AEM Program Guide | Alternative PM for Patient Safety

Matthew F. Baretich, PE, PhD
This publication is intended to be a helpful information resource, and reflects the expert advice and views of the author. It is not to be construed as legal or regulatory advice.
About the Author

Matthew F. Baretich, PE, PhD, is president of Baretich Engineering, Inc., in Fort Collins, CO. He is a Certified Clinical Engineer (CCE), a Certified Healthcare Facility Manager (CHFM), a Certified Professional in Healthcare Risk Management (CPHRM), and a Certified Professional in Patient Safety (CPPS). He is a founder, past president, and fellow of the American College of Clinical Engineering (ACCE). Following 20 years of hospital-based clinical engineering practice, most recently at the University of Colorado Hospital, he now consults in the areas of clinical engineering, focusing on HTM performance improvement, and forensic engineering, providing incident investigation and litigation support services.

Acknowledgments

This document has benefited immensely from comments and contributions by these reviewers: Ted Cohen, Jonathan Gaev, Steve Grimes, Alan Lipschultz, Frank Painter, Malcolm Ridgway, and Dustin Telford. The plan for the document has always been to pull together the best thinking on topics related to alternative equipment maintenance, and the reviewers have been a big part of that effort. They have all offered valuable advice, provided helpful examples, and endured lengthy email discussions that have improved the AEM Program Guide.
Alternative equipment management (AEM): Many are intimidated by this phrase. Many hope that the decisions made in the past, using this phrase, are correct. Many think this is just too much work, so they have opted to follow manufacturers’ recommendations. Many doubt that they can successfully implement an AEM program.

Many of these concerns are justified. The field has not been adequately equipped to understand the nuances of an AEM program.

Matt Baretich has taken up the challenge to write this brief on what AEM is, and to provide concrete examples and discussion. Reviewed by some of the leaders in the healthcare technology management community, this document should begin to assure those curious enough to read it that implementing an AEM program is not only possible, but will result in improved program management.

This valuable document is designed to bridge from where we are today (limited resources) to a project that is just beginning and sponsored by AAMI: development of a formal standard focused on AEM, with additional discussion related to contributing strategies for compliance.

Thanks Matt, and the rest of the team.

George Mills
Director of Healthcare Technical Operations, JLL
Former Director of Engineering, The Joint Commission
There is a lot of confusion in the healthcare technology management (HTM) community about “AEM.” The confusion starts with inconsistent use of AEM-related terminology by regulatory and accreditation entities.

The Centers for Medicare & Medicaid Services (the originator of the AEM concept) says that AEM is an abbreviation for “alternate equipment management”; The Joint Commission (which is a major focus of this document) says it stands for “alternative equipment maintenance.” Two words of disagreement in a three-word phrase! And that’s just the beginning.

What is an AEM program? Why might we want to implement an AEM program? How do we remain compliant with applicable standards and regulations while achieving the benefits of an AEM program? The purpose of the AEM Program Guide is to help answer questions like these. Along the way, the document addresses AEM-related terminology and spells out the requirements of an AEM program. More importantly, it offers some ideas for practical implementation of an AEM program, drawing on the good work of many HTM professionals.

Let’s jump right in and review the key players.