Wake Forest Baptist Medical Center	**Department of Pathology Laboratory Equipment Service Procedure**	**Dept:**	**Pathology**
		Effective Date:	**12/6/2018**
		Revised Date:	**New**
		Contact:	**Laboratory Compliance, POC, Quality and Safety**
Name & Title: Greg Pomper, MD		**Date:**	
Signature: Signature on file in Lab Compliance			

1) **General Procedure Statement:** It is the intent of the Pathology Department to provide superior service to our patients, with this in mind all equipment must be kept in optimal working condition. Wake Forest Baptist Health has an agreement in place with a secondary contractor to service, and maintain its laboratory equipment. Any equipment marked with a green clinical engineering sticker is maintained by clinical engineering in collaboration with service contract representatives.

    a. **Responsible Department/Party/Parties:**
        - **i.** Procedure owner: Department of Pathology.
        - ii. Procedure: Department of Pathology
        - **iii.** Supervision**:** Department of Pathology and Clinical Engineering
        - **iv.** Implementation: Department of Laboratory Medicine and Pathology, Clinical Engineering, Department of Pathology Section Medical Directors and Section Managers, CLIA Lab Director

2) **Procedure:**

    It is the responsibility of clinical engineering to schedule and complete all services required for "green tagged equipment" and retain records indicating that appropriate services were performed. These records will be made available to any laboratory section or laboratory administration in a timely manner, upon their request.

    Some clinical engineering "green tagged" laboratory equipment may also have a vendor service agreement in place. These vendor service agreements are such that allow the vendor to perform the service instead of clinical engineering. Clinical engineering, however must still be involved with this process. They will be responsible for the scheduling of the services being rendered, the retentions of all appropriate records and service fees.

    Clinical engineering has dedicated representatives available for all Wake Forest Baptist Health locations in the event of equipment failures and preventative service needs. In the event of equipment operational failures, clinical engineering must follow proper procedures to ensure that maintenance and repairs occur in a timely manner so that the laboratories experience as little downtime as possible.

1. If a laboratory equipment failure occurs these steps must be followed by laboratory staff.

    A) Determine if the piece of equipment or instrument can be serviced by the vendor or clinical engineering. (This can be verified through section managers or Clinical Engineering if you are not sure).

        1) If a vendor service agreement is in place, the vendor can service the equipment. Contact equipment technical support directly to open the service call.

        2) Immediately after notifying technical support, notify clinical engineering of the situation. Clinical engineering will be responsible for initiating the purchase order process.

    B) If there is not a vendor service agreement in place clinical engineering will be responsible for handling the equipment failure. Before placing the call to them a determination must be made as to whether or not the equipment failure is considered critical or not.

****<u>Note:</u>** Laboratory equipment is considered critical when there is only one piece of equipment available to serve the needed function, and the downtime procedures for its absence, impedes patient results and laboratory operations.

1) If the affected equipment is critical, notify section manager immediately and call clinical engineering and inform them of the **CRITICAL** equipment failure.

2) For non-critical laboratory equipment, it is important to keep laboratory operations as timely as possible. Notify section manager of the situation and call clinical engineering to report the failure of the **NON-CRITICAL** piece of laboratory equipment.

** Establishing a category as non-critical does not mean that it is not important. Clinical engineering will prioritize their response according to their established policy #CE09. Many of these situations can be resolved by in-house clinical engineering staff or a combination of clinical engineering and vendor support.

2. With any call made to clinical engineering please be ready to provide this information.

    1. Hospital Name

    2. Your Name

3. Your Telephone #:
4. Your Department
5. Equipment ID/Asset Tag
6. Equipment Description-Including the status (Critical or Not Critical)
7. Brief Description of Problem

3) Review/Revision/Implementation:

All procedures must be reviewed at least every 2 years.

- All new procedures and procedures that have major revisions must be signed by the Department Chairman.
- All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director.

