Tips for Refreshing your Medical Equipment Management Plan

January 11, 2024

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About the moderator

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.
Logistics

- All attendees have their microphones muted during the presentation.
- Questions to the panelists must be submitted via the “Q&A” feature in Zoom at any time. They will be addressed at the Q&A portion.
- If there is any urgent 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 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

- **ACCREDITATION COMMISSION FOR HEALTHCARE (ACHC):** Founded in 1986, ACHC is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation.

- **CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY (CIHQ):** 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.

- **THE JOINT COMMISSION (TJC):** 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 non-accredited sites.
MEMP Template Framework

MEMP

Performance Monitoring & Measurements

Annual Assessment

Performance Improvement Opportunities
MEMP Framework - Defined

**Medical Equipment Management Plan (MEMP)** – 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)

**Performance Monitoring and Measurement** - 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

**Annual Assessment** - 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).

**Performance Improvement** - 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.
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

SCOPE: 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.

RESPONSIBILITIES: 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

<table>
<thead>
<tr>
<th>EXPLANATION OF STANDARDS</th>
<th>ELEMENTS OF PERFORMANCE</th>
<th>EVIDENCE OF PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital plans activities to minimize risks in the environment of care.</td>
<td>EC.01.01.01</td>
<td>- Medical Equipment Management Plan Policy</td>
</tr>
<tr>
<td>The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems.</td>
<td>EC.01.01.01, EP 3</td>
<td>- Secure Documentation Technology &amp; Controls</td>
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<td>- CMMS Database</td>
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<td>The Hospital has a written plan for managing Medical Equipment.</td>
<td>EC.01.01.01, EP 8</td>
<td>- Medical Equipment Management Plan Policy</td>
</tr>
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<td>The Hospital responds to product notices and recalls.</td>
<td>EC.02.01.01, EP 11</td>
<td>- ECRI Recall tracking program</td>
</tr>
<tr>
<td>The hospital manages medical equipment risks.</td>
<td>EC.02.04.01 (Per below)</td>
<td>- Temporary Equipment</td>
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<tr>
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<td>EP 2</td>
<td>- Performance Verification</td>
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<td>- Disposition of Equipment</td>
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<tr>
<td>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.</td>
<td>EP 3</td>
<td>- Electrical Safety Testing</td>
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<td>- Alternative Equipment Management (AEM)</td>
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<td>- PM Schedule Assignment</td>
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<tr>
<td>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.</td>
<td>EP 4</td>
<td>- Preventive Maintenance (PM)</td>
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<td>- Alternative Equipment Management (AEM)</td>
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| The hospital’s activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers’ recommendations:  
  - Equipment subject to federal or state law or Medicare Conditions 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. | EP 5                      | - Preventive Maintenance (PM)  
- Alternative Equipment Management (AEM)  
- PM Schedule Assignment |
| A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:  
  - How equipment is used, including the seriousness and 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 | EP 6                      | - Preventive Maintenance (PM)  
- Alternative Equipment Management (AEM)  
- PM Schedule Assignment |
| The hospital identifies medical equipment on its inventory that is included in an alternative equipment maintenance program. | EP 7                      | - Preventive Maintenance (PM)  
- Alternative Equipment Management (AEM)  
- PM Schedule Assignment |
| The hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment. | EP 9                      | - Equipment risk and redundancy |
### EXPLANATION OF STANDARDS

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

### ELEMENTS OF PERFORMANCE

EP 10

### EVIDENCE OF PERFORMANCE

- 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
## Elements of the Program – cont’d

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</table>
| The hospital conducts performance testing of and maintains all sterilizers. These activities are documented. *(See also IC.02.D2.C1, EP 2).*  
Note: The *Responsible party* 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* for evaluation and action. *Responsible party (HTM Department)* is/are responsible for Preventive maintenance of all sterilizers. | EP 4 |  - Preventive Maintenance  
- Biological Culture Testing |
| 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 |

