A kanban system seems like a logical method for managing surgical supplies. But it needs a strong foundation to be successful.

Kanban, a Lean manufacturing method, relies on visual signals and standard work (related articles). The idea is to be able to tell at a glance that you have what you need to carry out your work.

A typical kanban system uses 2 bins stacked one on top of the other for each supply. Here’s how it works:

• Each bin has half of the supply’s on-hand quantity.
• When a staff member uses the last item in the top bin, she puts the bin in a designated place to signal the need to replenish it.
• She then uses the supplies in the bottom bin.
• The top bin is restocked and replaced under the second bin. Each bin carries a standardized label with the product information, quantity, and home location.

But kanban takes more than bins. “It takes active management and time to make the transition,” says Lewis Lefteroff, whose firm, Opus Solutions, LLC, consults with hospitals on Lean and process improvement.

Here is his advice:

**Plan the kanban system**

The kanban system must be well planned, with decisions about the:

• type of visual signaling system
• calculation of supply quantities
• mapping of the standard workflow.

Training is needed to make sure every person who uses the system is oriented to the workflow.

For a guide on setting up kanban, see Supplies Management in the OR by Gerard Leone and Richard R. Rahn (www.flowpublishing.com).

Be aware that “making the bins is the easy part,” Lefteroff says. Managing the transition and behavior change are key.

**Conduct a trial**

Conducting a trial in one part of the supply room or in 1 or 2 ORs demonstrates that the system can work and builds confidence.

**Reliability builds trust**

No supply system will work if clinicians don’t have what they need when they need it for a patient.

Conversely, the most well planned system won’t work if everyone who uses it doesn’t follow the process.

Though clinicians may think they don’t have time to follow the process, the result is an unreliable system no one can depend on.
Manage the transition
Count on challenges as the kanban system takes root. Managers must be on hand daily to coach, reinforce, and give feedback until everyone adapts to the standard work process.

“In the first wave, bins will disappear, cards will disappear; the system will be under heavy stress,” Lefteroff says. “If you don’t work through that, people will revert to their old patterns, and the system will fall apart.”

Have a champion
A champion advocates for the system and troubleshoots.

“Someone needs to take ownership,” says Lefteroff.
But avoid having kanban become just one person’s project.

“If the system relies on Sally, and Sally leaves, no one else will know how it works.

“Once you get a system going, it has to be reliable enough that it doesn’t rely on the champion.”

Set clear expectations
Everyone who uses the system must be accountable for the standard work.

Most likely, 80% of the staff will take to kanban and actually love it. But a few holdouts can break the system, Lefteroff notes.

At some point, he says, “You have to hold people accountable.”

Supplies are more than a cost
Supplies consume a big part of the OR budget, but managing them is more than a money issue. It deserves strong management support and accountability, Lefteroff points out.

“Beyond the dollar amount, it’s about patient safety.”

Having—or not having—the right supplies has a major impact on surgeon and staff satisfaction. A poorly managed system with missing and outdated supplies can delay cases, require circulating nurses to leave the OR to retrieve supplies, lengthen anesthesia time, and increase infection risks. That serves no one’s interests, especially the patient’s.

—Pat Patterson