Updated 6/4/2021

New Product/Equipment Evaluation and Purchase Process*

The process identified the table below is based on the CDCs "Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program." The workbook outlines key steps in the product evaluation process that can be applied to other supplies and/or equipment prior to purchasing.

Evaluation and Purchasing Steps: (sample checklist) *		
In Process	Completed	Step 1: Organize a product and selection team to include key stakeholders (See Attachment A) Comments:
		Step 2: Set priorities for product consideration (e.g., are multiple products or vendors available?) Comments:
		Step 3: Gather information on the use of the device(s) (e.g., manufacturer's instruction for use, manufacturer's operational and installation guide) Comments:
		Step 4: Establish criteria for product selection and identify other issues for consideration (e.g., design and performance criteria) Comments:
		Step 5: Obtain information on available products Comments:
		Step 6: Obtain samples of device(s) under consideration Comments:
		Step 7: Develop and complete product evaluation survey forms • New Product Request/Evaluation Form (Attachment B) • End-User Product Evaluation Form (Attachment C), Comments:
		Step 8: Develop a product evaluation plan Comments:
		Step 9: Tabulate and analyze the evaluation results Comments:
		Step 10: Select and implement the preferred product Comments:

*Note that this can be modified based on an organization's current purchasing process or integrated into an applicable policy and procedure. Identified steps can also serve as a checklist for tracking purposes. Individual(s) responsible for tracking and monitoring the evaluation process must also be identified by the organization.

References

Association of Perioperative Registered Nurses. (2017). Policies and procedures: Product evaluation-perioperative [AORN eGuidelines]. Denver, CO: AORN, Inc.

Centers for Disease Control and Prevention. (2021, May 7). Device evaluation form. https://www.cdc.gov/oralhealth/infectioncontrol/pdf/device.pdf

Centers for Disease Control and Prevention. (2021, May 7). Workbook for designing, implementing, and evaluating a sharps injury prevention program. https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

Infection Control Today. (2021, May 7). Product evaluation and purchasing advice for perioperative nurses and infection preventionists. https://www.infectioncontroltoday.com/view/product-evaluation-and-purchasing-advice-perioperative-nurses-and

Attachment A

Guidance for Evaluating Products Prior to Purchasing

(SAMPLE POLICY and PROCEDURE)

Purpose

To provide guidance evaluating and selecting medical products, devices, and equipment prior to purchasing.

Definitions:

Product(s): All medical supplies, medical devices, and equipment.

Policy

1. Departmental leadership will take an active role in product evaluation and selection process.
2. An interdisciplinary team composed of end users and representatives of affected areas (e.g., finance, infection prevention, risk management, maintenance/facilities, environmental services) will be assembled to guide the selection and evaluation of all products prior to purchasing.
    a. If applicable, an end-user subcommittee will also be created to complete the product evaluation process.
        i. Participants in the product evaluation must complete a specific product-related evaluation tool.

Procedure

1. Before a product is introduced into the healthcare environment, the following steps must be completed:
    a. The individual/department requesting the new product will submit a New Product Request/Evaluation Form to the interdisciplinary team.
    b. The request/evaluation form will contain the following information:
        i. the person and/or the department requesting the new product,
        ii. a description of the product to include copies of the product operator/maintenance manual(s) and technical information,
        iii. the departments affected (actual and potential),
        iv. a reason for the request,
        v. whether the product is budgeted for,
        vi. its budget category (e.g., supply, capital), and
        vii. vendor information.

2. The requesting individual/department will submit the New Product Request/Evaluation Form to the interdisciplinary team.

3. The interdisciplinary team will complete a product assessment by reviewing the information included in the Form. The assessment will also include:

a. product performance requirements, to include but not limited to:
    i. patient and worker safety,
    ii. contractual agreements (e.g., warranties, maintenance agreements),
    iii. compatibility with new or existing products,
    iv. electrical/plumbing requirements,
    v. disposal methods, and
    vi. reprocessing methods (e.g., high-level disinfection, sterilization).

4. If necessary, the interdisciplinary team will determine whether a product comparison is required and possible alternatives from the manufacturer and professional resources.

5. The interdisciplinary team will complete the Form and return it to the submitting individual/department. Any questions or concerns identified must be addressed prior to purchasing the product.

ADMINISTRATIVE APPROVAL

Date Created: _____

Last Date Revised: _____

Last Date Reviewed: _____

Date of Next Review: _____

Approval signature(s) with title and date of signature:

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Attachment B

New Product Request/Evaluation Form

Adapting the Form

The New Product Request/Evaluation Form can be modified to reflect organization needs by adding criteria that reflect your processes or by deleting criteria that are less relevant to your processes.

Obtaining Feedback

Leadership from an array of department should be involved in evaluating new equipment purchases. For example, if the equipment or components of the equipment need to undergo high-level disinfection or sterilization prior to use/reuse, leadership from Sterile Processing and Infection Prevention should be included in the evaluation process. Additionally, Facilities/Maintenance/Safety may need to determine if the equipment can be appropriately installed (e.g., plumed, or electrical requirements).

