CHA
Catholic Health Association of the United States

Responsible Redistribution of Medical Supplies & Equipment

LEADING PRACTICES FOR HOSPITALS & HEALTH SYSTEMS

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Our Mission

The Catholic Health Association of the United States (CHA) is on a journey to increase the impact and effectiveness of medical supplies and equipment donations to support health care delivery in the developing world.

This resource shares the findings of a 2012 research study to determine high-impact leading practices every hospital and/or health system should adopt when starting or enhancing a medical surplus recovery program. While not prescriptive, we believe these practices will help fulfill the mission of our collective global outreach efforts—answering God's call to foster health, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable.

International outreach is a collaborative effort shared by Catholic and other not-for-profit health care and faith-based organizations, non-governmental organizations, medical surplus recovery organizations (MSROs), ministries of health and so many more. CHA would like to acknowledge all of those who participated in the research study: Hospital Sisters Health System and Hospital Sisters Mission Outreach of Springfield, Ill., CHRISTUS Health of Irving, Texas, MedShare of Atlanta and Medical Bridges of Houston, Texas, for generously granting their time to participate in this research project. CHA also acknowledges the generosity of Accenture Development Partnerships (ADP) which has underwritten a portion of the research project as part of their commitment to this global endeavor.

Together, we can provide help and hope to all of God's people in need. I hope this resource, and all of our international outreach videos, booklets, reports and tools increase our collective global outreach activities and ultimately better the lives of our brothers and sisters in the developing world.

Sincerely,

Bruce Compton
Senior Director, International Outreach

Table of Contents

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LEADING PRACTICES FOR HOSPITALS & HEALTH SYSTEMS

Introduction

It is estimated that U.S. health care facilities generate over four billion pounds of medical waste annually, 85 percent of which is noninfectious.[1,2]

Much of this waste is surplus medical supplies and equipment that still has valuable, usable life. However, much of this surplus either enters the waste stream or is donated without assurance that it can be used properly. Catholic hospitals alone dispose of an estimated 504,000 million pounds of medical surplus annually, much of which could provide lifesaving care to individuals in developing countries, if donated through the appropriate channels.

Donation of medical surplus provides an opportunity for Catholic health care, but also poses risks. The World Health Organization estimates that over 70 percent of equipment donated to developing countries does not work because it is not suitable for the needs of the population.[3] Additionally, many supplies received by developing countries are expired, rendering them inappropriate for use on patients.[4] These unusable donations create physical, financial and environmental costs to the receiving organization and the developing country.

The Catholic Health Association of the United States (CHA) is on a journey to increase the impact and effectiveness of donations of surplus medical supplies and equipment to support health care delivery within the developing world. CHA has researched the current leading practices for medical surplus donation by U.S.-based hospitals and identified opportunities to improve the process of donating and expand the amount of usable/appropriate donations of surplus medical supplies and equipment in order to strengthen sustainable impact on global health.

This paper outlines key findings on the benefits and measurement of surplus donation programs and high-impact leading practices for hospitals and health care systems. Using this information can increase appropriate donations and decrease inappropriate donations of surplus supplies and equipment. The evidence gathered suggests that: (1) there is significant opportunity to improve surplus donation programs at hospitals through the implementation of standardized processes, and (2) there is opportunity to improve measurement of operational value realized through surplus donation programs.

Research Process

Accenture Development Partnerships and CHA began this research in May 2012, using both site visits and in-depth interviews with 73 individuals at hospitals, health systems and MSROs. The interviews were conducted to find ways for hospitals to increase usable donations, areas of system guidance and communication gaps between hospitals and their partner MSROs. The site visits identified their current practices and identified their challenges and opportunities.

The research focused on obtaining feedback on the perspective, needs and opportunities of three key stakeholder groups: **1) CHA member hospitals** that currently partner with an MSRO, **2) CHA member health systems** with many member hospitals that are participating in surplus donation or interested in starting a program, and **3) MSROs** that collect surplus from hospitals and redistribute it to beneficiaries. Once the 22 leading practices were identified, health systems and MSROs were invited to participate in a survey to assess them.

The final step of the project was a survey of hospitals/systems that are currently working with high-performing MSROs (high-performing based on the 2010 CHA research study, which is available at **www.chausa.org/medicalsurplus**), and of the executive leadership of high-performing MSROs. The objective of the survey was to gather input on the importance of the leading practices, to determine the most valuable benefits of a surplus donation program and to identify additional areas of improvement in the relationships between hospitals and MSROs.

LOCATION	NUMBER	FACILITIES
Hospital	48	5
Hospital Executive	12	
Hospital MM/SC	19	
Hospital Communications and Training	3	
Hospital Clinical	14	
System Leadership	9	2
MSRO	16	3
Total	73	10

FIGURE: PHASE II INTERVIEWS BY POSITION

Research Result

The research conducted in 2012 revealed that leading practices at the hospital and/or system level are critical to increasing usable donations. Health systems can leverage their unique leadership position to provide guidance on donation processes, establish forums for exchange of innovative practices and reach new and existing employees through communication and education. For hospitals, the collection process should be clearly defined; leading practices within people and metrics enable the process by increasing awareness and tracking benefits.

The research project identified 22 leading practices that if used by systems and/or hospitals, should increase the quality and appropriateness of medical surplus donations, while also optimizing the organizational processes and benefits of this activity. Of those 22, eight have been identified as having the highest impact.

The leading practices are grouped into two major categories: foundational and hospital, with hospital then broken into three subcategories: people, process and metrics. The 22 leading practices are best summed up in a framework, or visual representation, that conveys their interrelatedness.

What follows is a greater explanation of each of the leading practices, including the eight practices that are of highest impact, and a section that offers practical approaches for implementing each of the practices.

The 22 Leading Practices for Hospitals and/or Health Systems

FOUNDATIONAL LEADING PRACTICES

1. Work with a Medical Surplus Recovery Organization*
2. Establish Vision*
3. Identify Opportunities and Expectations*
4. Establish Benchmarks and Incentivize Improvement
5. Develop Budgeting Guidelines and Methodologies
6. Communicate Across the Organization
7. Integrate into Staff Education
8. Leverage Contracting and Vendor Relationships
9. Provide Expertise to MSRO Leadership

HOSPITAL LEADING PRACTICES

PEOPLE

10. Engage Champions*
11. Define the Program and Roles
12. Encourage Volunteering at Partner MSROs
13. Establish Communication Expectations
14. Educate and Increase Awareness*

PROCESS

15. Plan – Create Projections and Plan for Improvements*
16. Identify – Track Inventory and Identify Opportunities for Surplus Donation*
17. Collect – Gather Surplus Donations at Appropriate Departments
18. Sort – Organize Donations into Designated Categories
19. Stage – Prepare Sorted Donations for Receipt by MSRO
20. Measure – Record and Track Surplus Donations

METRICS

21. Track and Trend Impact on Values*
22. Meaningful Reporting

** Indicates that this leading practice is one of the eight highest-impact leading practices*

Foundational Leading Practices

While system and/or hospital leadership can define the vision, priorities and guidance on budgetary matters needed to engage the organization on quality donations. Although stemming from research at the system level, these 9 leading practices are ones systems and hospitals that are not part of a system should implement.

The foundational findings, which make up nine of the 22 leading practices, include:

FOUNDATIONAL LEADING PRACTICES

1. Work with a Medical Surplus Recovery Organization*
2. Establish Vision*
3. Identify Opportunities and Expectations*
4. Establish Benchmarks and Incentivize Improvement
5. Develop Budgeting Guidelines and Methodologies
6. Communicate Across the Organization
7. Integrate into Staff Education
8. Leverage Contracting and Vendor Relationships
9. Provide Expertise to MSRO Leadership

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1 Work with a Medical Surplus Recovery Organization*

Working with a Medical Surplus Recovery Organization (MSRO) is the most important practice for any health care organization. Sending items to developing countries—items that are needed and sorted as the communities soliciting the materials request—is best done by an MSRO that dedicates its time to high-impact donations internationally. If a hospital or system is shipping surplus donations directly overseas, without the use of an MSRO, it should consider itself an MSRO and follow appropriate guidelines. CHA has an assessment tool online at **www.chausa.org/medicalsurplus**.

As Catholic ministries we must ensure that supplies and equipment that are sent can be used and are appropriate for the community. While our intentions may be good, often shipments contain items that can never be of benefit because they are expired, lack replacement parts, are broken or don't match the destination's needs or electrical system. Thus, partnering with a high-quality MSRO is imperative.

To learn more about high-performing MSROs or for a hardcopy or electronic version of an assessment guide Catholic health systems and hospitals can use to find the appropriate MSRO partner, go to **www.chausa.org/medicalsurplus**.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM HOSPITAL LEADERSHIP	Work with a high-performing MSRO	Identify potential MSROs
		Conduct interviews
		Use CHA's assessment tool

2 Establish Vision*

To increase awareness of surplus donation programs among hospital staff and leadership, health care systems should establish a **vision focused on the greater good.** Communicating a vision throughout the organization by tying the surplus donation vision into existing communications shows that appropriate surplus donation is a priority of the system. It also sets an expectation that hospitals will actively participate in surplus donation programs. The research team's interviews and site visits indicated that consistent communication about the vision is critical to increasing awareness about donation programs.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL OPERATIONS AND CLINICAL LEADERSHIP	Integrate surplus donation into mission and vision of system	Dedicate time at system-level leadership meetings and with hospital executives to establish vision and provide updates on activities and impact
	Develop expectation of surplus donation participation	Include surplus donation during annual goal-setting process; communicate goals to system and hospital stakeholders
		Engage mission integration leaders to develop long-term vision and implementation plan

