

Thinking of Buying...Video Towers

Consider alternative input, demonstration units and exclusive buying for your systems.

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Video towers, also known as video carts, are essential to minimally invasive surgery. Whether they're supporting flexible scope gastrointestinal, gynecological or ENT procedures or rigid scope arthroscopy and laparoscopy, they're a surgeon's eyes, providing live images from inside the operative area. They're also a substantial capital investment. Given the technology options available, it's easy to spend upwards of \$100,000 on a new tower or several times that if you're outfitting more than one OR. Here are a few tips to help you make the most of a monumental equipment purchase.

Trial inclusively

It's not uncommon for surgeons to have a key say when you're making a large capital purchase. But keep in mind the support staff, both inside and outside of the OR or procedure room, who'll be dealing with the video tower and its components. Let them have a hand in on-site trials and vendor visits, and incorporate their input.

The burden of learning and operating new equipment often rests on the OR nurses and techs. Listening to their views on new equipment now might prevent frustration during procedures later. Similarly, introducing your central processing staff to the cameras and scopes you're considering — and allowing the vendors' reps to demonstrate how these items are best cleaned and sterilized — could offer valuable insights into time and money savings after each use. Manufacturers have begun developing autoclavable scopes, and the more that can be steamed, the better.

Plan for portability

In my recent surveys of the product field, I haven't seen many video towers at all that don't have flat-panel monitors. This is good news. The graphic resolution — and, as a result, the visual clarity — of flat-panel monitors is much improved over traditional cathode ray tubes. They're also easier to move than heavy CRT monitors.

If your equipment budget won't accommodate a video tower in every OR and procedure room, you're going to have to move the towers you buy. Once a tower is in the room, it'll have to be moved and shifted still more depending on the procedure, the position of the surgeon and anyone else who needs a view. Be sure to test the maneuverability of the towers you're trialing, as well as how they fit among the other equipment and visitors in your rooms. If the tower's going to be a semi-permanent fixture in a room, would additional monitors increase visibility? And would a ceiling-mounted boom system make for more efficient access, mobility and use of space?

Consider buying a demo

Next to the availability and response of a manufacturer's service, price is a deciding factor in many capital purchases. Buying pre-owned or refurbished equipment is one option in controlling costs. With high-technology items like video towers, however, it's possible that new advances could quickly outstrip the used model's dated technology.

One alternative is to buy a demonstration model. Demos are typically current models that were taken off the warehouse floor, visited a few hospitals and conference exhibit halls and have accumulated about 10 or 20 hours' use. You might be able to get one for 10 percent to 15 percent less than what you would have paid for a new model. If it's covered under the same warranty, it's the next best thing to new, so be sure to ask that, too.

While you're considering price, remember also to budget the cost of extra supplies the video tower will need, particularly in terms of output and recording. Recordable DVDs don't cost much, but your video printers for still photos will require special paper and ink cartridges, and they're not inexpensive supplies to stock in your inventory.

Limit your purchase

Typically, the components of a video tower include the camera, its light source, a CO2 insufflator, one or more monitors, the printer and DVD recorder and the software that runs the system. That seems simple enough, until the surgeons of one specialty demand one manufacturer's model, while the surgeons of another group decide they like something else entirely. If your budget allows for the purchase of more than one tower, you might be tempted to buy each group its first choice. There are compelling reasons, though, that you should narrow your purchase down to one vendor only.

Getting physicians to agree on one choice of equipment will require more than a little diplomacy. But remind them that buying more equipment from a single vendor will help you score discounts from that vendor. Also, the more you can keep your equipment alike from room to room, the easier it is for your staff to adapt and work efficiently in any given room. Finally, the towers themselves will be more compatible to the use demanded of them should one break down and the other(s) need to be shared.

Input Vital to Purchasing Video Equipment

It's entirely possible that video towers will be one of the largest capital purchases your center or department makes. Choosing a vendor, selecting the system's components and negotiating a purchasing contract may also consume an enormous amount of time. That's why it's important to bring an interdisciplinary team into the process. Its resources and input can help make the purchase and implementation a success.

As we began planning to update our video towers, we assembled our materials management director, a biomedical technician, and members of our OR staff and management. Together we were able to discuss options and identify potential conflicts even before we trialed the equipment.

Our materials manager, for instance, provided valuable vendor-specific insights, such as GPO participation and previous facility purchases that leveraged our buying position in contract negotiations. She also reported the impact that the new equipment's options would have on our operating budget, like the fact that multiple video printers would require a variety of expensive printer paper in our inventory.

In another instance, our biomed technician realized that digital image storage devices would change the image quality delivered by the camera to the monitor and was able to explain this drawback to the clinical staff. As a result, we decided against including those devices in our tower upgrade.

After we narrowed the field of vendors to three options under consideration, we scheduled a weeklong trial with each. While it may not be realistic to expect that every surgeon will be able to try the equipment during that time, you should be able to get a service line perspective on each.

We scheduled our trials in rooms that had targeted cases or surgeons with unique clinical needs that we'd have to meet. We made sure that each surgeon and staff member completed a written feedback form evaluating each equipment set on image quality, service and ease of use. After each vendor had completed a week in the OR, we evaluated the feedback forms and compared the results. Since many surgeons and OR staff are data-driven, present the results of their evaluations as graphs.

During our trials, service and price became our decision makers. While it was obvious which vendor had the better price, our biomed technician was able to judge which provided the better service. Your

materials manager can lead or assist in the contract negotiations, while clinical input is critical in assessing the component portions of the contract.

Schedule with your vendor an implementation week to follow the equipment's delivery, unpacking and biomed check-in. Ours began on Sunday, when the OR was quiet, and we converted our equipment over eight hours. There was an in-service and hands-on training for staff Monday morning, and two vendor representatives provided round-the-clock coverage that week. Our clinicians were comfortable with the equipment, and we had support as needed.

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