



Comprehensive approach to supplies PAR management: Enhance staff experience and drive process optimization

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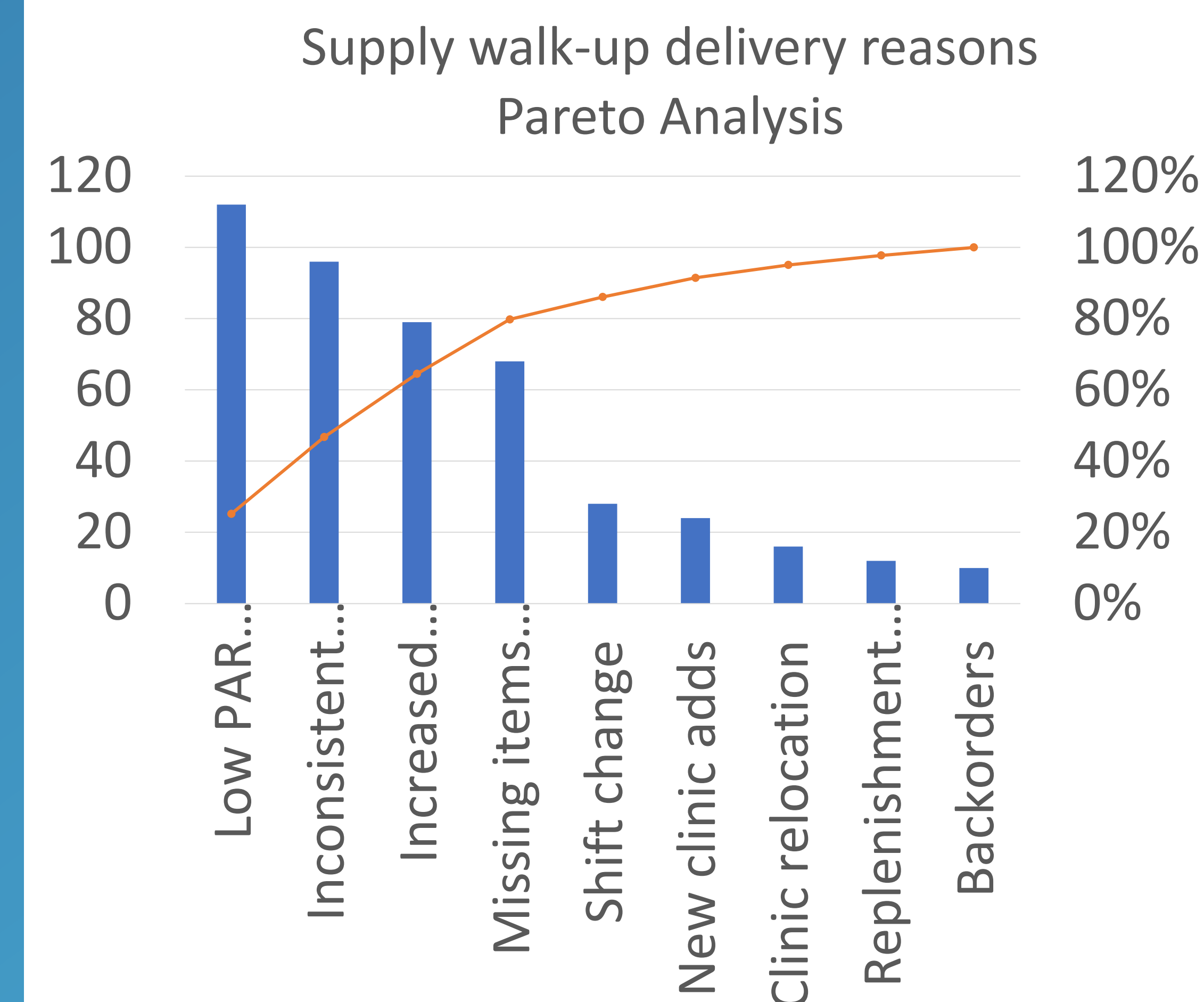
OBJECTIVE

Reduce clinician time spent requesting, waiting and locating medical and surgical supplies that are unavailable or not able to be found at their department's PAR within out-patient and in-patient areas (98 distinct PAR locations).

This would drive:

- Reduction in delay of care provided to the patient
- Reduced out-patient wait times
- Minimize clinician time away from the patient being cared for
- Optimized utilization of Supply Chain resources

FIGURE 1: Pareto Analysis



PLANNING/RESEARCH METHODS

First step was to quantify average number of daily supply walk-ups and impact on resource utilization, clinician satisfaction and patient experience.

12-month baseline data was utilized to quantify average daily supply walk-ups and establish potential delays to patient care and patient wait times.

Then, identified root causes for the significant number of supply walk-up calls utilizing series of supply chain rounding of the clinical areas, discussions during daily huddles, bed meetings, etc. and pareto analysis of the documented observations.