3 Identify Opportunities and Expectations*

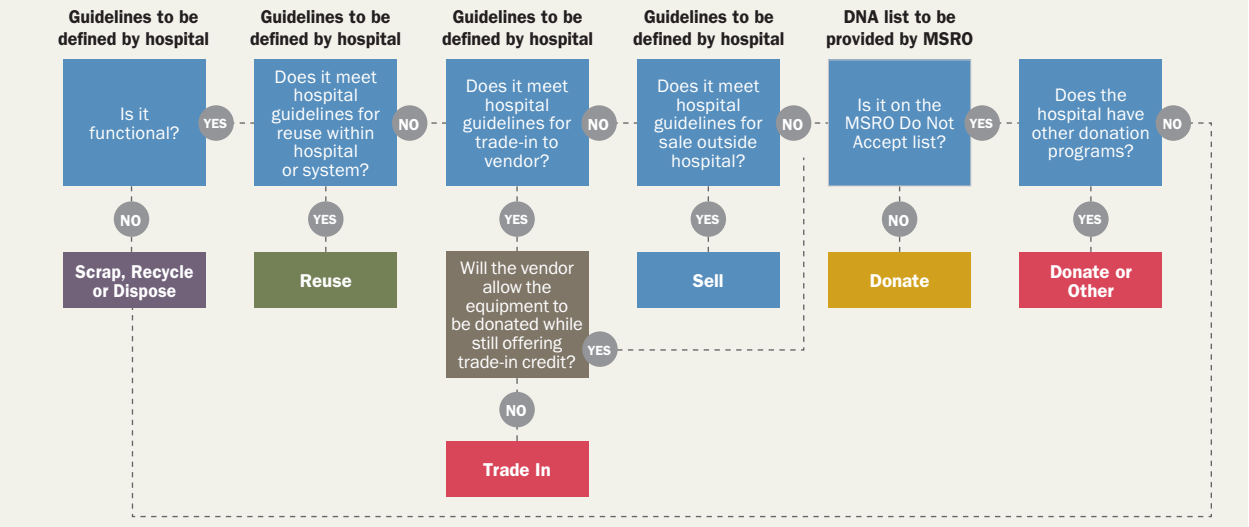
Previous research revealed that a lack of policies and procedures is the most commonly reported barrier to surplus donation. To reduce confusion in a facility/hospital during the surplus disposal process, health care systems should **outline donation opportunities and key decisions in standard policies and procedures.**

A decision tree or similar guidelines may reduce the bleed of surplus supplies and equipment to the hospital staff's personal causes and standardize donation in a way that minimizes hospital liability. To implement this leading practice, guidelines should be defined with input from materials management, clinical staff and executive leadership and then be included in relevant policies and procedures. Hospitals may customize policies to fit their unique needs, but outlining the proper procedure at the system level increases the ability to measure results.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL OPERATIONS LEADERSHIP	Define guidelines for supply and equipment donation decision pathways	Dedicate time at each hospital or at system-wide meetings to present donation opportunities and decisions to leadership and appropriate staff
	Develop expectation of surplus donation participation	Gather input from hospital leaders and materials management on current surplus donation practices
		Engage materials management and department heads with hospital or system leadership to tailor the system-wide policies to their individual hospitals

Example: Decision Tree



4 Establish Benchmarks and Incentivize Improvement

Health care systems should **establish benchmarks for metrics and incentivize improvement towards these benchmarks.** Although benchmarks may not be appropriate for all metrics, such as pounds donated, they increase engagement when set appropriately. Progress towards benchmarks can be rewarded/incentivized in a number of ways; one example suggested by system leadership was to offer a volunteer day at the MSRO for departments that increased their performance. Offering incentives and popularizing benchmarks engages employees across levels and departments. Furthermore, if hospitals increase usable donations in response to benchmarks, MSROs may increase their efficiency, thus increasing their output to the developing world.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL OPERATIONS LEADERSHIP	Review surplus donation program annually to confirm or update benchmarks	Gather input from hospital leadership, champions, and materials management on current donation process, measurements, and reporting for input to appropriate, attainable benchmarks (e.g., % of usable donations, volunteer hours)
		Incorporate surplus donation benchmarks into existing scorecards and performance expectations
	Reward progress towards benchmarks to highlight importance of surplus donation	Gather staff and leadership feedback on appropriate incentives for participating in surplus donation and attaining benchmarks (e.g., staff to MSRO to volunteer)

5 Develop Budgeting Guidelines and Methodologies

Interviews with hospital and system financial leaders revealed that clinical departments and other budget owners may hesitate to donate if their financials are negatively impacted. Health care systems can **provide standardized guidelines or methodologies to relieve hospital departments' budgets of the remaining value of donated supplies and equipment.**

Methods such as creating a separate cost center for community benefit, which allows the departments' budgets to be credited and the community benefit cost center to be debited of the remaining value of the supplies or equipment, were received positively in site visits. Creating a separate cost center to eliminate the disincentive to donate is also beneficial in that it allows the remaining value to be tracked and recorded regularly.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL OPERATIONS LEADERSHIP	Create and communicate mechanism to capture remaining value of surplus donation and minimize donation disincentives	Review existing financial implications of surplus donation
		Gather information from hospitals on current methodologies to identify best practices that can be shared throughout the system
	Focus on mission-driven importance of surplus donation to hospital financial leadership	Work with hospital leaders to identify all areas of value related to surplus donation to develop comprehensive cost relief methodology

EXAMPLE PRACTICES

RESEARCH LOCATION	EXAMPLE	SUGGESTED IMPROVEMENT
HOSPITAL	Cost of donated supplies and equipment is taken out of the departments' budgets	Create separate cost center for surplus donation to capture the value of supplies and equipment and remove penalty for donation from departments' budgets
SYSTEM	Surplus donation goes as a credit to department budget and a debit to community benefit account	Leading practice in place, no improvements

6 Communicate Across the Organization

The interview team noted that an opportunity exists to increase communication and education at the system level, or hospital if not part of a system, in order to share successful practices and lessons learned among all member hospitals. In order to do this, organizations should **engage hospitals as staff in sharing successful practices across the organization.** Tools that systems identified but are also tools hospitals can use to share practices included Facebook and other social networks, webinars, SharePoint, intranet sites and newsletters. Providing a platform to share successes encourages constant improvement in surplus donation and can even reward innovation.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL COMMUNICATIONS LEADERSHIP	Implement mechanisms for hospital to report successful practices to system level	Identify and/or create forums for sharing successful practices through different types of media (ex: Facebook, newsletters, webinars, etc.)
		Plan events for leaders to share successful practices; incorporate practice sharing into existing system-wide events
	Review and disseminate leading practices throughout system/hospital	Work with communications staff to enable reporting about successful practices to other system hospitals and/or community partners
	Ensure stakeholders and hospital staff are well-informed on surplus donation processes and results	Identify key system, hospital and/or community stakeholders for surplus donation; target communication to these audiences
		Meet quarterly with hospital and/or system leadership to give and receive updates on vision and surplus awareness participation
		Work with MSRO to obtain impact stories and visuals to add human-interest value to communication and education; invite staff who have a connection to the process (e.g., lived in a developing country, volunteered at an MSRO, participated in a medical mission) to share their experiences

7 Integrate into Staff Education

Materials management staff members are major contributors to the donation process. Research shows that a lack of awareness of surplus donation programs among this staff is a key barrier to program participation.

Health care organizations should **increase awareness by including surplus donation programs in new-hire training and continuing education.** Incorporating surplus donation basics, such as "most needed items" lists and "do not accept" lists, along with an explanation of the benefits of surplus donations, introduces the program to new employees and generates ongoing support from existing employees.

Training should also include clear definitions of the roles and responsibilities of all staff involved, and an overview of all donation opportunities and processes. Surplus donation partners, such as MSROs, should be asked to provide input on training so that a consistent message is delivered. By sharing past results, annual goals and/or benchmarks and the experiences of champions and/or volunteers, ongoing training will reinforce the vision for and priority of surplus donations.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/ HOSPITALS TRAINING AND COMMUNICATIONS LEADERSHIP	Develop orientation and education material that can be tailored to each hospital's program	Work with hospital HR staff to give them the necessary resources to incorporate the system surplus donation education material into existing curriculum
		Include champions in the planning process of surplus donation training and continuing education to provide direct contact for new staff and present important details on the hospital-specific process
	Engage MSRO personnel to include them in developing and presenting training material	Develop feedback mechanism (e.g., survey) to get input from participating staff on surplus donation training; review and update training regularly to reflect staff input and changing donation needs/ processes

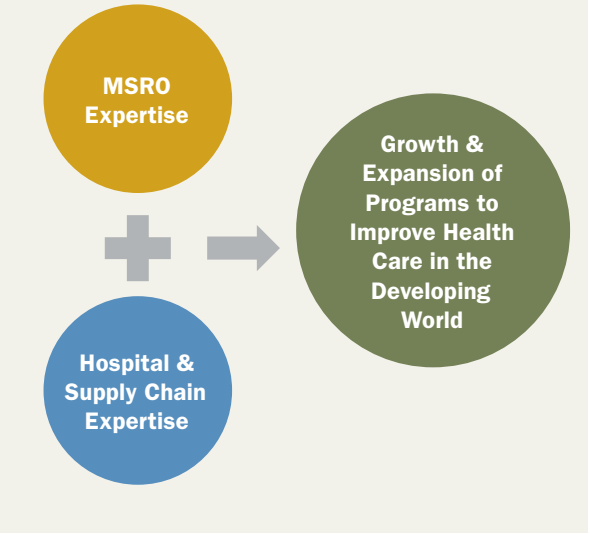
8 Leverage Contracting and Vendor Relationships

Health care systems and freestanding hospitals have multiple opportunities to leverage existing relationships with vendors of supplies and services in order to increase usable donations to the developing world. One way to do this is to **highlight the opportunities for donation and the strategic benefits of donation when engaging vendors for supply or equipment replacement.**

Highlighting the benefits to the vendor of donation, such as reducing or eliminating transportation and disposal costs of equipment or supplies being replaced and positive public perception, may motivate vendors to donate. If possible, health systems should negotiate for the opportunity to donate on the vendor's behalf while still receiving trade-in credit for the supplies or equipment being donated. This arrangement eliminates the financial disincentives to donate in that it benefits both the vendor and the health care organization.

SURPLUS DONATION BENEFIT TO VENDORS
Reduced transportation cost: eliminates need to pick up equipment/supplies from hospitals
Decreased disposal cost: vendors do not have to pay for disposal of equipment and supplies that are unable to be repurposed and resold
Impactful, low-cost outlet for damaged boxes or case lots
Positive public and internal staff perception

Partnership



Contracting with service vendors, such as waste stream management or housekeeping, also provides an opportunity to incorporate surplus donation programs into existing hospital processes. Donation processes, including decisions to be made when sorting waste, cleaning a patient's room, etc., should be clearly outlined so that service providers are aware of surplus donation programs. There needs to be a clear expectation of participation in these programs.

