



Request for Proposal – WF01b64

Comprehensive Central Sterile Processing Services

for WMCHealth Network

QUESTIONS & ANSWERS

Date: October 4, 2024

- 1. Q: Is there an SPD downtime protocol and regularly scheduled “drills” in place? (i.e., network outages, sterilizer outages, water outages, or boil water advisories) If so, could you provide an overview of the key steps, measures, and documented performance for these issues?**

A. Currently, we do not conduct scheduled drills for SPD downtime scenarios such as network outages, sterilizer failures, or water-related issues like boil water advisories.
- 2. Q: Does the Operating Room and Sterile Processing have any shared goals that are connected to annual performance reviews?**

A. Currently, we do not have specific shared goals between the Operating Room and Sterile Processing tied to annual performance reviews. However, we are looking to collaborate with the selected vendor to implement best practices and establish meaningful, aligned goals that support both departments. The selected vendor’s expertise will be instrumental in helping us create a framework that reflects our objectives and improves overall performance.
- 3. Q: How has SPD fared on Customer Surveys of the Operating Room Staff and Surgeons? How has SPD impacted and improved the Operating Room’s on-time Start percentages for all cases?**

A. Currently, we do not conduct formal customer service surveys specifically targeting Operating Room staff and surgeons regarding SPD performance. However, we are actively looking for the selected vendor’s assistance in implementing best practices around customer feedback and OR efficiency. In terms of impacting the Operating Room’s on-time start percentages, we are also seeking the selected vendor’s guidance on improving this area through enhanced collaboration and process optimization.
- 4. Q: What is the current bioburden rate for each facility? Is your current bioburden range above 1% system-wide?**

A. At this time, data on the current bioburden rate for each facility is not available. We are looking for the selected vendor’s assistance in standardizing the bioburden monitoring process across the network to ensure consistent tracking and reporting moving forward.
- 5. Q: What is the scrub/linen policy? Will access to the ScrubEx machines be available to the vendor staff, and who bears the cost of that? What is the cost per employee per year?**

A. The vendor staff will have access to the ScrubEx machines and/or hospital-issued scrubs at no cost to the vendor. This will ensure the team has the necessary attire while working within our facilities.
- 6. Q: What is the current reporting and accountability structure from each reprocessing location upward toward system leadership? Are there dotted lines to the O.R. Leadership on each campus, and is there a CS Subject Matter Expert who is responsible for the oversight, standardization, and quality of Sterile Processing systemwide?**

A. Currently, Central Sterile reports up through Operating Room leadership at each site locally. There is no well-defined systemwide reporting structure at the corporate level. One of the primary goals of this RFP is to establish a standardized network structure that will ensure oversight, standardization, and quality control for Sterile Processing across the entire system.

- 7. Q: Is there a plan to standardize the same instrument tracking system that was installed at the main campus? Is expertise with the recently installed instrument tracking system important for this RFP?**
- A. The network aims to standardize instrument tracking across all sites, though there is no immediate timeline for implementation. We are open to further discussions about selecting the best tracking system for the network. The chosen vendor is expected to become familiar with the current systems and processes at each facility to ensure effective collaboration.
- 8. Q: Has there been a risk analysis of the impact of different documentation levels on each campus on patient safety?**
- A. No, there has not been a risk analysis conducted regarding the impact of different documentation levels on patient safety at each campus.
- 9. Q: What is the extent of 1199 Union Presence per site? What positions are currently union at each site? Is the selected vendor expected to retain union employees?**
- A. Please see grid below
- 10. Q: Will the Mid-Hudson satellite SPD stay operational under this contract?**
- A. There are currently no plans to close the Mid-Hudson satellite SPD. However, we are open to input from the selected vendor regarding potential workflow improvements, including the possibility of closing the satellite SPD if it enhances service in the area.
- 11. Q: Regarding confidentiality disclosure, including "why the disclosure would harm us"...what format would be preferred in this instance?**
- A. No specific format is required. Please provide a written explanation as to the basis for confidentiality to be included with your proposal.
- 12. Q: Are we responsible for implementing the inventory tracking system and picking up the cost?**
- A. No, the incoming vendor will not be responsible for implementing the inventory tracking system or covering the associated costs.
- 13. Q: Is Central Services a part of the CMS-mandated QAPI program? Which measures, action plans, and deliverables are a part of the SPD Quality Program, and is QAPI performance tied to annual performance reviews?**
- A. Yes, Central Sterile is part of the CMS-mandated QAPI program
- A. The QAPI performance is tied to annual performance reviews in varying ways across the network, depending on the specific review format at each location. There is also variation in the measures, action plans, and deliverables tracked. Examples of what is monitored and reported monthly include:
- Individual competencies and training
 - Surgical Site Infections (SSIs)
 - Immediate Use Steam Sterilization (IUSS)
 - Tray defects (e.g., holes in wraps, bioburden, wet trays)
 - Incomplete trays
 - Delays
 - Case cart completeness
 - Instrument sampling to verify the cleaning process
- Root Cause Analyses (RCA) and Corrective Action Plans (CAP) are developed for any non-conformities.

