are licensed, or have been licensed as a registered nurse. Interestingly, the number of CS employees who have been trained in infection control has more than doubled this year from 17 percent to 37 percent.

"As we move into the future more hospitals must recognize the need to promote and provide certification opportunities to new hires and existing staff," said Vaughn. "Immediate benefits will be exceptional staff that expresses confidence and expertise in their ability to take charge, and achieve goals. Staff will have the tools available to advance as leaders."

Central service departments are learning that people support what they help create," Vaughn added. "Routine operational decisions are best made with the assistance of staff at the levels where they will be carried out. Thus it will be critical that hospitals be committed to the success of their staff through the certification process."

"The profession will see further development of educational opportunities that will enhance the knowledge and validate the training received and performed at healthcare facilities," continued Schule.

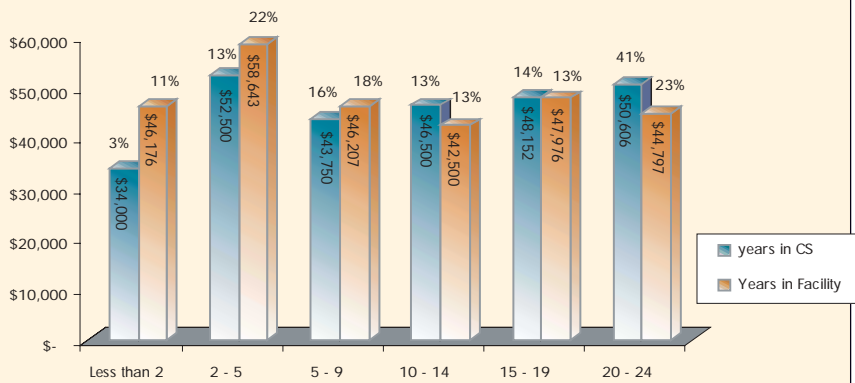
The 'average' CS employee

The average age of our respondent is 48 years old, about two years older than our 2004 average age. There is a 70-30 ratio of females to males, comparable to last year. However, this year salaries for men in the CS profession surpassed female's salaries by nearly \$10,000. Last year our survey showed much closer average salaries for men and women, at \$46,875 and \$44,656 respectively.

Our average 2005 CS Salary Survey respondent has worked in central service an average of

See SALARY on page 38

Average Salary by Years in CS



Central Service

SALARY from page 37

15 years, and in their current facility for 11.4 years. Over forty percent have worked in central service for twenty years or more. About a quarter of respondents said they had worked in CS/SPD at their current facility for twenty years or more. But nearly the same number (22 percent) said they had worked in their current facility for just two to five years.

In addition, this "average" CS employee works in a non-profit, standalone hospital with 329 beds in an urban environment. There is an average of 16 employees in his/her CS/SPD department.

Last year, almost 35 percent of respondents said they reported to the director of materials management and just under 30 percent reported to the operating room director. This year, operating room directors (29 percent) edged out directors of materials management (20 percent) as head of the CS department. Another 26 percent said they report directly to the CS/SPD director/manager, up from 15 percent in 2004.

Responsibilities

The top functions that report directly to the CS director include in order of predominance: sterile processing (88 percent), decontamination (79 percent), medical equipment cleaning/disinfection (60 percent), O.R. supply distribution (56 percent), nursing floor supply distribution (31 percent), storeroom (27 percent), purchasing (21 percent), central transport (17 percent) and laundry/linen services (13 percent).

The CS/SDP department is responsible for purchasing everything from sterilization wraps and containers (93 percent), sterilization supplies and equipment (89 percent) to sterility assurance products (86 percent), disinfectants and sterilants (85 percent), gloves (68 percent), cleaning equipment and supplies (67 percent), O.R. supplies and equipment (67 percent), disposable kits and trays (61 percent), dressings (60 per-

cent), drapes (58 percent), safety eyewear (54 percent), masks/respirators (46 percent), needlestick safety devices (41 percent), patient warming equipment (38 percent), handwashing systems (30 percent) and much more – which only adds to the responsibilities of the average CS employee.

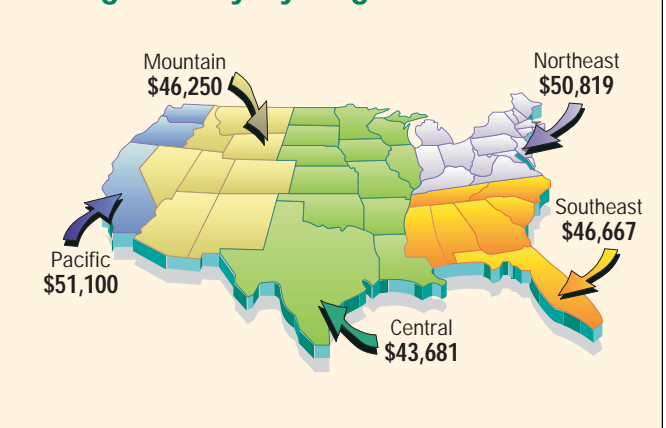
"To effectively manage data, and organization of instrumentation, staff [members] are required to learn more complicated computer applications," said Vaughn. "Asset management systems are becoming standard equipment in central service departments."

