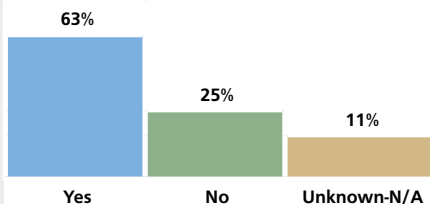


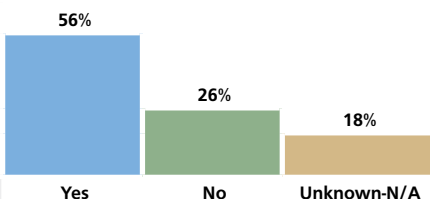
Educators gain ground as SPD compensation continues climb

by Kara Nadeau

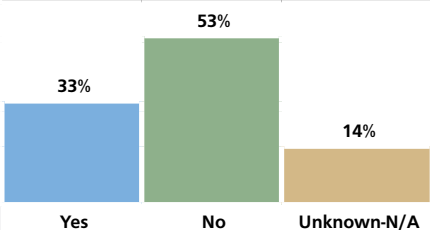
Does your facility have a safety training program for handling instruments for patients with suspected emerging diseases?



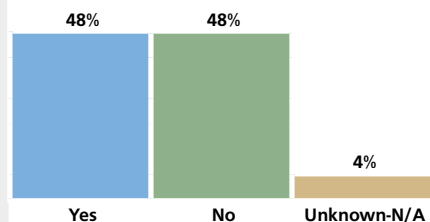
Has your facility put any new measures (process and/or products) in place to further minimize the risk of reprocessing related outbreaks?



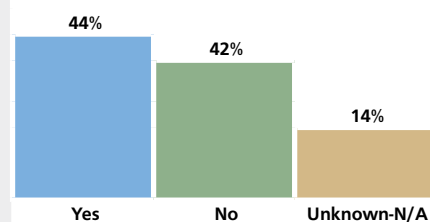
Has your facility changed your methodology about the use of IFUs (Instructions for use)?



Are you using a track and trace system for your instruments?



Does your facility use a sterile processing workflow management system?



The average salary for central sterile/sterile processing department (CS/SPD) professionals grew \$2,126 annually (or 4 percent) from 2015 to 2016, according to the results of the 2016 *Healthcare Purchasing News* CS/SPD Salary Survey. This continues an upward trend in CS/SPD salaries over the past three years (2013-2016). Other good news: Job security for CS/SPD professionals continues to hold steady with 93 percent of survey respondents stating they felt "somewhat secure" or "very secure" in their current positions.

There are concerns, however, but before we delve deeper into some of the issues facing CS/SPD employees, here's a rundown of what this year's Salary Survey revealed (refer to the charts for more details):

- **Show me the money:** Over half of survey respondents (55 percent) reported an increase in pay and 8 percent experienced a decrease. Those in the Educator category reported the highest pay increase — up \$8,714 — followed by Surgical Instrument Technicians and CS/SPD Coordinators at \$4,810 and \$3,620 respectively. Of those surveyed, 22 percent expect to receive a bonus in 2016. Last year the greatest salary gains were at the CS/SPD Director

and Manager levels but this year only small increases were reported.

- **Education pays:** Education level has a direct impact on compensation. CS/SPD professionals with post-graduate degrees reported the highest pay with an average annual salary of \$82,587, up \$8,233 from 2015. Those with high school degrees earned 37 percent less. CS/SPD professionals with bachelor's degrees reported an increase in average pay over last year and Associate's degree holder's earnings were comparable to 2015.
- **Location matters:** Employees working in the Pacific region of the United States were once again the highest earners, reporting \$77,594 in average annual compensation. Employees in the Southeastern U.S. and Central regions reported the lowest annual salaries. The type of facility and its geographical location were also determining factors in salary with HMO/PPO/IPO/insurance categories paying the most (\$92,500 on average). Higher salaries also were seen in teaching hospitals and IDN/alliance/multi-group organizations while

Which functions report directly to the CS director in your facility?

Sterile processing	94%
Decontamination	87%
Case Carts	53%
Medical equipment cleaning/disinfection	45%
OR supply/equipment distribution	42%
GI/Endoscopy	21%
Nursing floor supply/equipment distribution	18%
Purchasing	15%
Storeroom	14%
Central transport	11%
Other:	3%
Laundry/linen services	6%
Building maintenance	3%
Environmental Services	2%

Years in CS/SPD

Less than 2	\$48,611
2 - 4	\$60,375
5 - 9	\$56,222
10 - 14	\$51,833
15 - 19	\$52,105
20 - 24	\$61,737
more than 25	\$64,476

Years at current facility

Less than 2	\$59,625
2 - 4	\$63,447
5 - 9	\$61,006
10 - 14	\$51,143
15 - 19	\$56,779
20 - 24	\$58,400
more than 25	\$54,709

Salary survey history 2007 - 2016

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
\$51,734	\$49,442	\$52,969	\$54,227	\$53,757	\$55,581	\$53,605	\$55,065	\$56,172	\$58,298

CS/SPD professionals employed by clinics reported the lowest pay.

