

2023-2024 Educational Webinar Series

Tips for Refreshing your Medical Equipment Management Plan

January 11, 2024

Denisa K. Lambert, CRMC, Certified Lead Auditor ISO 13485 & 27001

Denisa.Lambert@trimedx.com

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HEALTHCARE

About the moderator



Dean Skillicorn, BS, CBET, CHTM St Luke's Health System

Dean Skillicorn is the Imaging Services Manager for St Luke's Health System in Boise, ID. St. Luke's is an 8 hospital, 270 clinic health system in Southwestern Idaho. The HTM Department at St. Luke's is a part of the Information Health Technology Division of St. Luke's. HTM supports over 40,000 devices system wide through a service level concept of three regional service managers who manage general healthcare devices and an imaging services manager who manages imaging equipment services system wide. St Luke's employees 22 BMETs, 5 Imaging Service Specialist, and 5 Managers which report directly to a Senior Director for IHT.

Dean is a Certified Biomedical Equipment Technician with a Bachelors Degree in Business from Oregon State University (2020). Dean is also an avid flyfisherman and fishes much of Idaho, Oregon, and Montana.





✦All attendees have their <u>microphones muted</u> during the presentation.

✤Questions to the panelists must be submitted via the <u>"Q&A" feature in Zoom at any</u> time. They will be addressed at the Q&A portion.

✤If there is any <u>urgent</u> issue, please use the "chat" feature to communicate with the host/moderator.

✤Please remember to complete the webinar evaluation after attending. A link will be provided at the end.



About the Speaker



Denisa K. Lambert, CRMC

Denisa Lambert is a graduate of Ball State University, with a Bachelor of Science degree in Public Health. Denisa is a Vice President, Quality and Regulatory Compliance at TRIMEDX and is dedicated to maintaining a high-reliability organization to ensure quality, regulatory compliance and patient safety. She fosters strategic alliances with organizational leaders to effectively align with, support key business initiatives, and mitigate patient safety risks.

Denisa has over 30 years of healthcare industry experience with a passion for advocacy, Women in Leadership, and community service.

Denisa received her Bachelor of Science, Public Health degree from Ball State University and has achieved certifications as an ISO 13485 and 27001 Lead Auditor, Lean Six Sigma Green Belt, as well as Corporate Ethics Manager.



Session Description

Elevate your Medical Equipment Management Planning.

Learn tips from healthcare organizations to improve your MEMP strategies to help enhance patient safety.



Refreshing the Medical Equipment Management Plan

January 11, 2024



Accreditation Agencies – The Main Four

- <u>ACCREDITATION COMMISSION FOR HEALTHCARE (ACHC)</u>: Founded in 1986, ACHC is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation.
- <u>CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY</u> (<u>CIHQ</u>): Established in 1999, CIHQ is dedicated to helping hospitals navigate the complexities of the regulatory environment, whether your hospital is certified directly by CMS or deemed by an accrediting organization.
- **DET NORTE VERITAS (DNV):** Founded in 1864, DNV is a global quality (ISO 9001) assurance and risk management company that provides accreditation services for healthcare organizations. DNV has a strong focus on patient safety and is known for its innovative approach to accreditation, which includes a focus on continuous improvement and a performance-based assessment model.
- <u>THE JOINT COMMISSION (TJC)</u>: Founded in 1951, TJC seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

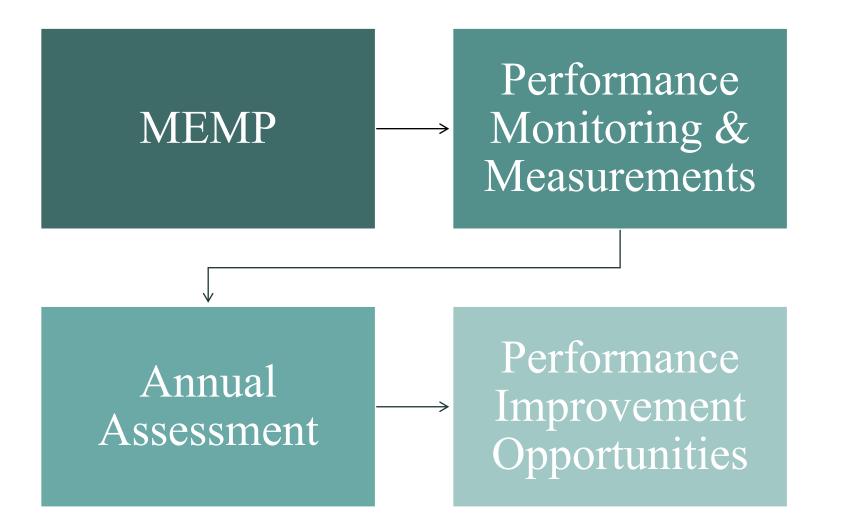
MEMP considerations:

- Determine which

 organization the facility
 is accredited? This
 dictates what MEMP
 template to use based
 upon standards.
- It is best practice to use a MEMP for nonaccredited sites.



MEMP Template Framework





MEMP Framework - Defined

<u>Medical Equipment Management Plan (MEMP)</u> – A living document (roadmap) that describes the process interactions for managing and maintaining the effective, safe and reliable operation of medical equipment.

MEMP is a communication tool for the following audience:

- Accreditation and regulatory agencies
- Environment of Care Committee
- Hospital leadership and associates
- Healthcare Technology Management (HTM)

<u>Performance Monitoring and Measurement</u>- Typically this is known as Key Performance Indicators (KPIs)

- # days for open corrective maintenance (repair) work orders
- % PM completion of high-risk and non-high-risk equipment
- % Could not locate devices

<u>Annual Assessment</u> - is a document that demonstrates the effectiveness of the MEMP, addressing any issues with meeting the expectations set out by the MEMP and applicable accreditation standards (example: Managing Preventive Maintenance).

<u>**Performance Improvement</u>**- These are the responsibility of the HTM department. The performance improvement priorities are identified by the clinical users of equipment and Environment of Care Committee. These are typically monitored monthly or quarterly for threshold achievement.</u>



MEMP – Standards, Policy & Procedure Reviews

Accreditation Standards Review

- December of each year, accreditation agencies release updated standards
- Review and interpret new accreditation standards and revise the MEMP template.

Policy and Procedure Review

- Annually review and revise policies & procedures applicable to the MEMP.
 - Policies and Procedures must demonstrate a document number, dates of creation, revision number, issuance and distribution dates. *(ISO and best practice requirement)*

Alternative Equipment Management (AEM)
Could Not Locate (CNL)
Corrective Maintenance
Disposition of Equipment
Electrical Safety Testing
In Patient Use
Medical Equipment Management Plan Policy
Performance Verification
Potential Incident Mitigation
Preventive Maintenance
Recall Management
Temporary Equipment



MEMP Scope, Objectives and Responsibilities

<u>SCOPE</u> : Defines the intent or purpose of the MEMP.

The MEMP describes the risk and routine management activities. It identifies the policies and procedures implemented to mitigate the potential for adverse impact on the safety and health of patients, associates, and other people, entering the organization's facilities, and assure compliance with applicable standards and regulations.

OBJECTIVES: Defines the goals or initiatives of the MEMP. Outline what measures your organization will take to ensure staff and patient safety.

- Use established criteria and relevant historical information to identify and mitigate potential equipment risks.
- Ensure that equipment is appropriate for intended use and that associates are properly trained; also ensure that equipment is maintained appropriately by qualified individuals.
- Identify and respond appropriately to equipment hazard and recall notices in a timely manner.
- Implement and manage maintenance processes designed to further reduce medical equipment risks throughout the facility, to improve the overall environment of care.
- Record, report, and analyze medical equipment problems, failures, and use errors.

<u>RESPONSIBILITIES</u>: Defines who has responsibility and management of the MEMP

Example: The Healthcare Technology Department (HTM)has responsibility for the development, implementation, monitoring and reporting of the MEMP.



Establish Medical Equipment Inventory

Healthcare organizations must have an accurate inventory of all medical equipment, including location, age, and maintenance history. S&C 14-07 memorandum (CMS, 2013): "All hospital facility and medical equipment, regardless of whether it is leased or owned, and regardless of whether it is maintained according to manufacturer recommendations or is in an AEM program, is expected to be listed in an inventory, which includes a record of maintenance activities."

