

CLINICAL ENGINEERING Australia: Health Leader Communications

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Overview - Australian Healthcare system

- Universal public healthcare (Medicare) – tax payer funded. Private system in parallel
- Responsibility
 - Australian Government (Federal)
 - Provides funding
 - State and territories
 - Runs the public system
- Hospital services are provided by public and private – 2017/8
 - Total hospital - 1,350
 - Public – 693 (62,000 beds)
 - Private – 657 (34,300 beds)
- Healthcare accounts for approx. 30% of state government expenditure

Overview - Australian Healthcare system

- Most CE/HTM activity is in public hospitals
- CE reporting lines are predominantly within the hospital or health network
- Typically no presence/influence of CE/HTM at government level

Challenges

- Visibility
 - Can be four levels down from CEO in organisational chart
- Organisational fit
- Changing leadership
- Change management
- Priorities
- Reporting lines
- Funding

CE/HTM Reporting Lines

- Very dependant on the hospital/health service – no consistency
- Typical examples
 - Chief Operating Officer
 - Corporate Services
 - Clinical Services
 - Support Services
 - Chief Technology Officer
 - Medical/Nursing
 - Finance

Clinical Reporting Line

- Pros
 - Establishes direct links with key clients – part of patient care team
 - Removes hard links between CE and Facilities Engineering – ensure clarity
- Cons
 - Can get lost amongst other medical/nursing issues and pressures
 - Need to establish CE credentials amongst clinicians – can be a challenge
 - May complicate links with IT services who will have a different pathway

Corporate/Technology Reporting Line

- Pros

- Higher clinical impact than many peers in this setting – gains attention but audience may require education
- Links with other infrastructure providers such as IT and Informatics – solid trend

- Cons

- Can get grouped with “Engineering”
- Harder to have impact with clinical decision makers - considered as “support” service

Maximising Impact

- Become embedded in, or lead, key activities in a formal manner
 - Capital equipment planning, prioritisation and procurement – at every level
 - Equipment **and consumables** trials and evaluation – yes they are linked
 - Incident investigation
 - Committees and working parties within clinical departments
 - Capital works and project planning
 - Health technology assessment and advice – be resourceful, use networks

Maximising Impact Cont'd

- Become embedded in, or lead, key activities in a formal manner
 - IT liaison
 - Worker health and safety
 - Policy development and review
 - Higher level activities within government processes – e.g. state-wide policy
 - Reporting of key client and executive level indicators – from turn around times and PM completion through to total cost of technology ownership
 - A reporting line as high as possible/practical

Sustain the agenda

- Communication and trust
 - Foster a trusting working relationship
 - Meet on regular intervals, highlighting achievements
 - Simplified data - dashboards
 - Education on risks to organisation
- Optimise location on the organisational chart

Sustain the agenda

- Value adding that CEs bring to the table
 - Reduce organisational risks – financial and reputational
 - Expert engineering and technical knowledge
- Get CE/HTM linked to Organisational strategic plan
- Business plan linked to yearly Organisational goals
- Audits – meeting Australian Healthcare standards is a priority
- Quality programs e.g. ISO9001, national accreditation www.safetyandquality.gov.au/



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THANK YOU!

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