14. Q: What is the scope of responsibility/ownership of materials management/supply chain functions

A. Please see responses for each site below for OR & SPD Consumables and OR Soft Good Picking for Surgical Cases:

Westchester Medical Center

- Ordering: OR leadership
- Receiving: Supply Chain
- Unboxing/Stocking: Supply Chain
- PAR Management: OR Leadership
- OR Soft Good Picking for Surgical Cases: OR Leadership

MidHudson Regional Hospital

- Ordering: CSPD orders surgical packs, Chemicals and cleaning supplies for CSPD and Endo. EVS orders the turnover packs, OR supply chain personnel orders OR soft goods.
- Receiving: Hospital Supply chain receives all orders in “receiving”
- Unboxing/Stocking: CSPD completes this for their orders and OR Supply chain personnel complete this for the OR
- PAR Management: OR Supply Chain and Hospital Supply Chain
- OR Soft Good Picking for Surgical Cases: OR Nurses and CST picks soft goods and instruments. CSPD picks the surgical packs, positioners and turn over packs.

Health Alliance Hospital

- Ordering: OR Management and SPD Manager
- Receiving: Purchasing
- Unboxing/Stocking: Purchasing / OR / SPD Manager
- PAR Management: OR Management and SPD Manager
- OR Soft Good Picking for Surgical Cases: OR staff

Good Samaritan Hospital

- Ordering: CSPD Supervisor
- Receiving: Supply Chain
- Unboxing/Stocking: Supply Chain
- PAR Management: Supervisor
- OR Soft Good Picking for Surgical Cases: OR Management

Bon Secours Community Hospital

- Ordering: OR leadership
- Receiving: supply chain
- Unboxing/Stocking: supply chain
- PAR Management: OR Leadership
- OR Soft Good Picking for Surgical Cases: OR Leadership

St. Anthony's Community Hospital

- Ordering: Anesthesia Tech
- Receiving: SPD Staff
- Unboxing/Stocking: SPD Staff
- PAR Management: SPD Staff
- OR Soft Good Picking for Surgical Cases: CSPD Supervisor

