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No Cane, No Gain: How We Fixed DME in the ED

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Learning Objectives



- Describe two strategies for standardizing Durable Medical Equipment (DME) workflows in the Emergency Department (ED) using technology-driven improvements.
- Discuss the use of customized medical record workflows to optimize procurement, inventory visibility and distribution.

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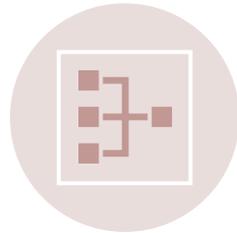
How a Crisis in the ED Became a System-Wide Wake-Up Call



The Heart of Our Fix



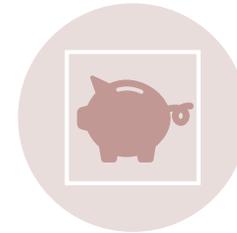
EMERGENCY DEPARTMENT:
DELAYED DISCHARGES,
MISSING EQUIPMENT



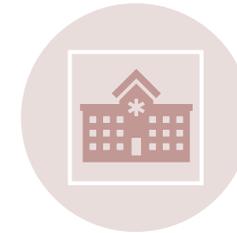
BUILT A CROSS-
FUNCTIONAL TASK FORCE
OVERNIGHT



CUSTOM ELECTRONIC
MEDICAL RECORD (EMR)
WORKFLOW + VENDOR-
MANAGED INVENTORY



\$500K SAVED IN YEAR 1

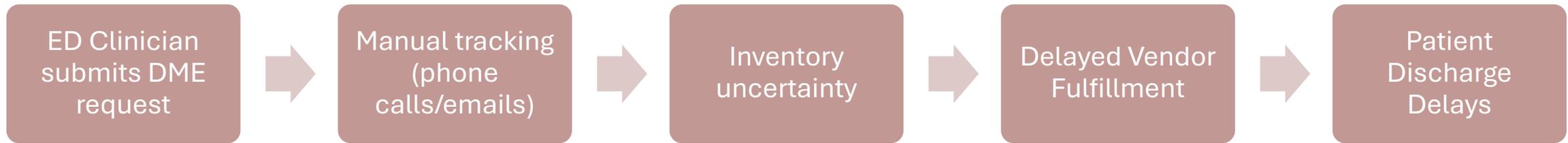


SCALED BEYOND OUR
HOSPITAL—NOW USED
NATIONALLY

Understanding the Current State: Why Process Mapping Matters



Current State (Before)



Manual, siloed workflows = delayed discharges & inventory blind spots

Future State (After)



Integrated digital workflows = faster discharges & accountable inventory management

Lessons Learned



- **Vendor Partnerships Require Clear Accountability** – When the primary supplier went out of business, it exposed a vulnerability in vendor dependence. Building structured, accountable partnerships is essential to ensure continuity and service quality.
- **Crisis Can Spark Innovation** – When our primary DME vendor abruptly exited, we didn't just find a replacement – we reimagined the process. What began as a scramble turned into a system-wide transformation. Sometimes disruption creates the perfect environment for innovation.
- **Lack of Workflow = Increased Risk** – Without standardized DME workflows, there was a significant increase in patient discharge delays, miscommunication, and redundant orders. Structured processes prevent operational chaos.
- **Technology Must Be Paired with Training** – Even the best EMR tools won't work if staff aren't engaged and trained. Real-time adoption only succeeded after operational leadership led robust education efforts.
- **Scalability Should Be Built In** – The success of the ED workflow laid the foundation for replicating the model across same-day surgery and in patient settings. Think big from the start.
- **Cross-functional Collaboration Drives Results** – This project wouldn't have succeeded without full alignment between Digital & Technology Solutions, contracting, project management, operational leadership, and vendors. Silos stall transformation.
- **People Drive the Process** – Our breakthrough didn't come from tech alone—it came from listening to frontline staff, understanding their frustrations, and equipping them with intuitive tools and clear expectations. Adoption only works when people feel supported, not forced.

Key Takeaways



- **Start by Mapping the Current State** – Identify where bottlenecks occur in DME requests, inventory, and discharge. You can't fix what you don't see—process mapping is essential.
- **Create a Centralized, EMR-Based Ordering System** – Build an EMR workflow that automates DME requests with vendor fulfillment embedded. This ensure accountability and improves tracking.
- **Shift Inventory Responsibility to Vendors** – Transition to a vendor-managed inventory (VMI) model for low-cost, high-movement items like crutches, walkers, and canes. This reduces waste, duplicate orders, and internal burden.
- **Align Contracting Early** – Don't wait to involve your contracting team. Ensure vendors agree to pricing transparency, restocking expectations, and clear service levels up front.
- **Empower Staff Through Training, Not Just Tech** – Change isn't adopted through policy—it's adopted through people. Build training and champions into your rollout plan from day one.

Questions?

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