

Sterile Processing Department Achieves 90%+ Preference Card Accuracy with Tecsys Software

The Sanford Health Story

SUCCESS STORY



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Should Sterile Processing have a say on which items appear on a physician's preference card?

“Yes,” says Sanford Health with a 90%+ card accuracy rate and millions of dollars in savings.

1M+

Patients

47

Medical centers

2,800

Physicians

8

Countries

About **Sanford Health**

Sanford Health, the largest rural health system in the United States, is dedicated to transforming the healthcare experience and providing access to world-class healthcare in America's heartland. Headquartered in Sioux Falls, South Dakota, the organization serves more than one million patients and 220,000 health plan members across 250,000 square miles. The integrated health system has 47 medical centers, 2,800 Sanford physicians and advanced practice providers, 170 clinical investigators and research scientists, more than 200 Good Samaritan Society senior care locations and world clinics in eight countries around the globe.

Executive Summary

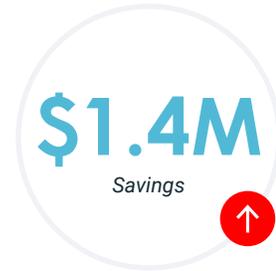
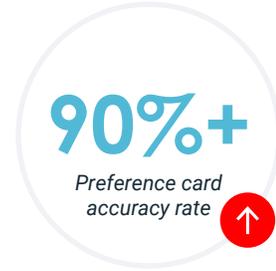
The Sanford Health Fargo Sterile Processing team is leading an effort to optimize physician preference cards, in collaboration with the Supply Chain and Perioperative teams, resulting in a 90%+ preference card accuracy rate.

They have automated and systemized data capture, closed the data loop on preference card picking cycles, eliminated redundant processes and driven down on-hand inventory value.

To date, they have achieved \$1.4 million in savings through on-hand inventory reduction alone, not including labor and productivity gains.

Although the team has faced times of firm resistance, missteps and restarts along the way, they have held true to their belief that their work would be transformative for patient care, Supply Chain, clinicians and the healthcare organization.

This case study documents their journey at each step of the way, offering lessons learned and best practices for other health systems pursuing preference card optimization.



Leading the efforts

Susan Pfeifer

Director of Sterile Processing

Susan Pfeifer is the director of Sterile Processing for Sanford Health in Fargo, North Dakota and has more than 30 years' experience in healthcare, all of them in Sterile Processing. Sterile Processing saved her life and in return has dedicated her life's work to saving it right back. Susan holds several HSPA certifications and awards for process improvement achievements.

Sarah Puhalla

Sterile Processing Improvement Manager

Sarah Puhalla is the Sterile Processing Improvement manager at Sanford Health in Fargo, North Dakota. She has 24 years of experience in Sterile Processing. She received her bachelor's degree in psychology from North Dakota State University and holds a CRCST certification through HSPA.

Maddi Mayer

Special Projects Specialist

Madison (Maddi) Mayer was the former Special Projects specialist with Sanford Health Sterile Processing in Fargo, North Dakota. She brought a unique background of patient care in an emergency department, as well as bench research at North Dakota State University (NDSU). She received her bachelor's degree in health services from NDSU as well.



"I've been in Sterile Processing for 31 years and firmly believe there should be greater advocacy for what we do. I desire to influence other Sterile Processing leaders to take risks and not be docile. You can stand alone on your own accord for the work you do and its impact on patient outcomes. If our story helps to influence just a handful of people to take that risk, then I have achieved my goal."

Susan Pfeifer, Director of Sterile Processing
Sanford Health



The Challenge

In most health systems, the Sterile Processing Department (SPD) is worlds apart from the Operating Room (OR) in terms of physical space, perceived role in patient care and control over items processed, picked and packed for procedures. While there is clearly a need for collaboration between the two departments, communication is typically a one-way street.

A technician (in the OR) creates a preference card for each physician's procedure listing the required instruments and supplies. The SPD team (often floors apart in the basement) prepares a case cart with the specified items and delivers it to the OR in time for the scheduled case. Post-procedure, the OR returns the case cart to the SPD with reusable instruments for reprocessing and unused/uncompromised single-use items for return to stock.

