

Steady Performance Gives Rural Department Edge to Respond to Challenges

Jill Schlabig Williams

Subject: Cascade Healthcare Community

Location: East Central Oregon

Size: Four-hospital system includes one regional referral center with 261 beds and three smaller community hospitals.

Staff: In-house Biomedical Department with staff of seven also runs regional shared services operation.

Offering a full range of specialty healthcare services to a geographically isolated population can be a challenge for a small healthcare system, and an even bigger challenge for the Biomedical Department tasked with maintaining all of the high-end medical equipment required. Luckily for Cascade Healthcare Community, its in-house Biomedical Department has met that challenge. They have done it by hiring good people, training them, benchmarking their performance, and looking to best practices at other facilities to ensure that their program is the best that it can be. It also helps that they built their system on a solid foundation of reliable financial data.

Challenge

The website of Cascade Healthcare Community treats visitors to panoramic views of the gorgeous scenery in central Oregon where the largest town, Bend, is nestled in the foothills of the Cascade Mountains. Bend started out as a small logging town, but has evolved into a recreation mecca with a rapidly growing population of about 78,000.

The next nearest major medical facility is in Portland, over the mountains and at least three hours away—in good weather. As the community and its need for high-end medical services

have grown, its flagship medical center, St. Charles Medical Center-Bend, has stepped up to meet the challenge. The hospital has grown in the last 15 years into a Level II Regional Trauma Center with 261 beds and specialized partnerships in heart, cancer, orthopedics, and neurosurgery.

“Now, almost every medical service is offered at St. Charles Bend, services typically offered at only much larger facilities,” says biomedical manager Dennis Laird. “We still don’t have a burn center, but we do have about every other type of specialty care.” And with each new specialty added, his department has been challenged to maintain its high level of service.

How have they done it? “Multiple initiatives have strengthened our healthcare system and the clinical engineering department,” says Laird. “There is no one ‘silver bullet’ that creates the optimum department; several practices have contributed to a strong and high-performing team.”

Solution

Laird started at St. Charles in 1978, when the clinical engineering profession was still young and electrical safety checks were still the focus of the equipment management



The members of Cascade Healthcare Community's biomedical department. From left to right; Bill Elliot, Phil Anderson, Dennis Laird, Spencer McNeill, and Greg Sabin. Not pictured is Scott Johnson (one position is currently vacant).

program. His own skills and those of his Biomedical Department staff have been challenged to grow along with the hospital.

“We aim to bring in the right people, train them, and keep them,” says Laird. They recruit graduates from Spokane Community College. Within the group, there is a constant focus on continuing education; for example, every biomedical technician attended two service training schools in 2007. “We get people involved with vendor training, internal education opportunities, classes at the local community college, and online/computer-based training,” says Laird.

With a hospital-wide focus on continuous quality improvement, Laird’s department has access to data and quality improvement resources that have allowed him to benchmark his department’s performance and continually improve. The entire Cascades Healthcare Community became an ISO 9001 certified organization in 1999. “It was a challenging process becoming certified, but our senior management was committed to adopting the ISO standard for quality. It helped us to shore up many processes, reconcile contradictory policies, and defragment the organization.”

The biomed group crosswalked the ISO requirements to Joint Commission requirements, and in the process created a multidisciplinary Environment of Care Committee to focus on medical devices across the hospital. “In some cases the ISO requirements were much more stringent and we had to go well beyond what the Joint Commission requires,” says Laird.

“The organization had to rewrite all of its policies and procedures to bring them under the terminology and focus of the ISO requirements,” he says. “It was challenging, because many policies crossed departmental lines. We had to define process owners, which clarified relationships and streamlined processes.”

For example, Laird’s group took on the task of calibration across the hospital. The emphasis on calibration in the ISO 9001 requirements ultimately highlighted to clinical departments the importance of regular equipment inspections and increased compliance with the inspection process.

The group has also participated in outside benchmarking services over the years to evaluate its operations, including the MECON PEERnext database and the H*Works program from The Advisory Board Company. The organization is also currently engaged with Gallup Q12 Impact. “These services promote a culture of high

performance teams and caregiver engagement in health-care organizations,” says Laird.

About eight years ago, the focus on cost data necessitated by the hospital-wide benchmarking efforts led to a change in the clinical engineering group’s reporting relationships. The department now reports to the hospital’s controller, Kevin Abel, and through him to the senior vice president of finance. “Because we played such a big role in the processes of capital planning, equipment purchasing, and contracting for services, the decision was made to more firmly entrench us in that process by having us report to the financial services group,” says Laird. “As a result, our senior management now has a very good understanding of the value of clinical engineering services, and we have high-level visibility.”

