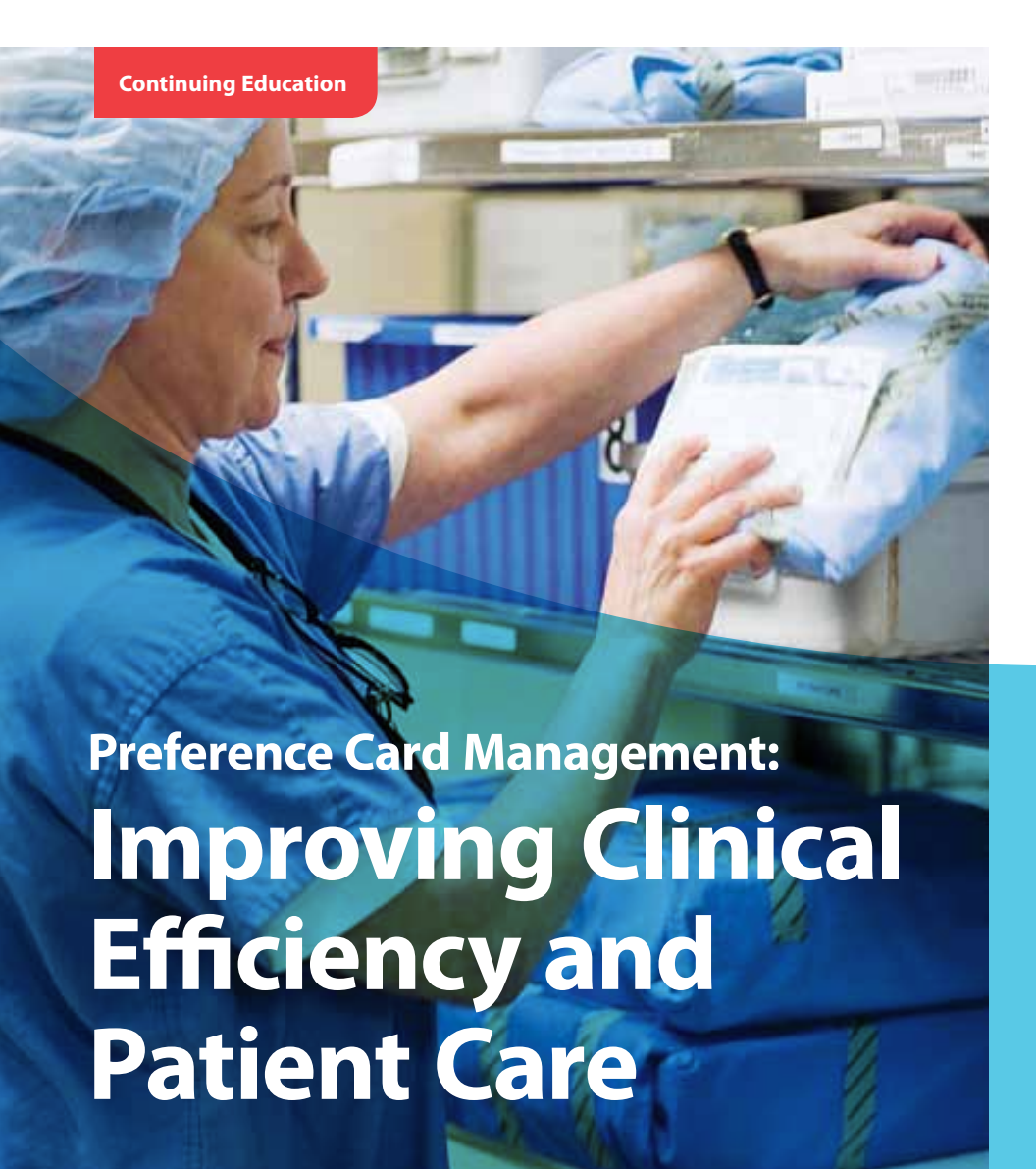
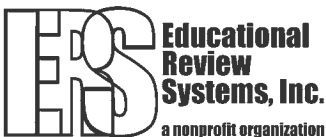


