Director's Forum - Wheelchair Management Feedback – June 2026

Original Questions:
What are others doing to:

1. Help identify PT & OT wheelchairs (labeling/paint/tagging, etc.)
2. Keep up with leg rests, arm rests, etc. (are you labeling them as well)
3. Manage WC inventory and prevent WC loss – track and monitor and distribute/collect
4. Make repairs and perform general maintenance (safety checks)
5. Sanitize WC once used with a patient?
6. Do you leave department chairs in patient rooms or primarily utilize PT & OT chairs for transportation to/from therapy sessions?
7. Do you take all PT & OT equipment at the end of the last planned therapy session prior to discharge?

ORG A

1. We had heavy duty labels printed with dept info and contact for pick up and put labels on frames and removable parts
2. See 1. Try to match parts to numbered chairs by labeling number on parts (legrests, armrests) – although many are interchangeable.
3. We have a WC log with photos of our chairs and have a laminated numbered label on each chair. Aides do walk throughs in unit closets/dirty rooms and check on occasion with transport department to see if any PT & OT wheelchairs are mixed into their fleet. We have also used GPS asset tags but didn't have a lot of success with them – specially once outdoors.
4. Aides and staff help keep eye on any issues with the chairs. We can enter work orders with facilities, but we haven't had a lot of success. At one point we had a hospital volunteer (with appropriate background and expertise) that helped with this.
5. They are wiped thoroughly by our aides with hospital grade disinfectant wipes. Belts sprayed with Citrace (aerosol disinfectant). Any custom seat cushion covers are also sprayed and/or sent out for cleaning if soiled.
6. We typically assign a WC to a patient during their stay if a WC is needed for safe transport to/from the gym and would enable the child to get out of their room and to the activity room and or other desired locations.
7. We are considering doing this.

ORG B

Regarding wc.

the only OT/PT specific wc we have are the Rifton chairs which we manage within the inpt department with the assistance of the Rehab aids. We have a signout board for each chair issued to each pt with the specific parts on the chair. We collectively are all responsible for them with the primary responsibility falling on the rehab aids. All chairs and pieces are labeled individually with notes to return to our department if found.

- Each time a chair is used, we all check safety of the pieces and brakes.
- The rehab aides deep clean and sanitize the wc and parts upon dc on the patients .
- These chairs and components are assigned to an individual patient as they need them for the admission
- Dependent upon the day of discharge, we will either take the equipment, or the rehab aids will retrieve it.

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As far as standard transport wc

- these are management by our equipment depot team who is charge of inventory, management and repair
- For the most part, this is a fluid stock which does not get assigned to a patient, but there are instances where the wc will remain with the pt during the admission out side the patients room and labeled accordingly
- When we need a standard wc for a pt for transporting we will either find one or ask for the equipment depot to provide one for us.

ORG C

- We have the same issue and have not figured out how to best address the issue. We try to have our clinical assistants manage the chairs, but it is difficult if they patient discharges. We/the hospital end up buying new wheelchairs frequently throughout the year.

ORG D

- We have done the following but it is still not a perfect system
- All our chairs are labeled in large letters that they belong to our dept and have our on-call pager number on it so if found someone will page us (and also ideally will deter someone from taking to community as it clearly belongs to our dept)
- We also have taped parts of the chair with colorful tape — this candy cane or zebra stripe helps everyone in hospital know it belongs to rehab
- We also have GPS trackers - but to your point once they are off campus we are no longer able to track where they are — but it has helped us find those chairs that end up in clinics and closets around campus
- We have used a thin wire loop to attach the leg rests and arms rests that are removeable to the chairs - we worked with our facilities team on this - to find just the right length to be able to still remove the armrests and legrests to get them out of the way for transfers but keep them short enough that the loop was not interfering with function.
- Our techs have been trained to check basic safety features — but our entire team has been instructed that it is their responsibility to look at chair before giving out and pull a chair if they see an issue to send for repairs.
- We have a workflow where chairs are put into dirty utility and then our techs gather and sanitize before putting back into circulation.
- Yes we do leave chairs with patients in acute care if appropriate/needed.
- We would love to and try to get equipment before discharge but we do not always know when that will be. We have worked with our environmental services and floor teams on a plan for all therapy equipment to go to a certain area of dirty utilities to be gathered by our techs after discharge — if it is something very large they have our pager numbers to call and we will come get it.
- We still lose chairs to the back of peoples cars

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ORG E

What are others doing to:

1. Help identify PT & OT wheelchairs (labeling/paint/tagging, etc.)
    - We utilize trackers on the WC body, and paint: "PT-OT" on the arm rests and leg rests
2. Keep up with leg rests, arm rests, etc. (are you labeling them as well)
    - Paint: "PT-OT" on the arm rests and leg rests
3. Manage WC inventory and prevent WC loss – track and monitor and distribute/collect
    - Partner closely with our ambassador team who have a fleet of general use transport chairs, walk through with them 1x/qtr to identify misplaced equipment
    - 2x/wk Hospital rounding by our Rehab Assistants- include looking at entrances/exits/parking garage/and various elevator transition points for relocation of misplaced equipment
4. Make repairs and perform general maintenance (safety checks)
    - Visual inspection of equipment prior to use
    - Minimal adjustments made by therapists
    - Clinical Engineering ticket entry for
5. Sanitize WC once used with a patient?
    - Taken to soiled utility space, disinfected with meeting dwell times
    - Brought back to storage space when dry
6. Do you leave department chairs in patient rooms or primarily utilize PT & OT chairs for transportation to/from therapy sessions?
    - Both- our hospital WC are housed by our ambassador team and we can have a generic WC in the room for use/transport
    - Our therapy dept WC include recliners and other more specialized chairs which we do leave in room during the patient
7. Do you take all PT & OT equipment at the end of the last planned therapy session prior to discharge?
    - We encourage the team with pending discharge to remove equipment that is not needed to safely leave the hospital. We could do much better, and I look forward to other responses shared.

ORG F

- We too experience significant challenges with equipment, specifically wheelchairs, bath chairs and bedside commodes. Often times equipment is "found" as our rehab aides round units and many times it is returned broken and we have to purchase replacement parts.