John Sandham

Device Management Policy

NHS

Painting the policy picture...

Policy needs to guide practitioners conduct in an accepted way that not only meets the needs of the organisation and requirements of the regulators, but primarily must ensure the wellbeing of the patients.

NHS

In 1999, the UK National Audit Office said...

Our survey showed however that only 12 per cent of trusts had a documented policy on standardisation of medical equipment.

Furthermore, for the 70 per cent of Trusts that had purchasing advisory committees, ***only a half of them had responsibility for the formulation of policy on medical equipment*** *standardisation.*
(National Audit Office, 1999, p. 34)

NHS

In 2004, the National Patient Safety Agency (NPSA) said...

A National Patient Safety Agency project report across multiple NHS sites identified links between purchasing and clinical incidents:

'The project identified that uncontrolled purchasing and device management, in the absence of competency-based training, were contributing factors in causing incidents'
(National Patient Safety Agency, 2004, p. 2)

NHS

In 2004 the NPSA also said...

These findings reflected an inefficient system in which infusion devices are purchased, managed and used. This is probably a national issue supported by the fact that 93 Trusts initially expressed an interest in participating in this pilot work (implying that they needed help).'
(National Patient Safety Agency, 2004, p. 6)

In 2006, The UK Medicines and Healthcare products Regulatory Agency said...

device management policy should cover the: selection, acquisition, acceptance and disposal of all medical devices; training of all those who will use them; decontamination, maintenance, repair, monitoring, traceability, record keeping and replacement of reusable medical devices.

(MHRA, Managing Medical Devices: Guidance for healthcare and social services organisations, 2006, p. 8)

NHS

The World Health Organisation issued resolution WHA60.29 in May 2007, stating that healthcare providers should:

Establish priorities in the selection and management of healthcare technologies

Expand expertise in the field of healthcare technologies

Ensure improved access, quality, and use of medical products and technologies

NHS

In 2011, The World Health Organisation stated...

‘A number of studies have shown that between 39% and 46% of adverse events, resulting from misuse of medical devices, take place in the Operating Room (86–89).
In most of these studies, the cause is only indicated as device operation related.

Variation in medical devices between hospitals (and even within the same hospital) is one of the causes of these accidents.’ (World Health Organisation, 2010, p. 14)

Three facts emerged: 1) the devices are often not well designed for the medical environment in which they are used; 2) the user is often not trained properly to use these devices; and 3) the (new) procedures often result in long learning curves for health professionals. *These three facts influence outcome of care.*

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The World Health Organisation also stated that effective medical equipment management could avoid:

30–50% of additional cost for extra spare parts and extra maintenance workload

20–40% of equipment remains underutilized or unused

10–30% extra modifications or additions required for equipment

10–30% additional unplanned costs

30–80% loss of the potential lifetime of equipment

25–35% of equipment out of service

(Lenel, Temple-Bird, Kawohl, & Kaur, How to organise a system of Healthcare Technology Management, 2005, p. 31)

NHS

In 2013... From the Robert Francis Inquiry (UK) into failures at Mid Staffordshire NHS Trust:

Patient Safety Alerts; ...'as at December 2011, the evidence was that there was **no routine follow up of compliance**, *unless the information suggested non-compliance* with an essential standard.

The CQC attributed this in part to their not having relevant expertise, particularly in relation to the safety of equipment.

It (*The Trust*) argued that to take on such a role would deflect it from its core activities.

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Thus, poor practice is harmful and expensive, and best practice, guided by policy, is safer and cheaper

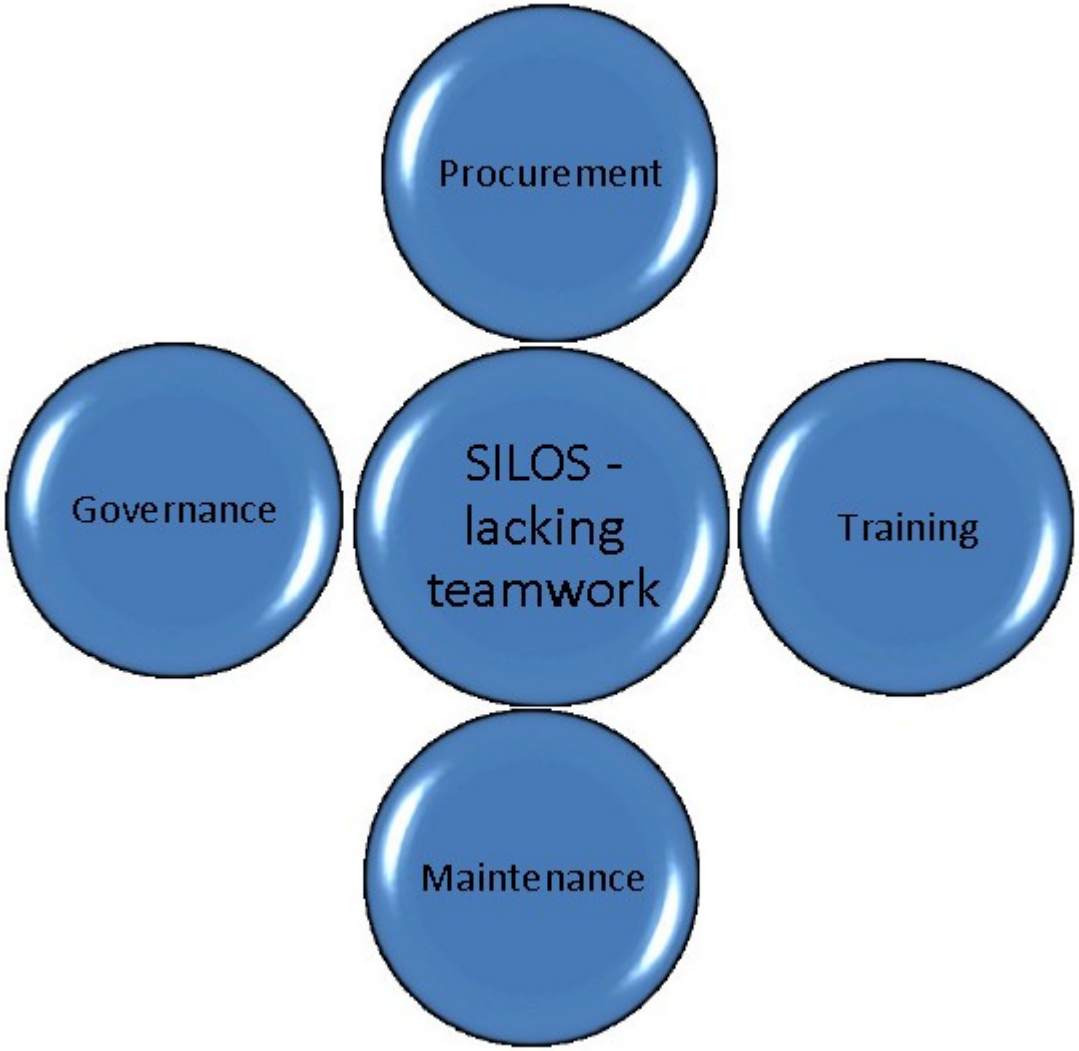
Poor acquisition; training, and maintenance leads to variation of equipment in type and volume and ultimately worldwide **research Shows this this leads to higher risk to the patient**, and higher costs to the healthcare provider.

