**PM Form Instructions & Reminders:**

|  |
| --- |
| **PM Developer Instructions** |
| 1. Complete the PM Developer Header on Page 2    * Find an example Asset Number & Indicate from which Segment/Health Authority    * Locate the Service Manual & Find the PM Frequency    * AEM Modification Details – Details modifications/changes from the original manufacturer procedure 2. Use Appendix A to Build PM Procedure    * Appendix B lists of all the different types of sub-procedures available to use in TMS.    * Please copy and paste the types you will be using to develop the procedure.    * The Sub-procedure number (SP#) will be filled in later by the CMMS PM Writer as they upload the steps to TMS.    * Keep sub-procedure instructions short (max 10 lines) to avoid scroll bars in the sub-procedure in TMS. |
| **CMMS PM Writer Instructions:** |
| 1. Complete the CMMS PM Writer Header on Page 2 2. Ensure the PM form reflects what is in the CMMS (Spelling, 10 line Limits, etc.) 3. Fill in the SP#s with the CMMS Sub-Procedure numbers 4. Delete PM Form Instructions & Reminders, Appendix B, and Appendix C. 5. Save the file name as    * “Manufacturer Model Name Rev DDMMMYYYY M-#”    * “Subcategory Name (Generic) Rev DDMMMYYY S-#”    * *Note Manufacturer, Model Name, & Subcategory should be the same as it is in TMS. Use Example asset.* |
| **Sub-Procedure Types** |
| * **Test Equipment**   + Step should be included in all procedures where equipment is required – ECNs not mandatory in most cases. * **Parts Replacement**   + One step for each part – DO NOT use a checkbox list with all parts * **Comment box**   + Example in Appendix B shows the Test Equipment step which should be included on all procedures where test equipment is needed * **Yes/No**   + Used to indicate completion of a step that does not have a Pass/Fail/Corrective Action component.   + E.g. “Restore Clinical Default Settings” * **Choice list** (Usually used for pass/fail questions using radio buttons)   + Radio buttons     - Preferred     - Only one answer/Mutually Exclusive   + Dropdown list     - Only one answer/Mutually Exclusive     - Not Commonly used   + Checkbox     - allows multiple options to be selected –     - Not Recommended/Avoid Using     - Responses selected will not be visible on the TMS summary screen   + Standard Responses:   Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments)   * Add N/A for steps that may or may not have a particular option   N/A   * **Data Readings for non-test items**   + Ex. Meter Reading * **Data Reading for test items**   + Needs both a Pass/Fail question and the data field - include the range) * **Workflow**   + If Yes/No Questions can be a combination of different Sub-Procedure types   + Use to differentiate between PM Year/Types   + Use to differentiate between purchased options/features to be PM’d/Tested |
|  |

**PM Procedure Header:**

**To be Completed by PM Developer:**

 Attach service and / or operators manual

 Attach vendor procedure or section of the service manual with vendor procedure

 Confirm preventative maintenance frequency from manual

 Did you modify this procedure in any way? If so, please see AEM instructions below to determine if it meets the criteria for AEM.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example**  **Asset #** |  | **Example**  **Serial #** |  | **Segment number (HA) for example asset:** |  |
| **PM Developer Name:** |  | **Contact Info:** |  | **Date of completion:** |  |
| **Subcategory:** |  | **Manufacturer:** |  | **Model Name:** |  |
| **PM Frequency** |  | **Manual Revision:** |  |  |  |
| **Alternate Equipment Maintenance (AEM) Modified?** | Yes  No | **If yes is selected, please contact clinical engineer for review.**  An AEM Procedure is the modification of an OEM Procedure by adding, deleting, or changing steps to either streamline the PM procedure, remove unnecessary/ redundant steps, or improve the reliability or safety of medical equipment using risk-based assessments. Re-ordering or consolidating steps is not considered AEM. See SOP # P-14-16-40006 for details. | | | |
| **AEM – Modification Details** |  | | | | |

**To be completed CMMS PM Writer:**

 Test procedure on test asset (contact DBM for test asset number if unknown)

 The Procedure title should be following format. Use this procedure title when implementing the procedure in TMS.

