MDEXPO

Las Vegas, NV
April 8, 2024

Constant Survey Readiness

Presented By

Jonathan Lee, HEM

Don’t RAMP Up, Be at a state of Constant Readiness

Agenda:

- Surveying Agencies
- Surveying Standards
- Survey Readiness
- Q & A

Quick Review

Surveying Agencies

Center for Medicaid & Medicare (CMS)

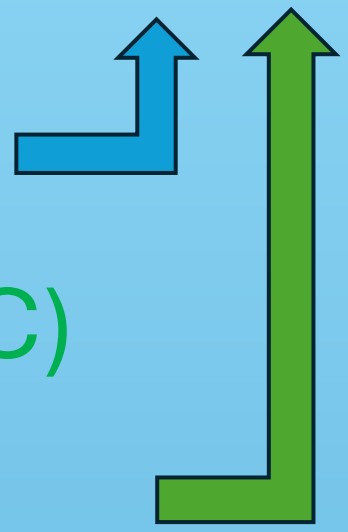
State Health Department

Local Health Jurisdiction

The Joint Commission (TJC)

DNV

AAAHC



What is the consequence of not meeting standards (non-compliance) or How will a Survey be stopped?

- Too many findings / violations
- Immediate Jeopardy - Danger to Public Health
  - Penalty Fines (State / Local Health Violation)
  - Loss of CMS Status
- Loss of accreditation
- Organization's Reputation in the community

References

CMS – 42CFR482.41(c) – Hospital Maintenance Requirement

CMS – Categorical Waiver for Power Strips Use in Patient Care Areas (RPT) - This is not a HTM function. EC.02.05.01 (EP 22 & 23) - Utility Management

CMS & TJC - Will survey to NFPA 99, 2012 Edition as code

TJC, DNV, AAAHC - Accreditation Manual

CMS - Maintenance to Manufacturer's Recommendation for Procedure & Frequency

CMS - Equipment Maintenance - AEM

CMS - Maintenance Compliance to 100 % completion

CMS - 1135 Waiver Emergency Declaration

NFPA 99 - 2012 - Routine ES is no longer required. ES is required at incoming inspection after any repair or modification that might have compromised ES. (10.5.2.1.2)

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

The Trump Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is empowered to take proactive steps through 1135 waivers as well as, where applicable, authority granted under section 1812(f) of the Social Security Act (the Act) and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. For general information about waivers, see Attachment A to this document. These waivers DO NOT require a request to be sent to the 1135waiver@cms.hhs.gov mailbox or that notification be made to any of CMS's regional offices.

Physical Environment for Multiple Providers/Suppliers (New since 4/21 Release)

Inspection, Testing & Maintenance (ITM) under the Physical Environment Conditions of Participation: CMS is waiving certain physical environment requirements for Hospitals, CAHs, inpatient hospice, ICF/IIDs, and SNFs/NFs to reduce disruption of patient care and potential exposure/transmission of COVID-19. The physical environment regulations require that facilities and equipment be maintained to ensure an acceptable level of safety and quality.

CMS will permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies and activities for facility and medical equipment.

CMS - 04/29/2020

The Public Health Emergency (PHE) has been renew effective 1/21/2021.

(Ref: CMS 4/2020)

An Organization does not need to apply for the blanket wavier, nor notify CMS. However, the 1135 Waiver stipulates that a hospital must have activated their emergency management system.

The waiver is required to be adopted by the organization (hospital) when an assessment has been completed, which determines that a process, part of the process being waived is directly impacted by the Public Health Emergency (PHE). The organization (hospital) has the flexibility to utilize a process that works best for them when assessing the need for implementing a waiver. This assessment is required to be based on objective evidence and applicable risk.

When implementing a waiver is a change in process and should be controlled. Any identified risk, especially high risk should be mitigated when possible. When risk cannot be mitigated, controls may be needed to ensure safe quality patient care. This change in process will ensure organization (hospital) to quickly adapt changes to return to normal processes what were waived once the PHE is lifted.

The assessment is required to be documented.

Document, Document, Document ...

State of Constant Readiness

Be Prepare!

