OKLAHOMA DURABLE MEDICAL EQUIPMENT REUSE PROGRAM OPERATIONAL MANUAL

February 2015

Oklahoma Durable Medical Equipment Reuse Program
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PROGRAM OPERATION

Introduction

The ABLE Tech Oklahoma Durable Medical Equipment Reuse Program Manual, known as the REUSE PROGRAM is the result of an effort to document the procedures that guide the day-to-day operations of the REUSE PROGRAM. As with any manual, the REUSE PROGRAM staff should refer to the appropriate sections to clarify an issue or answer a question. However staff should not hesitate to contact the REUSE PROGRAM Manager or another member of the ABLE Tech management team if they want additional information or if they are not able to find the answer in the manual.

We recognize that the REUSE PROGRAM Manual is a work in progress so we welcome questions, suggestions and comments. As the REUSE PROGRAM continues to evolve, new procedures will be created and old ones may be modified. Staff training on the reuse procedures will continue to occur annually for all staff and on an as needed basis as new staff joins our team. We hope the manual proves to be beneficial to all staff and we welcome your ideas.

REUSE PROGRAM Quality Indicators

The REUSE PROGRAM should result in positive outcomes for all involved -- recipients of equipment, durable medical equipment providers, program sponsors, policymakers, and taxpayers. Cost effective program operational strategies should be utilized and decisions should be based on review of data. The following quality indicators will help the program achieve this goal.

1. All Oklahoma residents who need assistive technology will have access to high quality used equipment.

2. Access to quality equipment can make a tremendous difference in a person's life. Therefore, it's important for everyone to help promote the program and understand the need to locate quality equipment.

3. Everyone – vendors, volunteers, colleagues, donors and recipients will be treated with respect.

4. Everyone involved with the program should be safe from injury and disease. We believe in:

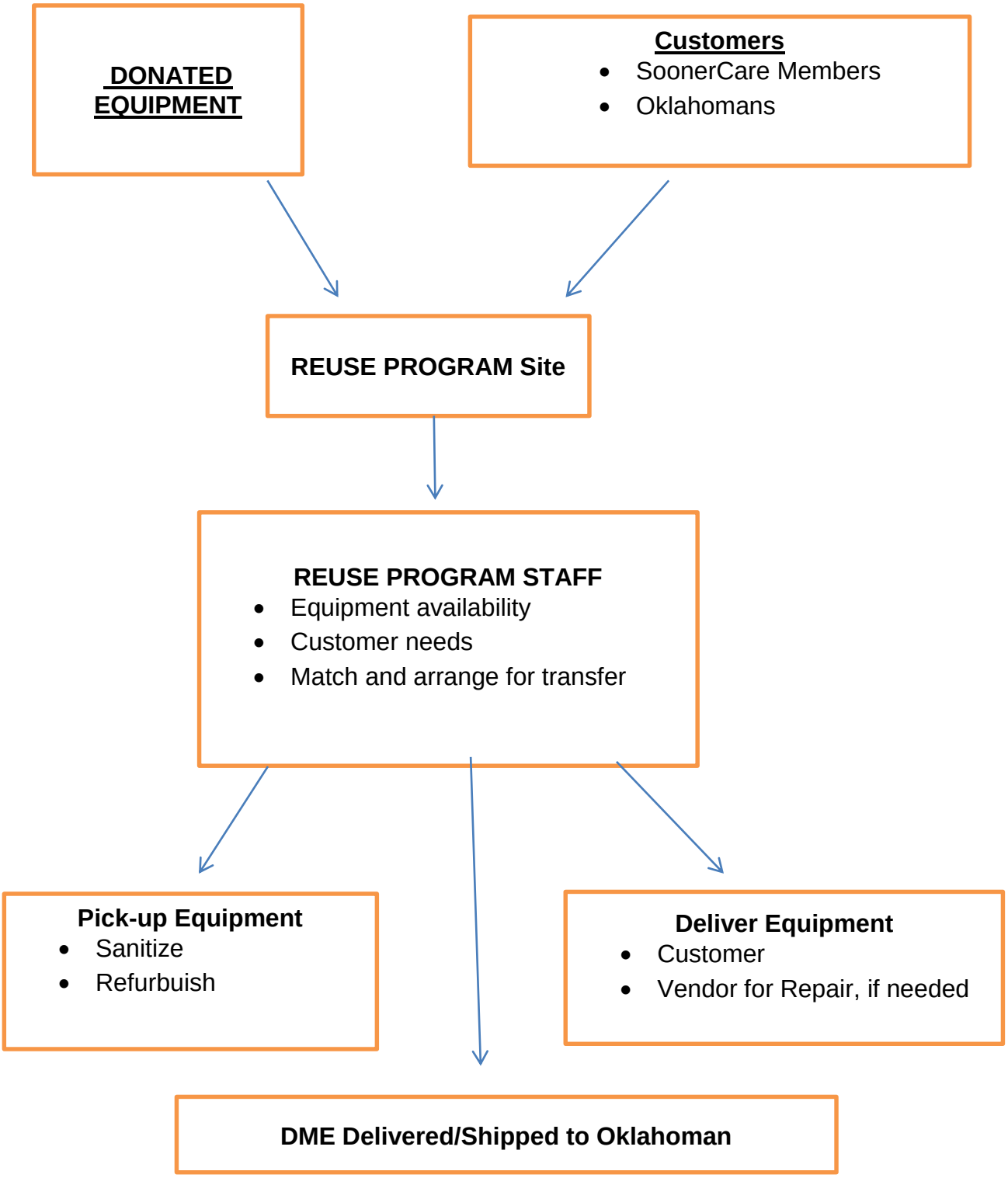
    - delivering clean equipment,

    - training staff and volunteers to properly move and set up equipment, and

    - involving professionals in the reassignment of certain types of equipment as identified in program guidelines.

5. The environment should be treated with respect. Equipment that is at the end of its usable life will be disposed of using environmentally responsible methods.

REUSE PROGRAM Flowchart



Accepted Equipment Categories

The REUSE PROGRAM accepts the following categories of equipment for refurbishment and reassignment. The following list shows the categories of accepted equipment:

DME Categories accepted by the Reuse Program are as follows:

- Bath Benches
- Blood Pressure Monitors
- C-PAPS
- Commodes
- Gait Trainers
- Hospital Beds
- Knee Walkers
- Nebulizers
- Patient Lifts
- Quad Canes
- Scooters
- Shower Chairs
- Standers
- Walkers
- Wheelchairs (manual and power)

Other types of donations can be referred to the Oklahoma Equipment Exchange (www.oec.ok.gov), local loan closets, suitable charities, non-profits, or faith based organizations.

Work Scope for the Reuse Program

a) Identify and document loan closets operating in Oklahoma by submitting contact information to the REUSE PROGRAM Manager.

b) Train staff on cleaning and sanitization of mobility and other common durable medical equipment using the training format provided by project personnel and monitor to ensure these practices are implemented.

c) Provide storage space for reused durable medical equipment.

d) For items that need repair, when necessary, the REUSE PROGRAM will pay a DME contracted vendor to make repairs that will meet manufacturer's specifications. Repairs that cost more than 60% of the replacement value of the DME will not be pursued.

e) Recruit customers who need durable medical equipment and who have used durable medical equipment to donate to the REUSE PROGRAM.

f) Review customer waiting lists and available equipment reports in the online database to determine reassignments and provide timely pick-up and delivery of durable medical equipment.

g) Maintain a HIPPA compliant and secured file of pick-up and delivery forms that have been signed by the customer or his/her representative.

h) Identify vendors in Oklahoma for refurbishment of durable medical equipment.

i) Enter REUSE PROGRAM data in the online database in a timely manner.

Subcontractor Liability Concerns

While the ultimate task of the REUSE PROGRAM is to get refurbished equipment to Oklahomans who need it, it is equally important to accomplish this task safely. The REUSE PROGRAM staff has reviewed all aspects of the program and have developed procedures, practices and training materials to address identified areas of potential liability. One of the purposes of sharing the material in the REUSE PROGRAM Manual and training staff on procedures for all aspects of the program is to reduce the risk for liability. Below is a list of some of the liability concerns this manual is intended to address:

- Staff, customer or volunteers contracting an illness or disease due to poor sanitization procedures or not being trained to sanitize appropriately.

