PMBS SteriCUBE® Assessment Form

CASE VOLUME

Average # of CUBE-Worthy Cases per Day: _____

("CUBE-Worthy" cases would be Ortho or Neuro cases that include multiple wrapped trays. We recommend marrying vendor trays with power equipment and other hospital owned trays within the CUBE)

Average # of CUBE-Worthy Cases per Week: _____

Busiest Ortho/Neuro day(s) of the Week: _____

Which Surgeons will be Targeted: _____

_____

Average # of Trays per Case (for each Surgeon): _____

Do Specified Surgeons Flip Rooms? YES / NO

If yes, please specify by surgeon and how many rooms for each surgeon: _____

_____

OFF SETTING COSTS

Average cost per sheet of sterilization wrap: _____

Average associated costs **per tray** (corner protectors, tape, towels, laundry) _____

SPD prep time per tray to wrap, tape, label: _____

SPD prep time per container to place filters, lock, label: _____

Average SPD staff hourly wage (with or w/o benefits): _____

Average time spent for 2 (or more) people to unwrap trays in OR: _____

Average # of times a hole is found in at least one of the multiple trays used: _____

Average Cost/Minute of OR time: _____

Average hourly wage for OR Nurse (with or w/o benefits): _____

Average hourly wage for Scrub Tech (with or w/o benefits): _____

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LAYOUT OF OR/SPD

Rooms:

Number of OR's:_____ Are all OR's in the same location? _____

Location of SPD in relation to OR:_____

Do you have elevators or dumb waiters?_____

IS YOUR FACILITY EXPERIENCING ANY OF THESE ISSUES? (Please check all that apply)

_____ Holes in Wraps   _____ Bioburden

_____ Slow OR Turnover   _____ Slow Instrument Turnover

_____ Vendor Issues (Late Delivery)   _____ Wet Packs

_____ Infections   _____ Overtime

_____ Throughput   _____ Storage / Real Estate

_____ Missing Instruments   _____ Mislabeled Trays

STERILIZERS & BIOLOGICAL INDICATORS

Make, Model, and # of Sterilizers:_____

   (Please submit form with photos if sterilizers have been reconditioned; additional measuring
   may be necessary to ensure compatibility with MTS300 technology)

Average cycle time per sterilizer for orthopedic trays:_____

Do you pre-heat sterilizer(s)?   YES / NO   If yes, for how many minutes?_____

Do you crack the sterilizer?   Yes / NO   If yes, for how many minutes?_____

Do you use 1 hour or 3 hour biologicals?_____

# of incubators:_____

Do you run a biological with every load? YES / NO