

Performance Strength Summary

UCHealth Greeley Hospital

Greeley, Colorado
General Hospital
0-99 Beds, Urban

Related Standard: LD.13.01.09 EP 6, IC.04.01.01, LD.13.03.01 EP 11

Topic: Surgical Care Policies and Procedures, Infection Control Program, Surgical Resources

Embedding Redundancy and Collaboration to Sustain Near-Zero Immediate-Use Steam Sterilization

- What They Did
 - Designed intentional instrument redundancy and planning by proactively monitoring case demand, engaging surgeons, and strategically duplicating trays to avoid Immediate-Use Steam Sterilization (IUSS).
 - Embedded multidisciplinary collaboration and safety culture into daily operations, empowering Operating Room (OR), Sterile Processing Department (SPD), and surgeons to evaluate alternatives to IUSS in real time and speak up when issues arose.
- Key Outcomes
 - Sustained near-elimination of IUSS, with only one event over seven years.
 - Strengthened workforce stability and engagement, including no SPD turnover for more than two years and employee engagement exceeding 90%.

OVERVIEW

UCHealth Greeley Hospital sought to minimize reliance on IUSS by addressing risks related to instrument availability, workflow reliability, and cross-department coordination. Rather than launching a discrete initiative, this work reflected purposeful, intentional collaboration among physicians, hospital leadership, and departmental leaders. Leaders took a deliberative

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approach to how equipment and instrumentation were selected, organized, and supported, ensuring teams consistently had what they needed to deliver safe patient care. This intentional design embedded redundancy, early planning, and multidisciplinary collaboration into daily operations, supported by a culture that values shared accountability, psychological safety, and speaking up. Strong partnerships between the OR, SPD, and surgeons enabled the organization to consistently avoid IUSS while strengthening staff engagement, patient safety and operational reliability.

OPERATIONAL PLAN

Leadership and Team Structure

Senior and frontline leaders partnered across departments to ensure shared ownership of patient safety and instrumentation readiness. Leadership engagement was visible, consistent, and hands-on.

- **OR Manager:** Led collaboration with surgeons and SPD, facilitated real-time decision-making during procedures, and reinforced expectations around safety and speaking up.
- **SPD Supervisor and Managers:** Designed and maintained tray redundancies, monitored instrumentation availability, and partnered closely with OR staff to anticipate needs.
- **Surgeons:** Actively participated in tray design decisions, evaluated acceptable alternatives, and engaged in conversations to avoid IUSS.
- **OR Scrub Technicians and Nurses:** Maintained detailed awareness of what instruments are included in each tray, identified gaps, and collaborated with SPD leadership to explore alternatives.
- **Regional Perioperative and Regulatory Leaders:** Provided oversight, conducted routine audits, and reinforced a continuous-improvement mindset rather than episodic survey preparation.
- **Senior Hospital Leadership:** Supported purchasing decisions, trusted frontline expertise, and reinforced a culture of safety and collaboration.

Implementation Steps

The organization implemented the practice through deliberate planning and sustained collaboration rather than a single rollout.

- **Tracked Case Demand Proactively:** Monitored surgical scheduling changes and service-line growth trends to determine when additional instrument redundancy was needed.

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- **Designed Instrument Redundancy:** Built duplicate trays and instruments for high-volume and high-risk service lines using a “two is one, one is none” approach. Because storage capacity was limited, leaders were intentional about which trays to duplicate, prioritizing high-risk and high-volume cases to ensure availability without overextending physical space or resources.
- **Evaluated Alternatives in Real Time:** When instruments were dropped, unavailable, or not fully processed, teams paused to assess safe alternatives rather than defaulting to IUSS. OR staff, SPD leaders, and surgeons jointly reviewed available options and determined whether instruments from different trays could be safely substituted.
- **Engaged Surgeons as Active Partners:** Involved surgeons in evaluating trays, approving alternatives, and planning for growth in case volume.
- **Established Cross-Facility Support:** Coordinated with sister facilities to borrow trays when needed avoiding rushed reprocessing.
- **Empowered Frontline Decision-Making:** Encouraged staff to speak up using shared language (e.g., “I need clarity”) and collaborate on safe alternatives.
- **Applied Front-End Planning and Back-End Culture:** Combined strong upfront planning (tray design, redundancy, scheduling awareness) with a supportive back-end culture that values flexibility, collaboration, and innovation when unexpected situations arose.
- **Evaluated Processes Continuously:** Built regular opportunities into daily operations to reflect on performance and identify opportunities for improvement. Teams routinely asked where workflows, instrumentation planning, or communication could be strengthened and used these conversations to refine practices.

Challenges and Solutions

Despite strong planning, the team encountered predictable operational challenges.

- **Instrumentation Backorders:** Some instruments were unavailable due to supply chain issues; the team addressed this by communicating early with surgeons and identifying acceptable alternatives in advance.
- **Financial Constraints:** While resources were not unlimited, leadership prioritized patient safety and trusted departmental expertise when approving purchases.
- **Risk of Silos:** The organization overcame potential silos by reinforcing daily collaboration and shared accountability between OR and SPD teams.

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RESULTS

The organization observed measurable and cultural improvements following implementation.

- **Near Elimination of IUSS:** Only one IUSS event occurred over 7 years, demonstrating sustained reliability.
- **Improved Staff Retention:** SPD experienced no staff turnover for more than two years. A defined career ladder supported professional growth and contributed to sustained workforce stability.
- **High Staff Engagement:** Employee voice survey participation exceeded 90%, reflecting trust and psychological safety.
- **Stronger Safety Culture:** Staff consistently reported feeling empowered to speak up and collaborate across roles.

SUSTAINABILITY

The organization sustains improvement through ongoing cultural and operational reinforcement.

- **Monthly Values Review:** OR leadership reviews mission, vision, and values with staff each month to reinforce expectations.
- **Routine Internal Audits:** Regulatory leaders conduct regular audits to identify opportunities for improvement rather than focusing solely on survey readiness.
- **Leadership visibility:** Leaders regularly work alongside frontline staff, reinforcing trust and shared ownership.
- **Psychological Safety Practices:** Staff are encouraged to speak up using shared language and are supported when raising concerns.

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Connect with the Organization

- Website: [UCHealth Greeley Hospital](#)
- Main phone number: (970) 652-2000
- Contact: Operating Room Manager

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