

Q&A: The future of capital and equipment planning for hospitals by Strata Decision Technology

In collaboration with Strata Decision Technology

Each year, hospitals and healthcare systems must continue to plan for new investments in their equipment and capital. Because of shifts in policy and consumerism, providers consider adopting new technologies and medical devices to keep up, while also needing to maintain building codes and renovating aging infrastructure. When it comes to capital and equipment planning, healthcare leaders must always plan for the distant future, hoping to make the appropriate, strategic decisions today.

So, what are the biggest challenges for healthcare organizations looking to stay ahead of their capital and equipment needs? We interviewed hospital staff representing different angles of the healthcare planning process—from clinical engineers to cybersecurity analysts—from 4 different organizations to find out how they foresee the future of capital and equipment planning, including the role that data analytics will play.

1. How does your organization currently structure their equipment or capital replacement planning? For example, what criteria do they look at when considering what to replace or when?

"We have many factors to consider with equipment replacement planning. Does the current device meet the departments need? Can we support it? Can we replace it? Will there be additional needs in replacing it? Today devices are connected and it can become a 'system problem.' When we can't get factory or third party support for upkeep, or we can't buy parts or provide technical support, it is time to replace it. Our goal is to identify items before they get to this point, so we have time to find a replacement."

- Kevin M. Ferguson, Cincinnati Children's Hospital Medical Center, Clinical Engineer

"Clinical security is a concern. In the past, organizations may see a tool and implement, considering security later. They may submit a request, only to find out, what they need most may not be what the tool does. But today, we determine, vet, and raise equipment through leadership to make sure that it addresses the real need in a quantifiable way, providing specific actions in systems to address gaps."

- Tola Amusan, Mayo Clinic, Senior Cybersecurity Analyst

2. What do you see as the biggest obstacles for organizations trying to streamline their equipment or capital planning process?

"Equipment is changing. What was once a large unit for a sound test is now a tablet with yearly licensing. What we used to buy once we now have to upgrade, with both new software and hardware. You're having to include that software as part of your operational budget. Capital is taking on a different appearance, too. We have a better understanding of the clinical side and the support profile, and we're asking for more input from our clinical people as well as our IS team, 'what are the functions that you need?'"

- Kevin M. Ferguson, Cincinnati Children's Hospital Medical Center, Clinical Engineer

"Making decisions, and utilizing data to determine the cost/life, to prioritize throughout our hospitals, and to use data from our data bases to escalate the purchase of piece of equipment. We need to be able to pull data across databases, to identify top priorities then the departments and facilities can make better decisions."

- Jeff Koford, Intermountain Healthcare, Imaging Equipment Support Director

3. How do you see data analytics playing a role in the future of healthcare capital and equipment planning, or facilities management?

"We rely on having data at our fingertips to make these decisions—lots of data, compiled and in a useful format, to help us stratify our priorities. We need to be able to scan our collection of more than 2,500 devices and make the right decision at the right time, or replace those devices if they're failing or dying sooner than expected. Data needs to be used and pushed out to help teams make those decisions at the right time."

- Jeff Koford, Intermountain Healthcare, Imaging Equipment Support Director

"Data analytics will continue to be huge. Most decisions that leadership deploys will require data analytics. For full utilization of equipment, organizations will need to push the vendor to be able to provide justification of that tool. It's not just about the number of a device, but also about how and where it's utilized, how reliable its systems are, its security, vendor responsiveness, associated costs, etc. These are all important data that will need to be tracked with analytics."

- Tola Amusan, Mayo Clinic, Senior Cybersecurity Analyst

4. If you could fix one thing about your organization's capital or equipment planning process today, what would it be?

"There is a mindset in capital planning that you need to go for the biggest thing you can get because you might never get funding again. This results in overbuying, and of purchasing devices with advanced features that don't match the current clinical program. Organizations need to be asking themselves, 'are we practicing capital conservation?' Because they will be unable to fund other essential projects if they overbuy."

- Joseph Dysko, Dignity Health, Sr. Director - Clinical Engineering & Capital Services

"Making planning more front-line and making middle management aware. There is a gap between those planning the replacement of equipment and those using the equipment, and there needs to be more transparency and use of data to forecast capital acquisition."

- Tola Amusan, Mayo Clinic, Senior Cybersecurity Analyst ■