Which is more expensive—a robotic handle or a shunt valve? How much does hemostatic matrix cost? Thanks to an innovative game modeled after “The Price is Right,” staff at the University of New Mexico Hospital (UNM), Albuquerque, know the answers: The shunt valve is more expensive than the robotic handle ($2,642 vs $2,200), and the matrix costs $95 for 6 cc.

Helping the staff be more aware of OR finances can be fun, says Natalie Garza, business manager for surgical services at UNM, which has 28 ORs and an annual volume of more than 10,000 patients.

It also serves a larger purpose. “We spend so much money on OR supplies,” Garza notes. “We want staff to know how much money we lose when they open something and then don’t use it. We also want to be able to bill for every expense.”

**Staff bids**

Garza worked with educators and coordinators to make “The Price is Right” fun. Laurie Mason, RN, CNOR, an OR educator, created colorful posters to advertise the event, which even brought people in on their day off, and played the TV show’s music for the games.

Before each game, staff were invited to “come on down” to “bid” on high-cost items, such as a holmium laser, a neural integrity monitor, and an endobronchial ultrasound endoscope. The person who bid closest to the actual amount without going over went on to play the game.

Games were modeled after ones in the show. In “high-low,” the contestant viewed 6 items with prices and then guessed whether the price for each item was higher or lower than the actual price. “Most expensive” asked contestants to pick the most expensive of 6 products, and in “5 items,” contestants matched 5 prices with 5 items.

For “cover up,” a GI endoscope was labeled with an incorrect price; staff had to choose the correct price from a list of numbers.

Staff played 7 rounds of the games during 40 minutes of the staff’s weekly meeting.

“One of our service coordinators did the announcing and made it fun,” says Garza. The game’s coordinators arranged seats in rows to mimic an audience setting and put noisemakers on every third chair to encourage a festive atmosphere.

“People threw out all kinds of numbers,” she says. “They were so surprised at the prices.”

**Include range of equipment**

A wide range of equipment representing various service lines and price points is key in planning a game, according to Garza. Items included a postop
bra ($18), catheter ($294), gold knee nail ($1,335), and thoracic stent ($12,075). Prices were what the OR pays for the items.

“We also included products that people open for the back table without thinking twice,” Garza adds.

Prize bags had items such as key chains and stuffed animals from vendors and products with the UNM logo such as mugs. Everyone who participated received a gift. “It wasn’t about winning or losing,” says Garza.

Garza plans to replicate the game for the pediatric OR suite and the outpatient OR, using gift cards as prizes.

**Communicating costs**

Staff members contribute clinical expertise to a value analysis team (VAT) but also benefit from what they learn as a team member. Lynda Brandenburg, business manager for perioperative services at Susquehanna Health, Williams-port, Pennsylvania, says that during VAT meetings, “We discuss the financial impact of a new product or change in product: how much it will save or cost per case and what it means on an annual basis. It really opens [staff’s] eyes.”

The VAT team decided to communicate cost information to the staff through its weekly OR newsletter, distributed to all staff and managers and posted. “We added a section to show how much 3 items cost,” says Brandenburg. The items are chosen by the OR manager of patient care for the 11-room OR, which does about 8,000 cases a year, and the OR materials manager purchaser. Items used frequently in orthopedics, the OR’s highest volume service line, and at least 1 item that is particularly expensive typically make the list.

“The goal was to educate the staff on costs,” says Brandenburg, who adds the hospital has an ongoing initiative to eliminate waste. “Staff say now that they have seen the prices, they are more careful regarding the quantity of items they open.”

**Poster on suture costs**

Another communication tool is a simple poster. Garza says April Verhoog, RN, director of the pediatric OR at UNM, created a poster of sutures with their costs next to them.

Garza also says not to forget including costs in staff meetings. “We talk about patient care, patient safety, and the great things nurses are doing, but we also talk about the financial picture. We talk about how we can cut down on waste.”

At Johns Hopkins Hospital in Baltimore, Laurie Saletnik, RN, DNP, assistant director of surgical nursing, says the nurse manager group invited a representative from finance to attend a few of their weekly meetings to discuss topics such as cost per case. The group also “has more conversations about waste and opening things needlessly. The information is typically shared with staff.”

**Collaboration to cut costs**

“Due to outdated preference cards, staff will pull and open supplies that may not necessarily be needed for the case,” says Bini Varughese, director of business operations management for surgical services at North Shore University Hospital at Manhasset, part of North Shore-LIJ Health System in New York.
To correct the problem, Varughese says the hospital has started a comprehensive program to improve preference cards. “Instead of having the nurse manager update the cards, we identified a staff nurse from each service line to be a team leader and to identify the changes needed,” which he says will help reduce waste. The main OR at North Shore University Hospital averages 14,000 to 15,000 patients each year and has more than 3,000 preference cards.

The service line nurse managers are responsible to ensure the team leaders, who work with the surgeons and the staff, are allotted time to work on the project. “At the end of the day, it’s the staff who have to put things into practice,” says Varughese. “Everybody needs to understand their part in being financially accountable.”

**Transparency and focus**

To help staff become financially accountable, hospitals have to be willing to share information.

“We are a pretty transparent organization. We want staff to feel informed,” says Robert Scheu, RN, MBA, senior director of perioperative services at Johns Hopkins Hospital. “If anyone is interested in the cost of an item, we share it,” he says, adding that the hospital also helps staff keep current on health care reform through articles in its publications.

In any discussion of costs, Scheu says, “It’s important for staff to feel the culture is enmeshed in clinical care. We might suggest that the less things cost, the more care we are able to provide to more people, but it’s important for staff to know that the patient’s clinical needs come first.”

—Cynthia Saver, RN, MS

Cynthia Saver, a freelance writer, is president of CLS Development, Inc, Columbia, Maryland.

What’s your idea for helping staff be more financially accountable? Email your idea to ppatterson@ormanager.com

Please include your contact information.