

Greening the Operating Room: Results of a Scalable Initiative to Reduce Waste and Recover Supply Costs

Maya A. Babu MD MBA; Angela Dalenberg; Glen Goodsell; Amanda Holloway; Marcia Belau; Michael J. Link MD Massachusetts General Hospital, Boston, MA Mayo Clinic, Rochester, MN



Learning Objectives

- Develop a blueprint to reduce operating room waste
- Recognize the ways to scale a pilot to a full-scale program
- Identify opportunities to reduce waste and improve efficiency in the operating rooms

Introduction

- Operating rooms generate 42% of a hospital's revenue and 30% of hospital waste.
- Supply costs are 56% of a total operating room budget.
- U.S. academic medical centers use 2 million pounds (\$15 million) of recoverable medical supplies annually.

Methods

- Forming a multi-disciplinary leadership team, we analyzed sources of waste focusing on our Department of Neurosurgery.
- We developed an eight week pilot project to recycle "blue wrap," the number 5 plastic polypropylene material that is ubiquitously used in operating rooms across the country to wrap instrument pans and implant trays for sterilization.

Results

- Blue wrap can be baled and sold to recyclers where the material is pelletized and transformed into plastic products.
- During the 39 days of the pilot, we collected 1,247 pounds of blue wrap (32 lbs. collected daily).
- The cost of the pilot was \$14,987 which includes a new baler (\$11,200) and five transport carts (\$3,697).
- The revenue received from baled blue wrap was 8 cents per pound.
- Cost avoidance yielded \$1,582.00 in savings.
- We anticipate recouping, through sale of baled blue wrap and cost avoidance, the investment for supplies within 1.6 years of program initiation, assuming 80% blue wrap recycling across our institution.
- Implementation of this pilot across our main hospital (which has 66 operating rooms) would yield \$10,000 in savings during the first year.

Conclusions

- This project is scalable and can be replicated at other centers
- This initiative not only reduces the environmental footprint, but also helps generate additional revenue by recycling a necessary packing material that would otherwise require payment for disposal.

References

1. Lee RJ, Mears SC. Greening of orthopedic surgery. Orthopedics . 2012;35(6):e940-e944.

2. McKesson Information Systems Inc and the Healthcare Financial Management Association. Achieving Operating Room Efficiency Through Process Integration. 2010. Healthc Financ Manage . 2003; 57(3):suppl 1supp7. Available at:

http://www.mckesson.com/static_files/ McKesson.com/MPT/Documents/HFMAP rocessIntegration.pdf. Accessed May 20, 2010.

3. Esaki RK MA. Wastage of Supplies and Drugs in the Operating Room.Medscape Anesthesiology . 2010.Available at:

http://www.medscape.com/viewarticle/ 710513. Accessed April 20, 2010. 4. de Sa D, Stephens K, Kuang M, Simunovic N, Karlsson J, Ayeni OR. The direct environmental impact of hip arthroscopy for femoroacetabular impingement: a surgical waste audit of five cases. J Hip Preserv Surg . 2016;3(2):132-137.

5. Souhrada L. OR and materials: the yin and yang. Mater Manag Health Care . 1999;8(3):18-20.