

American
National
Standard

ANSI/AAMI
EQ89:2015/
(R)2023

Guidance for the use
of medical equipment
maintenance strategies and
procedures

Currently in preview, click buy full version

Guidance for the use of medical equipment maintenance strategies and procedures

Approved 6 February 2015 by
Association for the Advancement of Medical Instrumentation

Approved 12 February 2015 and reaffirmed 2 March 2023 by
American National Standards Institute

Abstract. This standard is intended to provide basic information to health care technology management professionals by identifying and describing in general various maintenance strategies and methods for efficient, effective, and timely maintenance of medical equipment in health care facilities. The standard neither mandates nor requires that any of these specific strategies be used, but instead discusses in general the uses of these methods and their potential advantages and disadvantages.

Keywords: medical equipment, maintenance, testing

AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

CAUTION NOTICE: This AAMI standard may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this standard no later than five years from the date of publication. Interested parties may obtain current information on all AAMI standards by calling or writing AAMI.

All AAMI standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Published by

AAMI
901 N. Glebe Road, Suite 300
Arlington, VA 22203
www.aami.org

© 2015 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

Publication, reproduction, photocopying, storage, or transmission, electronically or otherwise, of all or any part of this document without the prior written permission of the Association for the Advancement of Medical Instrumentation is strictly prohibited by law. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, contact Copyright Clearance Center.

Printed in the United States of America

ISBN 978-1-57020-580-4

Contents

Page

Glossary of equivalent standards.....	iv
Committee representation.....	v
Foreword.....	vi
Introduction.....	1
1 Scope.....	1
1.1 Inclusions.....	1
1.2 Exclusions.....	2
2 Definitions and abbreviations.....	
3 Developing a maintenance strategy.....	3
4 Creating alternative maintenance procedures.....	4
4.1 General considerations.....	4
4.2 Failure modes and failure effects.....	4
4.3 Clinical environment.....	5
4.4 Physical environment.....	5
4.5 Reliability.....	5
4.6 Performance verification testing/inspection.....	5
4.7 Built-in self-testing.....	6
4.8 Calibration.....	6
4.9 Training.....	6
4.10 Batteries.....	6
4.11 Accessories.....	6
4.12 Mitigation.....	6
4.13 Utilization.....	6
4.14 Parts availability.....	7
4.15 Age of equipment.....	7
4.16 Time to repair/downtime.....	7
4.17 Cost of planned maintenance versus repair or replacement.....	7
4.18 Regulatory requirements.....	7
5 Maintenance strategies.....	8
5.1 General considerations.....	8
5.2 Corrective-only maintenance.....	8
5.3 Planned maintenance.....	9
5.4 Evidence-based maintenance.....	10
6 Documenting maintenance findings and repairs.....	11
6.1 General considerations.....	11
6.2 Documentation from maintenance activities.....	11
6.3 Documentation from outside sources.....	11
Annexes	
Annex A (informative) Benchmarking.....	12
Annex B (informative) Regulatory requirements.....	13
Annex C (informative) References.....	14

Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. AAMI maintains a current list of each International Standard that has been adopted by AAMI (and ANSI). Available on the AAMI website at the address below, this list gives the corresponding U.S. designation and level of equivalency to the International Standard.

www.aami.org/standards/glossary.pdf

Currently in preview, click buy full version

Committee representation

Association for the Advancement of Medical Instrumentation

Medical Equipment Management Committee

This standard was developed by the AAMI Medical Equipment Management Committee. Approval of the standard does not necessarily mean that all committee members voted for its approval.

At the time this standard was published, the **AAMI Medical Equipment Management Committee** had the following members:

