

Don't Let Medical Equipment End of Life be the End of You

Carol Davis-Smith, MS CCE
Matt Baretich, PhD CCE



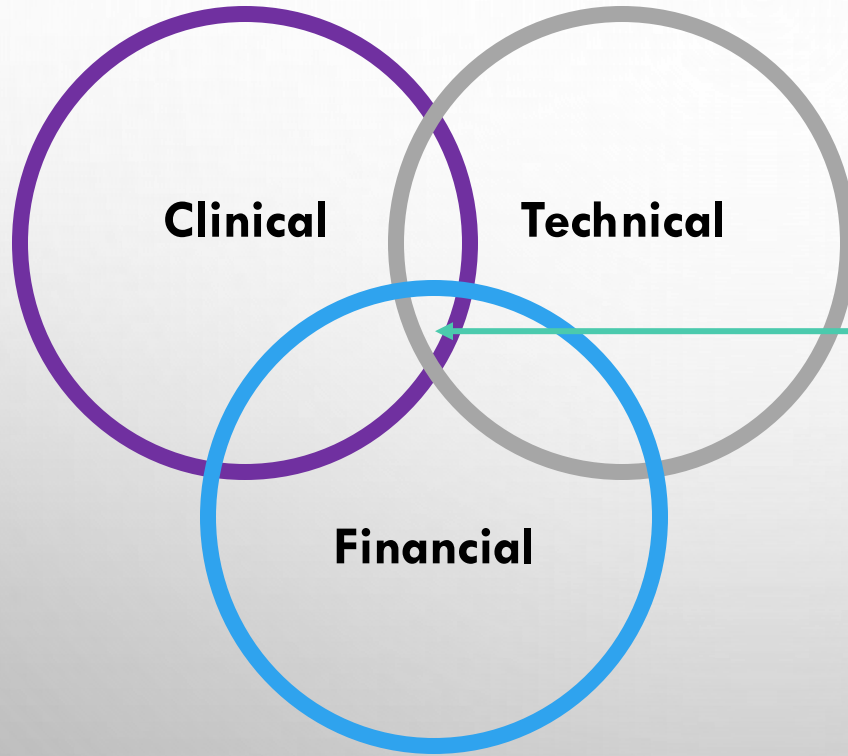


HOW DO YOU RESPOND WHEN
SOMEONE ASKS ...

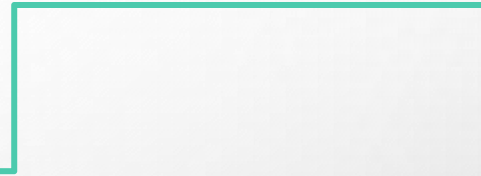
Is this device end of life?

IT DEPENDS ...

***What is their perspective?
What question are they really asking?***



**Optimized balance between Clinical,
Technical, & Financial considerations**





Technical

Most familiar to HTM

Product is still manufactured and sold

Product is no longer manufactured or sold

Product is no longer manufactured, sold, or serviced

In-house HTM capabilities

EOM



EOS



Financial

Most familiar to Finance

Asset is zero years beyond the AHA useful life

Asset is less than five years beyond the AHA useful life

Asset is greater than or equal to five years beyond the AHA useful life





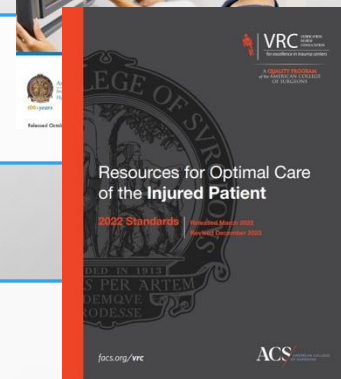
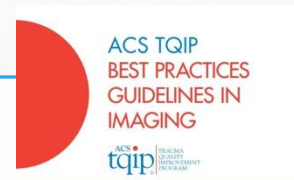
Clinical

Most familiar to Clinicians

Device/System meets all clinical standards of care and protocol requirements

Device/System does not meet some clinical standards of care and/or protocol requirements

Device/System is insufficient relative to standards of care and clinical protocols





Clinical

Utilization ... a surrogate or indicator of clinical end of life

Device/System is rarely used

Device/System has low to average utilization

Device/System has high volume utilization

Device/System has excessive utilization



WHY IS THIS IMPORTANT?