- Staff or volunteers contracting an illness or disease due to failure to follow infection control guidelines for pick-up (wearing gloves, bagging equipment).

- Injury to delivery or pick-up staff due to improper lifting and moving procedures or not using tools necessary to complete the task.

- Injury to delivery or pick-up staff because they agree to perform a task for the customer not related to pick-up and delivery.

- Damaging a customer's property while delivering or picking up equipment.

- Injury to staff, customer or volunteer because a device was not refurbished or modified by a qualified DME provider.

- Customer injured while using the device because delivery staff did not verify that the device was tried by the customer to verify the fit.

- Injury because a relevant feature of a device was not reviewed by the delivery staff for the customer or family member. For example, customer was not shown how to adjust the speed of a power wheelchair.

- Injury using equipment because a qualified DME provider was not used to deliver and demonstrate.

- Injury using equipment because appropriate professional consultation was not obtained.

- Injury because a device was recalled and the customer was not notified.

- The REUSE PROGRAM misrepresenting their services and indicating that customers have received an evaluation for a piece of equipment, unless the staff in question is certified in this area.

Operational Practices

1. Data should be entered in real time or within 24 hours in order for the REUSE PROGRAM to keep database and wait lists current.

    - Staff entering data should be trained on data entry and achieve reliability standards before entering data in the secure REUSE PROGRAM database.

    - All customer data is confidential and any print data must be maintained in a HIPPA compliant, secure cabinet.

    - Questions regarding data entry should be answered by referencing the ABLE Tech REUSE PROGRAM database manual or by calling ABLE Tech REUSE PROGRAM staff.

2. All customer information, including customer measurements, should be entered in customer records when entering data for an equipment request.

3. Equipment is reassigned by reviewing the customer waiting list and attempting to match the needs of individuals who have been waiting the longest period of time for a specific type of equipment.

4. Donated items should be picked up within three weeks of contact.

5. Encourage donors to drop off equipment when possible.

6. Network members and REUSE PROGRAM staff should look for rust, bent wheel rims, whether or not a wheelchair rolls freely, and overall general appearance when deciding whether or not to pick up a piece of equipment. Questions to ask over the telephone include:

    - How old is the device?

    - Are repairs needed or are there any missing parts?

    - Does it still work?

    - Where was it stored?

7. Equipment must be marked “Put on Hold” in the database in order to reserve it for a specific customer while you are determining if a match might work. Once you place the item on hold, contact the customer to determine if it will work and that it is still needed. Equipment should not be on hold for more than three weeks (excluding eligible holidays).

8. Contact with eligible clients will be made within three (3) days for deliveries. Actual deliveries need to be made within a three-week period once the match is made.

9. Encourage customers to pick up equipment in order to expedite reassignment when possible.

10. REUSE PROGRAM can pay durable medical equipment providers for repairs and demonstration of specialized equipment.

11. All customer interactions and efforts to contact customers should be documented in the customer logs. Remember customers have a right to request a print of their logs. Write a log as if you are planning on mailing it to the customer, provider or other person involved.

12. Equipment that is in the inventory over 180 days will be re-evaluated. After re-evaluation the item might remain on the list or be removed from the REUSE PROGRAM database. If removed the item will be relocated to the state cache for emergency preparedness, a loan closet, other reuse program, or recycled.

13. The REUSE PROGRAM is not an emergency program. Every effort is made to pick up, match and deliver equipment in a timely manner, but it is important to educate customers, providers and referral sources that our program is not designed to meet overnight or emergency turn around demands.

14. Pick-up and delivery services are limited, however any Oklahoma resident can drop-off or pick-up equipment at the REUSE PROGRAM office in Oklahoma City.

Customer Relations

Accurate information, while it does not guarantee a perfect fit, can minimize the number of failed deliveries and increase customer satisfaction with the program.

Initial request from application:

a. Complete the customer "basics" field in the REUSE PROGRAM database.

b. Enter the customer height and weight information for most equipment requests. Enter the customer's hip measurement for wheelchairs, scooters, commodes, and shower chairs.

c. Create a "request" goal that includes the AT reuse category and the specific device name if applicable.

d. Explain that REUSE PROGRAM reassigns equipment on a "first come-first serve" basis so there is a waiting list. Let the customer know if they are requesting a high demand item that may result in a long wait time.

e. Certain equipment will require a prescription and/or medical documentation (such as a sleep study, PT evaluation, or medical consultation). Equipment cannot be delivered without an appropriate service provider agreeing to be on-site to verify the device is appropriate for the customer. Please contact REUSE PROGRAM if you have questions about which types of equipment will require additional documentation or refer to the DME chart on the website or in the application package.

f. If the customer needs an item that the REUSE PROGRAM does not carry and is not available through the REUSE PROGRAM site reuse, refer the customer to one of the Oklahoma reuse network partners, if appropriate.

Initial donation call:

- Find out the condition of the equipment. Ask the following questions:
  - Does it work?
  - How old is it?
  - Are repairs needed?
  - Are there any missing parts?
  - How was the device used?
  - Where was it stored?
  - Does it have any noticeable defects (rips/tears, stains, rust, broken or missing parts, flat tires, etc.).
  - If it has electric components, has the device experienced any shorts?
  - In the case of larger pieces of DME, how will it get into the house? Will it fit through the doorways?

- Ask the donor if they can drop the equipment off at the REUSE PROGRAM Site. For example, “Are you able to drop this off or do you need to make arrangement for pick-up?”
    - Try to accurately reflect the current state of the program and how long you expect it to take based on current circumstances.

g. If donor asks for a tax receipt, one will be provided by the Oklahoma Durable Medical Equipment Reuse Program

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TAX RECEIPT

Date: _____

Donated by: _____

Address: _____

City: _____

State/Province: _____

ZIP Code: _____

Type of donation: _____

Description: _____

_____

Value: _____ *(to be determined by Donator)*

Thank you for your generosity. We value your support!

Customer Measurements

The purpose of this form is to obtain rudimentary measurements to decrease the frequency of false deliveries. There are many websites available for instruction on how to obtain proper measurements. **Please note that these measurements are not intended to guarantee appropriate assessment or fit**. The person should be seated on a firm surface with feet flat. Provide body measurements, not chair measurements.

Height:_____**Weight**_____

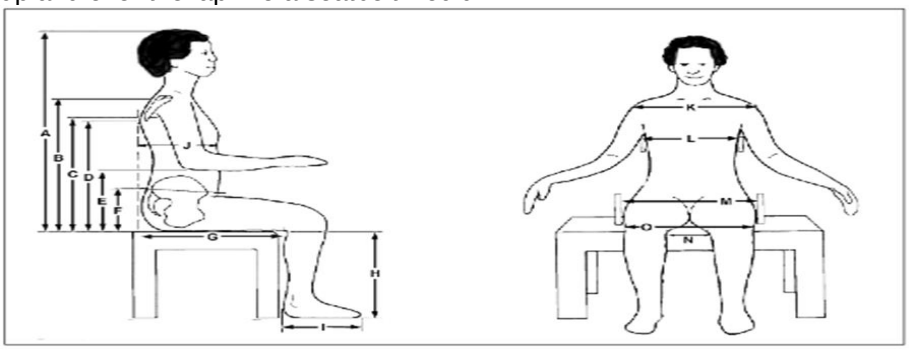
A. _____**Seat surface to top of head**: Measure from seat surface (where buttocks contact the seat surface) to top of head. This measurement is especially useful for tilt systems, recliners, and those with headrests or high backs.

B. _____**Seat surface to top of shoulder**: Measure from seat surface (where buttocks contact the seat surface) to top of shoulder. This measurement is especially useful for wheelchairs with high backs.

G. _____**Behind knee to back of hips**: Measure from seat back (where buttocks contact the seat back) to just back of knees when knees are bent at 90 degrees and subtract about 2 inches.

H. _____**Heel to back of knee**: Measure from floor (where bottom of heel contacts floor) to back of the knee when knees are bent at 90 degrees. If the person intends to propel with his feet, you want to be sure that the wheelchair seat is close enough to the floor to work. Hemi chairs are closer to the floor than standard chairs. You can also change tires on some wheelchairs to get closer to the ground.

