

Medical Equipment Asset Management Framework Communications strategy

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Introduction

This document outlines a plan for communicating the changes of Medical Equipment Asset Management for health services and other important stakeholders. It clarifies communication protocols for the project and solidifies aims and objectives, target audiences and key messages, as well as summarising a series of planned communication activities.

There will be a review of the communication strategy at each key milestone to evaluate the effectiveness of the strategy.

Background

Medical equipment plays an important and growing role in the delivery of health care and constitutes a significant part of the asset base used to deliver health care.

Medical equipment has a known and limited "effective life", at the end of which it needs to be replaced. If it is not replaced there are service implications, both qualitative and quantitative. In addition to replacements, there are opportunities to significantly upgrade the equipment's functionality and to add value to services.

In March 2003, the Auditor-General Victoria (AGV) undertook a review titled "*Managing Medical Equipment in Public Hospitals*" and identified that hospitals were facing significant funding issues regarding medical equipment. The AGV recommended that the Department of Human Services (department) develop a strategic framework for managing medical equipment.

The Victorian Healthcare Association (VHA) Report titled *Health Service Capital Expenditure and Management Review (Non-Major Infrastructure and Equipment)* (*The VHA Report*) was published on 2 August 2005. The preparation of this report was initiated by VHA and partially funded by the department. The Review focussed on funding, expenditure and management of capital and infrastructure works costing less than \$2 million and all items of capital equipment. A key recommendation of this Report related to the adoption of the asset management framework outlined in the report and consideration of related aspects to support this Framework.

MEDICAL EQUIPMENT ASSET MANAGEMENT FRAMEWORK – Overview

The aim of this project is to develop a *Medical Equipment Asset Management Framework* to optimise strategic asset management of medical equipment in Victorian Health Services and to support development of individual Health Service *Medical Equipment Asset Management Plans*.

It is anticipated that this should:

- Lead to improvements in the processes of strategic medical equipment asset whole-of-life management and replacement planning (5 to 10 years), based on robust recording and information systems; and
- Assist the department and Government in achieving improved asset management and clearer strategic, long-term planning for the replacement of equipment at the end of its "effective life".

Objectives

Specific objectives for the Medical Equipment Asset Management Framework are:

- Develop a framework through establishment of guidelines and standardised processes;
- Develop a consistent approach to the treatment and recording of asset management information, (including depreciation rates);
- Develop medical equipment asset management templates and guidelines for implementation and utilisation by Health Services; and,

- Implement the medical equipment asset management framework across Victorian Public Health Services.

Aims and objectives

The key aims of the Medical Equipment Asset Management Framework redevelopment communication strategy are to:

- provide consistent messages and up-to-date information to all stakeholders regarding the project
- keep an open line of communication with all stakeholders to minimise misinformation and engender a spirit of partnership
- monitor and proactively respond to emerging issues.

The overarching objectives of this strategy are to ensure health services, users and other key stakeholders:

- understand the need for the project
- have confidence in the management of the project
- are kept informed about issues affecting them including key milestones and decisions

Target audiences

The target audiences of the Medical Equipment Asset Management Framework project are outlined below.

1. Health services
2. Health professionals
3. Victorian community
4. Government – DHS and other relevant Departments
5. Media
6. Members of Parliament
7. Other Agencies – for example, Office of the Auditor-General of Victoria

Key messages

1. The adoption of a standardised and consistent risk based approach to prioritisation of medical equipment will:
 - allow a more timely allocation of funds from the department to health services;
 - enable greater transparency in the allocation and prioritisation of medical equipment;
 - improve quality and safety of healthcare for Victorians in public health services; and,
 - provide a system wide understanding of medical equipment requirements.
2. It is anticipated that the Medical Equipment Asset Management Framework will take 18 months to develop and implement. Over this time, a range of draft tools, templates and guidelines will be developed and tested through an extensive consultative process. This will ensure the Framework is robust and provides useful tools for health services to utilise.
3. The Medical Equipment Asset Management Framework project is being developed as a response to the health services request for guidance in understanding government requirements in relation to asset management of medical equipment. The project is a partnership between State Government and Victorian Health Services.

4. The development of the Framework will align with relevant government policies and work that has previously been undertaken in the area of medical equipment (for example, Auditor General Victoria and VHA reports and the independent review of medical equipment in 2005/06).