Patients' being harmed, may lead to litigation, and therefore (ultimately) higher litigation costs and loss of reputation.

Poor governance leads to non-compliance with regulation, and potentially de-registration by the UK Care Quality Commission as a healthcare provider.

NHS

We must share best practice thereby moving away from old fashioned 'Silo' mentalities



So, the question I ask myself is,

How can we impact on medical devices management policy to ensure stakeholders meet the needs of the regulators, the organisation, and the patient, thereby leading to regulatory and ‘best practice’ improvements?

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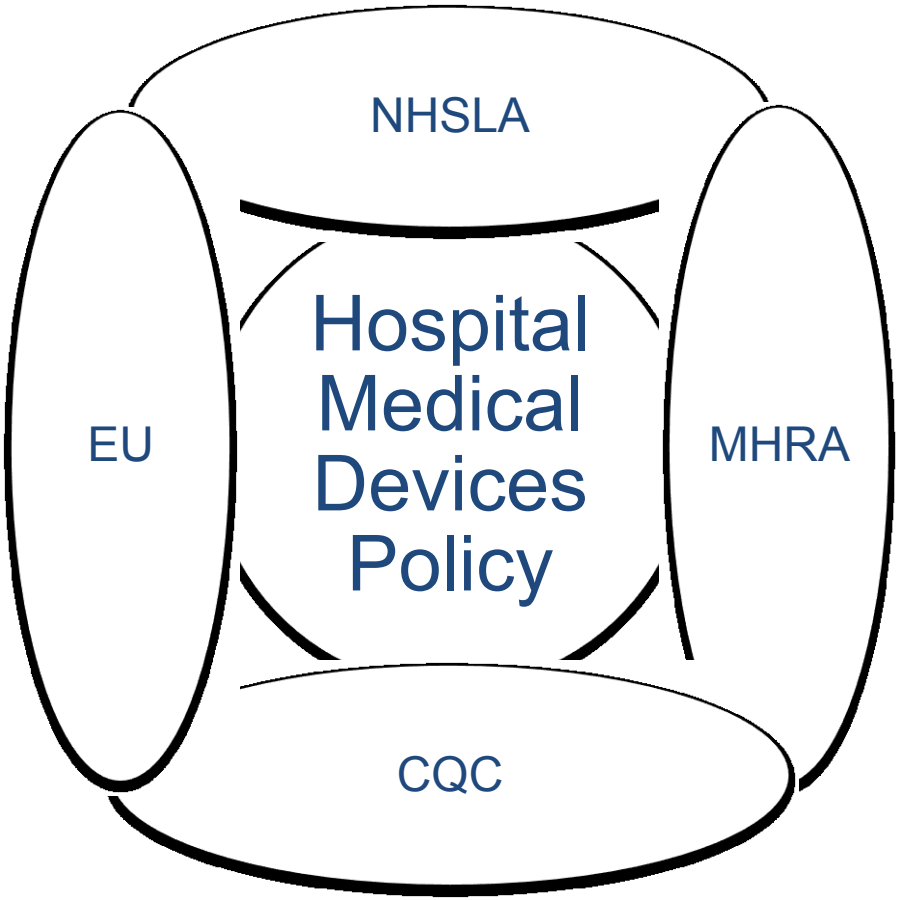
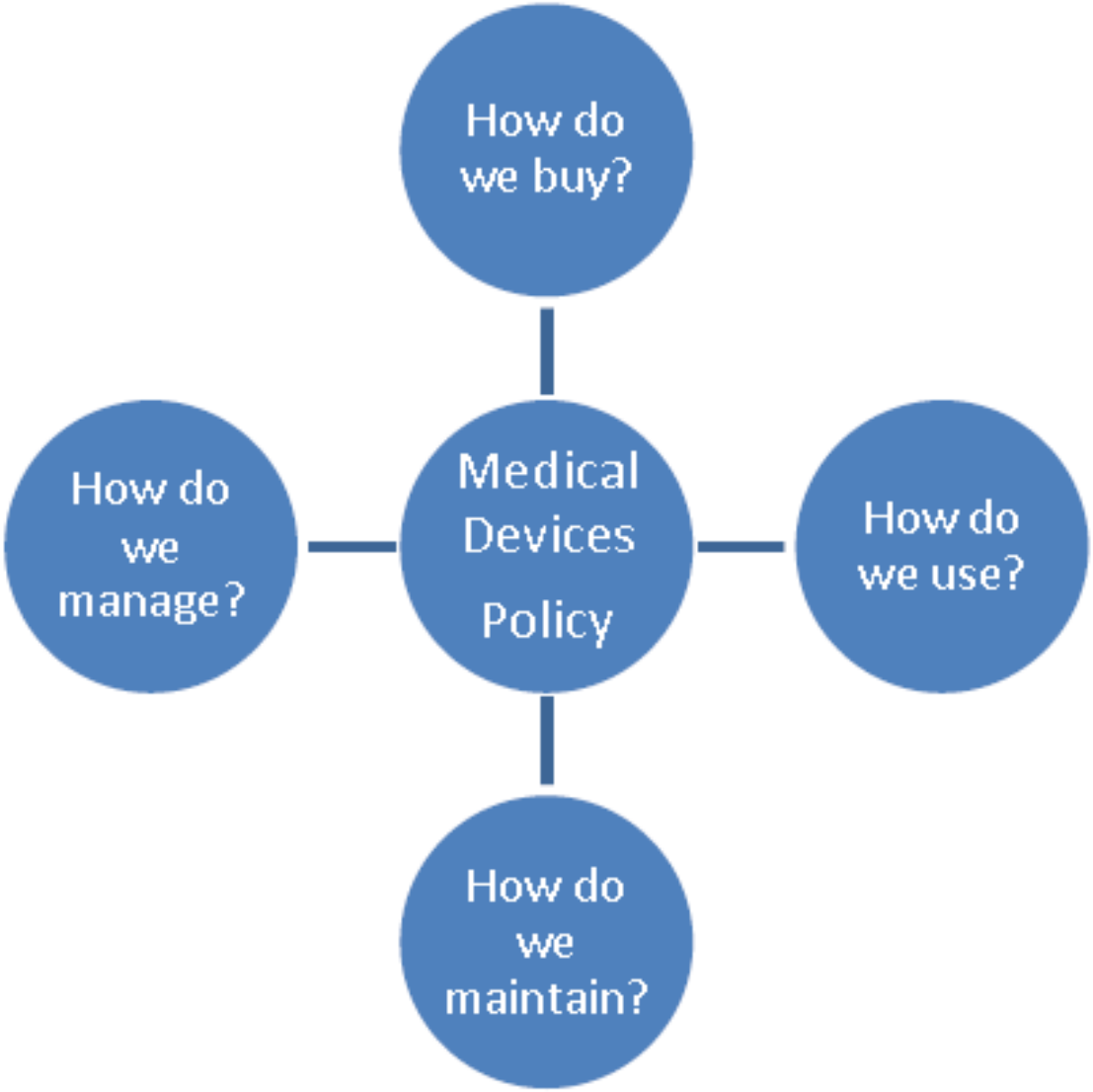
External demands on policy



Internal demands for medical devices policy makers...



