# **HOSPITAL AND MATERIAL MANAGEMENT**

Phillips County Hospital

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# STORAGE CLOSETS FROM HELL

## 155ue5

#### **ISSUES**

Supplies and IV medications are running out in nursing supply rooms.

Supplies are not always where they are needed or supposed to be.

Unsure of whose job it is to stock & monitor nursing supply closet?

Downstairs supply room not user friendly for all staff.

No back up for Central Supply Manager.

#### BACKGROUND

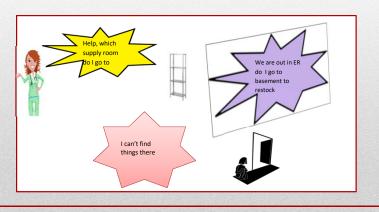
## BACKGROUND

- The hospital has two supply closets on the main floor, one in the ER room and a supply closet that is
  accessible by two doors, one through ER and one East of the hospital nurses station. Some supplies are
  only in ER, some are only in upstairs supply closet, and some are in both.
- Supplies in the upstairs supply areas were organized in bins and par levels established a year ago
  through a LEAN program following the purchase of the materials management module that coincides
  with the hospital system.
- PCH uses the sticker system and stickers are placed in patient charts. Supplies are ordered through the
  material management model by nursing staff that used the supplies or by the night staff if day staff
  has a full hospital or a busy ER shift.
- Supplies are filled from the downstairs central supply room by the materials manager, who maintains
  her own par levels, and are brought up to be put in the two upstairs supply areas. The stocking of bins
  are done by the hospital nursing staff on duty that day. Supplies are brought up on a daily bases in the
  morning from the requisitions generated the day before.
- When supply manager was gone for extended time a clinic CNA would come 15 minutes early to fill
  requisitions from the day before. This employee has since left the hospital employment and this part of
  their job has not been filled.

## CURRENT STATE

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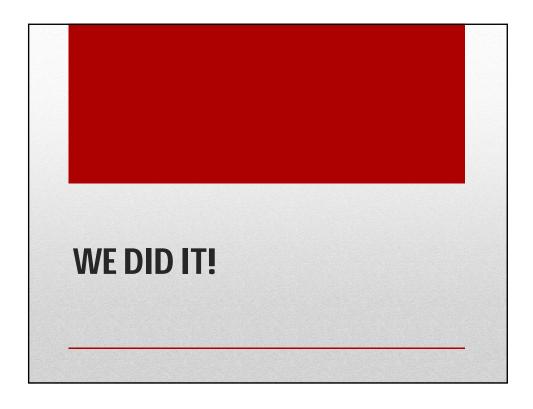
- \*Some supplies are only in ER, some are only in upstairs supply closet, and some are in both.
- \*Par levels are hard to establish when supplies are kept all over

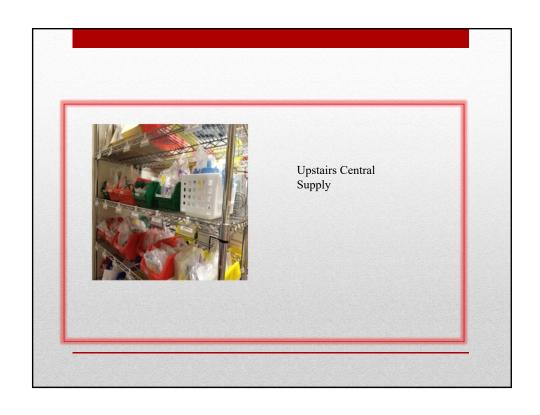


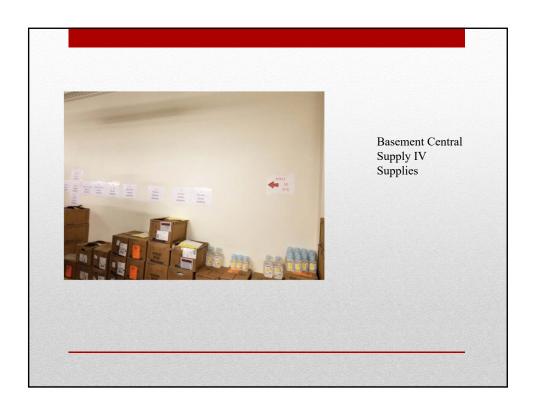
# GOAL(S)

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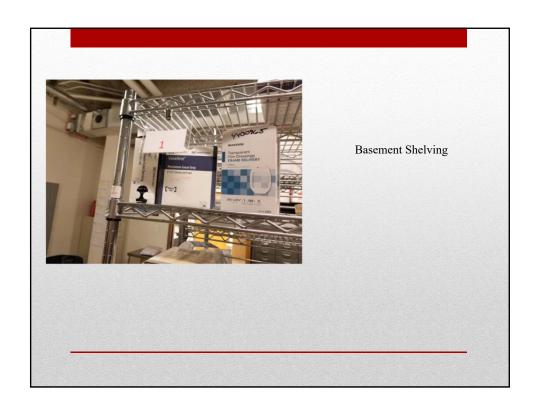
- Reorganize supply closets used by hospital staff so that all supplies used by ER and Hospital are stocked
  in the upstairs central supply closet and set par levels to reflect this. ER supplies will then be stocked
  from this closet and have their own par levels.
- Establish policy/procedure to eliminate confusion on whose job it is to monitor supplies/medications in store rooms
- Work with Central Supply Manager on making area more user friendly for those times when she is gone
  and hospital staff must fill requisition orders. Shelving units to have bigger number identifying unit. End
  shelving units will list all shelving units within that row. Posters are placed on back wall above boxes of
  IV fluids identifying the type and ml of fluid. Poster board is place between boxes to further distinguish
  them from like boxes.
- Explore options to replace PRN employee to fill in when Central Supply Manager is gone for extended periods











