University of Washington Medical Center:

Optimizing physician preference cards supports ongoing operational efficiencies and cost savings

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Background

University of Washington Medical Center (UW) is an academic center with over 500 beds and 30 operating rooms, plus two ambulatory sites. With an impending move to a new EMR system, the organization created a new role focused on the transition. As Sean Quinlan, peri-op services informatics program specialist for UW, began to strategize on an approach it became evident that cleaning up the preference card system first was critical.

"Everyone knew the cards weren't very accurate," explained Quinlan. "But taking the time to update them, particularly while on an older more manual system, was overwhelming."

With over 22,000 cards including information for surgeons that were no longer practicing, the team knew they did not want to migrate that inaccurate data to the new system. However, skepticism over the job at hand was compounded by several prior failed attempts.

"The whole concept of tackling the project invoked cringes from across the organization – the nursing staff, the service line coordinators, everyone," said Quinlan.

Past efforts had been futile; as the temporary impact quickly faded with supplies, surgeons and rooms that were continuously fluctuating. Without a standard process in place, it was difficult to maintain any progress. A new phased approach, supported by Vizient expertise and a third-party technology platform, was identified to solve for the preference card challenges in time for the new EMR deployment.

Process to improve preference cards:

- Reduce
- Optimize
- Refine
- Maintain

Kicking off the physician preference card initiative

The obvious first step was to get the card count down to a manageable, more accurate number. But the key to achieving that would be effective communication that resulted in project champions. Surveys were sent out to the staff and surgeons to identify what information they wanted to see, and how they wanted to digest it.

Busy schedules could have prevented some stakeholders from participating in discussions, so a survey was devised to collect everyone's feedback and communicate that all perspectives were valuable.

Stakeholders engaged:

- Nurses
- Surgical Techs
- Surgeons (including a dedicated champion)
- CSPD
- Case Cart Team
- Supply Chain

"Allowing an outlet for feedback via a survey was critical to gaining buy in on the initiative. It was an important part of our communication strategy. The team had visibility into the actual goals and objectives we were hoping to achieve. Not to seemingly remove or reduce all items to just save on costs, but to truly optimize the cards for holistic – and sustainable - improvement," explained Quinlan.

Armed with survey results, UW engaged a surgeon champion and confirmed the support of administration. Creating and sharing a data-driven plan that would avoid past project failure and truly optimize the preference cards was the guiding strategy that was then shared with the comprehensive team that was assembled. The clear narrative and instructions differentiated this initiative from past experiences. It built confidence and engagement from all stakeholders.

Securing this confidence early in the process got the project off on the right foot and helped the team focus in on the strategy required to successfully reduce, optimize, refine and maintain accurate preference cards. Vizient experts supported and reduced the workload on clinicians throughout the initiative, while still engaging their feedback. For example, cards that may have been eligible for elimination under predetermined criteria were still reviewed by clinicians for possible inclusion if considered necessary in case of an emergency. This process resulted in taking the original preference card count down from 22,000 to around 5,000.

Reducing card counts:

- Inactivated all cards not used in past few years
- Removed cards belonging to surgeons whose privileges were no longer active
- Converted some preference cards to procedure cards

Optimizing and refining the preference cards

Once the initial goal of reducing the number of cards was met, the team sought to optimize the ones that remained. With a good structure and foundation in place, service line leads and nursing staff worked with Vizient experts to improve accuracy. Having clear expectations and influence over the decisions allowed clinicians to feel confident in the process. Quantities were updated based on actual usage and formatting was refined to reduce redundancy and unnecessary information.

Everyone at the table had a vested interest and a voice to ensure accuracy. Optimizing and refining the cards that remained would benefit everyone from the staff to the surgeons to the patients and provide accurate supply lists for procurement.

The project lead for UW worked diligently with each service line to standardize procedures and encourage use of the same products to increase supply optimization. With full administration support, the team was able to not just reduce items but to enable a serious push to get everyone on the same page.

“By taking the remaining cards and looking for opportunities for consolidation and accuracy based on data and clinician feedback we had details from the team as to what needed to be changed,” said Quinlan.

The surgeon champion and service line leads worked with the supply chain to help establish criteria and set guidelines. Everyone had a say in the decision to isolate and evaluate supplies on the cards that were used in less than 30% of cases.

“There were so many items that were on hold. Trying to break habits of just wanting it right there and saying ‘hey, can we look at this differently?’ was a challenge. Getting that group of people to look at where are all the supplies are kept in case they were needed and to change the norm was crucial. It got people talking, excited and eager to keep working towards optimization,” explained Quinlan.

While custom packs still play a role, the team took a hard look at the data and drew some lines that resulted in less waste and improved case turnover times – important metrics for the OR. In cases where more than one card is used, communication was key to establishing expectations and to ensure the cases were booked correctly in advance with the information needed to execute accordingly. It eliminated wasted energy, time, and supplies; challenges that all organizations struggle with.

Maintaining results for long-term success

Over the past five to ten years, the organization had attempted to update preference cards, but nothing stuck after the initial review phase. The team did not want to find themselves in another cycle of doing repeated work. A clear policy and procedure for ongoing maintenance was needed. Guidelines on how the cards should be changed created a roadmap for all to follow. This established a sustainable maintenance process through governance.

“An illegible sticky note on the card is not acceptable,” said Quinlan. “Surgeons, nurses and service line leaders all have to agree to the recommended changes and input them into the system.”

