HOW TO OPTIMIZE A PREFERENCE CARD IN 7 STEPS

A Practical Guide for Participating Sites · ACS SUSTAIN Preference Card Optimization Campaign

Preference card optimization is a practical, surgeon-led process to make sure each card reflects what is needed for a surgical case. Accurate and up-to-date preference cards can help reduce unnecessary supplies, improve OR setup, decrease waste, and support more efficient, consistent workflows.

1

Select a Procedure

Choose at least one high-volume or commonly performed procedure at your site, one where the team sees an opportunity to reduce unnecessary supplies, streamline setup, or better standardize the card.

Examples may include:

- Laparoscopic colectomy
- Laparoscopic cholecystectomy
- Hernia repair

A surgeon must serve as the lead for the selected procedure, though the optimization process should include input from the full perioperative team.

2

Assemble the Right Team

Preference card optimization works best when the people who use, prepare, and manage the card are involved. Your team may include:

- Surgeon lead
- OR nurse
- Surgical technologist
- Perioperative leader
- Supply chain or materials management representative
- Quality improvement representative

The goal is to bring together the clinical, operational, and supply perspectives needed to make practical and sustainable updates.

3

Review the Current Preference Card

Start by reviewing the existing preference card for the selected procedure. Look closely at the supplies, instruments, equipment, medications, positioning needs, and setup instructions listed on the card.

As you review, ask:

- Is each item still needed for this procedure?
- Is the item routinely used, rarely used, or no longer used?
- Are items being opened before the case that could instead be available but unopened?
- Are there duplicate or outdated items on the card?
- Are there surgeon-specific preferences that could be standardized?
- Are setup instructions clear for the OR team?

4

Identify Opportunities for Improvement

Once the current card has been reviewed, identify practical changes that can improve efficiency and reduce unnecessary use. Potential opportunities may include:

- Removing supplies that are rarely or never used
- Moving infrequently used items from “opened for every case” to “available if needed”
- Standardizing supplies across similar procedures or surgeons when appropriate
- Clarifying setup instructions
- Reducing duplicate supplies
- Updating outdated product names or item numbers
- Aligning the card with current clinical practice

Changes should maintain patient safety and support the needs of the surgical team.

5

Revise and Implement the Updated Card

Work with the appropriate local team or system owner to update the preference card. Before implementation, confirm that the revised card accurately reflects the surgeon’s needs and is clear for the OR team.

Once finalized:

- Implement the revised card for the selected procedure
- Communicate the changes to relevant team members
- Make sure the OR team knows what has been removed, changed, or moved to “available if needed”
- Allow time for the revised card to be used in practice

The revised card should support the same level of patient care while reducing unnecessary supply use and improving workflow.

6

Track What Changed for the Post-Survey

After the revised preference card has been implemented, keep track of changes and observations that will help complete the post-campaign survey — what changed, what worked well, and what impact the updated card had.

Sites should track the following, where available:

- The revised preference card for the selected procedure
- Number of items on the baseline card compared with the revised card
- Items removed from the card
- Items moved from “opened for every case” to “available if needed”
- Items added to the revised card, if any
- Supplies commonly opened but unused before the update
- Observed reduction in opened but unused supplies
- Supply-related delays or missing-item retrievals after implementation
- Changes in OR setup efficiency or ease of case preparation
- Available supply cost information or estimated cost savings
- Feedback from surgeons, OR nurses, surgical technologists, or supply chain staff
- Barriers, lessons learned, or changes needed to sustain the updated card

Use local tracked data when available.

7

Submit Campaign Materials and Share Lessons Learned

Participating sites will complete pre- and post-campaign surveys and upload the baseline and revised preference cards for the selected procedure. These submissions help ACS SUSTAIN evaluate the Campaign’s impact across participating institutions.

Sites will be asked to submit:

- Pre-campaign survey
- Baseline preference card
- Post-campaign survey
- Revised preference card
- Available impact data, where tracked locally
- Lessons learned from the implementation process

Participants are also encouraged to join Campaign webinars and shared learning opportunities throughout the year.

What to Save for the Post-Survey

- Baseline preference card
- Revised preference card
- List of items removed, added, or moved to “available if needed”
- Notes on any changes in opened, but unused supplies
- Any available cost, supply use, or OR efficiency data
- Team feedback on the revised card
- Notes on challenges, barriers, or lessons learned

Tips for Success

- Start with one procedure rather than trying to update all cards at once
- Choose a procedure with high volume or clear opportunity for improvement
- Include the OR team members who use the card every day
- Focus on practical changes that can be implemented quickly
- Do not remove items that are clinically necessary
- Use “available if needed” when an item should be accessible but doesn’t need to be opened for every case
- Revisit the card after implementation to confirm the changes are working

GOAL OF THE PROCESS

The goal of preference card optimization is not simply to remove supplies. The goal is to make preference cards more accurate, efficient, and aligned with current practice. By doing so, surgical teams can reduce unnecessary waste, support more consistent OR setup, improve visibility into supply use, and strengthen value in surgical care.