* Model Specific: Manufacturer Model Name Rev DDMMMYYYY M-#
* Subcategory Name (Generic) Rev DDMMMYYY S-#

 Fill in the PM Change/Request Details & History – the PM request details can be found in the PM Change Log

 Fill in the PM Ticket # - this can be found in the PM Change Log

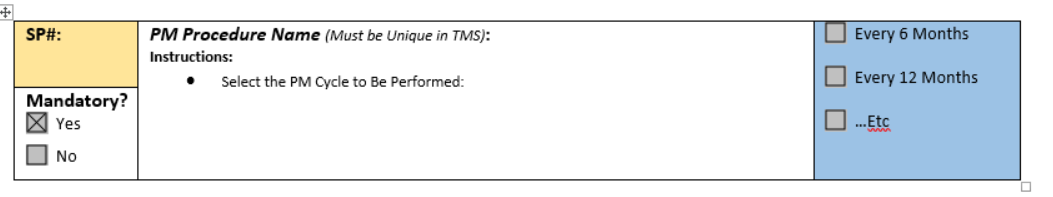
 Determine if a model procedure or subcategory procedure?

* Find the Model ID/SubcatID using “TMS Admin Get Model ID, SubCat ID Number By Asset Number By Segment EXCEL or PDF” report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CMMS PM Writer Name:** |  | **Contact Info** |  | | |
| **Procedure #:** |  | **Model ID:** |  | **Subcat ID:** |  |
| **Procedure Title:** |  | | | **Date of completion:** |  |
| **PM Change Ticket #:** |  | | | | |
| **PM Change/Request Details & History :**  ***(Provide the reason for the PM Change as outlined in the PM Ticket).*** |  | | | | |

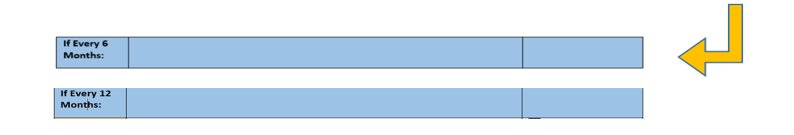
**PM Procedure Template Instructions:**

* Enter a check box for each PM Cycle to be completed as shown in the Blue Box starting in Appendix ‘A’:



* Add a Corresponding Blue Section for Each PM Cycle using copy and past & Update the Blue Section’s Name to correspond with the PM Cycle as demonstrated in Appendix ‘A’:





* + *Not Required if the Section only has a single PM Cycle*
* Within each PM cycle, use the Sub-procedures templates from Appendix ‘B’ to build the steps required within each PM Cycle.
  + If steps are repeated within different PM Cycles (e.g. 12 month steps also include the 6 month steps)
    - Copy and Paste the steps required to be completed within each PM Cycle.
    - Result is that each PM cycle contains the complete steps to complete the cycle.
    - Ensures that the steps can be followed using both the paper & electronic forms.
* Do not forget to include Service Manual Page Numbers where appropriate
* Test Equipment required to complete the PM Procedure should be detailed within the relevant PM Cycle.
* PM Steps should detail any necessary consumables required to complete the step.

**Appendix ‘A’ – PM Procedure Template**

|  |  |  |
| --- | --- | --- |
| **SP#:** | ***PM Procedure Name*** *(Must be Unique in TMS)***:**  **Instructions:**   * Select the PM Cycle to Be Performed: | Every 6 Months  Every 12 Months  Every 24 Months |
| **Mandatory?**  Yes  No |

|  |  |  |
| --- | --- | --- |
| **If Every 6 Months:** |  |  |
| **SP#:** | **List Test Equipment <model name> (Service Manual page number)** | **ECNs/optional:**  \_\_\_\_\_\_ |
| **Mandatory?**  Yes  No |
| **SP#:** |  |  |
| **Mandatory?**  Yes  No |

|  |  |  |
| --- | --- | --- |
| **If Every 12 Months:** |  |  |
| **SP#:** | **List Test Equipment <model name> (Service Manual page number)** | **ECNs/optional:**  \_\_\_\_\_\_ |
| **Mandatory?**  Yes  No |
| **SP#:** |  |  |
| **Mandatory?**  Yes  No |

|  |  |  |
| --- | --- | --- |
| **If Every 24 Months:** |  |  |
| **SP#:** | **List Test Equipment <model name> (Service Manual page number)** | **ECNs/optional:**  \_\_\_\_\_\_ |
| **Mandatory?**  Yes  No |