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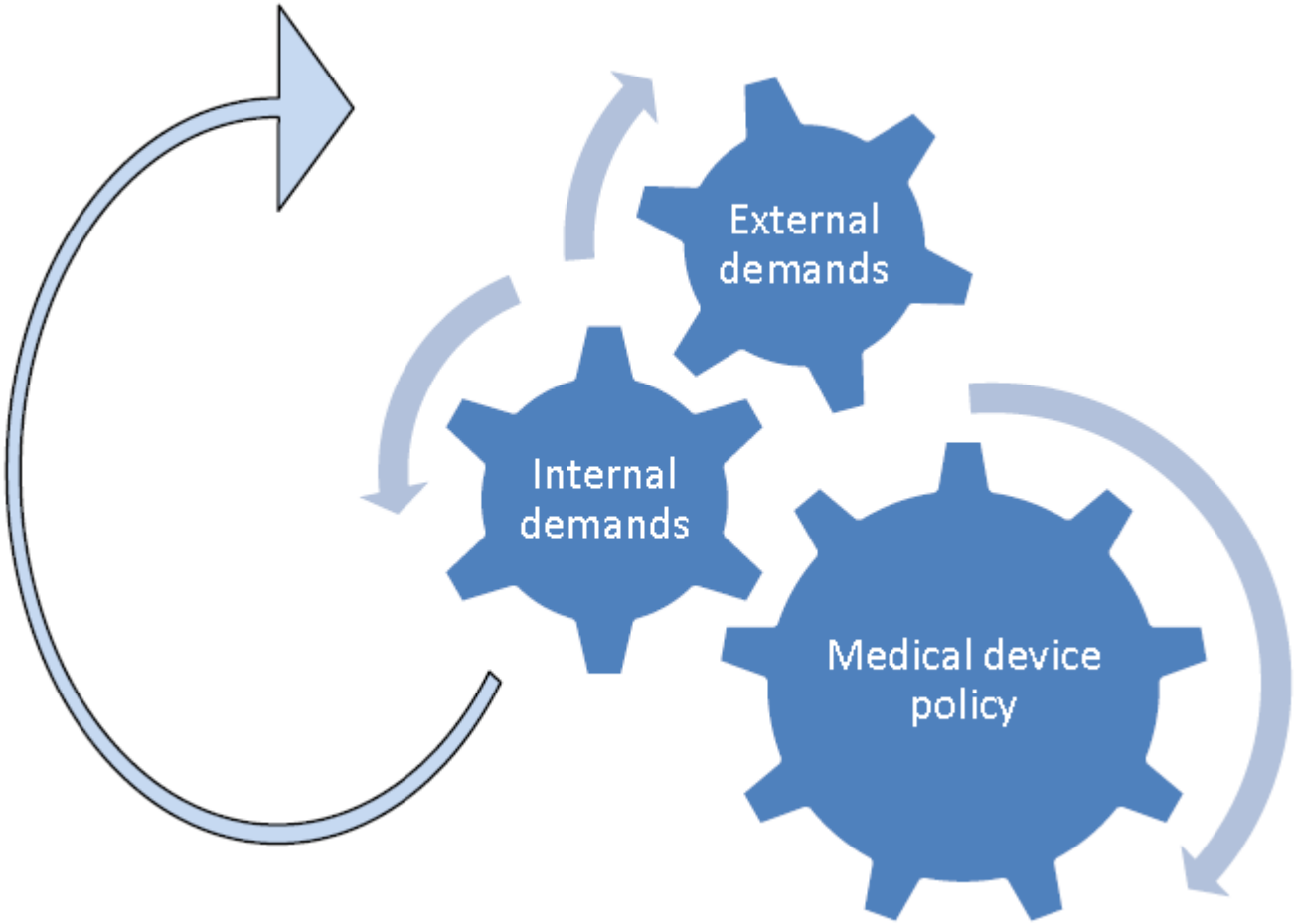
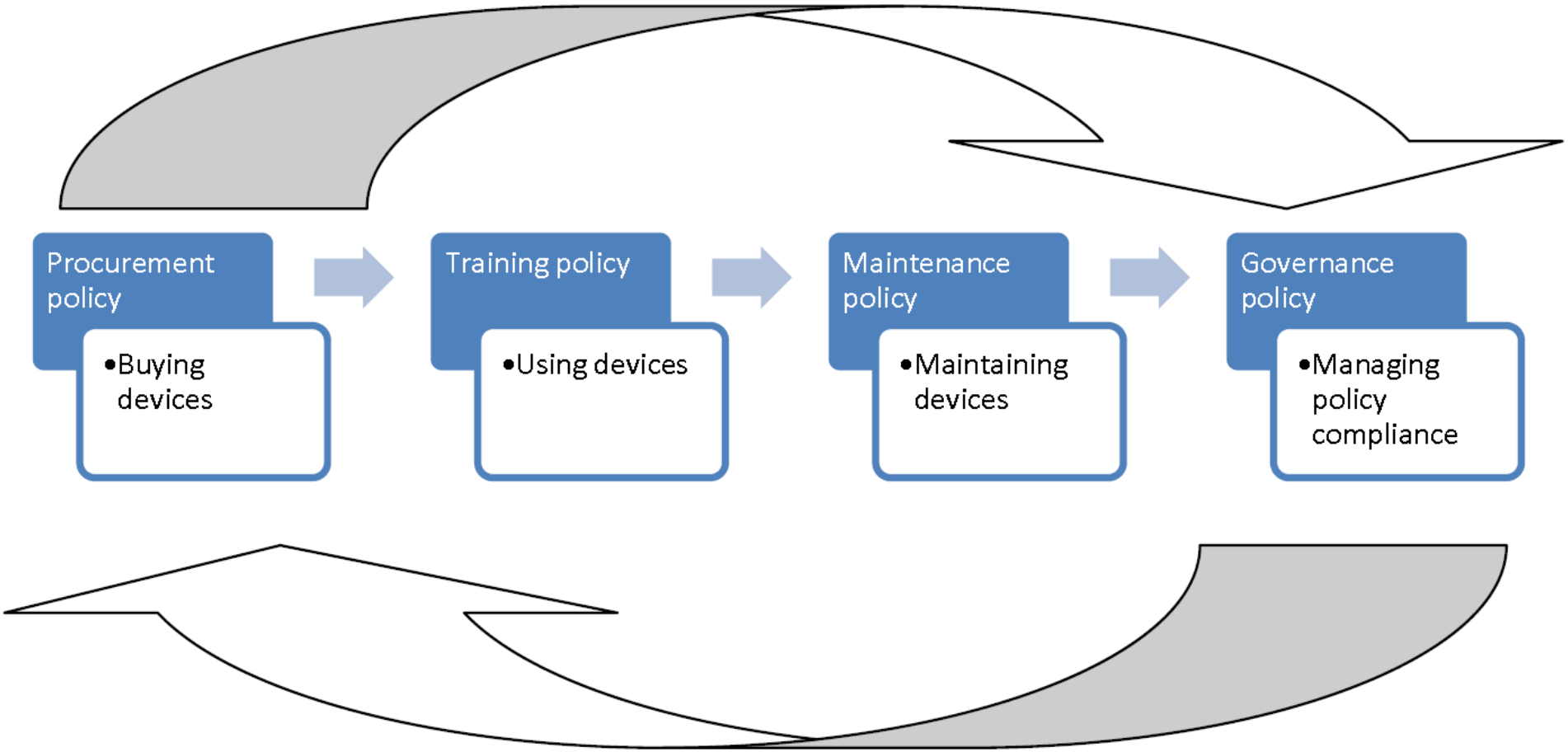
Thus external & internal demands must be linked and operational



With the overall aims of policy underpinning...



