



## EVALUATION AND CONVERSION MANAGEMENT PROGRAMME

Providing the Clinical Support and Education  
You Need for an Effective Glove Conversion



# MEDLINE SURGICAL GLOVES

Selection, Support, Solutions



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## Selection, Support, Solutions

## INTRODUCTION

Thanks to advanced glove technology, you have more glove choices than ever before. This can make choosing the right glove company a challenge. While we believe we offer the highest quality products, the most comprehensive portfolio and competitive prices, we know none of that matters if the process of switching is difficult for you. We think that if you're willing to evaluate and consider switching to our gloves, we should make the process as simple as possible. Our Evaluation and Conversion Management Programme is an organised approach that combines the planning, communication, clinical support and education you should expect from your glove partner.

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- Pre-Evaluation Questionnaire
- Exchange of Mutually Beneficial Commitments
- Evaluation Agreement and Authorisation Form

### TOOLS

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- Evaluation Announcement Poster
- Evaluation Form
- Conversion Announcement Letter
- Conversion Announcement Poster



# MEDLINE SURGICAL GLOVES

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### EVALUATION PROCESS CHECKLIST

Scheduled Date		Information Gathering and Qualifying
		Overview of surgical glove portfolio
		Customised cross reference and financial analysis using hospital's glove usage
		Overview of Evaluation and Conversion Management Programme
		Define evaluation process and criteria (acceptance rate, special exceptions)
		Meet with key department heads and other influential staff
		Questionnaire and exchange of commitments
		Evaluation decision and agreement about the trial
Scheduled Date		Planning (Pre-Evaluation)
		Obtain surgeons rota, define key players and prioritise participants
		Review existing inventory levels
		Distribute announcement letters and posters
		Glove preview days (soft approach to introduce the Medline team, gloves and initiative, and identify roadblocks)
		Preview results and make final go or no-go decision
		Place order for evaluation product



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### EVALUATION PROCESS CHECKLIST

Scheduled Date		Evaluation
		Receive and stage evaluation product
		Monday morning introduction and overview
		Kick-off breakfast or lunch (forum for introductions, Q&A)
		On-site support and in-servicing
		Collection of evaluation forms
		Regular updates to key department heads
Scheduled Date		Post-Evaluation
		Compile and tabulate evaluation results
		Meeting to review evaluation summary report, discuss next steps, conversion action plan
		Follow-up (if required)
		Final conversion decision
		Enter stock requirements and communicate earliest possible conversion dates based on inventory and clinical support
		Confirm conversion dates, notify incumbent glove supplier and pare down inventory
		Enter Medline item numbers in ordering system and place initial stocking order
		Distribute and post conversion announcement posters and letters to inform staff
		Determine outlet for remaining inventory
		Implementation and on-site support (work with surgeons/staff who did not evaluate the gloves during the scheduled period or follow-up period)
		30-day post-conversion follow-up: satisfaction review/adjustments
		60-day post-conversion follow-up: satisfaction review/adjustments
		Quarterly business reviews



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### PRE-EVALUATION QUESTIONNAIRE

The purpose of the Pre-Evaluation Questionnaire is to ensure that both the hospital's and Medline's interests, goals and expectations are aligned. Surgical gloves are a clinically sensitive product. Without a sound evaluation process and clearly defined expectations, the likelihood of a failed evaluation, or worse, an upset group of surgeons and staff, is much greater. Medline's process is the result of learning from hundreds of evaluations conducted over the last decade. With your support, and by following the process, we are confident that we will prevail over clinical sensitivity and 'change' to achieve your goals.

To optimise the likelihood of a successful outcome, please complete this questionnaire at least two weeks prior to the evaluation. The lead time ensures that all important pre-evaluation action steps can be taken. Thank you for your support!

Hospital/trust name:	
Medline account manager:	
Conducted on (date):	
Completed with (name, title):	

Key Contacts			
Name	Title	Phone extension	Email



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### PRE-EVALUATION QUESTIONNAIRE

Proposed evaluation start date:		Proposed evaluation end date:	
---------------------------------	--	-------------------------------	--

**1. Are you planning to evaluate any other brands immediately before or after?**  
(Are there any other recent evaluations or issues that will affect attitude or morale?)

**2. The evaluation form offers four choices: excellent, good, acceptable and unacceptable.**  
What clinical acceptance rate ('acceptable' rating or higher) must be achieved to quantify the evaluation as a success?

Acceptance rate	Successful evaluation = at least <b>mmm</b> % of the total counted votes must be an 'acceptable' rating or better.
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Exceptions:

**3. Are there specific surgeons who need to be consulted with during the evaluation?**  
(How will such surgeons be counted in the final decision if they elect to opt out of the preview or the evaluation phase?)