SAY as you do, DO as you say

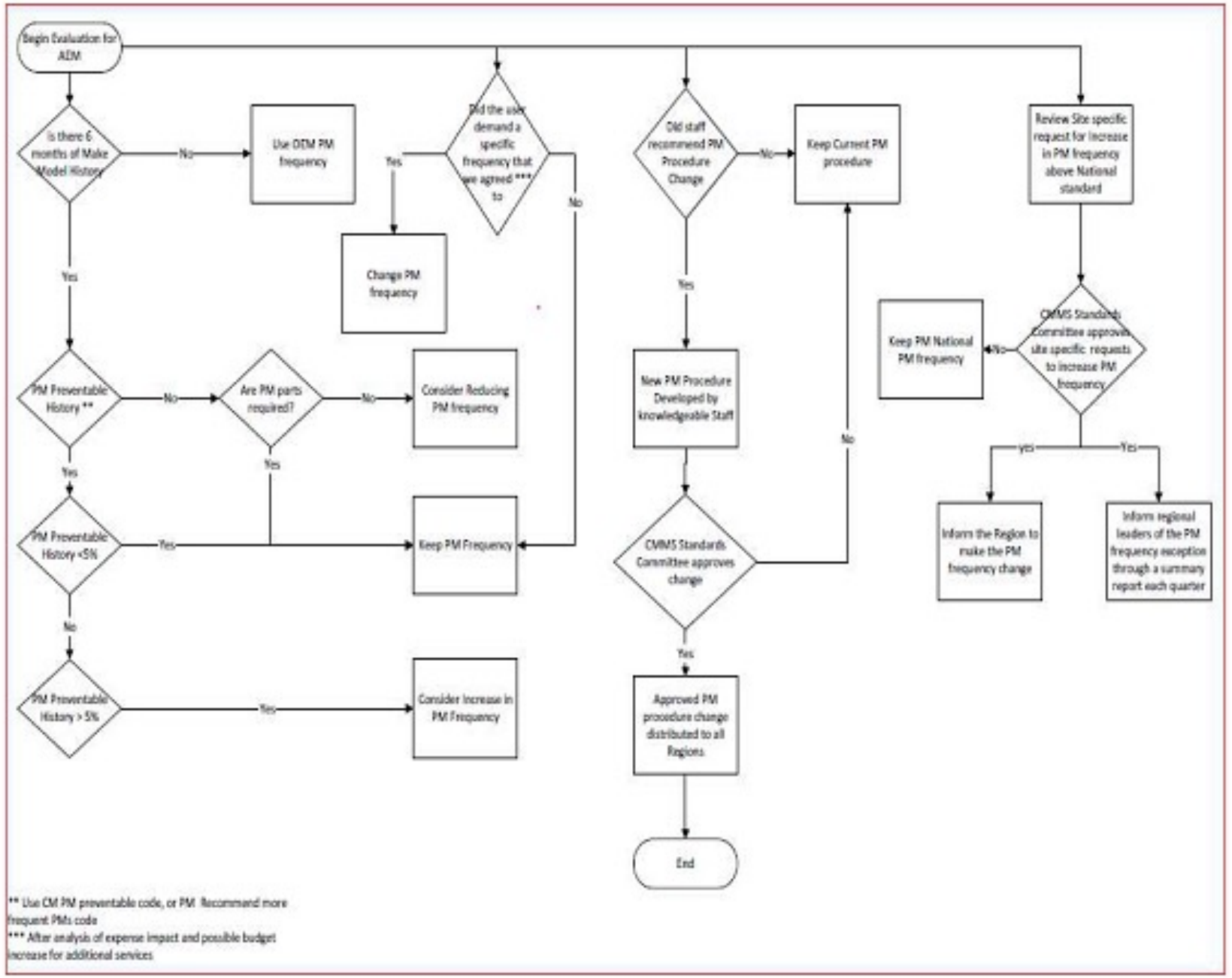
Survey Readiness Binder (SRB) - Physical/Electronic

- Your Bible for the Survey
  - Standards with EP and tab location of sample supporting document
  - Published Documents (CMS/TJC) – Reference [In the event that you are challenged by the surveyor]
  - Table of Content
    - Scope of Service
    - MEMP and Annual Effectiveness Evaluation.
    - Service Level Agreement
    - Equipment Inventory Procedure
    - High Risk, including Life Support Inventory
      - Be prepared to speak how the High Risk List is established
    - Non-High Risk Inventory
    - Sample of Schedule Inspection and Corrective Maintenance
    - Sample of Loaner, Rental and Demo

Survey Readiness Binder

- AEM
- Standards
- Reference Documents
- Table of Content
- Scope of Service
- Management of the Environment
- SLA
- Equipment Inventory Procedures
- Equipment Inventory - High Risk
- Equipment Inventory - Non-High Risk
- Scheduled Inspection & Corrective Maintenance

SRB Tab - AEM


Evaluate for AEM
Begin Evaluation for AEM
Is there 6 months of Make Model History
No
Use OEM PM frequency
Yes
Did the user demand a specific frequency that we agreed *** to
Yes
Change PM frequency
No
Did staff recommend PM Procedure Change
No
Keep Current PM procedure
Review Site specific request for increase in PM frequency above National standard
Yes
PM Preventable History **
No
Are PM parts required?
No
Consider Reducing PM frequency
Yes
Yes
PM Preventable History <5%
Yes
Keep PM Frequency
No
PM Preventable History > 5%
Yes
Consider Increase in PM Frequency
New PM Procedure Developed by knowledgeable Staff
CMMS Standards Committee approves change
No
Yes
Approved PM procedure change distributed to all Regions
End
Keep PM National PM frequency
No
CMMS Standards Committee approves site specific requests to increase PM frequency
yes
Yes
Inform the Region to make the PM frequency change
Inform regional leaders of the PM frequency exception through a summary report each quarter
** Use CM PM preventable code, or PM Recommend more frequent PMs code
*** After analysis of expense impact and possible budget increase for additional services

Reminder: DO NOT forget to perform Annual AEM Effectiveness Evaluation

SRB Tab - Standards

EC Medical Equipment Management Plan (MEMP)