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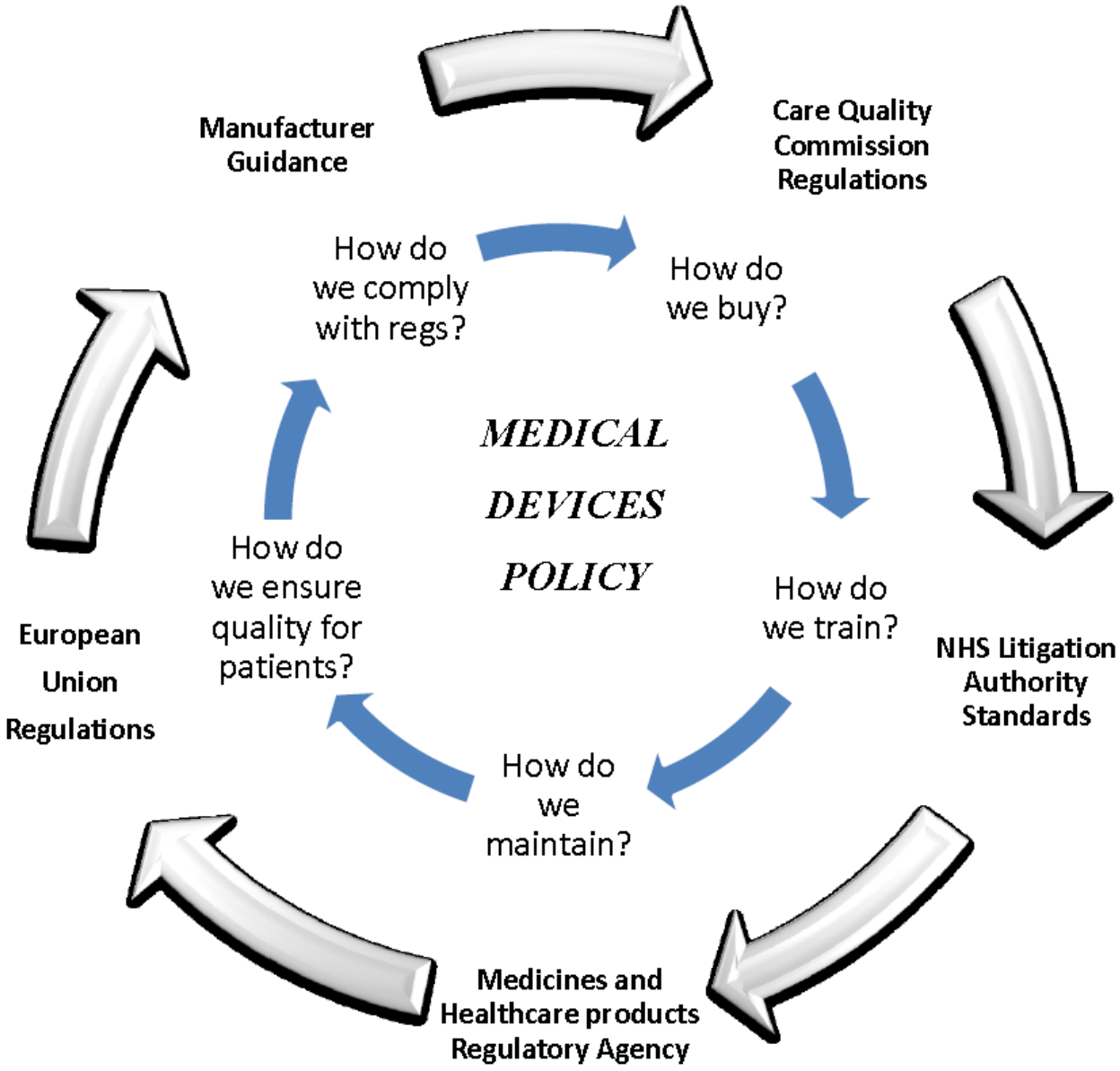
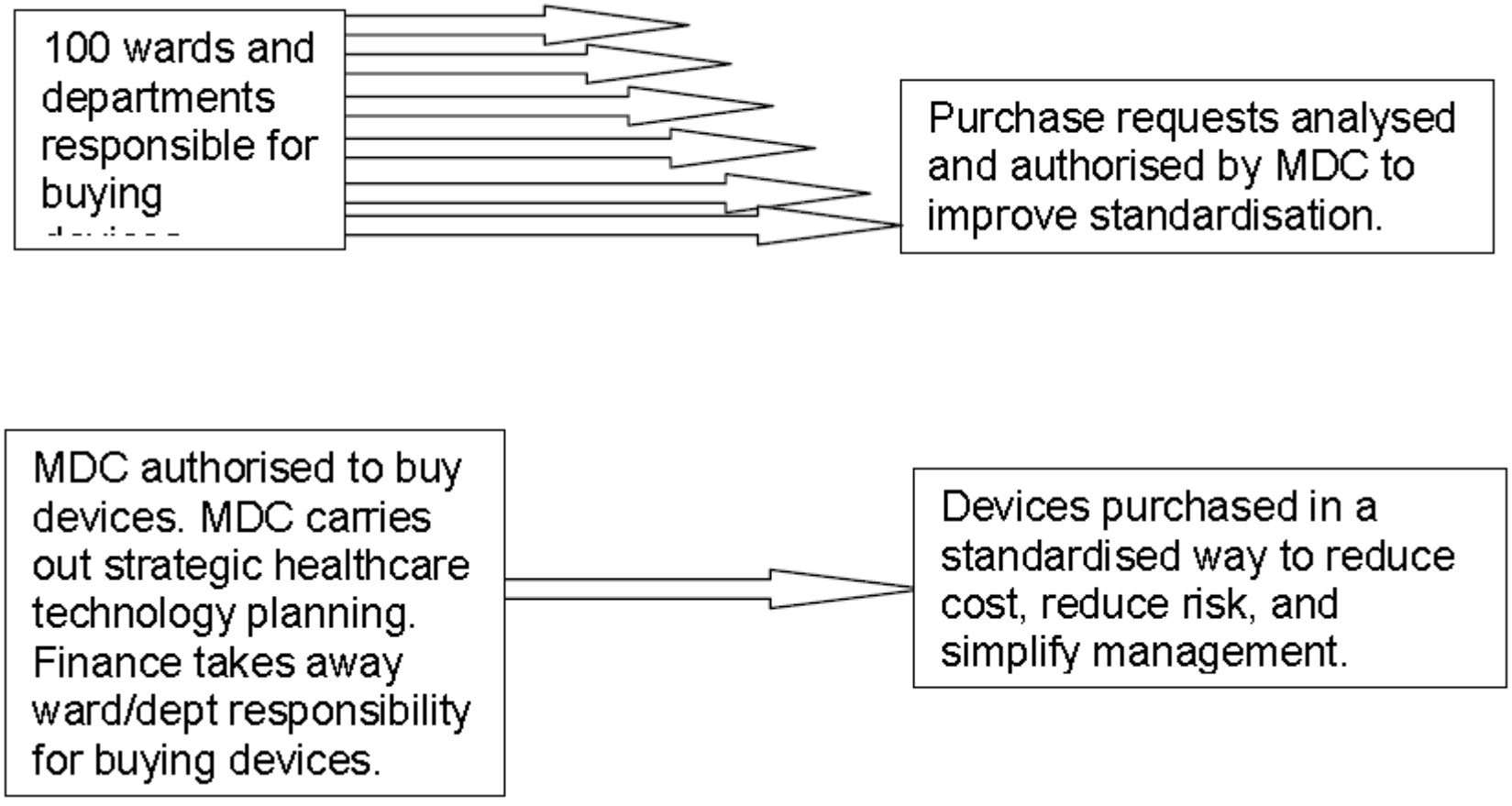
Thereby achieving a 'live' operational and best practice policy



