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The author has no relevant financial relationships to disclose.

MISSION : POSSIBLE Preference Card Optimization for new EMR system

COMING TO AN O.P. THEATER NEAR YOU !

The Mission (and we chose to accept it):

Clean-up our old EMR preference cards before transitioning to the new EMR

- Our Special Forces of Nurses, Surgical Techs, Surgeons, CSPD, Case Cart and Supply Chain created a **data driven plan** to avoid past project failures
- Our **Surgeon Champion** was critical in breaking the 3 R's
- Guiding strategy - **OPTIMIZE the Preference Cards** - not just the supply lists, but also refine the format & instructions
- A 3rd party software program provided **actual data** insights versus anecdotal usage, which sped project completion and improved accuracy
- Finally, to maintain our victory, we created a **policy** to outline the rules of engagement and method for purposeful and timely changes going forward

Savings: > \$1 million!

Learning Objectives

- 1) Identify the relevant stakeholders needed to address the preference cards before starting the project.
- 2) Describe common challenges in preference card management.

Mission Strategies

- ✓ Inactivated Cards not used in the past 1-2 years
- ✓ Inactivated cards for surgeons with inactive/expired privileges
- ✓ Removed duplicate cards
- ✓ Deleted never used cards
- ✓ Converted to *Preference Cards Procedure Cards* when possible to reduce variability

Past Mission Failures

Avoiding the 3 R's

1. Removing too many Supplies
2. Room/Surgeon frustration
3. Replacing previously removed Supplies

Mission Results

- 78% Reduction # of Preference Cards
- 917 Preference Cards OPTIMIZED
- \$103.5K open items removed
- \$153.6K hold items removed
- \$143.2K items added

Sustainability

The initial optimization focused on the most used cards. Ongoing updates are performed every quarter as the Service Line Lead review the Open and Hold items to make any necessary changes to that specialty's cards.