Communication protocols

The Medical Equipment Asset Management Framework (MEAMF) project interacts with a number of groups including:

- MEAMF Project Steering Committee and associated project team, working groups etc.
- Victorian Public Health Services
- Department of Human Services
- The Government (Minister for Health)

Consistency in the information provided is a key objective of all communication activity, be it proactive or reactive. All parties should be fully aware of the ongoing project communication activities and relevant associated issues through sharing of knowledge and information. All external communication needs are to be agreed to by the MEAMF Project Team and Steering Committee.

With this in mind, it is important that a set of communications protocols is established to ensure all parties are in agreement about the content and delivery of information and provide consistent information to external audiences.

The following communication protocols are designed to ensure uniformity across all MEAMF project communications – written and verbal – and are applicable to DHS and health services involved in the MEAMF project. The protocols define processes for both proactive and reactive communication.

The protocols address situations where the Government, via the Minister's Office or the MEAMF Project Team will lead the communications, but also deal with situations where health services may be required to publicly communicate about the project. They provide guidelines for the development, approval and dissemination of all written material as well as for preparation and delivery of public comment or formal presentations.

Media relations

As a guiding principle, no public comment (written or verbal) should be made about the project unless the DHS Media Unit Manager or Media Unit staff member is involved and prior approval is sought from the department. Where required, the DHS Media Unit will refer the matter to the Minister's Office.

The exceptions to this principle relate to comments by the Minister for Health and comments made by CEO's in relation to health service operational issues.

Proactive

The MEAMF project offers significant scope for positive media coverage on a range of levels. This communication strategy details an activity program to maximise these benefits.

Proactive media opportunities fall into three broad categories:

Category 1 Major on-site Ministerial events

Category 2 Ministerial media announcements

Category 3 Local media stories

Process: Media Opportunities Categories 1 and 2

Category 1 and 2 media events will target a variety of media ranging from major outlets through to local press.

- o Media and speech/presentation materials will be developed by DHS.
- o Media release distribution and follow-up will be managed by the DHS Media Unit in conjunction with the MEAMF Project Manager and Minister's Press Secretary.
- o For on-site events the individual health service public relations department will be involved in all planning and execution.

The Minister will be the primary spokesperson for Category 1 and 2 media events, however, additional media contact may be provided by:

- o The Minister's Press Secretary – on behalf of the Minister for Health
- o Health Service CEO's – on behalf of the MEAMF steering committee
- o DHS Media Unit representative – on behalf of DHS / project

The DHS Media Unit must be made aware of all media activity regarding this project.

Process: Media Opportunities Category 3

In addition to coverage of major Ministerial events and announcements, local media coverage will be sought throughout the project to continually inform the community of relevant issues.

The MEAMF Project Team, in conjunction with the DHS Media Unit and the Minister for Health's Office, will co-ordinate material specifically developed for local media. Individual health services public relations departments will assist in the provision of information for media materials.

It is envisaged that the Minister for Health will be the primary spokesperson for local media coverage, except in the case of comments related to specific health service related issues when the CEO's or public relations manager might respond.

Reactive (issues management)

Where a reactive response is required from Government or DHS concerning the project, the enquiry should be referred by the Project Manager through the Minister for Health's Office or the DHS Media Unit.

In every case, the Minister for Health's Press Secretary and/or DHS Media Unit will have primary responsibility for media comment. The Project Team will be advised of the contact via e-mail.

The following steps will then be taken:

1. Decide on best method of response – interview, verbal briefing or written statement.
2. Decide on who will respond – Minister for Health's Office, DHS Media Unit (on behalf of the department) or the MEAMF Project Team.
3. Seek approval for above from Minister for Health's Office.
4. Execute approved response.

Observing these communication protocols will assist in maximising the positive media and communication opportunities presented by the MEAMF Project, while minimising the potential for negative media coverage. See Attachment 1 for further information about the management of issues.

