“Do you WANT it, or do you NEED it?” Standardization of Doctor’s Preference Cards

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“Do you *WANT* it, or do you *NEED* it?” Standardization of Doctor’s Preference Cards

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Purpose / Background

- The purpose of this study was to determine if standardizing doctor’s preference cards (DPC) or “pick lists” would lower the cost to both the surgical patient and the hospital while maintaining quality patient care.

PICO

- PICO - Intra-operatively, will a surgical procedure-specific standardized laparoscopic inguinal hernia repair doctor’s preference card compared to individualized doctor’s preference cards reduce cost to the patient and hospital while still providing quality care?

P- Health care consumers undergoing laparoscopic inguinal hernia procedures
I - Standardization of the laparoscopic inguinal hernia repair doctor’s preference cards to eliminate unnecessary cost to both the patient and hospital network
C - Individualized doctor’s preference cards
O - Reduce the cost of the surgical procedure to the patient and hospital while still providing quality care

Evidence

- After implementing surgeon education on supply costs one study showed a statistically substantial charge “reduction of $256.85 ± $190.69… with no significant change in operating room time” (Croft, K., Mattingly, P. J., Bosse, P., & Naumann, 2017).
  - Application of the identical DPC reduced the equipment/supply charge per appendectomy from $844.11 to $305.32. “Operative times…were 34.8 minutes prior to the identical DPC and 37.0 minutes using the uniform DPC” (Skarda, Rollins, Andrews, McFadden, Barnhart, Meyers, & Scaife, 2015).
- “A total of 109 disposable supplies were removed from [48 reviewed DPC], at a total cost savings of $767.67” (Harvey, L. B., Smith, K. A., & Curlin, H. (2017). Physician Engagement in Improving Operative Supply Chain Efficiency Through Review of Surgeon Preference Cards. Journal Of Minimally Invasive Gynecology, 24(7), 1116-1120. doi:10.1016/j.jmig.2017.06.018).
- Regulation of operating room (OR) preference lists permits decreased OR supply expenses without affecting surgical time or safety (Avansino, Goldin, Risley, Waldhausen, & Sawin, 2013).

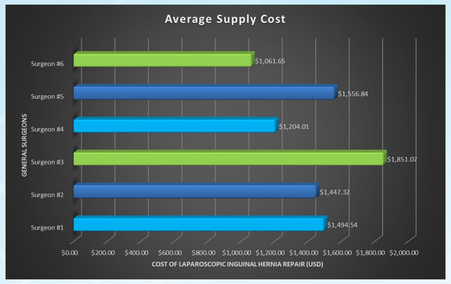
Method

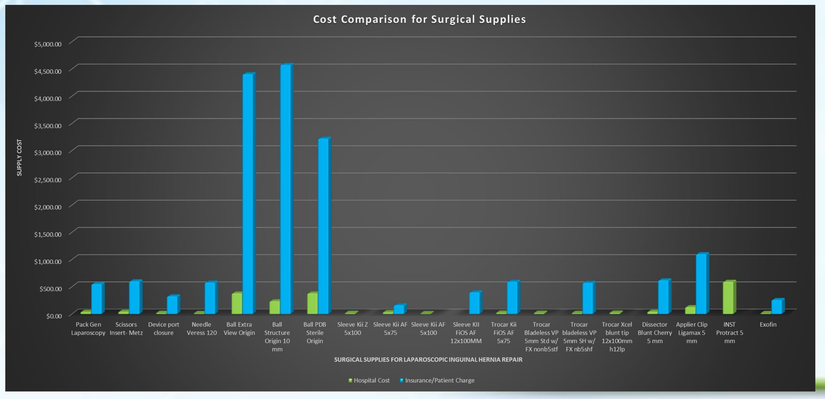
- Researched standardizing doctor’s preference cards
- Obtained cost data on cystoscopy cases at LVHN, a procedure that was previously standardized
- Researched the cost of a particular surgery for multiple doctors and compare supplies and cost.

Next Steps

- Engage doctors that perform the selected procedure to work together to adopt a single standardized DPC
- Educate surgeons on the cost of supplies
- Compare pre and post standardization cost of procedure

Data





Barriers / Limitations

- Surgeon resistance to standardizing preference cards
- Patient specific differences
  - Bariatric patients
  - Emergent situations

Conclusion

- A standardized Laparoscopic Cholecystectomy DPC, was previously implemented in September 2017, this has saved $75,189
- A standardized Cystoscopy DPC was previously implemented in February 2018, has saved $71,477
- Supplies over $10 are marked up over 1000%
- The same surgery can have a variable cost depending on the surgeon
- Standardized DPCs save the patient and hospital money

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