

One Missed Scan. One Forgotten Implant. See the Ripple Effect Across Your Hospital Teams.

Circulating nurses get pulled back to clarify what was used

- They are asked to confirm implants, biologics, trays, or supply items from memory.
- If the case had happened days earlier, accuracy drops even further.
- Nurses often have to leave the floor or call between cases to answer questions.



Scrub techs are asked to recreate usage



- If the nurse cannot remember, scrub techs are contacted to confirm what was opened.
- This becomes guesswork when multiple items or trays were used.



OR Business Managers manually reconstruct the case



- They review the EMR, picklists, preference cards, and any leftover packaging.
- They compare documentation to vendor invoices to figure out what was actually used.
- This is where most discrepancies are found.



Rev-cyc and charge capture teams hold or delay charges



- If lot and serial no. are missing
- If an implant was documented but not billed
- If an item was billed without documentation
- If the implant does not match the materials master
- These holds often block reimbursement until corrected.



Billing appeals require documentation hospitals cannot produce



- Payers request proof of use for high cost implants.
- If OR documentation is incomplete, the hospital risks losing the payment entirely.



Materials management has to investigate mismatches



- If documentation shows an item used but inventory does not reflect it, they have to track it down.
- If inventory shows an item was used but documentation does not, they flag it for charge correction.



Supply chain or contracting teams get involved when costs do not match documentation



- If an implant is billed at the wrong price
- If a biologic or consignment item was not documented
- If vendor consignment reconciliation does not align with case logs

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