Medical Equipment Aging: Part II—Impact on Lifespan

Wang, Rui, Skinner, Ayers-Comegys, Gibson, Williams

Journal of Clinical Engineering (2024)

- Analysis of the disposal pattern of 342,000 pieces of equipment over a period of 30+ years show **age is not the primary determinant** for replacement or disposal.
- Most **equipment is deployed well past** the depreciation period and the end-of-life or end-of-support dates declared by their manufacturers, without significant negative impacts on patient care.
- Life expectancies estimated from the disposal data are **typically double** of American Hospital Association's estimated useful lives.



BC Biomedical Engineering

Collaboration of HTM programs across British Columbia
200,000 active medical devices

- New policy: Modifications of Medical Devices
- Compliance with EGBC¹ Professional Practice Management Plan
- Compliance with CMBES² Clinical Engineering Standards of Practice
- Decision tree for applicability (with examples, including 3D printing)
- Provision for formal risk assessment by clinical engineering (P.Eng.)

¹ Engineers & Geoscientists BC (professional licensing authority)

² Canadian Medical and Biological Engineering Society



Appendix A – Is it a modification?

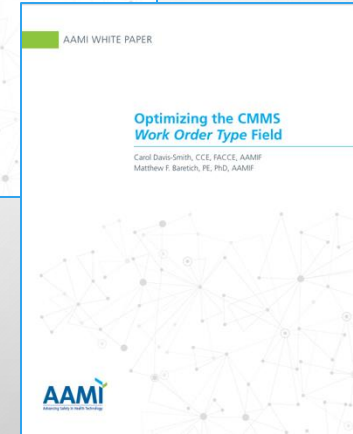
- Would the alteration have an effect on the risk profile of the device?
- Would the alteration change the operation/functionality of the device?
- Would the alteration change the intended use of the device?

If yes to any, formal risk assessment and documentation is required.

BC Biomedical Engineering New CMMS for British Columbia

Go-live (late 2025) objectives:

- Usability for frontline biomedical engineering technologies
- Analytics for actionable management information
- Province-wide standardization on best practices
 - AAMI White Paper: Optimizing the CMMS Failure Code Field
 - AAMI White Paper: PM Compliance and Definitions Guide





BC Biomedical Engineering

New CMMS for British Columbia

Follow-on projects:

- Integration: Supply Chain and Purchasing systems
- Integration: Recall and safety alert management systems
- Integration: Incident investigation management system
- Integration: Service contract management system
- Analytics for equipment replacement planning, starting with enhanced “End of Life” metrics