- 15. Q: What is the scope of responsibility for transportation of all case carts/sterile products per site?**
- A. The scope of responsibility for the transportation of all case carts and sterile products varies by site. We are seeking input from the selected vendor regarding best practices for transporting case carts and sterile products to the Operating Rooms to ensure efficiency and safety.
- 16. Q: Is any “off-site” transport needed under the scope of work?**
- A. No off-site transport is needed under the scope of this RFP.
- 17. Q: Does each site perform ATP quality testing on scopes?**
- A. Yes, each site performs ATP testing on scopes
- 18. Q: Which locations will need to have support for GI and Endoscope reprocessing?**
- A. CSPD supports GI and Endoscopy in all sites except for Good Samaritan Hospital and Bon Secours Community Hospital. Good Samaritan Hospital has a hybrid Endo/CSPD processing model and Bon Secours Community Hospital has endoscopy processing scopes.
- 19. Q: Is there a formal clinical ladder in place for SPD? Do all team members in Supervisory roles hold advanced certifications as recommended by AAMI Standards? Has the facility hosted SPD professional chapter meetings? Is there a plan and budget in place for continuous education activities, conference attendance, and for the facility to train its own SPD technicians? Is there any incentive for advanced certifications?**
- A. No, there is currently no formal clinical ladder established for the Sterile Processing Department (SPD). We would like the incoming vendor to provide recommendations around starting a clinical ladder program.
- A. All team members in supervisory roles hold advanced certifications as recommended by AAMI Standards at Westchester Medical Center, MidHudson Regional Hospital, Saint Anthony Community Hospital, Good Samaritan Hospital, and Health Alliance Hospital. The only exception is Bon Secours Community Hospital.
- A. No, the facility has not hosted any SPD professional chapter meetings.
- A. There is currently no specific budget allocated for continuous education activities or conference attendance for each employee, as all requests are reviewed on an ad hoc basis. As part of this RFP, we are seeking a model that includes internal educational support for the SPD technicians on a routine basis.
- A. No, there are currently no incentives offered for obtaining advanced certifications within the SPD.
- 20. Q: Do all vendor contracts have clear and measurable deliverables with a performance-based incentive/disincentive system for vendors based on compliance, turnaround times, or error rates?**
- A. Yes, all vendor contracts include clear and measurable deliverables, and we strongly encourage a performance-based incentive/disincentive system. This approach holds both the organization and the vendors accountable for their respective contracted services.
- 21. Q: Can you provide insights into how cost management for instrument repairs is overseen and what expectations exist for reducing repair rates over time? What is the current instrument repair budget or replacement dollar amount for the last three years? Is the current instrument repair process based on vendor recommendations and instrument tracking system prompts or tiered maintenance based on a surgical specialty?**
- A. Currently, there is no standardized process across the network for overseeing instrument repair costs. We recognize the need for improvement and are looking to collaborate with the incoming vendor to identify areas of opportunity to reduce costs and enhance efficiency. At this time, we are unable to share specific network costs, including the current instrument repair budget or replacement dollar amounts for the last three years. However, we aim to develop a more structured approach in partnership with the selected vendor.

22. Q: What are the projected increases in surgical volumes and new service lines across the facilities that could affect the pricing structure for sterilization services?

A. Please refer to the volumes provided in the RFP for the basis of your proposal.

23. Q: What are the expectations for the proposal winner to provide independent Clinical Assessments, accreditation readiness rounding, and ongoing support and maintenance after the start of the contract?

A. The incoming vendor will be responsible for the Central Sterile Department's compliance during any regulatory surveys. This includes providing independent clinical assessments and facilitating accreditation readiness rounding as appropriate. We expect the vendor to ensure that all standards are met and maintained throughout the contract's duration.

24. Q: Please clarify your needs for emergency support. Does this include on-call emergency transportation network to handle processing challenges that arise to due to infrastructure issues that arise ex: power outages, floods, etc.?

A. Emergency support will focus on staffing, meaning the expectation is for the vendor to work in good faith with the hospital to ensure the Central Sterile Department is adequately staffed to address emergency situations during a hospital declared emergency. Emergency transportation services are outside the scope of this RFP, and pricing should not reflect this service.

25. Q: How connected are the leaders and operations of the hospitals in the system? Are hospitals able to use trays from other campuses? Do all hospitals follow the same policies and procedures, including Biological Indicator Frequency and Quality Assurance Checks? Are smaller facilities able to lean on larger facilities for specialty processing of items such as flexible endoscopes, TEE Probes, or Robotic Arms?

A. The leaders and operations of the hospitals in the system maintain communication when support is needed for a particular hospital. This collaborative approach helps ensure that resources and expertise are shared effectively across the network.

