In terms of actual scheduled maintenance practices for medical equipment, the healthcare technology management (HTM) field has not changed that much in 20-plus years.

Most HTM professionals seem to have found a level of comfort in longstanding practices that have met equally longstanding accreditation and state licensing requirements. Over the years, some tinkering may have occurred around the edges of those requirements, but nothing has resulted in serious, widespread reassessments of HTM’s scheduled maintenance practices.

But recently, the compliance situation most definitely has changed. In late 2013, the Centers for Medicare & Medicaid Services (CMS) issued new, more stringent requirements related to hospital equipment maintenance. The Joint Commission (TJC), DNV-GL, and other accreditors have accepted for deeming purposes were forced to bring their stnardards in line with those new CMS requirements.

Although the new requirements took effect immediately, HTM generally has been slow to fully comprehend the requirements and equally slow to adopt practices that would both ensure compliance and provide the field with a means of better maintenance management.

Further complicating the picture, in 2016, TJC (accreditor of the largest number of hospitals in the United States), modified elements of its approach to accreditation surveys. Those modifications necessitated further changes in TJC’s equipment maintenance–related standards. For many months, TJC would first create and then preliminarily announce a revised standard, only to have CMS decide that further revisions in the standard were necessary to ensure consistency with CMS regulations. TJC then would have to further revise parts of its maintenance-related standards and inform the industry of the additional revisions. At the time of this writing, TJC’s accreditation manual (both the print and online versions) did not include the latest standards being applied during current surveys.

The takeaway for HTM is that strict attention must be paid to the compliance landscape. Although few modifications to maintenance standards occurred in more than 2 decades, that has greatly changed in recent years ... and months! HTM professionals should ensure that they have the latest standards and regulations (which in the case of TJC means not relying on the January 2017 printed and online standards) and that they understand the interpretation of those documents. They need to understand, among other things, that the simple goal of 100% completion of scheduled maintenance for high-risk/critical equipment and 90%-or-greater completion of scheduled maintenance for non–high-risk/noncritical equipment is no longer acceptable.

The benefits of an alternative equipment maintenance (AEM) program and the steps necessary to establish one also need HTM’s attention. Many programs have attempted to tweak their medical equipment management plan (MEMP) by adding AEM over existing processes. Such approaches typically don’t pass muster during accreditation surveys, because it’s clear that the authors of the MEMP have given little consideration to what it takes to have an effective AEM or how to fully integrate the AEM into the MEMP. It requires fundamental changes to the MEMP.

I hesitate to place too much emphasis on scheduled maintenance because I believe maintenance is not the problem it was for earlier generations of equipment. Today, other medical technology challenges are equally or perhaps more in need of our attention.

Regardless, the compliance issues must be addressed and equipment maintenance should be done wisely. That requires all of us to accept that change is here—and we need to take steps to understand and effectively address those changes.