

Supply Chain Leaders: Perioperative Teams Need Your Help

Three key areas where perioperative teams need some help from supply chain leaders



Supply chain leaders: Perioperative teams need your help. Here are three things you can do.

Establishing a Clinically Integrated Supply Chain is a goal of many healthcare supply chain leaders, with 89% of those surveyed saying their teams have strong engagement with clinicians, according to a recently completed study by Owens & Minor. But how can clinical staff give more time when they are already understaffed and overworked?

The answer isn't more clinician time spent on supply tasks, but more effective use of their time. This was a key finding from a discussion with 300 OR leaders at an Owens & Minor-hosted event

Here are three key areas where Perioperative teams need supply chain leaders to alleviate them of the tactical so they can focus on strategic supply initiatives.

Make it easier to manage physician preference cards

Inaccurate physician preference cards rose to the forefront as a supply chain-related challenge that drains Perioperative team resources.

Participants acknowledged how it is a major task to proactively make card changes, so it often gets put on the back burner in exchange for competing priorities. As a result, they spend an exorbitant amount of time picking, counting, and putting away supplies that go unused.

While OR teams need assistance with physician preference cards, sometimes they don't know what questions to ask and what resources are available. Supply chain leaders can help by presenting potential solutions and enabling technologies that automate preference card management and deliver actionable insights on supply usage.

2 Ensure a consistent flow of supplies and take on their management

A major pain point voiced by the participants is backorders. When disruptions to supply flow into the ORs, Perioperative team resources are absorbed with identifying and maximizing existing inventory and attempting to source alternatives to avoid surgical case disruptions.

Supply management is a huge burden on OR clinicians, particularly given today's staffing and supply chain challenges. By offering knowledge, support, and resources, supply chain leaders can alleviate Perioperative team's day-to-day supply tasks so they can focus on strategic decisions that improve clinical and financial outcomes.

In the same survey referenced earlier, 76% of hospital supply chain leaders cited supply reliability as a top value driver for their teams, and 74% said they are working closely with distributors now compared to two years ago.

OR clinicians want their supply chain teams to take on inventory management responsibility and the handling of backorders with industry partners, including the hospital's distributor and suppliers. Alleviating them of this burden frees up time for direct patient care.

One participant shared her story of collaborating with Owens & Minor on a surgical kit initiative where the distributor builds and delivers ready-to-use custom surgery kits (or "totes") containing all the necessary consumable supplies for pre-operative, intra-operative and postanesthesia care unit care, based on the procedure and physician preference.

She commented on the solution, "Opening for these cases takes seconds and we can now better track our costs for soft goods."

Create a forum for collaborative information sharing

While clinicians want their fellow supply chain teams to take on the heavy lifting of supply procurement and management, they still want a say in which products enter their ORs and touch their patients.

In hospitals where clinical and supply

chain teams are closely integrated, both parties are encouraged to bring to the table insights and information to help quide strategic sourcing decisions.

Supply chain leaders should provide opportunities for collaboration where they can offer information on purchasing contracts and items procured across departments, and clinicians can share how supply choices impact clinical workflows and outcomes.

In an environment of ongoing supply chain disruptions, the hospital's distribution partner can provide a broader industry view including the scope of manufacturers, their product portfolios, and comparable supply equivalents.

The takeaway:

Supply management is a huge burden on OR clinicians, particularly given today's staffing and supply chain challenges. By offering knowledge, support, and resources, supply chain leaders can alleviate Perioperative team's day-to-day supply tasks so they can focus on strategic decisions that improve clinical and financial outcomes.









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