



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

Statement of the University of Pittsburgh Medical Center

Before the
House Health Committee

Presented by:

Lauren Lloyd
Director of Recruitment

Harrisburg, PA
September 17, 2012

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Good afternoon. I am Lauren Lloyd, director of recruitment for UPMC. Headquartered in Pittsburgh, Pennsylvania, UPMC is Pennsylvania's largest employer with more than 55,000 employees. We are one of the leading nonprofit health systems in the country and are comprised of more than 20 hospitals; over 400 clinical locations, including long-term care and senior living facilities; and a health plan with more than 1.8 million members. Currently, UPMC employs approximately 200 staff-level central sterile supply technicians. Nearly 10 percent of our central sterile supply technicians maintain certification through the International Association of Healthcare Central Service Material Management (IAHCSMM) or the Certification Board for Sterile Processing and Distribution (CBSPD).

UPMC appreciates the opportunity to provide comments to the House Health Committee on behalf of the Hospital & Healthsystem Association of Pennsylvania regarding the development of House Bill 2290, which would provide for certification of central sterile supply technicians.

UPMC does not support the proposed requirement of certification for central sterile supply technicians. Our organization provides quality patient care and goes to great measures to ensure low rates of hospital-acquired infections. While we share the legislature's desire to eliminate these infections, we do not believe that the central sterile supply technician certification requirement will decrease hospital-acquired infection rates. In fact, the state/national infection rates are decreasing without widespread certification requirements for those roles. The 2010 Pennsylvania Department of Health report, released in September of 2011, on the occurrence and patterns of health care associated infections (HAI) demonstrates a continued decline in the overall incidence of HAI's in Pennsylvania. The reports required under Act 52 are based on scientifically demonstrated interventions to reduce HAI's.

Both The Joint Commission (TJC) and the Department of Health (DOH) provide regulatory oversight to hospitals. In the state of Pennsylvania, this oversight requires organizations to report hospital-acquired infections to the state regulatory agencies. In fact, Pennsylvania is a leader in this reporting and has set the standard for this level of oversight. Additionally, compliance with

policies and procedures, as well as the physical space of the central sterile supply department, is inspected by these agencies during onsite reviews. UPMC believes that the proposed legislation is unnecessary given the current oversight by two regulatory agencies.

Given our commitment to excellence, quality, and safety, UPMC places focus on processes, procedures, and protocols in many areas. For example, our central sterile supply processing employee training program is rigorous and ensures staff competence to avoid risk to our patients. It is our belief that hospital-acquired infection rates will continue to decrease as organizations ensure compliance with these types of processes. The oversight provided by TJC and DOH provides accountability for hospitals to ensure compliance.

In the hospital setting, all employees are responsible for infection control. UPMC has focused additional training in areas that are at high risk of spreading infections. Professional certification is not the standard for many of these roles. Hospitals have developed training programs for these positions to ensure competence in all aspects of the role and specific emphasis is placed on infection control procedures. In many cases, these internal training programs surpass the learning objectives of the outside certification process. UPMC believes that, in many cases, internal training programs for central sterile supply processing techs surpass the education obtained through external certification programs because they allow for hands-on experience with the exact equipment used to sterilize instruments. If hospitals were to rely on the certification process alone the opposite effect of the bill's intention may occur.

For these reasons, UPMC is unable to support House Bill 2290. In addition to our overall concern for this legislation, we would like to present our views about the following specific topics within the bill:

- Definition of "student" or "intern" and their certification requirements.
- Certification requirements for incumbent workers.
- Continuing education credits and the proposal to have them submitted to the DOH.
- The hospital's credentialing process.

Student/Intern Certification Requirements

In Section 3 (3), the proposed legislation states that a student or intern may work under the direct supervision of an appropriately licensed or certified health care practitioner and is functioning within the scope of the student's training. "Student" and "intern" are not clearly defined in the legislation, nor is a time restriction set for the student or intern to work without certification. Neither the (IAHCSMM) nor the (CBSPD) require the completion of a formal educational program to obtain certification.

Due to a consistent shortage of candidates with formal education in central sterile supply processing, UPMC currently provides on-the-job training to develop and ensure competency in the roles and responsibilities of central sterile supply technicians. This internal training program has been a valuable recruitment tool for these hard-to-fill positions and has provided inexperienced candidates with a gateway to health care careers, and compensation during the training window. These are entry level positions that provide family sustaining wages and benefits. Certification may create a barrier to job opportunities that currently exist.

Immediately following hospital orientation, central sterile supply processing technicians begin department-specific orientation. The timeframe for completion of the orientation period and competency checklist varies based on experience, but generally takes 60-90 days. The training content includes, but is not limited to, policies and procedures related to sterile processing; workflow of the department; infection control; decontamination processes and methods; preparation and handling of instruments; sterilization cycles; documentation standards; sterile storage; and inventory management. This on-the-job training, shadowing, mentoring, and preceptorship are facilitated by coworkers as well as senior staff and departmental leadership.

The department manager or director is responsible for ensuring competency in decontamination, sterilization, prep and pack, case cart assembly, and daily operations before a new staff member may begin to work independently. Decontamination competency includes usage of correct personal protective equipment; manual cleaning requirements; automated washing equipment (including ultrasonic washer) usage; and cleaner selection. Sterilization competency includes operation of steam autoclaves, HvP Sterrad, ETO, and scope reprocessing units for high-level disinfection; proper readout of all quality assurance checks; and coinciding recordkeeping. Prep and pack competency includes instrumentation familiarization; quality assurance checks; tray assembly according to content sheet; and assembly. Case cart assembly competency includes case cart preparation; quality assurance checks; and case cart delivery. Finally, competency in daily operations includes organizational skills; time management and prioritization; customer service; troubleshooting; departmental policies; and safety guidelines. There is a validated written process that outlines the key elements of this precepted new-hire experience.

