Medical Supplies and Equipment Working Group Terms of Reference (MSEWG)

PUP105

1. PURPOSE

To ensure that all medical supplies and equipment in use within National Ambulance (NA) have been subject to a robust system of evaluation and approval before being introduced to ensure patient safety remains paramount.

2.SCOPE

To oversee the introduction, substitution and/or removal of medical equipment, consumables, software and pharmaceuticals, that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose and is thus classified as 'medical supplies and equipment' from herein.

3.DEFINITIONS

For this working group, a 'medical supplies and equipment' includes:

Medical Supplies – items that need to be replaced on a routine basis, including but is not limited to:

- disposables, single use items, e.g. disposable syringes and needles, blood glucose strips, iGel etc…
- items that are used within a short time, e.g. bandages, tape
- PPE's e.g. gloves, aprons, surgical mask
- reusable items, e.g. head immobilisers
- other items with a short life span, e.g. thermometers, eye shields
- medical gases eg Oxygen, Entonox
- pharmaceutical agents

Medical Equipment[1]: which can withstand repeated use, including but is not limited to

- Has been approved by an international or locally recognized healthcare regulatory agency (such as FDA, EMA, TGA, Health Canada), a credible Health Technology Assessment organisation or Ministry of Health in the UAE.
- Clinical items such as portable suction, oxygen concentrators, nebulizers, glucometers, IV pumps, lifepak15, LUCAS
- A variety of medico-technical devices such as powered and unpowered stretchers, wheelchairs, stair chairs
- Medical Equipment that has certain convenience features that will adequately meet the medical needs of a specific patient inc software.

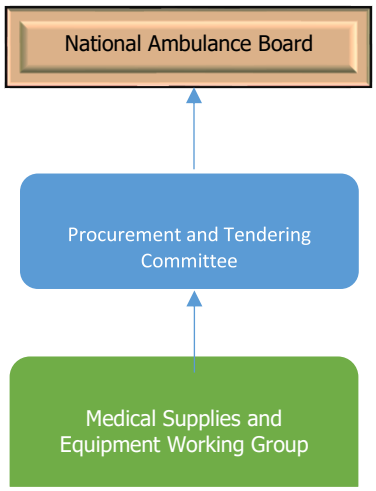
[1]As defined by DoH Nov 2017

4.OBJECTIVES

- Ensure Introduction, Substitution and/or Removal of Medical Supplies and Equipment follows the appropriate Policy and Procedures
- Establish processes for evaluating medical supplies and equipment before approval for use or purchase; to include:
    - Recognised international and/or local certification and standards
    - Patient safety considerations
    - Quality of the product
    - Quality of patient care
    - Calibration requirements
    - Cost
    - Warrantee and maintenance for the equipment
- Provide oversight of and ensure adherence to the evaluation process.
- Assessment against current contract based clinical models of care, and review upon renewal of each contract.
- Ensure that the impact of a new, substitute or removal of medical equipment and supplies is assessed from both clinical and financial perspectives before being approved for use, purchase or removal.
- Medical equipment and supplies subjected to incidents, operational feedback and defective issues to be reviewed by the working group with urgent adhoc meetings convened in urgent situations.
- Standardise medical equipment and supplies best suited to meet the clinical, safety and financial needs of NA.
- To be the final arbiter as to suitability, sustainability and standardisation of medical equipment and supplies.
- Monitor and provide support to NA specialist committees and working groups.
- Approve the medical equipment and supplies product database and ensure it is sustained and maintained.
- Comply with ISO14001 in adhering to responsible green and environmental practices.

- Ensure infection control star maintained.
- Ensure a risk assessment is done on all medical equipment and supplies procurement and where risk management / usage controls are required, this is documented in the appropriate QHSE Risk Assessments.

5. ACCOUNTABILITY AND GOVERNANCE



6. FUNCTIONAL MEMBERSHIP

The Chair will review the membership of the group and terms of reference, annually.

- Chair – Medical Director
- Member – Supply Chain Manager
- Member – Representative Operations
- Member – Clinical Education Manager
- Member - Clinical Governance Manager
- Member - Pharmacist
- Member - QHSE & BC Manager
- Member - Finance Controller

Support : Secretary (one)

The Chair has the authority to co-opt other members, as and when required.

7. PROCESS FOR SUBMISSIONS

Submission will be made to the Medical Supplies and Equipment Working Group via process outlined in the Policy and Procedure for the Introduction, Substitution and/or Removal of Medical Supplies and Equipment

Product item value will be limited to below 500,000aed. Any items exceeding this will first be approved for review by the Procurement and Tendering Committee

All submissions must be provided in English. If referred to the Board (over AED500,000) they will be subsequently translated to Arabic prior to submission.

8.CONFLICTS OF INTEREST

For the duration of their membership, members will be required to declare any interests that could reasonably be anticipated to lead to a conflict of interest. Co-opted members will also be required to make this declaration.

A Conflicts of Interest register will be maintained and updated at each meeting and reported to the Executive Office, where declared.

9.QUORUM

Minimum one representative from each area.

In the event of the Chairperson unable to attend the meeting or where the Chair registers a Conflict of Interest then a Deputy will be appointed.

10. MEETINGS

MSEWG members are to meet no less than a minimum of four times per year with an annual audit and review or when required.

All submission must be provided in English if referred to the Board of Directors (over AED999,999) they will be subsequently translated to Arabic prior to submission

11. URGENT MEETINGS

If an urgent meeting is required and a quorum is unavailable, or where an emergency is declared, members of the MSEWG may convene a meeting through email outlining their request and call for action. Any actions must be reported at the next meeting, along with supporting documentation.

12. AGENDA

The agenda will be circulated seven days before any meeting along with the previous minutes of meeting

The minutes of meeting with action points will be distributed 5 working days after the meeting by the Secretary.

The agenda items must include at a minimum:

1. Declarations of Conflicts of Interest
2. Minutes of the previous meeting
3. New business (by work streams)
4. New risks
5. New actions
6. Any other Business

13. MINUTES

The secretary must circulate Minutes of Meetings within five working days to its members and the Procurement and Tendering Committee:

Minutes are to be published and kept in the company shared drive with access only to approved members. The minutes are to be provided in English.

Decisions of the committee are based the majority vote. If the vote is tied the Chair has the deciding vote.

14. PROCEDURES AND FORMS

Form Number	Forms relevant to this procedure

15. DOCUMENT CONFIGURATIONS CONTROL

Change Brief

Version No.	Date	Changes
1	January 2018	New Document
2	February 2021	Members positions correction, & submission process

Review & Approval: Executive Office

Date:

References

WHO, 2017, [Online], http://www.who.int/medical_devices/definitions/en/