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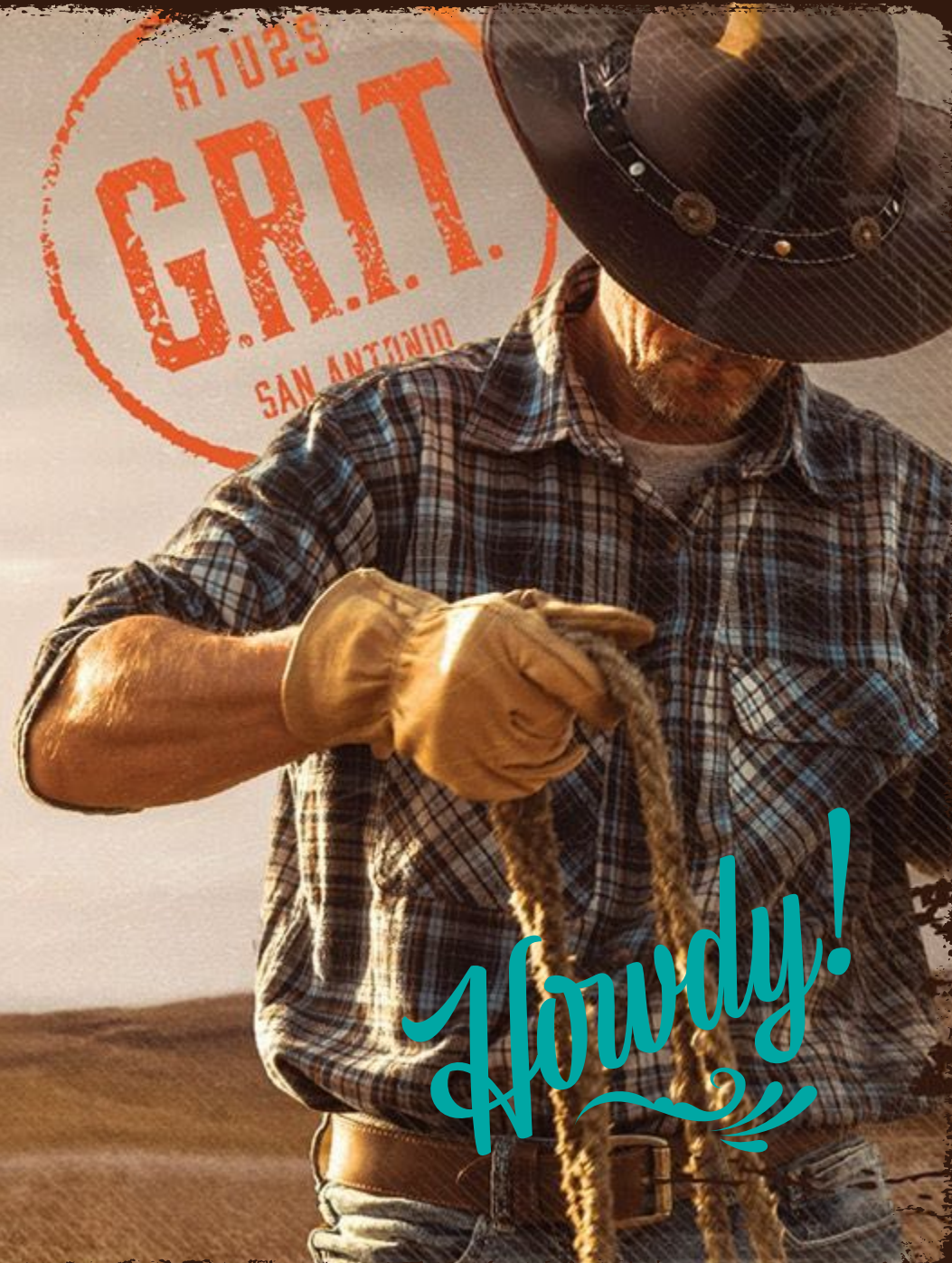
# Custom Procedure Trays— The Service Line Approach to Standardization

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CE Deadline: 09/30/25





# Presenters

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# Learning Objectives



*At the end of this session, participants should be able to:*

- Identify the advantages of Custom Procedure Trays (CPT) standardization.
- Recall the steps to review and operationalize CPT standardization.
- Recognize potential roadblocks and strategies to mitigate challenges for a CPT standardization project.