On the radar for CS

When asked what topics they would like to see more coverage of in *Healthcare Purchasing News*, the top three answers, naturally, are: sterilization procedures/equipment (69 percent), disinfection and sterilization (65 percent) and reprocessing (62 percent). Other topics of interest include: continuing education (60 percent), followed closely by surgical instrument tracking (55 percent), surgical instruments (52 percent), inventory control (50 percent) and surgical wrap (40 percent). Rounding out the list were nosocomial infections and value analysis, both at 29 percent. These CS professionals are also gaining interest in legislation (17 percent) and in mandatory reporting of infections (15 percent).

Sargent points out three things that CS workers can do to become involved in legislation concerning mandatory certification.

Average Salary by Region



"CS workers can do three things quite easily: become involved with their local and national organizations, put pressure on their organization to recognize them for their certification, and use peer pressure to get their coworkers to become certified and involved. There are thousands of certified workers, imagine what we can do if we stand together," urged Sargent.

"The success of New Jersey becoming a mandatory certification state is trying to be duplicated in other states such as New York, and California," added Schule. "Other state's CS professionals are interested but lack organization to pursue their state's health departments and/or state legislature. The CS worker can support this initiative by attending their local and national meetings whereby learning from those that have been successful on this initiative."

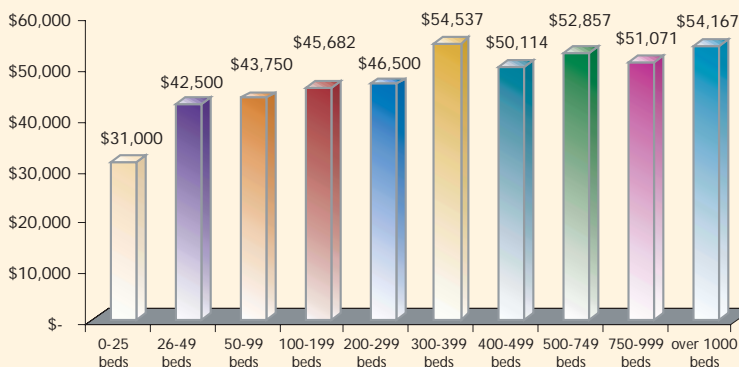
Other issues on the minds of CS professionals, said Sargent, are "FDA regulations in regards to the processing guidelines given to us to follow that are out of our normal range of parameters." Sargent said she would like to see more involvement of CS in the manufacturing guidelines prior to approval by the FDA.

Schule specifically cited a "lack of attention paid by the OEM of the orthopaedic and spine instrument companies regarding tray development." "There is a real disconnect between these OEM's and the CS profession," said Schule. "The OEM is meeting the needs of the end user, surgeon and perioperative staff, but spends little time on the cleaning and sterilization parameters for their medical devices. Efforts by the Association for the Advancement of Medical Instrumentation (AAMI) with working groups on documents of recommended standards and the FDA through MedWatch, are providing avenues of communication between the two parties."

What lies ahead

All in all, the future is bright for those working in CS and the customers they serve. Sargent points out that cooperation between departments is another key to such success.

Average Salary by Number of Beds



Number of Continuing Education Tests Taken Per Year						
years in CS	1-4	5-9	10-14	15-19	> 20	% of years
Less than 2	40%	20%	0%	0%	40%	4%
2 - 5	47%	18%	18%	12%	6%	12%
5 - 9	26%	22%	17%	9%	26%	16%
10 - 14	53%	0%	11%	21%	16%	13%
15 - 19	16%	32%	16%	11%	26%	14%
20 - 24	28%	21%	25%	15%	11%	42%
% of tests	29%	17%	17%	12%	15%	100%
percentages are based on the 90% of respondents who said they participate in continuing education						

“I think that mandatory certification is a step in turning the ship to a new direction, however, this is a big ship and it will take time to get to where we deserve to be,” said Sargent. “I think that there are many organizations where there is an adversarial relationship between the O.R. and CS. Changing this mindset to where we are a team...will assist in raising the bar in our profession.”

“I believe the visibility and respect for the CS professional within the healthcare facility and the community comes from each and everyone of us in the profession and not just one individual,” added Schule. “As a leader in the profession, you have to ask yourself, ‘What am I doing to promote awareness? Do I wear my uniform with pride? Do I help others when called upon? Do I take my job serious enough to perform quality work in support of the patient care teams providing quality patient care?’

“The numbers are staggering when you look at the work performed in the CS departments around the country,” Schule continued. “We need to share, on a consistent basis, with our administration monthly statistics to include, audit outcomes and process improvements. I see the CS profession developing into an organized entity that is recognized and respected by other professional circles to include hospital administration, physicians, nursing, and manufacturers.”

“I see a lot of people who are committed to providing quality products and service for patient safety who will be recognized for their contribution,” agreed Sargent. **HPN**