

GUAM MEMORIAL HOSPITAL AUTHORITY

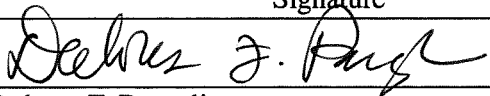
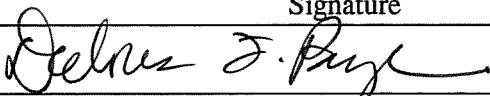
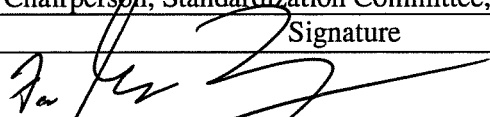

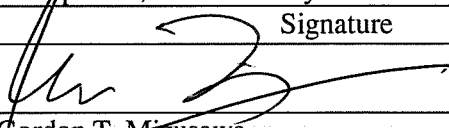
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:


Bylaws Submitted by Department/Committee: Materials Management

Rules & Regulations: Policy No: A-LD1320

Polices and Procedures Title: PRODUCT STANDARDIZATION EVALUATION COMMITTEE

Reviewed/Endorsed	Date	Signature
Title	6/19/14	
		Dolores F. Pangelinan Assistant Supply Management Administrator, Acting
Reviewed/Endorsed	Date	Signature
Title	6/19/14	
		Dolores F. Pangelinan Chairperson, Standardization Committee, Acting
Reviewed/Endorsed	Date	Signature
Title	8/5/14	
		Joseph P. Verga, MS, FACHE Chairman, Executive Management Council
Reviewed/Endorsed	Date	Signature
Title	6-24-14 8-1-2014	
		Joygemma Villaruel Chairperson, Patient Safety Committee
Reviewed/Endorsed	Date	Signature
Title	6/20/14	
		Gordon T. Mizusawa Chairperson, Environment of Care
Reviewed/Endorsed	Date	Signature
Title		
Reviewed/Endorsed	Date	Signature
Title		

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Joseph E. Verga, Hospital Administrator, CEO	RESPONSIBILITY: Materials Management	EFFECTIVE DATE: 6/1/92	POLICY NO.: A-LD1320	PAGE: 1 of 14
TITLE: PRODUCT STANDARDIZATION EVALUATION COMMITTEE				
LAST REVIEWED/REVISED: 6/2009, 3/12, 6/14				
ENDORSED: SE&SC ___ / ___, PSC ___ / ___, EOC ___ / ___, EMC ___				

PURPOSE:

To evaluate and standardize the use of supplies and equipment within the Hospital with emphasis on the quality of care and the containment of cost.

POLICY:

The Committee identifies and selects products and equipment for use in Guam Memorial Hospital Authority (GMHA).

The hospital has an established Product Standardization Evaluation Committee (PSEC) in an effort to reduce costs, standardize and improve materials used, and evaluate current products for quality and cost effectiveness.

COMMITTEE RESPONSIBILITIES:

I. STANDARDIZATION COMMITTEE

A. The Standardization Committee consists of:

1. Hospital Materials Management Administrator, Chairperson
2. Inventory Management Officer
3. Nursing Administrator
4. Operating Room, Unit Supervisor
5. Infection Control Practitioner
6. Medical Director
7. Facilities Maintenance Manager or Designee
8. Central Supply & Receiving Supervisor
9. Buyer Supervisor
10. Patient Safety Committee Chair
11. Guest members (as items pertain to their area)

B. The PSEC is chaired by the Hospital Materials Management Administrator. The committee will meet a minimum of four (4) times a year (quarterly) to review hospital products and equipment. The committee has the authority to approve or reject products. Actual distributor selection is the responsibility of the Hospital Materials Management Administrator based on negotiations.

C. The PSEC reviews products at each meeting. Generally the department or a staff member requesting evaluation of a product will present it to the committee. The committee will also do a follow-up on surveys of selected products and equipment to validate decisions.