Continuing Education



Preference Card Management: Improving Clinical Efficiency and Patient Care



CONTINUING NURSING EDUCATION CREDIT INFORMATION

Instructions

This booklet is intended as a self-study activity. Please take the following steps to complete this activity:

1. Read the overview and objectives for this educational activity and compare them with your own learning objectives.
2. Read the booklet, paying particular attention to those areas that reflect the objectives.
3. Consult the glossary or a dictionary for definitions of unfamiliar words.
4. Complete the post-test. If some areas are unclear, review those sections of the booklet.
5. For further information, consult the References/Suggested Readings/Bibliography.

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OVERVIEW

Surgeon preference cards are foundational to efficient perioperative suites. The cards not only indicate the instruments and supplies preferred by each physician for specific procedures, they also provide data to track the cost of each procedure and patient charges. Ultimately, nurses are responsible for creating and managing the preference card process. Many perioperative nurses will attest to the fact that their facilities' preference cards are outdated and that they do not have a concrete method in place to manage them. With numerous clinicians providing and updating information, it can be daunting to ensure that cards are suitably updated. This educational activity has been designed to assist nurses with the development and management of the surgeon preference card system. This study guide will discuss methods for improving clinical efficiency and patient care through effective preference card management by examining the financial impact of poorly managed systems with a focus on the costs associated with returns. It will offer information on how to assess the existing system including policies, procedures and practices and then clean-up the cards and implement an effective process to maintain them. In order to obtain the maximum educational benefit from this activity, read the study guide and upon completion, respond to the review questions referring to the references as needed.

OBJECTIVES

After completing this continuing nursing education activity, the participant should be able to:

1. Discuss the challenges associated with preference card management.
2. Describe the benefits of instituting an effective preference card management system.
3. Outline the seven-step process that when implemented can result in improved efficiencies, labor saving, reduced waste and improved costs.

Intended audience

This continuing education activity is intended for perioperative registered nurses who are interested in learning more about preference card management and how it improves clinical efficiency and patient care.

PREFERENCE CARD MANAGEMENT: IMPROVING CLINICAL EFFICIENCY & PATIENT CARE

ABSTRACT:

- Surgeon preference cards provide the basis for business, financial, and operational decisions.
- Updated cards are an important aspect of efficient perioperative suites; however, little information is available to assist nurses with preference card management.
- The following 7-step process, when implemented, can improve OR efficiency and labor savings, decrease waste and returns, identify cost per procedure, improve charge capture and free up clinician time to spend on patient care.

Surgeon preference cards, which indicate the equipment, instruments and supplies preferred by each physician for a specific procedure, provide the foundation for managing daily activities in perioperative suites. Information on these cards not only helps perioperative suites run efficiently, it also provides data to track procedure costs and capture patient charges. Additionally, preference card information provides the basis for business, financial, and operational decisions.

While called surgeon's preference cards, surgeons actually have no role in the management of the cards. Nurses are ultimately charged with creating and managing the preference card process, which can be a daunting task.

Although effective preference card management can play a critical role in the efficient operation of perioperative suites, little information is available to assist nurses with managing the process around preference cards. What follows are seven specific steps facilities can take to positively impact OR efficiency and patient care by improving preference card management.

CHALLENGES ASSOCIATED WITH PREFERENCE CARD MANAGEMENT

Many perioperative nurses will attest to the fact that their facilities' preference cards are outdated and they do not have a solid process in place to manage them. With so many clinicians providing and updating information, it can be difficult to ensure cards are updated as needed. Surgeons come and go, new procedures are introduced and clinical practice changes. Products are added and removed from procedure packs according to updated clinical practice and must also be added or removed from the related preference cards. Handwritten preference cards may be lost or become difficult to read. Multiple preference cards can sometimes be created for the same or similar procedures, resulting in an excessive number of cards to manage. Changes in product availability in the OR core and on exchange carts can also make it difficult to keep preference cards updated.