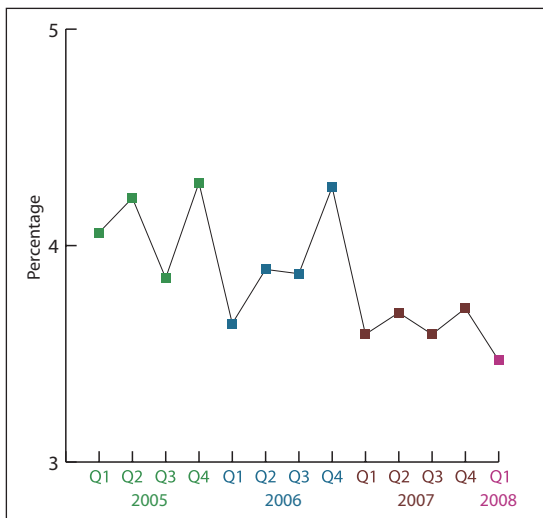
This cost focus has helped the department rationalize decisions, improve services, and demonstrate its value. “We’ve always had good information on costs, and during benchmarking efforts, we found that these data were very useful,” says Laird. The group populated its entire equipment database with cost details and began formally tracking the cost of the operations as a percentage of the cost of all equipment purchased. By tracking this core internal metric, they have been able to report quarterly results that clearly demonstrate the value of their services.

“Our biomed department’s ability to trend service costs as a percentage of total equipment value has helped us drive costs down,” says Abel.

This focus on benchmarking extends to its contractors, as well. Laird and other stakeholders hold quarterly meetings with the vendor to review imaging contract performance, which has helped them minimize costs and improve service.

As an integral part of the capital planning process, Laird’s group is involved in the evaluation, specification, selection, purchase, and implementation of all medical devices and systems. “Our involvement in purchasing also allows us to help with the huge effort to standardize equipment across the organization,” says Greg Sabin, a biomedical specialist who has been with the department for 16 years. More standardized equipment across the affiliated hospitals and shared services clients simplifies service, biomed training, user training, and parts replacement, improving safety and cost effectiveness.

Another departmental initiative has had a huge payoff for the healthcare system: they serve as a beta testing site for Welch Allyn patient monitoring systems. Sabin oversees the biomedical involvement for the hospital. “It has



Service cost as a percentage of equipment cost at Cascade Healthcare Community. The department's reliance on this key metric has helped them drive service costs down. "Service cost" includes the total departmental operating budget, as well as the cost of parts and any vendor service costs.

been a win-win program," says Sabin. "They get to test their equipment in a clinical environment, and we get the latest equipment, reduced pricing, and new software upgrades at no charge. Plus, we can provide input to improve the equipment at the design stage."

Results

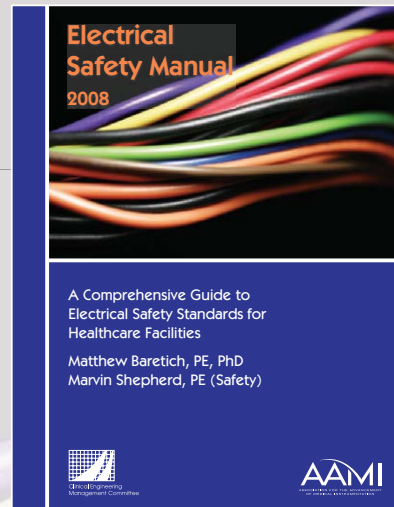
Over 30 years, Laird's department has remained a successful in-house service department and has built a profit-generating shared services program. It has helped the hospital weather tough financial times, undertake a huge expansion in specialty services, and navigate the current convergence of IT and biomedical technologies.

The department's strict adherence to Joint Commission processes has resulted in positive surveys for 30 years. And, in benchmarking surveys, the biomed group has consistently scored in the top 25th percentile of participating departments. "Our use of benchmarking data has validated that we are a strong department and given us the metrics to prove it," Laird says. "Those numbers give us a great deal of credibility. The best outcome for us has been to validate what we're already doing."

"Over the years we've tried to pick best practices that would work here, refine the processes, and track savings," says Laird. "When other service options were explored, we provided information and data and showed that we were performing the service work for less than a vendor could. We've shown that we're a cost-effective operation." ■

Jill Schlabig Williams is AAMI's senior writer.

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