Responsibilities of DHS and the Medical Equipment Asset Management Framework Steering Committee and Project Team Members

DHS

The Department will be responsible for:

- Internal communications with Departmental staff including the Minister for Health and senior executive officers
- Communication with other government departments
- Development of the communications strategy
- Media liaison

MEAMF Steering Committee

The MEAMF Steering Committee and Project Team members will be responsible for:

- Ongoing consultation with MEAMF stakeholders and consumers
- Endorsement of the communications strategy

Timelines for the Medical Equipment Asset Management Framework

Task	Completion Timelines
Phase 1 - Development	
Project Commencement - Steering Committee and Project Team established	October 2005
Stage 1 of the Independent Review of Medical Equipment Replacement Requirements undertaken by external consultants with 7 health services (4 metropolitan and 3 major regional)	December 2005
Medical Equipment 2007/2008 Business Case submitted through Government's budget process	February 2006 - December 2006
Literature Review	May 2006
Stage 2 of the Independent Review of Medical Equipment Replacement Requirements undertaken by MUCBE with remaining metropolitan and major regional health services (plus one rural)	June 2006
Develop outline of the Medical Equipment Asset Management Framework	June 2006
Develop standardised guidelines on the classification, categorisation and definition of medical equipment assets	August 2006
Develop standardised 'effective life cycle' tools for medical equipment assets	August 2006
Completion of Draft Framework	September 2006
Consultation and communication undertaken on draft Framework	December 2006
Draft Framework to be endorsed by Steering Committee	December 2006
Phase 2 - Testing of the MEAMF	
Identify health services willing to participate in the testing of the framework	December 2006
Sample health services to develop medical equipment asset management plans – with assistance by DHS	January 2007
Review of asset management plans and Framework	March 2007 June 2007
Modify MEAMF based on testing phase	July 2007
Phase 3 – Implementation	
Seek endorsement of finalised Framework by Steering Committee	August 2007
Medical Equipment Business Case ERC 2008/2009	February 2007 - December 2007
Implementation including assisting remaining health services to develop individual medical equipment asset management plans	December 2007
DHS to review health services plans for alignment with the Framework	June 2007
Medical Equipment Business Case ERC 2009/2010	February 2008 - December 2008
First year external review of effectiveness of Medical Equipment Asset Management Framework	Begin in December 2008
Modification to Framework (as appropriate) based on external review	March 2008
Medical Equipment Business Case ERC 2010/2011	February 2009 - December 2009
Second year external review of effectiveness of Framework	Begin in December 2009
Modification to Framework (as appropriate) based on external review	March 2009

Tools

Newsletter

A regular progress report, specifically about the project, will be developed and distributed to targeted audiences. This information will be made available at specific forums and on the DHS Internet site.

Internet site

An internet page will be developed on the current DHS medical equipment site and will contain;

- Key messages reinforcing the communications strategic directions
- The Project key timelines
- An explanation of each stage of the Project
- Relevant frequently asked questions and their answers
- Newsletters
- Relevant government media releases
- Eventual history of project

Information sessions

Regular updates and information sessions will be held with (as requested):

- Metropolitan and Regional CEO forums
- Industry Finance Committee (IFC) – Chief Financial Officers / Financial Managers of Victorian Public Health Services
- Biomedical Engineer's Focus Group

Evaluation

It is essential that the effectiveness of the communication is evaluated and monitored at each stage of the project. Evaluation of the strategy is a critical step in any plan for a number of reasons. Firstly, it helps to gauge the effectiveness of the strategy, enabling on-going modifications to be taken from an informed position. Secondly, for accountability and probity reasons, we need to ensure that all spending can be appropriately justified. Finally, a post-implementation analysis will contribute to new knowledge about the target audience and the most effective ways to communicate with them. The knowledge about what works for one audience, but not for another, will make the next strategy targeted at a similar audience more effective, and save time and money when developing other plans in the future.

Attachment 1 - Questions and answers

Q How has medical equipment been defined?

A. [Australian Standard AS 3551:2004 - Technical Management Programs for Medical Devices](#), the definition of "Medical device" is "Any instrument, apparatus, or appliance, including software, whether used alone or in combination, together with any accessories necessary for correct operation, which makes physical or electrical contact with the patient, or transfers energy to or from the patient, or detects such energy transfer to or from the patient, or is intended to diagnose, treat or monitor a patient." This definition will be utilised for the purposes of the Framework.

This project will only consider the replacement of medical equipment as defined above excluding the following:

- Radiotherapy equipment;
- Non-acute medical equipment (public health, mental health, aged care and dental health medical equipment);
- Buildings;
- Infrastructure Items;
- Infrastructure Maintenance Works;
- Plant, furniture and fittings;
- Information Technology Equipment;
- "New Technology" equipment such as implantable items; and,
- Additional medical equipment (new pieces of equipment).

Q What is a Medical Equipment Asset Management Framework?