If the appropriate preference card changes do not take place when these activities occur, facilities end up with outdated cards and inaccurate case picks - which significantly impact OR efficiency. These inefficiencies can increase case pick and set up time, which translates to higher labor and procedural costs.

IMPACT OF POORLY MANAGED PREFERENCE CARDS

An excessive number of cards make it more difficult to manage changes and changes may be missed on duplicate cards. Obsolete cards from physicians who have left or procedures that are no longer being performed also impact the process. Inaccurate and outdated cards lead to additional problems. Necessary supplies may not be available requiring nurses to spend additional time locating and picking product. This can increase turn over times and frustrate staff. There may also be excess product pulled for procedures that is not consistently used. These unused items are then returned to the case pick area to be restocked.

Product returns can also have a significant impact on labor costs and inventory levels. For example, let's review the impact of returns on the case pick area or Sterile Processing Department (SPD). The SPD is responsible for numerous activities that are critical to the success of the operating room. Each day, a typical SPD must prepare case carts for each procedure, pick and replenish supplies, process instruments, refill OR exchange carts and count and stock multiple inventory locations. In addition to these activities, the SPD is also responsible for processing returns. Restocking returned items is a non value-add activity that wastes a significant amount of time and money in many accounts. In some hospitals it can take a full eight hours to put away returned products each day. Many SPD managers estimate that at least 30% of all items picked on a daily basis are eventually returned to be restocked. Some facilities have calculated the return rate to be even higher.

THE FINANCIAL IMPACT OF RETURNS

Poor preference card management can also have a significant, negative financial impact on hospitals. For example, after an analysis of its preference card management processes, a 500-bed hospital in the Midwestern United States determined that nearly 1,200 picked items were being returned unused on a daily basis.

To determine the true annual financial impact that this issue was having on the hospital's bottom line, the team calculated the labor expenses that were connected to picking and restocking these unused items. They determined that hospital staff was picking and restocking approximately **297,500** items annually – totaling **595,000** unnecessary touch points. Estimating that each one of these unnecessary touch points used approximately 24 seconds of staff time, the team determined that staff were spending 10,114 unnecessary hours picking and restocking unused inventory – which translated into an unnecessary annual labor expense of nearly \$163,000.

OTHER COSTS ASSOCIATED WITH RETURNS

There are also many other unnecessary costs related to inefficient preference card management. For example, in addition to the SPD staff, the OR staff also wastes effort and time handling these items. OR nurses must go through picked items and sort the supplies they need to open from the supplies that are hold items. Once returned to SPD, the staff must sort and sometimes reprocess the returns before putting them away. Each item must

be inspected for damage to the sterile integrity. In addition, since reordering counts are performed throughout the day, the returned items can throw off these counts leading to excessive inventory levels. Depending on the type of inventory management process being utilized, these items may also need to be keyed back into the IT system.

Inaccurate case cards frequently lead to product waste when items are opened and unused. This issue is particularly pervasive at hospitals with temporary or per diem staff who assume that if an item is on the case cart it needs to be opened.

Incorrect preference cards can also negatively impact the patient. If products are missing from the cart, nurses may have to leave the OR during a procedure to retrieve additional supplies. This affects procedure flow, patient safety, the sterile environment and lengthens the time the patient is under anesthesia.

Lastly, inaccurate preference cards can also make it difficult to identify cost per procedure and ensure items are correctly charged back to patients.

SOLUTION

Hospitals can use the following seven-step process to clean-up their existing preference card system and ensure their top surgical procedure preference cards contain accurate and consistent information. Hospitals that follow these key steps are likely to improve efficiency and labor savings, reduce waste and returns, help improve charge capture, and identify, as well as improve, cost per procedure.

PREFERENCE CARD CLEAN-UP PROCESS

Step 1 Assess existing system, current process, and resources

- Determine OR IT system utilization and reporting capabilities.

- Review preference card database:
 - Identify top 20% of cards in use.
 - Quantify total number of cards in system and types of cards (generic or physician specific).
 - Standardize procedure descriptions and inactivate duplications.
 - Archive obsolete cards.

