

# Conducting Device Fairs: The ‘7 Deadly Sins’

---

By Cheryl D. Parker, PhD, RN-BC, FHIMSS

Literature reviews support the necessity of having end user involvement in the selection of the devices they will use in their daily patient care activities. Because of this, the practice of holding device, or vendor fairs, was established in order for clinicians to be given the chance to evaluate the items under purchase consideration. While device fairs seem the best and most logical solution to gather this feedback, the devil is in the details.

After many years of attending device fairs as an end user, a hospital based informatics nurse specialist and a vendor representative; I have observed the good, the bad and the ugly. Hosting a successful device fair is in everyone's best intentions, and the following best-practice recommendations are aimed to help facilities accomplish that goal.

## **A look at the “7 Deadly Sins”**

### **Deadly Sin #1: Not understanding what is truly needed**

Before an organization starts talking to vendors, it is imperative that management understand as much as possible about the product they are looking to acquire. What do we need this product to do? What specific features does this product need to have? What is the budget? What are requirements for after-purchase service?

When answering these questions, it is important to develop a robust requirements document to lead your efforts. This document cannot be constructed in a vacuum, and needs input from all departments, professions and units impacted by the product in question to identify as many needs as possible. It's also important to gain the buy-in of multiple areas and functions, since IT and biomedical may have different requirements than nursing or pharmacy. If the device will use or generate data, for example, it is critical that all departments and workflows in the data stream be consulted to ensure that there will not be negative impact on any workflow.

I was once assigned at the last minute to a committee that was getting ready to spend over \$100,000 on a niche system. When I asked to review their requirements document, my question was met with blank stares. As it turned out, they had seen the product at a conference and decided that it would work perfectly for their needs. When we regrouped and wrote a requirements document, the perfect product wasn't perfect anymore. In fact, it didn't even meet all of the “must haves” on the list. My advice is to put more of your resources on requirements documentation. This will help ensure you have the right products for end users to evaluate, and can also help answer any future questions about why a certain product or vendor was chosen.

### **Deadly Sin #2: Lack of an effective evaluation plan**

A critical step to ensuring your vendor fair has a successful outcome is to gather feedback from clinicians after they were able to interact with the devices in question.

After the selection committee has completed their information gathering up-front, it is time to create a post-event evaluation form. It is important to design and test this document prior to the device fair in order to understand what the results will look like, and how you will use them. When creating this document, consider using a ranking scale to determine what functionalities are most important to end users. For example, is it more important to be able to save individual preference settings or steer a medication cart with one hand? Forcing end users to rank features in order of preference will give you much more information to help weigh the results.

When creating evaluation forms, one last consideration is the amount of questions to include. While you may want to ask end users as much as you can, having too many criteria can increase the amount of time needed to complete the form. Try to gather as much information as possible beforehand in order to keep end users' focused on how they will interact with the device in their day-to-day activities. Having clinicians ask if the device in question is 802.11 compliant is something that should have been confirmed by IT prior to the device fair, thus weeding out any products that do not meet the necessary requirements ahead of time.

### **Deadly Sin #3: Not explaining how the device will be used – before clinicians ever see it**

Clinicians should never have to ask a vendor how the devices under consideration will impact their workflow. To mitigate this situation, providing education prior to the event is necessary to ensure clinicians are able to make an informed decision. For example, clinicians at a paper-based facility moving towards an electronic medical record (EMR) may not inherently know how a mobile computing or medication cart will affect their day-to-day workflow. Making sure that end users understand the future-state of how their workflow patterns will be affected before they evaluate devices will help them to ask the right questions when assessing their options.

Another situation to consider is never allowing your end users to evaluate something other than the actual product. Pictures or graphic renderings of devices are rarely a good idea, as much is left to the imagination in terms of touch and feel. I recently heard a story about one facility that had their nurses evaluate the selection of medication carts using pictures. At the end of the evaluation, the nurses chose the cart based on a color that was "pretty". Not surprisingly, the outcome was less than desirable. Pretty is nice, however proper functionality, ease of use and patient safety are best.

### **Deadly Sin #4: Devices, devices and more devices**

Once you have determined the device's end user needs, it is time to vet the possible products. While there may be many manufacturers offering devices that meet your criteria, showing end users all of the potential options can be overwhelming, and you risk not having a clear favorite identified at the end of the day. It is important to narrow down the offering prior to end users seeing the options. Asking questions early in the requirements document phase such as, "Does the vendor have a service model that fits our needs," "How does this impact our budget," and "What are the ongoing maintenance costs," will help you to focus in on the right device for your facility. Ultimately, showing only two to three vendors per category will help end users focus on how they will use the device.

