

Positive and Negative Surgical Case Cart Management

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Stock Level Agreement between CS and the OR

- Due to the pressure from the Surgical Staff, the OR may want supply items that could *possibly* be used on the Surgical Case Cart
- Due to FTE Labor Cost of restocking, CS may want only the items that will *always* be used on the Surgical Case Cart.

measuring, monitoring and managing the
number of times a supply item is handled, can
reduce operating expenses and boost productivity:

- Lower labor costs
- Decrease overall inventory levels
- Reduce the footprint consumed for supply storage

Re-handling

- Anything picked for the Case Cart but not used must be re-handled to restock it. This takes just as long as picking the item originally.
- Establishing methods of re-stocking storage containers maintained for Case Carts can be more efficient than removing unused items from Case Carts.

‘unofficial’ Supply Level Increases: The OR Staff will frequently find ways to increase the levels of supply based on the demands of the Surgeons. This is particularly true with the level of Instruments in Instrument Sets and the number of Specialty Instrument Sets. Supply levels tend to increase easier than they will decrease. OR’s are generally not well organized to manage supply inventories and the management of the inventories is typically not within the primary skill set of the OR Staff. **The OR-CS Management Team should develop and implement efficient methods to monitor actual usage levels. Knowing what is needed [having proof that is documented] is the only viable method to establish and maintain optimal inventory levels.**

An effective method of accomplishing is to segregate the management of supply items by Surgical Specialty based on: the financial value of the inventory, propensity of that specialty to deviate from optimal inventory levels, and the revenue/opportunity cost priorities of having optimal supply levels available. **Optimal Supply Levels typically render a 30% reduction in total supply inventory** and result in higher inventory turnover.

There should be no reason to ‘double-check’ the Surgical Case Cart when it arrives in the OR. If there is a reason... the reason should be eliminated. The solution is not to ‘double-check’ supply items. At times, the OR personnel may not trust that Central Processing has picked the Case Cart properly. This will result in double-checking after the Case Cart arrives in the OR. If double-checking occurs, methods should be developed and implemented to reduce/eliminate this behavior.