M. _____**Lap width**: Measure the hips at the fullest part. You can add up to 2 inches to the number depending on the amount of room the individual wants. If you were to place two books on either side of the hips, you would measure straight between the two books instead of curving up and over the lap like a seatbelt would.



Does wheelchair need seatbelt? _____YES _____NO

Does wheelchair need leg rests? _____YES _____NO

Does wheelchair need elevated leg rests? _____YES _____ NO

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PICK-UP, EVALUATE, CLEAN AND SANITIZE EQUIPMENT

Pick-up - Recommended Practices

Staff and network members who are asked to pick-up equipment must have completed training on prescribed pick-up and delivery practices.

Scheduling an equipment pick-up:

- Get an accurate address.
- Get an accurate phone number for the person who will be at the house on pick-up day.
- Find out if there is a preferred location for pick-up and any other special instructions.
- Schedule a time frame for the pick-up. For example, 10:00 – 12:00 on Tuesday morning.
- Remind the donor to call the REUSE PROGRAM office if a problem arises.
- If a problem arises, call the donor to let them know you have to reschedule. Inclement weather or dangerous road conditions are valid reasons to reschedule.

Picking up equipment:

- Bring a tarp and any other tools (ramps, sanitary bags, gloves, sanitizer, etc.) you may need for moving the equipment.
- All equipment being retrieved must be bagged prior to loading on truck.
- Be sure to have adequate manpower to pick-up the device.
- Provide directions to the house to the pick-up staff.
- Be polite when you arrive – you are the lasting impression of the program.
- Complete the Authorization to Pick-Up Equipment Form and have the donor sign. This form will be used for data entry and should be kept on file.
- Thank them for their donation.

Authorization for Donated Equipment

Date: _____ Donation Type_____

Customer Information

Donated by: _____SoonerCare _____

Address:
_____

City: _____ Zip: _____ Phone: _____

_____ I confirm that the equipment is owned by Oklahoma Health Care Authority (OHCA), as per OHCA policy 317:30-5-211.18 and authorize OKDMERP to take possession of the equipment.

_____ I confirm that I am the owner (or designated representative of the owner) of this equipment and have the right to donate it and authorize OKDMERP to take possession of the equipment.

How was this equipment purchased? ____SoonerCare ____Private ____Unsure

How did you hear about us? _____**Word of mouth** _____ **Social Worker/Case Manger**

____ **Internet** _____**Poster** _____ **Flyer** _____ **Social media** _____**Conference**

_____**Organization** _____ **Other**

Customer Signature: _____

Staff Signature: _____

Inventory Number: _____

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Safely Moving Equipment – Recommended Practices

Staff and network members who are asked to pick-up or deliver equipment must have completed training on prescribed cleaning and sanitization practices. Portable ramps, dollys, disposable gloves, sanitary bags, sanitizer, tarps and other tools are essential tools for moving the equipment.

Proper lifting technique is critical to back safety, but perhaps more important is proper planning. Proper methods of lifting and handling protect against injury, and make work easier. You need to **consider** what you are going to do before bending to pick up an object.

Before you move a piece of equipment, think:

- Do you need to lift the item manually?
- How heavy is it?
- Can it be taken apart before moving?
- Where are you moving the item from?
- Where does it have to go?
- What route do you have to follow?

Remember if you have a heavy mobility device with a battery that is charged, you can turn the device on and drive it for most of your route. Often you should consider using equipment or tools to help. You may use a dolly, handtruck, or portable ramp to move a device. When using mechanical help, remember to push, not pull - you'll have more control, and greater leverage. Fasten the device to the equipment to prevent it from slipping or falling.

If you’re removing a piece of equipment from a tight spot, be sure to position yourself as close to the device as possible. Slide it out to get it closer, and be sure that you have adequate room for your hands and arms. Try to allow yourself as much room as possible to set the load down. You can always shift it slightly later. Check your path from place to place - remove tripping hazards and protect openings. Turn on lights to improve visibility. The shortest way isn't always the fastest or safest so you need to think about different routes and pick the safest one.

Lifting

If the item needs to be moved manually, and it is heavy or ungainly, be sure to have adequate help. Most back injuries are due to repeatedly doing something the wrong way. Practice these techniques when lifting items:

- Size up the load. Don't try to lift by yourself if the load appears to be too heavy or awkward. Check that there is enough space for movement, and that nothing can trip you.

- Make certain that your balance is good. Feet should be shoulder width apart, with one foot beside and the other foot behind the object that is to be lifted.

- Bend your knees; don't stoop. Keep the back straight, but not vertical. Tucking in the chin straightens the back.

- Grip the load with the palms of your hands and your fingers. The palm grip is more secure. Tuck in the chin again to make certain your back is straight before starting to lift.

- Use your body weight to start the load moving, and then lift by pushing up with the legs. This makes full use of the strongest set of muscles.

- Keep the arms and elbows close to your body while lifting.

- Carry the load close to your body. Don't twist your body while carrying the load. To change direction, shift your foot position and turn your whole body.

- **Watch where you are going!**

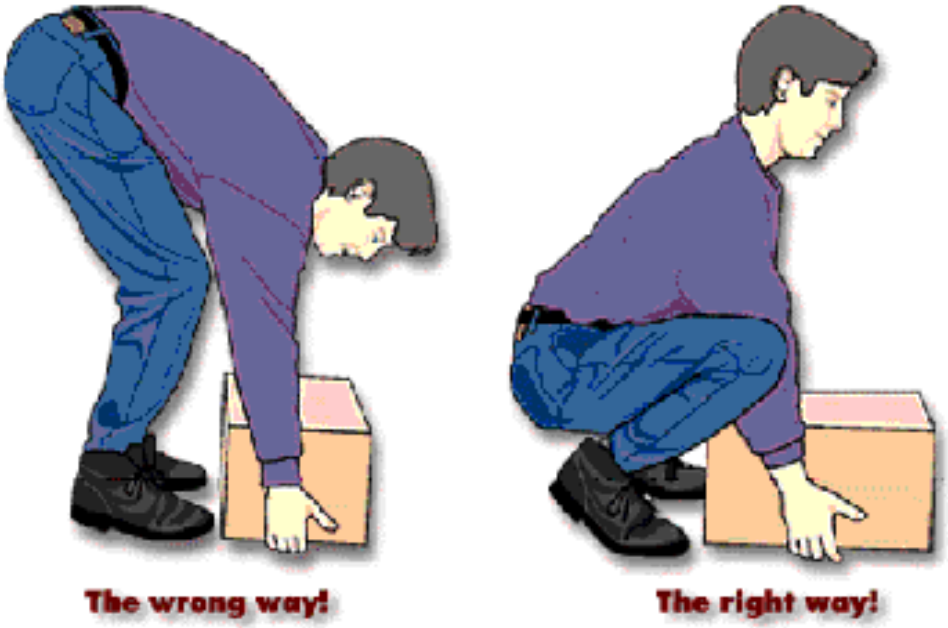
- To lower the object, bend the knees. Don't stoop. To deposit the load on a bench or shelf, place it on the edge and push it into position. Make sure your hands and feet are clear when placing the load.

Team lifting

When lifting with a partner, you both need to coordinate your efforts. Ideally, workers should be of approximately the same size for team lifting. One individual needs to be responsible for control of the action to ensure proper coordination. If one worker lifts too soon, shifts the load, or lowers it improperly, either they or the person working with them may be injured.

Finally, let's take a moment to review some of the "Do's" and "Don'ts" of safe lifting and carrying.

DO:	DON'T:
• Tuck in the chin to keep the back as straight as possible while lifting. • Lift with the strong leg muscles. • Ask for help with the heavy, awkward items. • When possible, use mechanical equipment to move heavy items.	• Use your back muscles to do lifting. • Try to lift an item that is too heavy of awkward. • Twist your body while carrying an object. • Attempt team lifting without proper coordination.