Standards and Evidence of Performance

Ref: TJC 2024 Hospital Accreditation Standards Manual, effective January 1, 2024

I. STANDARDS EC.01.01.01	EVIDENCE OF PERFORMANCE
3. The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. NOTE: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.	https://sites.sp.kp.org/teams/scalclintech/CTOperations/Shared%20Documents/Forms/AllItems.aspx
II. STANDARD EC.02.02.01	**EVIDENCE OF PERFORMANCE**
The hospital manages safety and security risks.	
7. The hospital minimizes risks associated with selecting and using hazardous energy sources. Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: This includes the use of proper shielding during fluoroscopic procedures.	Laser Safety Committee, Imaging Services Imaging Services: Radiation Protection Laser Safety Audit Imaging Services.
III. STANDARDS EC.02.04.01	**EVIDENCE OF PERFORMANCE**
The hospital manages medical [illegible] risks.	
For hospitals that use Joint Comm[illegible]sion acc[illegible]tati[illegible]ed status purposes: The hospital ma[illegible]all medical equipment.	M[illegible]MP (T[illegible]Ri[illegible]n E[illegible]pment Inventory - CMMS (Tab 5) – High Risk (Tab 6) – Non High Risk
3. The hospital identifies ***high-risk*** medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail. NOTE: ***High-risk*** medical equipment includes life-support equipment.	MEMP Equipment Inventory - CMMS (Tab 4) – Risk Analysis (Tab 5) – High Risk Unique Identifier in the inventory.
4. The hospital identifies, in writing, activities and associated frequencies for maintaining, inspecting and testing of all medical equipment in the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (**AEM**) program. NOTE 1: The strategies of an **AEM** program must not reduce the safety of equipment and must be based on accepted standards of practice, such as ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program. NOTE 2: Medical Equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have 100% completion rate. NOTE 3: Scheduled maintenance activities for both high-risk	MEMP (Tab 2) – Policy and Procedures (Tab 2) - AEM Program

Example

SRB Tab - Reference Documents

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality /Survey & Certification Group

Ref: S&C: 14-07-Hospital

DATE: **December 20, 2013**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Hospital Equipment Maintenance Requirements

Memorandum Summary

- ***S&C 12-07-Hospital Superceded:*** We are updating previously provided guidance to clarify:
  - Hospital facilities, supplies and equipment must be maintained to ensure an acceptable level of safety and quality.
  - A hospital may adjust its maintenance, inspection, and testing frequency and activities for facility and medical equipment from what is recommended by the manufacturer, based on a risk-based assessment by qualified personnel, unless:
    - Other Federal or state law; or hospital Conditions of Participation (CoPs) require adherence to manufacturer's recommendations and/or set specific requirements. For example, all imaging/radiologic equipment must be maintained per manufacturer's recommendations; or
    - The equipment is a medical laser
    - New equipment without a sufficient amount of maintenance history has been acquired.
- Hospitals electing to adjust facility or medical equipment maintenance must develop policies and procedures and maintain documentation supporting their Alternate Equipment Management (AEM) program. They must adhere strictly to the AEM activities and/or frequencies they establish.

SRB Tab - Reference Document

- TJC - CMS Letter S and C 14-07-Hospital 2017.pdf
- TJC - CMS Maintenance Requirement - 2017.pdf
- TJC - George Mill - 2017.pdf
- TJC - George Mill Speaks at the 2016 AAMI - 2017.pdf
- TJC - HAP_Equip_Maint_Revisions_July2014.pdf
- TJC - imaging_checklist-June-20161 022017.PDF
- TJC - Medical Device Maintenance Activities - 2017.pdf
- TJC 2017 NPSG Easy Read Version.pdf
- TJC 2017 NPSG Full Version.pdf
- TJC 10312016 Chapter Revisions Comparison.pdf

NFPA 99, 2012 Edition - Maintenance Requirement for Medical Equipment

The Joint Commission (TJC) Effective Date: June 5, 2016
Center for Medicaid Services (CMS)

Accreditation Agencies have adopted the NFPA 99, 2012 Edition as Code. As such, all survey will be conducted to Code.

10.5.3 Servicing and Maintenance of Equipment

10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer.

10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable:

(1) Illustration that show the location of controls
(2) Explanation of the function of each control
(3) Illustration of proper connection to the patient or other equipment, or both
(4) Step-by-step procedures for testing and proper use of the appliance
(5) Safety consideration in use and servicing of the equipment
(6) Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliance
(7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance
(8) Instruction for cleaning, disinfection, or sterilization
(9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth)
(10) Explanation of figures, symbols, and abbreviations on the appliance
(11) Technical performance specifications
(12) Instructions for unpacking, inspection, installation, adjustment, and alignment
(13) Preventive and corrective maintenance and repair procedures

10.5.3.1.2 Service manuals, instructions and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment.

10.5.6.1 Instruction Manuals

10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible

10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance

10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user

11.5.1.3 Servicing and Maintenance of Equipment.

11.5.1.3.4 Service manuals, instructions, and procedures provided by the manufacturer shall be used in the maintenance of equipment

11.5.1.3.5 A scheduled preventive maintenance program shall be followed

Joint Commission Ups Expectation for Medical Device Maintenance Activities

Posted December 19, 2016

Starting in January, The Joint Commission (TJC) will expect hospital healthcare technology management (HTM) departments to complete all planned maintenance activities in line with manufacturer recommendations or the policy set by their organization 100% of the time.