D. COMMITTEE COMMUNICATIONS

- a. The committee will communicate the following:
 1. Decisions and/or actions of the committee to departments requesting an evaluation of a product.
 2. Distribution of minutes to department directors will be available upon request.
 3. Results of follow-up surveys validating committee decisions.
- b. The Chairperson is responsible for preparing the agenda, chairing the meetings, disseminating minutes and publishing results that affect hospital departments and staff members.
- c. Appeal - Any appeals regarding product selection will be addressed to the Hospital Administrator/CEO.

II. II. EVALUATION OF NEW PRODUCTS AND EQUIPMENT

- A. All potential products (either for use or evaluation) must be submitted to the Materials Management Department by physicians, hospital personnel, patients, and others for evaluation and approval by the PSEC **prior to purchase**.
 1. Submissions shall be in writing with clearance from the appropriate Department Head with any required recommendations from Medical Staff Committees or the Fixed Assets Office located at Materials Receiving Department. The "Equipment Request / Evaluation Form" (*Attachment II*) shall be completed for new equipment. The "Product Request / Evaluation Form" (*Attachment III*) shall be completed for new products.
 2. All product samples shall be in the form of actual products or product literature.
- B. Materials Management will initially screen all items before submitting them to the PSEC.

This screening will include a review of items currently being used, existing stock on hand, and utilization rates.
- C. Materials Management personnel will contact the concerned department for their recommendations and comments before the item is brought to the PSEC for review.
- D. A product standardization profile is prepared for each item to be reviewed. The profile of each item is distributed to each committee member prior to the meeting. (*Attachment I*)
- E. An agenda is prepared and distributed at least one week prior to the next committee meeting.
- F. The PSEC shall meet at least quarterly.
- G. If the requesting department is not represented on the committee, then it may send a representative to present the item. This representative may not vote.
- H. Possible committee actions are:
 1. Acceptance of the product
 2. Non-acceptance of the product
 3. A 30-day evaluation
 4. A 60-day evaluation
 5. A 90-day evaluation

Actions are recorded on the "Product Standardization Committee Action Form" (*Attachment I*), as well as on the appropriate Request / Evaluation Form.

- I. Once an item has been reviewed and rejected, the product will not be evaluated by the Committee for at least a year.
- J. The end-users will be responsible to include the required utilization quantities and the required training or orientation procedure to the Committee for review. If the new product or supply is accepted for purchased, the end-user department supervisor or designee must ensure the proper training or orientation are completed prior to use. (See Section 7 & 8 on *Attachment II & III* forms).
- K. All approved items shall be submitted to the Chief Financial Officer for a charge code and fee approval by the Guam Administrative Adjudication Act if required. This will be done before the item is received or used by the GMHA.

Fees shall be established in accordance with the Hospital's rate setting model.

- L. The minutes of all Committee meetings must be sent to the Hospital Administrator/CEO or his/her designee before any actions is taken. The "Product Standardization Evaluation Committee Action Form" (*Attachment I*), is to be submitted to the Hospital Administrator/CEO for approval before a product is ordered. If Administration does not approve the stated action(s), this is communicated back to the Committee and the item(s) are not purchased.

Exceptions: All items must undergo the above procedure with one exception. If the product is requested on an emergency basis and is not the qualified product, it may be purchased or borrowed in limited quantities that will be determined by the end users department supervisor or designee. The department supervisor will be responsible to advise if any training or other information is required before use. However, this item and action will be reviewed at the next Committee meeting.

New items to be purchased as replacement items will be put into use only after existing stock inventories have been depleted so as to minimize any wasted supplies and losses.