This section of the manual was created by using material available on websites with permission for the following organizations:

Farm Safety Association Inc. 101-75 Farquhar Street, Guelph, Ontario N1H 3N4
http://www.farmsafety.ca/factsheets/tailgate-e/safe_lifting-tg.pdf

Office of Environmental Health and Safety, Fire and Occupational Safety Section, Back Safety and Lifting Techniques. http://www.vcu.edu/oehs/fire/safetytech.html

Evaluate Equipment

Once equipment has been picked up, the REUSE PROGRAM staff needs to determine if the device is of adequate quality to be reused.

If the device appears to be viable, it should be cleaned and sanitized, barcoded and entered into the REUSE PROGRAM database.

Equipment checklists were created by staff and DME providers to help determine whether or not a device is viable for refurbishing and reuse. Use the checklists on the following pages to help complete the process for the equipment categories below.

- Manual Wheelchairs
- Power Wheelchairs
- Scooters
- Mobility and Positioning
- Patient Lifts
- Hospital Beds

EQUIPMENT CHECKLIST

Manual Wheelchair

	Inspection Complete	Action Needed
GENERAL		
Wheelchair rolls straight (no drag or pull to one side)		
FRAME AND CROSS BRACES		
Inspect for loose or missing hardware		
Inspect for bent frame or cross braces		
WHEEL LOCKS		
Does not interfere w/ tires when rolling		
Pivot points free of wear and looseness		
Wheel locks easy to engage		
SEAT AND BACK UPHOLSTERY		
Inspect for rips or sagging		
Inspect for loose or broken hardware		
TIRES		
Inspect for flat spots, wear, or cracks		
At least half the tread remains		
If pneumatic tires, properly inflated		
REAR WHEELS		
No excessive side movement or binding when lifted or spun		
If equipped, quick-release axles lock work		
HANDRIMS		
Inspect for signs of rough edges or peeling		
SPOKES		
Inspect for cracked or broken spokes		
FRONT CASTER		
Inspect wheel/fork assembly for proper tension by spinning caster		
Caster should come to a gradual stop		
Loosen/tighten lock nut if wheel wobbles noticeably or binds to a stop		
Wheel bearings are clean and free of moisture		
CLEAN and SANITIZING		
Clean and sanitize upholstery, armrests, and all other components		

Power Wheelchair		
	Inspection Complete	Action Needed
GENERAL		
Wheelchair rolls straight (no excessive drag or pull to one side)		
If not rolling straight, check tire pressure		
If not rolling straight, balance motors (up to 10% deviation)		
CLOTHING GUARDS		
Ensure all fasteners are secure		
ARMS		
Secure but easy to release		
Adjustment levers engage properly		
Adjustable height arms operate and lock securely		
WHEEL LOCKS		
Does not interfere w/tires when rolling		
Pivot points free of wear and looseness		
Wheel locks easy to engage		
ARMRESTS		
Inspect for rips in upholstery		
Armrest pad sits flush against arm tube		
SEAT AND BACK UPHOLSTERY		
Inspect for rips or sagging		
Inspect fasteners		
Custom seating secure to chair frame		
Custom seating locks work correctly		
FRONT RIGGING		
Footrests/leg rests solid and secure (hangers, extension tubes)		
Check footplates for smooth operation and tightness		
Check swing away latches for smooth operation, secureness		
Heel loops secure		
DRIVE WHEELS		
Axle nut and wheel mounting nuts secure		
No excessive side movement or binding when lifter and spun when disengaged (free-wheeling)		

Lockout hubs work properly		
Check motor brush condition		
Check gearboxes for leakage		
ELECTRONICS and WIRING		
Clear previous programs and reset w/ mfg. standard programs		
Check fault logs		
Test all drive switches for proper function (joystick, head array, sip and puff, etc.).		
Check all cables, wiring harnesses, and electrical connections for wear and damage		
Check battery charger for correct function and performance		
Check integrity of battery box(es) and batteries		
Load test batteries (programmer and power stall - no more than 2v drop)		
FRONT STABILIZERS - MWD WHEELCHAIRS ONLY		
Bolts are tight		
Adjusted for desired ride		
CASTERS		
Inspect wheel/fork assembly for proper tension by spinning caster		
Caster should come to a gradual stop		
Loosen/tighten lock nut if wheel wobbles noticeably or binds		
CASTER/WHEEL/FORK/HEAD TUBE		
Ensure all fasteners are secure		
TIRES		
Inspect for flat spots, wear, or cracks		
Check for at least half tread remains		
If pneumatic tires, check for proper inflation		
CLEAN and SANITIZE		
Clean and Sanitize upholstery, armrests, and all other components		

Scooter		
	Inspection Complete	Action Needed
GENERAL		
Scooter drive straight (no excessive drag or pull to one side)		
BRAKE		
Does not bind or interfere w/travel		
Brake easy to disengage/engage		
UPHOLSTERY		
Inspect for rips/tears		
REAR WHEELS		
No excessive side movement/binding when raised and turned		
FRONT WHEELS		
Inspect wheel/fork assembly for proper tension by spinning wheel		
Wheel should come to a gradual stop		
Loosen/tighten lock nut if wheel wobbles noticeably or binds to a stop		
Wheel bearings are clean and free of moisture		
TILLER		
Ensure that tiller adjustment handle engages/disengages properly and securely		
Scooter stops completely when throttle is released (Does not continue to roll)		
SEAT		
Inspect seat swivel for release and engagement		
Seat locks into the determined swivel positions		
TIRES		
Inspect for flat spots, wear, and cracks		
If pneumatic tires, check for proper inflation		
Check to see if at least half tread remains		

Scooter continued		
	Inspection Complete	Action Needed
CLEAN and SANITIZE		
Clean and Sanitize upholstery and armrests		
Clean and Sanitize molded frame and all other components		
FRONT and REAR SHOCKS - PANTHER MX 4 ONLY		
Bolts are tight		
HEADLIGHTS		
Inspect headlight bulbs for proper operation		

Mobility and Positioning		
	Inspection Complete	Action Needed
GENERAL		
Check to ensure parts are still available from mfg.		
Determine model and size		
Account for all parts		
Check for cracks		
Check for sharp edges		
Check for stains		
Check to make sure upholstery is intact		
Make sure straps are secure		
Check for stress cracks on welds		
HARDWARE		
Check for stripped threads		
Make sure wings are on wing nuts		
Check to be sure casters are secure		
OPERATION		
Check hydraulics		
Check chain		
Make sure it is aligned properly		
Check for smooth operation		
CLEAN and SANITIZE		
Clean and sanitize all components		

Patient Lift		
	Inspection Complete	Action Needed
CASTER BASE		
Inspect for missing hardware		
Base opens/closes w/ease		
Inspect casters/axel bolts for tightness		
Inspect caster for smooth swivel and roll		
SHIFTER HANDLE		
Operates smoothly		
Locks adjustable base whenever engaged		
THE MAST		
Mast MUST be securely assembled to boom		
Inspect for bends or deflections		
THE BOOM		
Check all hardware and swivel bar supports		
Inspect for bends or deflections		
Inspect bolted joints of boom for wear		
Inspect to ensure the boom is centered between base legs		
SWIVEL BAR		
Check the bolt/hooks for wear or damage		
Check sling hooks for wear or deflection		
MANUAL/HYDRAULIC PUMP/ELECTRIC ACTUATOR		
Check for leakage		
Inspect hardware on mast and boom		
Check for wear or deterioration		
Cycle to ensure smooth quiet operation		
Note: If damaged, return to factory		
PUMP HANDLE and CONTROL VALVE		
Check pump handle for smooth operation		
Check control valve open and close easily		
CLEAN and SANITIZE		
Clean and sanitize all components		
SLINGS and HARDWARE		
Note: Check all sling attachments EACH time to ensure proper connection and patient safety		
Inspect sling material and straps for wear		

