

SPD leaders record ample salary gains; techs report modest growth

by Kara Nadeau Della Vecchia

The average salary for central sterile/sterile processing professionals (CS/SPD) grew \$1,100 annually from 2014 to 2015, according to the results of the 2015 *Healthcare Purchasing News* CS/SPD Salary Survey. Over half of survey respondents (52 percent) reported pay raises, 40 percent experienced no change in compensation, and 8 percent saw their salaries decrease since last year. Of those who reported gains in compensation, the average annual increase was a little over 1 percent.

"Facilities are starting to recognize the importance of this department as it relates to patient safety," said Natalie Lind, Education Director for the International Association of Healthcare Central Service Materiel Management (IAHCMM). "They also realize the tremendous financial investment these people protect as they handle and reprocess expensive and sophisticated medical devices. Processing these devices correctly requires an advanced level of knowledge and skills."

The greatest salary gains were at the CS/SPD Director level, which reported an increase in base salary of \$19,000 over 2014. The next highest gains were among CS/SPD Managers, with an average increase of \$7,150 compared with last year. These significant increases are likely due to the fact that more of the 2015 survey respondents in these job categories held post-graduate and bachelor's degrees compared with last year.

Both Lead CS/SPD Technicians and CS/SPD Technician/Coordinators reported modest salary gains, with the former reporting an average annual base salary increase of \$3,292 and the latter gaining \$1,111. The salaries of

Surgical Instrument Technicians remained virtually unchanged since last year, while CS/SPD Supervisors reported a slight decrease (\$689).

Carmen J. Ferriero III M.B.A., Associate Director, Sterile Processing Operations for Albany Medical Center, feels CS/SPD technicians are not fairly compensated for the work they perform. He points out how the scope of work and level of responsibility required of technicians far exceeds the level of compensation. At some facilities, he has seen this lead to job dissatisfaction among the staff, which results in a high turnover rate.



Carmen J. Ferriero III

"The sterile processing department is a very challenging environment," said Ferriero. "We face tremendous pressure in serving the ORs and it is not always a pleasant experience. So when you have staff who perceive they are making inadequate wages that can be a recipe for disaster. High turnover in Sterile Processing can be extremely difficult to manage. It takes a great deal of training and knowledge to do what we do in Sterile Processing so having to constantly train new people takes a tremendous toll on the department."

Educators experienced the most significant pay drop, with the annual base salary for that position dropping \$18,250 from 2014 to 2015. As with the increases among CS/SPD Directors and Managers, this significant change in compensation can be linked to survey respondent demographics, with fewer respondents in the Educator category in 2015, and none holding post-graduate or bachelor's degrees.

As in past years, the type of facility and where it is geographically located have a significant impact on CS/SPD salaries. Those employed by organizations in the HMO/PPO/IPO/Insurance category earned an average of \$97,500 in annual compensation, with the next highest salaries earned by those working for IDN/Alliance/Multi-group organizations, who reported an average annual salary of \$74,600. This contrasts sharply with those CS/SPD professionals in Long Term Care Facility/Home Healthcare facilities, who reported an average annual salary of \$35,000.

With regards to geography, those in the Pacific region of the United States are the highest earners, reporting \$67,382 in average annual compensation. CS/SPD professionals in the Northeast are the next highest earners at \$55,882, followed by those located in the Central and Mountain U.S. regions, at \$53,770 and \$53,021 respectively. In the Southeastern U.S. survey respondents reported the lowest salaries, with an average of \$49,868.

Gaining support from the C-suite

According to Jean Sargent, CMRP, FAHRMM, CRCST, Director, MedAssets, educating the C-suite on the value of the CS/SPD is critical to increasing compensation within the profession. She notes how high profile infection outbreaks tied to improperly processed surgical instruments and devices, such as the Carbapenem-Resistant Enterobacteriaceae (CRE) outbreak at Ronald Reagan UCLA Medical Center, places the spotlight on the CS/SPD, and that this should prompt the C-suite to recognize the department's critical role in patient safety.

