OR Business Management

Managing an endomechanical conversion

OR managers making a major conversion such as an endomechanical or a suture manufacturer change, face as much pressure as an Olympic athlete. Setting up for a successful conversion begins with understanding a simple equation.

“You have to look at 2 components when doing conversions—logistics, or the supply chain side, and the clinical side of the equation. The supply chain and the clinical people need to work together,” says Mary Kaye Van Huis, RN, MSN, director and clinical field specialist for the Premier health care alliance, Charlotte, North Carolina.

In March 2008, Premier released guidelines for successful conversion of endomechanical and suture products for its members. The guidelines include a step-by-step tool for conversions.

Whether or not you have access to a formal tool, Van Huis and Simon Wajnblom, MBA, business manager for surgical services at CoxHealth, Springfield, Missouri, say a process is key to a successful conversion.

“You need to have a plan and do every step of that plan,” says Walters.

Organized process

CoxHealth, which has 23 ORs and a surgical volume of 21,300 cases per year, converted from Covidien to Applied Medical trocars this year. Wajnblom says the conversion was handled through the organization’s established processes.

At CoxHealth, all requests for conversions are presented to the surgery products committee (SPC), which Wajnblom and the director of purchasing co-chair. Representation on the committee includes nursing, materials management, the VP of clinical services, and the administrative director of surgical services.

At the monthly SPC meetings, the committee reviews surgeon requests, in addition to suggestions committee members have researched. The surgeon is asked to explain the clinical reasons why the requested product would benefit the department. Wajnblom is responsible for addressing the financial piece. Smaller trials may be approved on the spot. But trials that involve several surgeons or have a large financial impact are presented to the Surgical Executive Committee (SEC) for feedback and approval. The medical director of the OR chairs the SEC, with support of the VP of clinical services and the administrative director of surgical services. Members include representatives from all surgical specialties, anesthesia, and the OR department, including nurses and clinical coordinators.

Once a request is approved, a subgroup of the SPC, which includes Wajnblom, the clinical team coordinator for the specialty, and other key players, plan the trial. If it’s successful, an implementation plan is put into action.

Analysis and more analysis

Perhaps the most time-consuming part of a conversion is the data analysis. “Just getting all the information together takes a lot of time,” says Wajnblom. “Although the vendor can help, you need to double-check their information.”

He says to obtain information from purchasing and the warehouse supplier to match products. Van Huis adds to be sure the conversion doesn’t conflict with other contracts or projects.

“You have to have the data to determine if there’s a financial case for conversion,”
says Wajnblom. “Double-check all your information. If you make a mistake, those reviewing the report will pick it apart, as they should.” The trocar conversion analysis showed an estimated savings of $260,000 from what was currently in use.

“You can’t always do just a line-item analysis,” adds Van Huis. “In some instances, such as bariatrics, a cost-per-case model is appropriate to determine total cost.” Products can also be part of custom packs. Here is where clinicians’ knowledge of what’s needed for each type of surgery comes into play. Van Huis says the biggest mistake organizations make is to look only at the financial piece without considering all of the clinical components.

Value analysis teams are helpful, as long as there is proper representation.

Conversion on trial

Once the decision was made to consider converting to a different trocar manufacturer, the hospital set up a 4-week trial period. Each step for the trial of a new product needs to be planned. Wajnblom says during the first week, the company’s representatives provided education for staff and physicians during all shifts. The next 3 weeks (Monday through Friday) were allotted for using the product. A cross-reference tool of equivalent products was posted in each OR to avoid confusion. Sales reps were on hand to answer questions.

Before the trial, surgeons received letters explaining the process and how they could contact a product representative if they needed additional education.

“We didn’t force the pilot on surgeons,” Wajnblom says. If surgeons didn’t choose to participate, the nurse administrative director of the OR contacted them to see why. Surgeons who don’t participate in a trial are many times unable to weigh in on the final decision.

It’s best to get comments from the surgeons throughout the pilot, so there aren’t any big surprises at the end.

“Compile results from each surgeon,” Wajnblom says. “This helps you learn who supports change and identify those who don’t like the product sooner rather than later.”

Physician champions or OR nurse leaders can talk with surgeons who are unhappy with the product to address their concerns. Wajnblom adds it can help to explain the financial impact: “A surgeon may say, ‘I like this [current] product better, but not to the tune of X dollars.’”

Who makes the final decision?

“Who makes the final decision needs to be set early on in the process so that the decision doesn’t get delayed,” says Wajnblom.

Getting physicians involved helps build engagement, and the administration can help. For example, the COO could bring together a physician group for dialogue and feedback.

Once a decision is made to move forward, it’s time to plan the change. Wajnblom suggests asking the company for help. “Many of them have their own checklist they can modify for you.” If you already have a checklist, ask the company’s representative for theirs so you can develop a common one. “You don’t want to be working off of 2 different checklists,” he says.

The key for a successful conversion is communication. “You need one person to do all the communication such as drafting letters so the message is always the same,” says Van Huis. “That person is the hub of wheel.” An effective communication plan extends to administrators. It helps to have talking points for administrators so there is a consistent message.

Multihospital systems tend to phase in hospitals rather than convert all at once. One of the hardest decisions is whether to start with hospitals you believe will be most or least receptive to change. It’s important to work with the culture of each organization and consider each one’s typical reaction to change.

“Monitor the conversion on a day-to-day basis,” advises Van Huis. One strategy is to have suppliers and key internal personnel email the communication point person daily with positive feedback and areas that aren’t going as well.
Timing a conversion

How long does a conversion take? At CoxHealth, the trocar conversion started in April 2008, with the initial in-services for the clinical trial. The trial ended on May 9, and the conversion, including changes in specialty procedure packs and related stock, was completed in June 2008.

Van Huis says if a hospital already has a strong value analysis team, implementation can take as little as 4 to 6 weeks, but in some cases a full quarter is needed. It’s better to work within a realistic time frame rather than rush the process.

“You never want to convert and then have to go back,” Van Huis says. “If it’s unsuccessful, physicians and staff have a very long memory.” If possible, avoid making 2 major changes at the same time. For example, you wouldn’t want to implement a new information system and do a product conversion at the same time.

Following up

Once the conversion is completed, it’s tempting to sit back and rest on your achievement. Don’t.

Van Huis recommends assessing savings 3 to 6 months after conversion and letting surgeons know if expected outcomes were met.

Conversions may seem like a Herculean task, but understanding the process and having a plan will help you come out a winner.

—Cynthia Saver, RN, MS

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