Introduction

In 2011, Ramsay Health Care in the United Kingdom decided to act on feedback from clinical staff, which put the drawbacks of generic surgical trays in the spotlight (time investment in set-up and restocking, component wastage and need for additional, single-packed components). When clinical staff are unhappy, O.R. efficiency is hampered. The process was instigated when an operating-room manager attended a talk about the Mölnlycke Health Care OREPP (Operating Room Efficiency Partnership Program) program, which, combined with staff complaints on wastage in generic packs, moved the hospitals to action.

Ramsay Health Care listened to input from clinical personnel who expect to have the right tools at the right time, leading to an assessment of the cost and efficiency savings made possible by adopting procedure and site-specific surgical trays. While procedure-specific trays pose a higher upfront cost, an initial case study conducted at NHS Royal Liverpool and Broadgreen University hospitals, followed by the full eight-hospital Ramsay study, illustrated significant cost savings and component wastage reduction overall.

Aim/Solution

The aim of the study was to define and reduce wastage and maximise efficiency in surgical trays. The study examined whether [and how] moving from generic or standardised to customised surgical procedure trays from Mölnlycke Health Care would effect real cost and component wastage savings.

Methodology

Ramsay Health Care’s procurement department in cooperation with Mölnlycke Health Care measured and analyzed surgical procedures at eight Ramsay hospitals in the UK, examining procedure-specific trays from Mölnlycke Health Care (ProcedurePak® customised procedure trays). For the purposes of the study, “generic/standardised” trays are defined as intervention-specific trays across several sites while “customised” trays are defined as intervention and site-specific trays.

Results

The results show multiple positive outcomes from introducing ProcedurePak trays across the eight hospital sites. The most notable of these results is an annual saving of 47,000 GBP, mainly due to the fact that the participating Ramsay hospitals were able to reduce the number of wasted components by 96,181 items.

While cost savings and a reduction in component wastage are the key results of the study, these positive findings have a chain-reaction effect in that they contribute to other, related positive effects mainly due to reduction of components wasted:

- **Cost savings**
  - Together, the eight sites saved 47,000 GBP over study period.

- **Component savings**
  - Before ProcedurePak customised procedure trays, the participating hospitals were throwing away over 96,000 components.

- **Waste savings**
  - When implementing ProcedurePak trays, moving single-packed components into customised trays created an annual package-waste savings of 3,677 kilograms.

- **Time savings**
  - While not quantified for the purposes of the study, set-up and restocking times were reported as quicker (e.g., reducing joint-replacement surgery set-up from 30 to 10 minutes per procedure).

- **Positive clinical reaction**
  - Staff survey results show that 71 percent of staff felt that ProcedurePak customised procedure trays contributed to creating a “much better” work environment.

- **Procurement/logistics**
  - Improved inventory management and supply chain optimisation.

Conclusions

The perceived logistical savings of adopting generic trays is more than offset by the cost and component savings made possible by adopting customised ProcedurePak trays. In addition to quantifiably improving staff satisfaction, customised ProcedurePak trays can also contribute to overall O.R. efficiency.

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