Salary Survey History 2006 - 2015

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
\$49,838	\$51,734	\$49,442	\$52,969	\$54,227	\$53,757	\$55,581	\$53,605	\$55,065	\$56,172

Salary by Education & Gender

40% - HIGH SCHOOL	\$47,481
7% - MALE	\$48,750
32% - FEMALE	\$47,190
32% - ASSOCIATE'S DEGREE	\$55,238
9% - MALE	\$56,978
24% - FEMALE	\$54,603
19% - BACHELOR'S DEGREE	\$67,422
6% - MALE	\$66,765
13% - FEMALE	\$67,750
9% - POST-GRADUATE DEGREE	\$74,354
3% - MALE	\$77,250
6% - FEMALE	\$72,906

Salary by Region & Gender

11% - PACIFIC	\$69,897
8% - Female	\$68,762
3% - Male	\$72,875
9% - MOUNTAIN	\$53,021
6% - Female	\$50,333
3% - Male	\$57,500
19% - CENTRAL	\$53,770
15% - Female	\$52,387
4% - Male	\$59,300
46% - NORTHEAST	\$55,882
33% - Female	\$55,466
13% - Male	\$56,929
14% - SOUTHEAST	\$49,868
13% - Female	\$48,750
1% - Male	\$45,000
8% - CANADA	\$93,750
4% - Female	\$82,500
4% - Male	\$105,000

CS CONNECTION

"When you look at the bigger picture, a slight increase in pay for someone who is making a low salary will likely be very significant to the earner where it will have little impact on the bottom line of the organization," said Sargent. "Getting the salary for CS/SPD staff to a point where it is commensurate to what their responsibilities are is something that needs to be addressed to get the right people working in that department. And that goes back to the C-suite recognizing the importance of the position."



Jean Sargent

Job security holds steady

When asked if they feel secure in their current positions, the majority of respondents (92 percent) reported feeling "somewhat secure" (48 percent) or "very secure" (44 percent). As Ferriero points out, a healthcare facility cannot run its operating rooms (ORs) without CS/SPD services, which contributes to job security. But, on the other hand, economic and industry factors are impacting the profession, as they are all aspects of healthcare.

"Because healthcare costs are through the roof, hospital networks are popping up, facilities are merging and smaller places are shutting down," said Ferriero. "The downsizing that occurs with these mergers means techs lose their jobs. So job security is very closely tied to the financial health of your institution. At the CS/SPD leadership level, job security is viewed differently. In Sterile Processing, we are customer service so you are only as good as your last mistake."

The motivation for certification

Those survey respondents reporting certification held steady since last year, with 84 percent already certified (same as 2014), 6 percent in the process of obtaining certification and 6 percent considering it. When asked if certification was a requirement in their CS/SPD departments, nearly half responded "yes" (48 percent), which was the same response rate as last year.

Salary by type of facility

15% - IDN/Alliance/Multi-group	\$74,600
17% - Hospital, Teaching Facility	\$55,880
63% - Hospital, Standalone	\$52,899
>1% - Tissue Bank	\$52,500
>1% - Clinic	\$42,500
2% - Surgi/Ambulatory center	\$40,833
2% - Long Term Care/Home Health	\$35,000

Salary by Job Function

6% - CS/SPD Director	\$86,967
33% - CS/SPD Manager	\$73,758
28% - CS/SPD Supervisor	\$50,967
2% - Educator	\$44,500
12% - CS/SPD Tech/Coordinator	\$38,047
14% - Lead CS/SPD Tech	\$37,432
5% - Surgical Instrument Technician	\$35,357
>1% Other	\$42,500

Salary by number of beds

8% - 0-25 beds	\$22,258
4% - 26-49	\$53,800
7% - 50-99	\$44,737
19% - 100-199	\$48,846
17% - 200-299	\$59,685
17% - 300-399	\$60,402
11% - 400-499	\$61,267
13% - 500-749	\$65,029
3% - 750-999	\$67,500
1% - over 1000 beds	\$111,500

IAHCSSM reports that it currently has 22,630 members, 21,481 of which are certified by the organization. The survey found certifications by IAHCSSM were up 9 percent over last year, with 70 percent of respondents reporting IAHCSSM certification.

"These high numbers demonstrate the commitment to professionalism, knowledge advancement and continuing education," said Julie Williamson, Communications Director for IAHCSSM.

Those CS/SPD professionals reporting to be certified by the Certification Board for Sterile Processing and Distribution (CBSPD) remained the same since last year (24 percent) as did those reporting certification through the Association for the Advancement of Medical Instrumentation (AAMI) and the Association of periOperative Registered Nurses (AORN), at 19 percent and 7 percent respectively.