KEY CRITERIA:

- All Medical Equipment is required to be documented in "an" inventory
- Inventory must include medical equipment that is temporary, owned, leased, demo, and/or loaner
- Medical Equipment inventory used for the diagnosis, treatment, monitoring, and direct care of patients.
- High risk equipment must be identified. This includes all life support equipment and any other device for which there is a risk of serious injury or death to a patient or staff member, due to failure.
- Document pertinent medical equipment inventory data (manufacturer, model, serial number, unique identifier, etc.) within Computerized Maintenance Management System (CMMS).



MEMP Definitions



High-Risk Equipment (Life Support & Critical Equipment) – Equipment that is critical to patient health and safety. At a minimum, such critical equipment includes, but is not limited to, life-support devices, key resuscitation devices, critical monitoring devices, and other devices whose failure may result in serious injury to or death of patients or associates.



Medical Equipment – Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.



Temporary Equipment – Equipment brought into the facility and intended for short-term use. Typically, the length of time the equipment resides in the facility is not to exceed the duration of one Default PM cycle or one year. Temporary equipment can be classified as loaner, rental, trial, patient-owned, or physician-owned.



Computerized Maintenance Management System (CMMS) – proprietary system for maintaining medical equipment inventory and service records.



Elements of the Program

EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
The hospital plans activities to minimize risks in the environment of care.	EC.01.01.01	 Medical Equipment Management Plan Policy
The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems.	EC.01.01.01, EP 3	 Secure Documentation Technology & Controls CMMS Database
The Hospital has a written plan for managing Medical Equipment.	EC.01.01.01, EP 8	- Medical Equipment Management Plan Policy
The Hospital responds to product notices and recalls.	EC.02.01.01, EP 11	 ECRI Recall tracking program
The hospital manages medical equipment risks.	EC.02.04.01	(Per below)
The hospital maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life- support equipment). The hospital evaluates new types of equipment before initial use to determine whether they should be included in the inventory.	EP 2	 Temporary Equipment Performance Verification Disposition of Equipment
The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.	EP 3	 Electrical Safety Testing Alternative Equipment Management (AEM) PM Schedule Assignment
The hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory.	EP 4	 Preventive Maintenance (PM) Alternative Equipment Management (AEM) PM Schedule Assignment



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF
		PERFORMANCE
The hospital's activities and frequencies for inspecting, testing, and	EP 5	 Preventive Maintenance (PM)
maintaining the following items must be in accordance with		- Alternative Equipment Management
manufacturers' recommendations:		(AEM)
Equipment subject to federal or state law or Medicare Conditions		 PM Schedule Assignment
of Participation in which inspecting, testing, and maintaining		
must be in accordance with the manufacturers'		
recommendations, or otherwise establishes more stringent		
maintenance requirements.		
Medical Laser Devices		
Imaging and Radiologic equipment (whether used for diagnostic		
or therapeutic purposes)		
 New Medical equipment with insufficient maintenance history to 		
support the use of alternative maintenance strategies.		
A qualified individual(s) uses written criteria to support the	EP 6	 Preventive Maintenance (PM)
determination whether it is safe to permit medical equipment to be		- Alternative Equipment Management
maintained in an alternate manner that includes the following:		(AEM)
 How equipment is used, including the seriousness and 		 PM Schedule Assignment
prevalence of harm during normal use		
 Likely consequences of equipment failure or malfunction, 		
including seriousness of and prevalence of harm		
Availability of alternative or back-up equipment in the event the		
equipment fails or malfunctions		
 Incident history of identical or similar equipment 		
 Maintenance requirements of the equipment 		
The hospital identifies medical equipment on its inventory that is	EP 7	 Preventive Maintenance (PM)
included in an alternative equipment maintenance program.		- Alternative Equipment Management
		(AEM)
		 PM Schedule Assignment
The hospital has written procedures to follow when medical	EP 9	- Equipment risk and redundancy
equipment fails, including using emergency clinical interventions and		
backup equipment.		



