MEETING ABSTRACTS 2018 ACAPS Winter Retreat



The Development of a Plastic Surgery Supply Cart: Patient Outcomes and Quality of Care

Matthew P. Fahrenkopf, MD Mitchell G. Eichhorn, MD

OBJECTIVE

The plastic surgery team is responsible for treating patients in all hospital locations. Laceration repairs, wound care, and splint application all require supplies that are available throughout the hospital; however, these supplies needed by plastic surgery are not immediately available and must be ordered from the surgical center or central supply. This leads to delays in patient care that are often exacerbated by miscommunications with those delivering supplies. A supply cart was developed at our institution to improve the availability of supplies for the plastic surgery team and to reduce the time to treat patients.

METHODS

Forty consecutive patients, treated by a single physician, were included in this prospective study. The "time to treatment" for each patient, with and without the plastic cart, was recorded. Data from each group were then compared to assess for treatment time reduction. The types of procedures performed were also recorded.

RESULTS

A total of 40 patients were treated. Head and neck procedures were performed in the 24 of 40 patients. Hand procedures were performed in the remaining 16 of 40 patients. Utilization of the cart resulted in a mean "time

to treatment" of 3 minutes 48 seconds compared with a mean "time to treatment" without the cart of 51 minutes (P < 0.001). The longest "time to treatment" using the cart was 9 minutes 30 seconds. The longest "time to treatment" without the cart was 3 hours.

CONCLUSION

Utilization of a plastic surgery supply cart greatly reduces the time to treatment. This improves hospital resource utilization and patient workflow.

Matthew P. Fahrenkopf, MD

Spectrum Health/Michigan State University Integrated Plastic Surgery Residency Program 945 Ottawa Ave NW Grand Rapids, MI 49503 E-mail: Matt.Fahrenkopf@gmail.com

REFERENCES

- Hernandez-Boussard T, McDonald KM, Rhoads KF, et al. Patient safety in plastic surgery: identifying areas for quality improvement efforts. Ann Plast Surg. 2015;74:597–602.
- Poore SO, Sillah NM, Mahajan AY, et al. Patient safety in the operating room: I. Preoperative. *Plast Reconstr Surg.* 2012;130:1038–1047
- Poore SO, Sillah NM, Mahajan AY, et al. Patient safety in the operating room: II. Intraoperative and postoperative. *Plast Reconstr* Surg. 2012;130:1048–1058.
- Dingman RO, Natvig P, Winkler JM. A new dressing cart for plastic surgery. Plast Reconstr Surg (1946). 1957;19:72–77.
- Royer MC, Royer AK. Otolaryngology consult carts: maximizing patient care, surgeon efficiency, and cost containment. *Ann Otol Rhinol Laryngol.* 2015;124:911–914.

From the Spectrum Health/Michigan State University Integrated Plastic Surgery Residency Program, Grand Rapids, Mich.

Copyright © 2018 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. Plast Reconstr Surg Glob Open 2018;6:e1814; doi:10.1097/GOX.0000000000001814; Published online 16 July 2018.

Disclosure: The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge for this abstract was paid for by the American Council of Academic Plastic Surgeons.

ACAPS: American Council of Academic Plastic Surgeons (ACAPS) 5th Annual Winter Retreat in Chicago, Illinois on February 10-12 2018.