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APPLYING DIVERSIFIED STRATEGIES TO DECREASING LOSS CHARGE NUMBER OF MEDICAL SUPPLY

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INTRODUCTION

Medical supplies and patient's security had something to do with one another. Healthcare supply chain management are responsible for stocking organizations with the products providers need and managing inventory. The storage cabinets were massed up because healthcare materials were either incorrectly positioned or excessive appropriation. Once medical supplies did not manage well, conduct expired or contaminated ones to induce infection issues within patients, it would threaten patients' safety even their lives. The study suggested that medical supply expense in regional hospitals of Taiwan occupied the organizational operation 30% to 50 %.

According to the analysis on January to March of 2022 in the wards, the 40 frequency of loss charge number of medical supply in nursing units was 432,029, the loss cost was NT\$ 2,431,245. The monthly loss charge number of medical supply average was 144,009 (NT\$ 810,415) and daily average was 4,880 (NT\$ 27,013). When the unit applied for a few of medical supplies, the preparation of medical supply personnel to the transferring of goods for single time would take 30 minutes per person. The cost of manpower (cost NT\$ 148 per hour) changed into daily extra expenditure was NT\$ 4,030, the monthly expenditure was NT\$ 120,901, and the annual expenditure was up to NT\$ 1,450,814.

The analyzing the current status, we found that there were low levels of the overall knowledge about charge completeness of medical supply, the staff with unaware/unfamiliar with the pricing, the pricing project lacked specialty, and less charge completeness education courses.

AIM

Healthcare supply chain management is responsible for providing organisations with the products providers need and managing inventory. controlling the loss rate of medical supplies.

CONCLUSIONS

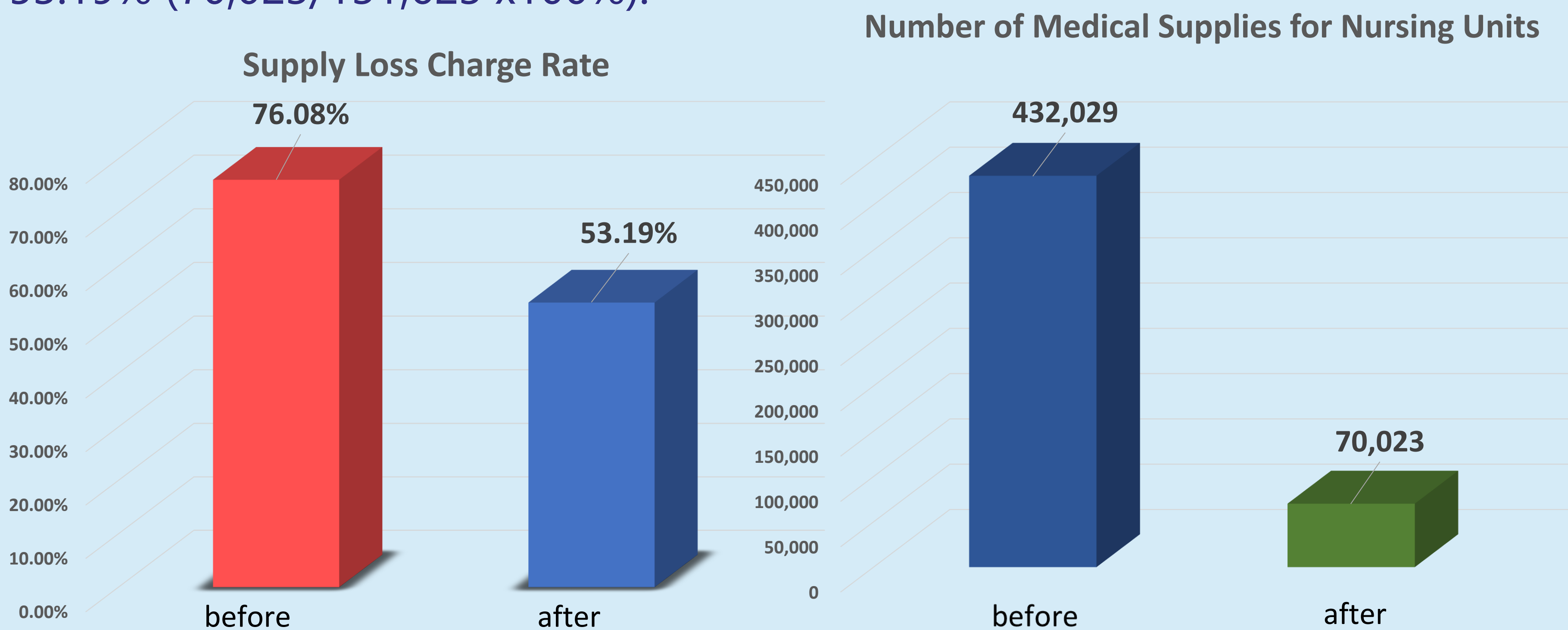
With the cooperation of multi-discipline information team to establish the management mechanism of medical supply compilation medical supply, strengthen the secretary's understanding of medical supply management through visual isation monitoring. Data analysis module to control the loss charge rate of medical supplies. The programme not only improved the nurses. The programme not only improved the nurses' knowledge about batch and batch completeness, but also promoted patient safety.