Health care organizations may also have an opportunity **to introduce vendors to MSROs and encourage them to get involved in donation programs.** Health care staff can share success stories with vendors and encourage them to donate lots with damaged packaging and unexpired supplies.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/HOSPITAL OPERATIONS LEADERSHIP	Capitalize on existing relationships to introduce vendors to MSRO and share past successes. Help MSRO build independent relationship with vendor	Work with vendors and MSRO to establish direct line of communication between the parties and encourage a relationship
		Ask vendors what they do with supplies that are expired or can no longer be used domestically; support MSRO as an outlet for disposal of goods that cannot be sold in the U.S.
		Communicate with MSRO to determine where a direct relationship with vendors could add value to their inventory and operations
		Share past successes and program benefits with vendors
	Engage vendors in surplus donation by consistently incorporating opportunities for donation and benefits into discussions with them	During contracting for system-wide projects, negotiate for the opportunity for the system to donate product being replaced on behalf of the vendor while still receiving trade-in credit
		Share the applicable information on impact to recipients with vendors so they can capitalize on the public perception
		Provide information to vendors on the value of donating unopened, unused supplies and equipment during conversions to promote donation to MSRO as opposed to returning items to the vendor
	Work with materials management leadership to develop contract expectations and then develop actual contracts	Identify contracted services that are involved in surplus donation (ex: housekeeping, waste stream management, etc.)
		Clearly define all roles and responsibilities associated with surplus donation within each contracted service area, and include them for discussion in the contracting process
	Include MSRO impact in contracting process to obtain greatest value	Ensure that all staff for contracted services are either included in standard hospital training for surplus donation, or receive separate training and follow-up information on impact to recipients

EXAMPLE PRACTICES

RESEARCH LOCATION	EXAMPLE	SUGGESTED IMPROVEMENT
HOSPITAL	Sodexo housekeeping staff disposes of all medical supplies from patient's rooms after patient is discharged	Educate housekeeping staff on items that can be donated and make sure they have access to collection bins
SYSTEM	MSRO developed relationship with waste management to get supplies and equipment from one hospital	Include identification of donations for MSRO in contracting for waste stream management; establish communication between waste management and MSRO

9 Provide Expertise to MSRO Leadership

Health care organizations have an opportunity to **provide expertise on topics including supply chain, financial management and warehousing to an MSRO partner that might not have access to such consultation.** Sharing expertise on a regular basis can help MSROs become more efficient and therefore increase output of supplies and equipment to the developing world. Expertise can be shared through regular volunteer opportunities or long-term leadership or board positions at the MSRO.

Leadership can also **collaborate with MSROs to develop a long-term vision for growth and development** by providing perspective on what works best for hospitals and what the MSRO and the industry as a whole can do to develop and increase impact. MSRO board positions provide an excellent opportunity to provide feedback and input on long-term strategy.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
SYSTEM/ HOSPITAL EXECUTIVE LEADERSHIP	Share executive, financial, supply chain and other subject matter expertise with MSRO so that they may capitalize on existing resources and expand operations	Identify executive leader champion willing to serve on MSRO board and act as a liaison from the hospital to the MSRO
		Work with the MSRO to identify or develop appropriate leadership or board positions to be filled by a hospital representative
		Develop formal channels for hospital employees to provide feedback and input to the MSRO via the representative
	Develop and manage mutually beneficial relationship between system, hospitals and the MSRO	Plan annual review of contributions, impact to recipients, operational value, areas for improvement, and long-term goals
		Utilize focus groups of key individuals in hospitals to develop surplus donation goals in terms of volume of donations, number of recipients, and value of surplus donation program to hospital in terms of 6-month, 1-year, 2-year, 5-year and 10-year goals
	Work with MSRO to set long-term goals for growth of MSRO and industry	Identify key individual at MSRO to act as long-term relationship vision manager

Hospital Findings

The research team's interviews, site visits and survey revealed that implementation of leading practices at the hospital level is important to increasing usable donations.

For hospitals, each step of the collection process should be clearly defined and include planning and identifying surplus donations, staging of donations for pickup and measuring results. Championing, education and communication bolster the donation process by increasing awareness of the program. Finally, tracking and reporting results is critical to supporting the donation process in that it keeps the key process owners aware of the current success and opportunities for improvement in the program.

Here are the hospital leading practices, broken down into the three subcategories of people, process and metrics.

HOSPITAL LEADING PRACTICES

PEOPLE

- 10 Engage Champions*
- 11 Define the Program and Roles
- 12 Encourage Volunteering at Partner MSROs
- 13 Establish Communication Expectations
- 14 Educate and Increase Awareness*

PROCESS

- 15 Plan – Create Projections and Plan for Improvements*
- 16 Identify – Track Inventory and Identify Opportunities for Surplus Donation*
- 17 Collect – Gather Surplus Donations at Appropriate Departments
- 18 Sort – Organize Donations into Designated Categories
- 19 Stage – Prepare Sorted Donations for Receipt by MSRO
- 20 Measure – Record and Track Surplus Donations

METRICS

- 21 Track and Trend Impact on Values*
- 22 Meaningful Reporting

** Indicates that this leading practice is one of the eight highest-impact leading practices*

Hospital Leading Practices: People

In order for any surplus donation program to be successful the right people must be involved. Executive leadership, clinical staff and supply chain personnel all play key roles in the surplus donation process, and can be engaged through appropriate education. To ensure that surplus donation programs run effectively, staff roles and responsibilities should be clearly defined, communications channels with an MSRO should be opened and a collaborative culture created.

The research identified five leading "people" practices, which make up 10 through 14 of the 22 leading practices that hospitals can implement, including:

PEOPLE

10 Engage Champions*

11 Define the Program and Roles

12 Encourage Volunteering at Partner MSROs

13 Establish Communication Expectations

14 Educate and Increase Awareness*

** Indicates that this leading practice is one of the eight highest-impact leading practices*

10 Engage Champions*

Opportunities for surplus supply and equipment donations exist in multiple hospital processes and may be owned by multiple individuals or groups. Therefore, it is critical to **engage multiple champions across departments and executive and staff positions.** Interviews with hospital stakeholders and current process owners identified three areas of critical involvement: executive leadership, clinical departments and supply chain.

Within executive leadership, a C-suite representative, especially the CEO, CFO or mission leader should be identified. Within the clinical departments, one or several nurse managers may be identified. Within supply chain, the materials management director or warehouse manager may be identified as the surplus donation champion. However, among each of these areas, the best champion will be the person(s) who are personally engaged in the mission, are dedicated to the outcome of the program and are passionate about engaging others in surplus donation.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
C-SUITE	Identify executive, supply chain, and clinical champions and clearly define responsibilities	Identify all levels and departments involved in surplus donation and engage a champion from each
		Clearly define commitment required of champions so leaders and staff are fully aware of the responsibility they are assuming with the championship role
	Secure and maintain leadership necessary for surplus donation support	Develop forum (e.g. conference call) for all hospital champions to share the challenges each faces in this process, improvements they have made and successful practices in the surplus donation program

11 Define the Program and Roles

Interviews and site visits revealed that many surplus donation programs, while seen as an important part of the mission of the hospital, are not clearly defined. The programs may be improved if **roles and responsibilities of staff in the surplus donation process are clearly defined, and if staff members are encouraged by leadership to actively participate.** This can be accomplished by incorporating the responsibilities in job descriptions, policies and procedures.

Materials management staff often drive the logistics of surplus donation programs, so providing focused training for specific job functions ensures that all aspects of the donation program are efficiently managed. System-level supply chain leadership relayed that materials/storeroom management staff do not feel connected to the mission-driven side of the program; the sharing of impact stories is an opportune way to foster this connection.

BENEFITS OF SURPLUS DONATION TO MATERIALS MANAGEMENT STAFF
Recovered floor space in department storage rooms and general storage.
Fewer staff hours spent moving equipment from departments to storage, and then moving it inside the storage facility; once equipment is donated, it is no longer a burden.
Cost neutral if budget relief mechanism is implemented.
Involvement with hospital vision and mission.
Increased negotiating power with vendors when offering donation for trade-in value.
Educational opportunity to involve vendors in surplus donation.

Training can also help to define roles and responsibilities, especially for staff members heavily involved in the process, such as warehouse staff and managers. Staff may further be encouraged to participate through incentive programs, such as friendly competitions among departments or hospitals for collecting the highest percent of most-needed items, as determined by the MSRO based on developing country solicitor needs.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
C-SUITE	Define leadership and responsibilities around surplus donation; monitor and evaluate during performance reviews	Create job descriptions
		Identify key functions necessary for a successful surplus donation program, and match the functions with existing job descriptions
		Include training on job-specific functions of surplus donation in new-hire and continuing education programs
		Encourage participation through inventive programs, friendly competition between departments, and by reiterating the importance of surplus donation to hospital core values

12 Encourage Volunteering at Partner MSROs

Hospital leadership, especially champions, increase awareness of appropriate donations of surplus supplies and equipment when they **encourage hospital staff members to volunteer at the MSRO.** MSRO leaders and volunteer coordinators expressed during interviews how helpful it was to have volunteers with clinical expertise. Having nurses and physicians as volunteers allows the MSRO to continually improve the sorting process. Clinical or biomedical engineers are also highly desirable as volunteers; some MSROs rely solely on volunteers to test and repair biomedical equipment prior to distribution to the developing world. Without this expertise, equipment may sit idle for years while it is waiting to be repaired.

Volunteering at the MSRO is a valuable way for employees to connect with surplus donation programs. Leaders can **recruit hospital staff to volunteer at the MSROs, perhaps in exchange for hand-carried supplies for medical mission trips,** is a mutually beneficial arrangement for both MSROs and volunteers; MSROs are in need of experienced, medically trained volunteers to assist in the sorting process and equipment assessment, and many hospital employees are involved in medical mission initiatives.

Trading volunteer hours for hand-carried supplies that can be used by medical teams in developing country care clinics gives hospital staff a reliable and appropriate channel to obtain supplies, rather than taking them directly from the hospital inventory. Most importantly, as associates and clinicians see how their organization is part of a much larger mission, there is greater employee satisfaction. Volunteers or visitors to the MSRO see how the organization's donations are part of a much larger donation process—one that provides help and hope to the world's people who are most vulnerable and in need of access to medical services.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
C-SUITE/ CLINICAL STAFF	Support MSRO by lending access to hospital personnel assets	Work with MSRO to identify specific volunteer positions and needs that can be filled by hospital staff with technical knowledge and advertise this need to the applicable individuals within the hospital
		Ask current volunteers to share their experiences with colleagues and encourage others to volunteer
	Encourage personal connection between hospital staff and MSRO	Provide opportunities for staff to visit MSRO and volunteer for a day to generate more long-term commitment

13 Establish Communication Expectations

Hospitals interviewed in the 2010 research project agreed that there was room for improvement in relationships between hospitals and MSROs, especially in the area of communication, a need underscored in the 2012 research project. Hospitals working with an MSRO should **establish an advisory council to meet monthly or quarterly with the MSRO.** Advisory committee members can be consistent or could cycle representatives, but should consistently include the program champions and at least one representative from supply chain, nursing and executive leadership. Advisory committee members could share success stories and updates from the MSRO, offer a forum to discuss issues or concerns and plan for the following month or quarter.