CS/SPD professionals say they deserve more

Brian Reynolds, CRCST, CIS, CHL, Sterile Processing Service Supervisor at VA Medical Center and President of the Central Florida Association of Central Service Personnel (CFACSP) has been in the profession for 25 years and says despite the growth he's witnessed salaries are still moving at a slow crawl.



Brian Reynolds

"When you look at what CS/SPD professionals are required to do, the salaries don't match up," Reynolds said. "For example, there are 34 steps to properly clean a scope. Few understand the technical aspect of our work."

Reynolds explains that as a supervisor it is challenging to attain and retain talented CS/SPD staff because compensation is low. He explains how CS/SPD professionals frequently change jobs — moving from one facility to another — in an attempt to make more money.

"It's hard to gain and keep good people because they want to be adequately paid for what they do," said Reynolds. "There is a lot of back and forth, nickel and diming that takes place in the profession with individuals leaving one hospital for another to make slightly more in pay and then returning to the first facility after they lure them back

with more money. If hospitals invested in their people in the first place it would prevent much of this disruption transition."

Sterile Processing Professional Carmen Ferriero III, a recent Associate Director of Sterile Processing Operations for Albany Medical Center, notes how many view the CS/SPD profession as a stepping stone to other healthcare positions, with individuals starting their career in CS/SPD and then moving into higher paying jobs, such as nursing.

"The magical question is — how do we retain really good people when the starting salary is on par with those working in fast food?" said Ferriero. "My goal is to make CS/SPD a career. When a promising job candidate comes through my door I admit that the salary is low to start but there's potential to work up the career ladder. When you get certified you get a bump in pay, then there are coordinator positions where they are making \$10 more per hour, plus we have overtime. As a leader, you really have to get creative to attract and keep the best people."



Carmen Ferriero III

Certification a continued focus

The number of certified CS/SPD professionals rose 3 percent compared to last year's survey. Those in the process of becoming certified was up by approximately 1 percent, while those considering certification remained the same at 5 percent.

"As more healthcare facilities focus on infection prevention and patient safety, certification of central service technicians has become more widely viewed as an important step toward reaching those goals," said Josephine Colacci, JD, Government Affairs Director, International Association of Healthcare Central Service Materiel Management (IAHCSMM). "Currently, three states — New York, New Jersey and Connecticut — require certification of CS technicians; however, IAHCSMM's Advocacy Committee is working hard to advance legislation and CS certification-related initiatives in other states, as well. Even in states that do not currently require certification, we are



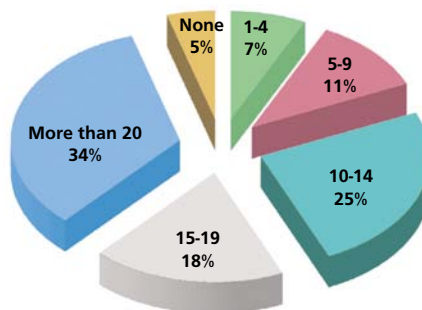
Josephine Colacci

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Are you a member of any of the following organizations?

IAHCSMM International Association of Healthcare Central Service Materiel Management	69%
CBSPD Certification Board for Sterile Processing and Distribution	25%
AAMI Association for the Advancement of Medical Instrumentation	20%
AORN Association of periOperative Registered Nurses	10%
AST Association of Surgical Technologists	5%
APIC Association for Professionals in Infection Control and Epidemiology	2%
SGNA Society of Gastroenterology Nurses & Associates	2%
AHRMM Association for Healthcare Resource and Materials Management	1%
Other	4%
None	9%

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



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

Steam Sterilization	98%
Hydrogen Peroxide	71%
Immediate Use Sterilization	62%
Cidex OPA	45%
Gas Plasma	38%
Peracetic Acid	26%
EtO	21%
Glutaraldehyde	6%
Ozone	1%
Other:	2%

Which certifications do you hold?

