Bright Ideas

Case studies and practical tips to improve technology management in your healthcare facility
This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

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Bright Ideas

For five years now, AAMI senior writer Jill Schlabig Williams has written the snappy, popular Best Practices feature for Biomedical Instrumentation & Technology, AAMI’s peer-reviewed journal.

Each issue, Best Practices highlights a healthcare institution that faces a challenge and tackles it successfully with a bright idea that produces tangible results.

Looking back at these articles, we’re struck by the committed resolve and sheer ingenuity of clinical and biomedical professionals. There are common themes here that any biomed can relate to, such as the desire to improve patient safety, processes, facilities, technology, communications, training, and the day-to-day work environment. Ultimately, though, each of these mini-case studies showcases the professionalism of the field.

The bright ideas range from the simple to the sublime, from the targeted to the comprehensive, from low-cost, quick improvements to transformational, long-term change.

This compilation offers condensed versions of each Best Practice, with tips for making similar bright ideas work. Whether or not you decide to undertake a Best Practice initiative of your own, you’ll find plenty of smart thinking that could help your department raise the bar and improve practices.

For Best Practices you’d like to learn more about, the complete articles are available at www.aami.org/tmccconnect/bestpractices.html.

We hope this publication inspires you to come up with your own bright ideas. When you do, we hope you’ll let AAMI know about them. Who knows? Perhaps your healthcare institution will be featured in BI&T in the future.

Please note: The job titles, staff sizes, and other details reflect the profiled departments at the time the “Best Practice” article was written. Some details may have changed since the original publication.

To have your Best Practice featured in a future edition, please submit your case study to www.surveymonkey.com/s/BITBestPractice.
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Make Coordination of CE and IT Official

“We literally had all of the IT folks on one side of the room, and all of the CE folks on the other side. Tempers were hot that first day.”

—Donna Cabral, New England Healthcare System

The Situation

When Donna Cabral tried to implement a teleretinal imaging program for the New England Healthcare System (NEHS), she knew something had to change. The eye clinic cameras needed to link to computers and the larger information technology (IT) network, but there was confusion over how to bring the devices online, whom to call with problems, and even how to fund them.

NEHS is one of 21 Veterans Integrated Service Networks (VISNs) within the U.S. Department of Veterans Affairs (VA). It includes eight hospitals along with several other facilities spread across six states.

“When there was a problem, we’d call IT to troubleshoot,” says Cabral, the deputy network chief information officer. “They’d come to troubleshoot, check the PC, and determine that the problem was the camera. Then, we had to call clinical engineering (CE) to repair the camera. It was the responsibility of the customer to figure out whom to call, and it wasn’t working.”

The same issue cropped up routinely with the influx of networked medical technologies that rely on data storage, interoperability, and security within the hospital network—along with more and more confusion over managing the devices.
The Solution

Fortunately, Cabral had a close working relationship with the NEHS clinical engineering group, headed by Henry Stankiewicz, from years of experience bringing telemedicine services online. Together, they decided that it was time for a new approach to the CE–IT overlap. They scheduled a two-day summit between the CE and IT chiefs and experts to hammer out a formal agreement on the roles and responsibilities of those involved in the installation, operation, security, and maintenance of these devices and networks.

The key action item coming out of the meeting was development of a memorandum of understanding (MOU) that formalized in writing the way the two groups would work together. Another summit was held six months later, and the summit became an annual event.

The MOU, a formal three-page document signed by IT and CE executives along with the network director, provides a framework for a cooperative and productive working relationship between the two departments. It defines the terms and conditions under which each department operates and interacts with each other to successfully install, maintain, and provide efficient and high-quality medical technology for patient care. An annual review process, a process for resolving disputes, and regular meetings between IT and CE professionals keeps the MOU a living document.

The Results

While most VA hospitals have stand-alone CE departments, NEHS now has a consolidated CE program with roughly 65 full-time employees organized into five groups that support all medical equipment across facilities. The change:

- Clarified support process for medical equipment—one call to get everything fixed
- Provided more clarity for technicians
- Promoted better interdepartmental cooperation
- Led to better purchasing decisions when CE and IT work together

Today, the MOU is hailed as a model for VA hospitals across the country.

If You Try It—Tips to Make It Work

- Focus on the mission of patient safety—common ground for both CE and IT.
- Define the terms and conditions under which each department operates and interacts with each other.
- Build in formal, ongoing ways to keep the collaboration alive and well.