At Sanford Health, nearly half of items prepared for a case were returned to the SPD unused, resulting in significant waste and expense, and in some cases, jeopardizing patient care and safety.

Obstacles to overcome

For reusable instruments and devices that made their way from the SPD to the OR and back again without use in the procedure, Sanford Health's Sterile Processing team wasted time and labor reprocessing them for the next case.

For sterile supplies that came back unopened, the team wasted resources both on the front-end picking and packing them and on the back end putting them away.

Then there were the items that went unused but were not returned. The Sterile Processing team had no idea whether they were used, but undocumented, wasted, lost or hoarded. With no accounting for these items, the health system ran the risk that any expired or recalled products among this missing inventory could be used on patients.

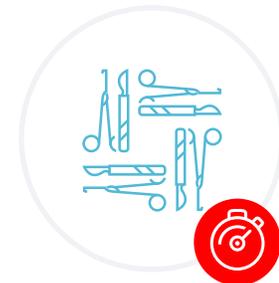
These were the challenges keeping Susan Pfeifer, Sanford Health director of Sterile Processing and Sarah Puhalla, Sanford Health Sterile Processing Improvement manager, up at night. They knew in their hearts that the health system was wasting a tremendous amount of money on supplies and the labor to process them, but they did not have the systems or data to prove it.



"You can ask any staff member in Sterile Processing to identify waste in the preference cards, and they will be able to tell you straight down to the surgeon, type of case, staff in the room, and products being wasted because they see it day in and day out."

Susan Pfeifer

*Director of Sterile Processing
Sanford Health*



WASTED TIME

WASTED RESOURCES

UNDOCUMENTED ITEMS

Objectives for success

Building upon their success in driving Lean process improvements and consistently meeting The Joint Commission's quality standards in their own department, Pfeifer along with Supply Chain leaders gained executive leadership support to pursue an automated, data-driven approach to preference card optimization.

The objectives of this initiative were to:

1. Eliminate waste

- According to Dr. Peter Nichol¹, instruments opened for a procedure but unused account for an estimated \$49 billion annually in unnecessary reprocessing costs. Optimizing preference cards to include only items that are regularly used in a case, removing frequently unused items, presented the opportunity for significant savings.
- Items unused but not returned to the SPD resulted in inaccurate inventory counts and Supply Chain ordering more products than the health system really needed. Accurate inventory management would reduce unnecessary orders, driving down the health system's supply spend, which is the second largest area of expense for hospitals.

2. Maximize human resources

- Card optimization could eliminate an estimated 10,000+ hours of personnel labor across multiple departments, most notably in the SPD, by preventing unnecessary item picking, packing, returning to inventory (for unused single-use items) and reprocessing (for reusable items). With labor being the largest expense areas for hospitals, the savings would be substantial.

3. Increase efficiency

- Unnecessary reprocessing of unused surgical instruments adds work for the SPD, which is already pressured to turn around sets as quickly as possible to be ready for the next case. Removing unused instruments from instrument sets, the preference cards, and therefore the case carts, would alleviate the SPD of this burden, enabling them to work more efficiently.
- When the OR team has only the instruments and supplies it needs at the time of a scheduled case, they work more efficiently as well. Cases can start on time and the OR team is not unwrapping and preparing unnecessary items or prepping and reloading them back into the case cart post-procedure for return to the SPD.

4. Improve patient care and safety

- Supplies housed outside of designated storage areas beyond the view of Supply Chain and the SPD can impact patient care and safety. Without lot/serial number or expiry tracking, the OR team runs the risk of using a recalled or expired item on a patient. Preference card optimization would help Sanford Health better track its supply inventory down to the point of use (POU) to support safe patient care.

\$49 billion

unnecessary reprocessing costs.

10,000+ hours

personnel labor across multiple departments.

Unused surgical instruments

Unnecessary reprocessing of unused surgical instruments adds work for the SPD.

Supplies housed outside

of designated storage areas beyond the view of Supply Chain and the SPD can impact patient care and safety.

¹ <https://orthospinenews.com/2018/12/10/the-49-billion-year-of-waste-in-healthcare-spending-we-can-solve/>

The Solution

Gaining support for preference card optimization among Sanford Health's leadership and the Perioperative teams came down to having hard data to back their words. Sterile Processing needed electronic and automated technology to track items sent to the OR, their status (used, wasted, missing) and what came back to the SPD unused.