SRB Tab - Table of Content

Organization Name

Medical Center Name

Medical Equipment Management Plan

- Scope of Service
- Management of the Environment
  - Alternative Equipment Maintenance (AEM) Plan
  - MEMP
  - Annual Effectiveness Evaluation
- Service Level Agreement
- Equipment Inventory Procedure
- Equipment Inventory – High-Risk (HR), Including Life Support
- Equipment Inventory – Non-High-Risk (NHR)
  NHR– Active PM
  NHR – Active No PM
- Scheduled Inspection, Corrective Maintenance
- Rental, Loaner, Demo Policies

SRB Tab - Scope of Service

Mission Statement

Statement of Accountability

Organization Chart

Scope of Service

Hours of Operation / Service)

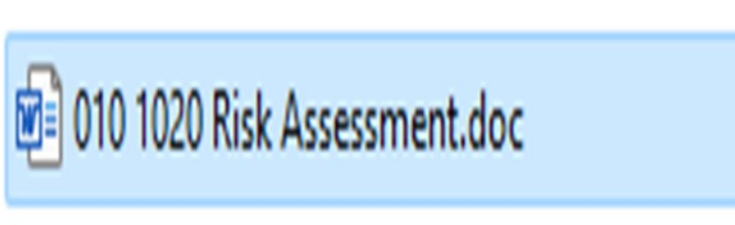
SRB Tab - Management of The Environment

- 000 1015 Alternative Equipment Maintenance (AEM) Plan 03022017.doc
- 001 Replace this with Annual Evaluation for Previous Year.docx
- 002 Replace this with MEMP for Previous Year.docx
- 003 Replace this with Current MEMP.docx
- 1060 RPT Policy 01012015.doc

SRB Tab - Service Level Agreement (SLA)

Place Copy of Current SLA with Clinical Departments and Administration

SRB Tab - Equipment Inventory Procedures



INCOMING EQUIPMENT INSPECTION

PURPOSE: To confirm that all equipment, new or otherwise, being introduced into the Kaiser Medical Center's environments for the first time, are functional, meet specification and will not be a source of significant patient risk.

EQUIPMENT REQUIRED: Electrical Safety Analyzer

PROCEDURE:

1. Confirm that the equipment meets the electrical, construction and component configuration requirements specified by the hospital. (Hospital-grade attachment plug, adequate strain relief, etc.)
2. Assemble device, as needed
3. Perform Electrical Safety Per NFPA99-2102 edition.
4. *Perform Functional and HIPAA configuration*.
5. Perform a functional test to manufacturer's published specifications.
6. Complete the Incoming Inspection Form.
7. New equipment failing the performance tests should be withheld from service until remedial action has been taken.

SRB Tab - Equipment Inventory - High Risk

SRB Tab - Equipment Inventory - Non High Risk

SRB Tab - Scheduled Inspection & CM

1004 Hours of Service_rev05.15.18.pdf

1005 After Hours Policy_rev05.21.18.pdf

1008 New Equipment-Inventory and Inspection CT_rev05.17.18.pdf

1009 Equipment Planned Maintenance CT_rev05.21.18.pdf

1010 Equipment Repair CT_rev05.25.18.pdf

1011 Pre-Purchase Evaluations_rev05.11.18.pdf

1012 Unable to Locate Equip_rev05.11.18.pdf

5007 Equipment Related Incidents.doc

GE - Anesthesia Maintenance - TJC EC.02.04.03 EP26.pdf

Hemo Dialysis Recommendation.doc

Replace this with EOC PI Summary Reports.docx

Replace this with EOC Summary Reports.docx

Replace this with Sample of Monthly Diialysis Water Testing Report.docx

SRB Tab - MEMP and Annual Effectiveness Evaluation

Medical Equipment Management Plan (MEMP)

- References
- Program Objectives, Intent and Core Values
- Scope and Application
- Authority
- Organization and Responsibilities
- Risk Assessment including AEM
- Medical Equipment Classification High Risk, including Life Support & Non-High Risk
- Program Implementation
- Program Effectiveness
- Performance Measure
- Performance Improvement
- Annual Program Evaluation