Another consideration when deciding what and how many devices to show is the hectic schedules of end users. Many clinicians attending vendor fairs are doing so during a break or slow time on their unit. They may have very little time to see multiple versions of a similar device and even less time if you are showing multiple types of devices. This time crunch may result in evaluations only reflecting the limited number of devices they were able to interact with, which can be detrimental to your final results.

### **Deadly Sin #5: But I want this one**

When you're not thinking about the cost, you will always choose the fully-loaded version of anything. The same goes with healthcare devices and vendor fairs. As an informatics nurse specialist, I believe that it is our responsibility to work with IT to help determine the parameters around what is to be shown to our end users. These parameters, in turn, should be shared with our vendor partners.

It is the responsibility of the vendor representative to show their product in the best light, which usually means showing numerous options, models, upgrades and add-ons. Facilities should consider providing vendors with a list of parameters, or even exact devices to show when invited to a vendor fair. These lists should be as specific as possible, potentially down to the model number and accessory options shown. I once heard about a vendor fair in which the device representatives were given a specific list of what they should bring to demonstrate ahead of time. These pre-distributed parameters were very specific, with items being listed down to the model number. One vendor brought devices that fell outside of the pre-distributed parameters and was asked to leave immediately for breaking the "rules" of participation. This facility had done their homework. They knew exactly what they needed and did not want their end users to waste time evaluating anything outside of the 'approved' list.

**Tip: Never show end users a product that they can't have.**

**Deadly Sin #6: Location, location, location**

It is a fact that free space at a hospital comes at a premium, but taking the time to plan for your location is critical to ensuring that your vendor fair is successful. Make sure the area in which you plan to host your event provides enough room for all of your vendors and their devices. When too many people and products are crowded into a tight space, end users may not be able to accurately interact with the products – nullifying the purpose of the event. There should be enough room for product interaction, as well as for conversation between vendors and end users.

Another consideration when space planning is traffic flow. More often than not, end users will stop by the fair in groups to demo the product under consideration. Is there enough room to accommodate groups of people at one time? If using multiple rooms, should there be a defined start and finish? In addition to the physical location of the rooms, where will end users pick up their evaluation forms and where will they turn them in? It is important to make sure that adequate signage is provided to the fair as well. Remember, many end users may be going into a part of the facility that they are unfamiliar with and their time to vet products is limited.

Timing is another item to keep in mind when planning for a vendor fair. It is important to gather feedback across multiple shifts of end users. For example, while day shift nurses may not need a lighting package on a mobile cart, night shift nurses may rely on them consistently. In addition, many end users will use their breaks to visit the fair. If the event is held in an area that is a 10 minute walk, they are giving up their personal time to evaluate products. It is important to both hold these fairs in easy-to-access areas and to allow for multiple opportunities for evaluation by staff.

**Deadly Sin #7: Forgetting that vendors are people too**

While it is important to gather input from different shifts of end users, scheduling a 14-16 hour vendor fair without planning for breaks is unreasonable. Many times there will only be one representative per company and it is important to take into consideration their breaks as well. One solution is to schedule shift coverage times. Presetting blocks of time throughout the day for vendors to be onsite is a great way to gather information from your full team, as well as provide downtime for vendors to check their email, eat lunch and take a breather. If there is no cafeteria or vending machine nearby, it is a nice gesture to provide water and/or coffee, at a minimum.

When communicating device fair information to your vendors, it is important to remember that the more devices you'd like your vendors to bring, the longer your lead time should be. Consider that shipping large equipment such as patient beds or medication carts requires logistical planning for your vendor partners as well. Some other things to consider when scheduling is whether or not your event will run over multiple days, or at multiple locations. Remember, more often than not it is a single individual representing their company for these events, and changing locations means that a single individual is responsible for unpacking, setting up and repacking their products. While it is sometimes understandably necessary to change locations, try to be mindful of the hours you are expecting your vendor reps to be onsite. The same nicety goes for scheduling on holidays, early Monday mornings, or late into Friday evenings.

A final consideration for your vendors is to be sure to provide them with good directions, detailed shipping instructions and reliable contact information should they need to reach out with any questions or concerns.

**In Conclusion**

Done well, device fairs serve to help healthcare facilities make the most informed, collaborative choices for their staff. Items being considered for purchase often make an impact on workflow, and therefore should be thoroughly researched and tested before implementation. Overall, following best-practices for success will help ensure that your end users embrace the devices selected.

**About the Author:**

Cheryl D. Parker, PhD, RN-BC, FHIMSS is chief nursing informatics officer for Rubbermaid Healthcare and is contributing MSN/DNP faculty for Walden University.

For more information contact us at 888-859-8294  
or email [customer.service@rubbermaidhealthcare.com](mailto:customer.service@rubbermaidhealthcare.com)

©2013 Rubbermaid Healthcare. All rights reserved



**Healthcare**

Increasing the Capacity to Care™