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## An often-overlooked source of nursing frustration + how to tackle it

**T**he COVID-19 pandemic is placing an extraordinary burden on front-line staff who must balance the physical and emotional demands of caring for severely ill patients, while also worrying about their own health and safety. Rates of burnout, depression and post-traumatic stress disorder are reaching frightening levels as the pandemic continues, with some clinicians opting to leave the field entirely.

Under such pressure, daily inefficiencies in routine hospital operations faced by clinicians that pre-date the pandemic have been amplified. Hospital leaders must work to understand the source of these inefficiencies to best support front-line staff. One often overlooked source of nursing frustration and care delays involves mobile medical equipment, which comprises about 90 percent of hospitals' clinical assets. Equipment like IV pumps, patient warming units and enteral feeding pumps constantly move throughout a hospital, passing through multiple sets of hands in a day.

"The processes for managing the movement, cleaning and storage of mobile medical equipment is everyone's job, but it's really no one's job," said David Klumpe, president of clinical asset management solutions at TRIMEDX. "There is very diffused accountability in many organizations around these processes, so it's really not a surprise that the equipment is often not where it needs to be, resulting in frustration and giving the care team the impression that the organization lacks needed equipment. In addition, most organizations lack the technology needed to manage these processes and the resulting data to identify opportunities for ongoing performance improvement."

By applying technology to measure utilization and building a more reliable clinical asset management program, hospitals can greatly improve nursing satisfaction and efficiency, improve device cleanliness to reduce risk of healthcare-associated infections while also achieving significant cost savings.

### The harms of suboptimal equipment management

Inadequate mobile medical equipment management can cause numerous clinical, operational and financial challenges for hospitals. Mr. Klumpe outlined four main challenges below:

**1. Unnecessary costs.** Many hospitals have not optimized the mobile medical equipment that they actually need, Mr. Klumpe said. Hospitals use about 45 percent of the equipment they own on an average day and up to 70 percent on peak days, according to regular TRIMEDX analysis of clients' asset utilization. "Therein lies a cost opportunity to not spend capital dollars on equipment you're not going to use," Mr. Klumpe said, adding that this excess equipment can also rack up additional operational costs from maintenance and repairs. Through the TRIMEDX MME application our team is able to effectively collect, manage and report on utilization data for all mobile medical equipment."

**2. Infection risks.** If not properly cleaned between patient use, medical equipment like pumps and sequential compression devices (SCDs) can become vectors for HAIs. TRIMEDX routinely performs ATP (Adenosine Triphosphate) testing on clients' medical equipment to identify any living proteins on their surfaces. At a

typical hospital, about 30 to 50 percent of devices or surfaces fail to pass this cleanliness test, according to Mr. Klumpe.

**3. Negative patient experiences.** Recent TRIMEDX surveys of several hundred nurses across multiple provider organizations found most spend between 45 to 60 minutes per shift trying to find equipment or ensure it's clean before use. "That is all time away from direct patient care activities, which has a negative impact on patient experience, as patients are expecting caregivers to be at their bedside," Mr. Klumpe said.

**4. Decreased clinician engagement.** Frustrations about having to hunt down equipment can also adversely affect nurses' engagement and job satisfaction. This discontent may lead to more burnout and turnover, complicating hospitals' efforts to attract and retain highly skilled caregivers.

### How hospitals are reimagining this process

Some hospitals have completely revamped their approach to mobile medical equipment management to ensure equipment is available, has been properly sterilized and is centrally located on each patient care unit for nurses to easily access.

TRIMEDX works with care teams in each unit to create designated locations where equipment is staged and available for use.

"It's really about creating a clear, technology-centric process that is reliable and repeatable," Mr. Klumpe said. "Nurses know they can walk into a given room and find the equipment they need on the same shelf every time."

The equipment is cleaned per manufacturers' instructions and bagged to let nurses know it's been processed correctly. TRIMEDX also works with the Facilities team to ensure each storage location has power strips available to ensure every device is fully charged, as equipment with dead or low batteries can create yet another headache for nurses.

Once equipment flow is properly managed and staged in a repeatable location, hospitals often find they can satisfy nursing demands with a smaller fleet of equipment. The excess equipment can be reallocated to other care sites to offset additional investment and expense or disposed for residual cash value. On average, hospitals using this system increase daily device utilization, reduce the amount of time nurses spend looking for equipment to less than 10 minutes per shift and double nurse satisfaction, Mr. Klumpe said.

The equipment management program also leads to significant improvements in device cleanliness. Most hospitals jump from a baseline of 50 percent to 70 percent of cleaned devices passing its ATP testing protocol to 98 percent within a couple months, Mr. Klumpe said.

"Updating these processes to ensure nurses have the mobile equipment they need is an untapped opportunity for hospitals to eliminate unnecessary costs, improve caregiver satisfaction and increase overall organizational effectiveness, all with the goal of reducing the burden on the front-line staff," he concluded. ■



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