III. SUPPLY OR EQUIPMENT EVALUATION

The following criteria will be used by the Committee to determine the acceptance of a supply:

- a. These criteria measure the service-related aspects of product vendors:
 - i. Availability – The product is readily available and does not require back order.
 - ii. Waiting time for delivery – The length of time required for delivery from the date of purchase.
 - iii. In-service/training support - The availability of quality in-service support from the manufacturer.
 - iv. Servicing and repair – The availability of adequate service and repair for reasonable maintenance.
- b. COMPARISON GUIDELINES– The following provide the basis for comparison:
 - i. Hospital user reviews – Information from other hospital who use the product, are made available for reference.
 - ii. Competitive product comparison – The product is competitive in the market.
 - iii. Independent / company studies – Independent studies are available to support the products on the market.
 - iv. Impact of recommendations and approval – Preferences from end users of the product are indicated.

- v. Special considerations - for special product are warranted.
- vi. At the end of the trial evaluation period, a written report summarizing the results of the questionnaire is submitted to the Chairperson of the Committee.

IV. DELETIONS TO SLOW MOVING ITEMS

A list will be established by the Inventory Management Officer (IMO) and shall be submitted to the Hospital Materials Management Administrator for review and for distribution to the departments, units and wards for their review. Departments will confirm that the items are no longer required and can be deleted from the stock inventory.

A final list is then presented to the PSEC for review, approval or disapproval.

RESCISSION(S):

Policy 4.35 – *PRODUCTSTANDARDIZATION COMMITTEE*, GMHA Materials Management Policy and Procedure Manual, Effective 09/2001, last reviewed/revised 06/2009

Policy 4:36 – *PRODUCTS REVIEW COMMITTEE*, GMHA Materials Management Policy and Procedure Manual Effective 9/01, last reviewed/revised 06/2009

ATTACHMENT(S):

- I. PRODUCT STANDARDIZATION COMMITTEE ACTION FORM**
- II. EQUIPMENT REQUEST / EVALUATION FORM**
- III. SUPPLY REQUEST / EVALUATION FORM**

ATTACHMENT I

Product Standardization Evaluation Committee Action Form

PRODUCT STANDARDIZATION EVALUATION PROFILE

Date: _____ Hospital Product Number: _____
 Request Product: _____
 Manufacturer: _____
 Supplied By: _____
 Requested By: _____

Requested Item will:

- Be an additional item
- Replaces: _____
- Reduces use of another item: _____
- Other: _____

Product Comparisons:

Characteristics	Present Item	Request Item
Manufacturer		
Supplier		
Annual Use		
Use and / or Evaluation Results		
Availability		
Patient Charge		
Package Data		
Hospital Stock Item		
Minimum Order Quantity		
Advantages		
Disadvantages		
Quantity of Hand		
Cost Per Unit		
Net Savings or Loss		
Other		

Standardization Committee Action:

Accepted

Not Approved

Approved for 30 Days Evaluation

Approved for 60 Days Evaluation

Approved for 90 Days Evaluation

Tabled Pending Further Information

Other: _____

Additional Comments:

Date: _____

Signature of Chairperson: _____

Administration:

Approved

Not Approved

Hospital Administrator/CEO

Date

ATTACHMENT II

**Guam Memorial Hospital Authority
 Tamuning, Guam 96931**

EQUIPMENT REQUEST / EVALUATION FORM

Committee's Use Only

Complete	Incomplete	N/A

PART I (To be completed by the Requesting Department)

1. Is the requested item a Planned Purchase? Yes No

2. The item is a: REPLACEMENT NEW/ADDITION

If a replacement:

a. What are you replacing? _____

(Be specific include: Name, Model, Manufacturer)

b. Please give reasons for replacement:

Life Expectancy Efficiency of Repairs:
 Cost of Labor: _____ Cost of Parts: _____

Other: _____
 (Be specific)

If New/Additional:

a. Does this equipment involve a new service? Yes No
 If yes, please specify: _____

b. Has this new service been approved by the Board of Trustees? Yes No

c. Specify the space identified for the new/addition. _____

d. Specify the cost for the new item. \$_____

e. Does this purchase change any existing fees? Yes No
 If yes, please specify the service code fee(s) _____

f. Does this purchase introduce a new fee? Yes No
 If yes, please advise the Comptroller's Office. A copy of this form will be routed to the
 Comptroller's Office if the purchase is approved.

g. What is the lead time for the equipment delivery?
 _____ days/weeks/months (Indicate quantity and Circle one unit of time)

h. Please give reasons for new / additional item.