A. Yes, hospitals are able to use trays from other campuses.

A. There is variation in policies and procedures among the hospitals, as there are currently no systemwide policies in place. We are looking for the incoming vendor to provide a network approach to standardize these policies and procedures, including Biological Indicator frequency and Quality Assurance checks, across the network.

A. All sites process their own scopes and instrumentation. However, we do support one another in cases of downtime issues, ensuring that all facilities can maintain operational continuity.

26. Q: What are the transport processes from in-house SPD to end users (Operating Rooms, clinics, etc.)? Are they standardized across the system If items are shared between campuses, what is the transportation policy? Is it contracted to an outside courier service or conducted by the facility? What department oversees and finances this process and ensures sterile items are transported acceptably to maintain the integrity of the items?

A. Transportation within the hospital varies by site. Generally, the CSPD staff is responsible for physically transporting the case carts, either by hand or via dumbwaiter, to the designated areas, while the staff members in those areas are responsible for sending them back. Offsite transportation is handled by courier services.

A. No, there is no standardized network policy regarding the transportation of instrumentation. Each site has its own policies governing the transportation of shared items between campuses.

A. Ready Set has been utilized to transport instrumentation offsite for sterilization and then transport it back as needed between sites as appropriate in the past.

A. The process is financed by the individual hospital in need of the service. Both the sending and receiving hospitals are responsible for ensuring sterility upon delivery. If Ready Set is utilized, they are responsible for transport conditions, ensuring sterility and compliance with associated parameters.

- 27. Q: How are productivity expectations versus performance metrics communicated, rated, and improved in your current model?**
- A. Productivity expectations versus performance metrics are determined by the local hospital OR leadership. As part of this RFP, we would like to include a standardized approach to better communicate, rate, and improve these metrics across the network.
- 28. Q: Would you provide the total number of travel hours worked annually for the last three years?**
- A. We do not have data available regarding the total travel hours worked annually for the past three years. Instead, we are requesting staffing proposals based on the volumes provided in the RFP.
- 29. Q: Would you provide the amount of overtime hours paid annually for the last three years?**
- A. We do not have data on the overtime hours paid annually for the last three years available to share. We are requesting staffing proposals based on the volumes provided in the RFP.
- 30. Q: Is the Facility open to a quarterly customer Services Survey?**
- A. Yes, the facility is open to conducting a quarterly customer service survey. These surveys will help leadership identify gaps and seize opportunities for improvement with the clinicians.
- 31. Q: Are there any five to ten years system-wide goals that Westchester Medical Center is undertaking involving the SPD department (i.e., Centralized Reprocessing Center, Applying for DNV Quality Management Certification)?**
- A. System-wide goals for the SPD department have not been formally developed for the next five to ten years. However, standardization of processes and leadership is a priority for 2025. We would like to look at applying for DNV Certification at MidHudson Regional Hospital in 2025.
- 32. Q: What is the makeup of hospital staff versus Union staff per facility? For the hospital staff, can you provide the wages and benefits per employee? This is in an effort to match and retain current staff at each facility.**
- A. Please see grid below We are unable to provide wages and benefits at this time
- 33. Q: What are the specific areas within each hospital that the RFP winner would be supporting by campus? Please include all GI departments.**
- A. Please refer to the details outlined in the RFP.
- 34. Q: Are there any staff members not listed in the RFP outside of SPD who would report to SPD (for example, OR transporters)?**
- A. All staff members who report to SPD, including OR transporters, are listed in the RFP.
- 35. Q: Please confirm: non-union workers (Management and Technicians) will be hired by the winning company.**
- A. Yes, that is the intent. Non-union employees (Management and Technicians) will be hired by the vendor awarded the RFP.
- 36. Q: Please confirm: union workers (Management and Technicians) will remain employees of the hospital but be managed by the winning company.**
- A. Yes, union employees will remain hospital employees but will be managed by the vendor awarded the RFP. Please note that all management staff are non-union. We are requesting both management and non-management proposals, where union staff are employed, to review FTE staffing expectations for each site.
- 37. Q: Please elaborate on the current benefit packages for your SPD employees by position and hospital (e.g. medical coverage, retirement, time off, professional development, student loan/tuition assistance, leave).**
- A. This information is not available at this time. Additionally, the organization is not seeking the awarded vendor to determine the benefits package based on the employees' current benefits.
- 38. Q: Do they have additional incentive pay (OT, call, shift, bonus options)?**
- A. Yes, hourly employees are eligible for additional incentive pay, including overtime and on-call rates. Please see grid below for additional site detail.

