Creating a more seamless system for OR inventory and charging often has been hampered by information systems that don’t talk to each other, or don’t talk easily. Humans in the OR and materials management may not talk much either. Gradually, these barriers are coming down, and hospitals are taking a more integrated approach.

In the past, many departments installed “best of breed” systems that met their needs best. Now more are seeing the value of a single enterprisewide solution, says Jeanne Parkes, MA, of the J2 Group, St Petersburg, Florida, a consulting firm that has worked extensively in surgical services IT implementation.

There’s also growing recognition that more synchronized systems and processes are needed to reach business goals, adds J2 Group’s Jeanne Lattanzio, RN. Organizations “realize there needs to be a multidisciplinary effort between finance, purchasing, materials management, and the OR,” Parkes says.

Online OR nursing documentation has been one driver of change, they note. Perhaps 50% of OR documentation is about supplies, which means taking a broader view of documentation than in the past.

Traditionally, managing the supply chain meant purchasing a product, receiving it, distributing it, and making sure the product information was entered in both the OR and materials management item files. Now it includes making sure the item is added to the preference card, and nurses are charting it. These expanded functions are “making people have a conversation they didn’t need to have before,” Parkes observes. “This takes visionary leadership and collaboration.”

Success factors
Some critical elements for success include:

- Resources to maintain the quality of the OR’s database and sync it with the materials management database. “This will allow you to get the case costing reports that drive operational and budget decisions,” says Lattanzio.
- Policies and procedures to ensure data is standardized.
- Accurate preference cards and pick lists, which enable accurate inventory management and charging.
- Systems that help nurses to be as efficient as possible in charging. “Vendors need to continue to streamline the process to as few keystrokes as possible,” says Parkes.
- Better naming conventions and data standards for surgical supplies and instrumentation. Currently, organizations have to reinvent the wheel to come up with a naming convention useful to both clinicians and materials managers. Data entry fields need to be large enough to allow entry of useful terms.
- Education and support for the staff so the naming convention and data standards are followed consistently.

There’s now agreement among hospitals, software vendors, and materials management departments that a more integrated effort is needed, Parkes notes. “I think a lot of progress has been made—there’s just more progress to be made,” she adds.

Preparing the nursing staff
Involve nurses early and often if you plan to have them begin charting supply usage online in the OR.
“The nurses need to be involved pretty much from Day 1, at least with information,” says Helen I. Blanton, RN, MS, MA, HIID-CAAT, who until recently was senior clinical applications systems analyst for PeaceHealth in Oregon, which is implementing OR online charting and perpetual inventory systems for 5 hospitals.

In PeaceHealth, nurses will be expected to scan barcodes for this purpose. “Give them some ownership—that’s the big thing,” Blanton says. “You can say to the staff, ‘This is the potential impact on your work flow. Give us input on what you think would work.’”

**Dedicate staff resources**

Preference lists drive the system. Maintaining them has to be a priority, and that takes resources, advises Jayne Byrd, RN, MSN, associate vice president, surgical services for Rex Healthcare, Raleigh, North Carolina. At Rex, preference lists are called resource maps.

“Resource maps drive your cost per case, your physician and staff satisfaction, your utilization, and your bottom line,” she says. Too often, updating preference lists is delegated to staff nurses, who don’t have time to do it consistently.

“No single person can take care of patients and remember all of the changes that need to be made,” she says. “You end up with a fragmented system and incorrect cards, and it just spirals downward.”

Two resource map coordinators update preference cards for the Rex system, which has a total of 35 operating rooms. One, an OR veteran, works from home, updating the cards online.

**Develop a naming convention**

The supply database must use terminology that is understood both by clinicians and materials management.

“When you go through and look up an item for a preference card, it has to be something a nurse can recognize,” Blanton says. “You also need to have the catalog numbers, product numbers, and whatever else is needed to identify the item for purchasing. This must be done collaboratively between the OR and materials—operating in silos is a red flag.”

Names also need be alphabetized consistently. It doesn’t work, for example, to name sutures differently as suture, 3-0, nylon; suture, nylon, 3-0; nylon suture, 3-0; and so forth. If naming isn’t consistent, nurses won’t be able to look them up reliably using a word search. If it is too time-consuming and difficult to look up items added during a case, the staff may not do it, leading to lost charges.

Rex, rather than having 2 naming conventions for nursing and materials management, standardized to a single description for products.

“Our materials management department offered us the opportunity to name the OR products, and we embraced the idea,” Byrd says. “The outcome was that we agreed on using the actual product description from the box or packaging label.”

That is the manufacturer’s recognizable name, she notes. “Product numbers change. The accurate name can save a lot of time and help avoid back orders. It simplified work for everyone. Our system is better because of it, and it allows the materials management department to own the work in support of the OR and be more effective in doing their job. It was a win-win.”

**Clean up the database**

The database must be reviewed to make sure names in fact have been entered consistently and accurately.

“This needs to be done manually at least once,” Blanton says. “It’s ugly, and it’s time-consuming. But once it’s done right, and you have established how it’s going to be done going forward, your problem is solved.”

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