MEMP Annual Effectiveness Evaluation
EOC Summary Metrics
Performance Improvement

Previous Year's MEMP and Annual Effectiveness Evaluation

Current MEMP

Hospital - [Name] Medical Center			Reporting Period: Q1 - YYYY				
EOC Combined Summary Report			Element of Performance				
Standards	Compliance Rate	Metric	Imaging	Lab	HTM	Dialysis	Sterilizers
EC.02.04.01 EP 5	Planned Maintenance (PM) Compliance Rate for Medical Laser Devices - Goal = 100%	Quarterly Rate Percentage			100.0%		
	Planned Maintenance (PM) Compliance Rate for Imaging and Radiological Devices - Goal = 100%	Quarterly Rate Percentage	#DIV/0!				
High Risk Managed Devices PM Compliance Summary		Metric			CT		
EC.02.04.03 EP 2	Planned Maintenance (PM) Compliance Rate for High Risk Devices - Goal = 100%	Quarterly Rate Percentage			#DIV/0!		
	Number of Devices Scheduled	Quarterly Count			**0**		
	Number of Devices - In Use (EI)	Quarterly Count			0		
	Number of Devices - Waiting For Parts (WP)	Quarterly Count			0		
	Number of Devices - Vendor Repair (VR)	Quarterly Count			0		
	Number of Devices - Pending (PD*) - UOR, in-house Repair, Waiting for 20/20 Disposition	Quarterly Count			0		
	Number of Devices - Unable To Locate (UL)	Quarterly Count			0		
	Net Number of Devices Completed	Quarterly Count			0		
	Net Number of Devices NOT Completed - Open (OP)	Quarterly Count			0		
Non-High Risk Managed Devices PM Compliance Summary		Metric	Imaging	Lab	HTM		
EC.02.04.03 EP 3	Planned Maintenance (PM) Compliance Rate for Non-High-Risk Devices - Goal = 100%	Quarterly Rate Percentage		#DIV/0!	#DIV/0!		
	Number of Devices Scheduled	Quarterly Count	**0**	**0**	**0**		
	Number of Devices - In Use (EI)	Quarterly Count	0	0	0		
	Number of Devices - Unable To Locate (UL)	Quarterly Count	0	0	0		
	Number of Devices - Pending (PD*) - UOR, in-house Repair, Waiting for 20/20 Disposition	Quarterly Count	0	0	0		
	Number of Devices - Vendor Repair (VR)	Quarterly Count	0	0	0		
	Number of Devices - Waiting For Parts (WP)	Quarterly Count	0	0	0		
	Net Number of Devices Completed	Quarterly Count	0	0	0		
	Net Number of Devices NOT Completed - Open (OP)	Quarterly Count	**0**	**0**	**0**		
EC.02.04.03 EP 4	Planned Maintenance (PM) Compliance Rate for Sterilizers - Goal = 100%	Quarterly Rate Percentage					100%
EC.02.04.03 EP 5	Planned Maintenance (PM) Compliance Rate for Dialysis Machines - Goal = 100%	Quarterly Rate Percentage			100%		
Dialysis		Metric				Dialysis	
EC.02.04.03 EP 5	Chemical and Biological Testing of Water used in Hemodialysis - Goal = 0 bad culture	Quarterly Count (Acute)				**0**	
Imaging Equipment (TJC allows 13 months for completion.)		Metric	Imaging				
EC.02.04.03 EP 16	Inspect, test and calibrate Nuclear Medicine Equipment Annually	Completion Month	**mm/yyyy**				
EC.02.04.03 EP 21	Annual Medical Physicist Performance Evaluation of all CT Imaging Equipment, radiation dose (EC.02.04.03 EP20), and testing of imaging acquisition display monitors (EC.02.04.03 EP 25)	Completion Month	**mm/yyyy**				
EC.02.04.03 EP 22	Annual Medical Physicist Performance Evaluation of all MRI Equipment and ,and testing of imaging acquisition display monitors (EC.02.04.03 EP 25)	Completion Month	**mm/yyyy**				
EC.02.04.03 EP 23	Annual Medical Physicist Performance Evaluation of all Nuclear Medicine Imagine Equipment and testing of imaging acquisition display monitors (EC.02.04.03 EP 25)	Completion Month	**mm/yyyy**				
Trending		Metric	Imaging	Lab	HTM		
Operator Error		Quarterly Count	**0**	**0**	**0**		
Could Not Duplicate		Quarterly Count	**0**	**0**	**0**		
Equipment Damage (SIGNIFICANT)		Quarterly Count	**0**	**0**	**0**		
Non Hospital owned - Demo, Loaner, or Rental		Quarterly Count	**0**	**0**	**0**		
Comments			Imaging	Lab	HTM	Dialysis	Sterilizers
Q1	No Issues		**x**				
Q1	No Issues			**x**			
Q1	No Issues				**x**		
Q1	No Issues					**x**	
Q1	No Issues						**x**

Data are Quarterly Average, except as noted.

Supported Data Are Kept In Respective Hospital and Service Locations

Reported By:	
Name, HTM Director	**mm/dd/yyyy**
Name, HTM Director	**mm/dd/yyyy**
Name, HTM Director	**mm/dd/yyyy**