**4. How will low-volume/infrequent surgeons be handled if they have few or no cases during the trial period?**

**5. How will you deal with a surgeon who has a 'special relationship' or loyalties to another supplier?**



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### PRE-EVALUATION QUESTIONNAIRE

**6. If a surgeon indicates 'unacceptable' on an evaluation form, what will your standard for justification or explanation be (i.e. distinguishing politics from clinical function)?**

**7. An 'unacceptable' vote on the evaluation form will count against conversion in the final tally EXCEPT when: (Tick all applicable.)**

- It is followed by subsequent acceptable evaluation forms.
- The surgeon did not actually try the glove or adequately participate (e.g. just filled out forms).
- The surgeon's explanation was not deemed valid or sufficient by the hospital.
- The surgeon did not wear the gloves six times in succession or did not use them exclusively for one day in the theatre.
- Other: (Describe.)

**8. After completing evaluation forms for each of his/her cases, sometimes, a surgeon will later attempt to reverse his/her written clinical results with contradictory verbal input to the theatre manager or an administrator. (This often happens very late in the evaluation process after the competitor has gone to the offices or has sponsored other sales activity to undermine the process.)**  
As this effectively circumvents the objectivity and fairness of the process for the other surgeons and puts theatre management uncomfortably in the middle, what action can you take to pre-empt or nullify this course of action?

**9. Who are the administrators or hospital's leadership a surgeon would likely turn to if he/she wished to politically bypass this effort or overpower the steering committee?**



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### PRE-EVALUATION QUESTIONNAIRE

**10. When can we meet with those individuals to discuss the value of this initiative so that they are primed and ready to support you in case a dissatisfied surgeon seeks them out?**

**11. How will access to the brands of surgical gloves currently being used be addressed during the evaluation period?**

**12. How will you address access and activity of competitive representatives?**

**13. What sign-in, hospital badge, check-in, eligibility and certification policies would you like us to follow during the evaluation?**

**14. How will the surgery schedule access and coverage scheduling be facilitated during the trial (e.g. blind copy from the scheduler's desk)?**





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### PRE-EVALUATION QUESTIONNAIRE

<b>15. Do you have any other decision rules, criteria, evaluation parameters, restrictions or conditions?</b>
<b>16. If the evaluation results meet or exceed the established criteria for success, will you immediately move forward with the conversion process?</b>
<b>17. If a surgeon absolutely refuses to work with the evaluation gloves and requires the currently used gloves, could the Medline representative(s) have easy access to him/her?</b>



# MEDLINE SURGICAL GLOVES

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### PRE-EVALUATION QUESTIONNAIRE

<b>I/we confirm the evaluation process has been completed:</b>	
<b>Signed:</b>	
<b>Position:</b>	
<b>Medline International</b>	
<b>Signed:</b>	
<b>Position:</b>	
<b>Trust:</b>	
<b>Date:</b>	



# MEDLINE SURGICAL GLOVES

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### EXCHANGE OF MUTUALLY BENEFICIAL COMMITMENTS

#### Medline will ...

- |   |
|---|
| <ul style="list-style-type: none"><li>• Provide a customised cross reference and financial analysis, including like-to-like and latex-free options.</li></ul>   |
| <ul style="list-style-type: none"><li>• Recommend sample order quantities and an initial stocking order based on actual glove usage.</li></ul>  |
| <ul style="list-style-type: none"><li>• Provide on-site, well-trained, knowledgeable personnel for education and in-servicing before, during and after the evaluation.</li></ul>  |
| <ul style="list-style-type: none"><li>• Respond to requests and feedback in order to assure a smooth evaluation and limited stress for the staff.</li></ul>   |
| <ul style="list-style-type: none"><li>• Utilise evaluation forms to document medical and nursing staff feedback.</li></ul>  |
| <ul style="list-style-type: none"><li>• Provide regular updates to department heads involved in the evaluation as well as a detailed evaluation summary report with objectives, results and recommended actions for conversion.</li></ul> |
| <ul style="list-style-type: none"><li>• Assist in finding cost-effective outlets for the currently used product.</li></ul>  |

#### Customer will ...

- |   |
|---|
| <ul style="list-style-type: none"><li>• Allow Medline personnel theatre access for proper in-servicing and support.</li></ul>   |
| <ul style="list-style-type: none"><li>• Send out written correspondence to the appropriate surgeons and nursing staff announcing the product evaluation and sanctioning of the process.</li></ul>   |
| <ul style="list-style-type: none"><li>• Provide an evaluation purchase order for adequate products to cover the time frame of the evaluation.</li></ul>   |
| <ul style="list-style-type: none"><li>• Review existing competitive inventory before the beginning of the evaluation and before alerting the existing supplier. Address/reduce any pre-existing competitive overstock and monitor/control/minimise additions to the current supplier's inventory during the evaluation.</li></ul> |
| <ul style="list-style-type: none"><li>• Coordinate/facilitate clinical meetings with the appropriate surgeons and theatre staff to allow product previews and in-servicing prior to the clinical evaluations.</li></ul>   |
| <ul style="list-style-type: none"><li>• Restrict/discourage competitive representatives from being in the operating theatre during the evaluation period.</li></ul>   |



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### EVALUATION AGREEMENT AND AUTHORISATION FORM

This document serves as an outline of the mutual commitments between (trust/hospital name)

and Medline for a plan to conduct a formal and approved evaluation process of surgical gloves.

