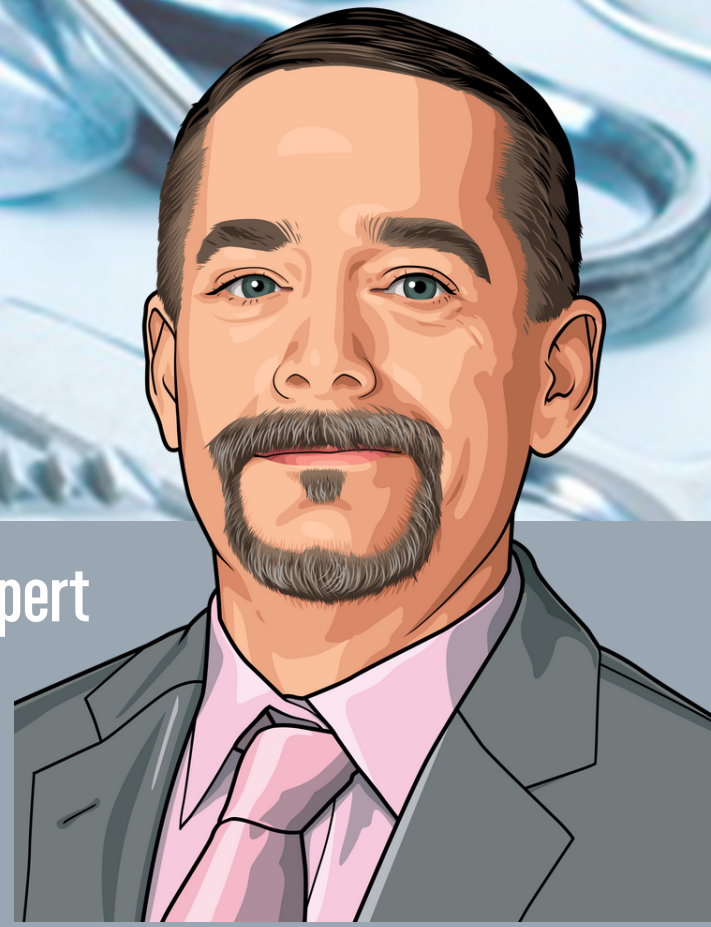




**THE ROADMAP TO SURGICAL
INSTRUMENT CENTRALIZATION:
HOW LONG DOES IT REALLY TAKE?**

Surgical Instrument Centralization Expert

**FIRST
CASE**



Bryan Stuart | National Director
Sterile Supply Solutions | Aesculap

First Case Surgical Instrument Centralization Expert™:

THE ROADMAP TO SURGICAL INSTRUMENT CENTRALIZATION: HOW LONG DOES IT REALLY TAKE?

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As health systems face growing surgical case volume and space limitations, the ability to manage and sterilize surgical instruments becomes more challenging. The risk of infections, cross-contamination and decrease in surgical instrument quality can be threats to be mitigated. To combat these risks, health systems are turning to surgical instrument centralization. This singular focus has the potential to improve instrument quality and patient safety across the entire enterprise.

At a minimum, 30-36 months can be a comfortable expectation for health systems to plan and prepare for centralization. Following these steps can help ensure a successful project:

Step 1: Validate that plans to centralize align with the health system's overall strategy.

Conduct a feasibility study or in-depth review of the current instrument inventory, storage, and reprocessing capabilities (current and projected future state). Expansion, cost of reinvestment in capital equipment, and the ability to convert space to provide patient care are important considerations. Afterwards, review the findings and decide if centralization is the best option to meet the health system's long-term goals.

Step 2: Planning and Preparation for Centralization

Develop a comprehensive plan to govern all aspects of the centralization project. This can include developing scope and objectives, creating a project timeline, identifying resources, and outlining the process for communication and stakeholder engagement. Review forecasting and growth models to ensure the new facility will meet future needs.

Step 3: Design and Construction of the New Centralization Facility

The new purpose-built reprocessing center should be designed for your surgical instruments and staff, align with your growth projections, and accommodate future changes. Once construction is complete, transitioning from the old facility takes time and careful planning to avoid disruptions to instrument availability or workflow.

Overall, centralization can be a significant investment of time and resources. Still, the long-term improvements to quality, safety, and efficiency are well worth transforming your surgical management process to offer the best patient care.

Have more questions for this expert? Contact Bryan at bryan.stuart@aesculapusa.com

First Case Surgical Instrument Centralization Expert™ Biography:

BRYAN STUART

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Bryan Stuart, CCSVP, has over 30 years of experience in the medical field and 13 years of operational experience in an FDA regulated environment as a third party processor of surgical linens and instrumentation. From this, Bryan has developed keen insights into commercially managed reprocessing facilities. Bryan has also provided third party management of SPDs. He has extensive experience in hospital supply chain management and delivery of durable goods, custom procedure trays (CPT) and surgical supply single-pull products ranging from bulk, Just In Time (JIT), and off-site prepared Case Carts. For the last 8 years, Bryan has provided consulting services to hospitals to improve processes and instrument tray streamlining. His solutions are driven by hands-on set reviews and data driven solutions bringing the clinical and processing teams together for a mutually beneficial rationalization of instrument trays and process improvements.

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