- Vascular Team: Dr. Zachary Arthurs, Capt Jeremy Etzkin, Mr. Cory O Brian, Capt Lindsay Policha, Mr. Wendall Foreman
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is a communication system made to improve communication among all caregivers
- The basis of TeamSTEPPS in the OR is the preoperative brief and postoperative debrief. BAMC uses electronic debrief program
- The surgeon, anesthesia, circulating RN, OR tech present at brief and huddle (Brief is 35 minutes prior to surgery/debrief after case)
- Data collected from the vascular surgery debriefs pinpointed a problem with excess instrumentation from high turnover of staff.
- Different staff want different instrumentation
- Excess instrumentation leads to increased costs to process, staff frustration and errors with instruments missing
- Strong collaboration with vascular team, sterile processing depart. & OR leadership resulted in a instrument awareness huddle

Instrument Awareness Huddle Checklist

- Surgeon Champion
  - Ensure other surgeons participate
  - Streamline set contents
  - Disseminate results to staff

- OR Leadership
  - Ensure operating room is available
  - Ensure Vascular nurse/tech. are available
  - Disseminate results to staff

- Vascular Nurse/ Tech
  - Update preference cards
  - Remove instruments surgeons do not use
  - Increase inventory of frequent used instruments
  - Reduce use of peel pack

- Sterile Processing Department
  - Ensure correct instruments are available
  - Have SPD service specific rep available to answer questions
  - Disseminate results to staff

- Organization overall benefits:
  * Waste of time, resources, & money decreased
  * Other services having these huddles (e.g. Ortho huddle saved $55K)
- Surgeon satisfaction with sets increased because they:
  * Had input on what instruments needed to be discarded
  * Had input on desired instruments to be placed in sets
  * Became aware of what is available & created new sets to be made to increase OR efficiency
- Nurses and techs reaped the benefits of having:
  * Surgeons who are actively involved in set accountability; ordering only what is needed
  * Less time spent looking for instruments and more time concentrated on surgical procedure and patient care
- Sterile processing department reaped the benefits of:
  * Having updated preference cards to help SPD pull correct sets which will save organization money from reprocessing sets
  * Decreased set inventory to keep track of and store

According to Stockert and Langerman (2014), on average each instrument cost $.50 to process.
* Since 94 instruments were taken out of the minor vascular set, cost savings equates $47 each time the minor vascular set was processed after the implementation.
* During the six months after implementation, the minor vascular set was processed 123 times which equates $5,781 saved.

A poster highlighting this huddle’s effort took first for BAMC’s evidence based practice poster contest.

- The poster’s information was also disseminated at San Antonio Military Health System & Trauma Care Forums (SAMHSTCF), Trolley Service Nursing Research Forum (TNSRF), and Association of Perioperative Registered Nurses (AORN) poster exhibitions.
- AORN blog (March 2017) featured BAMC’s instrument huddle: 52K civilian and military members received email push for the blog:
  https://www.aorn.org/SurgicalEssays/ConferenceBlog/Perioperative-Nurse-运费
  Innovations?utm_source=Email&utm_medium=Exhibit&utm_campaign=09
  members%20on%202017%20blog-innovation
Benefits of Reducing Surgical Instrumentation

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Background
- Sterile Processing Department (SPD) processes and stores instruments for 49 clinics and 14 surgical services.
- BAMC has a high turnover of surgeons and residents, all of whom have diverse instrument preferences. Instruments are ordered, staff leave, new staff want something different and excess instrumentation results.
- Excess instrumentation leads to increased costs to process, staff frustration and errors with instruments missing.
- The challenge for the SPD, the surgical clinic and the operating room is to determine what correct instruments are needed to meet usage.

Search Strategy
A systematic search of the literature was conducted using PubMed and CINAHL. Search terms included: surgical instruments, reduction, cost savings.

Synthesis Of Evidence
- The results in the literature agree that systematically assessing and reducing the amount of instrumentation in sets, or leave sets as is, decreases costs associated with processing and increase surgeon satisfaction.

Evidence References

PICOT Question
(P) In vascular cases, does reducing number of surgical instruments in sets, or leaving sets as is, decrease costs associated with processing and increase surgeon satisfaction over 6 months?

Search results: 266 articles were included in the follow-up review, 2 articles were selected for further review.

EVALUATION
- According to Stuckert and Langerman (2014), on average each instrument costs $5.20 to process.
- Since 94 instruments were taken out of the minor vascular set, cost savings equates $47 each time the minor vascular set was processed after the implementation.

IMPLICATIONS FOR NURSING PRACTICE
- Nurses following this multidisciplinary collaboration model will reap the benefits of:
  - Surgeons who are actively involved in set accountability; ordering what is needed.
  - Less time spent looking for instruments and more time concentrated on surgical procedure and patient care.
  - Having updated preference cards to help SPD pull correct sets which will save organization money from reprocessing sets.
  - Decreased set inventory to keep track of and store.

CONCLUSIONS
- Evidence in the literature clearly shows that awareness of what instruments are being used is crucial to reduce the amount of instrumentation found in sets.
- A surgeon must be an expert to reduce the amount of instrumentation needed.
- A surgeon must be involved to reduce the amount of instrumentation needed.
- Excess residual instruments are removed.
- The results in the literature agreed that systematically assessing and reducing the amount of instrumentation in sets, or leaves sets as is, decreases the costs associated with processing and increase surgeon satisfaction.
- A poster highlighting this huddle’s effort took first for BAMC’s evidence based practice poster contest.

- The poster’s information was also disseminated at San Antonio Military Health System & Universities Forum (SURF), TriService Nursing Research Forum (TSNRP), and Association of PeriOperative Registered Nurses (AORN) poster exhibitions.