Finding the right technology

In 2014, Sanford Health and Tecsyes partnered on an initiative to automate supply inventory tracking throughout its hospitals. It was a pioneering move.

Real-time supply management in the Perioperative space had been the holy grail in hospital Supply Chain because the inventory is largely high-cost, high-risk and extremely complex to manage.

Working in collaboration with Orthopedic Surgical Services (OSS) within the walls of Sanford South University Medical Center (SUMC), the Sanford Health and Tecsyes teams embarked on a transformational journey to achieve it.

Pfeifer recognized this as the ideal opportunity to access the supply usage analytics her team needed for preference card optimization. She enthusiastically became one of the leaders of the initiative.

In 2015, they went live with the Tecsyes inventory tracking solution with OSS, expanding it to the Broadway campus in 2016 and the newly built Sanford Medical Center Fargo (SMCF) level one trauma center in 2017.

Getting down to the point of use

The Sanford Health team wanted to tightly integrate the Tecsyes Elite™ Healthcare POU solution and its Epic electronic health record (EHR) system with POU scanning of items in procedural areas. They took this step through implementation of the Tecsyes clinical documentation user interface (CDUI), implemented across all three campuses in 2018.

The Elite™ Healthcare POU solution enables the health system to:

- Close the loop in inventory management – real-time item tracking from point of receipt into the hospital, through storage, picking by the SPD and all the way through to POU on a patient.
- Give the SPD team the data on Perioperative product status needed to build their case for preference card optimization, including products recorded in Epic as used on a patient during a procedure, and those wasted, lost or returned to the SPD.
- Perform real-time, accurate case costing by providing a surgeon an itemized list of everything used in a procedure and their costs immediately after the case ended. This demonstrates to the surgeon the financial impact of their product choices and presents more cost-effective, clinically equivalent alternatives.



"We attempted multiple times to improve preference cards in an effort to persuade the OR to understand how card inaccuracies impacted Sterile Processing. But because the process was manual at that time, it wasn't sustainable for the SPD team to tell the OR how to manage their work."

Susan Pfeifer

*Director of Sterile Processing
Sanford Health*

Accessing the right data

When Pfeifer and Puhalla began pulling preference card utilization data out of the Tecsys Elite™ Healthcare POU system, they immediately confirmed what they had always felt at the end of a case – about 45% of items they picked based on preference cards and sent to the OR came back to them unused.

They also discovered there was low scanning compliance – the OR team was failing to scan items at the POU, so their status went undocumented – the SPD and Supply Chain had no way of knowing if items not returned to the SPD were wasted, lost or hoarded.



“The POU scanning took it down to the patient and procedure level, which opened up a lot of new data points and opportunities for SPD. We really wanted to be able to understand the flow of materials from arrival to the perpetual warehouse and all the way through the value stream of the patient within the OR. It was about understanding how we are truly using our preference cards and eliminating waste within those cards.”

Susan Pfeifer

*Director of Sterile Processing
Sanford Health*



The Initiative

Forming a Maintain Gains team

Pfeifer proposed to Sanford Health's Executive Leadership a plan for preference card optimization and rationalizing surgical instrument trays to reduce waste, provide significant cost savings and improve efficiency among the surgical services team (SPD and OR). It was a key pillar of the initiative they named "Maintain Gains," and the small group of people doing the work became known as the Maintain Gains (MG) team. They appointed Alison Sonstelie, Lead Sterile Processing coordinator, as the MG project manager.

The Sanford Supply Chain Analytics team at Fargo, in conjunction with the Tecsyes Elite™ Healthcare POU data, developed their own internal utilization report that showed what was picked for each case, compared it to items on the physician preference cards in Epic and linked the information to item master data in their enterprise resource planning (ERP) system. Based on this work, they created proposed guidance as to what should be included on – and removed from – preference cards.

Preference Card Utilization Threshold

90-100%

items always opened

21-89%

Pro Re Nata (PRN) or items "as needed"

0-20%

items to be removed off cards

Evaluate transition of product(s) to a secondary location based on Maintain Gains Inventory Decision Criteria

Maintain Gains Inventory Decision Criteria



Surgical Storeroom (Warehouse)

- On-demand Requests, Call-for, Pick and Deliver.
- Perpetual inventory management.

