

LESSONS LEARNED IN SELECTING A SAFE PATIENT HANDLING DEVICE

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For anyone who purchases safe patient handling equipment, it's important to remember Caveat Emptor: "Buyer Beware." But an adversarial relationship between the buyer and the seller is counter-productive. Instead, collaboration is the key to success. This article, jointly developed by a Safe Patient Handling facilitator and a vendor rep with 30 years collective experience in the field, uniquely represents the process that can be followed to ensure a successful partnership between the Safe Patient Handling Manager and the vendor/supplier.

THE SITUATION

Safe patient handling (SPH) has become a key health care concern. Today's demographics – heavier patients,¹ an aging nurse population,² and significant injury-related caregiver retirements³ – make it essential that hospitals find a better way to transfer and transport patients safely. Not only did the Joint Commission make SPH a key goal in 2009,⁴ but SPH has also earned the attention of professional organizations such as the AORN, NAON, the AIHA, and The Facilities Guidelines Institute.

Today's improved safe patient handling equipment holds the promise of a solution, but which equipment is best? With tight budgets, hospitals and facility leadership cannot afford to make an unfortunate capital purchase. Sorting through product offerings can be time-consuming and intimidating. However, a strategic investigation will uncover a product – and a vendor – that the healthcare provider can trust to meet its goals. Here are some key caveats to help make an informed decision.

CAVEAT #1:

DIAGNOSE FACILITY NEEDS

Buyers must first know what they need and what their facility can support, financially and physically. Where does SPH stand now? Begin with an internal self-evaluation of the facility's current SPH status. It should document the following:

- Strengths/weaknesses of the existing patient handling equipment
- Internal data on current injury levels and locations
- Current SPH goals and their priority
- Long-term physical and financial goals
- Departments that need SPH equipment (*radiology, dental, rehab, morgue*)

- Types of personnel who will use the equipment
- Patient populations served
- Needs of the patients using the device
- Where the devices will be stored
- Structural restrictions of the building (*doorways, space, ceiling heights, HVAC, electrical, seismic, asbestos, pre or post tensioned concrete ceiling construction*)
- Specific size, overhead or materials restrictions (*Example: ferrous materials in MRI*)
- Construction projects planned for the targeted departments
- Product evaluation process and participants
- Decision-making process, including the final decision-maker
- Budget
- Role of Purchasing
- Supporting departments, such as laundry, logistics and biomedical engineering, that will also be impacted
- Current laundering requirements
- Relationship to the hospital's mission and short-term business goals

Once the investigative team has an accurate snapshot of the current SPH status, then it can develop the overall blueprint that drives the evaluation process.

CAVEAT #2:

ADOPT A HOLISTIC APPROACH

Merl Miller of Banner Health says, "You can have the most cutting edge piece of equipment, but without strong training, good policies, the culture to support your goals and the buy-in of all levels of leadership, then a safe patient handling program just won't be successful."⁵ This means that purchasing a SPH device involves more than evaluating the product itself.

It requires a comprehensive approach that also evaluates the vendor, the sales representative, and the business offering, to ensure that the SPH solution meets the needs of all stakeholders – from the laundry supervisor to the CFO.

CAVEAT #3:

GIVE THE PRODUCT A PHYSICAL

Product literature, online video demonstrations, and hands-on time at medical equipment shows can provide an overview of a product's capabilities. This type of initial research should yield satisfactory answers to the following questions:

What are the capabilities of the device? Investigate each device thoroughly to ensure that it meets the key SPH goals. For example, if the goal is to reduce the number of patient transfers per procedure, analyze whether the device's features will achieve that. If the goal is to reduce equipment storage requirements, make sure the footprint is compact. If caregivers transport patients long distances or up and down ramps, look for a device that makes this as effortless as possible. And if an improved in-patient experience is important, evaluate the device's comfort before, during, and after any medical procedures.

Can the product meet the needs of multiple user groups?

Not all departments have the same SPH needs. A wound care department might need extra wide and heavy load-bearing devices as well as support and ergonomic access to the patient's feet. Ophthalmology and critical care specialties might have Trendelenburg requirements. Addressing the functional requirements and options becomes more complicated when multiple departments plan to share the SPH equipment. The solution might be a device that is exceptionally versatile.

Can the device be customized to your exact needs? Duct tape is not a medical tool. If a SPH device requires caregivers to improvise some attachments, or if the nurse manager anticipates asking Maintenance about their welding skills, then the product in question might not be the right solution.

