



HOSPITAL EMPLOYEES' UNION

NEWSLETTER

PLEASE POST

Sterile Supply Technician concerns should have been heard, admits IHA manager

The cancellation of a week's worth of elective surgeries at Royal Inland Hospital prompts two audits and a review of CSD processes

On February 16, Royal Inland Hospital took the extraordinary step of cancelling a week's worth of elective surgeries to investigate three incidents of contaminated surgical equipment. Interior Health ordered internal and external audits, while news stories speculated on the cause of the problem.

It quickly emerged that Sterile Supply Technicians had spent almost two years consistently speaking to management and supervisors about problems with aging and malfunctioning equipment, workload issues and insufficient supplies. And they weren't alone. Surgeons and other hospital staff had also raised concerns about the serious challenges facing the sterile supply department.

But it wasn't until the first audit findings were released that the health authority admitted they should have been listening to front-line workers all along.

In a report from the *Kamloops Daily News*, Thompson-Cariboo-Shuswap medical director Jon Slater said the hospital would no longer be "rushing things through" and would wait until they had enough surgical sets to schedule increased surgeries.

"We don't want to be using one set and then try to reprocess it the same day for use in another patient," he said.

According to the article, Slater went on to acknowledge that, "When people are rushing to meet a clinical deadline that we schedule, then the potential for error is there."

Slater added that staff "are working as hard as they can in that environment. And we've recognized we need to allow them to say when they need more time."

HEU secretary-business manager Judy Darcy said she's hopeful this incident will be a lesson for all employers that listening to workers' voices and experiences can help avoid crisis situations.

"Workers' perspectives are a huge asset for generating solutions to existing problems and flagging issues before they become a crisis like they did at RIH," says Darcy.

"Employers must spend more time acting on this valuable first-hand knowledge of our health care system's operations."

March 3, 2010