Interpreting the Results

After evaluating the respective form, all input and comments should be taken into consideration prior to purchasing the respective equipment. Organizations will need to determine the process for interpreting and evaluating the New Product Request/Evaluation Form.

Updated 6/4/2021

New Product Request/Evaluation Form

Requesting Department/Individual:
Product Name, Brand, Company:
Manufacturer's Instructions for Use/Operator's Manual/Technical Information is attached * Y/N
Affected Departments (actual or potential):
Reason for Product Request:
Budget Impact:
Vendor Information (e.g., website, sales representative):
The interdisciplinary team responsibility (listed below): complete a product assessment by reviewing the information included/attached, to include: 1. Product performance requirements, to include but not limited to: a. patient and worker safety, b. contractual agreements (e.g., warranties, maintenance agreements), c. compatibility with new or existing products, d. electrical/plumbing requirements, e. disposal methods, and f. reprocessing methods (e.g., high-level disinfection, sterilization).

Department	**Name and Date of Evaluation**	**Comments/Concerns**
Department/Individual Requesting Product		
Safety		
Facilities/Maintenance		
Risk Management		
Infection Prevention		
Environmental Services		

Revised 6/4/2021

Sterile Processing		
Purchasing		
Additional Departments:		

*IFU or Operator's Manual will provide additional details to facilitate product/equipment evaluation.
If product/equipment does not need reprocessing, electrical or pluming, indicate NA

Review Results

Date Reviewed: _____

Request Approved/Denied/Additional Information Needed (Circle Applicable Response

Interdisciplinary Team Comments :

_____
_____
_____

Attachment C

End User Product Evaluation Form (CDC SAMPLE FORM AND INSTRUCTIONS)

Instructions for Using the Form

Adapting the Forms

Like the New Product Request/Evaluation Form, the End User Evaluation Form can be modified to reflect clinical needs by adding criteria that reflect organizational practice or by deleting criteria that are less relevant.

Obtaining Feedback

Select staff who represent the scope of personnel who will use or handle the device. Choose a reasonable testing period (e.g., 2 to 4 weeks). Staff should receive training in the correct use of the device, which can often be provided by product representatives. Encourage staff to provide informal feedback during the evaluation period. Monitor the pilot test to ensure proper use of the safer device and remove the device immediately if it is found to be unsafe. Forms should be completed and returned as soon as possible after the evaluation period. (Note: Individual(s) responsible for tracking and monitoring the evaluation process must be identified by the organization)

Interpreting the Results

After the evaluation phase, speak with personnel who have completed the forms to determine the criteria that should receive the most consideration. For example, personnel may express that criteria regarding the "feel" of the device (e.g., weight and size of the device, how the device fits in their hand) are important in maintaining proper injection technique. If the responses to many of the criteria are "Strongly Disagree" or "Disagree," check with personnel who have completed the form to obtain additional information. Balance this feedback with safety and practical considerations before determining whether to continue using the device in your practice.

PROJECT FIRSTLINE | University of Nebraska Medical Center, Nebraska Medicine

Updated 6/4/2021

Sample Device Evaluation Form
Dental Safety Syringes and Needles

This form collects opinions and observations from dental healthcare personnel who have pilot tested a safer dental device. This form can be adapted for use with multiple types of safer devices. Do not use this form to collect injury data because it cannot ensure confidentiality.

Date:_____

Product: Name, brand, company:_____

Number of times used: _____

Your position or title:_____

Your occupation or specialty: _____

1. Did you receive training in how to use this product?
   ❒ Yes **[Go to Next Question]** ❒ No **[Go to Question 4]**

2. Who provided this instruction? **(Check All that Apply.)**
   ❒ Product representative ❒ Staff member ❒ Other

3. Was the training you received adequate?
   ❒ Yes ❒ No

4. Compared to others of your sex, how would you describe your hand size?
   ❒ Small ❒ Medium ❒ Large

5. What is your sex? ❒ Female ❒ Male

Please answer all questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, **please leave it blank**.

	During the Pilot Test of this Device . . .	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
6.	The weight of the device was similar to that of a conventional dental syringe.	1	2	3	4	5
7.	The device felt stable during assembly, use and disassembly.	1	2	3	4	5
8.	The device fit my hand comfortably.	1	2	3	4	5
9.	The anesthetic cartridges were easy to change.	1	2	3	4	5
10.	Aspiration of blood into the anesthetic cartridge was clearly visible.	1	2	3	4	5
11.	I had a clear view of the injection site and needle tip.	1	2	3	4	5
12.	The device did not appear to increase patient discomfort.	1	2	3	4	5

Centers for Disease Control and Prevention. (2021, May 7). Device evaluation form. https://www.cdc.gov/oralhealth/infectioncontrol/pdf/device.pdf