— CUSTOM PROCEDURE TRAYS —

# OVERVIEW



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# Custom Procedure Trays (CPT)

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- What & Why
- Advantages of CPT Standardization
- Cost vs. Convenience
- Vendor & IDN Alignment
- CPT Contents & Single Pull Items
- Sustainability & Waste
- Tariff Impacts



# What & Why

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- What are custom procedure trays?
  - A collection of (typically) non-sterile medical supplies packaged into a tray and sterilized by the CPT manufacturer
  - Used in procedural/surgical areas where sterile technique is required
  - “Unlimited” customization possibilities
- Why use a custom procedure trays?
  - Simplify procedure setup
  - Reduce turnover time
  - Variance reduction
  - Reduce single pull inventory
  - Shortage mitigation

# Advantages of CPT Standardization



- Shortage Mitigation
- Practice Standardization
- Traveler/Float Experience
- Hospital & Supplier Efficiency
- Patient Safety
- Cost Reduction
- Charge Capture
- Waste Reduction



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# Cost vs. Convenience



- There is a cost for convenience
  - Variance in cost to the hospital on a per item basis for single pull vs. CPT
  - CPT vendor has additional cost drivers
    - Shipping
    - Labor
    - Sterilization
  - General assumption is that your cost per item is greater in a CPT versus single pull

**Think about how you would balance these factors.**

**Would you be rigid or flexible?**

**Consider impact at scale!**



# Assessment Question #1

Are custom procedure trays a physician satisfier?

- A. Yes
- B. No
- C. Maybe?





# Answer: Assessment Question #1

Are custom procedure trays a physician satisfier?

- A. Yes
- B. **No**
- C. Maybe?

# Vendor & IDN Alignment



- Involving your CPT vendor in your strategy is a good thing!
  - CPT vendor's goal is to maintain or increase their total spend
    - Be aware of “selling” toward this goal
    - Can be disguised as a pack optimization program
  - Our goal is to optimize usage and reduce waste ending up with the “right” items in the CPT
- Should be able to meet in the middle and satisfy both the hospital and the vendor

## Leverage the Vendor

- Data
- Cost Optimization
- Inventory Burn Down
- Standard Packs



# Alignment of CPT Contents With Single Pull



- It is critical to align CPT disposables with what is stocked as single pull on the shelf
- Staff will open a pack to just get one item or waste the item in the pack to replace with an item from the shelf
- Be cognizant of the delay in changing CPT contents if there is a need to switch single pull items to a new vendor

## Top Examples

- Surgical Gowns
- Gloves
- Drapes
- Scalpels

# Sustainability & Waste



- Waste should be a major consideration with CPTs
  - Unused items in a CPT = waste
  - Is 100% utilization feasible?
- Waste adds up
  - Consider the environmental and cost impact of the unused items in all of your CPTs over an entire year
  - UCLA Medical Center reported that by removing unused items in two general surgery packs they were able to save \$45,719 annually with a reduction in waste of 2,437 pounds

**When multiple surgeons are using the same CPT, but don't agree on all components...**

**Where do you draw the line when adding physician-specific items to a CPT?**

**A CPT for every surgeon?**

Source: Braschi, C., Tung, C., & Chen, K.T. (2022, December). The impact of waste reduction in general surgery operating rooms. American journal of surgery, 224(6), 1370-1373. <https://doi.org/10.1016/j.amjsurg.2022.10.033>



# Tariff Impacts



- CPT vendors will source components from multiple suppliers and manufacturing locations
- Tariffs are assessed on CPTs based on the essential character item in the pack
  - Essential character is defined by the primary item in the set
  - The primary item for CPTs is what would be needed to begin or complete the procedure
- Beware of tariff impacts when changing items

## Examples

- **C-section Pack**
  - Scalpel
- **Vaginal Delivery Pack**
  - Umbilical Clamp

**It is important to work with your CPT vendor to mitigate tariffs by changing the essential item**

Source: "Tariff Classification," U.S. Customs and Border Protection: [https://www.cbp.gov/sites/default/files/documents/icp017r2\\_3.pdf](https://www.cbp.gov/sites/default/files/documents/icp017r2_3.pdf). Accessed 6/19/2025



— CUSTOM PROCEDURE TRAYS —

# BUILD A PLAN



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# Custom Procedure Trays

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- Pack Parameters
- Steps to Creating a Pack
- Approval Process
- Service Line Results
- Challenges

## Assessment Question #2



Are custom procedure packs chargeable to the facility?

- A. Yes
- B. No
- C. Sometimes
- D. I do not know



## Answer: Assessment Question #2



Are custom procedure packs chargeable to the facility?