Survey results revealed that hospitals may be more concerned with tracking metrics and identifying the program benefits than are MSROs. Therefore, it is critical that hospitals **set expectations and formal communication channels such as an advisory committee meeting with the MSRO to gather information about operational value.** Hospital advisory committees should clearly communicate to the MSRO what the hospital wants in terms of metrics so that the hospital and MSRO may work together to accurately capture and report on metrics. Hospitals can also emphasize the importance of reporting value to the greater good by encouraging MSROs to record success stories, the number of countries aided, the number of people helped, etc. Once expectations are established, hospitals should review metrics regularly and work with MSROs to make any updates necessary.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
C-SUITE	Establish advisory committee to include representatives from nursing, clinical engineering, and materials management	Engage champions, leadership, and MSRO contacts to identify necessary individuals to serve on the advisory committee
		Designate key contact in materials management to inform advisory committee on changing hospital practices, forecasting opportunities for donation, and reporting on problem areas
	Maintain regular communication to allow agility in responding to need	Designate advisory committee chair to gather input, schedule meetings, set agendas, and follow up on developments
MATERIALS MANAGEMENT	Establish expectations for tracking operation value and communicate these to MSRO	Designate hospital contact responsible for monthly or quarterly metrics review with MSRO
		Work with MSRO to develop areas of reporting on operational value (e.g., product turns, containers shipped, number of people impacted, etc.)
	Work with MSRO to obtain quantitative value of surplus donation	Integrate information on operational value into monthly reports on hospital surplus donation program
	Obtain and distribute appropriate subsets of most-needed items list to departments	Follow up with MSRO at least every 6 months to update most-needed items list
		Distribute list of most-needed items to materials management, nurse managers, and key floor staff through multiple channels (e-mail, newsletter, hospital intranet, physical postings, etc.)
	Keep staff well-informed on surplus donation practices	Develop easy mechanism to post and interchange list of most-needed materials from MSRO near collection bins (e.g., plastic sleeves, laminate and place with Velcro, etc.)

14 Educate and Increase Awareness*

A survey of high-performing MSROs found that education and awareness within hospitals had the greatest impact in increasing usable donations. Hospitals should **utilize multiple existing education channels to reach employees regularly.** Using existing education channels minimizes resource pull for the hospital education staff, and allows the surplus donation program to be fully integrated into hospital operations. Hospitals should engage MSROs in the development of education and training materials, and encourage the participation of MSRO personnel in delivery of the education sessions. It is critical that hospital employees involved in surplus donation are given regular education updates so they can be informed on changing surplus donation processes, expectations and impact. Staff meetings are also opportune times for education.

In addition to capitalizing on existing education channels to educate staff, hospitals can **utilize existing communication channels, such as newsletters and the hospital website or intranet, to distribute updates and reinforce the vision.** Interviews with surplus donation participants, particularly clinical staff, revealed that they want to know the impact of their activities. Many of the individuals interviewed cited examples of pictures they were shown of their donations at the beneficiary sites in the developing world, and felt these impact stories connected them personally to the donation program. Including surplus donation updates and impact stories in regular internal and external communications encourages those who are already participating in surplus donation, and leads to greater interest in the program by persons not yet participating.

Hospital staff and materials management leadership expressed in interviews their desire to donate surplus supplies and equipment that are usable and needed by beneficiaries in the developing world. To achieve this, hospitals should **regularly gather information from the MSRO on most-needed items as well as items not accepted and distribute these lists to appropriate staff and departments.** Keeping staff up-to-date on donation processes increases engagement and ensures that donations are as appropriate as possible. Lists of most-needed items as well as those items not accepted by the MSRO should be easily accessible by all involved in the process; for example, these lists could be posted on bulletin boards, posted onto hospital intranet sites or distributed via email. They should always be posted near collection locations.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
HOSPITAL HR AND COMMUNICATIONS LEADERSHIP	Utilize existing hospital training programs to enable surplus donation	Create focus group of materials management and clinical staff to gather input on appropriate and effective training/education materials
		Develop a standard hospital-specific module about surplus donation programs for inclusion in new-hire training
	Ensure staff are well-informed on surplus donation practices	Establish a regular recurrent training schedule for staff on surplus donation (e.g., every 6 months), and incorporate into existing continuing education, in-services, etc.
	Designate and maintain surplus donation as a priority in communications	Designate space in communications, such as newsletters and the hospital website, to share impact stories with hospital staff and community members
		Promote visibility of surplus donation programs within the hospital by creating posters for high-visibility areas highlighting the hospital's contributions in terms of pounds and end recipient countries
	Appropriate sufficient staff and resources to surplus donation reporting	Incorporate surplus donation impact stories and pictures into training courses to keep staff continually engaged
	Develop and maintain mutually beneficial operational relationship with MSRO	Work with MSRO to identify specific volunteer positions and needs that can be filled by hospital staff with technical knowledge and advertise this need to the applicable individuals within the hospital
		Leverage current volunteers to share their experiences with colleagues and encourage others to volunteer
	Encourage volunteering to increase program awareness	Advertise availability of items they can receive from the MSRO for hand-carrying on mission trip—especially those that may not be commonly available to staff—on hospital intranet, locker rooms, flyers, etc.

EXAMPLE PRACTICES

RESEARCH LOCATION	EXAMPLE	SUGGESTED IMPROVEMENT
HOSPITAL	Hosts community events (e.g., home equipment drive) to increase community awareness	Publish follow-up stories in local news to share results of drive; have annual drive
	Provides opportunities for new and existing colleagues to visit MSRO to gain a deeper understanding of need and increase engagement	Expand program to include more staff, management
	Link to MSRO website on hospital intranet home page	Publish regular updates, including most-needed items list and results, on hospital intranet

Hospital Leading Practices: Process

Interviews revealed that surplus donation processes are often disjointed and informal. **Clearly defining donation opportunities and incentivizing participation** can increase both the volume and the quality of donations. Without clear guidance on when and how to donate, opportunities often go unrealized. Outlining decisions that can result in surplus donation, and instructing staff on the appropriate choices to make when faced with donation takes the onus off individuals for making important decisions regarding surplus donation, and can lead to increased donations of appropriate and most-needed items.

By providing definition about these areas, hospitals can easily capitalize on opportunities for surplus donation. Hospital processes should focus on increasing usable donations by eliminating unusable donations. Regularly reviewing inventory, providing donation decision frameworks and defining staff roles can result in efficient surplus donation processes.

The research identified six practices hospitals can implement related to the main steps of any medical surplus donation process. They make up 15 through 20 of the 22 leading practices and include:

PROCESS

15 Plan – Create Projections and Plan for Improvements*

16 Identify – Track Inventory and Identify Opportunities for Surplus Donation*

17 Collect – Gather Surplus Donations at Appropriate Departments

18 Sort – Organize Donations into Designated Categories

19 Stage – Prepare Sorted Donations for Receipt by MSRO

20 Measure – Record and Track Surplus Donations

* *Indicates that this leading practice is one of the eight highest-impact leading practices*

15 Plan – Create Projections and Plan for Improvements*

Health care technology is constantly evolving; hospitals must regularly update their facilities and inventory to provide the highest-quality patient care. Oftentimes, supplies and equipment being replaced can still provide high-quality patient care, so by **encouraging procurement staff to think of MSROs as a disposal option when permanently replacing supplies and equipment,** hospitals can provide a continual stream of usable goods to developing countries. Donation decision frameworks can enable this process and inform procurement staff on opportunities for donation.

In the current environment of health care spending, hospitals are focused on getting all possible value out of inventory investments. When equipment is "swapped," vendors often reimburse the hospitals for a portion of the equipment's value. While this monetary payment is beneficial to the hospitals, the equipment that is returned to the vendor—and often scrapped for metal—can provide lifesaving care to patients in developing countries. Hospitals can, however, **negotiate with vendors to receive trade-in value for donated equipment.** This arrangement is ideal for all parties: hospitals still extract value from the equipment, MSROs receive valuable donations and vendors do not have to pay removal and disposal costs.

Materials management staff at select hospitals indicated that this practice has been successfully utilized on a one-off basis, but has not been employed as a common practice.

Interviews with materials management/supply chain and clinical staff revealed that Lean events are common sources that identify supplies and equipment that can be donated. These designated opportunities are an important mechanism through which hospitals can easily identify surplus donations. They do not require additional resources, as inventory reviews are already common practice in hospitals. By **regularly reviewing warehouse and/or surplus inventory,** hospitals can maintain accurate inventory counts, free up storage space and provide valuable donations to MSROs for use in the developing world.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
C-SUITE, MATERIALS MANAGEMENT	Forecast hospitals donation availability and communicate with MSRO	Provide separate training/information to procurement staff on their role in surplus donation and how they can enable the process; give them a sense of ownership
		Include "Donation to MSRO" as a clear and distinct option on paperwork filled out by departments when they are requesting equipment to be moved off their floor
	Include donation as an option during capital equipment planning annually	Establish direct line of communication between procurement/ materials management and the MSRO so they can work with MSRO to forecast conversions/replacements and identify equipment and supplies that are appropriate for donation
MATERIALS MANAGEMENT	Engage vendors in surplus donation by negotiating for the opportunity to receive credit and donate equipment, reducing cost of pickup and disposal	Alert key materials management staff to the opportunity to receive trade-in value for a donation, and educate staff so they have the appropriate skills and knowledge to effectively negotiate with vendors
		Highlight benefits of equipment donation to vendors (avoided transportation, reprocessing, sales, costs, etc.)
		Share the applicable information on impact to recipients with vendors so they can capitalize on community benefit/PR impact
	Regularly review decommissioned equipment to see whether it may be appropriate for donation	Identify items most needed by the MSRO in the WMS and pull those able to be donated due to expiration, slow moving, or obsolete due to product swap
		Educate staff on the departmental budget relief mechanism for surplus donation so that financial concerns are not a barrier to donate
	Make sure that staff are well-informed of surplus donation practices and expectations	Designate responsibility for regular (quarterly) review of warehouse and storage areas to materials management staff