Is the device compatible with other pieces of equipment currently in use? For example, does the device integrate with existing lifts or other transfer devices, such as floor based lift chassis under the stretchers? Do procedural requirements limit what device can or cannot be used?

What kind of maintenance does the device require? Find out what breaks down most frequently, what spare parts should be stockpiled, whether the device requires oils or fluids, how rapidly the device can be repaired, and whether

the vendor will train biomedical engineering. What are the preventive maintenance requirements? Ask how the vendor handles repeat service calls on the same piece of equipment. The vendor should maintain service records for at least 2 to 3 years and provide early notification of emerging problems. Does the company use original manufacturer-recommended or third-party parts for repairs?

Are specific cleaning procedures and solutions required for infection control? Some cleaning solutions could damage the prospective equipment and void the warranty. They might also discolor the product. Request written cleaning or laundering procedures and required cleaning solutions, to ensure they are compatible with current products and practices.

What is the product's life span? This issue doesn't just deal with a mechanism wearing out, although the manufacturer should be able to provide longevity data. The issue also involves protection from obsolescence through 'backwards compatibility.' The healthcare institution should be able to seamlessly integrate any upgrades, as well as get replacement parts for the original model for a decade or more.

The above product evaluation process should yield a list of products whose credentials allow them to clear the first hurdle. The next step involves expanding the scope of the evaluation.

CAVEAT #4:

PUT THE VENDOR UNDER THE MICROSCOPE

At one time people evaluated a child's prospective mate by learning about the parents. The same old-fashioned principle applies to purchasing SPH equipment. Learning about the vendor will reveal whether the device genetically has good "bones."

Does the vendor specialize in the manufacture of SPH devices? Years of engineering expertise and decades of collective knowledge about medical procedures, ergonomics, and patient comfort go into the design and manufacture of a good SPH device. The vendor's website should provide clues to their position within this highly-specialized industry. Also look carefully at a SPH device company that has just been bought out. Its long-term commitment to SPH might be about to change, for better or worse.

Does the vendor get good marks from current customers? A reputable SPH vendor will offer customer references, which should be diligently pursued. But remember, vendors will likely only provide their best-case customers. For a more

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even-handed perspective, tap into the power of LinkedIn and other social media to blog for questions and answers about the vendors and their products. That's where both the good and the bad will surface, and both need to be filtered into the decision-making process.

Does the vendor allow you to test/trial the device? Targeted direct patient care staff will need more than just a quick hands-on at an equipment show. Nothing takes the place of handling the device on-site, and without staff buy-in, you can almost guarantee the equipment will not be fully utilized. A good vendor will bring their product to the healthcare facility for a detailed demonstration in front of a key group of caregivers. An excellent vendor also ensures staff training during this trial period. Take advantage of the opportunity to have as many staff members as possible put the device through its paces, and document both in-service participation and staff equipment evaluations. Remember to secure loan agreements and include the biomedical department for all trials.

What level of service does the vendor provide? No matter how perfect the SPH device, there will always be bumps along the way, and they're possibly the ultimate test of the vendor. In addition to the maintenance issues mentioned in Caveat #3, find out in advance about product warranties, the availability of nationwide service and the accessibility of parts.

Answers to the above questions should help establish the vendor's reputation, credentials, and commitment, strengthening the foundation for a solid business relationship.

CAVEAT #5:

DO A COMPLETE WORK-UP ON THE SALES REP

An expert rep will welcome the opportunity to demonstrate both their personal expertise and their commitment to building a strong and successful business relationship. Answers to the following questions will reveal whether the rep measures up to the challenge.

Does the rep have significant experience with SPH? The last thing a SPH Facility Coordinator should have to do is train the sales rep. The rep should have at least five years' experience in the medical industry, specific experience in medical devices, significant knowledge about diagnostic and treatment procedures, and a thorough understanding of current SPH issues. Ask about their personal success stories in providing SPH solutions to other healthcare facilities. Have they authored articles for professional journals or spoken at professional gatherings? Industry-wide recognition is the sign of a committed expert.

Can the rep proficiently demo the product? This requirement might seem obvious, but it can be overlooked if the presentation is in the middle of a hectic day. Hesitation and false steps are warning signs that the expertise is not quite there, and that the vendor organization is not as professional as it could be.

Can the rep answer all questions to your satisfaction? A competent rep will have "seen it all, done it all" and should be able to readily address almost any question. However, an outstanding rep will recognize and appreciate new challenges. "That's a great question, I'm going to check into that" can be a sign that the rep is committed to solving your problem rather than just offering a cookie-cutter solution.