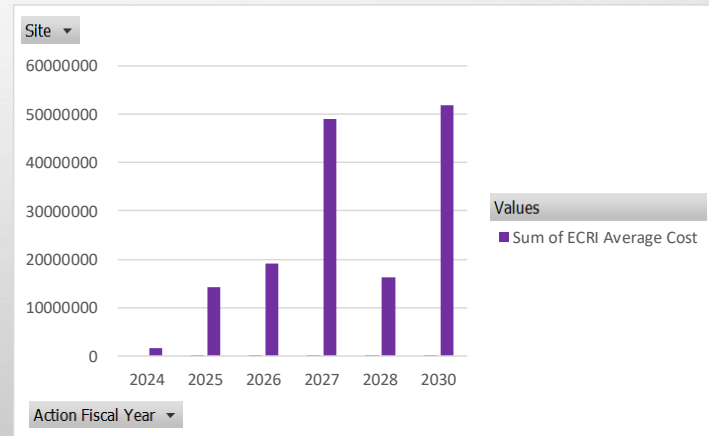
REPLACEMENT FORECASTING

Site (All) ▾

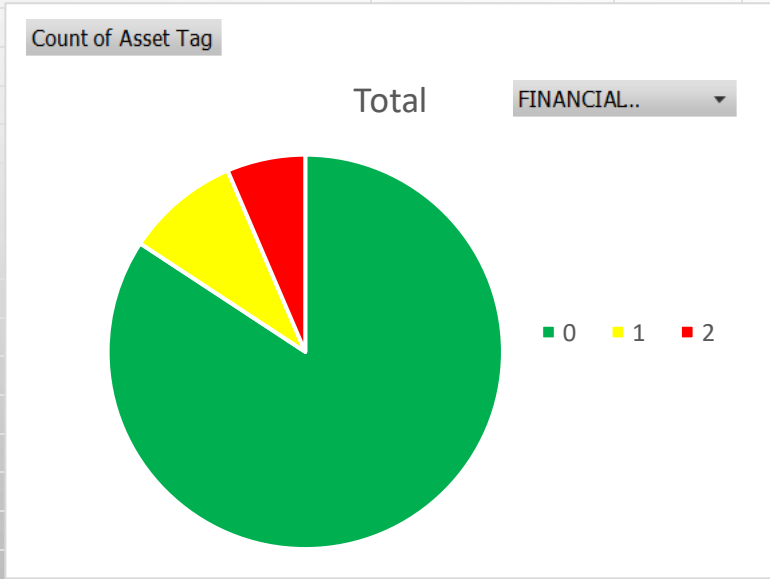
Action Fiscal Year	Count of Asset Tag	Sum of ECRI Average Cost
2024	14	\$ 1,536,489
2025	96	\$ 14,289,915
2026	38	\$ 19,078,060
2027	234	\$ 48,975,301
2028	129	\$ 16,290,547
2030	704	\$ 51,938,622
Grand Total	1215	\$ 152,108,934

Total Score

- GREEN (1-3)** Indicates a low probability for replacement within the next five (5) years
- YELLOW (4-6)** Indicates the probability for replacement with 3-5 years
- RED (7+)** Indicates a high probability for replacement within 1-2 years



Financial Depreciation Status	Count of Asset Tag		
0	1023	0	Zero (0) Years Beyond AHA Useful Life
1	113	1	Less than Five (5) Years Beyond AHA Useful Life
2	78	2	Greater than or equal to Five (5) Years Beyond AHA Useful Life
Grand Total	1214		

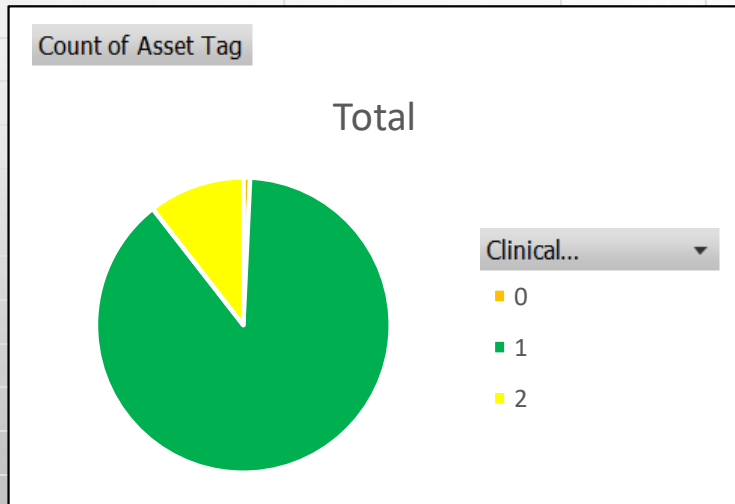


CAUTION

The green segment is over estimated due to inaccuracy of Installed Date

Date Entered
into the CMMS

Clinical Utilization	Count of Asset Tag			
0	9	0	Rarely or never utilized	
1	1077	1	Average to low utilization	
2	128	2	High volume utilization	
Grand Total	1214	3	Excessive utilization	



Why rarely or
excessively
utilized?

REPLACEMENT FORECASTING

0	Product is still manufactured, sold, and serviced	
1	Product is no longer manufactured or sold	
2	Product is no longer manufactured, sold, or serviced	

+

0	Zero (0) Years Beyond AHA Useful Life		
1	Less than Five (5) Years Beyond AHA Useful Life		
2	Greater than or equal to Five (5) Years Beyond AHA Useful Life		

+

0	Rarely or never utilized
1	Average to low utilization
2	High volume utilization
3	Excessive utilization

Total Score

GREEN (1-3)

Indicates a low probability for replacement within the next five (5) years

YELLOW (4-6)

Indicates the probability for replacement with 3-5 years

RED (7+)

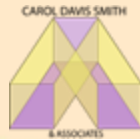
Indications a high probability for replacement within 1-2 years



Thank You!

Enjoy the Conference!

Carol Davis-Smith, MS CCE
Carol@CDSAssoc.com



CAROL DAVIS-SMITH & ASSOCIATES
Technical | Clinical | Strategic - A passion for excellence, creativity, and integrity

Matt Baretich, PhD CCE
mfb@baretich.com

Baretich Engineering