- A. Yes
- B. **No**
- C. Sometimes
- D. I do not know

# Pack Parameters



## OR/Cath Lab/IR Pack Parameters

- No Complete Delivery System
- No chargeable items
  - Missed charges
- No medications
  - Physician preference
- No dressing supplies
  - Potential retained foreign body
- No prep solutions
  - Physician preference

## Complete Delivery System (CDS)

- All disposable surgical supplies are in one container
- Sterile and non-sterile items
- Convenient for staff but not cost effective

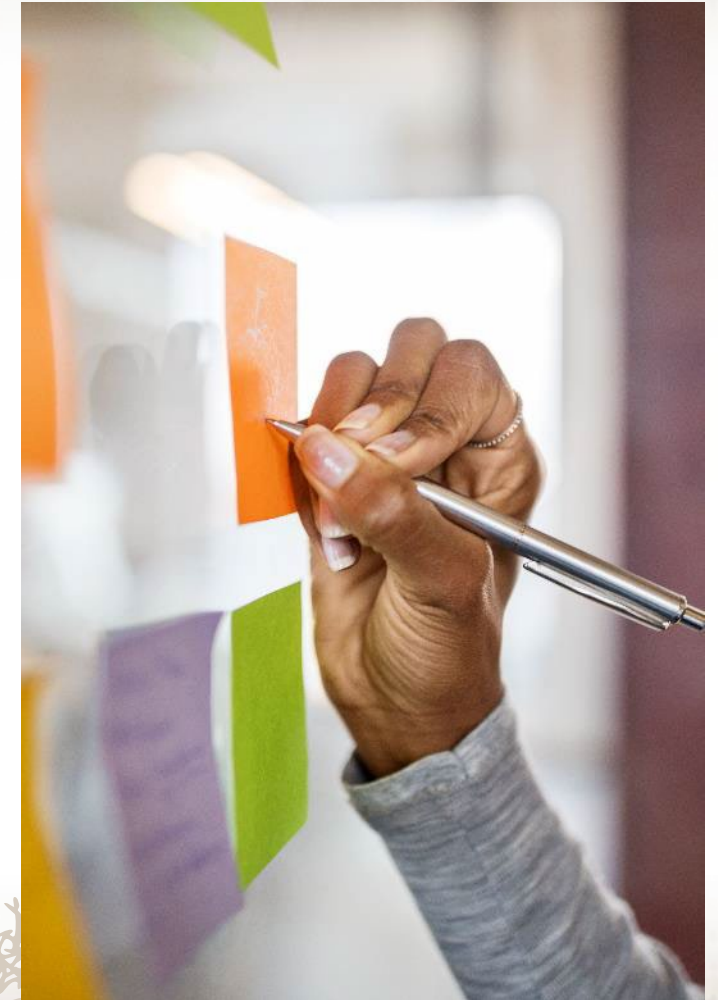
*Same parameters in the procedural areas  
will align with consistency*



# Steps to Creating a Pack



1. Identify a service line and pull all packs that are in use
2. Inquire clinical volunteers to be on a committee to create pack
3. Create pack contents and request sample packs to be sent out to identified locations
4. Pack Committee to create evaluation forms
5. Value Analysis member to take packs and evaluation forms to the facility key stakeholders
6. Have evaluations sent back to Pack Committee to be reviewed and share results to the field

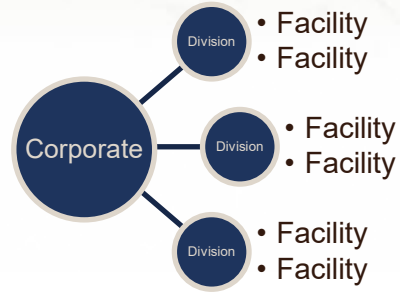


# Service Line Results



## Open Heart Packs

- Division pack
- Standardize to 1 Open Heart pack per division
- 65 packs in use
- 7 clinical members on committee



## Labor & Delivery Packs

- Corporate pack
- Standardize to 1 Cesarean section and 1 Vaginal delivery pack
- 31 Cesarean packs/  
18 Vaginal delivery packs in use
- 6 clinical members on committee



## Robotic Packs

- Division pack
- Standardize to 1 Robotic pack per division
- 27 packs in use
- 6 clinical members on committee



# Service Line – Open Heart



## Division-based Pack

- Product variations across divisions
- Syringes, gowns, drapes, towels, blades, hypodermics, line holders, connectors
- Draping varies throughout facilities
- Learned differences: draping, anastomosis, cardioplegia, perfusion variations

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# Service Line – Labor & Delivery



## Corporate-based Packs

- Both packs were found to be clinically acceptable
- Minor pack changes were done to the final packs based on the field evaluation feedback
- C-section drape was accepted



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# Service Line – Robotics



## Division-based Pack

- Product variations across divisions
- Syringes, gowns, drapes, towels blades, hypodermics
- Draping varies throughout facilities
- Learned differences: universal pack was found to not be specific enough to cover all specialties