Chairs: Michael Angel, GE Healthcare
Paul W. Kelley, CBET, Washington Hospital

Members: Stuart Albert, MBA CBET-E CHSP, Independent Expert
Michael Angel, GE Healthcare
Chester Arnold, Harris County Hospital District
Bruce H. Barkalow, CCE PhD PE, BH Barkalow P.C.
Britton E. Berek, MBA CCE CHFM CPMM, Sodexo Healthcare
John M. Brown, Steris Corporation
Scott A. Colburn, MS, BSN, RN, FDA/CDRH
John T. Collins, MSEE, American Hospital Association
Robert M. Dondelinger, CBET-E MS, US Military Entrance Processing Command
Thad Flood, JD, Medical Imaging & Technology Alliance a Division of NEMA
Jonathan A. Gaev, MSE, HEM, CCE, PMP, ECRI Institute
Hudson Garrett, Jr., Nice-Pak Products Inc
Elisabeth George, Philips Electronics North America
Stephen L. Grimes, FACCE FHIMSS FAIMBE, AAMI Chair
Ethan Hertz, PE CCE MAS MS, Duke University Health System - Clinical Engineering
Julio A. Huerta, EE MPH, University of North Carolina Hospitals
John G Knapp, LifeBridge Health
Ilir Kullolli, Kaiser Permanente (US)
Lane McCarthy, CCHT, Hortense & Louis Rubin Dialysis Center
Kenneth Aaron McMahon, American Renal Associates
George Mills, MBA FASHE CEM, CH, The Joint Commission
Mark Newell
Ray P. Silkaitis, PhD, Anger, Inc
James W. Smith, EQ2 LLC
Randall Snelling, DNV GL Healthcare USA, Inc.
Robert H. Stiefel, MS, CCE
Lynne A. Thomas, Integrated Medical Systems
Steven C. Vandeweyer, CBET AA, Advocate Health Care
Karen F. Wanger, CBET, Community Hospital @ Indianapolis
Patrick B. White, FDA/CDRH
Rex H. Young, CBET, St Patrick Hospital & Health Sciences Center
Daidi Zhou, PhD, Chongqing University

Alternate: Thad Flood, Medical Imaging & Technology Alliance a Division of NEMA

NOTE—Participation by federal agency representatives in the development of this standard does not constitute endorsement by the federal government or any of its agencies.

Foreword

The overall goal of medical equipment maintenance is to ensure that the equipment functions as intended in a safe and effective manner, and to ensure that the equipment is available for use when needed. Health care technology management (HTM) professionals can employ a variety of strategies to meet this goal. This standard outlines some of the commonly used maintenance strategies. This standard is not a maintenance plan, but rather provides guidance around which HTM professionals can apply maintenance strategies and procedures.

As used within the context of this document, “shall” indicates requirements strictly to be followed in order to conform to the standard; “should” indicates that among several possibilities one is recommended as particularly suitable without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but is not prohibited; “may” indicates that a course of action is permissible within the limits of the standard; and “can” is used as a statement of possibility and capability. “Must” is used only to describe unavoidable situations, including those mandated by government regulation.

The provisions of this standard should be reviewed by department managers and adapted to the needs of their particular institutions. Written policies and procedures should be developed and implemented in consultation with the appropriate hospital committees (e.g., safety and hazardous materials).

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Technical Programs, AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

Guidance for use of medical equipment maintenance strategies and procedures

Introduction

Sometimes health care technology management (HTM) professionals need to create or modify maintenance strategies and procedures for medical devices or device systems. While the procedures and schedule may vary from facility to facility, the process by which they are developed should be consistent throughout the HTM industry. This document is intended to create the framework for this process.

There are a variety of reasons for creating a maintenance strategy or procedure, including, but not limited to:

- a) Maintenance guidelines for the device are not available (e.g., end-of-support for the device).
- b) Test equipment specified in the existing procedure is no longer available, there are new devices that accomplish the same outcome in a different but equivalent manner.
- c) Technology of testing equipment has evolved and a different but equivalent method to accomplish the same outcome is available.
- d) The existing procedure has steps that have been deemed unnecessary or insufficient (e.g., following a step on a device in a given setting may prove through experience to have no impact on maintaining or increasing reliability).
- e) The existing procedure may be written for a worst-case scenario or environment that is not appropriate for the device in question (e.g., a device inspection procedure made with the assumption that the device is being used by ambulance crews and is subject to significant wear and tear, but the device in question is in a low-risk area in a health care facility).
- f) The existing procedure may include steps that could be performed more efficiently if they were combined or performed in a different order than currently stated.

While there are many accepted maintenance strategies for medical devices, HTM professionals should select the method(s) that work best for their program. Regardless of the method(s) used, HTM professionals should provide documentation of methodologies used in establishing procedures.

Regulatory agencies or other authorities having jurisdiction (AHJ) (whether national, state, or local), may proscribe maintenance requirements that differ from the strategies and procedures presented in this standard. HTM professionals must follow all applicable AHJ guidelines.

1 Scope

This standard is intended to provide basic information to health care technology management (HTM) professionals by identifying and describing in general various maintenance strategies and methods for efficient, effective, and timely maintenance of medical equipment in health care facilities. The standard neither mandates nor requires that any of these specific strategies be used, but instead discusses in general the uses of these methods and their potential advantages and disadvantages.

1.1 Inclusions

This standard identifies general maintenance strategies and procedures that might be incorporated into a medical equipment management plan.