

# Medical Imaging Device Service – Developing the Right Plan for You and Your Patients

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## About the Presenter:



- Christopher Nowak is the Senior Director, Medical Device Capital and Biomedical Services for Community Health Systems (CHS)
- Community Health Systems is one of the nation's leading healthcare providers. Developing and operating healthcare delivery systems in 38 distinct markets across 15 states, CHS is committed to helping people get well and live healthier. CHS operates 67 acute-care hospitals and more than 1,000 other sites of care, including physician practices, urgent care centers, freestanding emergency departments, occupational medicine clinics, imaging centers, cancer centers and ambulatory surgery centers.
- Nowak served as Board Chair for the AAMI Credentials Institute (ACI). ACI is the certification body for healthcare technology management professionals.

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## Goal for Presentation:

To leave this presentation today with at least “one nugget” of information that helps you and your employer with an opportunity to provide your patients with exceptional service and your team (your staff) with quality, reliable tools to safely and effectively perform their role.

Your patients are depending on you to be excellent today and every day!

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- ✓ Accurate Inventory
  - \* The key to any maintenance strategy is to ensure you have an accurate inventory of the gear involved in the program.
  - \* All of the gear should be included in the inventory and ensure that all of the pertinent data is included: make, model, serial number, date of purchase/installation, warranty period, IP address, MAC address, operating system information and any software revision level(s).
- ✓ Now that you have an accurate inventory, it is time to formulate a service delivery plan for all of the gear.

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What is a service delivery plan?

- ✓ A service delivery plan is a plan that is developed with the department leader and the staff that use the technology, as well as the healthcare technology management leader and potentially the IT team (depending on the patching strategies and network integration, especially for remote connectivity). **DOCUMENT ALL OF THE PLANS!**
- ✓ The initial decision is what type of service makes the best sense, i.e. full-service agreement with the OEM or a third-party, full service by in-house team (including if 3<sup>rd</sup> party), or a combination of the two.

\*This decision is driven by the available skill-sets of ALL those involved in servicing the device. Skill-sets can vary wildly from outside providers as well as in-house team members

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- ✓ Once the evaluation of the available resources and skill-sets is completed, now a frank discussion is had between the decision-makers as to what hours of coverage are necessary for each device, i.e. 24X7, 8A-5P, 6A-6P, 8A-9P, etc...
- ✓ Now decide on parts coverage... All parts including or excluding glassware/detector/consumables.
- ✓ For full-service OEM contracts is it prudent to include obsolescence protection? What does the value proposition look like?
- ✓ Who does the software patching? How quickly is the software validation performed subsequent to release, i.e Windows releases?

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- ✓ If you decide to use outside service providers, OEM/Third-party, then who manages the service providers? Huh?
- \* This is a critical step often overlooked. These staff should be documented. You keep your staff credentialing and employment status up-to-date, and these outside service people should also be monitored for credentialing and employment requirements. These people, more than likely have access to your network and any PHI that might be saved on the device(s). Ensure there is language in the contract that requires the outside service provider to notify you in the event anything changes with their employment. The access to PHI and the network must be removed immediately. Your organization should NO LONGER provide a generic or blanket network access. This should be provided to individuals.

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- ✓ Ensure your organization negotiates ALL of these terms and conditions BEFORE signing any service agreement. Once the agreement is signed, you will get nothing else without additional cost.
- ✓ Get everything in writing. Verbal promises mean nothing.
- ✓ Training and education for in-house HTM staff should ALWAYS be considered for any service agreement. UPTIME is the key to an excellent patient experience. If your in-house HTM team can get educated, they may be able to save you precious hours of downtime due to a simple repair. Outside service providers are stretched thin. You might wait several hours or a day or two for something that in-house HTM staff could resolve. Negotiate this into the agreement for no cost or minimal cost.

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- ✓ Preferably, all service agreements should be written on your employer's "paper" versus the document from the vendor. This will ensure that the best interests of the facility are being met with appropriate terms and conditions, such as any "out clause", cybersecurity insurance requirements, liability terms, state, county, city of jurisdiction, etc...
- ✓ Service Keys. Service keys are built-in software "hooks" by the manufacturer that limits access to the system(s) you own. All effort should be made to include software keys without cost. Your employer owns the device(s) and you should NOT be restricted from servicing this gear, if necessary, regardless who you choose to service the gear.
- ✓ Service documentation. Any service manuals/documentation are the property of the owner. Ensure these documents as well as the service keys are included.
- ✓ Be involved from the beginning. Negotiate much of this at the time of acquisition.

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- ✓ Consider negotiating consignment on-site parts as part of any service agreement, especially if you have multiple devices of the same model, i.e. ultrasound systems, portable x-ray systems, etc...
- ✓ Negotiate penalties associated with downed equipment. Penalties could include service agreement extension, service agreement termination without breach efforts, education for in-house staff, consignment parts, financial, etc...
- ✓ Consider negotiating profit sharing. This can be accomplished on the anniversary of each year of coverage. Several opportunities.

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- ✓ Consider the benefits on in-house service
  - \* Service professional right in-house, no wait time
  - \* The service technician is on YOUR team. This person is NOT conflicted by needing to please a corporate profit requirement. This person is 100% focused on providing the patient and your staff with exceptional service.
  - \* The outside service provider might be carrying a contract portfolio of \$10M to \$20M in revenue, while your in-house service provider is focused specifically on your satisfaction and ensuring the patients are getting the safest and most accurate therapeutic or diagnostic procedure.
  - \* Your in-house person is not making decisions on delaying your service because you are a small revenue service agreement versus the teaching hospital across town with lots of revenue. Yes, those decisions do get made...

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There has been a common denominator in timely, this presentation... It's PEOPLE!



People and relationships matter. Who we hire matters! Are our vendors truly business partners or are they transactional relationships? Are you a good business partner? Win – Win

We all must recognize and understand the mission to provide our patients with an exceptional experience while at our facilities. That's right, it's not only the caregiver/provider that has this focus, but our business partners (vendors) also should express this same commitment to our patients. Our commitment to our business partner in return is to ensure we process invoices timely, and the partner is paid timely. Loyalty.



Teamwork Makes the Dream work!

**WHY PARTNERSHIPS MATTER:**  
COLLABORATING FOR  
MUTUAL GROWTH



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