

# Hospitals Must Account for Vendors' Work

Robert King

Many healthcare facilities use vendors to service some medical equipment, but vendor responsibility and accountability is a delicate issue when it comes to satisfying Joint Commission standards for medical equipment management.

"The organization is still responsible to see that these contract personnel meet relevant Joint Commission standards," says John Fishbeck, associate director in The Joint Commission's Division of Standards and Survey Methods. "If we come onsite and find something wrong with the equipment management process, and these services are performed by the contract personnel, we would cite the organization as not compliant."

## Checks and Balances

It is the responsibility of healthcare facilities to ensure work is performed properly and that a vendor provides competent technicians to work on medical equipment. This last point can cause some difficulties for biomedical equipment technicians (BMET).

"I ask each of our vendors, such as Philips, GE, and Siemens, for competence letters for each of their local technicians that would perform repairs within our facilities," says Judy R. Sybeldon, manager of biomedical engineering for the University Medical Center in El Paso, TX. "The problem is when these companies have to pull in technicians from another city to cover our town when the regular technician is off for training and/or vacation. It's hard to know who is coming in to work on equipment."

The Joint Commission leaves it to the discretion of the organizations to include the types of checks and balances in contracts, Fishbeck says. "If they selected an equipment vendor, the contract might say something about performance expectation for timeliness of maintenance and repairs."

"There may be other requirements an organization might want to monitor within their contract, such as Joint Commission requirements" Fishbeck says.

An organization also should devise a process to receive a sufficient amount of documentation from the vendor.

"The vendor wouldn't have to provide the organization with every work order on every piece of equipment," Fishbeck says. "Maybe they give a summary report on the findings of how many pieces of equipment they maintained, if they are on schedule as far as the frequencies, and what kinds of problems they are encountering so the organization is aware of any problems."

Fishbeck adds that if he were vice president of an organization, he wouldn't want to see every work order, but would like information to help make decisions about alerting clinical staff if there are any problems with equipment or putting aside money to upgrade equipment. "I want to have some kind of performance measures related to that, and they can report to me that they are not meeting those requirements," he says.

## Keeping Track of Contracts

Ensuring vendors do the job is just one part of maintaining and managing contracts. Hospital officials are required to monitor the performance of the medical equipment management program for all medical devices. This can be challenging as hospitals often use a combination of in-house staff, independent service organizations, and vendors to service equipment. Some vendors may be managed by one part of the hospital, such as clinical engineering, and others managed by another department.

The Joint Commission doesn't specify how these contracts should be managed, Fishbeck says. "The contracts should probably go to one department of the organization and be funneled out so that everybody is aware," he says.

This has been a problem in some organizations, Fishbeck notes. "Some people will purchase new equipment and not get clinical engineering involved. All of a sudden, this new equipment shows up on the medical equipment management program and clinical engineering is wondering where this came from," he says. "It is this whole idea of trying to coordinate what is in the organization." ■

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