Multiple budget lines can lead to variation



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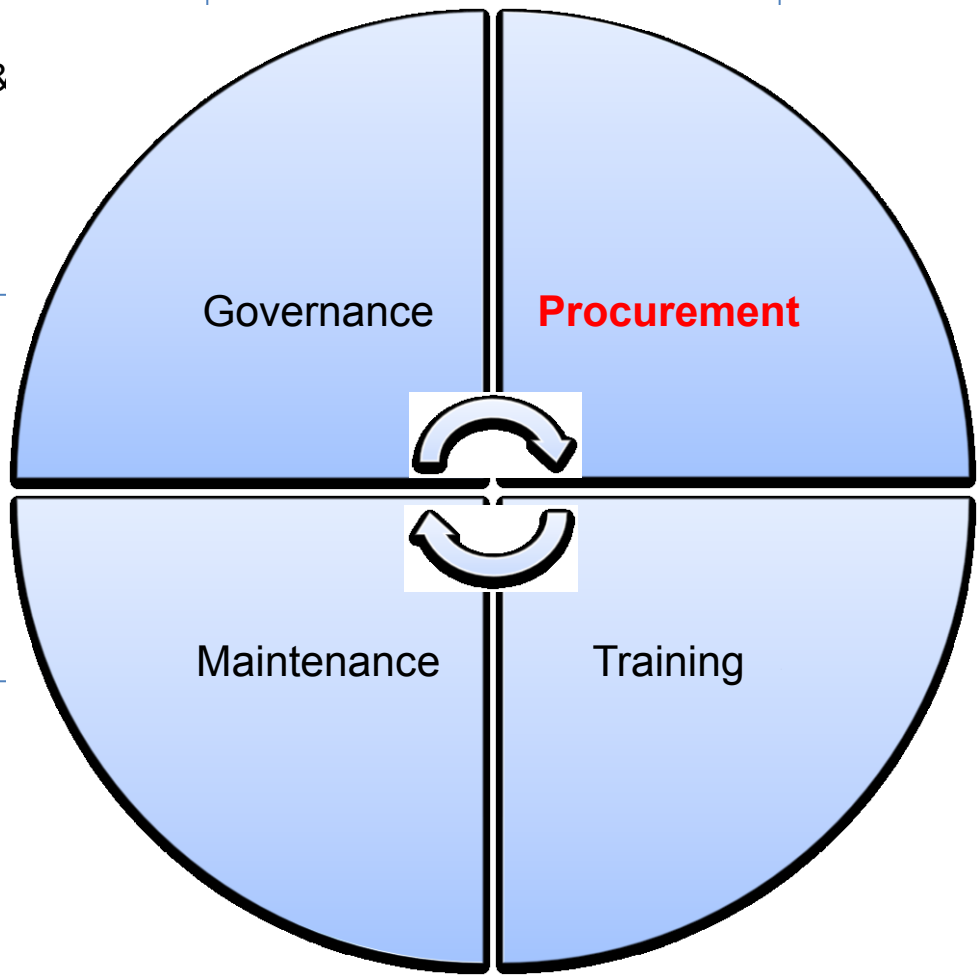
Multiple sources of acquisition can lead to variation...

Charity funds	• League of Friends • Other charities
NHS Funds	• Capital funds • Revenue funds
Supplied free	• As part of a consumables deal • As part of a clinical trial
Rentals	• Occasional use • Insufficient equipment available
Patient owned	• Patient arrives with their own device
Patient transfer	• Patient arrives in an ambulance with devices from another Trust

NHS

Medical technology procurement positively impacts on...

- Maintain policy
- Audit records
- Report to CQC & NHSLA
- **Compliance**



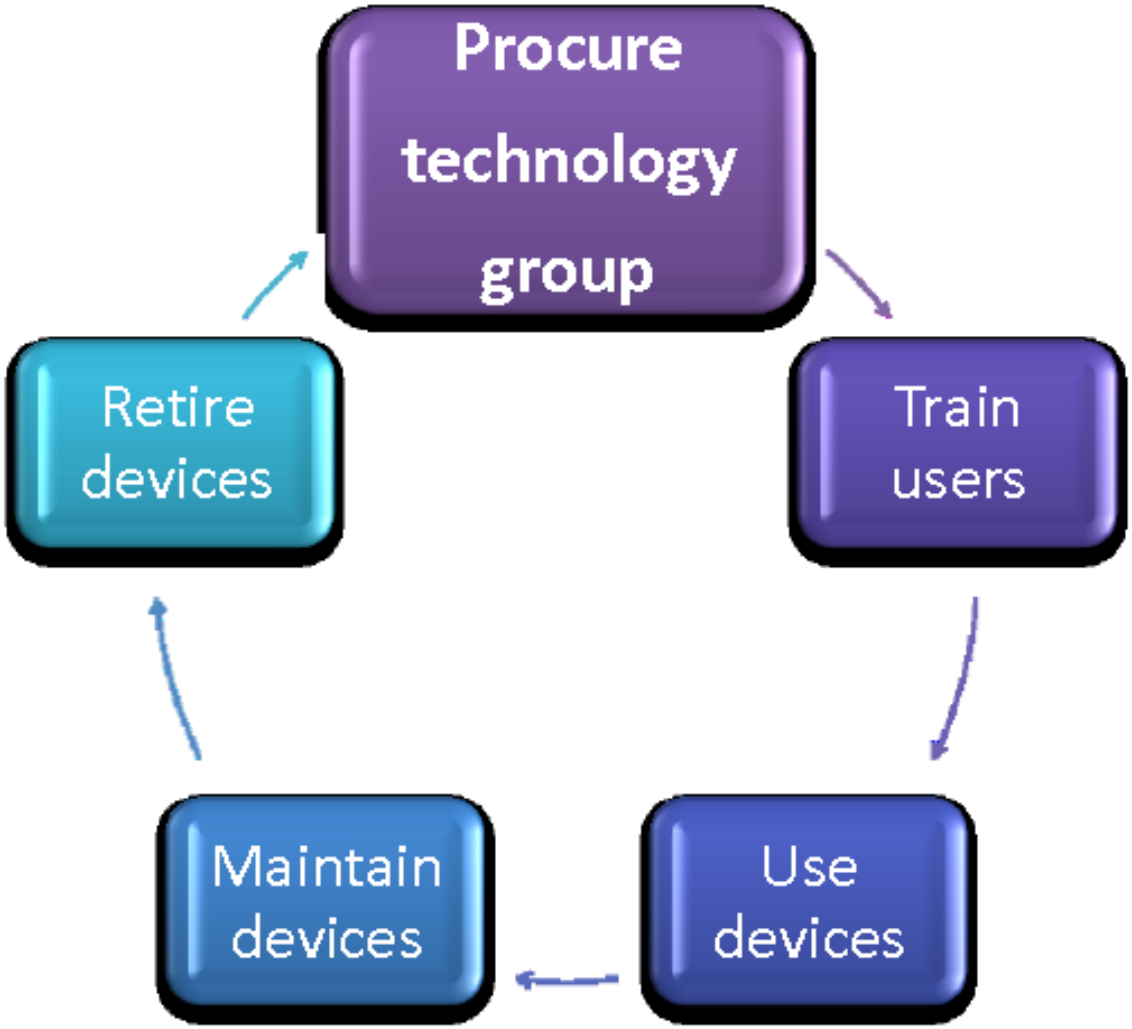
- MDC Plan to buy devices
  Buy complete technology group
  Economies of scale