Hospital Name

YYYY HTM Performance Improvement Report

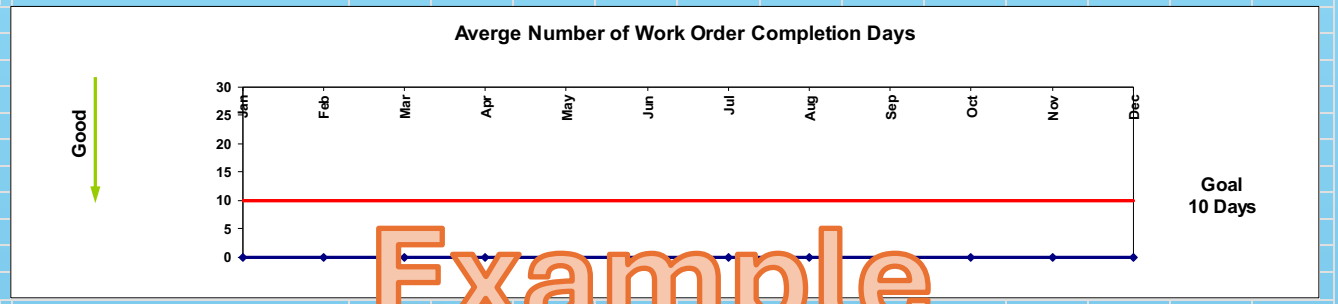
Functional Area	Medical Equipment Management	**Time Frame:**	**Month - YYYY**
Submitted by:	Jonathan Lee	**Responsible Disciplin: HTM**	
Reported to/ Report Date:	EOC Committee / mm/dd/yyyy		

PLAN

Measure: Number of Completed Work Orders (CM & SR) to be less than 10 days from date of receipt to date of completion — **TARGET** — **10 Days**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of Days Between Start to Complete [Complete Date - Start Date] (Numerator)												
Total CM + SR Work Order Closed For Month (Denominator)												
Average Number of Work Order Compete Days	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

DO



STUDY

ANALYSIS:	The goal is to improve on the number of days to complete a Corrective Maintenance (CM) and Service Request (SR) work order from the day it was received to the day it was closed. The Administration's goal is 7 calendar days. Data analysis from the HTM database for prior YYYY for Name Medical Center was averaged at 12 days. The Performance Improvement goal for current YYYY for Name Medical Center will be to reduce the completion days to 10 days and make attempt to meet the Administration's goal of 7 days.
CONCLUSION:	From the 2017 ClinTech Data obtained from the database, the Performance Improvement for 2018 will be to reduce the completion days to 10 and make attempt to meet the National goal of 7 days.

ACT

ACTION:	Monitor and trend the number of days to close CM and SR Work Orders.

Data

*Insert Data in the Yellow Cells

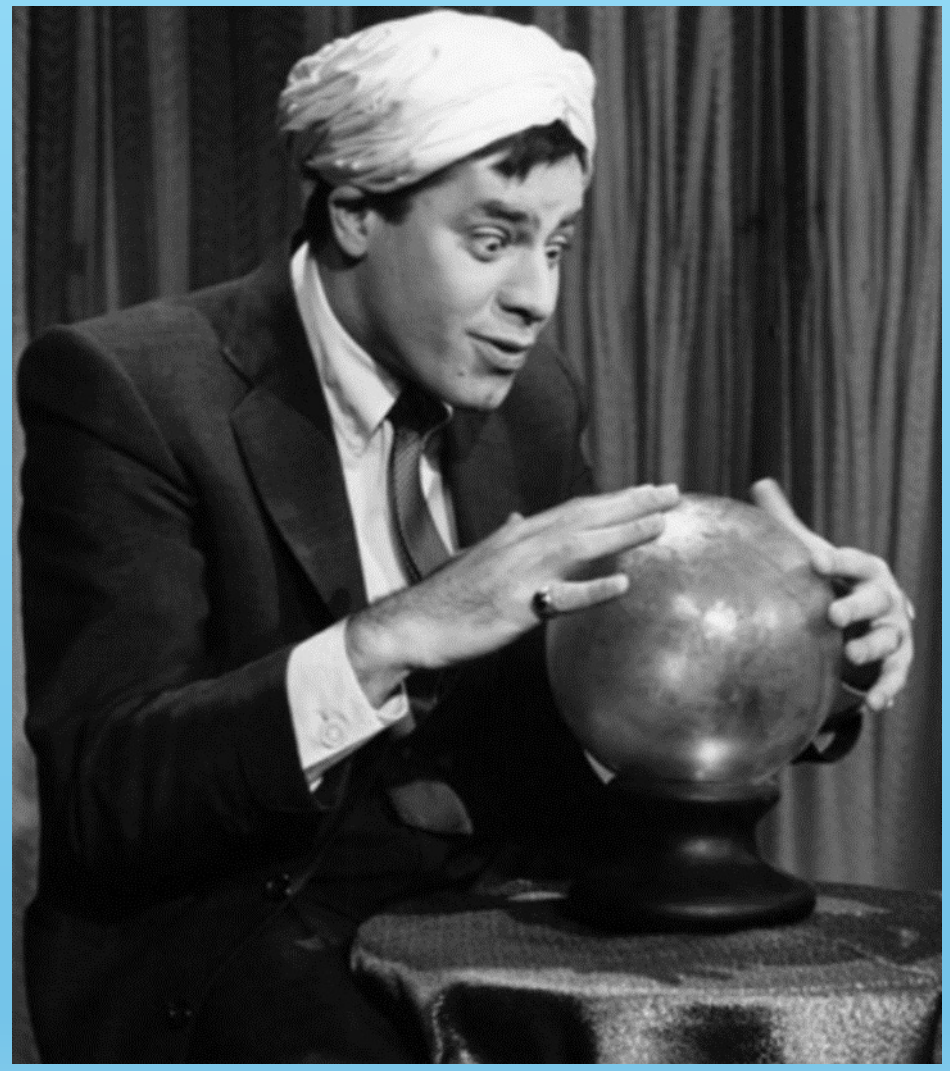
Period	Total SR & CM Closde	Completed - Start (# of days)	Days	Goal	Target
Jan			#VALUE!	10	10
Feb			#VALUE!	10	10
Mar			#VALUE!	10	10
Apr			#VALUE!	10	10
May			#VALUE!	10	10

