In-house clinical engineering programs are tasked with providing many core services such as Capital Planning, Medical Device Repair and Maintenance, Incident Investigations, Alerts/Hazard/Recalls, Cybersecurity and Systems Integration amongst others. As the number of medical devices in hospitals increase, the complexity of devices change from standalone products to integrated systems and the supportability of devices is under threat by medical device organizations, in house clinical engineering programs find themselves in the middle of a paradigm shift. Clinical engineers are finding the need to keep up with these trends for healthcare technology management. Traditionally, the optics of theses programs are low due to the size and location of the programs in the hospital, and if it rare to find Clinical Engineering personnel beyond the position of a Director to influence, guide and support decisions made by senior leadership teams. This session will provide a panel with at least 4 speakers from across Canada (BC, Alberta, Ontario and Nova Scotia) that will address the real and current issues addressed in Canadian Healthcare. They will focus their talks on how their clinical engineering programs have been successful through demonstration in the hospital the true value of an in-house clinical engineering program. After each speaker has discussed the merits of their program, there will be time left for a brief question and answer to flush out ideas heard and pose specific questions.

The benefits of employing Technologists and Engineers in the hospital directly goes well beyond being a lower cost alternative to vendor service and external consultants. Focusing on this one dimension may capture the attention of the CFO, but the CE Professional's more important relationship is with clinical staff and leadership.

To this end, strategies should focus equally on added benefits such as technology consultation, planning, education, clinical uptime, patient safety, research and innovation. Dave will discuss two strategies to build the influence and impact of the Clinical Engineering Service:
   (1) Strategic communications. Develop a descriptive model which engages a wider range of hospital colleagues and concisely explains the important activities of the CES. Tools may range from an "elevator pitch" to a full orientation session.
   (2) Relationship development. Build lasting partnerships within the organization through strategic investment in clinical and corporate priorities. The value of the CES team will not be realized without the cooperation and facilitation of many colleagues.

A savings department (typical contract only maintenance would run 7-10% of the value of the inventory; clinical engineering dept's run 5-7%)

Optimizing the use of contracted services to match the true needs to support medical technology (ROI must be clear)

Interface between the clinicians and the technology; we have the training to communicate in both worlds

Innovative: many staff create solutions to equipment repairs where a vendor would want to charge premium $ (e.g., sourcing third party generic parts, creating in house mounts vs off the

shelf saving $)

Patient safety:  regular monitoring of alerts and following up on corrective action; incident investigation involving technology and working with clinicians to affect long term corrective action