

Four Problems and Solutions With Physician Preference Cards

Vicky Lyle, VP Industry Associations, and Patrick McMahon, VP Services Sales, address common issues with PPCs and provide solutions



As representatives of a global healthcare solutions company, we talk and listen to clinicians at hospitals around the country. One of the issues that continually surfaces is that physician preference cards (PPCs) are a challenge at their hospitals.

We hear many frustrations related to supply chain documentation. In the end, it all comes down to pulling supplies that are not needed and returning supplies that are not used, which occur in large part due to avoidable errors on the PPCs.

It was a theme heard at this year's OR Manager Conference in Chicago during the Birds of a Feather luncheon that we hosted for over 100 participants.

We heard first-hand from participants about their issues with PPCs and brainstormed live on what could be done to address them.

The discussion ignited passionate ideas and experiences, and we walked away having identified four problems and four solutions for making the most of PPCs.

1. We Don't Have The Time/ Staff To Focus On PPCs

During the OR Manager Conference, clinicians told us they simply do not have the time to really scrutinize and verify accuracy of PPCs; and even if they have time, the focus is better spent on the patient's care and needs.

Even when they did have time, accountability for PPCs was diffused

Better management of PPCs ultimately leads to lower costs and greater efficiency.

across multiple people with no one person in charge. Compounding this issue of lack of time is the recent nursing shortage that has forced clinical staff to handle more tasks, leaving even less time for non-clinical tasks like consistently maintaining PPCs.

Combine all of these together,

and there is not enough time to maintain the accuracy of PPCs and little effort to identify ways to improve the process.

Solution: Dedicate A Resource To Manage PPCs

One solution is to have a dedicated resource to manage PPCs.

Accountability is a best practice, as a luncheon attendee stated, "I have staff in the OR who have accountability for it. When they see changes that need to be done, they do it right away." Another attendee shared, "At our facility, we have preference card coordinators."

We realize that in today's environment, dedicating staff to PPCs may not be feasible as many hospitals are resource constrained. Some hospitals outsource this task, as well as kitting of selected procedures, to a third party that oftentimes, as part of their offering, will provide a dedicated resource to manage the PPCs of those procedures. This takes the burden of maintaining and updating PPCs off the hospital, saving the clinicians' time.

2. The PPCs Are Not Accurate

The most common problem we hear with respect to PPCs is that they are not accurate. During the luncheon, we conducted a live poll and the results underscore the concern. When asked, "What problem would you fix?" the most popular answer was PPC inaccuracy.

The problem with an inaccurate PPC is two-fold: time and cost. An inaccurate PPC leads to products being pulled for a procedure and not used, or products not being pulled initially and later having to be pulled. Both lead to wasted time and inefficiencies. The second problem is cost. Beckers Hospital CFO Report found \$5 billion in annual waste in the OR for PPCs. In short, an inaccurate PPC can cost the OR time and money, both of which are in short supply at most hospitals.

Solution: Clean Up PPCs

Clinicians know the solution to inaccurate PPCs is to clean them up. But the question we often get is—how do you clean them up?

One way is to follow a case picking process all the way to the case setup stage, noting any products that are on the PPC. Then confirm that the products on the completed case cart are the total products needed for the case by the attending surgeon. Armed with that information, staff then update the PPC with this information.

An alternative is to hire a third party to perform this same function. But a one-time clean won't suffice. Once you clean up PPCs the first time, you still need to periodically review them on a regular basis to help maintain their accuracy.

3. The Data From PPCs Is Not Being Leveraged

It is a fact that PPCs involve a lot of data. The data reflects everything from what products are being consumed during the procedure, to what products are being opened but not used, and even what products are not being used and not being opened. This requires the aptitude to quickly review and prioritize the information according to the physician's needs and preference.

Quick understanding and action is routine for most in the industry; however, we have found that at most hospitals, the data from PPCs is not even collected, and when it is, the data is not being used in any meaningful way to improve operations.

Solution: Collect The Data And Turn It Into Actionable Information

With an accurate PPC, you routinely collect, trust, and use the data from it. And when we say use it, we are not just talking about reporting on it. Instead,

we are talking about taking the findings from the data and acting on them to improve your PPCs.

An easy place to start is by looking at the products pulled for a procedure, identifying which were used, which were not used and not opened, and which ones were not used but were opened. This will tell you what your consumption rate is for picked products and help you identify those products that might not be needed in the case. From there, as you get more comfortable with the data, you can begin to identify products to standardize and consolidate and examine the data in a multitude of ways.

If you are working with a third party, they should be reporting on this data on a quarterly basis and making recommendations based on their findings.

4. Over-reliance On Manual Processes

One of the most common complaints we heard about PPCs is that updating and maintaining the cards is a very manual process. "Why is it such a labor intensive process?" and "Why is it such a time-consuming process?" were two common refrains we heard.

As we probed further, we inevitably learned that hospitals rely heavily on manual processes to maintain and update their PPCs. The issue of manual process, we have found, is not only the time but accuracy as well. Manual processes inevitably lead to higher human error rates such as entering wrong information or even transposing product data and information.

Solution: Invest In Technology

The way to reduce manual processes in most places is to invest in technology that automates tasks and reduces error. This approach obviously applies to PPCs, where the churn rate is faster and

the margin of error must be minimal.

One attendee at our luncheon suggested in our chat: "make a preference card app customized for the OR and surgeon. Real time changes made immediately." Regardless of the form it takes, whether an app or a single point solution, tap into the technological services available today in order to leverage, manage, and update PPCs for procedures tomorrow.

While medical technology, or medtech, has long been used to improve clinical

outcomes, medtech can also be used to improve operational outcomes, such as making PPCs easier to manage. In the end, technology reduces time spent on the process and reduces error rates.

The Bottom Line

We knew prior to our OR Manager Conference luncheon that PPCs were a challenge. What we realized coming out of that luncheon and the broader conference only reaffirmed the necessity to empower ourselves to remedy this challenge.

Nurses and staff are frustrated with PPCs and the time loss that inaccurate PPCs cause. But it does not have to be that way. There are ways to not only better manage PPCs, but to actually leverage them to lower costs, increase efficiency, and ultimately provide better patient care.

Vicky Lyle – Vice President, Industry Associations

Vicky leads Owens & Minor's involvement with industry and trade organizations worldwide. She currently serves on the executive board for Professional Women in Healthcare (PWH) as Chair (2021-22), on the board of Healthcare Supplier Diversity Alliance (HSDA), and on the Council of Supplier Diversity for Health Industry Distributors Association (HIDA). Vicky has been with Owens & Minor for 30 years, contributing business and technical expertise across all facets of the supply chain. Vicky holds a B.A. in Business Administration from Averett University, where she graduated Magna Cum Laude.

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Vicky Lyle, Patrick McMahon, and Mike Conti (left to right) at the Birds of a Feather luncheon, OR Manager Conference.



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