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</thead>
<tbody>
<tr>
<td>Qualified hospital staff inspect, test, and calibrate nuclear medicine equipment annually. The results and completion dates are documented.</td>
<td>EP 16</td>
<td>- Quality Control Logs</td>
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<td></td>
<td></td>
<td>- Preventive Maintenance</td>
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<tr>
<td></td>
<td></td>
<td>- Corrective Maintenance</td>
</tr>
<tr>
<td>For computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The hospital implements procedures to make certain that quality images are produced.</td>
<td>EP 18</td>
<td>- Image Quality Control</td>
</tr>
<tr>
<td>For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist does the following:</td>
<td>EP 20</td>
<td>- Radiation Dose Monitoring and Measurement</td>
</tr>
<tr>
<td>- Measures the radiation dose (in the form of volume computed tomography dose index [CTDvol]) 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.</td>
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<tr>
<td>- Verifies that the radiation dose (in the form of CTDvol) produced and measured for each protocol tested is within 20 percent of the CTDvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.</td>
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</table>
### EXPLANATION OF STANDARDS

For diagnostic computed tomography (CT) services: At least annually, a diagnostic medical physicist conducts a performance evaluation of all CT 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

<table>
<thead>
<tr>
<th>ELEMENTS OF PERFORMANCE</th>
<th>EP 21</th>
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</thead>
<tbody>
<tr>
<td>- Imaging Equipment Performance Evaluation Monitoring &amp; Documentation</td>
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</table>

At least annually, a diagnostic medical physicist or magnetic resonance imaging (MRI) scientist conducts a performance evaluation of all MRI 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 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

<table>
<thead>
<tr>
<th>ELEMENTS OF PERFORMANCE</th>
<th>EP 22</th>
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<tbody>
<tr>
<td>- Imaging Equipment Performance Evaluation Monitoring &amp; Documentation</td>
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</tbody>
</table>
### EXPLANATION OF STANDARDS

**At least annually, a diagnostic medical physicist or nuclear medicine physicist conducts a performance evaluation of all nuclear medicine imaging equipment.** The evaluation results, along with 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 performance evaluation of all positron emission tomography (PET) imaging equipment.** The evaluation results, along with 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), nuclear medicine (NM) or magnetic resonance imaging (MRI) services:** The annual performance evaluation conducted by the diagnostic 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.

### ELEMENTS OF PERFORMANCE

| EP 24 | - Imaging Equipment Performance Evaluation Monitoring & Documentation |
## Elements of the Program – cont’d

