CMS Alternative Equipment Management (AEM) Program

Required Documentation List

1. The hospital must have a documented program (policies & procedures), that ensures:
   - The AEM program is based on generally accepted standards of practice for medical or plant equipment
   - Acceptable guidelines for plant equipment maintenance is the ASHE 2009 document “Maintenance Management for Health Care Facilities”
   - There may be similar documents issued by other nationally recognized organizations which hospitals may choose to reference

2. The hospital must have records and documentation that qualifies the individual(s) to determine whether it is safe to perform maintenance on plant or medical equipment without following the manufacturer’s recommendations.
   - This applies to both hospital employees and contracted individuals

3. Provide the risk assessment by the hospital that takes into account the typical health and safety risks associated with the equipment’s use in determining whether or not to include it in the AEM program, and which maintenance strategies to use in developing new maintenance activities and frequencies.
   - The risks may vary for the same type of equipment, depending on the patient care setting and where it is used
   - The hospital must identify any equipment in its AEM program which is “critical equipment”; i.e. equipment for which there is a risk of serious injury or death to a patient or staff person should the equipment fail
   - The hospital must be able to demonstrate the factors it considered in its risk assessment for equipment placed in the AEM program. Possible factors include:
     - How the equipment is used and the likely consequences of equipment failure or malfunction
     - Would failure or malfunction likely cause harm?
     - How serious is the harm?
     - How widespread is the harm likely to be?
     - The manufacturer’s recommendations (if available)
     - Are the maintenance requirements simple or complex?
Can the hospital explain why it is modifying the manufacturer’s instructions?
If the manufacturer’s instructions are not available, how does the AEM determine appropriate strategies?
How readily can the hospital validate the effectiveness of the AEM program?
The availability of alternate devices or backup systems in the event of equipment failure
History of identical or very similar equipment – Is there documentation based on experience (hospital or contractor)?
Does the documentation provide the number, frequency and nature of previous failures an service requests?
Does the documentation indicate use of an AEM strategy does not result in a degraded performance of the equipment?

- The hospital may use one or more documented maintenance strategies for its AEM program. Examples include:
  - Preventive Maintenance (Time-based)
  - Predictive Maintenance (Condition-based)
  - Reactive Maintenance (Corrective, breakdown, or run-to-failure)
  - Reliability-Centered Maintenance

4. For each type of equipment subject to the AEM program, there must be documentation that identifies:
   - The level of risk to the patient of staff
   - Alternate maintenance activities
   - Alternate maintenance frequencies
   - The date when AEM program activities were performed
   - Documentation of equipment failures

5. The hospital must have written documentation that evaluates the effectiveness of the AEM program, on an annual basis. (It is understood that 12 months of the AEM program is needed in order to develop an annual evaluation.) The following factors must be addressed in the annual evaluation:
   - How the equipment is evaluated to ensure there is no degradation of performance
   - How incidents of equipment malfunction are investigated
   - The process to remove equipment from service
   - The use of performance data to determine if modifications in the AEM program are required

Source: CMS §482.41(c)(2)