A. An asset management framework is an integrated policy strategy to improve medical equipment asset management across the state. The framework provides a methodology to support the planning, which determines whether assets should be enhanced by capital investment, maintained or disposed of to continue their role in supporting service delivery. It documents the basic relationships between a hospitals clinical equipment requirements, capital investment, asset maintenance and asset disposal strategies. (derived from NSW asset strategy) <http://www.gamc.nsw.gov.au/tam/default.asp?PageID=73>

Q Why is a Medical Equipment Asset Management Framework being developed?

A. Over the last ten years a range of reports have identified a need for greater consistency in the management of medical equipment and other assets across Victoria. Health services have requested assistance in developing a standard set of guidelines and tools under a Framework that aligns with other government policy and industry frameworks.

Q What is the Medical Equipment Asset Management Framework development process?

A. The development process will outline a series of principles and guidelines to set in place a strategic approach to the Medical Equipment Asset Management Framework. The development of the framework will incorporate best practice asset management models from across Australia (Queensland, South Australia and Western Australia) and from overseas (Canada, USA, UK etc.).

Q What information can I get about the Medical Equipment Asset Management Framework project? Where?

A. This web page will be regularly updated with information on the project as it becomes available. If you still have questions please utilise the 'contact us' button on this web page and the project manager will assist you.

Q How are decisions about future funding and prioritisation being made?

A. The independent review of medical equipment replacement to prioritise medical equipment will:

- allow a more timely allocation of medical equipment program funds from the department to health services;
- enable greater transparency in the allocation and prioritisation of medical equipment;
- improve quality and safety of healthcare for Victorians in public health services;
- and provide a system wide understanding of medical equipment requirements.

Q Has government committed to the funding for this project?

A. Funding is available to assist in the development of the Framework. Furthermore, resources will be made available to health services to develop their individual asset management plans.

Q Has government committed to the funding for identified medical equipment needs?

A. Funding for actual replacement of medical equipment requirements occurs through the State Government budget process, which is outside of the scope of this project. However, this project will place the department in an improved position to clearly identify how funding for medical equipment will be expended across the health system in Victoria.

Q Are health services represented on the Steering Committee and Project Team?

A. The Chief Executive Officer of Southern Health chairs the Steering Committee and two other health service representatives are members of the Steering Committee. The Project Team is chaired by the Chief Executive of Latrobe Regional Hospital and has five other health service representatives on it.

Steering Committee

- Ms. Linda Sorrell (Chair), Chief Executive Officer, Southern Health
- Mr. Peter McDonald, Chief Financial Officer, Bayside Health
- Mr. Felix Pintado, Chief Executive Officer, Latrobe Regional Hospital

Project Team

- Felix Pintado, Chief Executive Officer, Latrobe Regional Hospital - Chair
- David Anderson, Executive Director Finance, Peninsula Health
- Peter Hutchison, Chief Financial Officer, Eastern Health
- Trevor Donegan, Chief Financial Officer, Northern Health
- Mike Denison, Manager Medical Engineering & Physics, Austin Health
- Frank Meacco, Manager, Biomedical Engineering, Monash Medical Centre, Southern Health

Q How will health services be consulted during the project?

A. A range of forums have also already been established from the outset of this project. A regular progress report is developed for presentation at the following forums:

- Metropolitan and Regional Chief Executive Officer forums
- Industry Finance Committee (IFC) meetings

- Biomedical Engineer's Focus Groups

Upon completion of the draft Framework Health Services will be asked to formally provide input and feedback to the Framework, tools, guidelines and templates. This feedback will be collated and will inform the Framework prior to the testing phase.

Health services are encouraged to provide feedback and input at all stages of the project.

Q Will there be future opportunities to be involved in the Medical Equipment Asset Management Framework project? When?

A. Yes. If you would like to provide comments or feedback on any of the documentation on this Internet site, please utilise the Contact Us area (link to be provided) that will direct you to a range of ways in which you can contact the department with your feedback. Your feedback will be collected by the department's project manager and presented to the MEAMF Project Team for consideration at the next meeting.

If you would like to become more formally involved in the project, please contact the department's project manager who will discuss opportunities with you.

Q Does this mean that health services will receive more funding for medical equipment?

A. This project focuses on improving the understanding and management of medical equipment across Victorian Health Services and within Government. However the changes to the prioritisation and allocation of medical equipment funding will mean that all parties will have a greater understanding of how relevant funding received through the Government's budget process is allocated.