- Develop an understanding of the current preference card process:
 - Review user guide and system manual for an electronic system.
 - Activate and utilize all appropriate fields; location, cost, hold items, etc.
 - Review case pick process, returns and impact of “have availables”.

-
- Review product utilization related to items on preference card.
 - Identify system reports that can assist in identifying use of items on cards.
 - Review existing policies and procedures.
- Identify resources and process owners.

Step 1 involves assessing your existing system and processes. First, run reports on your preference card management system (OR IT system) to identify the top 20 percent of cards in use, total number of cards and whether they are generic or physician-specific. The target number of cards for a typical OR is an average of 20 cards per active surgeon. Standardize the procedure descriptions and eliminate duplicate cards for the same or similar procedures. For example, at one hospital “Lap Chole” and “Lap Chole w/X-ray” were segregated but are essentially the same procedure utilizing the same supplies. In statistical reports, these procedures appeared as the third and fifth most commonly performed procedures; however, when combined become the highest volume procedure. Grouping cards into a “card family” and eliminating or archiving duplicate procedures provides more accurate statistical data and enhances the decision making process as it relates to managing your business.

It's possible that your facility may have a significant amount of duplicate cards. While reviewing your database, archive all inactive duplicates and obsolete cards to drive efficiency in the maintenance process. Fewer cards in the system require less time and effort to review and maintain. For example, a 650-bed regional medical center in the southwest that recently assessed its current management system identified an opportunity to reduce its number of cards from 7163 to 3549; about a 50% reduction. Similarly, a major Midwestern university medical center with more than 450 beds recently reduced its number of preference cards by 52% (from 4656 to 2436) by following this process.

Finally, during this first step, assess the process through which preference cards are created and updated. If your facility allows preference cards to be written by hand, change that process immediately. Handwritten preference cards create their own set of problems – they can be difficult to read and are easily lost. If no OR IT system is available, consider implementing less costly, stand alone electronic preference card systems or use a readily available software program like Microsoft Word or Excel as a better alternative to handwritten cards.

Policies, Procedures and Practices

During the first step, it is also important to get an understanding of your current processes, policies and practices. Creating a flow chart of your current process can help identify changes that will improve efficiencies. This will help ensure that your policies support the goal – creating and maintaining accurate preference cards through an effective process.

Resources

To drive consistency in the system, identify a single person who is responsible for maintaining the preference card system and performing the data entry. It is also important to identify a clinical gatekeeper for each specialty whose role is to deliver changes to the data entry resource.

In many situations, the total responsibility for creating and maintaining the cards falls on the clinical lead or specialty coordinator for each service. Typically, that person is involved in providing clinical care, filling vacant positions, providing breaks and managing other clinical tasks, leaving little time for preference card management. If clinical staff is responsible for managing the preference cards, time must be routinely scheduled for that purpose.

Some facilities require surgeon sign off to make changes to preference cards. This practice is not recommended because it makes the process less efficient and identifies a lack of trust. In most situations, surgeons don't know what is contained in the custom pack or instrument tray and therefore don't know what additional items need to be listed on the card. The surgeon's main concern is making sure the items needed are available. Experienced clinical staff who are familiar with the procedures are best equipped to manage the process.

Utilizing Your IT System to Its Maximum Potential

Utilizing the "location" field your IT system will allow items to be picked in order of location driving additional efficiencies in the case pick process. It is also helpful to identify which items on the pick list should be opened and which items are "hold" or "have available" items. Sorting the preference card so the "hold" and "have available" items are at the bottom of the list helps segregate the items for easy identification. This not only helps pinpoint opportunities to reduce the number of these items, but it identifies them for staff members not familiar with the particular procedure. Identifying "have available" items on the preference card will also allow managers to run reports to discover how often these items are actually used. Hold items with low usage can be evaluated for alternate stocking locations in the OR and removal from the preference card. This will prevent items from being picked and returned on a frequent basis which can result in product damage.

The preference card management system can also help you identify procedure costs and improve charge capture. Utilizing the supply cost field on the preference card will assist in identifying accurate procedural supply costs. Accurate cards will also allow the clinical team to document items that were used on procedures and prevent errors in charge capture.