Standards and Evidence of Performance

Besides The EC Chapter for Medical Equipment EC.02.04.01 - EC.02.04.03, DO NOT forget:

EC.01.01.01 - Library of information
EC.02.02.01 - Minimizes risks associated with selecting and using hazardous energy sources
LD.04.03.09 - Monitoring Contract
PC.02.01.11 & IC.02.01.01 are mentioned in the EC.02.04 standards (TJC)
NFPA 99 2012, Chapter 10 Electrical Safety Testing (CMS & TJC survey to NFPA 99 2012)

EC is referenced to TJC



When will your next survey be?

36 months from your last survey +/- 1 week

What To Expect During a Survey

- Stay Calm !!!!
- Project Confidence – You are the content expert
- If you don't know the answer, don't panic, say "I will get back to you with the information"
- Answer the question to the point. DO NOT offer any information than what is asked.
- You can buy time by asking the surveyor to rephrase the question so that you understand what is being asked … use your judgment. DO NOT do this with every question !
- Never say "I', use "We", "Our", etc. Do not speak in a vacuum.
- Refer to you SRB, if you have it together, they will see that you got it together.
- NEVER throw your business partner or colleague under the bus !!!
- Almost every survey, there will be an EOC session with each EOC chapter being asked to tell about their Management Plan. Prepare your 3-5 minute presentation. Know what you are going to say and how you are going to present. Practice-Practice and more practice. Have someone listen to it, critique it (don't take it personal) and prepare again. Practice and more practice until it just flow without you having to think about it.
- Talk about accomplishment, PI (good or bad – be honest), cross departmental collaborations, etc.
- They will most likely ask how does the MEMP play in the role of the overall of the EOC PI goal. You need to know your EOC's PI goal for the year. Every EOC Chapter Owner has PI, but there should be 1 overall goal for the EOC. Know what that is and how you supported and contributed to the success of that goal.
- Do you and your team know their SAFETY Training received at the local Med Center? SHIELD?

What's Next ???

- Built your SRB !
  - Update Frequently (monthly, quarterly, semi-annal, and annually)
- Preparation – More frequent rounds
- Preparation – Engage HTM Staff for basic knowledge and understanding
- Preparation – talk with Clinical Staff – ask them what do they do when medical equipment is broken. The surveyor will ask them, you should too.
- Teach staff to NEVER say, "I DON'T KNOW !"

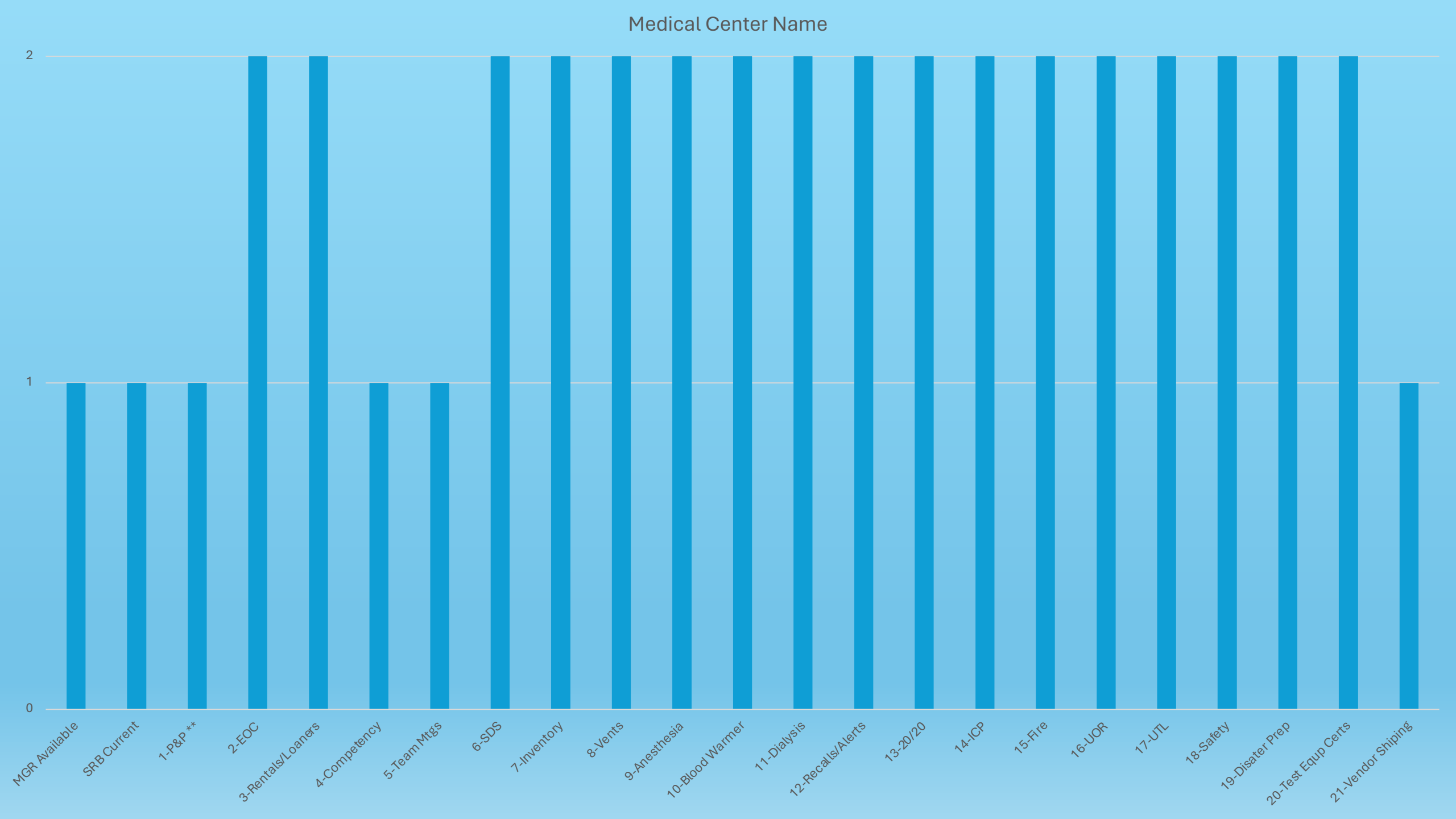
Example of Internal Mock Survey Readiness