39. Q: Please clarify currently outsourced functions in each hospital's SPD. Which outsourced companies do you currently use to provide SPD functions?

A. The following are outsourced CSPD staff functions only and do not include routine equipment maintenance, instrument repair, sterilizer cleaning, or other services. These functions are handled by outsourced biomed or vendors.

Westchester Medical Center

- Surgical Solutions GI and TEE scope processing
- Ready Set-loaner processing

Good Samaritan Hospital

- Specialty Care-Laparoscopy instrumentation
- St. Anthony's Community Hospital
- Specialty Care-Laparoscopy instrumentation

40. Q: Please describe the role and function of the Transporter at Westchester. Is this position at any other hospital?

A. This position only exists at Westchester Medical Center. The main responsibility of the position is to retrieve all sterile/soiled case carts and Clinic Peel Packs/Scopes/Trays. The daily assignments with timed location stops are outlined below:

DAY TRANSPORTER assignments are as follows:

- All Units soiled utility rooms checked throughout the day
- Main OR - Check every 45min
- Ambulatory OR - Check every 30min
- UROLAB & DENTAL clinic - 7:30am delivery, 10:00am pick up, 12:00pm pick up, 2:30pm pick up
- Burn OR - Check twice during shift
- Children's OR - Check every hour
- Cardiac Cath Lab/L&D - Check twice during shift
- Check hallways, exits, elevators for soiled & clean case carts

EVENING TRANSPORTER assignments are as follows:

- All Units soiled utility rooms checked throughout shift
- Main OR - Check every 45min
- Ambulatory OR - Check every 30min
- Dental Clinic - Pick up at 3:30pm & last pick up no later than 6:00pm
- Burn OR - Check twice during shift last pick up by 7:00pm
- Children's OR - Check every hour
- Cardiac Cath Lab/L&D - Check twice during shift
- Check hallways, exits, elevators for soiled & clean case carts
- When cases are completed in the ORs, PCTs are responsible to push soiled carts/finished cases carts to the elevators /or soiled utility rooms so the SPD transporters when doing rounds knows that the case cart is ready to be transported to decontamination.

NIGHT TRANSPORTER assignments are as follows:

- Rounds in MNOR
- And deliver all AM carts to assigned areas

- 41. Q: How is a non-productive FTE defined?**
A. A non-productive FTE refers to an employee who is scheduled for work but not actively engaged in productive tasks during a specific period. This includes paid time off, such as vacation or holiday leave, attendance at training sessions, or performing non-productive administrative duties. While non-productive FTEs are included in the overall staffing plan, they do not contribute to the department's output during this time.
- 42. Q: Are the current employees Greenlight Credentialed?**
A. No, the current employees are not Greenlight Credentialed.
- 43. Q: Are union workers included in this RFP?**
A. We are requesting both management and non-management proposals, where union staff are employed, to review FTE staffing expectations for each site. All union employees will remain on the hospital's payroll.
- 44. Q: Please validate which locations will be full service (Hourly Associates on Crothall Payroll) versus management fee (Hourly Associates on WMCHHealth payroll)**
A. Please refer to grid below.
- 45. Q: Please clarify if you prefer resumes or bios.**
A. Either resumes or bios are acceptable.
- 46. Q: Please provide a list of locations where endo processing staffing should be included.**
A. Please refer to question 18
- 47. Q: Are the FTE numbers listed in the RFP representative of current active FTEs or Budgeted FTEs?**
A. Budgeted FTE's
- 48. Q: Please clarify difference between "key management personnel assigned to this engagement/WMC Health facilities to perform the services" versus "list of proposed personnel to provide services at the corporation's facilities" outlined in RFP.**
A. Both terms refer to the same management personnel.
- 49. Q: Has there been an independent Capital Equipment Function Assessment that includes a ten-year capital depreciation plan, throughput, capacity analysis, and use age vs. calendar age performed by a vendor who would not benefit from a major systemwide equipment purchase?**
A. An independent capital equipment assessment has not been performed.
- 50. Q: On the Capital Equipment Investment Commitment (CEIC), what is the process and timeline for acquiring the funds for purchasing equipment? On the purchased equipment from CEIC, will the depreciation be carried by the staffing vendor? If so, will the equipment maintenance cost be funded by the staffing vendor? Also, at the end of this agreement's term, how will the equipment's value be managed?**
A. For the sites receiving a capital equipment investment, the plan is to conduct an analysis of all Central Sterile-related equipment with the incoming vendor to determine the allocation of funds. The depreciation will be carried by the individual hospital, as they will own the equipment at the end of the contract. The hospital will also be responsible for the associated maintenance costs.
- 51. Q: Would you please provide a list of all reprocessing equipment and a replacement plan for aging equipment? Which Capital investment items are waiting to be approved per facility?**
A. The capital equipment includes sterilizers, washers, case carts, and other related equipment used by Central Sterile staff. We would like the incoming vendor to assist with an analysis to determine the optimal allocation of funds.
- 52. Q: By hospital, what specific equipment is targeted for replacement under this new contract?**
A. Please refer to question 51.

- 53. Q: How will other equipment be evaluated and replaced as needed during the course of this contract?**
- A. During the course of this contract, other equipment will be evaluated through regular assessments based on performance, age, and maintenance records. Equipment that shows signs of inefficiency or no longer meets operational or regulatory standards will be prioritized for replacement. The selected vendor will play a key role in these evaluations and recommendations, ensuring timely and appropriate replacements as needed.
- 54. Q: What scope of input will the vendor selected for SPD services under this contract have for selecting the new equipment and the ongoing repairs and maintenance? What about for instrument repairs?**
- A. The selected vendor will have significant input in selecting new equipment, ensuring that purchases align with both facility needs and industry standards. For ongoing repairs and maintenance, the vendor will collaborate closely with the facility to prioritize and address any issues. The organization contracts with a 3rd party vendor for instrument repair outside of the scope of this RFP.
- 55. Q: Are the equipment investment numbers outlined on page 10 of the RFP fixed numbers? Will vendors be allowed to recommend an alternative plan?**
- A. The equipment investment numbers outlined on page 10 of the RFP are estimated investments. For the purpose of the RFP, we are asking vendors to submit their proposals with the investment numbers listed. Once the vendor is selected, we plan to work with the vendor selected on a formal analysis of all equipment.
- 56. Q: Is the equipment investment required to be included in the same contract as the services? Will vendors be allowed to submit a separate proposal and contract to address equipment?**
- A. For the purposes of this RFP, we are asking for vendors to plan on submitting one proposal. We will work with the selected vendor on how the funds are allocated.
- 57. Q: If transitional to SQ track, will the following features be included in the system-wide operational package?**
- EHR Integration
 - Equipment connectivity/communication
 - Loaner Case association and check-in/check-out module
 - Endoscopy processing workflow module
- A. We have not made a formal decision regarding these features and would like the selected vendor to provide input into this decision.
- 58. Q: On page 17, "total number of Endoscopes" and "# of TEE Probes" are shown, but this seems like an inventory count. Can you please provide the volumes for Endoscope reprocessing and TEE reprocessing (including cardiology and anesthesia)?**
- A. Please refer to the completed grid below.
- 59. Q: Please confirm instrument and scope repairs should be included in our cost proposal.**
- A. No. Instrument and scope repair are not in scope of this contract.
- 60. Q: Is "total number of trays" in the Excel spreadsheet (attached, adapted from RFP section K), the number the hospital owns?**
- A. Yes
- 61. Q: Is it Westchester's expectation that the new SPD vendor will replace Deliver Process Inc. and be responsible for cleaning, assembling and sterilizing the loaner trays?**
- A. Yes, we are expecting the incoming vendor to be responsible for these services.
- 62. Q: Please clarify how Westchester defines "productive" vs "non-productive" in the FTE complement.**
- A. Please refer to question 41.
- 63. Q: Will hospital laundered scrubs be provided by Westchester?**
- A. Yes.