Specific Issues with Combo Cases

Many facilities frequently perform scheduled combo cases, such as D&C and Hysteroscopy. Combo cases can lead to duplicate items being picked and sent to the OR, unintentionally opened and wasted, or sent back to SPD as a return. Many preference card systems will 'merge' preference cards, but the merge may not be complete. Items that are not identical, such as custom packs that are used for each of the procedures if

performed alone, will remain on the merged card. This can result in significant duplication of product creating a high level of returns. If your facility performs multiple procedures frequently, it is a good idea to create specific preference cards for each combo case (e.g. D&C/Hysteroscopy, Thoracoscopy/possible Thoracotomy). Creating these specific “combo case” cards will greatly reduce picked items, waste, and returns.

“Have Availables” or “Hold” Items

Many facilities have a large number of “have available” or “hold” items on the preference cards. Excessive “have availables” on the preference card are the most common contributor to returns. For example, after analyzing its returns list, one 442 bed hospital in the Midwest was able to achieve a 39% reduction of returned items to SPD by eliminating room stock items from its preference cards. Hold items that are readily available in the operating room or core area can be “zeroed” out on the pick list and used from the alternate stocking location if needed. Zeroing out the items instead of removing them allows the nurse to charge for the item if it is needed without looking up numbers or hand entering the product information. This improves case pick efficiency and can greatly reduce returns.

Also consider whether each “hold” item is a unique or commodity item. If the item is unique, it should be listed on the preference card. If it is a commodity item, such as laps or raytex, it should not be listed on the preference card as a ‘hold’ item. Instead, these commodity items should be stocked in the rooms or in the OR core so they are readily available to pull if needed. It may be necessary to modify OR room stock for commonly used items.

Identify Clean-up Resources

The last task in this step is to identify a team of resources and owners who will be responsible for the clean-up process. Ideally, the clinical leaders in each specialty should own the clean-up process. These clinical leaders are the ‘gatekeepers’ and can identify changes that need to be documented on the preference card versus change requests that were patient-specific.

Step 2 *Benchmark measurable parameters*

- Establish baseline measurements, such as:
 - Total number of cards in system (Recommended average of 20 per Surgeon).
 - Number of “have availables”.
 - Returns to case pick area.
 - Total value of inventory.
 - Number of hours assigned to pick cases/handle returns.

- Determine which metrics are most critical.

To determine whether your clean-up has been a success, establish some baseline measurements upfront. Run reports to determine the total number of cards and “have availables” currently in the system. In addition, document returns for a 7-10 day period to get a total count and determine the most commonly returned items. Also identify the time spent picking cases and handling returns each day. After benchmarking metrics, determine as a team which are most critical to the success of the surgical department.

Step 3 Review selected preference cards

- Review and document recommendations on printed cards:
 - Select cards with the highest utilization (Top 20%).
 - Compare components in procedure packs to preference card items.
 - Eliminate duplicate items that are contained in current custom packs or instrument trays.
 - Determine location of “have availables”.
 - Store frequently used commodity items in the OR in appropriate par levels and remove them from the preference card. (i.e. Gloves, blades, syringes, sponges, etc.).
 - Establish mechanism to ensure these items are restocked daily by Material's staff.
 - Eliminate obsolete and duplicate cards.

- Evaluate opportunities related to equipment and instrumentation (i.e., procedure specific instrument tray instead of 5 separate trays for a high volume procedure).

Now that you have identified the top 20 percent of cards in use, it is time to begin reviewing and making changes. Print the cards so you can document your recommendations directly on the card. Compare the supplies on the preference cards to your procedure packs and remove the duplicate items from the cards. Next, determine the location of your “have availables.” If they are commodity items that are available in the OR core, zero them out on the card. Store frequently used extra commodity items, such as laps, raytex, suction tubing, cautery pencils and suction liners in the OR instead of picking them in the case pick area. In addition, add items such as sutures, knife blades and gloves to the case cart in the Operating Room. To ensure these items are available, request that materials staff restock them. If additional duplicate and obsolete cards are found, mark them as such so they can be archived.