Assessment Methodology:

The Assessment was conducted at each service location unannounced to simulate an actual inspection. Upon arrival by the CARE Team, the local ClinTech team notified their respective Area Manager. The purpose of the inspection visit was then explained to the Area Manager and his team. The following were presented to the Area Manager:

- Purpose of the visit.
- Scoring Metric:
  - 0 = Non Compliance / Not Available
  - 1 = Partial Compliant – Additional Follow-up Required
  - 2 = Full Compliant
  - Weight: 1=Low, 2=Medium, 3=High
  - Manager Availability: 0=Not Available, 1=Available
- Sequence of event of the Assessment.
- Document Review (Attachment A).
- Survey Readiness Binder Review (Attachment B).
- Exit discussion.

	MGR Available	SRB Current	1-P&P**	2-EOC	3-Rentals/Loaners	4-Competency	5-Team Mtgs	6-SDS	7-Inventory	8-Vents	9-Anesthesia	10-Blood Warmer	11-Dialysis	12-Recalls/Alerts	13-20/20	14-ICP	15-Fire	16-UOR	17-UTL	18-Safety	19-Disater Prep	20-Test Equp Certs	21-Vendor Shiping	Percentage Completion
Max Point	1	2	2	2	2	4	2	4	4	2	2	2	4	2	2	2	2	2	2	2	2	2	2	
Weight	3	3	3	3	2	2	1	2	3	3	3	3	3	3	1	1	1	1	1	1	3	2	1	
	1	1	1	2	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	75%


Medical Center Name
2
1
0
MGR Available
SRB Current
1-P&P **
2-EOC
3-Rentals/Loaners
4-Competency
5-Team Mtgs
6-SDS
7-Inventory
8-Vents
9-Anesthesia
10-Blood Warmer
11-Dialysis
12-Recalls/Alerts
13-20/20
14-ICP
15-Fire
16-UOR
17-UTL
18-Safety
19-Disater Prep
20-Test Equp Certs
21-Vendor Shiping

Areas that required additional tasks by Manager:

- Manager was notified upon arrival and was present during the document review. The Senior Lead BMET was present. The CORE Team reviewed the documents from the CORE Team's SRB. Using the CORE's SRB, the manager was able to update his SRB and in the process of completing the SRB. The CTBs are in the share drive. This was reviewed prior to the actual visits of the unannounced survey for consistency and improvement need.
- Policy & Procedures (P&P) – Ensure all titles, and review dates are correct. There were several instances in the P&P File that there were inconsistencies in the document title and review dates. Regionally, the P&Ps are being reviewed. They will be pushed from Region upon completion of the review process.
- Competency for Staff need to be updated from employee's Learn transcripts.
- Team Meetings needs to be updated from previous manager's meeting file.
- Infection Control Prevention, Fire Safety, Safety and Security, and Disaster Prep binders can be eliminated. Manager need to obtain the local hospital link to their share drive for the necessary document.
- Open Merchandise/Vendor Shipping Documents from 2016 should be captured in this binder to ensure accountability.

Don’t forget the low hanging fruits in your medical equipment program!

Q & A

For You :

Do you have a library of maintenance/information manuals?

If the manufacturer would not give you the information or maintenance manual that contains the Procedures and Frequency, what is your solution?

Do you follow manufacturer's Recommendation for Procedure & Frequency for all your devices in your inventory?

Are you currently performing ES during your scheduled maintenance?
- Why / Why Not

Is stickering SM/PM a requirement?

For Me?


GO FOR IT !
GOOD LUCK !


good luck
fingers crossed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