4) Related Procedures: Clinical Engineering Routine/Emergency Response Policy #: CE09

5) References:

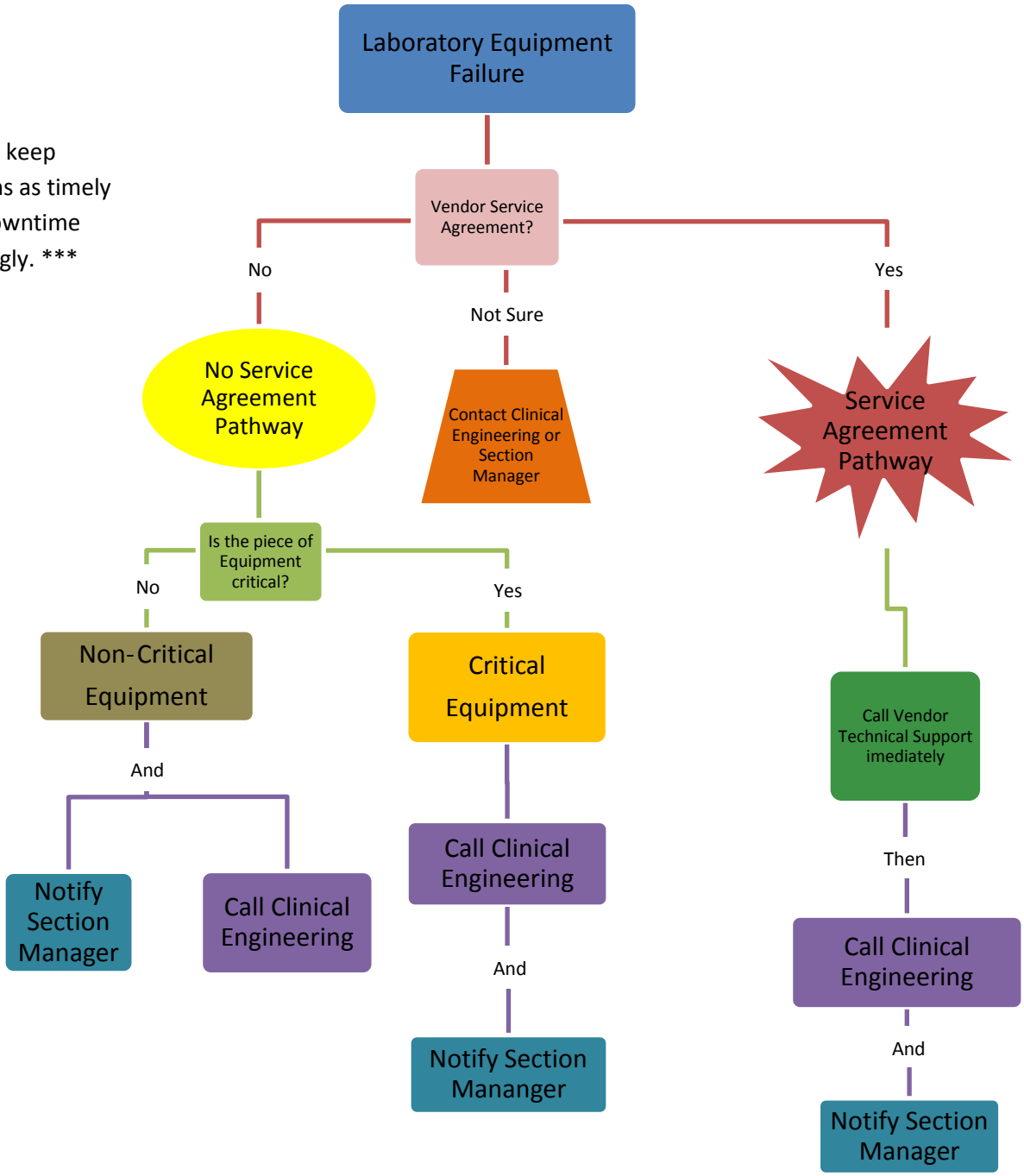
6) Attachments: Laboratory Equipment Service Flow Chart- Attachment A

7) Revised/Reviewed Dates and Signatures:

Attachment A

Laboratory Equipment Service Flow Chart

***It is important to keep laboratory operations as timely as possible. Enact downtime procedures accordingly. ***



When calling Clinical Engineering Have this information readily available

1. **Hospital Name**
2. **Your Name**
3. **Your Telephone #**
4. **Your Department**
5. **Equipment ID/Asset Tag**
6. **Equipment Description-Including the Status(Critical or Not-Critical)**
7. **Brief Description of Problem**