Preference Card

- Utilization Designations:
 - Utilization rate of 90-100% = Open
 - Utilization rate of 21-89% = PRN (as needed)
 - Utilization rate of 0-20% = Remove

Par Locations

- Room Stock, Core Stock, Mobile Par Location (cart/bucket) – see requirements below for each.
- No redundancy amongst Par Locations (by specialty).
- Replenishment is immediate/after case completion.
- Visual Cue = Empty bin/shelf.

Single Sterile Implants

- Consigned inventory storage allocated based on annual utilization.
 - Delineated as high and low utilization storerooms.
 - Consignment agreement in place.
- Loaned (trunk stock) – Sanford will not manage or store beyond the original single scheduled procedure.

Room Stock Requirements

- Emergent use
- High use
- Not case-specific
- Routine items
- Supply only, no instrumentation
- No lot-trackable supplies
- No overlap with Core Stock or Mobile Par locations

Core Stock Requirements

- High use
- Routine items
- Size too large or quantity too great for room stock
- Supply or instrumentation
- No lot-trackable supplies
- No overlap with Room Stock or Mobile Par locations

Mobile Par (Cart/Bucket) Requirements

- High-cost items
- Low use
- Multi-size options
- Case-surgeon-specific
- Supply or instrumentation
- Lot-trackable supplies allowed, visual cue = red bin/label/flag
- No overlap with Preference Card, Room Stock or Core Stock
- May use visual cue of locked drawer

At the time, Tecsys' Elite™ Healthcare POU solution was set up so that any items in the open column would be automatically recorded in the patient record unless the OR team recorded that they went unused. Therefore, the OR team would only need to scan the items in the PRN category during a procedure to document their status.

Upon reviewing their data-driven case for change and recommendations, the Sanford Health Executive Leadership team gave the MG team the green light to proceed with the initiative in June 2020. They would focus first on preference cards for knee arthroscopy procedures with OSS.

Gaining OR buy-in

The MG team met with the OR leaders and advanced techs, explained the intent of the project and presented a side-by-side comparison of the items on each physician's preference card, what was picked for a case and what was scanned at the POU. Because these data-driven documents were printed with green headers, they became known as "Green Sheets."

They faced disbelief and opposition from the Perioperative team in response to the data. It was at that point they recognized the missing piece to their data puzzle. While the Green Sheets contained the items on the preference cards and documented in the patient charts at POU, they did not include items returned to the SPD unused from cases.

They modified the Green Sheets to include this data, which gave the Perioperative team a clearer picture of issues with scanning compliance and made them realize that what they documented in the chart was not always correct. There were times when they documented an item as used, but it was returned to the SPD and other times when an item was recorded as unused, but never made the return journey.

Utilizing data to drive success

With the support of their Perioperative champion, OSS OR Director Karen Sanderson, the MG team went through each preference card one by one, line by line, with the advanced techs from OSS. In accordance with their proposed guidance, any items used less than 20% of the time were taken off the preference cards. They completed this process for all OSS knee arthroscopies, shoulder arthroscopies and anterior cruciate ligament (ACL) procedures.

The OSS-optimized preference cards held steady in the 85-95% utilization range, which was a tremendous success for the SPD and OR teams. When the MG team presented the results to Sanford Health's C-suite in April 2021, they were so impressed by the financial gains they asked the Maintain Gains team to "big bang" all OSS orthopedic preference cards by June 1, 2021.



"When we were first meeting, there was a lot of arguing and disbelief about the data. The OR believed the data was wrong and SPD believed it was correct. I thought 'they must be confusing which case or surgeon we were talking about because the data came directly out of Tecsys, we didn't change it.' It turns out that we were both right; we were just missing an important piece of the puzzle."

Sarah Puhalla

*Sterile Processing Improvement
Manager*

Sanford Health

"GREEN SHEETS"



Testing, failing and testing again (the “big bang”)

To “big bang” all 470+ OSS orthopedic preference cards in less than two months, the MG team didn’t have time to go through each card line by line with the advanced techs as they had with the initial arthroscopy cards. Instead, they applied the guidelines they developed around keeping/removing items, using an Excel document to feed them data on item usage to inform their decision-making.

