

Comparing Apples to Apples

How RT Managers Make Those Important Purchasing Decisions



Everywhere you turn these days there's another new product on the market:

- Shiny new ventilators with all the latest bells and whistles...
- Monitors capable of doing things we once only dreamed of...
- Aerosolized devices and pharmaceuticals for better and more effective drug delivery...

The list goes on and on. It's all great and wonderful — until it comes time to actually sit down to compare products and make purchases. At that point, many managers no doubt end up thinking this is one case where “less really could be more....”

How do respiratory therapy managers make these all-important purchasing decisions for their facilities? In most cases, it just takes knowing what you want and how to go after it.

Top priorities

“In no particular order, we consider price, reputation, quality, service, and ability to meet our needs — such as having an adequate supply, rare or no back orders, etc.,” says Chuck Kimball, BS, RRT, cardio-services manager at the University of Pittsburgh Medical Center (UPMC) Northwest in Seneca, PA. The process is simplified somewhat by the fact that UPMC is such a large system, encompassing 17 hospitals in western Pennsylvania.

“Many of the things we buy are for the entire UPMC system, not just our department,” emphasizes the registered respiratory therapist. But that doesn't mean respiratory therapy managers don't have a lot to say about the final decision. “We have a monthly meeting of the RT managers to review new equipment and supplies, or review old ones, and decide as a group what best meets our needs.”

At Halifax Regional Hospital in South Boston, VA, cardiopulmonary services director Vickie Ganey, MBA, RRT, RPFT, RN, LNC, says her top priorities when evaluating new equipment are the vendor's service record and turnaround time for service, the user-friendliness of the device, the availability of company inservices on the equipment, and, of course, the cost.

“We want the respiratory therapists to be comfortable with using the equipment, we want the equipment to meet the needs of our patient population, we want the physicians to be happy with the quality of patient care the equipment delivers, and we must stay within our operating budget,” says the manager.

Kathy Werner, BS, RRT, manager of respiratory care services at EMH Regional Healthcare System in Elyria, OH, says the key factors in her purchasing decisions are “hospital contracts and cost, and product support.” Maintaining the budget is always paramount.

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Careful planning + good buy = good deal



Equipment versus supplies

Keith Roberts, RRT, CPFT, director of respiratory care services at Rush University Medical Center in Chicago, IL, looks at different factors depending on whether he's considering equipment or supplies.

"For equipment, experience with the vendor's product — either personally or through the experience of others — is important, because reputation means a lot," says the manager. He also looks at what it will take to train his staff in the new equipment, preferring devices that are both easy to learn and easy to use due to the time and salary costs that must go into training. He focuses on reliability and cost of ownership too, again citing cost concerns. "Poor reliability equals high cost," says Roberts; and devices requiring expensive supplies and carrying a high cost for repairs usually aren't worth pursuing. Flexibility is important as well. "Where applicable, I have to ask, can the device be upgraded or enhanced at little or no cost?"

When it comes to supplies, Roberts says the decision is more cut

and dried for his department, because group purchasing agreements generally govern the selections — although not always. When that's the case, he says he looks first at whether the product is unique; and if it's not, then he asks the following questions: "Does it work better, does it solve a problem that the current product has, is it less expensive, does it provide a better safety feature, is it easier to use?"

He also prefers to do business with current vendors, because it's less costly to bundle purchases, and he likes to see an electronic purchasing option.

Clinical features come first

The capability to upgrade is an important factor to Merrill Pickert, BS, RRT, director of respiratory care services and the sleep disorders center at Olathe Medical Center in Olathe, KS, as well. "Features that have the ability to take us into the future — such as software — are high on the list." So are user-friendliness, ease in staff training and competency, and overall reputation. He says he particularly likes to see "ECRI, professional list serve information, and references supplied by the vendor."

Pickert places a lot of emphasis on the reliability of the equipment too, along with the availability and expertise of the service component; and he wants equipment that can easily interface with existing facility systems. Prior experience with the vendor in question — positive or negative — goes a long way to helping him reach a final decision; and he looks for a vendor who will be willing and able to tailor the equipment and proposal to his hospital's specific, individual needs.

What about cost? Pickert agrees cost is important, but says for his facility, "the product is selected by clinical features first, and then the pricing is discussed and negotiated."

Sealing the deal

Purchasing respiratory care equipment and supplies in today's burgeoning market is no easy task; but as these RT managers will tell you, with careful planning and a good eye for a good buy, good deals can be had by all. 🍷