

*Excellence is the Goal...*

# Using Standards and Recommended Practices

Jill Schlabig Williams

## Challenge

Due to budget cutbacks starting in 1995, the shared clinical engineering service of the Nova Scotia Association of Health Organizations (NSAHO) found itself short-staffed and without a management team. By 2001, the group had lost all four of its professional engineers, including the director and assistant director positions and its general manager. The remaining staff had to refocus its services and find a way to meet the needs of its customers.

## Background

NSAHO supports 83 health care organizations across the Canadian province of Nova Scotia, offering services such as human resources, communications, benefits administration, and clinical engineering. The clinical engineering group supports medical equipment at 33 of these facilities, which range from small rural health clinics to large regional hospitals.

## Solution

The clinical engineering group's remaining 17 technical and support personnel, with help from NSAHO's leadership, met during the spring and fall of 2001 to regroup and develop a new vision and mission for the service. In the absence of funding to fill the open management slots, they adopted a team management approach. A group of four team leaders now runs the daily operations of the service and guides its long-term development.

"During a meeting, we asked the staff, where do we go from here?" says Jeremy Dann, a team leader. "Their answer was that they wanted to be the best there is." Together, the staff committed to a mission and vision for their service that focused on quality, excellence, innovation, cost effectiveness, efficiency, and professionalism. They planned to reinvent their operations using benchmarks of excellence in clinical engineering services.

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*Technologists Jamie Hurley and Edward Ezekiel are pictured here with Dr David Robertson (center), chief of staff of Valley Regional Hospital.*

**Subject:** The Nova Scotia Association of Health Organizations' shared Clinical Engineering Service

**Location:** Supports 33 facilities across the province of Nova Scotia

**Staff:** 22 technical and support personnel in 7 offices

**Organizational Structure:** Team structure with rotating team leaders

**Devices Supported:** Approximately \$34 million in value, including two major dialysis centers and anesthesia machines in the operating rooms of 11 facilities.

At the core of this effort, the group adopted the Canadian Standards of Practice for Clinical Engineering published by the Canadian Medical and Biological Engineering Society (CMBES). These guidelines formed the framework within which they re-envisioned nearly every aspect of their operation.

Over the next two and a half years, the entire staff was involved in a team-based effort to develop and document more than 60 major service functions. Best practices, policies, and procedures were reviewed, selected and adopted from a variety of sources, including the Joint Commission on Accreditation of Healthcare

Organizations (JCAHO), the Canadian Standards Association, ECRI, and ANSI/AAMI standard EQ56, “Recommended practice for a medical equipment management program.” Initiatives included:

- ♦ Establishing a fast turn around email alert process
- ♦ Creating new incident investigation, communication, and infrastructure development processes and policies
- ♦ Establishing a staff development program focusing on achieving certification with mentoring support and new salary scales
- ♦ Developing a quality program that featuring routine reporting to customers
- ♦ Revamping the replacement forecasting process
- ♦ Revitalizing the Clinical Engineering Service Advisory Committee (CESAC), made up of key personnel from each of NSAHO’s eight customer groups.

### **Outcome**

In a customer survey conducted in the summer of 2003, the service achieved a 94.3% favorability rating. In October 2003, the service became the first group in Canada to be formally reviewed by a team from CMBES on its adherence to the Canadian Standards of Practice

for Clinical Engineering.

Mike Capuano of Hamilton Health Sciences in Hamilton, Ontario, was a member of the CMBES survey team along with lead surveyor Dr. William Gentles of BT Medical Technology and Consulting, formerly of the Sunnybrook and Women’s College Health Sciences Centre in Toronto. “We feel this province-wide team is providing exceptional service to the regions,” he reports. “They have rolled out a system that meets many of the criteria established by the CMBES Standards of Practice.” The surveyors were impressed with the clinical engineering service’s high quality staff and their strong customer focus. The replacement forecasting system earned strong kudos, and the group’s operations manual was cited as a model for other services across the country.

The CMBES surveyors also identified opportunities for improvement, and the NSAHO staff is already hard at work to address those concerns. “We have lots of work yet to do to fully achieve our service vision, and we are committed to continuing the effort,” says Dann. With excellence as their goal, the group does not plan to slow down soon. ■

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