Analyzing Common Returns

During this step, analyze your most commonly returned items and develop an action plan to resolve. For example, if light handle covers are a common return, adjust to meet procedure and room requirements. If water and saline are stored in the warmers and are frequently returned, remove them from the preference cards. Cautery grounding pads are another common return. If dressings, 4x4's, abd and xeroform are consistently

returned, consider creating a ‘dressing tote’ that can be delivered to the OR, used and then returned to the SPD at the end of the day for replenishment. This process is also recommended for endomechanicals. As opposed to placing a wide variety of endomechanicals and trocars on laparoscopic carts, create a specialty cart with those items that can be taken to the room, used, and returned to SPD to be restocked at the end of the day.

Equipment and Instruments

In addition to the supplies, review the equipment and instrumentation on the cards for consolidation and standardization opportunities. Instrumentation that is consistently pulled and not opened runs the risk of having the sterility compromised. Perform a clinical evaluation to determine if the instruments need to be pulled and put on the case cart or if they are in close proximity to the procedure and can be left on the shelf to be pulled if needed. For example, if the conversion rate of general laparoscopy procedure is low, the instruments needed for the open procedure only need to be in close proximity.

Additionally, if instrument sets are opened and not used, they must be re-sterilized, adding time and increasing the cost per procedure. Monitor instrument use and analyze to determine if instruments need to be opened, unopened in the room, or in proximity of the OR suite. Clinical leaders are the best positioned to determine the status of instrument sets.

Evaluate Clinical Practices for Standardization and Consolidation

The preference card review step also gives you an opportunity to evaluate clinical practices and processes to identify additional standardization and consolidation opportunities, which could lead to cost savings. For example, many facilities open towels and three quarter sheets to layer the back table for additional barrier protection. This practice is not necessary if your custom packs contain heavy duty back table covers. Layering adds no additional value and creates significant additional costs.

Step 4 *Validate recommended changes*

- Validate recommendations through:
 - Clinical observations in case pick, room set-up and room turn over processes.
 - Discussion with clinical leads and OR staff.

- Make adjustments as needed.

In Step 4, validate the recommended changes through clinical observations and discussions with clinical leads and OR staff. Staff understanding of the process and their buy in with the changes is critical. Keep them informed and aware of the process. In this step, confirm that the changes made to the cards as well as the location of “have availables” is working as intended. In addition, review the benchmarks you set in Step 2 – number of cards, returns and “have availables” – to determine if the clean-up process will help you meet your goals.

Step 5 Implement change

- Develop schedule/timeline for data entry into OR IT system:
 - Prioritize data entry to complete highest volume procedures first.
- Identify resources necessary for implementation.
- Ensure identified resources have time scheduled to manage the process.

After all adjustments are made, it is time to implement the changes in the system. It is best to create a schedule for data entry, prioritizing the highest volume procedures first. The data entry resources should schedule dedicated time to make the updates. To ensure the project stays on track, the project owners should notify the staff and physicians about the project and communicate the benefits to obtain their buy-in and support.

Step 6 Establish maintenance process

- Develop process for on going maintenance of preference card system:
 - Review existing policies and procedures related to preference card maintenance and revise as needed.
 - Identify resources needed; personnel, time and IT support.
 - Establish timeline and accountability for periodic review.
 - Develop process for managing changes between scheduled review times.

Now that the cards are cleaned-up and you are beginning to see the benefits, don't let your efforts go to waste. To ensure the preference card database remains accurate and up-to-date, develop a process for ongoing maintenance. Review your existing maintenance procedures and revise as needed. The maintenance procedure should identify the resources responsible for the system maintenance and establish a timeline for review. As discussed, it is recommend that you assign a dedicated person for system maintenance and identify clinical leaders who serve as gatekeepers and provide changes to the dedicated data entry resource. Once the initial clean-up occurs, maintenance is a continual process. Establish a review schedule by service and allow time for the review to occur. Since changes will need to be made in between official review times, develop a process for managing these updates.

Step 7 Measure results

- Review baseline measurements gathered in step 2.
- Gather data after preference card clean up process is complete and measure results.

At this point, the process is complete except for gathering data and comparing it to the baseline measurements you took in Step 2 to measure results. Share these results with clinical leadership to show how your team has worked to improve efficiency and decrease costs. Sharing this success will show your commitment to improving operations and will garner support for other initiatives in the future. While this is the last step in the clean-up process, keeping your cards up-to-date is an ongoing process that needs monitoring.

Results

The Midwestern facility mentioned earlier had the potential to save \$122,129 in labor costs through the review and clean-up of preference cards for the top 20% of its cases.

As Figure 1 illustrates, after the clean-up, 446,250 touch points were eliminated, representing a reduction of 7,585 picking and restocking hours, saving the hospital approximately \$122,000 annually.

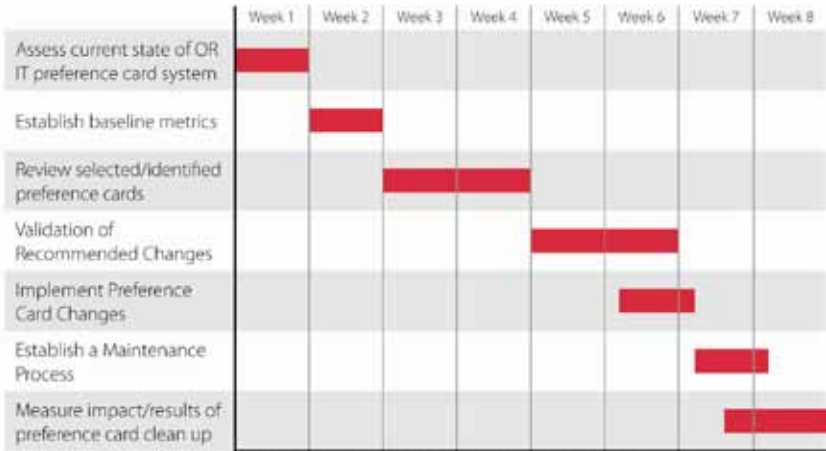
Touch point reduction and cost savings at Midwestern hospital



TIMELINE

Figure 2 illustrates a general guideline for the length of time an assessment should take with the use of a project manager and data entry support. To ensure success, it is critical to identify a project manager and a dedicated data entry resource who will obtain input from the clinical leaders.

General time line for preference card clean up and maintenance project**



** Based on utilization of a project manager and data entry support

CONCLUSION

This clean-up process drives significant clinical efficiencies, which will help your clinicians stay focused on patient care and improve overall staff satisfaction. In addition, accurate cards will reduce product waste and returns, help you identify cost per procedure and patient charges, and improve your data management and reporting capabilities. Establishing a team and following a defined step-by-step process will facilitate change and drive measurable results. Managing your preference cards will allow you to better manage daily activities and improve operational efficiencies in both the OR and the case pick area-creating a win/win situation for all.

GLOSSARY

Case Pick List	Provides listing of necessary supplies, instruments, and equipment needed for a surgical procedure.
Clinical Gatekeeper	An individual whose role is to deliver changes to the data entry resource for each specialty.
IT System	The interaction between people, processes, data and technology.
SPD	Sterile Processing Department.
Surgeon Preference Cards	Cards that provide the basis for business, financial and operational decisions.

POST-TEST

Multiple choice/True or False. Please choose the word or phrase that best completes the following statements.

1. Surgeon preference cards provide information for which of the following:
 - a. Equipment, instruments and supplies for a specific procedure.
 - b. Procedure costs.
 - c. Patient charges.
 - d. All of the above.

2. Preference card information provides the basis for business, financial, and operational decisions.
 - a. True
 - b. False

3. Reasons why preference cards may be outdated include:
 - a. The introduction of new procedures.
 - b. Changes in clinical practice.
 - c. Changes in product availability.
 - d. All of the above.