The MG team realized that if they were taking items with utilization of less than 20% off the cards on a broad scale then some of the items must be made readily available in the event they were needed. They looked through products and product families to determine which secondary storage area made most sense for each.

They decided to keep product families together. For example, if drapes were determined to be room stock, then they would keep all drapes in a standardized location, which makes it repeatable and reliable for the OR teams to find what they need.

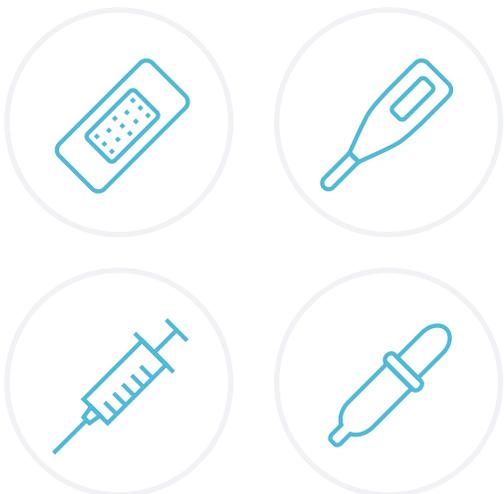
Instead of storing procedure specific supplies (e.g., total joints, arthroscopy, foot and ankle procedures) in different rooms, they standardized all room stock across the 10 OSS ORs so the same stock was in each room. That decision also changed what supplies were stored in the core.

Next, they had to stock the locations, label the items, finish revising all the cards and educate the OR and SPD teams on the changes all by the June 1, 2021, deadline – and they did it. From there, they froze the preference cards for 90 days, no changes were allowed during this time so baseline improvement could be measured.

BEFORE

Specific supplies

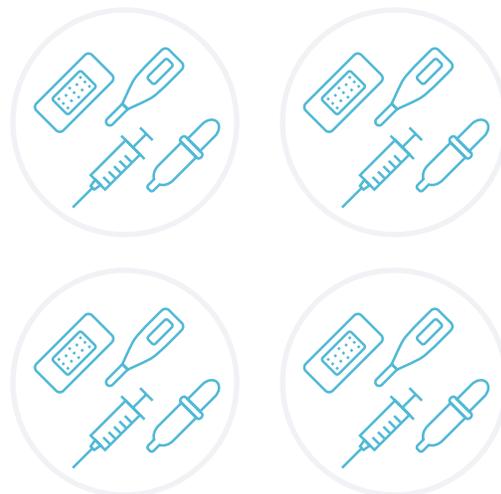
in different rooms



AFTER

All rooms across the 10 OSS ORs have

standardized stock



Learning from mistakes

The MG team immediately realized their deviation from the slow and steady process for preference card optimization that had proved so successful in the initial work with OSS that had blown up with the big bang.

They created Bowling Charts that showed each preference card's initial utilization rate and the big bang rate to understand the impact. In some cases, the big bang worsened rates.

The Excel document they were using to feed them information on what to change in the 470+ preference cards had too many filters and pages, which led to errors. For example, if a filter was off in one column, it eliminated multiple items from a card that were needed for a case. Overall, there were just far too many data points for the MG team to review manually, making the recovery effort overwhelming.

The MG team went back to Leadership, explained the problem and gained their support for going back to the approach of reviewing each preference card line by line, item by item, which was the success factor behind their initial work with the arthroscopy cards.

Rebooting the process

In September 2021, following the departure of Sonstelie, the department brought on Maddi Mayer as a non-clinical intern to help with this project in the hope to build governance. At the time, Mayer was part of a new Health Service program at North Dakota State University (NDSU).

When Mayer attended her first Maintain Gains meeting with OSS, she was faced with the OR team's anger and frustration due to the outcome of big bang and the continued requirement to ask for permission to edit cards. She decided that it was time to "think differently" and give the OSS advanced techs ownership of the preference cards, with the ability to make changes to the cards.

But to avoid losing the early momentum of Maintain Gains, any changes must be made using the tools and resources the SPD team developed to maintain high utilization rates, and in turn increase surgical services efficiency.



