

Biomedics Adjust to Shrinking Budgets

Jill Schlabig Williams

Economic turmoil is rippling across the economy, and hospital biomedical departments are among those starting to feel the pinch.

Budget pressure can affect an individual's attitude and a department's performance, says Steven May, unit head with biomedical equipment services at the Mayo Clinic in Rochester, MN. "Stress comes in different forms when times get tough. Because we are being asked to do more with less and be better at it, it creates stresses and anxiety in our daily assignments," he says. "Plus, we see the inflation rate hitting us at home."

However, May points out that biomedics have traditionally been creative and out-of-box thinkers and doers. "Many times we can meet these challenges; make ends meet at work; and keep our customers, peers, and end users happy."

The following are a few steps that May and his department are taking to reduce costs:

- Cut supplemental and temp staff
- Reduce overtime to only emergency on-call for equipment safety and direct patient care
- Keep only minimum parts and supplies on hand to ensure adequate uptime on equipment & systems
- Reduce third-party repairs and conduct more in-house repairs
- Buy discreet repair components elsewhere vs. on-parts contracts
- Investigate manufacturer contracts not managed by biomed to provide first-call support or other support on medical systems and equipment

Steven Bowers, manager of biomedical engineering at Rex Healthcare in Raleigh, NC, is also among those working to cut costs.

"We are reviewing all special requisitions for parts and repair material for absolute need, refraining from buying extra/spare parts for stock, and cutting back on overnight shipment of repair parts unless the device supports surgical caseload and/or is of a critical nature," he



says. "We have also taken a proactive approach to service agreements and commitments, taking advantage of point of sale, multi-system, multi-year, and bulk purchasing discounts."

Christopher G. Nowak, CBET, regional director of clinical engineering services at St. John's Health System and Mercy Health System of Kansas, reports that his health system has placed a temporary freeze on all new capital purchases.

In response, his clinical engineering department has "energized" their program to ensure that they are making prudent decisions on parts purchases and service delivery.

"We are expanding our skill set by sending more technologists for education, especially on laboratory devices and imaging devices," he says.

Other changes they are making include dropping contracts on the high-service-dollar technologies or negotiating aggressively for contracts that are more beneficial for the facility; assessing their program to reduce or eliminate ineffective preventive maintenance; and shifting labor hours to ensure that more corrective maintenance items are performed in-house rather than using outside labor. ■

Jill Schlabig Williams is AAMI's senior writer.