

System Spotlight

Biomedical Engineering takes system approach to improve services and clinical support

The Biomedical Engineering service at hospitals across our system are responsible for all devices or equipment in their organizations that touch patient care including ventilators, sterilization equipment, large volume IV pumps, syringe pumps, scopes and much more.

Challenges that multiple hospitals in our system were having – related to outside vendors not providing the quality of service expected, and appropriate response times during weekdays, off shifts and weekends – prompted an in-depth review of how biomedical engineering services were deployed across the system and what opportunities existed to improve.

The Biomedical Devices Planning Committee – made up of leaders from across the system – conducted the review and ultimately recommended that all contracted Biomedical Engineering services be brought in-house and be provided by the well-established and highly-reliable biomedical engineering programs at Mass General Hospital (MGH) or Brigham and Women’s Hospital (BWH).

Last year, Martha’s Vineyard Hospital and Nantucket Cottage Hospital transitioned their biomedical services to MGH. Brigham and Women’s Faulkner Hospital recently transitioned to the BWH service, and just this past January, Newton-Wellesley Hospital (NWH) transitioned to the MGH service.

“Since transitioning from a contracted vendor to the MGH Biomedical Engineering team, the quality of service and level of expertise has been exceptional” said Kevin Whitney, DNP, RN, NEA-BC, Chief Nursing Officer and Senior Vice President, Patient Care Services at NWH (pictured right). “In addition, nurses and other clinicians now receive timely responses, 24/7, in maintaining, repairing or replacing biomedical devices necessary to support quality and safe patient care.”



“The collaboration between NWH and MGH has resulted in a much-improved biomedical device service to NWH providers and the patients they serve,” said Gregg Meyer, MD, President of the Community Division and Executive Vice President of Value Based Care. “This work brings the expertise and strength of our academic centers to the community – ensuring that we provide high quality care, which is increasingly dependent on biomedical devices and monitors, to the entire system.”

“The ability for MGH Biomedical Engineering to provide these services to NWH has been a great opportunity to better integrate this critical function that is so important to patient care and to ensure expert support for our clinical staff,” said Ann Prestipino, Senior Vice President for Strategy and Clinical Operations at MGH.

Special thanks to Trisha Volpe and Bill Driscoll from MGH, Michael Fraai from BWH and the teams at each institution for the excellent teamwork and planning, which allowed seamless transitions across the Mass General Brigham system.