OR supply cabinets: 
Just enough of the right stuff

If you opened a supply cabinet in one of your ORs, what would you find? For many, the answer might be, “a mess.”

That was the situation for Martin Memorial Health Systems, Stuart, Florida. Even though the supply cabinets had par levels, when a supply was running low, clinicians would often grab a handful of the item and stick it in the cabinet. “They were going for one item but would pick up five just to save a trip,” notes Valerie Ruby, MBA, BSN, RN, CNOR, assistant vice president, perioperative services. Yet despite the full cabinets, the staff still spent time running for supplies during cases. “It seemed like there was too much of what we didn’t need and not enough of the right stuff,” she says.

A simple exercise dramatized the need for a better system. In the target ORs, nurses were asked to drop a red poker chip in a jar every time they left during a case to pick up a supply. “That was an ‘aha’ moment for the nurses,” Ruby says, because they could see by the number of poker chips that even with full cabinets, the needed supplies often weren’t there.

In search of a better system, 3 surgical locations piloted a new kanban system for stocking the OR supply cabinets: the ambulatory surgery center, cardiovascular (CV) ORs, and 1 neurosurgical OR.

After the year-long pilot, which Ruby says was successful, a broader implementation was planned for Summer 2012. Plans were placed on hold during implementation of a new OR information system.

Two-bin kanban
The new inventory system for the OR supply cabinets uses the 2-bin kanban method, which relies on visual cues and standard work (illustration). This is how it works:

• Each supply has 2 bins, placed one on top of the other. If the maximum par level for a supply is 10, each bin has 5 items. (Some items have only one bin.)
• Each bin is labeled for the item location, item number/information, and number of items in the bin.
• When all of the items in the top bin are used, the nurse removes that bin and places the empty bin on a case cart (or for the surgery center, in the bottom of the supply cabinet).
• OR assistants take the empty bins back to the central service area, where they are cleaned, restocked, returned to the OR, and placed back in their assigned spots behind the front bins.
• Different-colored bins are designated for items that were picked for cases but not used so they can be returned to inventory.

A special cabinet is maintained for items that require larger-sized bins.
**Standard work for room supplies**

- All bins are labeled on the front.
- Pull items from top bin only.

All items are kept in bins

Items with only one bin are identified on the shelf with 1.

The back of each bin contains:
1. Item location information
2. Item number and information
3. Number of items in bin.

All items picked but not used for a case should be put in the blue bin for restocking.

When you take the last item, place the empty bin on the bottom row of that cabinet.

Each time a glove package is taken, the card in the front must be placed in the red bin on bottom shelf.

Source: Martin Memorial Health Systems, Stuart, Florida
Determining room stock
To determine exactly which supplies needed to be stocked in the cabinets, managers and staff tracked when nurses were leaving during cases for supplies and which supplies those were.
From that, they developed a list of room-stock supplies and set minimum and maximum par levels. The list continues to require tweaking.
“We wanted to make sure we weren’t overstocking because we didn’t want to increase inventory,” Ruby says. “The idea was to decrease inventory when possible but make sure we had what we needed.”

Visual management
“The 2-bin system is an easy visual management tool,” Ruby says. “It has stopped a lot of hoarding. It has helped us to reduce the items in those rooms that really didn’t need to be there.” The system has also reduced the number of times nurses leave the room for supplies.
Ruby says nurses in the pilot ORs have become comfortable that supplies will be there when they need them. Plus, with the 2-bin system, they no longer need to restock the cabinets at the end of the day. When nurses found the cabinets’ original bin layout didn’t fit what they expected, the layout was modified to make it easier for the staff to find things quickly, Ruby notes.
Periodic checks are performed to ensure supplies in the bins are maintained at the correct level.
Martin Memorial’s ambulatory surgery center, by converting to the kanban system, was able to remove 118 unneeded items from inventory.

—Pat Patterson

The Martin Memorial project was conducted with the Leonardo Group and partially supported by AORN.

Have a question on the OR revenue cycle?
Keith Siddel will respond to questions in the column. Send your questions to editor@ormanager.com
You can also reach Siddel at ksiddel@hrmlc.com.