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# Approval Process



- Pack has been created
- Pack approved by the facility product approval committee
- Division leader signs off on pack
- Corporate member reviews pack contents and current approved service line packs
- Vendor Pack Manager signs off on new pack and current packs begin the burn down process before the new pack is implemented





# Challenges

- **Division Accountability**

- Receiving evaluation forms back from all divisions by proposed deadline
- Provide support to divisions by having monthly meetings to achieve pack identification
- Once pack has been identified have Vendor Pack Manager follow up with division to start the burn down process to desired pack

- **Pack Pricing Visibility**

- Have Vendor Pack Manager allow field to have visibility to price changes when adding different contents to packs



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— CUSTOM PROCEDURE TRAYS —

# EXECUTE THE PLAN



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# Pack Standardization Committee



- Committee formation and goal setting
- Standardization of custom procedure packs
- Securing stakeholder approval and engagement
- Implementation at the local level
- Challenges encountered and key takeaways

# Committee Formation



## Team Lead

- Clinical Resource Manager, preferably with expertise in service line
- Synthesizes input to guide committee decisions
- Leads agenda planning and implementation



## Supply Chain Representatives

- Individuals in supply chain with clinical expertise in service line
- Provides input on proposed changes
- Engages facility for feedback on sample pack



## Clinical Services Representative

- Individual outside of supply chain who oversees service line
- Provide input on potential impact from proposed changes
- Identification of potential conflicting strategy



# Standardization of Custom Procedure Packs



## Committee Goal

Adoption of one clinically acceptable procedure pack in focus area across enterprise

- Conducted weekly reviews of custom pack components through side-by-side comparisons by product category
- Standardized items based on consistent usage across product categories
- Collaborated with facility clinicians to:
  - Identify essential items
  - Eliminate infrequently used supplies and chargeable components
- Developed and distributed sample procedure packs for facility evaluation and feedback

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## Assessment Question #3



What approach is most effective for securing stakeholder approval and engagement?

- A. Live feedback sessions
- B. Standardized evaluation forms
- C. Feedback analysis and implementation
- D. All the above are effective



## Answer: Assessment Question #3



What approach is most effective for securing stakeholder approval and engagement?

- A. Live feedback sessions
- B. Standardized evaluation forms
- C. Feedback analysis and implementation
- D. All the above are effective

# Securing Stakeholder Approval & Engagement



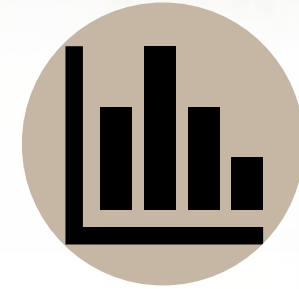
## Socialization

- Communicate rationale and guidelines
- Share proposed pack components with Clinical Resource Management team
- Solicit feedback from all impacted facilities



## Evaluation

- Develop standardized evaluation forms
- Assess for clinical suitability
- Enable open-ended feedback and identification of missing items



## Feedback Analysis

- Quantify and analyze all responses
- Review results and propose modifications with Pack Committee
- Communicate changes based on feedback with Clinical Resource Management team



# Implementation at the Local Level

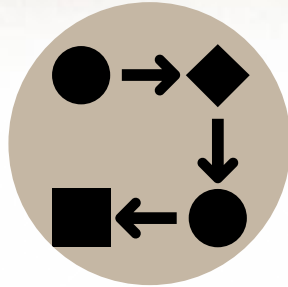


- Align new pack build timeline with depletion of existing inventory
- Establish and communicate go-live date
- Engage key facility stakeholders through kickoff and implementation calls
- Ensure removed items still needed are added to PARs and ordered accordingly
- Update preference cards prior to go-live
- Conduct post-implementation reviews to gather feedback and assess needed adjustments



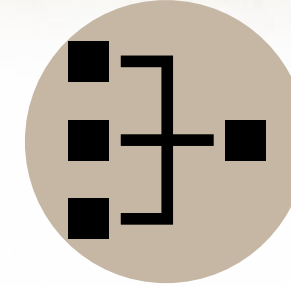
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# Challenges Encountered & Key Takeaways



## Local Implementation Challenges

- Engaging facilities satisfied with current pack to foster openness to change
- Sustaining momentum post-buy-in despite extended timelines
- Navigating external challenges while maintaining operational efficiency to ensure a smooth transition



## Committee Lead Key Takeaways

- Emphasize the value of a structured, consensus driven approach to change
- Promote transparency and incorporate stakeholder feedback
- Balance standardization with clinical flexibility
- Identify and communicate stakeholder-specific benefits to build support





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