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<tr>
<td>The hospital performs equipment maintenance on anesthesia apparatus. The apparatus is</td>
<td>EP 26</td>
<td>- Preventive Maintenance (PM)</td>
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<td>tested at the final path to patient after any adjustment, modification, or repair. Before</td>
<td></td>
<td>- Alternative Equipment Management (AEM)</td>
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<tr>
<td>the apparatus is returned to service, each connection is checked to verify proper gas</td>
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<td>- Facilities P&amp;P</td>
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<td>flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated</td>
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<tr>
<td>for servicing of oxygen equipment are clean and free of oil, grease, or other flammables.</td>
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<td>electrical equipment in the patient care vicinity.</td>
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<td>For hospitals that provide fluoroscopic services: at least annually, a diagnostic</td>
<td>EP 34</td>
<td>- Imaging Equipment Performance Evaluation Monitoring &amp; Documentation</td>
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<tr>
<td>medical physicist conducts a performance evaluation of fluoroscopic imaging equipment.</td>
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<tr>
<td>The evaluation results, along with recommendations for correcting any problems</td>
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<tr>
<td>identified, are documented. The evaluation includes an assessment of the following:</td>
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<td>• Beam alignment and collimation</td>
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<tr>
<td>• Tube potential/kilovolt peak (kV/kVp) accuracy</td>
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<tr>
<td>• Beam filtration (half-value layer)</td>
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<tr>
<td>• High-contrast resolution</td>
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<td></td>
</tr>
<tr>
<td>• Low-contrast detectability</td>
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<tr>
<td>• Maximum exposure rate in fluoroscopic mode</td>
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<tr>
<td>• Displayed air-kerma rate and cumulative-air kerma accuracy (when applicable)</td>
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<tr>
<td>The hospital establishes and maintains a safe, functional environment.</td>
<td>EC.02.06.01</td>
<td>(See below)</td>
</tr>
<tr>
<td>The hospital keeps furnishings and equipment safe and in good repair.</td>
<td>EP 26</td>
<td>- Preventive Maintenance (PM)</td>
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<td></td>
<td>- Corrective Maintenance</td>
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<tr>
<td>Staff are familiar with their roles and responsibilities relative to the environment of care.</td>
<td>EC.03.01.01</td>
<td>(See below)</td>
</tr>
</tbody>
</table>
| 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 |
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<tr>
<td>The hospital analyzes identified environment of care issues.</td>
<td>EC.04.01.03</td>
<td>(See below)</td>
</tr>
<tr>
<td>The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.</td>
<td>EP 2</td>
<td>- Medical Equipment Management Plan Policy</td>
</tr>
<tr>
<td>The hospital improves its environment of care.</td>
<td>EC.04.01.05</td>
<td>(See below)</td>
</tr>
<tr>
<td>The hospital takes action on the identified opportunities to resolve environmental safety issues.</td>
<td>EP 1</td>
<td>- Medical Equipment Management Plan Policy</td>
</tr>
<tr>
<td>The hospital reduces the risk of infections associated with medical equipment, devices and supplies.</td>
<td>IC.02.02.01</td>
<td>(See below)</td>
</tr>
<tr>
<td>The hospital implements infection prevention and control activities when doing the following: • Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. • 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. <strong>Note:</strong> Scope Maintenance &lt;Responsible party&gt; are responsible for storage, high-level disinfection and reprocessing of flexible and rigid endoscopes. &lt;Responsible party&gt; is responsible for the maintenance and documentation of endoscopes. Sterilization and reprocessing are reviewed and maintained by the &lt;Responsible party&gt;. Out of range results are documented and reported to the &lt;Risk Manager&gt; for evaluation and action. A copy of the inventory is maintained by the HTM Department.</td>
<td>EP 1 EP 2 EP 3 EP 4</td>
<td>- Disposition of Equipment - Infection Control P&amp;P</td>
</tr>
<tr>
<td>Goal 6: Reduce patient harm associated with clinical alarm systems. Improve the safety of clinical alarm systems.</td>
<td>NPSG.06.01.01</td>
<td>(See below)</td>
</tr>
</tbody>
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<td>• Identify the most important alarm signals to manage based on the following:</td>
<td>EP 2</td>
<td>- CMMS Database</td>
</tr>
<tr>
<td>• Input from the medical staff and clinical departments</td>
<td></td>
<td>- Risk Management P&amp;P</td>
</tr>
<tr>
<td>• Risk to patients if the alarm signal is not attended to or if it malfunctions</td>
<td></td>
<td>- Potential incident</td>
</tr>
<tr>
<td>• Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue</td>
<td></td>
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<tr>
<td>• Potential for patient harm based on internal incident history</td>
<td></td>
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<tr>
<td>• Published best practices and guidelines</td>
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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

- **Capital Planning:** Accurate inventory and maintenance of medical equipment aides in proactive planning of equipment replacement due to age, end of life and end of service.

- **Compliance:** Adherence to accreditation standards ensures healthcare organizations avoid compliance issues that could result in further legal implications, or accreditation jeopardy.

- **Effective Maintenance:** 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.

- **Patient Safety and Care:** 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 https://www.surveymonkey.com/r/2023-2024_session5 or scan the QR code