

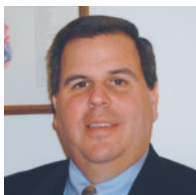
‘The Constant Pursuit of Excellence’

The results of AAMI’s survey on the top medical device challenges do not surprise me. The convergence of clinical engineering (CE) device responsibilities with information technology (IT) systems will continue. If CE departments do not embrace IT strategies and networking skill sets, they are doomed in this business. These dinosaur departments will not be able to provide the value for their institutions, and the institutions they serve will find someone who will deliver the value they need.

The problems that many departments face in this area of CE-IT integration are ignorance and the failure to continue to educate themselves on the ever-changing environment of technology and healthcare. Many clinical engineering technologists still do not know what an EMR (electronic medical record) is or the impact an EMR will have on the technology they manage. Coming to grips with the realization that our career field is changing and that all of us must continue to learn these changing technologies will ensure patient care that is excellent. Failure to keep up with the ever-changing technology will cheat our patients and ensure mediocrity for our career field.

Everything we do is for the benefit of the patient and impacts the outcome of their care. Whether it is developing new ways to manage the plethora of alarm noises in a busy intensive care unit or the management of endoscopes and the repairs for these devices, patient care is affected. I am disappointed when I see clinical engineering technologists treat the positions they hold at a facility as “just a job.”

The impact that a clinical engineering department



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has on a medical facility can be staggering, not only from a financial perspective, but also from a quality-of-care perspective. If the clinical engineering department is not doing its job and adding value to the care of patients, then the results are high costs for asset management, poor coworker satisfaction, higher staffing levels for the

facility, a higher cost for patient procedures, potentially longer lengths of stay for the patients, and on and on.

The solution must be the constant pursuit of excellence for the clinical engineering field. We must continue to ensure

that our educational process is ever evolving so that we are developing well-trained—clinically, technically, and financially—compassionate, and highly competitive individuals.

We must ensure that the clinical engineering programs document the work we do with 100% accuracy and that those results get communicated to leadership. We must benchmark our programs. We must pursue professional certification without a government mandate.

We, as individuals, must continue to pursue educational opportunities on our own and not wait for someone else to either force us to get educated or for someone else to pay for this education. We still have libraries and the Internet with volumes of educational materials; of course, this demands we all show the initiative and take advantage of these opportunities. We each need to pursue the best and become the best in our field. ■