Updated Requirements for Medical Equipment Maintenance Require More Time, Money and Staff

By Stephen L. Grimes

New regulations and standards for medical equipment maintenance were recently announced by the Joint Commission (TJC), aligning TJC’s accreditation standards with updated regulations from the Centers for Medicare & Medicaid Services (CMS) issued on Dec. 20, 2013. The new regulations mandate substantial changes in the ways most hospitals conduct medical equipment maintenance — and these new requirements mean facility managers will devote considerably more time, money and staff to maintain their medical equipment.

To ensure compliance, hospital FMs must, among other steps, overhaul their medical equipment maintenance plans, compile full inventories, follow manufacturer maintenance recommendations to the letter, identify high-risk equipment, revise policies and procedures, and closely monitor the credentials of those who maintain the equipment.

Not only will compliance likely mean more financial expenditures to maintain medical equipment, it will also require more attention and time from the individuals tasked with maintenance, compliance and record-keeping. In short, the new standards will require immediate attention from hospital leaders and more money, time and personnel to be dedicated to the medical equipment maintenance process.

Moving from an Evidence-Based Approach

Until these latest regulations were implemented, hospitals were given a great deal of flexibility in their medical equipment maintenance practices. During the past 25 years, TJC and CMS permitted hospitals to use a popular risk-based approach, enabling administrators to streamline scheduled maintenance and minimize associated costs as long as patient and staff safety was not compromised.

This approach encouraged hospitals to focus scheduled maintenance primarily on the most critical medical equipment whose service histories provided evidence that replacing worn components and maintaining regular testing were effective in combating equipment failure. Many hospitals were able to reduce or eliminate scheduled maintenance for low-risk equipment when service history evidence showed little or no benefit from the more extensive maintenance.

For more than two decades, this evidence-based approach allowed hospitals to focus their limited resources on medical equipment maintenance issues that had the greatest effect on patient safety and care. Under the new regulations, hundreds to thousands of additional pieces of medical equipment will be added to hospital inventories, with administrators required to track and ensure that manufacturers’ recommended maintenance procedures are followed.

Hospital leaders must ensure that their existing clinical engineering services — whether in-house or contracted through a vendor — have sufficient expertise and personnel to develop and implement an aggressive and complex compliance plan.

A Need for New Recommendations

Also worth noting is that even when equipment is serviced by the manufacturer, evidence suggests that those manufacturers often do not follow their own published recommendations, primarily because those recommendations are based on worst-case environments not applicable to most hospitals. Until manufacturers provide more nuanced maintenance recommendations, hospitals will be required to comply and ensure that maintenance strictly abides by the published recommendations.
Compliance with these new standards will require considerably more time, money and human resources than what hospitals typically spend on medical equipment maintenance, but the new regulations must be addressed. Hospital leaders, compliance officers and risk managers must be kept informed of these new requirements. They need to understand the issue and work with those responsible for medical equipment management in their organizations to ensure they develop a robust plan to achieve and maintain compliance.

About the Author

Stephen L. Grimes, FACCE, FHIMSS, FAIMBE, is chief technology officer of ABM Healthcare Support Services, Healthcare Technology Management & Clinical Engineering Division. He has more than 30 years of experience with hospitals, shared service organizations and healthcare consulting firms. Grimes is a member of AAMI Medical Equipment Management Committee, developing AAMI/ANSI standards on Recommended Practices for Medical Equipment Management Programs and Guidance for the Use of Medical Equipment Maintenance Strategies and Procedures. He is also a Fellow of the Healthcare Information and Management Systems Society, where he currently chairs its Medical Device and Patient Safety Task Force. He was also named a Fellow of the American Institute of Medical and Biological Engineering and a Fellow of the American College of Clinical Engineering, where he is a past president.

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