- Planned maintenance
- **Improved technical skills**

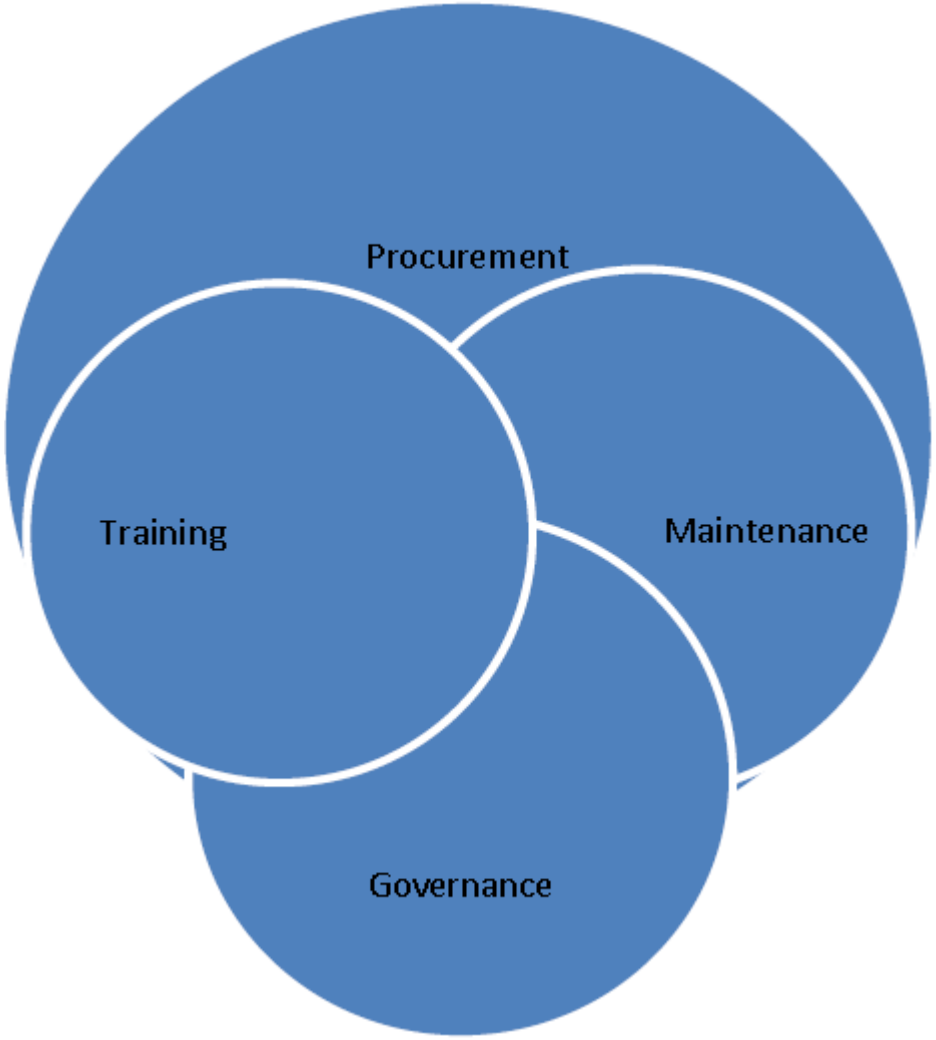
Train users
Easier training
Patient Safety

NHS

Purchasing by 'Technology Group' and the impact on training users and maintenance