- 64. Q: Please clarify your definition of “Management Fee” RFP section H, 4?**
- A. The management fee is a payment made to the vendor for overseeing and managing specific services or operations. It provides compensation for administrative tasks, coordination, and their expertise. These fees are separate from the labor costs.
- 65. Q: Are the uniform costs in Section 7(f) for Proposer’s current uniform needs or uniform needs of staff if Proposer would be awarded RFP?**
- A. Uniforms will be provided by the Hospital
- 66. Q: If the response to the above question is for uniform needs of staff pursuant to an RFP award, please provide WMCHHealth's uniform policy.**
- A. Uniforms will be provided by the Hospital
- 67. Q: Are you able to provide the most recent water quality reports for each processing location, including critical water testing and maintenance? Are there plans in place for corrective action to meet water quality standards?**
- A. We are not able to provide the most recent water quality reports at this time. However, the hospital's facilities department will work in good faith with the awarded vendor to address any concerns regarding water quality and ensure compliance with standards.
- 68. Q: Are you able to provide the most recent AAMI recommended lighting, Air Pressure analysis, and HVAC reports for each processing location? Are there already plans in place for corrective action to meet industry standards?**
- A. We are not able to provide reports at this time. However, the hospital's facilities department will work in good faith with the awarded vendor to address any concerns and ensure compliance with industry standards.
- 69. Q: Please provide any internal maintenance requests and reports for reprocessing locations, including floors, ceilings, and cabinets that were noted to be out of compliance. Are there plans to align with industry standards for department structure repairs?**
- A. We are not aware of any maintenance requests or reports that are out of compliance.
- A. We are not aware of any work out of compliance
- A. We are not aware of any work out of compliance
- 70. Q: Is there critical water at each site for final rinse? If possible: Please specify the application (connected to washers, sinks, sonics, etc.)**
- A. Yes, critical water is available at each site for final rinsing. All instrumentation is maintained according to OEM specifications to ensure optimal performance and safety.
- 71. Q: Is each site meeting standard temp/humidity/pressure regulations per ASHRAE guidelines? Who is responsible for monitoring?**
- A. Yes, each site meets the standard temperature, humidity, and pressure regulations per ASHRAE guidelines. The facilities department is responsible for monitoring these conditions.
- 72. Q: What is the cadence and system policy for environmental services and terminal cleaning?**
- A. Throughout the network all CSPD departments are serviced by EVS on a daily basis. Police cleaning and trash removal is scheduled at various times of the day dependent on volume and needs of the department. End of day cleaning is performed daily. Terminal cleaning is scheduled daily on a rotating basis to cover the entire department over the course of a week.
- 73. Q: Which sites have access to instrument-grade quality air (for stainless steel and HLD processing). If present, please specify locations (decontamination, assembly, HLD areas)**
- A. Yes, each facility has access to instrument-grade quality air.