"We learned every single line item is a critical component to the people in the OR, including the clinicians, so we can't make arbitrary decisions about individual line items, which was what big bang was."

Susan Pfeifer

Director of Sterile Processing
Sanford Health



"Maddi owned the initiative from the first week she started. What she accomplished during her 320-hour internship changed the whole format of Maintain Gains."

Susan Pfeifer

Director of Sterile Processing
Sanford Health

Achieving success

Mayer worked with the Sanford Health Supply Chain Analytics team to write a report that automated the Green Sheets. That way the SPD could quickly and easily provide the reports to the advanced techs by procedure each month.

To incentivize the advanced techs to maintain high utilization rates, Mayer enhanced the Bowling Charts with data from the Green Sheets for every physician in the Orthopedic center. The charts included baseline threshold utilization rates, big bang rates, utilization rates month by month and a quarterly roll up.

The chart data is presented in a heat map. The Maintain Gains utilization rate goal is 80%. When a card hits 80% the heat map is green, but when it falls below that threshold it turns red.

Mayer's idea was successful. The advanced techs embraced the opportunity for friendly competition around their card utilization rates and claimed ownership of improvements.

Each month when the Bowling Charts come out and they see their utilization rates, the techs make changes to their cards aimed at bumping utilization up into the 90% range.

When Mayer's internship ended, the Sanford Health team was so impressed by her accomplishments they hired her as a full-time Special Projects specialist.



"Now it's really fun. The advanced techs who were in tears after big bang are now having competitions with one another around getting into the 90% range. It's very cool that they can do this autonomously, sustain improvement and be proud of their work."

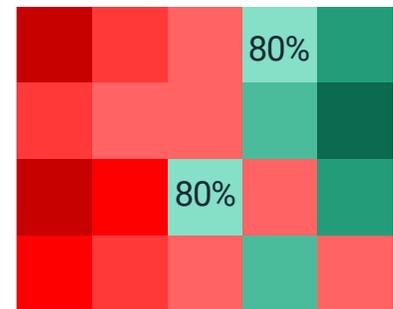
Susan Pfeifer

Director of Sterile Processing

Sanford Health

The Maintain Gains utilization rate goal:

80%



Optimizing at a different campus

In October 2021, the SPD team was ready to start its new and improved preference card optimization process at Sanford Medical Center Fargo (SMCF) with Mayer and Puhalla leading the effort for the MG team.

They chose to work with the SMCF Ortho Trauma team on their preference cards because the specialty had only three primary surgeons at the time, which made it manageable to start. Plus, they already had success with Ortho preference card optimization with OSS. They decided to move through the cards, physician by physician, versus procedure by procedure given it was such a smaller specialized practice.

Unlike OSS, where the preference cards were originally filled with unnecessary items, they found SMCF's cards to be "bare bones." The SMCF Ortho advanced techs' philosophy was to have the minimum number of items on case carts and pull whatever else was needed from secondary locations. This resulted in more work for the SPD because they had to count stock carts between cases to determine which items needed replenishment and more work for the OR to find and gather items for the procedure.

This minimalist philosophy prompted Mayer to generate a new tool, the "Blue Sheet," which included items that were added onto a case. She used this document to show the advanced techs where it made sense to add items to a preference card. Building out the cards with frequently used items minimized the time the Sterile Processing team spent pulling "add-ons" for cases.

For one surgeon, the team added 235 items to 11 preference cards with 20-22 items added to each card on average. This demonstrated to Sanford Health's Perioperative team that optimization wasn't always about taking away products, but rather right sizing the cards.



"At SMCF, it was more about what can we add to your cards to create less work for everyone."

Sarah Puhalla

*Sterile Processing Improvement
Manager*

Sanford Health

"BLUE SHEETS"



"There are just a handful of us owning this project because we are passionate about making a difference in SPD. We have been impassioned about our improvement journey for 15 years and we couldn't have accomplished the Maintain Gains work without the Tecsyst solution. Tecsyst is the foundation of everything we've done, and we continue to build upon that foundation."

Susan Pfeifer

*Director of Sterile Processing
Sanford Health*



The Outcome

Sanford Health's work on preference card optimization has set a new standard for healthcare. The technology and processes they have designed, built and implemented in partnership with Tecsys have not only allowed them to vastly improve their own supply chain and surgical services, but serves as a playbook for other health systems.

