

Performance Strength Summary

George E. Wahlen VA Salt Lake City Health Care System

Salt Lake City, Utah
General Hospital
100-499 Beds, Urban

Related Standard: IC.06.01.01 EP 3

Topic: Sterilization and High-Level Disinfection

Elevating Sterilization and High-Level Disinfection by Harnessing Technology, Best Practices and Teamwork

- What They Did
 - Expanded use of current instrument management system to take advantage of unused features, including auditing and device and instrument tracking
 - Brought in consultant to evaluate instrument quality
 - Reviewed and revised standard operating procedures and competencies
- Key Outcome
 - Reusable medical device pre-clean and treatment nonconformities declined by 82% from FY23 (1,688) to FY24 (304)

OVERVIEW

The George E. Wahlen VA Salt Lake City Health Care System recognized opportunities to improve instrument management by updating their standard operating procedures (SOPs) and ensuring staff skills aligned with evidence-based practices. Moving away from traditional paper methods to more transparent and effective systems enhances both instrument tracking and data quality. Although various instrument management systems (IMS) exist, most offer a core set of features that promote efficiency, safety, compliance, and asset oversight. By making broader use of its current IMS and exploring underutilized capabilities, the George E. Wahlen VA elevated service standards and patient safety. By updating standard operating procedures and staff competencies to align with current guidelines from the Centers for

Performance Strength Summary

George E. Wahlen VA Salt Lake City Health Care System

Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and professional practice standards established by the Association for the Advancement of Medical Instrumentation (AAMI), and subsequently integrating these revisions into IMS workflows, the organization achieved a reduction in instrument processing errors and improved the identification of near misses.

OPERATIONAL PLAN

Leadership and Team Structure

System-wide Chiefs engage in regular collaboration and exchange of best practices, with support and oversight from the c-suite. This approach fosters ongoing improvement and ensures consistent communication across all facilities. For this initiative, the planning and implementation of changes in sterile processing involved a diverse group of internal stakeholders beyond the Chief of Sterile Processing, who served as champion. Other key participants included:

- **Subject Matter Experts:** Subject matter experts (SMEs) played a vital role throughout the process. They anticipated potential challenges, helped integrate changes into existing workflows, and built trust among staff.
- **Sterile Processing Staff:** This team was the starting point for building buy-in and trust.
- **End Users:** Those who directly use the processed instruments.
- **Infection Prevention:** Specialists ensuring compliance with infection control standards.
- **Quality and Patient Safety:** Teams focused on maintaining and improving safety and quality benchmarks.
- **Biomedical Engineering (Biomed):** Involved when equipment or infrastructure changes were necessary.
- **Physicians:** Clinical stakeholders whose input was important for aligning changes with patient care needs.
- **Administrative Team:** Leadership and administrative support, including the associate director for patient care services and other key administrators, were crucial for advocacy and resource allocation.

By integrating expertise from multiple departments, the cross-functional approach ensured that changes were practical, aligned with safety and quality standards, and supported by

Performance Strength Summary

George E. Wahlen VA Salt Lake City Health Care System

necessary resources. Strong administrative support further facilitated communication and problem-solving, contributing to the overall success and sustainability of the improvements.

Implementation Steps

Achieving full operationalization, especially instrument-level scanning and system-wide changes, took considerable time. This was due to the need for sequential establishment of foundational levels before advancing to more complex stages. Staff were given 30 days (including two weeks of training and two weeks of observation) to become fully compliant with new practices. Implementation steps included the following:

- **Readiness Assessment and Planning:** A thorough readiness assessment was conducted for IMS implementation that included a detailed gap analysis to identify areas needing improvement. This evaluation informed the objectives and guided the phased rollout planning, which took about a year to finalize, alongside obtaining executive support.
- **Evaluation of Current State:** An outside party was brought in to assess inventory quality, conduct water and steam sampling, and identify redundancies in instrument sets. They found that 70% of their general stainless-steel instruments were either compromised by poor water and steam conditions, lacked sufficient quality, or did not have scanning capability. These were three key quality and safety issues, requiring funding for inventory replacement, which involved prioritization according to need.
- **Alignment of SOPs and Competencies:** SOPs and competencies were aligned with guidelines. Once this foundational step was completed, SOPs and competencies were integrated into the IMS, facilitating readiness to take full advantage of the system's features.
- **Development of Audit Tools and Training:** Audit tools were developed within the software, which took about 90 days to complete. Staff were trained through a combination of group meetings and hands-on sessions.
- **Instrument and Device Tracking:** The IMS ensures accurate tracking of instruments and devices through its decontamination module. Tracking was phased in, starting with basic use and gradually expanding. Lean principles were applied by involving staff at each step and using their feedback to improve procedures. Each decontamination stage is documented per SOPs, with staff confirming steps through inspections.

Performance Strength Summary

George E. Wahlen VA Salt Lake City Health Care System

- **Instrument and Device Scanning:** In addition to tracking, scanning practices were put in place, allowing staff to follow instrument and device lifecycles, manage replacement requests, and track recalls so affected equipment can be promptly removed.