- Increase in services
- Improved efficiency and/or capabilities of new item
- Increases compliance with safety standards
- Other (Be specific): _____

Please discuss any special requirements or needs of your department that would be addressed by this item.

Page 3 of 3 (Part II)

EQUIPMENT REQUEST / EVALUATION FORM

PART II (To be completed by the Product & Equipment Standardization Committee)

1. If the requested equipment is a Replacement,
- a. Who will remove the existing item? GMHA Personnel Contractor Other: _____
 - b. Who will install replacement item? GMHA Personnel Contractor Other: _____
 - c. Are site preparation / modification required? Yes No
If yes, who will perform site preparation / Modification?
 GMHA Personnel Contractor Other: _____
 - d. Who will provide as-built drawings? GMHA Personnel Contractor Other: _____

2. If the requested equipment in New / Addition,
- a. Specify the space for new / addition. GMH Personnel Contractor Other
 - b. Who will install new / addition GMHA Personnel Contractor Other
 - c. Is site preparation / modification required? Yes No
If yes, who will perform site preparation / modification? GMHA Personnel Contractor Other

3. Nomenclature:
- Voltage _____
(Acceptable Range: 110 – 480)
- Hertz _____
(Acceptable Range: 50 / 60 cycles)
- Steam Requirements _____
Hot Water Required? _____
Cold Water Required? _____
Medical Gas Required? _____
(Please specify)

4. Please indicate if the item is in compliance with any of the following:
- GEPA (Permit required)
 - Installation
 - Storage
 - Disposal of Waste
 - Guam OSHA (MSDS required)
 - The Joint Commission (TJC)
 - Life Safety Code
 - The Food and Drug Administration (FDA)

REVIEWED BY:

NAME _____ DATE _____

- COMMITTEE ACTION:
- Recommended for APPROVAL
 - Recommended for APPROVAL with QUALIFICATION
- _____
- _____

Recommended for DISAPPROVAL

Chairperson, _____ DATE _____
Product / Equipment Standardization Committee

APPROVED DISAPPROVED BY:

HOSPITAL ADMINISTRATOR _____
DATE _____

ATTACHMENT III

Guam Memorial Hospital Authority Tamuning, Guam 96931		SUPPLIES REQUEST / EVALUATION FORM		
		Committee's Use Only		
PART I (To be completed by the Requesting Department)		Complete	Incomplete	N/A
1. GENERAL DATE: Please attach a copy of the product specification, materials safety data sheet, brochures / descriptive literatures and any other special instructions regarding shipping, handling and storage for this item.				
a. Item Name:				
b. Catalog / Model #:				
c. Manufacturer:				
d. Vendor(s):				
e. Basic Use:				
f. Disposable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
g. Autoclavable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, which method? <input type="checkbox"/> Steam <input type="checkbox"/> Gas <input type="checkbox"/> Cold				
2. Is the requested item a Planned Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Is the item: <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> NEW / ADDITION				
a. If a REPLACEMENT:				
1) What are you replacing? _____ _____ _____ (Provide Stock Number, Nomenclature, Catalog Number, Manufacturer, etc.)				
2) Please give reasons for replacement:				
<input type="checkbox"/> Product Recall, unsafe to use <input type="checkbox"/> Product incompatible to new equipment <input type="checkbox"/> Product no longer manufactured <input type="checkbox"/> Other: _____ (Be Specific)				
<input type="checkbox"/> Product complaint Product Name: _____ Product Manufacturer: _____ Problem: _____ _____				
b. If NEW / ADDITION:				
1) Does this product involve a new charge / fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ _____				