Appendix A (Staffing)

Hospital	Job titles	2024 Budgeted FTEs	Union/Non-Union Title	Notes
MHRH	Manager, Central Services	1.00	Non-Union	
MHRH	Supervisor, Central Sterile Service	1.00	Non-Union	
MHRH	Central Sterile Technician	13.55	Union	
WMC	Dir, Central Sterile Services	1.00	Non-Union	
WMC	Manager, Central Sterile Services	1.00	Non-Union	
WMC	Clinical Educator	1.00	Non-Union	
WMC	Supervisor, Central Sterile	4.44	Non-Union	
WMC	Department Coordinator	1.00	Non-Union	
WMC	Transporter	5.26	Non-Union	
WMC	Cert Central Sterile Technician	40.29	Non-Union	
WMC	Lead Central Sterile Technician	4.20	Non-Union	
HAHC	Manager, CSPD	1.00	Non-Union	
HAHC	Lead Sterile Processing Technician	1.21	Union	
HAHC	Sterile Processing Technician	3.30	Union	
GSCH	Manager, Central Sterile	1.00	Non-Union	
GSCH	Supervisor, Central Sterile	1.00	Non-Union	
GSCH	Lead Central Sterile Technician	1.00	Union	
GSCH	Central Sterile Technician	14.50	Union	
SACH	<i>(No Manager)</i>	0.00	Non-Union	OR Leadership Oversees CSPD
SACH	Lead Central Sterile Technician	1.00	Union	
SACH	Central Sterile Technician	3.00	Union	
BCSC	<i>(No Manager)</i>	0.00	Non-Union	OR Leadership Oversees CSPD
BCSC	Lead Central Sterile Technician	1.00	Union	
BCSC	Central Sterile Technician	2.50	Union	

Hospital	Union /Non-Union Site	Union
MHRH	Union	1199
WMC	Non-Union	NA
HAHC	Union	1199
GSCH	Union	1199
SACH	Union	1199
BSCH	Union	1199

Incentive Pay	Valhalla	Good Samaritan Hospital	St Anthony Community Hospital	Bon Secours Community Hospital	MHRH	HAHV
OT	Y	Y	Y	Y	Y	Y
On Call	N	N	Y	Y	Y	Y
Shift Differential	Y	Y	Y	Y	Y	Y

Appendix B (Case, Instrument Volume)

	Westchester Medical Center	MidHudson Regional Hospital	Good Samaritan Hospital	St. Anthony Community Hospital	Bon Secours Community Hospital	HealthAlliance Hospital
Case Volume (OR & Endoscopy)/ year	27,862	5,850	5,345	3,274	2,262	3,591
Endo Volume (GI flex scopes)	6028	1008	1772	959	1393	561
OR Volume	21834	4842	3574	2315	869	3030
Total number of trays	4,321	3,570	1,663	302	3,657	1,091
Total trays sterilized/ year (does not include loaners & Peel packs)	124,329	31,464	47,244	7,176	2,457	19,344
Total number of Peel Packs	1,765	655	500	286	980	2,194
Total Peel Packs sterilized/ year	3,608	8,817	8,500	1,182	2,168	6,384
Total loaner trays sterilized/ year	9,692	8,103	986	301	110	0
Deliver Process Inc. Utilized (yes/no)	Yes	No	No	No	No	No
Total number of Endoscopes	190	28	22	15	22	18
Total number of large diameter (GI/Bronch scopes) processed annually	10374	1174	2064	1232	1393	1320
# of TEE probes	10 TEE	2 TEE	5 TEE	1 TEE	1 TEE	2 TEE
Total number of TEE probes processed annually	1459	Processed by another department	600	No ability to break out the total-within the GI scope #	120	50
Durable Medical Equip (DME) Processed Type/ Quantity	No	No	no	Hypothermia warmer	No	Wound vacs, flowtrons, feeding pumps

Does the SPD staff make rounds to the floors to pick up or deliver DME or Clinic Instruments?	See transport JD	No	No	No	No	Yes
If Yes, how often per day?	See transport JD					1 round per day and upon request for pick up. They do not deliver DME back to units
Does SPD build Code/ Emergency Carts?	No	No	No	No	No	No
If Yes, annual volume						