

FROM THE DESK OF ...

Questions, as Well as Answers, Are Worth Sharing

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About the Author



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There has been lots of interest and discussion lately about preventive maintenance (PM) frequencies. Biomedics are using online listservs and asking others about their inspection intervals or whether they even test them at all. I admire these biomedics reaching out to others for their advice. And I recognize that comparing your own risk analysis results with the results of others is a useful comparison to validate your internal analysis. But one hospital should never blindly accept the risk assessment rankings of another organization. Even within a single healthcare organization or a single hospital, the same type of medical device may have different risk rankings, based upon its location, use, availability of backups, and other factors.

I believe that we should be asking each other something else besides sharing our risk analysis results.

What we should be asking each other is to share our *questions*—the risk criteria and the exact wording of our classification systems. The original criteria and questions posed by the original authors of the risk-based system of risk

analysis are fantastic, but, as with most things in life, can be made better by collaboration among larger numbers of people.

The answers are easy if the questions are worded properly and all scenarios are taken into account. If worded properly, a risk classification system will apply an accurate assessment to medical devices, imaging equipment, dietary

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equipment, housekeeping equipment, office equipment, computers, extension cords, or any other new medical devices. Heck, the perfect system would even provide an accurate assessment for determining the PM requirements of automobiles, airplanes, and nuclear reactors. The factors concerned with risk, outcome, failure mode, likelihood of failure, results of failure, etc., must be applied not only to a particular device type, but

they should also be applied to various manufacturers and model types. Our systems of analysis are designed for the purpose of making sure that we apply our limited labor resources to those items which need extra care, while not wasting our time on those items whose safety, reliability, or accuracy are not affected by our efforts.

Let's start sharing our risk analysis forms and questions with one another so that we can create safer hospital environments by spending time on those medical devices that really matter.

Going back to the use of listservs, many of the users seem to border on (dare I say it?) laziness. Those of us who regularly read the listservs—such as those provided by Biomed-talk and TechNation—chuckle about the repetitive queries. We can tell when a casual or infrequent user is on the list, because he or she will ask the same questions that are discussed ad nauseum almost monthly. These redundant discussions unnecessarily clog up the lists for everyone and have prompted some people to unsubscribe. This is understandable when the ratio of useful to useless material reaches an unacceptable level.

You may choose not to follow the discussions on a daily basis, but you have some obligations when you do decide to participate. It is similar

to walking into a room where a group has been having a discussion for a while, and blurting out a question without even checking to see what the current subject is or seeing if the subject you are interested in has already been discussed. Both BiomedTalk and TechNation have archives that are searchable. It would be a courtesy to the regular users of the lists to try searching the archives before asking a question that has already been answered to the complete satisfaction of the regular members. ■

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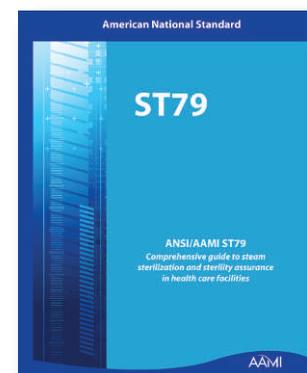
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