Page 2 of 5 (Part I)	SUPPLIES REQUEST / EVALUATION FORM		Committees Use Only		
			Complete	Incomplete	N/A
2) Specify the space, storage, refrigeration needs for the new / additional product. _____ _____ _____					
3) Specify the cost for the new item. \$ _____					
4) What is the lead time for the product delivery? _____ days / weeks / months (indicate quantity and circle one unit of time).					
5) Please give reasons for new / additional item. <input type="checkbox"/> Increase in service as result of new equipment purchase <input type="checkbox"/> Improved efficiency and / or capabilities of new item <input type="checkbox"/> Increased compliance with safety standards <input type="checkbox"/> Other (be specific) _____					
6) Please discuss any special requirement or needs of your department that would be addressed by this item. _____ _____ _____					
7) A. What is the unit of measure? , i.e. each, case, box, bundle, pieces, etc. Case of 10 ea. Box of 25 ea., etc: : _____ B. What is the frequency of usage? Annual, Monthly, Semi-Annual, Weekly , _____					
8) Please specify training requirement. a. <u>For Operations:</u> Training will be provide by: _____ <input type="checkbox"/> On-Site by: _____ <input type="checkbox"/> Vendor <input type="checkbox"/> GMHA Personnel <input type="checkbox"/> Off-Island (as a result of new equipment purchase)					

SUPPLIES REQUEST / EVALUATION FORM

Committee's Use Only

Complete	Incomplete	N/A
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b. For Maintenance:

Training will be provide by: _____

- On-Site by: _____
- Vendor
- GMHA Personnel
- Off-Island (as a result of new equipment purchase)

9) Is the vendor / manufacturer's representative on-island? Yes No

10) Is the item currently is use by any other healthcare provider on island? Yes No

If yes, please list the organization and contact person with experience in using the item.

4. Submitted By:

 NAME / POSITION TITLE

 DATE

SUPPLIES REQUEST / EVALUATION FORM

PART II (To be completed by the Supplies & Equipment Standardization Committee)

1. STORAGE AND CONTROL DATA:

Shipping unit _____ Dispensing unit _____

(for stock only)

Replacing currently used

New item

Stock item

Direct

Single department use

Name of department: _____

Multi-department use

Name of departments: _____

a. If the requested product is a Replacement,

1) Disposability of new product:

Incineration

Ordinary Trash

Other: _____
(Specify)

2) What is the disposition of the old product?

Destroy / Discard

Use until exhausted

Survey / Donate

Keep as back up

2. ELECTRICAL / MECHANICAL DATA:

a. Does this item meet OSHA and UL requirements? Yes No

Problems: _____

b. Is this item compatible with current institutional systems? Yes No

Modifications necessary: _____

c. Is the item FDA approved? Yes No

If no, then explain why the item is not FDA approved.

Please note that if there is no explanation as to why item is not FDA approved, the product is disapproved.

SUPPLIES REQUEST / EVALUATION FORM

3. FINANCIAL DATA:

a) What is the item's unit cost? \$ _____

b) What is the support supply cost(s)?

Labor costs _____
(reprocessing)

Hours @ x _____

Total \$ _____ per unit of use

c) Is this item chargeable? Yes No

If yes, Patient Charge will be \$ _____

REVIEWED BY RISK MANAGER:

Signature

Date

COMMENTS:

COMMITTEE ACTION:

Recommended for APPROVAL

Stock Item Stock Number Assigned _____

Recommended for APPROVAL with QUALIFICATIONS

Recommended for DISAPPROVAL

Chairperson,
Supplies/ Equipment Standardization Committee

Date

APPROVED

DISAPPROVED

HOSPITAL ADMINISTRATOR/CEO

Date