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health care physical environment

January 5, 2012

## ISSUE BRIEF

### CMS Guidance on Maintenance Schedules

#### Key Points

- ASHE urges hospital facility managers to read a new CMS memo regarding preventive maintenance to make sure their facilities are in compliance.
- The CMS memo clarifies that under certain conditions hospitals may perform maintenance, inspections, and testing on certain equipment less often than recommended by the manufacturer.
- However, hospitals must follow the manufacturer-recommended maintenance frequency for all equipment critical to patient health and safety.
- Any new equipment must be maintained according to manufacturer guidelines until a maintenance track record has been established.
- ASHE will keep its members posted about any further information issued on this topic.

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The Centers for Medicare & Medicaid Services (CMS) recently issued a memo clarifying that in certain situations hospitals can perform preventive maintenance on non-critical equipment less often than recommended by the manufacturer. This memo to state surveyors shines a light on preventive maintenance schedules for hospital equipment.

ASHE recommends that hospital facility managers review the CMS memo and regulations to make sure their facilities are complying with CMS requirements as state surveyors are being directed to look at this issue. However, ASHE leaders believe many hospitals are already in compliance.

Although the CMS memo states that hospitals can use alternative preventive maintenance schedules in some circumstances, CMS requires manufacturer-recommended maintenance schedules for all critical equipment. And hospitals must follow manufacturer-recommended maintenance schedules for any new equipment until a maintenance track record has been established.

CMS wrote in the December 2, 2011, memo that alternative equipment maintenance, inspection, and testing frequencies are allowed for non-critical equipment in certain circumstances. However, hospitals must base any shifts to alternate maintenance schedules on a systematic, evidence-based assessment that proves the adjustment in frequency will not adversely affect patient or staff health and safety. This assessment must be conducted by qualified personnel. For example, in the case of medical equipment, a clinical or biomedical technician or engineer would be considered qualified.

Note, though, that CMS requires facilities to follow manufacturer-recommended maintenance schedules for all equipment critical to patient health and safety, including life-support devices, key resuscitation devices, and other equipment whose failure may result in serious injury or death to patients or staff.

CMS points out in its memo that although it is allowing alternate maintenance frequencies in some cases, alternate maintenance *methods* are not permitted. Therefore, hospitals must continue to use techniques recommended by equipment manufacturers to maintain equipment. Hospitals are regulated by many agencies, and must comply with the most stringent maintenance requirements mandated.

ASHE is working with the health care community to determine the effects of the guidance in this CMS memo and will keep members updated on any clarifications.

The CMS letter can be found online at:

[https://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12\\_07.pdf](https://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12_07.pdf)

A comparison of current CMS regulations and the revised regulations regarding preventive maintenance can be found on the ASHE website:

[www.ashe.org/resources/pdfs/cms-pm.pdf](http://www.ashe.org/resources/pdfs/cms-pm.pdf)