UPMC respectfully requests that the definition of a student or intern include acknowledgement of internal training programs and self-study preparation for certification in addition to formal educational programs offered through external educational institutions.

In Section 4 (a), the proposed legislation states that a new employee, “may be employed or contracted to practice as a central sterile supply technician during the 12-month period immediately following successful completion of certification but may not continue to be employed or under such contract beyond that period without documentation that the employee or contractor holds and maintains the certification required.” The intention of this language is unclear to UPMC.

If the intention is to allow an uncertified individual a 12-month period to work preceding certification, the language would only support certification through IAHCSSM. For an inexperienced individual, IAHCSSM requires 400 hours of related experience prior to testing for certification, whereas CBSPD requires a year of experience or completion of a sterile processing training course prior to testing. Assuming the intention of the legislation is to provide a time frame for individuals to become certified, this window does not provide enough experience for the individual to be eligible for and complete the CBSPD exam. UPMC respectfully requests that this time frame be revised to allow two years to complete certification.

Certification Requirements for Incumbent Workers

In Section 4 (b), the proposed legislation states that, “a person who is employed or contracted to practice as a central supply technician on the effective date of this section must be certified within two years of the effective date of this section.” The proposed legislation does not allow

for the exemption of current staff with significant years of experience—as is allowed in other states. Of our 200 staff in UPMC sterile processing, nearly half have been working in the field for more than ten years, and have been consistently deemed competent through annual performance evaluations and ongoing observations by our sterile processing leadership team. The proposed legislation would require these staff members to successfully complete the certification exam in order to maintain their jobs. UPMC respectfully requests the consideration of an incumbent grandfathering clause in the legislation to ensure that experienced staff are able to maintain their positions.

Continuing Education Credits

In Section 4 (c), the proposed legislation states that, “a person who qualifies to function as a central supply technician in a health care facility under section 3(1) and (2) shall annually complete 12 hours of continuing education to maintain the person’s certification as a central sterile supply technician.” Section 4 (d) goes on to state that, “a health care facility that employs or contracts with a central supply technician shall verify to the department and maintain documentation that the person is properly certified and meets the continuing education requirements of this section.”

Hospitals do not currently submit information regarding continuing education credits achieved by its hospital personnel to any other state agency. For example, a pharmacist must independently provide evidence of continuing education credits to the State Board of Pharmacy at the time of license renewal. Organizations, such as the IAHCMM, that certify the central sterile supply technician, set the criteria for continuing education requirements, and each certifying body sets differing continuing education requirements. As a result, these criteria may change according to the evolution of a trade or profession. For Pennsylvania to establish continuing education credits for certification implies that Pennsylvania is granting the certification. The intent of the legislation, however, is to require the experts in sterile supply provide certificates, and the state require certification as a requirement for employment.

Health care practitioners who achieve certification in a specialty area assume the responsibility for meeting the requirements for re-certification on an ongoing basis. In Pennsylvania, many of the licensed health care occupations do not require continuing education credits to renew licensure. Hospitals are required to verify the credentials of the individual, such as the validated certificate or license, but do not keep record of continuing education programs for all practitioners. To impose that specificity would set a precedent for future practitioners. To expect that the hospital would require certification is sufficient for the DOH licensure process, as well as the TJC accreditation process. Requirements beyond recertification would impose administrative burdens on hospitals and would be inconsistent with the typical recertification process.

Because hospitals do not submit information regarding continuing education credits achieved by its hospital personnel to any other state agency, UPMC respectfully requests that this requirement be reconsidered.

UPMC’s Process for Verifying Credentials

Hospitals are required to verify the required credentials of staff on a regular basis. At UPMC, we verify license, certification, and/or registration for more than three hundred job titles. This is a resource-intensive process that requires numerous staff hours, as well as access to hundreds of external databases for primary-source verification of the credentials.

To ensure consistent compliance with licensing policy, UPMC verifies the required credentials for newly hired staff; tracks expiration dates of the credentials at least monthly; ensures that staff members renew credentials; verifies renewal; and updates tracking of expiration dates. Failure on the part of the staff member to renew the license, certification, or registration and then present the required documents before expiration results in his or her immediate suspension without pay. Employees who do not provide evidence of licensure renewal during the suspension period are terminated.

Credentials are primary-source verified with the appropriate issuing board or registry to ensure that the credential is in good standing. A printout of the verification is maintained. This process requires navigation of various state and issuing board websites, which lack consistency in information required and the level of verification detail that is provided. UPMC recently has automated verification with the state of Pennsylvania for registered nurse, occupational therapy, physical therapy, and pharmacy licenses, but this is not available for many of our job titles, particularly those with credentials not issued by the state.

Newly obtained sterile processing certifications are currently verified by reviewing the document provided from the issuing board or registry. Our sterile processing leaders dedicate numerous hours to coordinating continuing education opportunities, in-services, and providing documentation for staff to submit to the issuing boards. After completion and submission of the required continuing education credits, the staff member is required to submit proof of recertification.

In order to facilitate consistent tracking of the credential, UPMC respectfully requests that the sterile processing certifications be added to an online verification resource similar to the State of Pennsylvania license website.

Conclusion

Thank you for the opportunity to share UPMC's perspective as it relates to this proposed legislation. I would be happy to answer any questions you may have.

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