# Lean Clean Supply Rooms - Spread

### The Problem

Clean supply rooms on inpatient units often are not clearly organized, making it difficult and time consuming for staff to find items necessary to provide the best care to patients. Items may be understocked, overstocked or depleted, creating safety concerns for patients. Understocked items result in calls to distribution, while overstocked items accumulate, and eventually expire. It is a priority for staff to have what they need, when they need it, so more time can be spent at the patient bedside and less wasted time searching for equipment and supplies.



### Aim/Goal

Spread improvements from 11 Reisman to other inpatient units while shortening project timeline, yet maintaining staff involvement in design and implementation.

#### The Teams

- RN Re-Engineering Supply Room subcommittee
- Lean Program Team- Alice Lee, Jenine Davignon, Samantha Ruokis
- > 11 Reisman Lean experts: Marlena Pettit, RN and Martha Clinton, PCT
- Nursing management and staff from each unit:
  - o Farr 7: 6/31/08-7/2/08 o CC7: 10/20/08-10/21/08 o Farr 6: 8/18/08-8/19/08 o Farr 11: 11/05/08-11/06/08 o Farr 2: 10/7/08-10/8/08 o Farr 5: 11/17/08-11/18/08
- Distribution management and materials handlers

## The Interventions (6/2008 - present)

- Organize the clean supply rooms on general medicine/surgical units:
  - Reduce searching for items
  - $\circ\,$  Increase pick efficiency by co-locating similar items & creating functional carts
  - o Labeled items with common clinical terms
- Adjust par levels based on usage to:
  - Reduced cost of overstocked items
  - Reduce likelihood of items expiring
- Used color-coded, right-sized bins to insure correct par levels
- Create a culture of continuous improvement on inpatient units and spread Lean thinking by having staff from each unit mentor the next

## The Results

Improvement through December 2008			
	Total minutes saved by reduced searching for supplies	One-time savings in decreased inventory	Staff with Lean Training*
Farr 7	31,986 mins	\$ 7,135.10	16
Farr 6	5,985 mins	\$ 3,567.55	12
Farr 2	15,845 mins	\$ 8,154.40	7
CC7	16,414 mins	\$ 9,173.70	20
Farr 11	9,123 mins	\$ 7,644.75	7
Farr 5	5,175 mins	\$ 6,370.63	6
Total	84,528 mins (1,409 hrs)	\$ 42,046.13	68

<sup>\*</sup>Staff involved in clean supply room training only



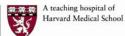
## Lessons Learned

- Unit staff are subject experts, and they should make the decisions for better designs
- Relationships developed between nursing and distribution are key for sustainment
- Peer leads are ideal teachers & mentors and have made improvement on their unit
- Small changes = big gains

## Next Steps/What Should Happen Next:

- Continuous partnership: Unit, Distribution & Lean Program
- Understand Lean principles, not improvements
- "Do 1, Teach 1" model = RNs and PCTs participate in an event then lead one
- Spread beyond Medical/Surgical units







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