



# Why Outdated EHR Systems Are Holding the OR Back

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In recent years, most hospitals and ambulatory surgery centers have moved beyond paper health records and opted for electronic health records (EHRs) instead. This shift promised increased efficiency, better coordination, and easier updates. But in many ORs today, the tools being used to manage information workflows still fall short of the complexity and pace of surgical environments.

The problem isn't that teams haven't gone digital, but that the systems being used are not built with operating room staff in mind. An interview with various nurses and physicians found that the top issues with EHRs were subpar training that limits full usage, time-consuming tasks that take away from patient care, dependencies on technology, and a lack of integration (Upadhyay & Hu, 2022) [1]. These issues can cause frustration and impact a facility's ability to work at peak efficiency.

Many EHR systems, including their preference card modules, still run through legacy hospital systems that weren't designed for the dynamic operating room environment. They are difficult to navigate, disconnected from the real-time needs of the OR team, and hard to learn. Updating a preference card may require navigating multiple layers of a clunky interface, making a request to IT, or manually inputting changes to hundreds of cards for hours. In an environment where surgeons frequently update their techniques, vendors rotate, and staff roles shift, this lag in adaptability becomes a huge operational issue. A study found that a major factor that impacted medical specialists' ability to provide top-quality patient care was "the time required to select, implement, and learn how to use EMR systems and subsequently enter data into the system" (Poelgeest et al., 2021) [2]

Beyond this, these legacy systems also lack the visibility and data that surgical leaders need to improve processes. There's little insight into how often OR supplies are wasted, where variation exists across surgeons or facilities, or how preference changes are being implemented. Without this information, opportunities to reduce waste or improve efficiency are not identified, which limits the ability of leaders to adapt quickly and identify core issues.

An EHR can store information, but storing information is not the same as enabling surgical teams to act on it quickly, accurately, and collaboratively. Being able to visualize data and identify common issues, such as which supplies are wasted most frequently, in your OR is a powerful tool that can save facilities thousands of dollars.

## What is the solution?

That's where PREFcards comes in. It's a digital preference card platform built specifically for the OR, designed to reflect the way surgical teams work. By offering fast, intuitive editing, cross-team visibility, and real-time updates, PREFcards helps reduce waste, streamline setup, and ensure that the right tools are always in the room.

By providing ongoing support and unlimited training sessions, PREFcards ensures your team understands the full potential of the software. Additionally, real-time data insights into key factors like supply waste, surgeon contribution margin, and case costs enable surgical teams to optimize cards by identifying high-waste items. It integrates seamlessly with existing systems and offers an intuitive design that anyone can learn easily.

A 3-OR single-specialty ENT surgery center realized potential annual savings of over \$160,000 and a 65x return on the initial investment after implementing PREFcards. The center, which was struggling with inefficiencies and high operating costs due to non-standardized preference cards, saw these benefits by just improving its most popular cards. By standardizing cards across surgeons, using procedure cost reports to identify areas to improve, and utilizing AI card suggestions to make smart edits, the center was able to see a 22% reduction in cases with unused items returned to inventory, a 10% reduction in wasted items within cases, and a 60% reduction in case picking errors. [3]

For OR leaders looking to modernize without compromising precision, it's a system that fits the demands of surgery, not the other way around.

For more information, visit [www.prefcards.com](https://www.prefcards.com) or email us at [info@prefcards.com](mailto:info@prefcards.com)

## Sources

[1] Upadhyay, S., & Hu, H. (2022). A qualitative analysis of the impact of electronic health records (Ehr) on healthcare quality and safety: Clinicians' lived experiences.

[2] Van Poelgeest, R., Schrijvers, A., Boonstra, A., & Roes, K. (2021). Medical specialists' perspectives on the influence of electronic medical record use on the quality of hospital care: Semistructured interview study. *JMIR Human Factors*, 8(4), e27671.

[3] PREFcards, Revolutionizing OR Efficiency in ENT Surgery (2024)