Hospital Beds

	Inspection Complete	Action Needed
GENERAL		
Check bed components for obvious damage		
Examine each item carefully for scratches, nicks, dents, or any other damage		
Inspect power supply cord for cuts/damage		
Check motor plugs are in good working order and fit properly into the junction box		
HEAD/FOOT SPRING SECTION		
Inspect welds on the head/foot springs for stress cracks		
Inspect the fasteners for wear/looseness		
Inspect the head/foot springs for bend, warping, or stress damage		
Inspect the center mounting rivets and center mounting latches to ensure they are not sheared off or bent		
SPRING FABRIC		
Check spring fabric to ensure all links are intact		
Replace missing or bent links		
HEAD/FOOT MOTORS/PULL TUBES		
Inspect head/foot pull tube mounting hardware for wear		
Inspect head/foot pull tubes for bends, wear, or stress damage		
Clevis pin on head pull tube should not be bent		
Tighten all motor mounting hardware		
HEAD/FOOT BED ENDS		
Inspect the panels and trim for holes and sharp edges		
Open both head/foot bed ends by removing the panel boards		
Inspect cable for wear		
Inspect Acme screws for lubrication (Apply a light silicon based grease if necessary)		
Reinstall the panel boards		

Hospital Beds continued

	Inspection Complete	Action Needed
Inspect the corner locks for wear, cracks, or stress damage		
CASTERS		
Check lock on both locking casters to ensure they are operational		
Check that the locking casters are positioned diagonally from each other on the bed set-up		
Check casters to ensure they roll properly		
DRIVE SHAFT		
Make sure the spring button works properly and lock both halves of the drive shaft		
Check the connections on both ends of the drive shaft for wear/bends		
Check entire drive shaft for bends or stress damage		
JUNCTION BOX		
Check power cord for chafing cuts or wear		
Make sure all attaching hardware is securely tightened		
Check electrical connections for wear or cracks		
PENDANT		
Check pendant cord for chafing cuts or wear		
Check all pendant functions		
Head raises/lowers properly		
Foot raises/lowers properly		
Head/foot ends raise/lower properly (semi-elec and elec only)		
Note: If any failures are experienced, try a new pendant and repeat this section		
Check to see if all buttons correspond to an actual working function		

Hospital Beds continued

	Inspection Complete	Action Needed
MOTORS		
Check motor cords for chafing cuts or wear		
Check range of movement on all motors to ensure they do not bind in the FULL UP/DOWN position		
NOTE: Should binding occur, adjust the pull tube of the motor by turning it clockwise or counter clockwise (in or out) just enough to allow the motor to shut off automatically. Failure to do so will damage the internal gears of the motor.		
CLEAN and SANITIZE BED		
Check for gross contaminants and stains		
Sanitize w/a hospital strength disinfectant and wipe w/a damp cloth immediately		

Reasons for Sanitizing Used Equipment

- To protect staff and customers by avoiding the spread of germs and infection.
- To maintain a standard of quality for the used equipment being shared with others.
- To avoid the risk of infection based on:
    - Pathogen or germs involved
    - Type of exposure
    - Amount of virus
    - Whether blood is involved and, if so, the amount of virus in it

Sanitizing Supplies and Common Cleaning Products

- Disposable gloves
- Alcohol based hand rub
- Soap and hot water
- Chemical germicide cleaners and germicide carpet spotting towels
- A spray and wipe product that cleans and deodorizes, no rinsing. Use on vinyl, stainless steel, other metals, ceramic, and fabric.
- Enzyme cleaner that mixes with water. Cleans hard surfaces. Effective against grease, blood, and food or protein stains.
- Carpet Spotting Towels. Ready to use product. Cleans spots and stains. Great for scooters, power chairs, carpet, upholstery. Takes out spots and deodorizes without leaving residue behind.

Steps to Protect Yourself

- Wash hands with hot water and soap before beginning. Apply soap to all hand surfaces, rinse and dry thoroughly.
- Put on disposable gloves before handling equipment.
- Put on new gloves before cleaning the next piece of equipment
    - Gloves reduce cross contamination by 70%-80% and protect from infection.
    - Alcohol based hand rub products may be applied before putting on gloves.

Cleaning Equipment

- Follow the product instructions.
- If the germicide is added to hot water, make an adequate amount of the solution to clean the equipment.
- Wash your hands with soap and hot water and dry them thoroughly.
- Put on gloves. It might be necessary to put on eye protection as well.
- Remove visible stains.
- Clean and deodorize the surface.
- Clean all surfaces, including upholstery.
- Other surfaces on devices may be allowed to air dry or be dried with a clean absorbent towel.
- Throw out any remaining cleaning solution and dry out the bucket if using a germicide/hot water solution.

Sanitization Rules when Picking up Equipment or Delivering Equipment

- Put on disposable gloves before handling equipment.
- If you are picking up multiple pieces of equipment, put on new gloves after handling each piece of equipment.
- If you cannot wear disposable gloves due to sensitivity, use an alcohol based hand rub after handling each piece of equipment.
- Wash hands before touching any equipment, regardless if delivering or picking up.
- Inspect equipment before loading it. If it is not clean, follow the sanitization procedures for cleaning or request that it be cleaned.

Sanitize Equipment

If the device appears to be viable, it should be cleaned and sanitized, barcoded and entered into the REUSE PROGRAM database. If the equipment is not worth reusing, it should be disposed of properly.

Equipment must be cleaned and sanitized properly when it is brought into the program.

- All equipment is cleaned after it is picked up.
- Equipment should be bagged before being placed in the pick-up vehicle if at all possible.
- If an individual brings a donated device to the REUSE PROGRAM, it should be bagged and stored away from the public until it can be removed for cleaning and sanitization.
- Only staff who have been trained on cleaning and sanitization practices should be allowed to sanitize equipment.
- Equipment should be cleaned and sanitized in a space separate from the equipment storage area.
- If equipment must be stored before it can be cleaned and sanitized it should be kept in a DME bag and stored separately from sanitized equipment. To provide additional protection, staff may bag sanitized equipment while the devices are in storage.
- Equipment should be cleaned and sanitized before being taken to a DME provider for repair unless the provider is responsible for a portion of the sanitization process.
- Equipment that is going to be delivered after repairs should be cleaned and sanitized again before the delivery.

Barcoding Equipment

All equipment that is donated to the REUSE PROGRAM is barcoded with a unique number that is entered into the inventory number field of the REUSE PROGRAM database by an REUSE PROGRAM staff member. The local number, 405-523-4810, and the toll free number, 888-885-5588, listed on the barcode gives Medicaid and the REUSE PROGRAM customers a means to contact the REUSE PROGRAM in their area when they no longer need the equipment.

The barcode has an adhesive back and is formatted as shown below:

IF YOU NO LONGER NEED THIS ITEM, CALL
405-423-4810 or 888-885-5588
REUSE PROGRAM
DME######-01OK-MMYY

DME###### is a unique six-digit number, starting at 000001, that is given to every piece of equipment. Numbers will be assigned in chronological order.

The second number and two-letter code identifies the DME category (listed below) and the Oklahoma county that the equipment was donated from. For example, 01OK identifies that an Augmentative Communication Devices was donated from a vendor or individual in Oklahoma County.

The last number identifies the month and year that a piece of equipment was donated.

DME Categories

02: Bath Benches
17: Blood Pressure Monitor
03: C-PAPS
04: Commodes
05: Gait Trainers
06: Hospital Beds (electric)
07: Hospital Beds (semi-electric)
18: Knee Walker
08: Nebulizers
09: Patients Lifts
10: Quad Canes
11: Scooters
12: Shower Chairs
13: Standers
14: Walkers
15: Wheelchairs (manual)
16: Wheelchairs (power)

The following are practices REUSE PROGRAM staff have found useful when barcoding equipment:

- Clean, sanitize and evaluate equipment before barcoding (in some cases, you'll have to clean, sanitize and barcode before dropping equipment off at a DME Provider for evaluation).
- Make sure the surface is clean and dry before applying the barcode.
- Apply the barcode to a highly visible area on the equipment when possible.

Determining the Amount to Enter for a Piece of Equipment

You may use any one of the following methods to determine the price for a piece of equipment when entering into the REUSE PROGRAM database:

- Search for a similar item in the REUSE PROGRAM database and use that amount.
- Use OHCA fee schedule guidelines.
- Conduct an Internet search and use the average of three prices.

Rough Measurements for Seating Matches

Reliable measurements make it easier to find a good equipment match for a customer. The purpose of this form is to obtain specific device measurements to increase the likelihood of a good fit and decrease the frequency of false deliveries. Only staff that has been trained on how to measure a device should complete the form.