Q Will the Medical Equipment Program or Targeted Equipment Program change as a result of this project?

A. Yes. It is envisaged that the development of the Medical Equipment Asset Management Framework will enable "early" identification of medical equipment priorities and support an improved allocation of Medical Equipment Program funds with the aim of reducing overall risk to patients, staff and service availability.

Q What policies does this project align with?

A. This project is consistent with Government policies, including those specific to asset management, as the continued availability of modern and up-to-date medical equipment in all health sectors is the foundation to improving the access of patients to an efficient and improved health service. These policies include Growing Victoria Together II, Department of Human Services Plan, The Metropolitan Health Strategy, Directions for your health care system (MHS), released in October 2003, Rural Directions for a Better State of Health, Whole of Government Asset Management Framework and Previous Reviews of Medical Equipment such as the Auditor-General Victoria's Report – 2003 and the VHA Report - 2005

Q Which previous projects will the Framework utilise?

A. Previous reviews of medical equipment related to asset management have included:

- *Health Service Capital Expenditure and Management Review (Non- Major Infrastructure and Equipment)*, (Victorian Health Care Association, 2005). [VHA Report];
- Auditor-General Victoria's Report *Managing medical equipment in public hospitals* (Auditor General Victoria, 2003) [AGV Report];

- *Review of Capital Equipment Funding Strategy for Victorian Public Hospitals* (Monash University Centre for Biomedical Engineering, March 2001) [MUCBE Report]; and
- *Capital Investment in Victorian Public Hospitals* (Deeble, 1994) [Deeble Report].

Attachment 2 - Action register

Date	Consultation activity	Participants	Key outcomes
Metropolitan CEO forums	Progress Report and / or face to face by Director of Programs, Metropolitan Health and Aged Care Services	Metropolitan Chief Executive Officer's and senior departmental officers	Progress reports and feedback when issues arise
Regional CEO forums	Progress Report and / or face to face by Manager, Rural Health Programs, Rural and Regional Health and Aged Care Services	Regional Chief Executive Officer's and senior departmental officers	Progress reports and feedback when issues arise
Industry Finance Committee	Progress Report and / or face-to-face	Chief Finance Officer's / Managers and senior departmental finance officers	Progress reports and feedback when issues arise
Biomedical Engineer's Focus Group	Progress Report and / or face to face	Biomedical engineer's from health services and university counterparts	Progress reports and feedback when issues arise

Attachment 3 Evaluation criteria

Evaluation is recommended for communication processes and relevant organisational outcomes. Internal processes are required to keep this process rigorous. For example, templates could be distributed to managers which allow feedback on meetings. The following checklist forms the basis of discussion and adoption for the Steering Committee.

Communication process/materials

- Were materials produced in appropriate time?
- Were materials understood by the stakeholder group?
- Were meetings held? Did the most appropriate person chair them, or attend?
- Did stakeholders have sufficient warning of meetings? Were they held at appropriate times and venues?
- Did most of the stakeholder group attend the meeting(s)?
- Did the materials answer the questions?
- What questions were missed?
- How can the MEAMF steering committee or MEAMF project team respond to these questions?
- Did all stakeholders in the group receive the materials?

Media analysis

- What stories appeared in the media?
- Did they raise issues not already identified?
 - Are these stories reflecting concerns for support by specific stakeholders?
 - What follow-up is required, or has been undertaken, to these specific stakeholders?
- Did key messages appear in the media coverage?
 - What additional communication is required to address questions or issues raised in media coverage?
 - Do comments include allegations or lack of consultation with specific stakeholder groups?

Specific communication measurables

These measurables should be tracked over time, against predetermined targets.

- Number of hits on website
- Number of stakeholders at meetings
- Time taken to respond to enquiries

Attachment 4 - S.W.O.T. analysis

Strengths

- Consistent approach to the management of medical equipment
- Linkage with state budget cycle
- Improved timing will improve purchasing decisions
- Poor compliance will likely impact negatively on hospital allocations

Weaknesses

- The framework is not linked to funding
- Assumptions may be flawed

Opportunities

- Improved linkage to funding through improved understanding of medical equipment requirements and life cycle costs
- Standardisation of information
- Linking of databases
- Improved co-ordination within hospitals

Threats

- Lack of stakeholder buy in to the final framework