Does the rep realistically manage expectations? Beware of a rep that promises miracles. No device is a perfect solution, and SPH improvements might not be instantaneous. The rep should explain that training, ramp-up, and process change can delay positive results. In addition, injuries might even increase initially, as the new focus on SPH results in more incident reports.

Does the rep ask about your issues and really listen to your responses? What a SPH Facility Coordinator or nurse manager says to a sales rep is just as important as what the sales rep says to them. Look for signs – such as note-taking – that the rep is listening. In fact, at the end of the input session, test them to make sure! If the rep fails to listen, he or she could propose inadequate equipment to fulfill your needs – a losing scenario for everyone concerned.

How will the rep respond to a product or service challenge after the sale? Ask about those "What if?" scenarios. The rep should be able to describe what the experience would be like for the facility if something goes wrong. The Facility Coordinator should feel that the response would be satisfactory, prompt, and fair.

Does the rep truly work as a long-term partner? The rep must strive to make the SPH leader's job as easy as possible. Here, information – whether good or bad – is the coin of the realm, so that the healthcare manager can plan, make judgment calls, and if necessary keep the SPH device decision from going off-track. A strong long-term partnership also means that the rep must be responsive to all training requests, as well as any other issues that affect the healthcare facility.

Only the most qualified vendors can successfully reach this point in the evaluation, and they should be asked to submit a formal Proposal. The Proposal is the final aspect to analyze before making a final decision.

CAVEAT #6:

EXPECT A COMPREHENSIVE PROPOSAL

The Proposal itself should be more than a price on a piece of paper. It needs to include all the information needed to persuade the decision-makers.

Does the Proposal present a brief overview of the vendor's credentials and customer references? While you know the vendor's qualifications, the decision-makers might not. The vendor should not rely on you to tell their story. What makes this particular product better than a competitor's?

Does it present the product specs? This should include the specific units that you plan to purchase – including all options and attachments – so there is no misunderstanding about what the price includes.

Does it include evaluation responses from staffers who attended the product demonstration? These responses are a powerful sales tool, since their words “sell” the product's ability to meet SPH goals.

Does it include a complete return on investment (ROI) story?

This story should include both hard and soft cost savings: increased efficiencies, reduction in number of devices, improved patient experience, and decreased risk of patient and staff injuries. The soft cost savings can become exceptionally important, since decision-makers might need to look beyond the initial purchase price, to recognize the product's value.

What specific training does the purchase include? The Proposal should indicate whether training is specified as a total number of allotted hours, and if includes shifts and train-the-trainer events. Online video and written resources need to be available.

If elements are missing in the Proposal, ask for more data until the document is as strong as possible.

The evaluation process outlined above might seem time-consuming. But knowledge is power. Addressing these six areas can do more than turn the purchasing process from *Caveat Emptor*: “Buyer Beware” to *Caveat Venditor*: “Seller Beware.” It can result in more than an equipment purchase that meets the caregiver's medical needs and business goals. Ultimately, it can ensure that all groups will buy into the decision and have a stake in ensuring its success. It can also establish a long-term, successful business partnership built on trust that becomes a win-win for all parties involved. ■

REFERENCES

1. Ogden, Cynthia, Pd.D.; Fryer, Cheryl D., M.S.P.H.; Carroll, Margaret D., M.S.P.H.; and Flegal, Katherine M., Ph. D. “Mean Body Weight, Height, and Body Mass Index, United States 1960–2002.” Division of Health and Nutrition Examination Surveys. <http://www.cdc.gov/nchs/data/ad/ad347.pdf>

2. Buerhaus, Ph.D., RN. “Current and Future State of the US Nursing Workforce.” *JAMA*. 2008; 300(20):2422-2424. <http://jama.ama-assn.org/cgi/content/extract/300/20/2422>

3. McPeck P. “Watching our backs – RNs get a lift from ‘no lift’ policies.” *NurseWeek Magazine*. 2006; <http://www2.nurseweek.com/Articles/article.cfm?AID=22078>

4. The Joint Commission. Accreditation program: hospital; National Patient Safety Goals. 2009. http://www.jointcommission.org/NR/rdonlyres/979098FA-74FD-4F25-AF41-EDD48FBD300E/0/AHC_NPSG.pdf

5. Miller, Merl, Ergonomics and Injury Prevention Specialist, Banner Health (Phoenix, AZ). Interview conducted December 2012