EXAMPLE PRACTICES

RESEARCH LOCATION	EXAMPLE	SUGGESTED IMPROVEMENT
HOSPITAL	Annual review of storage rooms on department floors for unused/expired supplies and equipment	Staff on each floor should review supply room inventory every 2-3 months to identify unused supplies before expiration
	All equipment removed from floors kept in central storeroom	Designate area in storeroom that is specifically for equipment eligible to be donated and invite MSRO procurement personnel to review area and identify usable equipment
SYSTEM	Supplies kept in surplus inventory until 6 months expiry	Identify items most needed by MSRO in surplus inventory and donate immediately to MSRO

16 Identify – Track Inventory and Identify Opportunities for Surplus Donation*

Research indicates that one of the major disconnects between hospitals and MSROs is a lack of communication about what items are accepted and which are most needed. Hospitals should expect an MSRO to provide lists of **accepted surplus, most-needed items and unacceptable donations, such as expired supplies or broken equipment.** MSROs should provide regular updates of most-needed and not-accepted items. These lists should be shared with all relevant staff.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT, CLINICAL STAFF	Clearly define and distribute definition of accepted and most-needed items; restrict donation of expired and non-accepted items	Follow up with MSRO at least every 6 months to update most-needed items list
		Identify sources of the most-needed items by the MSRO within the hospital and encourage donation of those specific items
		Inform staff on why expired items cannot be donated, and provide appropriate outlet for expired items
	Ensure all equipment donated is functional or otherwise usable	Educate staff on importance of including all working parts and not "harvesting" parts from equipment that is eligible for donation
		Connect MSRO and clinical engineering to communicate on what parts must be included in equipment donation
	Maintain focus on end recipients	Implement system to get feedback from MSRO if all necessary parts are not included in donation, and take steps to retrieve necessary complementary parts to regain equipment functionality
		Explore soliciting community options (home care, nursing homes, PT facilities) for donations of wheelchairs, crutches, walkers, beds, etc.
	Ensure staff are well-informed of surplus donation decisions and expectations	Launder all linens, curtains, etc., prior to donation
		Evaluate reason for donating durable medical equipment; do not donate if broken or unsafe for patient use

17 Collect – Gather Surplus Donations at Appropriate Departments

Many donations come directly from hospital departments. In order for these donations to be collected there must be convenient receptacles available. Having collection bins placed near recycling and disposal containers in appropriate departments with lists of most-needed items increases the capture of surplus supplies. In some hospitals there was confusion over what supplies should be donated as opposed to recycled or reprocessed, so it is important that all receptacles be clearly marked.

Department managers and other key staff should also be engaged in the placement of collection bins to optimize convenience and centrality.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT	Engage materials / storeroom manager by outlining process to be followed and clearly defining benefits of participating in surplus donation	Identify key functions necessary for a successful surplus donation program, and match the functions with existing job descriptions
		Include training on job-specific functions of surplus donation in new-hire and continuing education programs
		Encourage materials management ownership and engagement in program by defining impact of their roles on end recipients and providing in-depth process training
MATERIALS MANAGEMENT, CLINICAL STAFF	Define donation processes and expectations; ensure staff are informed	Examine donation involvement within each general area (Leadership, Materials Management, Clinical Staff) to identify triggers for donation and areas of improvement
		Develop visual tools for staff that outline donation opportunities applicable to their job function and post in visible areas around the hospital
	Develop, review, and enforce standardized donation processes across departments	Collect staff input on effective incentive programs that could increase participation
	Make sure are collection bins are placed in departments with the greatest volume and the widest variety of donations	Ensure that all participating departments are provided with appropriately sized collection bins; work with MSRO to obtain collection bins
		Develop easy mechanism to post and interchange list of most-needed materials from MSRO near collection bins
	Maintain communication between materials management and clinical participants	Educate staff on placement of collection bin and differences between surplus donation, repurposing, recycling, and trash to ensure that all discarded items are placed in appropriate receptacle

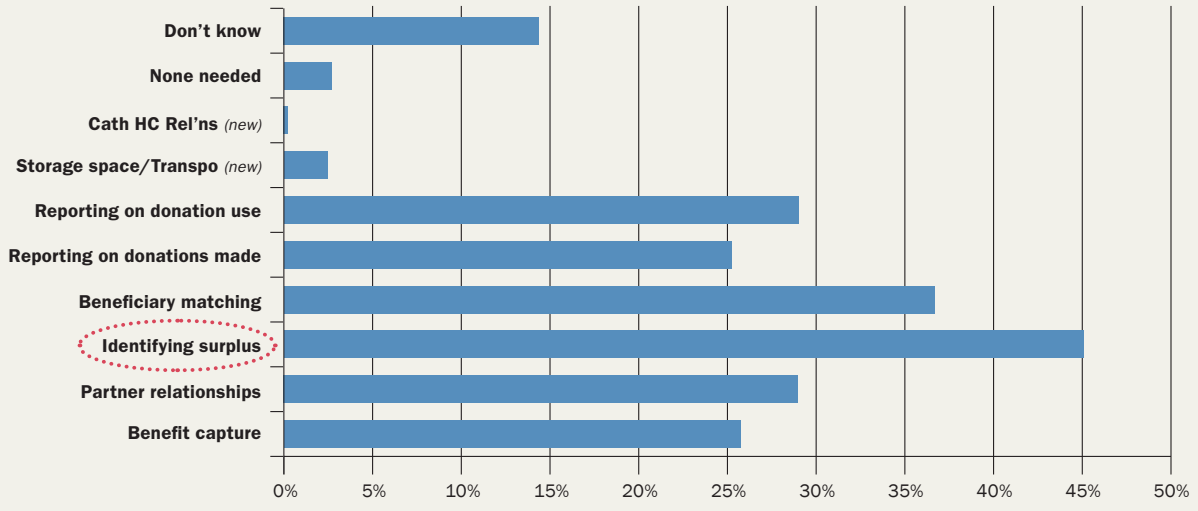
18 Sort – Organize Donations into Designated Categories

Hospitals can help expedite the delivery of surplus donations to developing countries by **working with MSROs to identify hospital sorting processes that could add value** to the delivery of donations. Because there is no standardized sorting process across the MSRO industry, best sorting practices must be determined between each MSRO and its partner hospitals. Sorting at the hospitals does not have to be complicated: a sort at the hospital to simply eliminate expired donations can be extremely valuable to MSROs. Many hospital and system leaders reported they did not want clinical staff engaged in sorting—as it detracts from the focus on patient care. However, simple sorting of donations is an excellent opportunity for hospitals to engage their volunteer workforce.

Tracking and accountability are lacking throughout the hospital surplus donation process. Oftentimes, hospitals will combine donations from all departments in a central storage area before they are picked up by an MSRO. In most cases, there is no record of what supplies are included in the donation, what department they came from or the quantity donated. Thus, hospitals lose the opportunity to improve their inventory management process by understanding what items are not being used internally and report donation quantity in weight.

To help capture the benefits of surplus donation and identify areas for improvement, hospitals can label, weigh and record collections by department to enable tracking.

Improvement Opportunities (All Respondents)



IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT, CLINICAL STAFF	Maintain regular communication with MSRO to ID sorting procedures and allow agility in responding to need	Invite MSRO personnel to tour hospital and view collection, sorting, and staging areas so they can make an informed, hospital-specific recommendation for best sorting practices (e.g., sort by department, by most-needed items, etc.)
		Create surplus donation sorting as a volunteer responsibility; actively recruit volunteers to sort
	Appropriate the resources needed for the surplus donation	Establish designated sorting area in the hospitals near supply collection or staging areas; provide appropriate recycling, repurposing, and trash receptacles in or near the sorting area

OWNERSHIP	RESPONSIBILITY	DOCUMENTS	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT	Record information about quantitative value of surplus donation	Report to MSRO on weight and contents by departments	Provide a scale in sorting or staging area so that supply donations can be weighed in their bins immediately after they are collected from the departments
			Provide sorting staff with standard labels so they can easily indicate the origin of each box of supplies or piece of equipment
	Provide feedback to participants to improve processes	Report to departments from MSRO on % of usable donations	Develop simple system that can be managed by sorting volunteers to record the collections by each department, or integrate recording into existing inventory management system

19 Stage – Prepare Sorted Donations for Receipt by MSRO

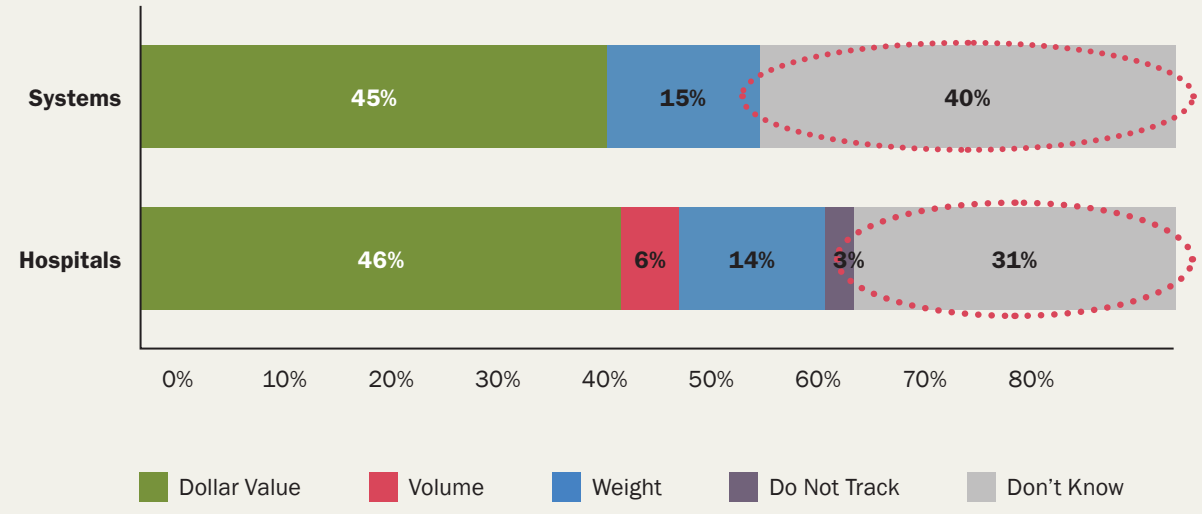
It is important, for both hospitals and MSROs, that donation pick-ups are regularly scheduled. Many hospital materials management staff reported frustration when MSROs did not pick up donations on a consistent schedule, as staged donations occupy valuable storage or warehouse space. By **communicating frequently with MSROs to schedule regular donation pick-ups,** hospitals can ensure that donations will be removed from their facilities in a timely manner. This allows hospitals to utilize storage space efficiently and deliver maximum value to MSROs.

