

'Best-Practice in Healthcare Technology Management'



UNIVERSITY OF CAPE TOWN

ADVOCACY CAMPAIGN AND COMPETITION

The German Church Development Service (EED) and "Bread for the World" (an aid programme of the German Protestant churches), in collaboration with the HTM Programme at the University of Cape Town, are conducting a 'Best-Practice in HTM' Campaign until September 2006.

With this campaign, we aim to promote African Regional cooperation in healthcare technology management (HTM). By collecting and publishing HTM-related experiences, we wish to encourage mutual learning and dissemination of HTM best-practice, thereby contributing to improved quality and sustainability of healthcare delivery in the African Region.

We INVITE YOU TO PARTICIPATE by:

- sharing your Case Study experiences in physical asset management and maintenance – whether success or failure, there is something to be learnt from all our endeavours;
- entering the HTM Best-Practice Slogan Competition;
- requesting/distributing HTM Advocacy Packs (including posters & year-planners).

There are prizes to be won for both the HTM case-study experiences and best-practice slogans.

To share your/your institution's experiences and submit an entry in the Case Study competition - please complete the attached form. Also please refer to the HTM Framework (on reverse) for the contextual model of this campaign. The case studies will be selectively compiled into an "HTM Case Study Experiences from Africa" publication for wide dissemination.

If you would like to request a free HTM Advocacy Pack or require further information on the campaign, kindly contact the undersigned (a box is also provided on the Entry Form).

Please return your entry to:

Mr. Mladen Poluta (HTM Programme)
Dept. of Human Biology, UCT Health Sciences Faculty
Anzio Road, Observatory 7925 South Africa
(e-mail: poluta@cormack.uct.ac.za; fax: +27 21 448 7226; tel:+27 21 406 6545)

Yours Sincerely

Mladen Poluta
Director: HTM Programme, UCT

in support of Quality Healthcare Delivery
Building competency
Sharing experience
Gathering evidence
Promoting awareness

Improved Quality of Care through better Technology Management

Healthcare Technology Management (HTM) is considered as comprising 2 phases, each with 2 processes. Each process is associated with a number of activities, as shown below:

Phases	Processes	Activities
A C Q U I S I T I O N	Planning	<ul style="list-style-type: none"> • Strategic Planning & Programming • Budgeting & Resource Allocation • Requirements Planning / Needs Assessment • Feasibility & Option Appraisal / Prioritisation • Technology Scanning / HTA
	Procurement	<ul style="list-style-type: none"> • Requisition / Specification / Evaluation • Provisioning (tender/purchase/lease/hire) • Delivery / Installation • Commissioning / Acceptance • Training (users & maintainers, initial)
U T I L I S A T I O N	Asset Management	<ul style="list-style-type: none"> • Inventory / Asset Registers / Audit Checks • Utilisation & Performance Monitoring • Maintenance & Spare Parts Management • Training (users & maintainers, ongoing) • Replacement Planning & Decommissioning
	Risk Management	<ul style="list-style-type: none"> • Risk Profiling & Assessment • Post-Market Surveillance / Hazard Notification • Inspection / Calibration / Safety Checks • Training (users & maintainers, ongoing) • Adverse Event Monitoring & Analysis

The 4 processes can be seen as 4 legs of a chair supporting healthcare technologies¹ – any imbalance, e.g. one leg missing, will result in the device falling off, with sub-optimal outcomes. Ideally, the chair itself must be well constructed with material of high quality to be able to carry the load. Similarly, in order for the HTM “chair” to fulfil its function, the HTM processes must themselves be well resourced, efficiently implemented and properly conducted. In this way they will support and contribute to Quality healthcare, defined as being²:

- Safe
- Effective
- Efficient
- Equitable
- Patient-centred
- Timely



The HTM processes should also, as a bridging concern, address issues of Access³, with components of Availability, Accessibility, Affordability & Acceptability. The ultimate goal is to optimize the acquisition and utilisation of healthcare technologies - and associated procedures and interventions - thereby leading to improved quality and sustainability of healthcare delivery.

¹ *Healthcare technologies* are here broadly defined to include all physical assets used as part of healthcare delivery, i.e.:

- medical devices/equipment, surgical instruments and associated accessories & consumables;
- buildings / physical infrastructure and supporting technologies such as communication & information systems.

² Institute of Medicine, “Crossing the Quality Chasm: A New Healthcare System for the 21st Century”, 2001.

³ Access, Utilisation and Effectiveness are the three elements of *Coverage* (as defined by the WHO).

“HTM BEST PRACTICE” CASE STUDY COMPETITION ENTRY FORM

NB: You may send is as many entries as you wish!

Details of Entrant

Family Name: First Name:

Title: Middle Name:

Position:

Organisation:

Address:

.....

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Country:

Telephone: Fax:

E-mail address:

..... (Signed)/...../ 2006 (Date)

This is a submission by me:

in my Individual Capacity on behalf of my Organisation

Should this entry be awarded a prize, the prize should go to:

Myself My Organisation A Charity (of my choice)

All submissions will be treated confidentially and we will respect any requests for anonymity.

Please send an **HTM Advocacy Pack** to the above address.

Case Study Classification:

Success Failure

Please provide the details of your case study experience under the following headings. Should you so wish, you may use general, rather than specific, descriptions to protect relevant people or institutions from public scrutiny. You may continue on an additional page; you may also submit this by e-mail in electronic form.

1. Relevant HTM Processes / Activities (see attached Framework):

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Case Study Details:

2. Location (of experience):

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3. Role-players (people involved):

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4. Background context / problem / challenge?

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5. What happened (*details of experience*):

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6. What, in your opinion, was the lesson / were the lessons to be learnt from this experience?

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7. If you have labelled your experience as a **Failure**, what could be done to prevent similar things from happening in the future? Conversely, if you have labelled your experience a **Success**, what could be done to replicate this strategy in other contexts?

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Thank you for your interest and participation!