ACKNOWLEDGMENTS

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RESULTS

The 40-item medical supply loss charge number from September to December of 2022 in the wards was 70,023, the loss cost was NT\$ 559,776. The monthly average medical supply loss charge number was 23,341(NT\$186,592), and the daily average was 778 (NT\$6,219). After the improvement programme, the medical loss ratio was reduced from 76.08% (432,029/567,858 x100%) to 53.19% (70,023/131,623 x100%).



METHOD

The improvement approaches included establishment of charge assisting tools such as "template for demand charge", "charge of easy and convenient," and establishing an audit team, providing specialized education. Also, the compiling system was built by multi-discipline information team to effectively handle the import of medical supply and compile the usage of each unit. Furthermore, big data system of Power BI was coined to accurately maintain the difference in quantity to understand the loss charge number of medical supply, and to analyze and improve from those errors.

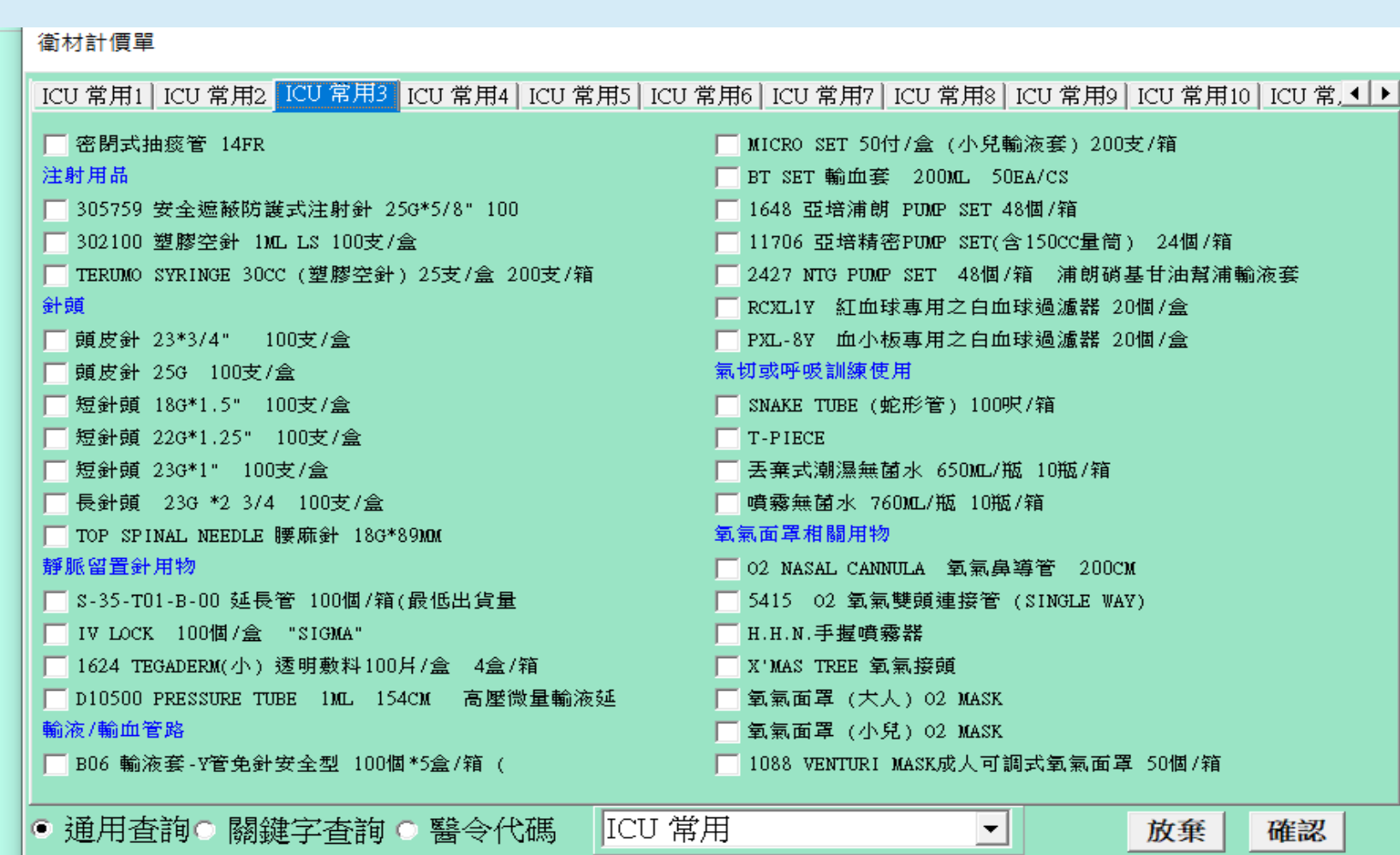


Figure 1. Establishment of charge assisting tools

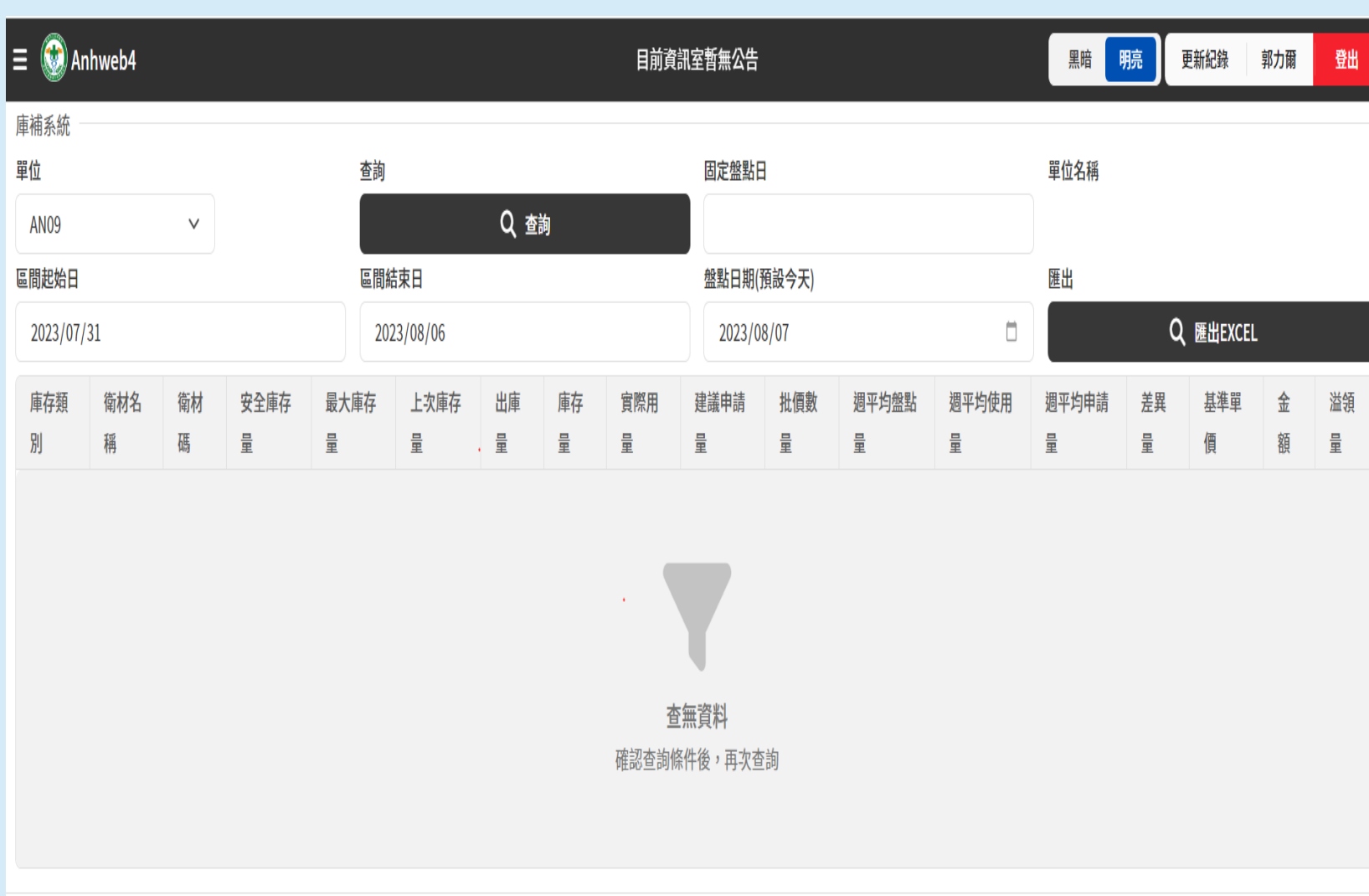


Figure 2. Ompiling system was built by multi-discipline



Figure 3. Big data system of Power BI



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