- This evaluation process will be established to collect objective clinical feedback about the functionality and acceptability of the surgical glove products.
- This is an officially sanctioned process that has been approved by hospital management. If the products are found clinically acceptable, a conversion to them is considered a favourable outcome.
- Based on the cost analysis, the customer's product purchases will increase/decrease by GBP..... over the next ..... months by converting to surgical gloves supplied by Medline.
- At the conclusion of the evaluation, the final tabulation of the scores will be calculated. If the combined ratings of 'acceptable', 'good' and 'excellent' are equal to or greater than ..... per cent of the total, the evaluation will be considered a success. Please specify any exceptions, including medical and nursing staff exempt from the evaluation:
- The time frame for the evaluation will be from ..... / ..... / ..... to ..... / ..... / .....

The signature(s) listed below are hospital representatives who can authorise the evaluation and product conversion following a successful evaluation.

Signature	Printed name	Title	Date



# MEDLINE SURGICAL GLOVES

## Selection, Support, Solutions

### SURGICAL GLOVE EVALUATION ANNOUNCEMENT

Dear surgeons and staff,

Medline has identified an opportunity to conduct a surgical glove evaluation at this hospital. The purpose of this trial is to obtain objective, clinical feedback regarding the usability of our products.

In case you are not aware, Medline is the largest privately held medical supplier in the industry. We manufacture and distribute over 350,000 medical and surgical products to healthcare institutions and retail markets around the world and are a global market leader in medical gloves.

Cost savings are only part of the equation; clinical function and acceptance are also critically important. We are asking for your participation in providing clinical feedback to assess the efficacy and application of this portfolio. Your opinion and clinical feedback are very important parts of this process, and we hope that you will participate.

\_\_\_\_\_

**Name**

will be in the theatre on \_\_\_\_\_

**Date**

to give you an opportunity to look at, handle and discuss the surgical gloves before the evaluation begins.

The scheduled evaluation dates are as follows:

\_\_\_\_\_ to \_\_\_\_\_

**Start date**

**End date**

Medline representatives will be present prior to, during and after the evaluation to address any issues and answer any of your questions. At the end of the trial, you will be asked to fill out a short evaluation.

We hope that our glove portfolio will satisfy your individual needs. If you have any questions before the evaluation begins, feel free to contact me directly. Thank you in advance for your support.

Medline International  
Sincerely,

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



# MEDLINE SURGICAL GLOVES

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### EVALUATION ANNOUNCEMENT

Medline has identified an opportunity to conduct a surgical glove evaluation at this hospital. The purpose of this trial is to obtain objective, clinical feedback regarding the usability of our products. We thank you in advance for your participation.



The Medline team will be on-site before and during the evaluation to assist with sizing and glove selection, and to answer any questions you may have.

### GLOVE PREVIEW

Location:

Date(s):

Time(s):

### EVALUATION

Location:

Date(s):

Time(s):

Name:

Telephone:

Job title:





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### EVALUATION FORM

Hospital:					
Department:					
Name:					
Title:	Surgeon	Anaesthetist	Scrub Nurse/ Theatre Practitioner	Midwife	Other: .....
Specialty:					

Glove(s) evaluated:											
Number of uses:	1	2	3	4	5	6	7	8	9	10	10+
Current glove(s) used:											

Please rate the following features of the Medline glove you have used by marking an 'X' in the designated boxes:					
	Excellent	Good	Acceptable	Unacceptable	n/a
Ease of donning					
Fit and comfort					
Tactile sensitivity					
Grip					
Durability					
Double donning					
Overall quality					

If you were unable to carry out your clinical task using these gloves, please state why:
Additional comments:

Signature	Printed name	Title	Date



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# SURGICAL GLOVE CONVERSION ANNOUNCEMENT

Dear \_\_\_\_\_ surgeons and staff,  
**Hospital/trust name**

The hospital will be implementing Medline's portfolio of surgical gloves during the week of \_\_\_\_\_  
**Date**

The final decision to convert to this portfolio was based on the positive feedback we received during the evaluation process.

We understand that your surgical glove requirements may vary. For this reason, I will be present throughout the implementation to address any issues and answer any questions.

In case you are not aware, Medline is the largest privately held medical supplier in the industry. We manufacture and distribute over 350,000 medical and surgical products to healthcare institutions and retail markets around the globe and are a global market leader in medical gloves.

We hope that our products will satisfy your individual needs. If you have any questions before the implementation begins, feel free to contact me directly.

Sincerely,  
Medline International

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_





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### CONVERSION ANNOUNCEMENT

Thank you to everyone who participated in the recent Medline surgical glove evaluation. Based on a successful clinical evaluation, approval has been granted to move forward with a conversion.



The Medline team will be on-site to support the implementation, provide additional in-servicing and answer any questions you may have.

Location:

Date(s):

Time(s):

Name:

Telephone:

Job title:

