

## SUPPLY MANAGEMENT

# Get your OR ORGANIZED



**FIVE STEPS** to bring better order to your surgical supplies

BY LEWIS LEFTEROFF

**S**top. Put down the tape. Set aside the marker. Back away from the label-maker.

Almost every OR has the telltale signs of well-intentioned efforts to get organized: handmade signs, scraps of tape in every size and shape, labels on assorted doors and cabinets, and rows of plastic bins. Yet the circulator is still running

### QUICK TAKE>>>

Too often projects aimed at bringing permanent order to the way OR supplies are stored and accessed turn out to be little more than glorified cleaning exercises. To get the long-term results you're seeking, consider using lean management principles and focusing on process improvements. This requires taking a broader view of why and how supplies are stored the way they are. The five-step process outlined here provides a framework for achieving lasting, sustainable results and covers everything from standardizing work areas to eliminating excess product storage.

miles every day searching and hunting, picking a case is a nightmare and patients are regularly put at increased risk because needed equipment or supplies are not at hand when needed.

Many ORs have an unsung hero who has put countless hours of blood, sweat and tears into trying to keep the place organized. But the painful reality is often that a lot of the time and effort has been in vain—either because, despite the best of intentions, they missed key concepts or they are a lone crusader without the organizational support that is needed.

“Cleaning up” can be cathartic. Throwing things away, straightening, sorting and labeling make you feel like you are making progress. They are hands-on activities that give you the sense that you are tackling the chaos around you, and it can be extremely rewarding to step back and look at the organization you've created. However, real organization is not just a house-keeping effort.

What is the goal? Is your goal to have a “neat” or “attractive” workplace? Or is your goal something larger, for instance: delivering the highest quality care to every patient, every time and at a cost that allows everyone to have access to that care?

A neat workplace is a great benefit of having things organized, but truly getting organized means you have what you need, where you need it, when you need it and in good working order every time.

One common failure mode is that we look at every patient and every surgery as a unique experience. Everything, all day long, is its own emergency. Many health care professionals have been taught that the patient in front of them is their only focus and that their one and only job is to ensure that their patient is properly taken care of. While this sounds good initially, it has troubling consequences.

Consider the hoarding of supplies or equipment. To the person doing the hoarding, it is a heroic effort. Despite everything else, he will have what he needs for his patient. And when things are at their worst and everyone else has run out of supplies, he will be the hero that saves the day. So what is the problem?

Cost is an obvious answer, but not the most important one. What about risk to patient care? If staff member stashed away oxygen tanks or wheelchairs or supplies, what happens when others need those items urgently? What about expired or recalled supplies? Secret stashes are not included in inventory rotation and are susceptible to becoming outdated, contaminated, damaged or otherwise unfit for use.

And have you ever been looking for something that was right in front of you but you couldn't find it due to all of the clutter? Even if the stashes are in the open—OR cabinets crammed with extra supplies—the mess can get in the way of

finding what you need when it is needed.

If we only focus on the patient in front of us, we constantly work around the same issues rather than stepping back to solve the root cause so it will not be a problem for future patients.

So what do we do?

There is no silver bullet or ground-breaking new technique. In fact, a remarkably effective method has been with us for quite some time but is often misunderstood or eagerly but poorly executed. The lean management technique “5S” is often attempted but rarely mastered. The secret to success is a long-term commitment to continuous learning and improvement.

The 5S pillars are:

- Sort
- Set in order
- Shine
- Standardize
- Sustain

### STEP 1: Take time to sort

This “first S” is primarily about getting rid of things that should not be there in the first place. For some this can be outright fun as you see space opening up and clutter disappearing. For the pack rats among us, it can lead to panic attacks, so be prepared and be conscious of other people’s reactions. You may need to move a little slower than you would like, but if it means ultimate success it is worth it.

Two techniques to consider:

- Distribute red tags to your staff and ask them to place a tag on anything that they think should be removed.
- Place a large blank tag on every big item or special piece of equipment. Give a different color sticker to the leader of each specialty and ask them to put their sticker on every tag so you know that they have seen every item. For anything that they need, they should write an “N” on their sticker (so “N” = “need” and a blank sticker means they looked at it but don’t need it).

The questions you ask can make or



**DON'T:** Store different types and sizes of supplies in drawers without a standardized system. This can make it difficult for clinicians to quickly find what they’re looking for during critical times.



**DO:** Standardize your substerile rooms. Develop standardized approaches for how you store supplies in various locations and the quantities for each product in every room.

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break this first step. Ask someone, “Do you need this?” and you can generally predict their answer will be yes. Instead, try these questions to help determine what is really needed:

- When was the last time you used it?
- How many times this month/year have you used it?
- What would you do instead if you went to use it and it wasn't available?

Be aggressive in removing items, but with two important conditions:

**1. Holding period:** Do not discard anything immediately unless it is unsafe. Place all items for removal into a designated holding location, typically for 30 days. This provides a grace period in case you removed something that really is needed and it also helps reduce anxiety.

**2. Risk:** Some items may be rarely or never used, but if they are ever needed it would be highly urgent. Think of a fire extinguisher—

you hope to never need it, but it cannot be removed.

### STEP 2: Set in order

This is the step that is most like traditional organizing. Now that you have eliminated excess, you want to ensure that what is left is in the best possible location and that anyone can find or put away the item.

Be aware that this is when it is important to remember your goal and distinguish between looks nice versus right place.

Think of the order referred to here as meaning that you should place things in the order that they are used. Don't place inventory in alphabetical order if it means that drains and the bulbs always used with

them will be in two different places. Frequency of use is important, too—items used most often get prime real estate. The more standardized your processes are, the easier this step will be. If you have 30 people doing things 30 different ways, you realize that you probably don't really know the best order yet—so this may be an iterative process as you improve consistency.

If an item is used by two different people in two different locations, consider

low. This may be a challenge with some items in the operating theater for containment reasons, but start with the goal of zero doors and drawers, and only make exceptions when you truly cannot find a better alternative.

Be careful with mixing multiple items together to save space. It usually is not worth it. For example, marking pens and swabs are both long, skinny items that you want in each room. It seems simple

enough to put them all in one bin. But will it be obvious if one is running low while the other is overstocked? Plus, when you go to take what you need, do you want to have to sort through the products every time?

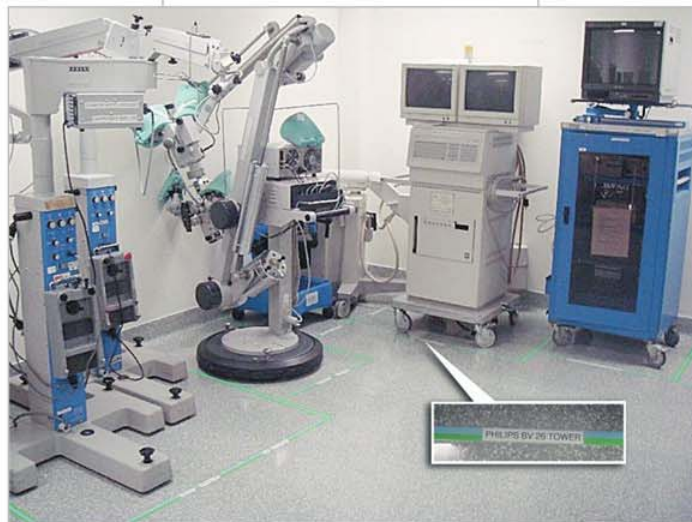
Bins, containers, shelves and anything else used to store items should be properly sized. If you only need six packs of 4-by-4 gauze in each room, then only make the bin big enough for six packs. A common mistake is to try to use the same size bins

for everything because it looks uniform or because it simply takes less effort than customizing. But OR supplies come in dramatically different sizes and shapes and are used at very different rates.

### STEP 3: Keep it clean and shiny

As excess is eliminated and items are placed in the right locations, it is important to make sure that everything is in good working order. This may seem obvious, but how many times have you picked up a pen to find it doesn't write? Is it really any different with your OR equipment and tools?

Cleaning is also a perfect time to inspect your workplace. The time you most notice the tiny dents in your car is when you are



**HOME BASE:** Note the green tape on the floor that defines where a specific piece of mobile equipment is stored. Labels identify the equipment's name and manufacturer.

duplicating it in both spots. If the item is a \$500,000 piece of equipment, duplication may not make sense. But if it is a 5-cent consumable it might be worth having it in multiple locations. For example, the surgeon and anesthesiologist may both need the same size syringe; therefore, you may want to stock it in both the anesthesia cart and the supply cabinet.

Why do you need those doors and drawers? Doors and drawers take time to open and close—plus they hide problems (which is often why we like them). Supplies are both easier to get and replenish if they are out in the open. Plus, keeping everything in the open forces you to keep it neat and makes it obvious if you are running

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washing it, and the same is true of organizing your OR.

### STEP 4: Standardize

Standardizing can refer to two different but equally important concepts:

1. *Similar work areas should be consistent with each other.* Common supplies should be located in the same place in every OR. Anesthesia carts should be completely interchangeable. You should be able to stand at any assembly station in sterile processing and reach blindly for the sterilizer tape and know it will be there. You should not have to stop and figure out where you are working before you can find an item.

2. *Develop consistent routines for activities that will need to be done on a regular basis.* Restocking should not be a new adventure every day or depend on who does it. How will they know the required quantity? What is the appropriate timing? Who is the responsible person and what if they are not available? What if an item is on backorder? Who will put away unused supplies after a case and when will they do it?

Standardization is the foundation for continuous improvement. Without it, plan to fight the same fires over and over again.

### STEP 5: Sustain

The first four S's can be fun and creative, but sustaining takes discipline and accountability. It is often tedious and boring. And it is generally where organizations fail miserably.

Two common aids in sustaining your improvements are visual cues and audits.

Make everything as visual as possible. Colored tape outlining the home location of an item is an inexpensive, flexible and easy-to-understand technique. Color-coded bins can be useful—one OR used blue bins to designate common supplies that could be found in every room.

Few people want to be seen as a police officer, but few things are as motivating as knowing someone will be checking later. Audits should not be punitive—they are simply a structured method of identifying problems in the system before they impact patient care. Audits also do not have to be delegated to only management. One department had every person audit his own work area as the first thing he did each shift—this way staff knew they had everything they needed before they started. Of course, having regularly scheduled management audits is also a good way to force reluctant managers out into the real world where work is being done rather than staying locked away in their

offices and meetings.

Error-proofing should also be incorporated whenever possible to eliminate a possible error opportunity rather than auditing for it. For instance, remove unnecessary shelves or shelves that are too high. If you leave them in place, you can audit all day long and people will still use them.

*Warning:* The word “sustain” may give a false impression that all you are doing is maintaining the status quo. To the contrary, this is a continuous and iterative process. Your patients, your technology and the knowledge of you and your staff are constantly in states of flux. Any specific change you make or solution you implement will reach a day where it is no longer appropriate—you should expect this and celebrate it.

A final question to help motivate your efforts at sustaining organization: What is the consequence of failing to follow through? If there is no consequence for failure, then you should not start down this road. However, if you believe that having what you need, where you need it, when you need it, in good working order, every time is crucial to providing good patient care (and retaining the highest quality personnel), then this is more than a nice-to-have cost reduction or space-saving exercise.

### Take time to do things right

Don't take shortcuts. Remember, “cleaning up” doesn't last and is often a waste of valuable time. Start by eliminating whatever you can. Ensure that what is left is put in the right place and that it is always ready to use. And while sustaining takes energy and time, it is far easier to maintain and improve a system than it is to fight the same fires every day. **MMHC**

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