Use a tape measure to determine the values to enter under the Specifications tab in the database for wheelchairs, scooters, shower chairs and commodes. The most important measurements for these devices are seat width and depth. The database also has fields in the Features section on the Equipment Information page to enter information such as size, maximum weight, and components. Since the REUSE PROGRAM staff are not seating specialists, these measurements are used as a guide during the matching process.

_____**Seat width**: Measure seat surface from side to side.

_____**Seat depth**: Measure from seat back to seat front.

_____**Seat surface to top of headrest**: Measure from seat surface to top of headrest (if available).

_____**Seat surface to top of seat back**: Measure from seat surface to top of seatback.

_____**Seat surface to floor**: Measure from seat surface to floor.

How to take Photos of Equipment

The REUSE PROGRAM has a digital camera to be used for taking pictures of equipment. REUSE PROGRAM staff can upload 1 to 4 pictures of a piece of equipment to the REUSE PROGRAM database and will always have at least one photo of the equipment. In some cases, it helps to be able to see multiple pictures of equipment. The following are some peer examples of good photography practices:

- Make sure the lighting is adequate for taking photos (DME18220)

- Center the device in the middle of the photo and crop if necessary (DME33177)

- Include the date if camera allows

Take pictures with a clutter-free background (DME21740)

- Use a yardstick in your photo to give others an idea of the size of the equipment (DME19217)

- Take more than one shot from different angles (DME18220)

- Add the DME number to the photo using software (DME20532) or use a whiteboard in your photo (DME23197)

REPAIR OR DISPOSAL OF EQUIPMENT

DME Provider Relations

- DME providers are valued partners of the REUSE PROGRAM.
- DME providers are needed to allow better access to equipment.
- DME providers have been strong supporters of the REUSE PROGRAM and all staff needs to promote friendly, collaborative relationships with providers.
- The REUSE PROGRAM relies on qualified providers to refurbish equipment to original manufacturer's specifications.
- Some providers help the REUSE PROGRAM by picking up and delivering equipment.
- The REUSE PROGRAM supports DME providers by not competing with them. The REUSE PROGRAM may use DME providers to purchase discounted accessories.

Repair Process

- Donated equipment is picked up, cleaned and sanitized, barcoded and delivered to a DME provider who works with REUSE PROGRAM if a repair is needed.
- Only the REUSE PROGRAM staff mark the equipment as “Out for Repair.” Equipment may not be marked “Put on Hold” for a customer while it is being repaired.
- The DME provider completes a repair estimate listing all repairs needed to restore the device to the manufacturer’s original specifications and faxes it to the REUSE PROGRAM Manager.
- The REUSE PROGRAM Manager reviews the repair estimate and considers the value of the equipment to determine if the repair will cost more than 60% of the current SMRP value of the DME.
- The REUSE PROGRAM staff enters repair details in the equipment record.
- The REUSE PROGRAM staff can monitor the “Out for Repair” list in the REUSE PROGRAM database.
- DME providers contact the REUSE PROGRAM staff when a device is repaired and ready to be picked up.
- The REUSE PROGRAM staff coordinates to pick-up the equipment from the DME Provider.
- Only the REUSE PROGRAM staff can change the status of a piece of equipment from "Out for Repair" to "Available."

Equipment Disposal – Recommended Practices

- The REUSE PROGRAM is committed to a healthy and safe environment so staff is encouraged to recycle unusable equipment properly.

- Donated equipment that cannot be reused should be taken to a local qualified recycler if one is available. If equipment cannot be recycled, it can be taken to a landfill.

- If a repair estimate is denied for a piece of donated equipment, the REUSE PROGRAM staff should contact the DME provider to discuss disposal options. The DME provider may:

    - Request that the equipment be picked up if they do not recycle.

    - Offer to recycle the equipment.

The REUSE PROGRAM is committed to responsible environmental disposal practices and will coordinate with local recyclers.

APPLICATION AND MATCHING FOR REASSIGNING EQUIPMENT

Application and Matching – Recommended Practices

Before a match can be made it is imperative the eligible client has completed an application and any additional required documentation. For a list of additional required documentation, please refer to the "DME Chart" and/or the "Customer Measurements" Form.

Only the REUSE PROGRAM staff can review customer and equipment lists to narrow the range of possible equipment matches for reassignment.

- Review the available equipment list so you are familiar with what devices you have.
- Prioritize available equipment to customers who have been waiting the longest for that category and type of equipment.
    - If an individual indicates they cannot wait for the equipment they need because they are in danger of: a) losing their job or b) a change in living or school placement, explain that the program is not an emergency service and generally based on a "first come-first serve priority". Provide them with contact information for ABLE Tech so that they may seek additional information or funding options for other services.
    - Use the Search for Wheelchair Matches under the Measurements tab of the Customer record to help find matches for customers requesting wheelchairs. For example, if there are three manual wheelchairs available, review the seat measurements to match to a customer's measurements starting with the customer who has been waiting the longest. If this customer is too small or too large for the equipment, move on to the next customer.
- Before placing an individual on the waiting list, consider all available funding sources and the time associated with using the different funding options to acquire the needed assistive technology.
- Check to see if a professional consultation is needed for this type of equipment.

Required Documentation and Standard Practices

An application is required to begin the process for matching equipment with an eligible Oklahoma resident. Pickup and delivery services are limited. Any Oklahoma resident can drop-off or pickup equipment at the REUSE PROGRAM office in Oklahoma City.

Specific categories of equipment require professional support, such as from a Physical Therapist (PT), Occupational Therapist (OT), Speech-Language Pathologist (SLP), or Assistive Technology Professional (ATP), prior to or when delivered to ensure an appropriate match for an individual. The following table lists these AT categories to help the customer determine if the device is right for their needs. The device may be delivered to the qualified provider or the provider should be present when the device is delivered to the customer.

Application for Durable Medical Equipment (DME)

Are you SoonerCare eligible? ____YES ____NO SoonerCare Number: _____

How did you hear about us? _____Word of mouth _____ Social Worker/Case Manger

_____ Internet search _____Poster _____ Flyer _____ Social media _____Conference

_____Organization _____ Other

Name: _____ Birthdate: _____

_____
Address City Zip

_____
Phone Alternate Phone E-mail Address

_____
Item(s) Requested

Will the requested item need to be _____ Pediatric _____Adult _____Bariatric (over 250 pounds)
If the DME you need requires measurements, please complete the "Customer Measurements" Form on the last page to be included with this application.

Have you used this equipment before? ____ YES ____ NO

Will this equipment be the initial piece or a replacement? _____Initial _____ Replacement

Do you have a prescription from your doctor for this DME? ____ YES ____ NO
Refer to the table on next page, "DME Chart".

If required, do you have the additional documentation? ____YES ____ NO
Refer to the table on the next page, "DME Chart".

This equipment will be used for me or my family member's personal use and will not be sold. To the best of my knowledge, all information is true and accurate. I understand not all accessories may be available with the DME and may require contacting someone other than OKDMERP at my own cost.

_____
Applicant Signature or Authorized Representative Date

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Oklahoma City, OK 73105
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http://okabletech.okstate.edu

DME CHART

Refer to the chart below to find the item requested. Follow the line across to see what is required for a completed application. Incomplete applications are not considered until all requirements are met.

DME	PRESCRIPTION REQUIRED?	DOCUMENTATION REQUIRED IN ADDITION TO PRESCRIPTION	NOT INCLUDED	MEASUREMENT PAGE (Page 3) MUST BE COMPLETED
Bath Bench	No	No		YES
Blood Pressure Monitor	No	No		NO
CPAP	Yes	Sleep Study	Masks, hoses, and filters	NO
Commodes	No	No		YES
Gait Trainers	Yes	Evaluation Report from ATP/OT/PT		YES
Hospital Beds (elec. & semi elec)	Yes	No	Mattress	YES
Knee Walkers	No	No		NO
Nebulizers	Yes	No	medication and tubing	NO
Patient Lifts	Yes	Evaluation Report from ATP/OT/PT	Slings	YES
Quad Canes	No	No		YES
Scooters (POV)	Yes	Evaluation Report from ATP/OT/PT		YES
Shower Chairs	No	No		YES
Standers	Yes	Evaluation Report from ATP/OT/PT		YES
Walkers (and rollators)	Yes	No		YES
Wheelchairs (manual)	Yes	No		YES
Wheelchairs (power)	Yes	Evaluation Report from ATP/OT/PT		YES

If you are not currently working with a therapist, please contact OKDMERP for potential sources to help with the evaluation report required for certain DME.

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Customer Measurements

The purpose of this form is to obtain rudimentary measurements to decrease the frequency of false deliveries. There are many websites available for instruction on how to obtain proper measurements. **Please note that these measurements are not intended to guarantee appropriate assessment or fit**. The person should be seated on a firm surface with feet flat. Provide body measurements, not chair measurements.

Height:_____**Weight**_____

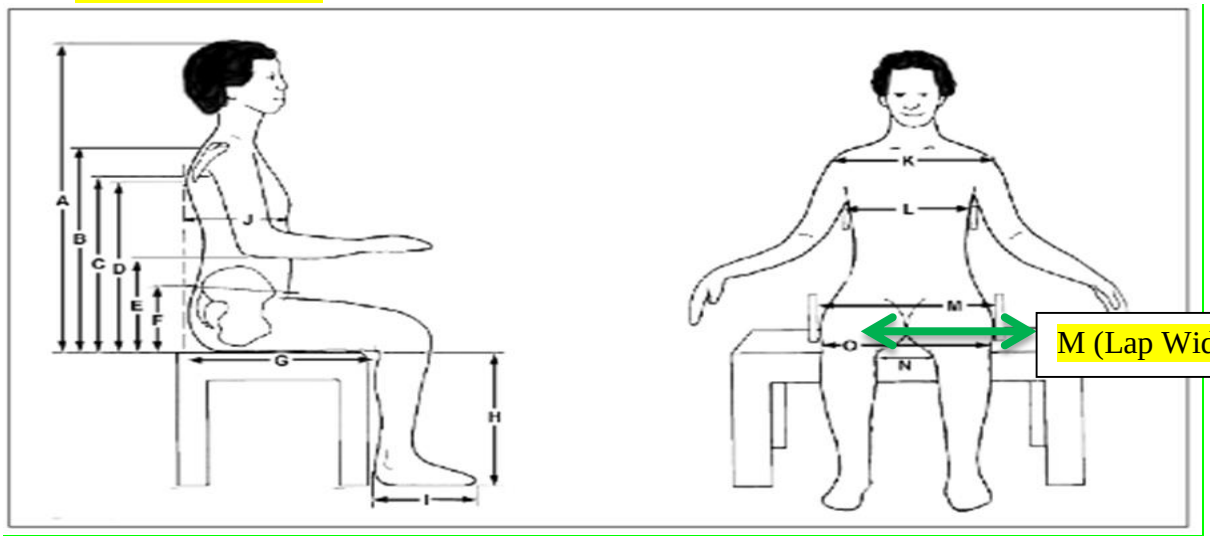
A. _____Seat surface to top of head: Measure from seat surface (where buttocks contact the seat surface) to top of head. This measurement is especially useful for tilt systems, recliners, and those with headrests or high backs.

B. _____Seat surface to top of shoulder: Measure from seat surface (where buttocks contact the seat surface) to top of shoulder. This measurement is especially useful for wheelchairs with high backs.

G. _____Behind knee to back of hips: Measure from seat back (where buttocks contact the seat back) to just back of knees when knees are bent at 90 degrees and subtract about 2 inches.

H. _____Heel to back of knee: Measure from floor (where bottom of heel contacts floor) to back of the knee when knees are bent at 90 degrees. If the person intends to propel with his feet, you want to be sure that the wheelchair seat is close enough to the floor to work. Hemi chairs are closer to the floor than standard chairs. You can also change tires on some wheelchairs to get closer to the ground.

M. _____Lap width: Measure the hips at the fullest part. You can add up to 2 inches to the number depending on the amount of room the individual wants. If you were to place two books on either side of the hips, you would measure straight between the two books instead of curving up and over the lap like a seatbelt would.



Does wheelchair need seatbelt? _____YES _____NO

Does wheelchair need leg rests? _____YES _____NO

Does wheelchair need elevated leg rests? _____YES _____ NO

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SOONER CARE PROVIDER PRIOR AUTHORIZATION ATTESTATION

OKDMERP

SoonerCare Provider Prior Authorization Attestation

I, _____ employed by _____,

SoonerCare Provider # _____ attest that the equipment listed

below was not available on the OKDMERP website on Date _____.

Please accept this attestation along with our Prior Authorization Request for the following equipment for SoonerCare member

Name: _____

SoonerCare ID #: _____

HCPCS	Description	Unit

Instructions: Include with HCA12A – Prior Authorization Request

HCA-49 Issued 03-12-12

180 Day Reassignment Process

Equipment on the Available list for more than 180 days will be donated to the Oklahoma State cache for Emergency Management and Preparedness. Equipment that does not meet the state cache qualifications will be donated to the Oklahoma Equipment Exchange.

Oklahoma Reuse Network Partners

Durable medical equipment and assistive technology reuse and loan programs can benefit from working together as partners. By working together each of us can more easily reassign and recycle used equipment and better meet the needs of the people we serve. A statewide network allows its members to know where the other reuse and loan programs are, who to contact or refer people to, and what their equipment is.

Oklahoma Reuse Network Partners agree to:

- Share program contact person and program information with other members of the network.
- Agree to an electronic presence on a statewide directory.
- Refer equipment to other network partners that doesn't fit in their inventory.
- Participate in Oklahoma emergency response efforts to assure people have ready access to durable medical equipment and other needed technology after a natural disaster.
- Take part in network activities when possible.

As a member of the Oklahoma Reuse Network, REUSE PROGRAM agrees to:

- Share its 180 day DME and AT surplus equipment list with other network members. Partners may select any equipment they need and work with REUSE PROGRAM staff on transportation arrangements.
- Help coordinate disaster response efforts to get needed technology to people living in affected areas.
- Invite network partners to participate in collection drives planned by the program.

DELIVERY

Delivery - Recommended Practices

Only trained staff should deliver equipment to customers or move equipment.

Customer Delivery

Scheduling a delivery:

- Get an accurate physical address and/or ask for directions to the house.
- Get a phone number for the delivery contact and an alternate number if possible, especially for the person who will be at the delivery location. If at all possible, the individual who will be using the equipment should be present during the delivery and demonstration.
- Find out if there is a preferred location for delivery (back door, side porch) and any other special instructions.
- Schedule a time frame for the delivery. For example, 10:00 – 12:00 on Tuesday morning.
- Remind the customer to call 405-523-4810 if needed.
- If a problem arises for the delivery staff, call the customer to let them know you have to reschedule.

Delivering the equipment:

- Equipment should be cleaned and sanitized. If equipment does not appear to be clean, they should not transport it.
- The REUSE PROGRAM staff will load and secure the equipment. Equipment should be placed in the trunk or secured in the cargo area of the SUV or truck with tie downs, bungee cords, and tarps. If using a car, put the equipment in the trunk to protect staff in case of an accident.
- Staff should have the name of the individual expecting delivery, address, phone number and approximate delivery time, before delivering.
- Be sure the individual awaiting delivery is provided with a contact number for the REUSE PROGRAM.
- Staff is reminded to contact the individual expecting delivery if they are running late.
- The REUSE PROGRAM staff will unload the equipment.

- Bring any tools including portable ramps that you may need for moving or assembling the equipment.

- Be sure to have adequate manpower to deliver the device. Use safe lifting and moving practices.

- Be polite when you arrive – you leave behind the lasting impression of the program.

- To increase customer satisfaction and help ensure customer safety, demonstrate how the device works.

- For manual and power wheelchairs and scooters, looking at the overall fit of the seat in relationship to the customer's hip and knees. If acceptable, proceed with demonstrating how the device works, highlighting features such as:
    - Handbrakes, footrests, seat belt (if any), turning
    - Switch operation, how to set speeds, seatbelt (if any), turning

- For bath benches and shower chairs, see if they fit in the bathroom, tub or shower stall.

- For patient lifts and hospital beds, assemble the device and demonstrate use.
    - Raise, turn and lower sling. Discuss transfer of individual (customer assisted from standing position or from seated position).
    - Raise and lower the bed, raise and lower the head and foot sections of the bed.

- Have the customer confirm they understand how to operate the device.

- For devices requiring a consultant (mobility and positioning since DME vendors deliver themselves), have the consultant determine whether or not the device is appropriate for the customer.

- If the device is not an appropriate match for the customer, bring it back to the REUSE PROGRAM and assure the customer that the REUSE PROGRAM staff will continue looking for the right device for them.

- If the device is the right match for the customer, have the customer sign the "Authorization to Deliver Equipment Form" (see sample on the following page) and complete the outcomes questions.

Authorization to Deliver Equipment

Authorization Date: _____

Equipment Name: _____Inventory Number:_____

I confirm that the device has been cleaned and sanitized and all parts are present.

_____

OKDMERP staff signature Date

Customer Information

Delivered to:

_____SoonerCare_____

Address: _____

City/Zip: _____ E-mail Address: _____

Phone: _____ Alternate Phone: _____

Customer Receipt. Please read carefully and sign below upon receipt of equipment.

_____ I received the equipment listed above and agree that it is for my personal use and will not be sold. In the event that I no longer need the equipment, I will contact the Oklahoma Durable Medical Equipment Reuse Program at 405-523-4810, or by fax 405-523-4811, or via web at http://okabletech.okstate.edu.

_____ I understand that this is used equipment. I accept the equipment as is and agree that it was delivered in good condition. I understand how the equipment works. I will not hold Oklahoma Durable Medical Equipment Reuse Program responsible for any problems I might encounter while using this equipment.

Customer Signature: _____ Date: _____

I contacted OKDMERP because (check one):	I am:
☐ Could only afford the DME through the statewide DME program ☐ DME was only available through the statewide DME program ☐ DME was available through other programs but the system was too complex or the wait was too long ☐ Nonrespondent	☐ Highly Satisfied ☐ Satisfied ☐ Satisfied Somewhat ☐ Not At All Satisfied ☐ Nonrespondent

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SPECIAL RULES

Large Quantity of Equipment Donations

Objectives:

- Increase the inventory of quality used durable medical equipment available to Oklahomans by allowing the REUSE PROGRAM staff to more quickly respond to the opportunity for a donation of a large number of devices.

- Expedite pick-up of equipment donations so offers of large donations are not cancelled.

- Reduce staff frustration by standardizing procedures associated with large quantity of equipment donations.

Steps for Large Quantity of Equipment Donations:

- When the REUSE PROGRAM staff receives a call concerning a large donation, questions should be asked to determine the likelihood the equipment will be reusable. Staff needs to ask where the equipment is and when it can be picked up. If it is a mixed inventory – review the donation offer to see if there are a number of high demand devices in it.

- If there are items not accepted by the REUSE PROGRAM and will not be delivered or picked up by the REUSE PROGRAM staff, a reuse partner list can be provided to the donor for their convenience.

- Arrange a time for pick-up with the donor.

COLLECTING AND REPORTING OUTCOMES

REUSE PROGRAM Reports

The REUSE PROGRAM focuses on:

Reassignments

- Reusing equipment across a range of device categories.
- Increasing reassignment of more expensive and lightly used equipment to increase savings to the program.
- Getting reassigned equipment to people of all ages.
- Increasing the total value of reused equipment.
- Increasing the total number of items reused.

Donations

- Recruiting equipment across a range of device categories.
- Obtaining more expensive and lightly used equipment to increase potential savings for the program and decrease refurbishing expenses.
- Receiving increased numbers of equipment donations from public and private sources.
- Increasing the total value of donated equipment.
- Increasing the total number of items donated.

Requests

- Receiving requests that match the prioritized inventory of REUSE PROGRAM.
- Promoting REUSE PROGRAM requests and donations from people of all ages.

Performance Measures

- Improving program practices so all customers have input on how the program met their needs.
- Obtaining customers' answers to the question about the primary purpose that DME is needed.

- Increasing access to the program among individuals who have no other way to obtain needed equipment.

- Increasing customer satisfaction with the program (see Survey form).

Reports

Running the REUSE PROGRAM Reports

The admin staff can run reports by logging into the REUSE PROGRAM database and selecting the “Reports” tab. Under the “Reports” header, the admin should choose the report they want to run from the drop-down list in the “Select Report” field. The admin staff then selects the time frame, using a beginning and ending month and year that the report should be reviewed. The REUSE PROGRAM reports that can be run are reassignments, requests, and donations. Additionally, admin should run the Presentations report.

Additional Searches to Review Performance

Admin are also able to conduct some specific search functions using the Advanced Search Options for Customers in the REUSE PROGRAM database. The searches are not limited to request and donate goals, but can provide you with additional information. Comprehensive coverage of a region can be checked by selecting counties during a specific date range to see if you had customers there. If you know you are trying to develop services in a specific outlying county, this is a good way to see how you’re doing.

The age range provides a search of customers you served during a specific time based on their age. The REUSE PROGRAM attempts to provide services to infants, toddlers, children, adults, and seniors.

These searches break down your customer base into small groups so it is important to never run them for less than a quarter or three month period although six months is a better reflection of your performance.

Oklahoma Durable Medical Equipment Reuse Program Survey

How did you hear about our program? _____

What type(s) of DME did you receive from our program? _____

What kind of DME would you suggest OKDMERP to carry in the future? _____

Are you satisfied with the service received from OKDMERP? _____Yes _____No

If no, please explain?_____

Was OKDMERP staff helpful, friendly, and professional? _____ Yes _____ No

If no, please explain? _____

Are you likely to recommend this program? _____ Yes _____No

If no, please explain why? _____

Would you be interested in providing a success story to be used by OKDMERP?

_____ No, thanks _____Yes

If yes, please provide us with a quote on how this equipment has made a difference?

_____

_____

_____

May we take your photograph with the equipment? _____ No, thanks _____ *Yes
**If you mark yes, we will call you to make arrangements to take your photo.*

Do you have any suggestions or thoughts on ways to improve the program? _____

_____

_____

Is there an organization, business, or group you think should know about OKDMERP? If so, let us know!

_____

Oklahoma Durable Medical Equipment Reuse Program
3325 North Lincoln Blvd.
Oklahoma City, OK 73105
Phone 405-523-4810 / Fax 405-523-4811
atreuse@okstate.edu / http://okabletech.okstate.edu

PROMOTING THE PROGRAM TO THE PUBLIC

Importance of Promotion

The REUSE PROGRAM's success depends on involving as many people in the program as possible. When people are aware of what the program does and they hear about the access to quality used durable medical equipment and the changes it can make in people's lives, they are more likely to support the program. Maintaining a high profile in Oklahoma is something every staff needs to prioritize. A positive image allows the REUSE PROGRAM to:

- Receive donations of high quality or lightly used equipment.
- Provide more people with access to high quality equipment at no cost.
- Maintain an adequate amount of inventory to meet the needs of our customers.
- Expand the program inventory as new categories are accepted based on donations and evidence that the program can meet the needs of a new audience.
- Meet program goals developed for the program financial sponsor.
- Document a high return on investment to attract additional program sponsors.

EMERGENCY RESPONSE

Emergency Response

The REUSE PROGRAM recognizes that loss of a person's wheelchair, walker, shower chair, or other durable medical equipment after a disaster results in a loss of independence and makes one feel even more helpless. The REUSE PROGRAM collaborates with many DME partners across the state to respond to the durable medical equipment needs of individuals living in disaster areas.

- The REUSE PROGRAM is notified of a disaster in a specific community or county and receives the local contact person's name, location and other contact information.

- The REUSE PROGRAM has a list of the available equipment on the website which is accessible by state and local contacts.

- The REUSE PROGRAM contacts its DME and reuse partners to see if they have equipment to contribute to the response based on the results of the needs assessment.

- Depending on the scale of the disaster, the REUSE PROGRAM may contact other state reuse programs and distribute press releases to media or PSAs to radio stations to request donations of specific types of equipment for individuals affected by the disaster.

- REUSE PROGRAM staff will work with other reuse network partners to transport equipment that is identified as needed to the disaster area.