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
The hospital identifies quality control and maintenance activities to maintain the quality of the diagnostic computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. The hospital identifies how often these activities should be conducted.	EP 10	 CT, MRI, Nuclear Medicine Quality Control Preventive Maintenance
The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.	EP 11	 Risk Management (SMDA) Potential Incidents
The hospital inspects, tests, and maintains medical equipment.	EC.02.04.03	(See below)
Before initial use and after repairs or upgrades of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.	EP 1	 Electrical Safety Testing Performance Verification - regardless of ownership (hospital, loaner, rental, and patient owned)
The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.	EP 2	 MEMP Policy Alternative Equipment Management (AEM) PM Schedule Assignment Could Not Locate Policy (CNL) In Patient Use (IPU) CMMS Database
The hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.	EP 3	 MEMP Policy Alternative Equipment Management (AEM) Could Not Locate (CNL) In Patient Use (IPU) CMMS Database



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. (<i>See also</i> IC.02.02.01, EP 2).	EP 4	 Preventive Maintenance Biological Culture Testing
<u>Note</u> : The <responsible party=""></responsible> are responsible for biological culture testing and performance verification of sterilizers. Records of load testing are retained, and any improper results are documented and reported to the <infection control="" department=""></infection> for evaluation and action. <responsible (htm="" department)="" party=""> is/are responsible for</responsible> Preventive maintenance of all sterilizers.		
The hospital performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.	EP 5	Preventive Maintenance Corrective Maintenance Chemical & Biological Testing
 Equipment listed for use in oxygen-enriched atmospheres is clearly and permanently labeled (withstands cleaning/disinfecting) as follows: Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with the name of manufacturer or supplier. Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN-USE NO OIL." Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended. Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7. 	EP 8	 Performance Verification Preventive Maintenance Equipment Labeling
All occupancies containing hyperbaric facilities comply with construction, equipment, administration, and maintenance requirements of NFPA 99-2012: Chapter 14.	EP 10	 Preventive Maintenance Alternative Equipment Management (AEM) Other Facilities P&P



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
Qualified hospital staff inspect, test, and calibrate nuclear medicine	EP 16	 Quality Control Logs
equipment annually. The results and completion dates are		
documented.		 Preventive Maintenance
		- Corrective Maintenance
For computed tomography (CT), positron emission tomography (PET),	EP 18	 Image Quality Control
nuclear medicine (NM), or magnetic resonance imaging (MRI)		
services: The hospital implements procedures to make certain that		
quality images are produced.		
For diagnostic computed tomography (CT) services: At least annually,	EP 20	 Radiation Dose Monitoring and
a diagnostic medical physicist does the following:		Measurement
 Measures the radiation dose (in the form of volume computed 		
tomography dose index [CTDIvol]) produced by each diagnostic		
CT imaging system for the following four CT protocols: adult		
brain, adult abdomen, pediatric brain, and pediatric abdomen. If		
one or more of these protocols is not used by the hospital, other		
commonly used CT protocols may be substituted.		
Verifies that the radiation dose (in the form of CTDIvol) produced		
and measured for each protocol tested is within 20 percent of		
the CTDIvol displayed on the CT console. The dates, results, and		
verifications of these measurements are documented.		



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
For diagnostic computed tomography (CT) services: At least annually, a	EP 21	 Imaging Equipment Performance
diagnostic medical physicist conducts a performance evaluation of all CT		Evaluation Monitoring & Documentation
imaging equipment. The evaluation results, along with recommendations for		
correcting any problems identified, are documented. The evaluation includes		
the use of phantoms to assess the following imaging metrics:		
Image uniformity		
Scout prescription accuracy		
Alignment light accuracy		
Table travel accuracy		
Radiation beam width		
High-contrast resolution		
Low-contrast detectability		
Geometric or distance accuracy		
CT number accuracy and uniformity		
Artifact evaluation		
At least annually, a diagnostic medical physicist or magnetic resonance	EP 22	 Imaging Equipment Performance
imaging (MRI) scientist conducts a performance evaluation of all MRI imaging		Evaluation Monitoring & Documentation
equipment. The evaluation results, along with recommendations for		
correcting any problems identified, are documented. The evaluation includes		
the use of phantoms to assess the following imaging metrics:		
Image uniformity for all radiofrequency (RF) coils used clinically		
Signal-to-noise ratio (SNR) for all coils used clinically		
Slice thickness accuracy		
Slice position accuracy		
Alignment light accuracy		
High-contrast resolution		
Low-contrast resolution (or contrast-to-noise ratio)		
Geometric or distance accuracy		
Magnetic field homogeneity		
Artifact evaluation		



