

BACKGROUND

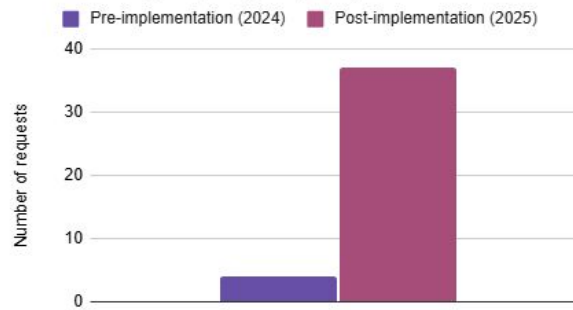
- Inaccurate preference cards slow down OR workflow and make it harder for staff to prepare cases safely and efficiently. New additions to surgeons and shifting supplies have left many cards outdated.
- The purpose of this QI project is to improve the accuracy and usability of general surgery preference cards through interventions of: structured updates, the creation of a preference card leader responsible for changing the cards, staff input, and easier reporting tools (a QR code).

METHODS

- This project uses a quality improvement design with pre and post intervention surveys
- Twenty general surgery OR staff members (nurses and scrub techs) from one hospital OR unit
- Pre intervention data was collected in February 2025, with post intervention data taken February 2026.
- Data were gathered through surveys, EPIC request logs, and feedback, then reviewed using basic descriptive comparisons between pre and post intervention results
- Survey scores were summarized, free text comments were grouped by theme, and changes in preference card request volume were tracked

Pre test data showed that preference cards were not only inaccurate and outdated, but difficult to read. Data also showed that due to these barriers, staff were not utilizing the cards. By creating a preference card leader, one staff member is now responsible for making changes to the cards. Staff education on EPICs preference card request was performed. Interventions led to an increase in correction suggestions and usage of the preference cards.

Number of times preference card request was used through epic (per year)



RESULTS

- Post test data shows that since 2024, utilization of preference card change requests through EPIC have increased when compared to end of 2025.
- In order to help make preference cards more easy to read, the preference card leader has been manually typing out all supplies, trays needed, positioning, and all other relevant data in the notes section.
- Feedback suggests that the updates have made preparing for cases much smoother. The majority of people surveyed said they are utilizing the cards more then before the intervention

DISCUSSION

The project showed that updating preference cards and creating easier ways to request changes improve engagement and made case prep smoother. While early results match existing evidence on the standardized cards, the project is limited by its small sample and early data, but it still points toward meaningful workflow improvements and supports continuing the work.

SUPPLIES
- Argyle Replogle NG tube 10Fr – peds cart (give to anesthesia)
- Arrow-Karian Introducer Laparoscopic Cholangiogram with Kalan Balloon Catheter (LIVER CART) – for Cholangiogram REF CS-01700
- #15 and #11 blades
- needle tip and protected tip for bovie
- loban
- Umbilical tape
- Vessel Loops (Blue, White, Red)
- Q-Tips (comes in pack but have more on standby)
- Suture Booties for mosquito clamps
- Fluid warmer drape
- 10fr round JP drain
- 10fr Blake drain (SEE LOLA)
- EndoGIA SHORT with 45 tan loads x2
- C-arm drape

STANDBY
- long paddle protected bovie tip
- COOLSEAL – 5, 10, 12 (ask surgeon which to open)

Example of updated preference card format

For more information, please contact: Maggie Puc(csc9024@nyp.org), or Ela Wojcik(elw9041@nyp.org)

Tips

- Clearly delineate whether ***QI or Research*** in methods; do not use language of research or study unless it is an IRB-approved study
- Ensure consistent font/layout
- *Italicize/bold* main points or areas to be emphasized
- Use bullets consistently, not full sentences or paragraphs
- Include appropriate photos/infographics/tables/charts
- Include every author(s) name & credentials
- References may be listed on PPT or a QR code that links to references
- Submit early for feedback from leadership & our council!

PICO Question/Purpose Statement

- Please write your *PICO question* in **question** or **statement format**

- *Research Example:*

- Statement format: The purpose of this study was to evaluate whether there was an association between nurses' perception of palliative care presence on experienced moral distress.
- Question format: Is there an association between nurses' perception of palliative care presence on moral distress in the ICU setting?

- *QI Examples:*

- Question format: Will enhanced ECT education improve nursing knowledge and attitudes of ECT among inpatient psychiatric RNs compared to the current hospital ECT education?
- Statement format: The purpose of this quality improvement project was to assess whether enhanced ECT education improves nursing knowledge and attitudes among inpatient psychiatric RNs compared to the current standard of care.