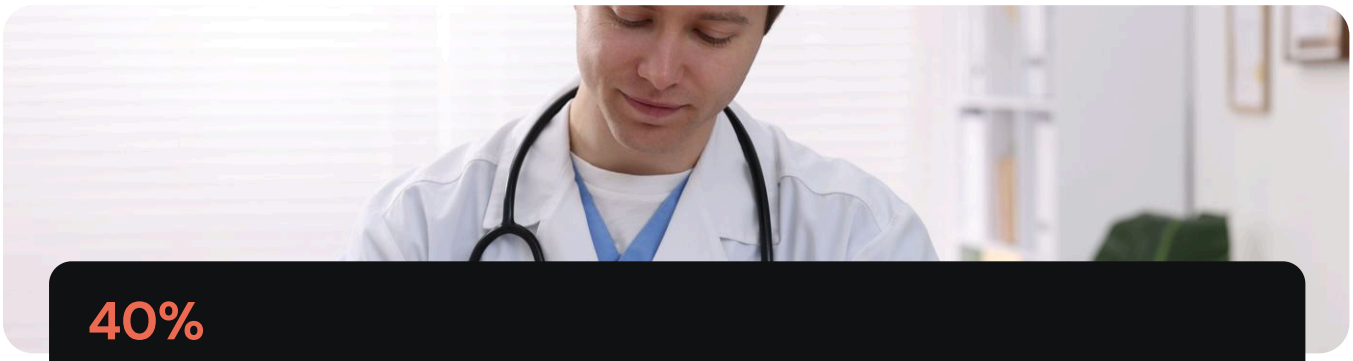
Healthcare UAE

A Dubai healthcare group answered critical medical device breakdowns 40% faster

A healthcare group in Dubai routed breakdowns of ventilators, monitors and infusion pumps straight to its biomedical engineers, with a priority and a response clock on every call.



40%

faster response to critical equipment breakdowns

AT A GLANCE

INDUSTRY
Healthcare

REGION
Dubai, UAE

SIZE
Large institution, central biomedical engineering

LOCATIONS
Several medical facilities

FEATURES USED
Work Assets Maintenance

01 The client

The client is a large healthcare institution headquartered in Dubai, running several medical facilities supported by one central biomedical engineering team.

Intensive care, operating theaters and the emergency department depend on ventilators, patient monitors, defibrillators and infusion pumps. When one of them fails at the bedside, nurses need an engineer quickly and a working replacement in the meantime.

02 The challenge

Device faults reached biomedical engineering by phone, by email or in person, depending on the ward. Nobody kept one list, so a failed ventilator could wait behind a broken wheelchair.

- Breakdown calls had no shared log, so engineers worked from memory and scraps of paper.
- Critical devices were not told apart from routine faults when calls came in.
- Wards chased engineering for updates because they could not see progress.
- Repairs waiting on a manufacturer's engineer stalled without anyone noticing.
- Managers could not see how long departments waited for a response.

03 What they set up in Asset Infinity

The group made Asset Infinity the single entry point for device breakdowns, with every clinical device in the register and its criticality deciding how fast engineering must respond.

Work

Scan the device, report the fault

Each device carries a QR label. A nurse scans it to raise a request, so engineering knows exactly which ventilator or pump has failed and on which ward.

Work

Response clocks by criticality

Life-support and monitoring devices carry a tighter SLA than general equipment. The clock pauses while a job waits on the manufacturer, and overdue calls escalate.

Assets

Standby devices on loan

A pool of spare pumps and monitors is checked out to the ward while its own device is repaired, and checked back in when the repair is done.

Maintenance

Safety check before return

Before a repaired device goes back into use, the engineer completes a checklist with readings, photos and a signature against the device record.

04 How it works day to day

This is the path a failed bedside device now takes.

CHARGE NURSE

Scans the failed device

The nurse scans the QR label on the monitor or pump and describes the fault. The request is linked to that device and its ward.

SYSTEM

Sets the response clock

The device's criticality sets the priority and SLA. The on-call biomedical engineer is notified on the mobile app.

BIOMEDICAL ENGINEER

Lends a standby device

If the ward cannot wait, the engineer checks out a spare from the standby pool to that ward, so the loan is on record.

BIOMEDICAL ENGINEER

Diagnoses and repairs

The engineer turns the request into a work order, records the cause and parts used, and adds notes and photos as the job goes on.

SYSTEM

Pauses for the manufacturer

When a repair needs the manufacturer's engineer or parts, the job is set to wait on the supplier and the SLA clock stops until it resumes.

BIOMEDICAL ENGINEER

Signs off the safety check

A checklist with readings and a signature confirms the device is safe. The work order closes and the standby device is checked back in.

HEAD OF BIOMEDICAL ENGINEERING

Reviews response by department

Dashboards show open calls, response times by department and device type, and the devices that break down most often.

05 Before and after

	BEFORE	WITH ASSET INFINITY
Reporting a fault	Phone, email or a walk to engineering	Scan the device label and raise a request
Priority	First come, first served	Set by the device's criticality
Assignment	Delayed, with no record of who took it	On-call engineer notified and named on the job
Progress	Wards called to ask	Status visible to the ward on the request
Stalled repairs	Went unnoticed	Escalated when a call runs past its SLA
Control	No view across departments	Response times by department and device type

06 How it rolled out

1

Devices and wards loaded. Clinical devices were labeled and loaded with their ward and criticality, and past breakdown records moved across.

2

Routing agreed by department. Categories, routing rules and response targets were set for each clinical department and engineering function.

3

Nurses and engineers trained. Ward staff learned to scan and report; engineers learned to accept, update and sign off jobs, with regular reviews afterward.

07 The results

- Every breakdown call is visible to engineering and the ward in one place
- Life-support faults are answered first, by rule rather than by whoever shouts loudest
- Fewer follow-up calls from wards asking where a repair stands
- Escalations reach supervisors before a critical call goes unanswered
- Faster, more organized repairs support continuity of patient care

08 Why it worked

The device tells engineering what failed

Scanning the label removes guesswork about make, model and ward, so the engineer arrives with the right tools.

Priority comes from the device

Criticality is set once per device, so a ventilator fault is treated as urgent no matter who reports it.

Care continues during repair

The standby pool is tracked like any other asset, so wards get a replacement and engineering gets it back.

09 Looking ahead

By putting every clinical device and every breakdown call in one place, the group's biomedical team answers the faults that matter most first, and wards keep a working device at the bedside while theirs is repaired.

Each repair now adds to the device's history. That record shows which models fail most often and is the natural starting point for planned servicing and calibration.

See it on your own assets

A 30-minute demo, set up for a hospital or health system.

The client's name is withheld for confidentiality. Results are as reported by the client.

Book a demo

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