**VIEW FROM THE TOP**

**AAMI President Talks Goals, Challenges, Data**

By education, you are not a healthcare technology expert. When you joined AAMI in 2009 as its leader, what was it like to enter the world of healthcare technology?

I was hired because AAMI needed a seasoned association executive who would help AAMI embrace change. I had worked with healthcare professionals for much of my career, which gave me a great foundation for understanding healthcare technology and the regulatory framework for it. That said, I was definitely drinking from a fire hose to master the jargon and understand the acute care environment! And, I have learned something new and important about healthcare technology every single day with AAMI, because technology is changing so rapidly.

What do you know now about healthcare that you didn’t know six years ago?

Everything. I now have a deeper understanding of the complexity of healthcare and a much keener appreciation of the challenges of every stakeholder group.

On a more personal level, as a Baby Boomer, I have learned to be very concerned about the home health system. The existing structure, culture, payment model, and regulation of home health is based on an outdated model of delivering wheelchairs to a patient's home. We need a new model before the Baby Boomers completely break the system. To understand what I mean, read the 2013 AAMI/FDA post-summit publication: www.aami.org/publications/summits/HomeHealthcare.pdf.

**What’s the biggest change in healthcare technology you’ve seen during your time with AAMI?**

The explosion of health IT and the drive for medical device integration.

**Let’s talk about AAMI’s new Strategic Plan. Before we get into the specifics of the plan, could you tell us why having such a plan is important and how was it developed?**

I like to use the analogy of going on a vacation when thinking about a strategic plan. It’s very helpful to know where you are going, how long you will be gone, what the weather will be like, what you need to pack, and how much money you will need. It’s one thing to hop in a car by yourself and decide in the moment where you are going. It’s quite another to ask 42 staff and 7,000 members to hop in their cars and join you without a plan.

Mary Logan, JD, CAE, has been president and CEO of AAMI since 2009. She has spent most of her career in executive level positions in healthcare and is passionate about AAMI’s mission to support the healthcare community in the development, management and use of safe and effective medical technology.
A strategic plan is in essence the trip plan, so that everyone in the community knows where you are headed and why, how long it will take to get there, what you need to pack for the trip, and what you need to leave behind.

Developing strategy is a key responsibility of the AAMI Board of Directors, and the Board has worked hard this year on developing the new plan. The plan was developed by a strategic planning committee made up of board members, external leaders, and staff, led by an outside strategic planning consultant. The entire board had two special strategy sessions to provide input and fine tune the plan, and the entire AAMI staff also had several opportunities to weigh in.

The plan has five broad goals. Could we go through them one by one with you explaining in “big-picture” terms why the goal is important and the overall intended outcome?

The first goal relates to community: Lead and energize a growing global community of members and other stakeholders who work together to achieve AAMI’s mission.

Goal 2 focuses on knowledge: Expand AAMI’s role as a key healthcare technology resource for discipline-specific knowledge that is needed to education, train, and support a broader community.

Goal 3 deals with standards: Transform the standards development process to increase agility, quality, and relevance.

Goal 4 looks at systems: Advance a systems approach for healthcare technology and related data.

Goal 5 relates to capacity: Build AAMI’s capacity to better serve its global community.

The goals themselves don’t say a lot about our “vacation plan,” so to speak. They say what continent we will be visiting, but not actually what we will do in that continent. You really have to drill further down in the plan to get to the outcomes and tactics before fully appreciating what we are taking on.

The most challenging part of any strategic plan is operationalizing it, so that will be my highest priority and probably biggest challenge.

One of the key strategies under goal 1 is all about the home health community and serving its needs related to technology. Complex healthcare technology is moving out of hospitals to support “anywhere/everywhere” healthcare, and AAMI needs to support that change with more depth.

One of the key strategies under goal 2 is all about expanding the content on AAMI University. Another is about growing our already strong certification program to add new certifications for professionals working with technology in both industry and healthcare delivery.

One of the key strategies under goal 3 is to create standards with more visuals, infographics, and diagrams to make the learning process easier for users of standards.

One of the key strategies under goal 4 is to publish at least three real-life examples each year of systems engineering working well—or where it could have made a difference—with some technology-related issue.

One of the key strategies under goal 5 is to improve the online user experience. Amazon sets that bar high and we need to keep moving in that direction.

