Problem statement:
1. Currently each anesthesia cart throughout the system is not standardized with par level indicators.
2. Anesthesiologists rotate to different facilities and spend time searching for medication and supplies, which takes time away from the patient and increases the risk for error.
3. Medications are not always properly scanned/checked out of the Pyxis machines, so runners print inaccurate re-stocking reports.

Quantify results: Cost of intervention, % of improvements, waste reduction and type, satisfaction results (patient, staff & service partners)

Cost: Pyxis lease = $375/month for each machine
% of Improvement: Increase anesthesiologist’s time monitoring the patient; Carts are stocked and ready with supplies and medication for each case
Waste reduction: Reduce searching time; Decrease expired/uncharged medication
Satisfaction: Seek feedback from Anesthesiologists, Anesthesia Techs & Pharmacy

Root cause analysis: The 5 Why’s
1. Anesthesia carts not standardized in layout, type of items and par levels. Why?
2. No one thought to do this previously. Why?
3. There has been no systematic approach to this issue. Why?
4. No request or needs identified. Why?
5. Physicians and staff are used to do the same thing and were not aware that this is possible.

Cause: This was not identified in the past as a viable project.

Follow-up and sustainability methods, tools and results:
• Implementation was completed on all 5 surgical sites June 2011.
• Monthly visits to receive physician feedback on cart layout & preference cards (“kits”)
• Bi-Weekly evaluation of restocking time (supplies & medication)
• Bi-Weekly medication usage report from Pharmacy to follow-up on under and over-utilized medications (evaluate par levels)
• Bi-Weekly supply usage report to follow-up on under and over-utilized supplies (evaluate par levels)