Procurement weighting in policy needs to be high



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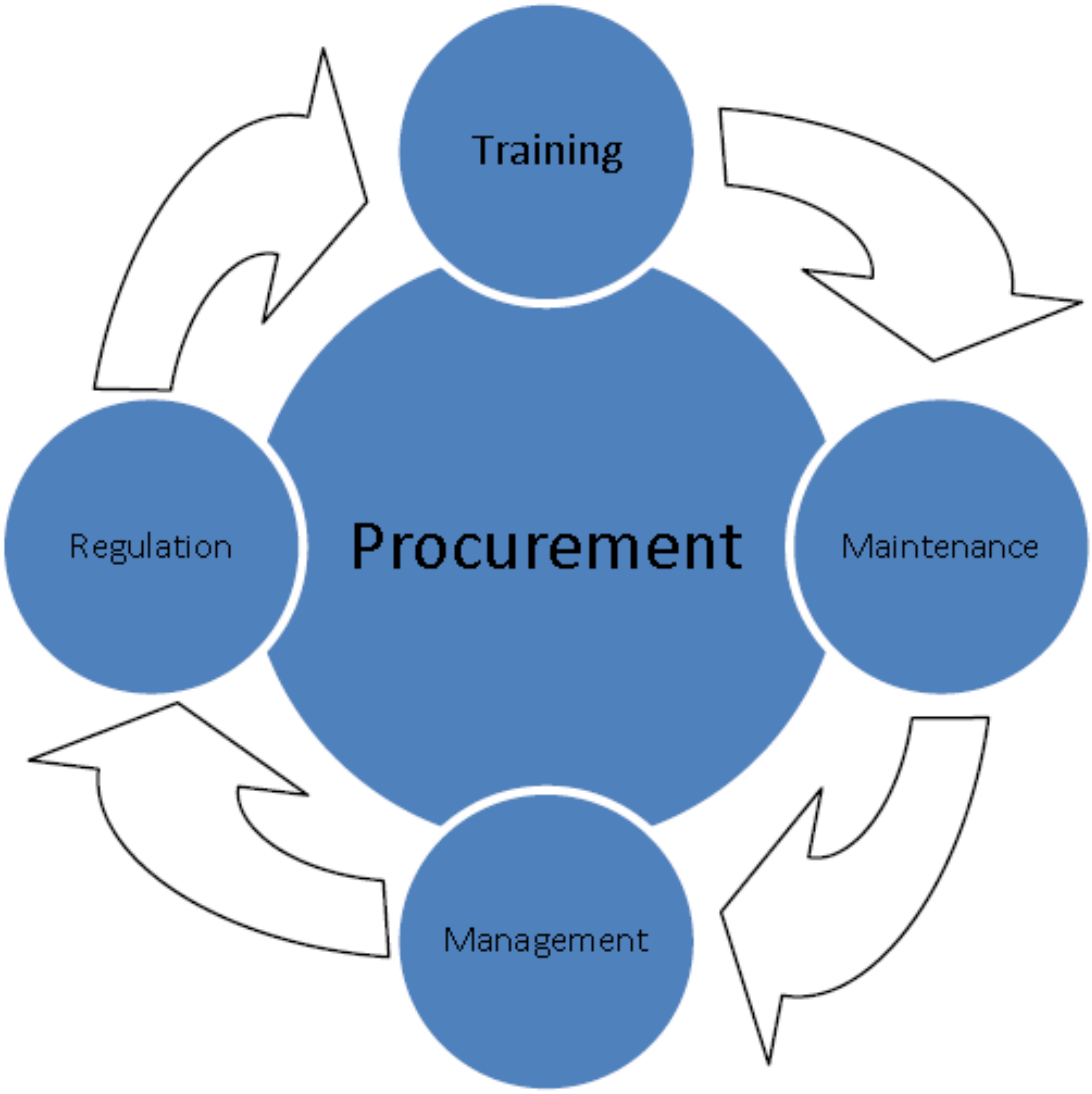
Because...Procurement is at the centre of Healthcare technology policy



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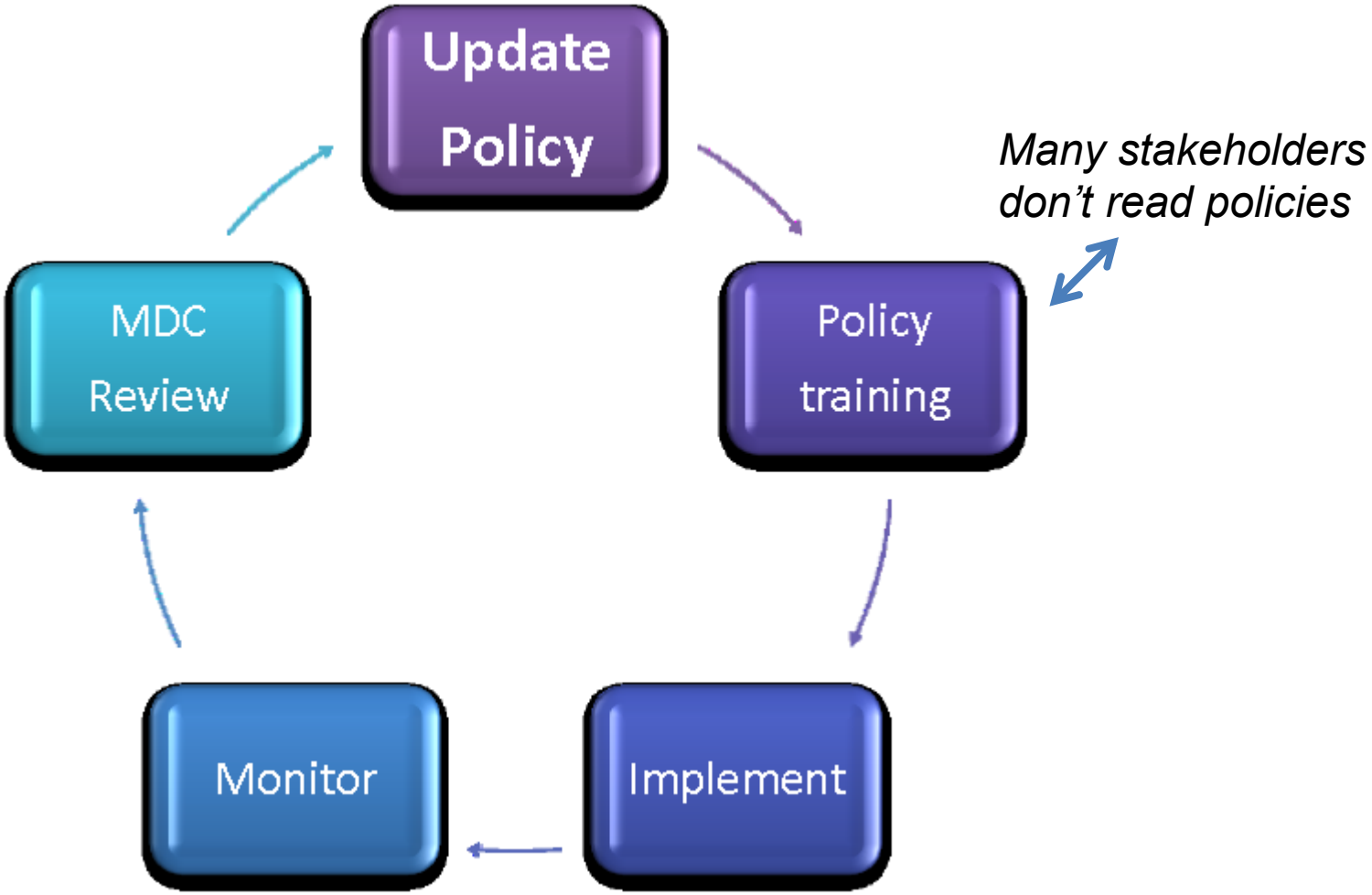
Keeping a policy 'alive' to guide conduct



