

Patient Care Supply Project

The Problem

Excessive waste of Patient Care Supplies results in higher costs and environmental impact:

- A “pink basin” full of supplies brought to the bedside in preparation for an admission
- Estimated cost of unused items \$121,000 annually
- Unused supplies at the bedside add to clutter and reduce the appearance of cleanliness
- Lack of an efficient, effective system to determine what patient needs

Aim/Goal

Reduce the waste of unused supplies as demonstrated by achieving a cost savings of \$48,000 in FY 13

The Team

- The members of the PCT Council
- Donna Clarke RN- Farr 7; Kathleen Clark Hussain RN-Farr 11
- Chip McIntosh APN- CQVA; Amy Lipman- Environmental Sustainability

The Interventions

- CQVA provided annual cost and expected savings goal
- PCT council brainstormed on ways to reduce supplies being brought to the bedside
- Nurse Managers, Clinical Nurse Specialists, Unit Based Educators in collaboration with RNs and PCT developed and posted unit specific lists of the minimum supplies to be brought to the patient upon admission
- Process changed from bringing “pink basin” full of supplies to asking the patient what supplies they actually needed

The Results/Progress to Date

- Patient care item use and expense continues to drop despite similar census during the last two fiscal years

Lessons Learned

- Improvement in communication between RNs and PCTs could further reduce wasted supplies. Information regarding discharge, planned OR, supplies go with patient when transferred to another care area
- PCTs are closest to the work and are key drivers of patient supply use
- Small changes in processes can effect big change

Sample of one inpatient med-surg unit:

Past State 2012: Cost per Patient Admission \$9.96



Current State 2014: Cost per Patient Admission \$1.68



Savings per patient: \$8.28

Estimated savings at 50 admissions per day: \$414.00 per day

Next Steps/What Should Happen Next

- Meet with areas who have not implanted floor specific lists
- Ongoing agenda item at PCT council and CQVA