The hard work and dedication of the MG team to convince the OR team to collaborate and establish a set of industry-leading best practices for the clinically integrated supply chain is truly remarkable.



90%+

preference card accuracy

\$1.4M

in savings

Higher

efficiency and productivity

Less

waste

Right-sized

inventory

Greater

visibility, control and safety

Results at a glance

The proven processes and tools they developed, such as Green and Blue Sheets, combined with Tecsys' Elite™ Healthcare POU solution, provided the data-driven approach needed to gain and maintain Executive Leadership and Perioperative support for continuous improvement.

This collaborative project among the SPD, Supply Chain and OR has resulted in optimization of approximately 600 preference cards across Sanford Health's OSS and SMCF campuses.

All parties to the preference cards have a single source of truth for supply utilization data, eliminating the finger pointing, doubts and clashes that stem from emotion-driven decisions.

The results to date: 90%+ preference card accuracy, \$1.4 million in savings in reduction of on-hand inventory and significant additional savings in staff labor from automation and efficiency.



"The reason for our success is Susan's passion for making things better."

Maddi Mayer

Special Projects Specialist

Sanford Health

Looking Forward

From a patient care and safety perspective, Supply Chain now has complete visibility into supplies from point of receipt through POU. Not only can they ensure supply availability for procedures to avoid disruptions to care, but also manage expiry and recalled items, reducing the risk for patient harm.

Mayer has moved onto a different role within Sanford Fargo, and Allyson Kleespie and Michael Jorgenson recently joined the MG team as Special Projects Specialists.

Pfeifer, Puhalla and the growing MG team are broadening their scope of work at Sanford Medical Center Fargo (SMCF) and plan to expand to another campus in Fargo, Sanford Broadway Medical Center (SBMC). The team is leading with the change management piece, educating the OR team on Maintain Gains and its proven benefits to the health system.



“Governance will be critical moving forward to sustain our work. Maintain Gains can’t just be a group of people trying to influence from the basement. Commitment to ‘process’ improvement must be ingrained within the culture of the organization for effective change management.”

Susan Pfeifer

*Director of Sterile Processing
Sanford Health*

Looking to enhance your supply chain operations?

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[Healthcare Supply Chain ROI Savings Calculator](#) 

A special thanks to all who contributed to the Maintain Gains (MG) team, including:

Alison Sonsteli – Lead Sterile Processing Coordinator, and Maintain Gains Project Manager (2020-2021)

Karen Sanderson – OSS OR Director

Crystal Boroski – OSS OR Manager

Wendy Garcia – SUMC SPD Manager

Seth Adkins – OR Business Manager

Rebecca Backstrom – OSS Senior Surgical Tech

Kelsey King – OSS Senior Surgical Tech

Brooke Nelson – OSS Senior Surgical Tech

Marissa Kemper – OSS Senior Surgical Tech

Jason Thomas – Supply Chain Business Improvement Manager (a.k.a. JT)

Jason Rasmussen – Supply Chain Analyst (a.k.a. JR)

Jessica Esperum – Senior Clinical Informatics Analyst

OR and SPD teams at Sanford Medical Center Fargo (SMCF)

OR and SPD teams at Orthopedic Surgical Service (OSS)

Darla Dobberstein – Executive Director, Orthopedics, Neurology, and Surgical Services

Brittany Sachdeva – Sanford Vice President, Operations, Fargo

Tiffany Lawrence – Sanford President and CEO, Fargo

Allyson Kleespie – Special Projects Specialist

Michael Jorgenson – Special Projects Specialist

About **Tecsys**

Since our founding in 1983, so much has changed in supply chain technology. But one thing has remained consistent across industries, geographies and decades – by transforming their supply chains, good organizations can become great.

Our solutions and services create clarity from operational complexity with end-to-end supply chain visibility. Our customers reduce operating costs, improve customer service and uncover optimization opportunities.

We believe that visionary organizations should have the opportunity to thrive. And they should not have to sacrifice their core values and principles as they grow. Our approach to supply chain transformation enables growing organizations to realize their aspirations.

Speak to a Healthcare Supply Chain expert



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