FOLLOW UP PLAN	<u>Follow up</u>		
Next Steps or Next Issue to Address	Goal	Responsible Party	Due Date
Map basement central supply rooms	Have user friendly list of where supplies are found on end cap of downstairs shelving and also one upstairs for when there is no time to print out requisition	Sue/Jolene	October 20th
Educate staff and tweak new policy when needed.	Eliminate uncertainties, test new system and fix problems that are discovered	Lonna	October 27th
Continue to improve communication between departments.	Eliminate frustrations and fix small problems so they don't become big issues	Department Heads	On going
Reevaluate reorder points, set for central supply, ER closet, and hospital supply closet	Work to establish order points so that no closet is out of needed items	Lonna/Sue	On going



#### Hospital and Central Supply Closet Management

#### Issues

\*Policy and Procedures for upstairs closets was unclear. \*Supplies kept in several different areas so reorder points

\*Some products preferred by physicians found only in

clinic supply closet
\*Downstairs central supply not user friendly to all staff

#### Background

PCH has a central supply room in the basement of the hospital which stocks all supplies for all departments of the hospital and clinic, (Hospital, ER, Lab, Clinic Home Health, Pals and Business Office) and employs a supply manager. The hospital has two supply closets on the main floor, one in the ER room and a supply closet that is accessible by two doors, one through ER and one East of the hospital nurses station. Some supplies are only in ER, some are only in upstairs supply closet, and some are in both.

Some are only in upstains supply areas were organized in bins. Supplies in the upstairs supply areas were organized in bins and par levels established a year ago through a LEAN program following the purchase of the materials management module that coincides with the hospital system. PCH uses the sticker system and stickers are placed in patient charts. Supplies are ordered through the material management model by nursing staff that used the supplies or by the night staff if day staff has a full hospital or a busy ER shift.

Supplies are filled from the downstairs central supply room by the materials Supplies are filled from the downstairs central supply room by the materials manager, who maintains her own par levels, and are brought up to be put in the two upstairs supply areas. The stocking of bins are done by the hospital nursing staff on duty that day. Supplies are brought up on a daily bases in the morning from the requisitions generated the day before. When supply manager was gone for extended time a clinic CNA would come 15 minutes early to fill requisitions from the day before. This employee has since left the hospital and clinic share providers and the clinic has its own supply closet which is stocked from central supply.

Reorganize supply closets used by hospital staff so that all supplies used by ER and hospital are stocked in the upstairs central supply closet and set par levels to reflect this. ER supplies will then be stocked from this closet and have their own par levels. The upstairs central supply closet is stocked from the downstairs central supply.

Improve communication between Clinic, Hospital, Providers and Central Supply personnel in order to maintain like supplies in hospital & clinic supply closets. Send out emails to Providers to find out what supplies they wanted stocked in hospital supply closet that have previously only been in clinic supply closet. inspiral supply closed that have previously only occur in turns supply closed. Establish a policy/procedure to eliminate confusion on whose job it is to monitor medications/supplies. (Research of another hospital our size has one person from each department that is

(Research of another hospital our size has one person from each department that is in charge of making and submitting a list once weekly of what is needed in each storage room to bring each item quality up to the par level. Par levels are based on a ten day usage so that they don't completely run out.) Idea might be to have one specific person do the monitoring when they are scheduled. Another idea might be for DON to schedule someone weekly to do this when doing the monthly work schedule. Encourage hospital DON to have all personnel spend down time in central supply becoming familiar with shelving units and requisition orders to ease trees when supply mergage is unable to Elio edgers. Hold a prock number up for stress when supply manager is unable to fill orders. Hold a mock supply run for supplies that might run out in a high stress emergency

Work with central supply on making area more user friendly for those times when manager is unavailable to fill requisitions. Shelving units in supply closet have bigger numbers identify the unit. This unit number is listed on requisition orders generated by computer to help locate item within central supply. (I called Healthland to see if this unit number could also display the shelf the item is on not just the shelving unit. It can but each item would have to be typed in by its 7 digit number and with over 1500 items this would be a major project). End shelving units will list all shelving units within that row. Eight and a half by 11 inch sheets of paper are posted on back wall above boxes of IV fluids identifying the type and ml of fluid. Poster board is place between boxes to further distinguish them from

Explore options to replace PRN employee to fill in when Central Supply Manager is gone for extended periods