

“The Car Tote program has definitely made my life easier! I no longer have to keep a running ‘shopping list’ of items I’ve used and need to restock in my car, worry about missing something, or not having what I need. The ability to just swap out for a clean restocked tote every week is so easy!”
Lori S., RN, BSN, CHPN

HOSPICE OF NORTH IDAHO'S CAR TOTE program



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Abstract

Making multiple visits a day, nursing staff would run out of necessary supplies for emergent visits. Having to drive back to the office to restock supplies created more work for staff and less time for patient care. Hospice of North Idaho’s Car Tote Program was implemented to allow clinicians to have easy access to emergent patient supplies in a sanitary vehicle tote. For our trial, voluntary homecare staff were assigned two totes filled with supplies specifically needed for their role. The standard supplies used in this trial were established by our medical supplies committee which included the medical supplies specialist, education coordinator, finance, voluntary home care staff, infection control nurse and director of nursing. Our medical supplies specialist was responsible for disinfecting and refilling the totes weekly. This also included rotating stock, and reassigning product to our inpatient unit to be used before expiration dates occur. Reordering of supplies is automatically triggered by the inventory system based on the supply usage sheets in the totes. This trial was a success and is now used agency wide. Weekly tote rotation reduces anxiety by ensuring that staff are prepared for unanticipated patient needs. It increases organization and infection control, improves time management, and reduces expired product waste. This process also dramatically improved our supply costs, tracking of product needs/trends and has increased ordering efficiencies.

Introduction

After providing care for patients in our community for 40 years, we were noticing that we were spending a lot more on medical supplies compared to other hospices around the nation. We had been using an online medical supply delivery service which was costing the agency a flat rate of \$6 per delivery, regardless of if it was a package of briefs or a single toothette. Our staff also did not always have sufficient space in their vehicles designated for medical supplies and often had products stashed all around their vehicles. This led to unsanitary conditions for medical supplies or product waste due to supplies becoming expired and needing to be thrown out before use.

Materials

To properly store supplies in each staff member’s vehicle we chose a tote that was lightweight, but durable, and able to withstand being sanitized each week. To successfully stock the totes, lists were made for each discipline (nurse, CNA, SW) with input from several clinicians regarding their most used items. A master list was created, and each homecare clinician’s tote was stocked. During the piloting stage of the program, the supply list was updated based on what was used or not used within this timeframe, as well as through clinician feedback on additional items that may be needed. An example of items included in nursing totes are catheter insertion kits, incontinence supplies, or basic wound care supplies. In a social worker’s tote, you may find agency paperwork, infection control supplies, and patient education materials.

Methodology

Each week the clinician brings in their “dirty” or “used” tote that was utilized that week or week prior, depending on what day they exchange totes, and pick up their “clean” or “stocked” tote that is waiting for them. The medical supply specialist will then sanitize the outside of the tote and move it from the dirty space to the clean space. The supplies inside the tote are counted and compared to the master list to differentiate what was used, and the tote is restocked. The supplies that have been used are reordered based on the supply usage sheets generated by the clinician when supplies are removed from the tote, thus keeping inventory up to date.



Recommendations

This innovative project has been successful in allowing more organization, cost savings, and intentional patient follow-up. It is our recommendation that hospices collaborate with their staff when developing the medical supply lists for each tote. It is also recommended to track and audit whether there are specific supplies in the totes not being utilized and pull those supplies out of the tote after careful deliberation. In the same respect, continue to ask staff for input on supplies that may need to be added to the totes. Implementation of a formalized inventory and ordering system may also improve time and cost savings, like it did for Hospice of North Idaho.

Results

Clinicians have fully stocked, ready-to-use totes each week to ensure they have the medical supplies needed to efficiently provide care for our patients. The medical supply usage is tracked and audited to ensure that we are not “leaking” supplies, inventory is kept up to date, and medical supplies are reordered based on usage and demand. The medical supply closets are also kept stocked and supplies are tracked per patient use, which further ensures our organization is not “leaking” supplies. Infection control is maintained with the sanitizing of each tote. Clinicians’ cars are kept clean and organized with their work supplies occupying limited space in their personal vehicles, with totes easily removed when not working.

Conclusion

Overall, we conclude this Car Tote project provided us with more benefits than initially intended. This project gave us insight that when our clinicians deliver medical supplies in-person instead of shipping them to the patient’s house, we can provide better care through education and follow-up on patient and family concerns or questions during the delivery visit. Families are also now not receiving medical supplies after their loved one has passed away, which reduces the waste of supplies, the emotional reminder that their loved one is no longer alive, and the burden of disposing of the supplies by the family. Hospice of North Idaho’s innovative process allows our clinicians to do what they do best - patient care.

ABSTRACT:

Making multiple visits a day, nursing staff would run out of necessary supplies for emergent visits. Having to drive back to the office to restock supplies created more work for staff and less time for patient care. Hospice of North Idaho's Car Tote Program was implemented to allow clinicians to have easy access to emergent patient supplies in a sanitary vehicle tote.

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RESULTS: Clinicians have fully stocked, ready-to-use totes each week to ensure they have the medical supplies needed to efficiently provide care for our patients. The medical supply usage is tracked and audited to ensure that we are not "leaking" supplies, inventory is kept up to date, and medical supplies are reordered based on usage and demand. The medical supply closets are also kept stocked and supplies are tracked per patient use, which further ensures our organization is not “leaking” supplies. Infection control is maintained with the sanitizing of each tote. Clinicians’ cars are kept clean and organized with their work supplies occupying limited space in their personal vehicles, with totes easily removed when not working.

CONCLUSION: Overall we conclude this Car Tote project provided us with more benefits than initially intended. This project gave us insight that when our clinicians deliver medical supplies in-person instead of shipping them to the patient's house, we can provide better care through education and follow-up on patient and family concerns or questions during the delivery visit. Families are also now not receiving medical supplies after their loved one has passed away, which reduces the waste of supplies, the emotional reminder that their loved one is no longer alive, and the burden of disposing of the supplies by the family. Hospice of North Idaho’s innovative process allows our clinicians to do what they do best - patient care.

RECOMMENDATIONS: This innovative project has been successful in allowing more organization, cost savings, and intentional patient follow-up. It is our recommendation that hospices collaborate with their staff when developing the medical supply lists for each tote. It is also recommended to track and audit whether there are specific supplies in the totes not being utilized and pull those supplies out of the tote after careful deliberation. In the same respect, continue to ask staff for input on supplies that may need to be added to the totes. Implementation of a formalized inventory and ordering system may also improve your time and cost savings, like it did for Hospice of North Idaho.