**Appendix ‘B’ - Sub-procedure Type Templates:**

**Test Equipment:**

* A List of required Test Equipment should be included in all PM Procedures & PM Cycles when equipment is required.
* ECNs are not mandatory in most cases unless required for Accreditation Purposes.
* Include at the top of each blue PM Cycle Header

|  |  |  |
| --- | --- | --- |
| **SP#:** | **List Test Equipment <model name> (Service Manual page number)** | **ECNs/optional:**  \_\_\_\_\_\_ |
| **Mandatory?**  Yes  No |

**Parts Replacement:**

* **One** sub-procedure for each part
  + **DO NOT** use a checkbox list with all parts together
* Do not include Part #s because they change frequently

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Part Replacements (manual page number):**  List part and frequency (1 part per check box) | Yes  No |
| **Mandatory?**  Yes  No |

**Yes/No:**

* Used to indicate or verify completion of steps that do not have a Pass/Fail/Corrective Action component
  + E.g. “Restore Clinical Default Settings”

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number):**  Instructions: | Yes  No |
| **Mandatory?**  Yes  No |

**Pass/Corrective Action/Fail:**

* Used to indicate completion of steps that have a Pass/Fail/Corrective Action component.
  + May be used to group/combined multiple steps together to streamline & reduce clicks
  + Include Test Ranges as applicable
* Other Standardized Choices:
  + ***Option/Feature Not Installed Choice***
    - Used to Indicate if a step or group of steps are not required because a particular device option or feature is **not** installed.
    - E.g. Lifepak 15 – NIBP Option
  + ***NA – Not applicable*** may be a valid choice
    - Avoid use unless a step can be truly NA
    - E.g. Part Replacement based on hours meter reading
* If Pass/Corrective Action/Option Not Installed/NA applicable does not apply:
  + Customized Choice List may be created
  + PM Developers are encouraged to avoid customized list to encourage standardized responses for reporting purposes

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments) |
| **Mandatory?**  Yes  No |

**or**

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments)  Option/Feature Not Installed |

**or**

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments)  NA – Not Applicable |
| **Mandatory?**  Yes  No |

**Data Reading & Pass/Corrective Action/Fail:**

* Data Recording for measured items
  + Must have a Pass/Corrective Action/Fail/Option Not Installed/NA (Optional) choices
* Include Test Ranges
* E.g. Values required for Accreditation/DAP

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Data Reading Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments) |
| **Mandatory?**  Yes  No |
| **SP#:** | **Data Reading Title:** | **<Insert Range>:**  \_\_\_\_\_\_ |

**or**

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments)  Option/Feature Not Installed |
| **SP#:** | **Data Reading Title:** | **<Insert Range>:**  \_\_\_\_\_\_ |

**or**

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Data Reading Title (manual page number):**  Instructions: | Pass  Pass with Corrective Action (see comments)  Fail – Unable to repair (see comments)  NA – Not Applicable |
| **Mandatory?**  Yes  No |
| **SP#:** | **Data Reading Title:** | **<Insert Range>:**  \_\_\_\_\_\_ |

**Comments box:**

* Provides a text box and allows a technologist to input plain text into a procedure
  + Rarely used but available for special circumstances

|  |  |  |
| --- | --- | --- |
| **SP#:** | **Step Title (manual page number)**  Instructions: | **Comments:**  \_\_\_\_\_\_ |
| **Mandatory?**  Yes  No |

**Appendix ‘C’– Sample Completed PM Form:**

****