But while CS/SPD professionals continue to earn certifications, their facilities are generally not providing additional compensation for these achievements. When asked if their employer gave them a higher level of compensation if they obtained certified education units/points, the vast majority (79 percent) said "no."

For those states that do not require certification, this can present a challenge. While in an ideal world every CS/SPD professional would pursue certification in order to advance their knowledge and skill sets, that in itself is not always enough of a motivator.

Albany Medical Center has overcome this challenge by building certification into what Ferriero describes as "a career ladder," through which CS/SPD staff members rise through the ranks, earning promotions.

"We've worked with administration to give people something to shoot for," said Ferriero. "There are steps and grades and promotions at each level, with certification as the first level," said Ferriero. "We then use additional certifications at other levels of the ladder. That's helped me retain my good techs."

Education on the rise

The number of survey respondents holding post-graduate, bachelor's and associate's degrees increased over last year, with level of education tied to higher compensation. Those with post-graduate degrees reported the highest salaries (\$74,354 average), followed by bachelor's degrees (\$67,422 average), associate's degrees (\$55,238 average) and high school diplomas (\$47,481 average).

In Sargent's experience, education for CS/SPD professionals is urgently needed today in order to advance the quality of work and levels of patient safety. She notes how because many healthcare facilities do not recognize the skills required of CS/SPD staff "they take who is presented to them rather than having the ability to hire the best."

"The CS/SPD profession is comprised of a diverse group of individuals," said Sargent. "There are extremely talented, motivated professionals who actively seek out ways to grow in their knowledge and careers. On the other hand, I've encountered CS/SPD staff members who cannot read or write. Then there are the long-timers who think there is nothing new you can teach them. This makes it very challenging for a director to go to the C-suite and request certification and commensurate pay for everyone."

Ferriero believes certification is the first step to advancing education within the profession. In his opinion, as more states require certification, new college level programs will emerge for CS/SPD professionals.

Salary by Years in CS & Years at facility

Years in	CS/SPD		Facility	
Less than 2	\$55,500	2%	\$58,523	8%
2 - 4	\$41,667	6%	\$48,826	17%
5 - 9	\$54,404	19%	\$61,156	24%
10 - 14	\$42,969	12%	\$50,149	14%
15 - 19	\$51,514	13%	\$54,063	12%
20 - 24	\$60,808	14%	\$58,692	10%
more than 25	\$64,144	34%	\$60,854	15%

"To succeed as a CS/SPD professional, you must be able to read an OR schedule, you need basic knowledge of medical terminology, anatomy and physiology, microbiology, infection control, as well as the technical aptitude to operate and troubleshoot equipment," said Ferriero. "I think an associate's level degree would help to more adequately prepare someone for the role."

As for continuing education, nearly half of respondents (49 percent) participate in 15 or more continuing education courses/self study lessons each year, up 9 percent compared with last year.

"Continuing education is crucial in this field," said Lind. "New technologies are introduced at a fast rate and CS technicians must keep up with those technologies as well as the standards, guidelines and regulations that impact their processes. Like many other highly technical fields, remaining in place means falling be-

hind. CS technicians must constantly strive to keep abreast of change to meet patients' needs."

Roles and responsibilities continue to expand

In regards to the roles and responsibilities of CS/SPD Directors, most functions expected to fall under their purview remained basically unchanged compared with last year. Those departments reporting to CS/SPD Directors include sterile processing (94 percent), decontamination (84 percent), OR supply/equipment distribution (46 percent), medical equipment cleaning/disinfecting (42 percent), GI/endoscopy (23 percent), nursing floor supply/equipment distribution (18 percent) and environmental services (3 percent).

The largest percentage increase was seen in case carts, with 57 percent of respondents stating that this function reported to their CS/SPD Directors, compared to 50 percent in 2014. According to the survey results, fewer CS/SPD Directors are overseeing the purchasing function (13 percent in 2015 versus 19 percent in 2014), and the storeroom function (11 percent in 2015 compared with 19 percent in 2014).