4. Outdated preference cards may impact OR efficiency in the following ways:
 - a. Increasing case pick and set up time.
 - b. Creating environmental distractions.
 - c. Distracting the surgeon.
 - d. None of the above.

5. Unnecessary costs related to inefficient preference card management include:
 - a. Overcharges for surgical towels.
 - b. Expenses of picking and restocking unused items.
 - c. All of the above.
 - d. None of the above.

6. Incorrect preference cards may negatively impact the patient in the following ways:
 - a. Lengthening the time the patient is under anesthesia.
 - b. Nurses may have to leave the OR during a procedure to retrieve additional supplies.
 - c. Procedure flow is interrupted.
 - d. All of the above.

-
7. The target number of cards for the typical OR is an average of 20 cards per active surgeon.
 - a. True
 - b. False

 8. Grouping cards into a “card family” and eliminating or archiving duplicate procedures provides:
 - a. Surgeons satisfaction.
 - b. More accurate statistical data.
 - c. An average of 30 cards per active surgeon.
 - d. All of the above.

 9. To drive consistency in the system, identify:
 - a. A team of five who are responsible for maintaining the card system and performing data entry.
 - b. A single person who is responsible for maintaining the card system and performing data entry.
 - c. An off-site source that is responsible for maintaining the card system and performing data entry.
 - d. None of the above.

 10. The requirement of surgeon’s sign off to make changes to preference cards is a recommended practice.
 - a. True
 - b. False

 11. Benchmarks to determine whether your clean-up has been a success includes:
 - a. Identifying the time spent picking cases and handling returns each day.
 - b. The total count to determine the most commonly returned items.
 - c. Reports to determine the total number of cards and “have availables” in the system.
 - d. All of the above.

 12. Combo cases such as D&C and Hysteroscopy:
 - a. Can lead to duplicate items being picked and sent to the OR.
 - b. Should be merged in the preference card system.
 - c. Should be hand entered in the preference card system.
 - d. None of the above.

-
13. Excessive “have availables” on the preference card are the most common contributor to returns.
- True
 - False
14. Benchmark measurable parameters should include:
- Total number of cards in the system (recommended average of 30 per surgeon).
 - Number of “have availables”.
 - Returns to case pick area.
 - b and c.
15. The maintenance procedure should include the following:
- An established time-line for review.
 - A dedicated person for system maintenance.
 - Clinical leaders who serve as gatekeepers.
 - All of the above.

POST TEST ANSWERS

- 1. d 11. d
- 2. a 12. a
- 3. d 13. a
- 4. a 14. d
- 5. b 15. d
- 6. d
- 7. a
- 8. b
- 9. b
- 10. b

EVALUATION OF STUDY GUIDE

Activity Title: Preference Card Management: Improving Clinical Efficiency & Patient Care

Rate the following on a scale of 1-5. (1 = poor, 2 = fair, 3 = average, 4 = good and 5 = excellent)

- OBJECTIVES:** *To what extent did you achieve each of the following?*
- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Discuss the challenges associated with preference card management. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Describe the benefits of instituting an effective preference card management system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Outline the seven-step process that when implemented can result in improved efficiencies, labor saving, reduced waste and improved costs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- OVERALL ACTIVITY:** *To what extent...*
- | | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Did the objectives meet the overall goals/purpose of the self-study activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the subject presented at an appropriate level? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the content accurate and current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the self-assessment exercises related to the objectives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was this learning method effective? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the information be useful in your practice setting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did this activity present issues and products in a fair, unbiased and balanced manner? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Will the information you gained from participating in this program change your practice?

No

Yes, (Please Explain: _____)

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

COMMENTS:

TEST QUESTION RESPONSES: *Please indicate the correct responses below.*

- | | | | |
|------------|------------|-------------|-------------|
| 1. a b c d | 5. a b c d | 9. a b c d | 13. a b c d |
| 2. a b c d | 6. a b c d | 10. a b c d | 14. a b c d |
| 3. a b c d | 7. a b c d | 11. a b c d | 15. a b c d |
| 4. a b c d | 8. a b c d | 12. a b c d | |

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