In addition to scheduling regular donation pick-ups, hospitals can alerts MSROs when donation volume may be larger than usual, such as during conversions and LEAN events. If MSROs do not know the size of the donation they will be receiving from the hospital, they may not arrive with the appropriately sized truck. This generates cost for hospitals in terms of storing donations for longer than necessary and for MSROs in terms of transportation costs.

Hospitals can reduce transportation and storage inefficiencies by **informing MSROs of donation volume prior to pickup and by including packing slips.** Staging and storing donations in a secure location and on pallets at the hospitals facilitates measurement of donation volume.

To ensure that hospitals are delivering only high-quality donations to beneficiaries, **donations should be quality-assured by materials management and champions prior to pick-up** by the MSRO. This confirms that MSROs are not receiving inappropriate donations and that items that are still valuable to the hospital are not included in donations. Designating a well-marked and/or secure staging area for donations ensures that donations come through appropriate channels and are not dropped off at or taken from the storage area without supervision. Donation quality assurance also allows materials management staff to follow up with departments and respond to changes in the quantity of the surplus.

Donation Monitoring



IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT	Track volume of donations and schedule pickups regularly based on need	Work with materials management and champions to assess volume donation and gather input on how frequently regular pickups are needed
		Schedule regular pickups with MSRO at pre-determined dates and times and hold the MSRO responsible for meeting the timeline. Schedule pickups at least once a month to ensure supplies are received in a timely manner
	Set and manage operational expectations with MSRO	Forecast conversions, LEAN events, and renovations with the MSRO and schedule corresponding pick-ups to accommodate the increased volume
MATERIALS MANAGEMENT, ENVIRONMENTAL SERVICES	Communicate with MSRO to assist with pre-planning review and planning for pickup	Create packing slip including cubic feet of donation, number of boxes, contents of donation and total pounds (if applicable)
		Develop system for departments to input volume and contents of donations that will result in a report that can be given to the MSRO prior to pickup
		Discuss how far in advance the MSRO needs the pickup volume information and inform champions/department managers in advance so all supplies and equipment available can be donated in a timely manner
MATERIALS MANAGEMENT, PLANT OPS	Maintain focus on increasing usable donations by quality assuring donations prior to pickup and following up with departments if inappropriate	Designate well-marked and/or secure staging area for MSRO donations to ensure all donations come through the appropriate channels; provide receptacle to collect donations that are dropped off in staging area instead of collection bins
		Encourage materials management and champions to visit sort room often to ensure correct procedures and begin quality assurance of donations
		Implement efficient system for materials management and champions to quickly quality assure donations

20 Measure – Record and Track Surplus Donations

Research indicates that hospitals are far from fully capturing the benefits of surplus donation. **Regular operational reports including pounds of goods donated, value of equipment donated, and the number of staff hours spent** can help hospitals realize the full benefits of surplus donation and understand the implications of their program. Information such as the dollar value of some donations and the number of staff hours dedicated to surplus donation can be included in the IRS Form 990, Schedule H report. Hospitals can create a simple surplus donation reporting form, distribute it to departments and collect it regularly to understand the resource inputs and outputs of surplus donation.

One of the common themes that resonated through interviews across all hospital and system levels was that the surplus donation program is driven by the hospital and its mission. While it is important for hospitals to capitalize on the financial and logistical savings that arise from surplus donation, **measuring impact in terms of the greater good** provides a strong supporting case for donation initiatives. MSROs are a valuable source of information on the impact of surplus donations, and can provide statistics on the number of countries and people impacted, as well as pictures of beneficiary organizations. Incorporating these numbers and stories into existing reporting, education, and communications can serve to raise surplus donation awareness.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MATERIALS MANAGEMENT, ENVIRONMENTAL SERVICES	Set and manage operational expectations with MSRO	Examine hospital sorting practices to identify all areas where value can be captured from surplus donation
		Create simple, standard surplus donation report and designate materials management staff to manage report and collect input
	Implement efforts to capture the full value of surplus donation	Distribute surplus donation reporting forms to each department and designate to one staff member in each department the responsibility of collecting information about surplus donation; this individual then reports every two weeks to the materials management staff responsible for the general report
		Incorporate surplus donation results into reporting about the hospital's mission
MATERIALS MANAGEMENT	Integrate surplus donation into mission and vision of system	Develop expectation that MSRO will alert hospital leadership and champions when a container of items donated from the hospital is shipped
		Work with MSRO to develop annual impact report that summarizes the number of countries and individuals impacted by hospital donations

Hospital Leading Practices: Metrics

Without tracking metrics, it is very difficult for hospitals and systems to understand their surplus donation programs and identify areas for improvement. Standardizing metrics around surplus donation allows hospitals to capture the full financial benefits of surplus donation, and to better understand the impact of beneficiaries. Hospitals and MSROs must work together to track the benefits of surplus donation, and ensure that staff are well-informed of the program's results.

The research identified two leading practices related to metrics that hospitals can implement. They make up the final two leading practices of the 22 identified, and include:

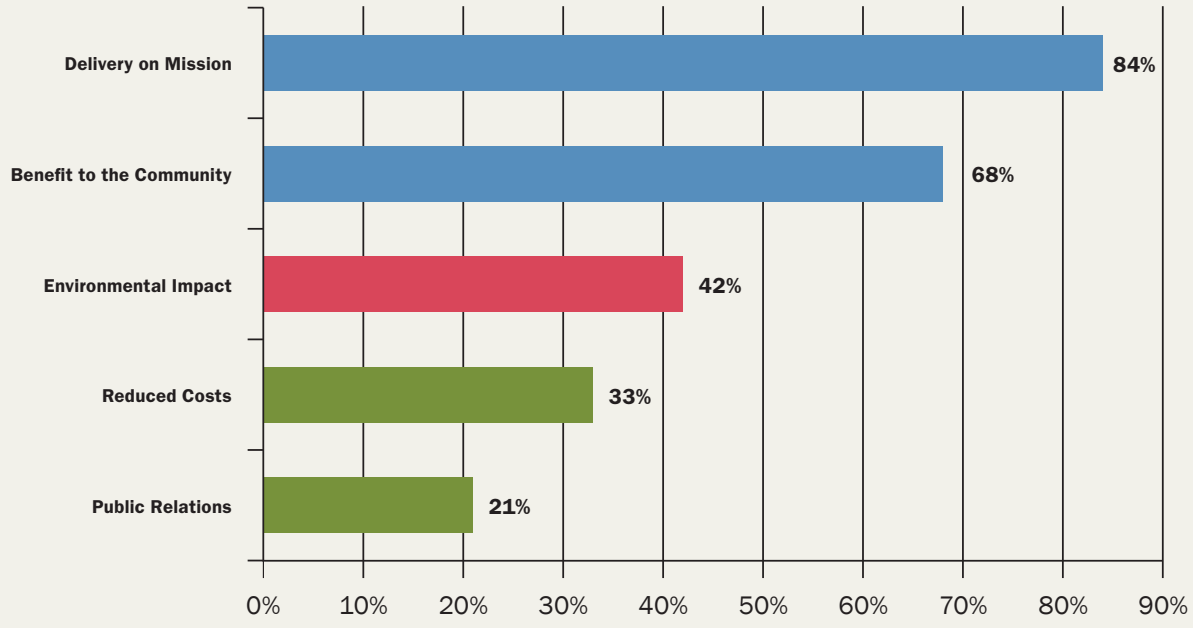
METRICS

21 Track and Trend Impact on Values*

22 Meaningful Reporting

** Indicates that this leading practice is one of the eight highest-impact leading practices*

Hospital Senior Leadership Reported Most Valuable Benefits of Surplus Donation Programs



21 Track and Trend Impact on Key Values*

In order to fully capture the benefits of surplus donation, hospitals can work with MSROs to track the impact of the values—or key benefits of—surplus donation. As evidenced in the interviews, metrics around surplus donation are inconsistently measured at both hospitals and MSROs. Many key metrics, such as the number of volunteer hours, recovered storage space and percentage of most-needed items donated, are not tracked at all. If hospitals are to realize all potential benefits of surplus donation and identify areas for improvement, it is critical that they collaborate with MSROs to share responsibility for tracking metrics around value levers.

The key benefits identified through the research include:

- Benefit to the community
- Mission fit
- Environmental outcomes
- Internal and external public relations
- Cost reduction

By **tracking the implementation of leading practices,** hospitals can increase their usable donations and the impact on beneficiaries. Because all of the leading practices were developed with the goal of improving the ratio of usable donations to total donations that hospitals provide to MSROs, implementation of leading practices will directly impact the hospitals' percentage of usable donations.

Every hospital has different priorities and processes, so the leading practices are not a one-size-fits-all approach; however, if hospitals apply the appropriate leading practices to their operations, the potential for improving surplus donations is tremendous. (A simple self-assessment tool that tracks implementation of leading practices across people, process and metrics can be incorporated into hospitals' annual process review to provide an overview of changes in surplus donation practices over time.)

Reporting surplus donation's impact on the key benefits in a standardized way will help individual hospitals understand the value of surplus donation.

IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
MISSION INTEGRATION, HOSPITAL HR AND COMMUNICATIONS LEADERSHIP	Integrate surplus donation into mission and vision of system	Create self-assessment tool to measure leading practice across hospital people, process and metrics
	Determine operational value of surplus donation and identify areas of improvement	Incorporate self-assessment tool into annual hospital process reviews
MISSION INTEGRATION	Incorporate direction from CHA into existing reporting mechanisms	Designate key staff member to adapt current reporting mechanism to CHA standardized reporting on value levers
		Input surplus donation value lever reporting into larger hospital reports on mission, benefit to community and environmental impact

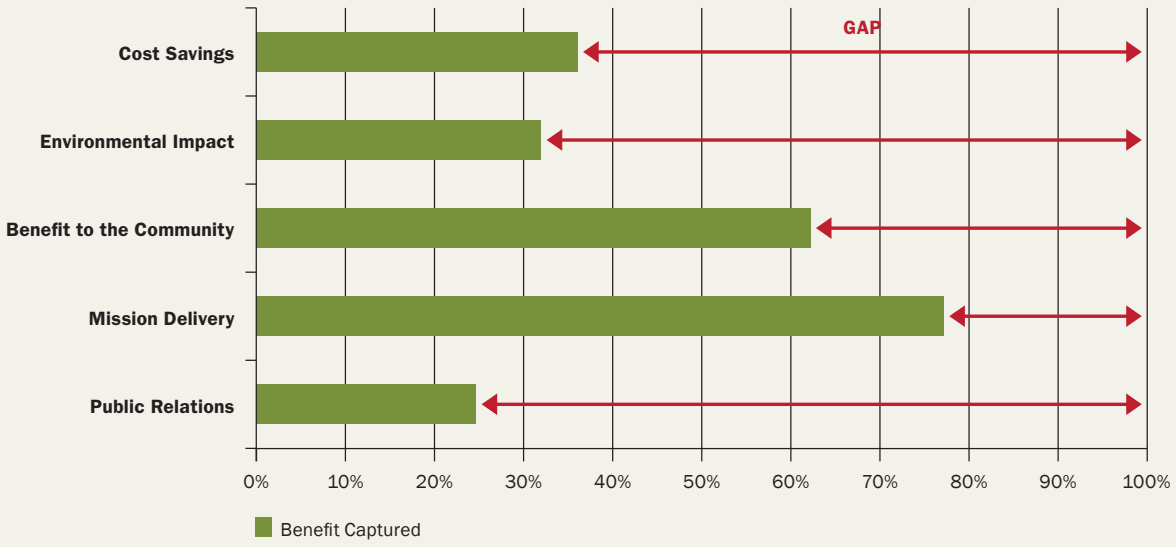
22 Meaningful Reporting

When clinical staff members were asked about the importance of stories that share how the items helped individuals, all agreed that impact stories are a primary motivator of donations. Despite the strong effects of impact stories, staff are often poorly informed of surplus donation results and impact. **Distributing surplus donation results throughout hospitals and sharing with all involved** is a significant opportunity to engage staff in the surplus donation process. No clinical staff interviewed received information on how many pounds of surplus the hospitals donated or how many countries it reached. Hospitals can distribute this information efficiently through an e-mail listserv or through posters displayed in high-traffic areas.

Positive public relations is a key outcome of surplus donation, but it is the benefit that is least captured by hospitals. Some interview participants reported being hesitant to publicize surplus donation to the community, as they feared it would raise questions about wasteful spending within the hospital. Despite this risk, hospitals and systems that have engaged external stakeholders have seen positive results. **Reporting on results to staff and the community through existing communication channels**—including newsletters, annual reports and website updates—is a low-cost way to increase the visibility of surplus donation programs both within the hospital and throughout the surrounding community.

Along with a lack of an established process around surplus donation is the absence of defined goals. While the ideal financial situation for hospitals is to reduce surplus generated as much as possible, the reality is that some surplus is inevitable. By **using reports as an input to goal setting around surplus donation and communicating goals to staff,** hospitals can set meaningful benchmarks for donation programs. Potential areas for goal setting include pounds donated, man-hours dedicated, and trade-in value obtained. These goals can provide strategic direction to surplus donation programs, focus participant efforts, and act as a barometer for changes in donation programs.

Percent of Hospitals Capturing Value of Their Surplus Donations



IMPLEMENTATION STEPS

OWNERSHIP	RESPONSIBILITY	IMPLEMENTATION STEPS
HOSPITAL HR AND COMMUNICATIONS LEADERSHIP, MISSION INTEGRATION	Distribute results to all surplus donation stakeholders, including leadership and staff	Compile listserv and mailing list for all individuals participating or interested in surplus donation and share results with them directly
		Prepare and update posters to be displayed visibly around the hospital to display results (e.g., "We donated _____ pounds of supplies to _____ countries and helped provide medical care for _____ individuals.")
HOSPITAL HR AND COMMUNICATIONS LEADERSHIP	Ensure that results of donation programs are shared internally to increase awareness	Identify existing communication channels that are appropriate outlets for stories on surplus donation (intranet postings, stories on external website, newsletters, annual publications, etc.)
		Include reporting on surplus donation in the position descriptions of communications staff and allocate sufficient financial resources
	Create community awareness	Utilize local media contacts to cover impact stories and increase community awareness
C-SUITE, CLINICAL STAFF, MISSION INTEGRATION	Define operational value around surplus donation and identify areas for improvement; include in goal-setting	Identify areas of surplus donation around which impactful goals can be set (pounds donated, man-hours dedicated, trade-in value obtained, etc.)
		Review current status of goal areas (i.e., number of pounds currently being donated); work with MSRO and hospital stakeholders to set realistic goals
	Integrate surplus donation into mission and vision of system	Plan annual review of goals and update goals to reflect advances in surplus donation program

The Eight Highest-Impact Leading Practices for Systems & Hospitals

While each leading practice for systems and hospitals has the potential to increase usable surplus donations, several areas within the framework were determined to have the greatest potential impact on surplus donation programs.

The criteria for the high-impact leading practices were twofold: first, the potential to improve appropriate donations and reduce inappropriate donations, and second, the benefit to organizational value in one of the five benefit areas: mission, benefit to the community, environmental outcomes, public relations (internal and external), and cost reduction.

FOUNDATIONAL LEADING PRACTICES

1. Work with a Medical Surplus Recovery Organization
2. Establish Vision
3. Identify Opportunities and Expectations
4. Establish Benchmarks and Incentivize Improvement
5. Develop Budgeting Guidelines and Methodologies
6. Communicate Across the Organization
7. Integrate into Staff Education
8. Leverage Contracting and Vendor Relationships
9. Provide Expertise to MSRO Leadership

HOSPITAL LEADING PRACTICES

PEOPLE

10. Engage Champions
11. Define the Program and Roles
12. Encourage Volunteering at Partner MSROs
13. Establish Communication Expectations
14. Educate and Increase Awareness

PROCESS

15. Plan – Create Projections and Plan for Improvements
16. Identify – Track Inventory and Identify Opportunities for Surplus Donation
17. Collect – Gather Surplus Donations at Appropriate Departments
18. Sort – Organize Donations into Designated Categories
19. Stage – Prepare Sorted Donations for Receipt by MSRO
20. Measure – Record and Track Surplus Donations

METRICS

21. Track and Trend Impact on Values
22. Meaningful Reporting

Conclusion

Surplus donation is a developing industry, one that affords the Catholic health ministry a unique position to provide lifesaving care to those most in need. Members of the Catholic Health Association have many opportunities to create innovative surplus donation programs.

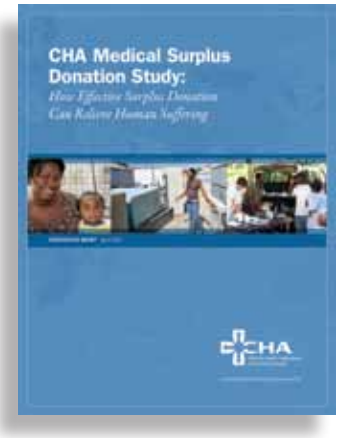
Hospitals and health care systems already working with a high-quality surplus donation partner, such as an MSRO, should use the resources created by CHA to conduct a self-assessment of their current donation practices. Self-assessment will identify areas in which to focus implementation of high-priority leading practices. Systems and hospitals with leading practices in place have an opportunity to serve as mentors for hospitals or systems without donation programs in place. By working with MSROs to improve education, increase awareness and develop collaborative processes, CHA hospitals can effectively deliver on their mission by delivering quality health care to those who need it most.

CHA has a wealth of resources on its International Outreach pages at **www.chausa.org/international**. Please be sure to check there often for timely news articles, listings of upcoming webinars, networking conference calls and more.

List of Resources

GETTING STARTED IN INTERNATIONAL OUTREACH

Developed to help those interested in expanding or starting an international outreach initiative, this booklet and accompanying online resources offer sage advice gleaned from Catholic health care organizations as well as the World Health Organization and Catholic Relief Services on topics including volunteering, medical surplus recovery, the theological call for conducting this work, medical mission teams and much more.



THE EXECUTIVE BRIEF OF THE 2010-2011 MEDICAL SURPLUS DONATION STUDY

This 18-page report presents findings from a 2010 study of how CHA-member organizations can alleviate human suffering in the developing world through a responsible medical surplus donation program. The report highlights medical supply and recovery organizations that collect and distribute surplus and offers preliminary guidelines for working effectively with these organizations.

MSRO ASSESSMENT TOOL

In 2012, CHA produced "First Do No Harm: Assessing and Selecting High-Quality MSROs," which includes a book, video and electronic assessment tool. It provides guidance for assessing any medical surplus recovery organization, including questions and a tool to create a dashboard report of the assessment. The video is one that lends itself to board, executive and staff education on the importance of assuring quality donations are made on behalf of Catholic health care. All of these tools, and many more, are available at **www.chausa.org/international**.

Appendices

Appendix A

Background on the 2010 Medical Surplus Recovery Organization Research Study

Background

Between 2010 and 2012, CHA conducted a two-phase research project, in conjunction with ADP, to study how U.S.-based health care organizations could best alleviate suffering in the developing world through responsible medical surplus donation utilizing efficient, environmentally conscious mechanisms. The study also examined practices of medical supply and recovery organizations that collect and distribute surplus.

The 2010-2011 Research Study – The First Phase of CHA's Initiative to Understand How to Best Alleviate Suffering in the Developing World

In July 2010, CHA engaged a team of management consultants from Accenture Development Partnerships (ADP) to better understand how a responsible medical surplus donation program with efficient, environmentally conscious mechanisms serves people with greatest need and least access around the world. The Phase I study included a survey of CHA members to better understand the current state of hospital interest in surplus donation, site visits to medical surplus recovery organizations (MSROs) to assess their surplus donation capacity, and interviews of recipient organizations.

The evidence gathered in the first phase of research suggests that: (1) there is significant unmet demand for quality medical surplus donation; (2) there is genuine interest from the majority of U.S. Catholic health care facilities to initiate new surplus donation programs or to improve existing operations; and (3) there are numerous constraints and inefficiencies in current approaches to medical surplus donation which, if addressed, could result in significantly greater effectiveness.

There is strong evidence that high-quality surplus donations—those that are appropriate and useful—have a strong impact on the mission of delivering health care in the developing world. When current surplus recipients were asked whether they would prefer a container of needed surplus or a cash donation of $25,000 USD, every interviewee said that they would rather receive the surplus donation. Currently, best-in-class MSROs ship upwards of 250 containers of needed and appropriate medical surplus each year, mostly to repeat beneficiary organizations—speaking to the tremendous potential impact that surplus donation can have.

Unfortunately, there is a history of inappropriate donations from MSROs to developing countries. Health organizations working in the developing world provide care in an incredibly constrained environment. They work to deliver care in precarious economic, social, and political conditions, often without access to basic infrastructure, often lacking consistent electricity, running water, and refrigeration. Donations that cannot be used—such as expired supplies and incomplete equipment—result in valuable staff and clinician time lost to sort out unusable items as well as high costs to store or dispose of donations. Because it is often considered disrespectful to dispose of gifts that are made, governments or recipient organizations may spend tremendous resources to store donations that are never to be used. Those that do dispose of donations often do so in environmentally harmful ways, such as putting medical supplies and equipment in holes in the ground, in open trash pits, or by setting fire to donations.