In Jeremy Parroco's experience, everyday responsibilities among CS/SPD staff are expanding. The Director of Operations and Consultation at Healthcare Surgical Instruments Inc. describes it as "a big bang in SPD," stating:

"Everyone thinks what they need to have sterilized has to go through central sterile," said Parroco. "While some SPDs have stopped processing flexible endoscopes and given those responsibilities to the endoscopy suites, in many places the reverse has happened and responsibility for the scopes has been given back to central sterile. Then we find ourselves taking on responsibility for outside clinics and doctors' offices. It's a challenge to keep up with it all."

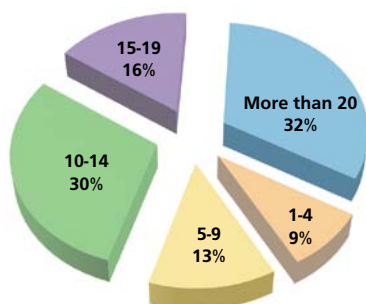
Parroco urges CS/SPD professionals to express their opinions and stand up for what they believe is right when it comes to processing instruments effectively and protecting patient safety.

"Not doing the right thing in central sterile, whether it's not performing your responsibilities correctly or failing to express your opinion when something is wrong, costs both jobs and lives in this profession," said Parroco. **HPN**

Are you a member of any of the following organizations?		
IAHCSMM International Association of Healthcare Central Service Materiel Management		70%
CBSPD Certification Board for Sterile Processing and Distribution		24%
AAMI Association for the Advancement of Medical Instrumentation		19%
AST Association of Surgical Technologists		8%
AORN Association of periOperative Registered Nurses		7%
AHRMM Association for Healthcare Resource and Materials Management		2%
APIC Association for Professionals in Infection Control and Epidemiology		2%
AHE Association for the Healthcare Environment		1%
Other		3%
None		11%

Which functions report directly to the CS director in your facility?	
Sterile processing	94%
Decontamination	84%
Case Carts	57%
OR supply/equipment distribution	46%
Medical equipment cleaning/disinfection	42%
GI/Endoscopy	23%
Nursing floor supply/equipment distribution	18%
Central transport	18%
Purchasing	13%
Storeroom	11%
Laundry/linen services	4%
Other:	4%
Environmental Services	3%
Building maintenance	2%

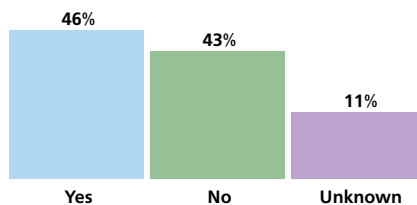
How many continuing education courses/self-study lessons do you participate in each year?



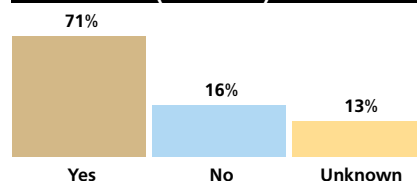
Which certifications do you hold?

CRCST - Certified Registered Central Service Technician	62%
CSPDT - Certified Sterile Processing Distribution Technician	21%
CHL - Certified in Healthcare Leadership Strategies	15%
CIS - Certified Instrumentation Specialist	14%
CST - Certified Surgical Technician	10%
RN - Registered Nurse	7%
Certified IAHCSMM Instructor	7%
SPD Technician Certification	6%
CSPDM - SPD Manager Certification	6%
CSPDS - SPD Supervisor Certification	4%
LPN - Licensed Practical Nurse	4%
CNOR - Certified Nurse Operating Room	3%
CSIP - Surgical Instrument Processor	3%
CNA - Certified Nursing Assistant	3%
CORT - Certified O.R. Technician	2%
CFER - Flexible Endoscope Reprocessor Certification	1%
CHMMC - Certification in Healthcare Materiel Management Concepts	1%
CMRP - Certified Materials & Resource Professional	1%
CASSPT - Certified Ambulatory Surgery Technician	>1%
Other	4%
None	6%

Does your facility use a sterile processing workflow management system?



Does your facility have a safety training program for handling instruments for patients with suspected emerging diseases, (ex. Ebola)?



What type(s) of sterilization methods do you use?

Steam Sterilization	96%
Hydrogen Peroxide	73%
Flash Sterilization	53%
Cidex OPA	47%
Gas Plasma	35%
Peracetic Acid	27%
EtO	26%
Glutaraldehyde	7%
Other:	3%