CRCST — Certified Registered Central Service Technician	64%
CHL - Certified in Healthcare Leadership Strategies	22%
CSPDT - Certified Sterile Processing Distribution Technician	17%
CIS — Certified Instrumentation Specialist	14%
CST - Certified Surgical Technician	9%
Certified IAHCSMM Instructor	9%
SPD Technician Certification	7%
CSPDM - SPD Manager Certification	6%
RN - Registered Nurse	5%
CSPDS - SPD Supervisor Certification	4%
CSIP - Surgical Instrument Processor	3%
CFER - Flexible Endoscope Reprocessor Certification	3%
LPN - Licensed Practical Nurse	2%
CNOR - Certified Nurse Operating Room	2%
CORT - Certified O.R. Technician	2%
CHMMC — Certification in Healthcare Materiel Management Concepts	2%
CNA - Certified Nursing Assistant	1%
CASSPT - Certified Ambulatory Surgery Technician	.6%
CTBS - Certified Tissue Bank Specialist	.3%
Other	5%
None	5%

CS CONNECTION

Salary by job function

8% - CS/SPD Director	\$87,065
35% - CS/SPD Manager	\$74,057
2% - Educator	\$53,214
24% - CS/SPD Supervisor	\$51,319
12% - CS/SPD Tech/Coordinator	\$41,667
5% - Surgical Instrument Technician	\$40,167
14% - Lead CS/SPD Tech	\$36,012
1% Other	\$62,500

Salary by number of beds

9% - 0-25 beds	\$43,482
4% - 26-49	\$55,667
8% - 50-99	\$48,900
17% - 100-199	\$52,651
19% - 200-299	\$62,254
15% - 300-399	\$61,109
11% - 400-499	\$65,656
8% - 500-749	\$71,360
5% - 750-999	\$64,333
3% - over 1000 beds	\$54,444

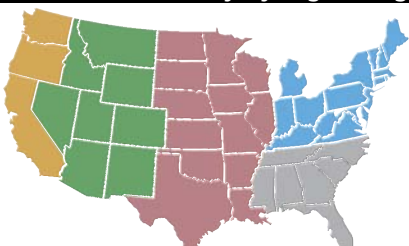
Salary by type of facility

.3% - HMO/PPO/IPO/Insurance	\$92,500
23% - Hospital, Teaching Facility	\$65,935
14% - IDN/Alliance/Multi-group	\$65,262
.3% - Tissue Bank	\$62,500
1% - Long Term Care Facility/ Home Healthcare	\$56,667
5% - Surgi/Ambulatory center	\$56,107
57% - Hospital, Standalone	\$53,701
.6% - Clinic	\$42,500

Salary by education & gender*

47% - HIGH SCHOOL	\$51,996
12% - MALE	\$60,386
35% - FEMALE	\$49,200
29% - ASSOCIATE'S DEGREE	\$55,145
6% - MALE	\$55,000
23% - FEMALE	\$55,184
16% - BACHELOR'S DEGREE	\$71,010
5% - MALE	\$71,000
11% - FEMALE	\$71,015
8% - POST-GRADUATE DEGREE	\$82,587
4% - MALE	\$84,500
3% - FEMALE	\$80,100

Salary by region & gender*

	1% CANADA	\$76,666			
	.3% - Female	\$77,500			
	.7% - Male	\$76,250			
	44% NORTHEAST	\$57,153			
	31% - Female	\$54,953			
	12% Male	\$63,371			
	14% - SOUTHEAST	\$54,330			
	11% - Female	\$53,297			
	4% - Male	\$57,083			
11% - PACIFIC	\$77,594	10% - MOUNTAIN	\$56,855	20% - CENTRAL	\$53,300
7% - Female	\$77,119	6% - Female	\$56,974	16% - Female	\$49,115
3% - Male	\$83,167	4% - Male	\$56,591	4% - Male	\$70,042

*Respondants who declined to disclose their gender are not included in the gender break-out. Any disparity in percentage totals is due to rounding.

seeing a growing trend by healthcare facilities and individual CS departments to require certification of their CS technicians. This is a proactive approach that will only help advance patient safety and care quality."

More respondents did in fact report certification as a requirement of their CS/SPD department, an 8 percent increase compared to last year. Nearly two-thirds of respondents said they hold the Certified Registered Central Service Technician (CRCST) certification.

"Surgical instrumentation and its need for diligent, standards-based reprocessing to prevent contamination is a topic that continues to make national headlines," said Julie Williamson, IAHCSMM Communications Director. "Patients rely on CS technicians to provide clean, sterile, well-functioning instruments, and follow best practices and industry standards to stay ahead of the technology curve. Certification helps meet these expectations and ensures that CS professionals possess the essential knowledge and skills necessary for managing critical departmental duties safely, effectively and consistently. As an added benefit, the ongoing education required for CS professionals to maintain their certification helps ensure that these professionals stay on top of ever-evolving instrumentation, technology, and CS-related standards and best practices."



Julie Williamson

However, when asked if their facilities offer a higher level of compensation if a CS/SPD professional obtains certified education units/points, the vast majority (81 percent) said "no."

