



OR ASSETS ANALYSIS CHECKLIST

WHAT IS AN OPERATING ROOM (OR) ASSETS ANALYSIS?

First, it's important to understand what it's NOT: a sales call. Our team of clinical consultants comes to your facility to gather information in the most unobtrusive way possible, then goes back and analyzes it to deliver a useful (and often eye-opening) report.

Our goal? To help you maximize the ease of use, safety, and versatility of your ORs and make it easier for you to care for patients.

WHAT WE'LL NEED FROM YOU

- ✓ Key contacts from your facility's surgical and related departments (e.g., biomed).
- ✓ Any purchase or renovation plans you have in the next six months to one year.
- ✓ The number of ORs and sites you have, and the breakdown of general, hybrid, robotic, and specialty (e.g., bariatric) rooms.
- ✓ Optional but helpful: data on OR-initiated infection rates.

WHAT TO EXPECT FROM US

- ✓ Show us where the rooms are, and we'll do the rest. No need to disrupt your day; we'll even come after hours if you prefer.
- ✓ We'll walk through each OR, plus storage spaces and hallways, to complete a thorough equipment audit—focused mainly on tables, lights, and booms.
- ✓ We'll note the age, condition, manufacturer, and serial number of each piece to get specific information about what you currently have—and help reveal what you may need in the future.
- ✓ Often the most helpful step is to talk confidentially with staff who are most familiar with the ORs. This gives us the objective information we need to inform our insights.

HOW LONG WILL IT TAKE?

- ✓ We can complete an assessment of most facilities that have between four and 12 ORs in a day or two.
- ✓ Your report will arrive in about three to four weeks following the assessment.

WHAT WILL BE IN THE REPORT?

- ✓ Any insights we've gleaned regarding adherence to standard guidelines.
- ✓ Best practices for equipment replacement, based on AORN, ECRI, and FDA guidelines.
- ✓ Purchase recommendations.
- ✓ Includes both a live presentation and a leave-behind reference document.



OR ASSETS ANALYSIS:

What Else You'll Learn

Some of the professionals we've worked with have said the analysis helped make their job easier—it took care of an important task that they didn't have time to tackle.

Others experienced "Aha!" moments during the process. At one facility, skin checks for breakage—an AORN guideline—weren't happening in any of the ORs. The assessment helped uncover this important oversight. At other facilities, the assessment brought to light equipment drawbacks that were making patient care more difficult than it needed to be.

USE OUR EXPERTISE IN THE OR TO HELP OPTIMIZE YOURS.

We'll look at the results and compare them to the latest trends and hottest topics in the surgical community—to help ensure that your ORs are easy to use, safe for both patients and staff, and as versatile as possible. Some current hot topics include:

PATIENT PRESSURE INJURIES

Did you know the prevalence rate of Stage II or higher pressure injuries for inpatient surgical procedures is 8%—costing facilities an average of **\$10,700 per injury**?¹

HOSPITAL-ACQUIRED INFECTIONS

Surgical site infections cost facilities **\$20,785 per case**—and account for 34% of the \$9.8 billion cost for the five most common hospital-acquired infections in the US.²

OPEN PROCEDURES MOVING TO ROBOTIC-ASSISTED

Use of robotic surgery for all general surgery procedures increased from **1.8% to 15.1%** from 2012 to 2018.³

STAFF INJURIES

A nationwide U.S. survey found that injuries related to surgical patient transfers accounted for 25% of all workers' compensation claims for the healthcare industry, costing an average of **\$15,600 per claim**.⁴

Want to learn more about Hillrom, and how our team can set up your OR Assets Analysis? Visit www.hillrom.com.

1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. 2014. Emily Haesler, Ed. Cambridge Media: Perth, Australia.
2. Eyal Zimlichman, Daniel Henderson, Orly Tamir, Calvin Franz, Peter Song, Cyrus K/ Yamin, Carol Keohane, Charles R. Denham, & David W. Bates. Health Care-Associated Infections: A Meta-Analysis of Costs and Financial Impact on the US Health Care System. JAMA Internal Medicine.
3. Sheetz KH, Clafflin J, Dimick JB. Trends in the Adoption of Robotic Surgery for Common Surgical Procedures. JAMA Netw Open. 2020;3(1):e1918911. doi:10.1001/jamanetworkopen.2019.18911
4. Aon Risk Solutions, 2012 Healthcare Workers Compensation Barometer, Actuarial Analysis, September 2012.