MSROs determined to be of high quality through their performance in the nine key driver areas, help hospitals deliver truly valuable donations to developing countries. Development of these drivers will help MSROs effectively partner with hospitals donating surplus and deliver greater impact to end recipients. Improvement of existing MSROs and the establishment of new high-quality MSROs will help CHA members more effectively serve those in greatest need.

One of the most serious challenges to MSROs is their severe capacity constraints. At the time of research, most MSROs had a three-to-six month backlog of donations to process, lacked biomedical expertise to evaluate equipment donations, and had limited financial and human resources needed to effectively manage and redistribute donations. Inappropriate donations by hospitals and systems exacerbated these MSRO capacity constraints—on average, around 50 percent of hospital donations were unsuitable to redistribute in a responsible way. This creates an additional burden on MSROs' limited capacity. By contributing unusable surplus donations, hospitals inhibit their partner MSROs' operations and ultimately disadvantage the end-recipients they seek to serve.

In response to both the incredible interest in surplus donation by Catholic health care and the recognized challenges, CHA is committed to supporting the improvement and expansion of surplus donation efforts by its members.

Challenges of Implementing a Surplus Donation Program

CHA has created an assessment tool for hospitals and systems to utilize when assessing MSROs as potential partners. This questionnaire allows members to evaluate MSROs based on their organizational structure and the ability to deliver high-quality donations to developing countries. CHA has also developed a webinar, had speakers at a number of health conferences, and has published a full report on the Phase I findings, in order to help member hospitals and health systems better understand surplus donation, its impact and value, and how to get a surplus donation program started. Additionally, CHA looks to develop valuable tools to help in the reporting, the valuation for community benefit and the partnership activities for members engaging in surplus donation programs.

To access the executive summary of the MSRO study, and to find videos and additional resources on this topic, go to **www.chausa.org/medicalsurplus/**.

Appendix B

Challenges of Surplus Donation

Hospitals today face a number of challenges in implementing or improving surplus donation programs. Pressure to reduce waste and create an extremely lean supply chain in order to reduce costs may result in a reduction in supplies and equipment available for donation. Increased focus on staff efficiency may result in fewer full-time employees being available to improve and assure the quality of the surplus donation process. Finally, hospitals may scrutinize fees from MSROs during the annual budgeting process in an effort to further reduce direct costs.

The challenges that hospitals face when implementing a leading surplus donation program can be overcome by an up-front investment to ensure that processes, roles and responsibilities are clearly defined. Furthermore, clear decision pathways for donations ensure that surplus donation, as well as the hospital's other goals, such as reuse and reprocessing to reduce costs, are considered appropriately as options for surplus medical supplies and equipment.

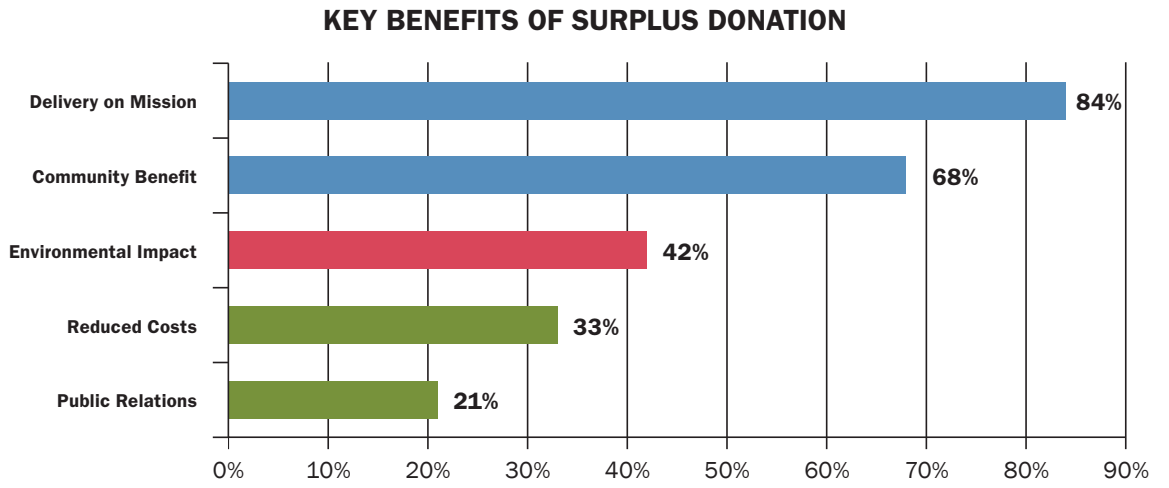
Hospitals may also face challenges in working with MSROs. These challenges largely result from the fact that the industry is relatively new, with limited shared infrastructure, communication, etc. MSROs often have few full-time employees, limiting the time that the MSROs can spend with each hospital. MSROs typically provide services only to a limited geographic area, which may constrain a health care system hoping to work with a single MSRO.

Although the MSRO industry is starting to build a standard definition of quality and is developing infrastructure for referrals to others in the industry, hospitals can help overcome challenges within the industry by sharing leadership and supply with the MSROs and helping to develop a shared, long-term vision for the industry.

Hospital and System Leaders Understand Benefits of Surplus Donation

Surplus donation programs offer many benefits, both tangible and intangible, to hospitals and health care systems. Five areas of potential benefit from surplus donation programs were identified during the Phase I research: mission, benefit to the community, environmental outcomes, positive public relations and cost reductions. Although measuring and reporting on operational value is important, hospital and system leaders emphasize that metrics must reinforce, rather than contradict, the ultimate purpose of surplus donation programs, which is to contribute to the greater good by increasing access to medical supplies and equipment. Purpose and benefits of surplus donation should be clearly and frequently communicated to hospital participants; communicating the purpose and benefits of surplus donation will help engage process owners and participants.

Hospital Senior Leadership – Reported Most Valuable Benefits of Surplus Donation Programs



Catholic hospitals and health care systems identify mission as the most significant opportunity for hospitals to see value in surplus donation programs. Leadership and staff saw surplus donation as a natural match with the hospitals' existing missions to increase access to quality health care and the Catholic ministry of love and healing. Surplus donation programs provide an opportunity to use this connection to incorporate surplus donation into existing mission communication and outreach.

Community benefit was also identified as a primary financial benefit of a surplus donation program. Although the immediate community typically does not receive donated surplus and supplies, the greater global community does. Communities that receive donated medical equipment see the benefit as far greater than the financial value of the supplies and equipment; benefits such as reduced infection rate, increased diagnostic capability, and fewer surgical complications may also result from these donations.

Hospital and system leadership also see environmental outcomes as an important, if less obvious, benefit of surplus donation programs. Donating surplus supplies and equipment prevents these items from being disposed of, saving space in landfills. Thus, contributions of surplus donation programs to environmental outcomes should not be overlooked, as the contributions are often significant in terms of pounds and square feet. Furthermore, eliminating the financial cost of disposal or recycling should be considered as a benefit of donation.

Public relations and cost reductions were the final two benefits of surplus donation programs cited by hospital and system leadership. Internal communication of program results, such as success stories and metrics, can help to increase employee engagement with the hospital. One hospital leader interviewed saw surplus donation as a differentiator for his hospital over competitors, and hoped that publishing results internally might help to decrease employee turnover, especially among nurses. Cost reductions, such as recovered access to storage space and reduced cost of waste disposal are also benefits of surplus donation programs.

Footnotes

1. Chen, I. (2010). In a World of Throwaways, Making a Dent in Medical Waste. Retrieved from http://www.nytimes.com/2010/07/06/health/06waste.html?_r=2&pagewanted=1

2. Rutala, W. and Sarubbi, F. (1983). Management of infectious waste from hospitals. Infectious Waste Management 4(4): 198-203.

3. *The Lancet.(2012). Technologies for global health. Lancet. doi:10.1016/S0140-6736(12)61273-2*

4. World Health Organization. (2010). *Medical devices managing the mismatch: an outcome of the Priority Medical Devices project.* Geneva: World Health Organization. Retrieved from http://public.eblib.com/EBLPublic/PublicView.do?ptiID=616065

Barents Sea
Kara Sea
Laptev Sea
NEW SIBERIAN ISLANDS
East Siberian Sea
Arctic Circle (66°33')
RUSSIA
Moscow
Sea of Okhotsk
KAZAKHSTAN
MONGOLIA
Black Sea
TURKEY
UZBEKISTAN
TURKMENISTAN
KYRGYZSTAN
TAJIKISTAN
NORTH KOREA
SOUTH KOREA
Sea of Japan
JAPAN
CHINA
SYRIA
IRAQ
IRAN
AFGHANISTAN
PAKISTAN
NEPAL
BHUTAN
EGYPT
SAUDI ARABIA
OMAN
BANGLADESH
INDIA
BURMA
LAOS
THAILAND
VIETNAM
CAMBODIA
Philippine Sea
PHILIPPINES
South China Sea
Bay of Bengal
Arabian Sea
YEMEN
ERITREA
SUDAN
ETHIOPIA
SOMALIA
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Celebes Sea
Banda Sea
UGANDA
KENYA
TANZANIA
SEYCHELLES
COMOROS
MOZAMBIQUE
MADAGASCAR
MAURITIUS
INDIAN OCEAN
Tropic of Capricorn (23°27')
AUSTRALIA
SWAZILAND
Great Australian Bight
French Southern and Antarctic Lands
(FRANCE)

Washington, DC Office
1875 Eye Street NW, Ste. 1000
Washington, DC 20006
202.296.3993 *phone*
202.296.3997 *fax*

St. Louis Office
4455 Woodson Road
St. Louis, Missouri 63134
314.427.2500 *phone*
314.427.0029 *fax*

www.chausa.org/international

THE SHARED STATEMENT OF IDENTITY FOR THE CATHOLIC HEALTH MINISTRY

We are the people of Catholic health care, a ministry of the church, continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen–bringing together people of diverse faiths and backgrounds–our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.

AS THE CHURCH'S MINISTRY OF HEALTH CARE WE COMMIT TO:

- **Promote and Defend Human Dignity**
- **Attend to the Whole Person**
- **Care for Poor and Vulnerable Persons**
- **Promote the Common Good**
- **Act on Behalf of Justice**
- **Steward Resources**
- **Act in Communion with the Church**