Challenges and Solutions

The following section outlines key challenges and solutions that facilitated ongoing improvement and adoption.

- **Time to Implement:** The time to fully implement the IMS was overwhelming at times. Breaking the overall process into smaller, manageable steps allowed for incremental progress without overwhelming staff or disrupting ongoing operations. In addition, assigning dedicated SMEs helped accelerate key phases, while frequent progress reviews ensured that delays were promptly identified and addressed. This approach maintained momentum and helped sustain engagement, ultimately leading to successful and timely adoption of improvements.
- **Gaining Staff Buy-In:** Gaining staff buy-in was a challenge during the implementation of process improvements. Staff were initially hesitant to embrace new procedures. Overcoming this resistance requires clear communication and opportunities for staff input. By involving staff in decision-making and providing ongoing support and training, the department fostered a sense of ownership and collaboration, ultimately leading to greater acceptance and sustained participation in the new processes. Having a champion to encourage staff was also key. The organizational champion possesses deep expertise in instrument management and reprocessing and prioritized relationship-building with end users to enhance trust, safety, and quality standards. This person's commitment to staff development and continuous learning created a culture where every member of the team felt empowered to pursue excellence and pride in achieving it.
- **Resource Limitations:** Resource limitations posed a challenge in implementing IMS improvements. Constraints in budget often led to difficult decisions regarding prioritization. Addressing this challenge required strong leadership support. It set the tone for organizational commitment to quality, ensured the allocation of necessary resources, and helped to drive a unified vision for improvement.

RESULTS

Performance Strength Summary

George E. Whalen VA Salt Lake City Health Care System

By implementing the IMS and leveraging its capabilities, George E. Whalen VA was able to transform its instrument management processes, laying the groundwork for enhanced quality and safety.

- **Increased Traceability:** The checklists and mandatory documentation in the IMS improve bi-directional traceability, ensuring that each sterilized item can be accurately tracked both forward and backward through the entire process, from its origin to its final use. This systematic approach provides evidence of proper cleaning and processing of all instruments. Staff in procedure rooms document specific scopes in the record, maintaining a clear record in case of infection or other patient safety concerns.
- **Efficient Resource Management:** Leadership uses a dashboard to track metrics for devices, instruments, and technicians, helping them stay accountable for work allocation and staffing forecasts. For example, reusable medical device throughput rose by 61% from FY22 to FY24, supporting more accurate staffing projections to handle the workload.
- **Reduction in Nonconformities:** Mandatory validation steps helped technicians spot and prevent errors or near misses, leading to an 82% reduction in pre-clean and treatment nonconformities from FY23 to FY24. Improved staff understanding of what instruments are used for further reduced errors and increased assembly accuracy.

SUSTAINABILITY

To ensure the long-term sustainability of process improvements beyond the deployment of the IMS, the department implemented a comprehensive strategy encompassing the following:

- **Performance Metrics:** The department established ongoing performance metrics for staff, such as productivity standards (e.g., number of sets or devices processed) and accuracy rates. These metrics are tracked and used to identify areas for improvement and to advocate for resources.
- **Regular Audits and Sampling:** The team conducts regular audits and random sampling of staff work to ensure compliance and effectiveness. These audits help pinpoint training needs and maintain high standards.

Performance Strength Summary

George E. Wahlen VA Salt Lake City Health Care System

- **Continuous Feedback and Training:** When audits reveal gaps or risks, targeted training is provided. Staff are encouraged to raise questions and concerns, and there is a structured process for ongoing education and competency renewal.
- **Collaboration with End Users:** The department also monitors compliance among end users for pre-cleaning and pre-treating devices, providing feedback and reports to help improve their processes.
- **Reporting and Advocacy:** Audit and performance data are reported regularly to support internal analysis and advocate for needed resources. Leadership uses these reports to discuss compliance, improvement areas, and near misses with staff, focusing on performance enhancement rather than blame.
- **Staff Competency Monitoring:** Integration of staff competencies within the IMS enabled seamless competency monitoring. For example, when a technician's competency expires, the system promptly displays a red stop alert on the computer screen, preventing any further actions by that individual until their competency is validated.
- **Education Initiatives:** The creation of "Sterile Processing University" and collaboration with nurse education groups ensures ongoing staff development and alignment with best practices.
- **National Accountability Tools:** Participation in national-level reporting with the VA's Sterile Processing Accountability Tool (SPAT) aligns the facility with broader standards and triggers support or inspections when needed. This tool streamlines oversight, enabling automated documentation and analysis to facilitate effective corrective actions.

LEARN MORE

Connect with the Organization

- Website: [George E. Wahlen Department of Veterans Affairs Medical Center](#)
- Main phone number: (801) 582-1565
- Contact: Chief of Sterile Processing

This Performance Strength Summary, current as of March 2026, is provided to accredited organizations solely as a resource. Joint Commission does not endorse any specific strategy, practice, product, or approach, nor does inclusion here suggest that these examples are superior to others not mentioned. Each organization should exercise its judgment when selecting and implementing any strategy, practice, product, or approach, ensuring alignment with its unique needs and those of the populations it serves.