Additionally, UW engaged a third-party software to help keep up with the cards post migration to the new EMR.

The role of the software

Actual data on the cards is now captured and tracked through the technology. While this initially produced some skepticism as to what was in the system, the team noticed that staff was rising to meet expectations and documenting everything appropriately.

With a system in place and actual usage data to guide them, staff were adding items to the preference card that weren’t originally listed, as they were able to see what was being used during the procedures. Empirical data was being purposefully used to drive change rather than a reliance on subjective memory.

"Staff have become more confident now that the cards they are using reflect what they really need and that it's on the shelf when they need it. It takes time to build that level of trust, but over time the consistency and accuracy are resulting in efficiencies and creating buy in. People can see the impact of changes," said Quinlan.

A dashboard keeps things in check, so the organization doesn't have to go back to square one. It's an ongoing process. Service line managers oversee their cards, but Quinlan helps with new card creation and keeps an eye on the dashboard. It highlights cards that need to be edited, who requested the change, and who needs to review it.

The competitive nature of surgeons also comes into play. When there's visibility into the cost per case for the same procedure across different clinicians, it surfaces another opportunity for improvement and standardization.

The software also helps to identify top performing cards that are used most frequently, so the team can make sure they're up to date, without any discontinued items. Finally, from a sustainability perspective, it shows the last time the card was used to stay on top of opportunities for service line review.

"The platform pulls data for us quarterly which we compare to the actual cards and evaluate them on a case-by-case basis. If it surfaces some differences in the numbers, particularly with supply chain issues and backorders. If we see a spike, we can research the cause and change the cards proactively. It's a huge help having that data readily available," shared Quinlan.

The data is the link between improving supply chain efficiencies, inventory control and card optimization that results in a better experience for all, freeing up capacity for even better patient care.

"Let's say an item on hold is showing on the dashboard to be used 90% of the time. When it gets converted to open and added to the card, it's a lot easier on the team as it is automatically added to the charges, reducing the number of documentation edits needed," said Quinlan.

Another efficiency delivered by the platform is the ability to capture data by scanning a barcode versus typing the information into the system. Reducing the amount of data entry required by the staff improves accuracy in both the inventory and billing systems as well as improving workflow efficiency.

Policies and procedures

Establishing policy and procedure involves many layers. At the highest level, the goal is to ensure that once a service line has agreed to a procedure card, all surgeons adhere to it unless special permission is granted by the chair of the department. Changes need to be reviewed and approved to ensure integrity of the cards is maintained. Issues can be surfaced and sent up the chain which takes the pressure off individuals to manage them on their own. The champions that comprise the committee are surgeons from all different backgrounds which really helps establish buy in and keep the integrity, quality and accuracy of the cards.

"Each quarter the service line leader reviews the open and hold items to make any necessary changes and adds new items that are used on a regular basis. Putting this policy in place keeps us all moving forward together."

An ongoing expectation to evaluate quantities and review cards with surgeons to establish procedure cards and reduce variability are two goals for the organization now that the EMR migration is complete.

Average annual savings of over $1 million

Removing unused items and cards, plus ensuring efficient procurement was in place for supplies, has had a positive financial impact in addition to the operational improvements.

It reduces the need for unnecessary supplies in storage, prevents waste that comes with expired products and saves time for the supply chain team, OR staff and nurses.

Performance metrics:

- Over $1M in annual savings
- 78% reduction in number of preference cards
- 917 preference cards optimized
- $103.5K open items removed
- $153.6K hold items removed
- $143.2K items added

Considerations when tackling a preference card initiative

While this project was a successful endeavor, there are several potential barriers to consider prior to deployment. As previously mentioned, pushback from staff and surgeons who don't value card accuracy is a common obstacle. This can be overcome with communication and a clear, data-driven strategy.

Though information, communication, and the narrative around the project are essential to success, it's important to keep it simple and clear. Key messaging focuses on optimizing the preference cards to improve procedure efficiency and patient safety, rather than just reduce supply costs. Preference card optimization represents a different aspect of performance improvement to different departments and stakeholders but achieves them all at the same time – patient safety, workflow efficiency, more accurate inventory management and financial improvement.

Adoption and learning curves for new policies and technology can be another challenge. Training, education and direct user access helps create autonomy and ownership. Getting staff involved so the cards are set up correctly simplifies the picking process, establishes accurate supply lists, and overall makes it easier for them to execute the task.

Conclusion

Success was dependent on enlisting the necessary stakeholders, leveraging technology, and creating a policy and rules around purposeful and timely changes. Change management within the oranization, supported by Vizient expertise, was a key factor throughout the project that helped guide UW to sustainable optimization.

Good relationships are also important, not just at the start of the project but to aid in ongoing maintenance. These relationships, built on a foundation with clear communication, keep stakeholders involved, invested and engaged.

"This has gone far beyond 'let's reduce the cost of the card'. That doesn't have a lasting impact. Getting the card right – so that the right supplies are in the right place at the right time – is the ultimate end goal. Continuous commitment to improvement and refinement has helped us achieve the desired results. It really exceeded everyone's expectations," concluded Quinlan.

Proven Vizient model for preference card optimization

Assess

Comprehensive review to surface opportunities for operational and financial improvement.

Design

Collaborate on the elements required to build a custom strategy that meets organizational goals.

Deploy

Implement action steps, while coaching and engaging stakeholders, to successfully actualize the plan.

Sustain

Transform organizational culture through change management and continuous engagement to achieve lasting results.