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
At least annually, a diagnostic medical physicist or nuclear medicine	EP 23	- Imaging Equipment Performance
physicist conducts a performance evaluation of all nuclear medicine		Evaluation Monitoring &
imaging equipment. The evaluation results, along with		Documentation
recommendations for correcting any problems identified, are		
documented. The evaluations are conducted for all of the image types		
produced clinically by each NM scanner (for example, planar and/or		
tomographic) and include the use of phantoms to assess the following		
imaging metrics:		
 Image uniformity/system uniformity High-contrast resolution/system spatial resolutions 		
Sensitivity		
Energy resolution		
Count-rate performance		
Artifact evaluation		
At least annually, a diagnostic medical physicist conducts a	EP 24	- Imaging Equipment Performance
performance evaluation of all positron emission tomography (PET)		Evaluation Monitoring &
imaging equipment. The evaluation results, along with		Documentation
recommendations for correcting any problems identified, are		
documented. The evaluations are conducted for all of the image types		
produced clinically by each PET scanner (for example, planar and/or		
tomographic) and include the use of phantoms to assess the following		
imaging metrics:		
 Image uniformity/system uniformity 		
 High-contrast resolution/system spatial resolutions 		
 Low-contrast resolution or detectability (not applicable for planar 		
acquisitions)		
Artifact evaluation		
For computed tomography (CT), positron emission tomography (PET),	EP 25	 Imaging Equipment Performance
nuclear medicine (NM) or magnetic resonance imaging (MRI) services:		Evaluation Monitoring &
The annual performance evaluation conducted by the diagnostic		Documentation
medical physicist or MRI scientist (for MRI only) includes testing of		
image acquisition display monitors for maximum and minimum		
luminance, luminance uniformity, resolution, and spatial accuracy.		



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EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
The hospital performs equipment maintenance on anesthesia	EP 26	 Preventive Maintenance (PM)
apparatus. The apparatus is tested at the final path to patient after		 Alternative Equipment
any adjustment, modification, or repair. Before the apparatus is		Management (AEM)
returned to service, each connection is checked to verify proper gas		 Facilities P&P
flow and an oxygen analyzer is used to verify oxygen concentration.		
Areas designated for servicing of oxygen equipment are clean and free		
of oil, grease, or other flammables.		
The hospital meets NFPA 99-2012: HealthCare Facilities Code	EP 27	 Electrical Safety Testing
requirements related to electrical equipment in the patient care		
vicinity.		
For hospitals that provide fluoroscopic services: at least annually, a	EP 34	 Imaging Equipment Performance
diagnostic medical physicist conducts a performance evaluation of		Evaluation Monitoring &
fluoroscopic imaging equipment. The evaluation results, along with		Documentation
recommendations for correcting any problems identified, are		
documented. The evaluation includes an assessment of the following:		
Beam alignment and collimation		
 Tube potential/kilovolt peak (kV/kVp) accuracy 		
 Beam filtration (half-value layer) 		
 High-contrast resolution 		
Low-contrast detectability		
 Maximum exposure rate in fluoroscopic mode 		
 Displayed air-kerma rate and cumulative-air kerma accuracy 		
(when applicable)		
The hospital establishes and maintains a safe, functional environment.	EC.02.06.01	(See below)
The hospital keeps furnishings and equipment safe and in good repair.	EP 26	 Preventive Maintenance (PM)
		- Corrective Maintenance



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
Staff are familiar with their roles and responsibilities relative to the environment of care.	EC.03.01.01	(See below)
Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training.	EP 1	 Safe Use of Equipment Safety Guidelines Preventive Maintenance (PM) Facility P & P (I.E. Utilities)
The hospital collects information to monitor conditions in the environment.	EC.04.01.01	(See below)
 The hospital establishes process(es) for continually monitoring, internally reporting, and investigating the following: Injuries to patients or others within the hospital's facilities Medical or laboratory equipment management problems, failures, and use errors 	EP 1	 Corrective Maintenance Risk Management P&P Potential Incidents
Based on its process(es), the hospital reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors.	EP 10	Corrective Maintenance Risk Management P&P
Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.	EP 15	 Medical Equipment Management Plan Policy Annual Assessment



EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
The hospital analyzes identified environment of care issues.	EC.04.01.03	(See below)
The hospital uses the results of data analysis to identify opportunities to	EP 2	 Medical Equipment Management Plan
resolve environmental safety issues.		Policy
		 Annual Assessment
The hospital improves its environment of care.	EC.04.01.05	(See below)
The hospital takes action on the identified opportunities to resolve	EP 1	 Medical Equipment Management Plan
environmental safety issues.		Policy
		- Annual Assessment
The hospital reduces the risk of infections associated with medical	IC.02.02.01	(See below)
equipment, devices and supplies.		
The hospital implements infection prevention and control activities when	EP 1	 Disposition of Equipment
doing the following:	EP 2	
Cleaning and performing low-level disinfection of medical equipment,	EP 3	 Infection Control P&P
devices, and supplies.	EP 4	
Performing intermediate and high-level disinfection and sterilization		
of medical equipment, devices and supplies.		
Disposing of medical equipment, devices, and supplies.		
Storing medical equipment, devices, and supplies.		
Note:		
Scope Maintenance		
<responsible party=""> are responsible for storage, high-level disinfection and</responsible>		
reprocessing of flexible and rigid endoscopes. <responsible party=""> is</responsible>		
responsible for the maintenance and documentation of endoscopes.		
Sterilization and reprocessing are reviewed and maintained by the		
<responsible party="">. Out of range results are documented and reported to</responsible>		
the < Risk Manager > for evaluation and action. A copy of the inventory is		
maintained by the HTM Department.		
Goal 6: Reduce patient harm associated with clinical alarm systems.	NPSG.06.01.01	(See below)
Improve the safety of clinical alarm systems.		



	EXPLANATION OF STANDARDS	ELEMENTS OF PERFORMANCE	EVIDENCE OF PERFORMANCE
•	Identify the most important alarm signals to manage based on the following:	EP 2	 CMMS Database
:	Input from the medical staff and clinical departments Risk to patients if the alarm signal is not attended to or if it malfunctions		 Risk Management P&P Potential Incident
·	Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue		
:	Potential for patient harm based on internal incident history Published best practices and guidelines		

EVALUATION OF PLAN (EC.04.01.03, EP 2)

On an annual basis, the HTM Manager evaluates the objectives, scope, effectiveness, and performance of the Medical Equipment Management Plan. Any changes in objectives will be addressed in the Annual Assessment and incorporated into the updated MEMP plan.

The EC Committee receives regular reports of the program activities on a **<monthly or quarterly>** basis. The program manager collaborates with the Environment Committee and other appropriate associates to convey and address medical equipment issues and concerns. (data analysis requires measure of success)

The Annual Assessment objectives are developed through interactions with the Environment of Care Committee and hospital administration. These objectives will address the primary operational initiatives for minimizing the risk associated with the use of medical equipment.

The Annual Assessment is a 12 Month summary compiled by the HTM Manager and presented to the Environment of Care Committee annually for approval.

PERFORMANCE INDICATORS (EC.04.01.05, EP 1)

(Hospital Environment of Care Committee reports)

(Action taken on safety issue resolution and evaluation of progress requires measure of success)

Benefits of an effective MEMP

- <u>Capital Planning</u>: Accurate inventory and maintenance of medical equipment aides in proactive planning of equipment replacement due to age, end of life and end of service.
- <u>Compliance</u>: Adherence to accreditation standards ensures healthcare organizations avoid compliance issues that could result in further legal implications, or accreditation jeopardy.
- <u>Effective Maintenance</u>: Planned and scheduled maintenance activities minimize equipment downtime and reduce the risk of medical equipment failures. This leads to patient and clinician satisfaction, as well as trust.
- <u>Patient Safety and Care:</u> Ensuring proper maintenance of medical equipment (PMs, Repairs, recall mitigation,) is critical for healthcare organizations to deliver safe, quality care.





Questions & Discussions

Enter your questions to the Q&A window

Thank You

Please complete the online evaluation form at

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