Four areas of gaps were observed in PAR design and workflow:

- Medical supplies stocked at the PARs have not kept pace with increasing patient volumes and diversity of treatment/care provided
- Stocking quantities of majority of supplies are too low to adequately meet patient care needs during the 24 hour period when PARs are replenished
- Organization of supplies at the clinical PARs were not consistent across clinical areas in terms of supplies stocked and physical layout of supplies
- There has been minimal clinical engagement in reviewing historical data and data modeling for PAR design

IMPLEMENTATION METHODS

Supply Chain in collaboration with Clinical leadership developed the plan and implementation approach:

Key activities included were:

- Determine supplies and stocking levels by PAR location based on historical usage and patient volume based demand projections
- Ask specific questions of front-line clinical staff to understand operational workflows that may affect stocking levels
- Review data-based recommendations with Clinical and incorporate their input
- Develop space design for supplies organization that is consistent across all PAR locations in collaboration with staff nurses and their managers
- Make agreed upon changes to the supply PARs in accordance to a pre-determined plan and timeline

RESULTS

Observed 28-30% reduction in supply walk-up calls during the first three month post-implementation.

The call volume reduction has translated to 1 FTE time savings for Supply Chain, 30-45min/day reduction in nurse time spent on non patient-care related activities and delays to patient care.

The project has also improved quality of communication and collaboration between nursing and supply chain.

FIGURE 3: KPI Example
Supply walk-up calls

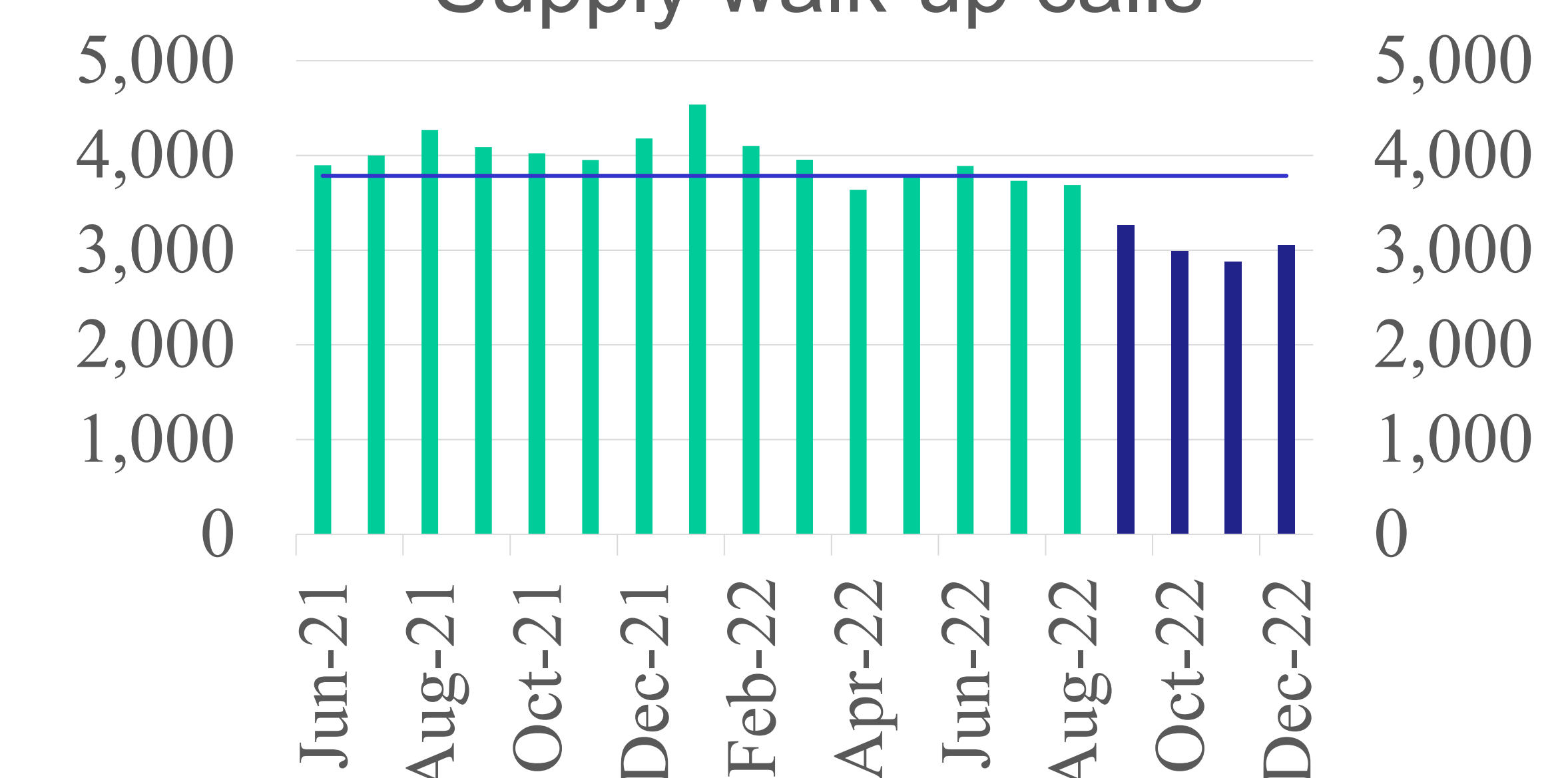
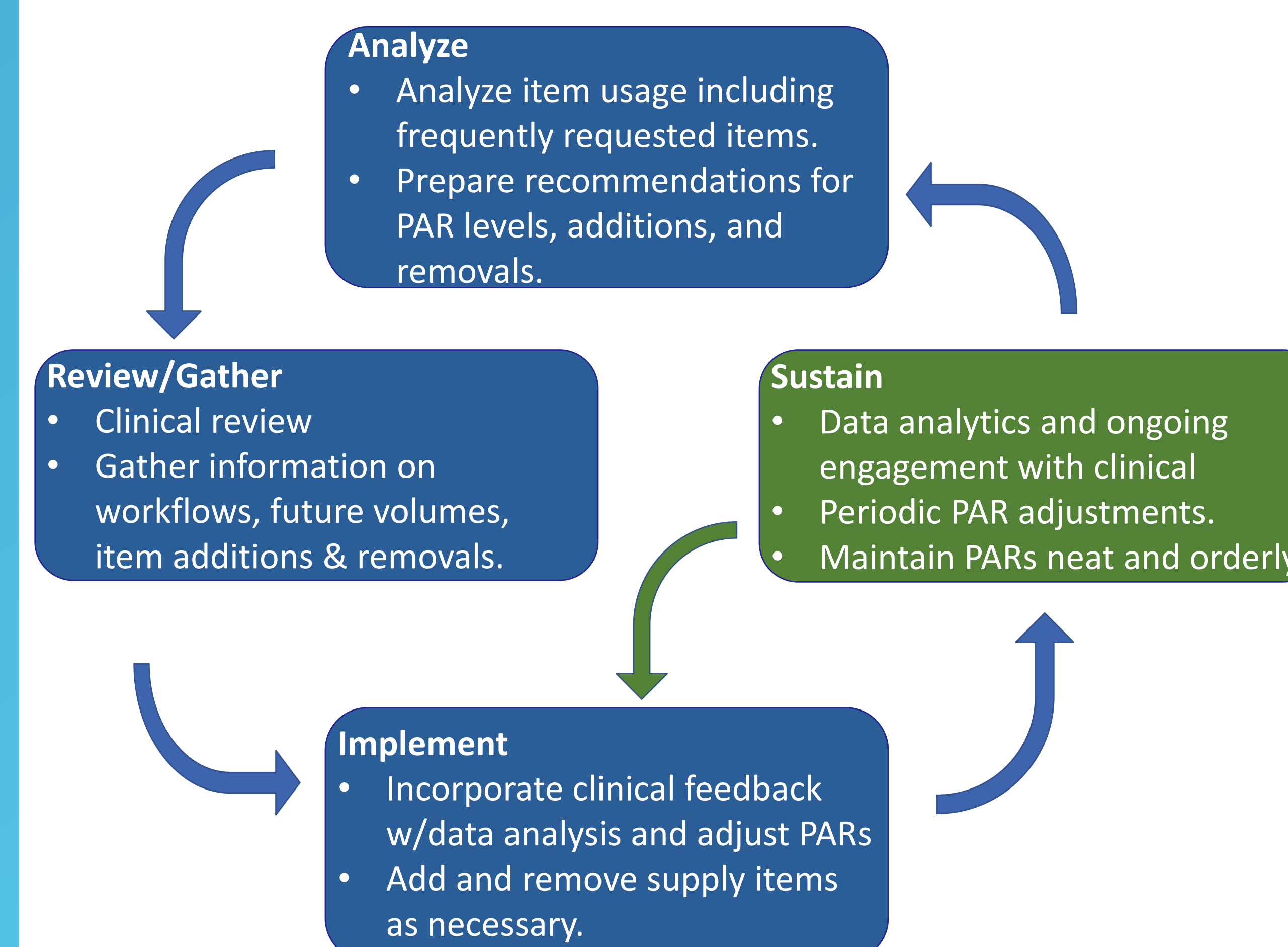


FIGURE 2: PAR resizing process flow



LESSONS LEARNED

The changes impact ways of working of a significant number of clinical and administrative staff (over 1,500).

Sponsorship from Clinical executives and buy-in from Clinical management were critical to project execution and sustenance.

Ongoing communication and change management efforts are needed to encourage dialogue and feedback loop between nursing and supply chain.

Emphasis on standard work and KPIs to monitor progress.