Does any one of these goals strike you as particularly challenging or crucial to the long-term success of AAMI? If so, which one and why?

The most challenging part of any strategic plan is operationalizing it, so that will be my highest priority and probably biggest challenge. The staff and volunteers are busy with their normal, day-to-day responsibilities. The key is to spend approximately 20% of our time on implementing the strategic priorities, which some individuals will think is crazy impossible!

The strategic planning committee flagged three strategies as having the highest priority under the new plan:

1. Develop and implement a comprehensive membership strategy to attract a changing and diversified AAMI membership.
2. Become the trusted source for quality professional development and credentials for healthcare technology-oriented professionals and entities in higher education, industry, and healthcare delivery.
3. Develop and implement new [standards]
Let’s talk about a recent column you shared with the AAMI community, one in which you wrote about the abundance of data in the Information Age. Sounds like a situation of “lots of information, but little knowledge.”

How does the healthcare technology community, which deals with patient and device data on many levels, get a handle on that challenge?

We won’t get a handle on the data overload challenge until we all acknowledge it, understand it, and make it a priority to solve. Healthcare’s recent missteps with Ebola’s arrival into the U.S. is a microcosm of what happens when we don’t acknowledge, understand, and focus on what knowledge we need from a systems perspective. Healthcare delivery organizations are stretched so thin that these big challenges get pushed aside until there is an emergency, which is the worst time to get it right the first time.

AAMI is a very unique association in that it has such a diverse membership: clinical engineers, medical device manufacturers, biomedical equipment technicians, sterilization experts, regulators, clinicians, academics, and more. What’s the common ground?

The common ground is embedded in AAMI’s mission and DNA to support the development, management, and use of safe and effective healthcare technology. This mission should be the primary driver for all of us whose work touches patient care. A 360 degree life cycle view of technology is an essential part of assessing and managing risk, and none of us individually has that 360 degree peripheral vision. It’s through collaboration with the diversity of stakeholders that we are able to do our best work, individually and for the patients we all serve.

With such a diverse membership, can it be hard to achieve consensus on some issues? How do you move forward?

It isn’t necessarily a goal to achieve consensus on everything. Diversity is the magic of AAMI, and it makes our work stronger when we consider the perspective of all potential stakeholders before developing solutions to technology problems. It’s important to find common ground and then work to achieve solutions that everyone can support. We don’t have to agree on everything in order to develop an agreement on how to solve something.

How does a standards program thrive at a time when technology evolves ever faster and information flows more freely than ever before?

Standards are even more important than ever with the fast pace of technology change, because otherwise we will have chaos, which is how I describe the state of health IT right now. Using health IT as the example, consensus-based standards for risk management of health IT are desperately needed precisely because things have moved so fast without a solid foundation of strong standards.

Another great example is the pace of innovation with heart valves. There are some incredible advances being made with that technology right now, and our standards committee is doing a fantastic job of chasing the innovation. It’s really important work, even though the pace is challenging for everyone involved.

What’s been your proudest accomplishment at AAMI?

It’s the amazing staff and volunteer accomplishments that give me the biggest smiles, because we have had some great wins in these six years: the summits, launch of AAMI University, birth and growth of the AAMI Foundation’s Healthcare Technology Safety Institute, building much stronger relationships with other organizations and our members, and winning the G-E Pioneering Spirit Award and an ISMP Cheers Award.

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You’ve been granted one magic wish: What is the one thing you would change about healthcare technology?

All old, now outdated legacy medical devices would vanish—“poof”—out of every hospital and be replaced with new, state-of-the-art technology that has near foolproof, intuitive user interfaces.

Healthcare delivery needs to be standardized or it will never improve. This is harder than changing technology itself, because it’s the socio part of socio-technical complexity.

Surprise our readers. Could you tell us one thing about yourself that most people probably don’t know?

It’s hard to pick just one, so I’ll do two—one current and one from childhood. Current: I go to a 6:30 a.m. yoga class every morning before work. Childhood: When I was in grade school, I used to race down the steep sidewalk in front of our house on an early-generation skateboard. I have never had good hand/eye coordination, but at that time had great balance, so I felt like a million bucks racing down that hill and staying on the board.

Could you finish this thought? The biggest challenge facing healthcare technology over the next decade is …

Healthcare delivery needs to be standardized or it will never improve. This is harder than changing technology itself, because it’s the socio part of socio-technical complexity.

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