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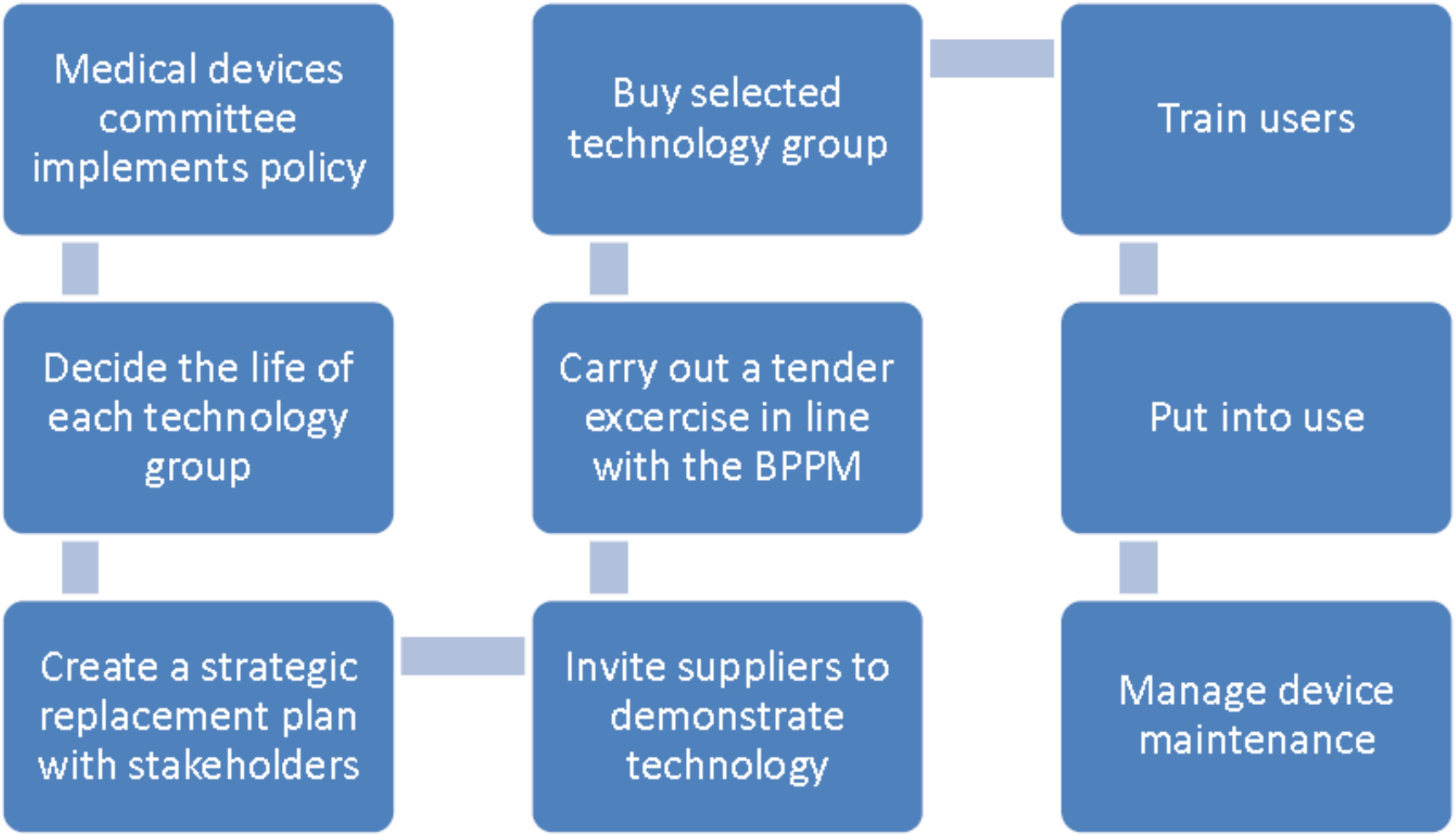
Improved conduct guided by policy – Purchasing by Healthcare Technology Group



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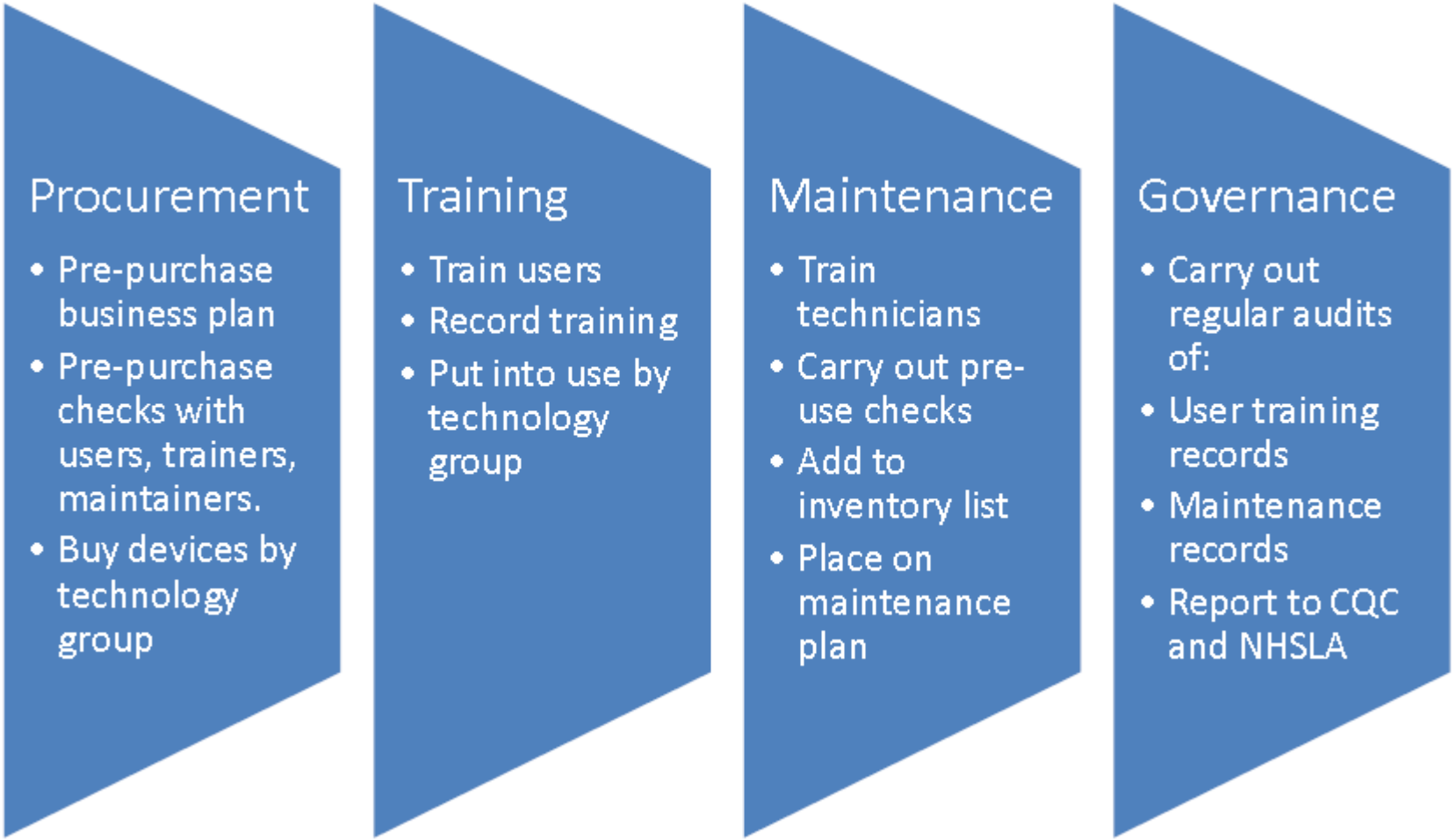
Benefits from applying an improved Healthcare Technology Policy

- Reduced asset size (improved utilisation)
- Reduced maintenance spend
- Reduced parts spend
- Improved user training
- Improved governance
- Safer practice
- Potential VAT reclaim

✓ **IMPROVED PATIENT CARE AT LOWER COSTS**

NHS

The 4 core areas of Healthcare Technology Policy



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Thank you

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