"With a full year of required certification under our belt in New York State, let's use the career ladder to bump those who are certified up to where they need to be in terms of salary," said Ferriero. "It's my belief that raising the bar on requirements should directly correlate to an increase in pay."

Continuing education and training

Most people working in the CS/SPD profession pursue continuing education courses/self-study lessons, with 88 percent participating in five or more per year, and more than half of those doing 15 or more lessons annually.

According to Reynolds, a major challenge to continuing education in the profession is that many hospitals will not pay for CS/SPD staff to take part in training programs or events. In his experience, even when there is a free opportunity for continuing education it is difficult to attract people because there is little motivation to attend.

"I attended a free CS/SPD seminar recently that could accommodate 150 people but only 80 showed up," said Reynolds. "And while there were CS/SPD supervisors in attendance most did not bring their staff. In general, most hospitals still have nothing in the budget for CS/SPD education. There are hospitals that make certification a requirement but won't pay for staff to attend the IAHCSMM Annual Conference. They tell you if you want to go then you have to pay for it yourself. When someone isn't being adequately valued or compensated for their work, it's hard to convince them to go the extra mile to pursue training during their off hours — particularly at their own expense. I'm fortunate I have a boss who is supportive of continuing education but unfortunately many are not in this position."

Ferriero describes how he and his colleagues used grant money to set up a program through which students at a local technical college could participate in a CS/SPD certification program for

free. He explains how success in the profession “all comes down to education,” stating:

“Sterile processing technicians have to know such a vast area of knowledge and information that it could be its own college curriculum. Programs like this really help push the profession forward. Healthcare today isn’t about what we did 10 years ago or even last week but what we’re doing now and what we’re going to do next week. In CS/SPD we need to learn new things by the minute. That’s why education, being on top of the curve, learning and being cutting edge is so important. We need to increase the salaries and raise the bar to attract the type of individuals that can be successful in this ever-changing and fast-paced environment.”

Preventing reprocessing related outbreaks

In light of last year’s highly publicized carbapenem-resistant Enterobacteriaceae (CRE) “superbug outbreaks,” many facilities are reevaluating their practices and processes for not only the duodenoscopes tied to the outbreaks but across all instruments and devices used in patient care (see December 2015 HPN Article, *Chemical weapons in SPD*).

More than half of survey respondents said their facilities have put measures in place to help minimize the risk of reprocessing related outbreaks. A good number of those surveyed use track and trace systems for their instruments and an even greater number told HPN that they have implemented safety training programs for handling instruments used on patients with suspected emerging diseases, such as Ebola.

Over a third of CS/SPD professionals surveyed reported that their facilities have changed methodologies around their use of manufacturer instructions for use (IFU). These changes include:

- Requiring IFUs for all instruments and equipment/ not processing loaner trays until IFU is obtained
- Refusing to use instruments that do not match the facility’s CS/SPD processes
- Stricter adherence to IFUs/ defined processes (e.g., AAMI, AORN)
- Ensuring IFUs are available at point of use
- Electronic IFU access/management versus paper (e.g., One-SOURCE)

- Minimizing the use of immediate use steam sterilization (IUSS)
- Increasing the number of instrument sets in use
- Tracking all instruments, including scopes
- Increased education, training and quality control measures to decrease risk of cross-contamination

Advancing the profession

To advance the profession and raise CS/SPD’s profile in the eyes of hospital administration, Reynolds suggests inviting hospital executives to spend a day in their CS/SPD department so staff can walk them through all of the steps they must take to ensure all instrumentation is clean, sterilized and safe to use on the next patient.

“Very few people understand the importance of what we do in sterile processing,” said Reynolds. “Recently I tried to explain our role to a director and his response was ‘so it’s like dishwashing?’ I was dumbfounded. How can you demand that anyone view you as a professional when you are thought of as a dishwasher? I am proud of this profession but we don’t get the recognition we deserve as the last line of defense for patients. The superbug outbreaks in 2015 prompted some needed change. But as for getting the respect we deserve — that has not yet come to fruition.”

Ferriero encourages individuals who are considering a career in CS/SPD to go for it and believes a change in compensation is on the horizon.

“I feel it’s a really great industry and one that’s up and coming. You get to work in a hospital with the best and brightest people and get to really make an impact on patients — knowing everything you touch touches the patient. I would tell young people that it’s a really good time to get interested in this field because we have so much momentum surrounding it.

“It’s such a rewarding career but we just need hospitals to take that extra step to support us; I’m not talking about \$10 per hour raises but a couple dollars per hour more just to a respectable entry level salary and then let them earn the rest,” he continued. “Give CS/SPD professionals the opportunity to get certified and get promoted. I’m very hopeful that in the next five to-10 years before I retire we will see a real change in the field.” **HPN**