Medical Equipment Pre-Procurement Assessment

Medical Equipment Evaluation Matrix

- 1. For networked medical devices and medical devices storing ePHI, utilize the Medical Equipment Evaluation Matrix below to determine the assessment/documentation requirements.
- 2. Where indicated, obtain a Manufacturer Disclosure Statement for Medical Device Security (MDS²⁾ Form from the equipment manufacturer. This document covers most pertinent information related to networking and risk exposure for medical devices. http://www.himss.org/content/files/MDS2FormInstructions.pdf
- 3. Complete the Medical Device Pre-Procurement Assessment (PPA) as required.
- 4. Once required concurrences are obtained, notify procurement that the equipment is ready for purchase.
- 5. In conjunction with the facility ISO and OI&T Field Ops, develop implementation, support, upgrade, remediation plans including roles and responsibilities based on the attached Pre-Implementation Worksheet or additionally acquired documentation.

| | Medical Equipment Evaluation Matrix | | | | |
|---------------------------|---|----------------|----------------|--|--|
| CONNECTIVITY→ STORAGE↓ | 1 | 2 | 3 | | |
| \mathbf{A} | /////////////////////////////////////// | ////\$\$///// | ////\$\$//// | | |
| В | MDS^2 | $MDS^2 \& PPA$ | $MDS^2 \& PPA$ | | |
| ${f C}$ | ///MM/// | $MDS^2 \& PPA$ | $MDS^2 \& PPA$ | | |

CONNECTIVITY:

- 1 = Stand Alone Device, Computer Based
- 2 = Network Connected Device, Replacement or additional with similar infrastructure impacts
- 3 = Network Connected Device, New Device

STORAGE:

- A = Does Not Store ePHI
- B = Short Term ePHI Storage/Input of Results into CPRS
- C = Long Term ePHI Storage Repository

Medical Equipment Pre-Procurement Assessment (To be completed by medical equipment vendors)

Equipment Description:

Vendor/Model:

| Vendor Contact: | |
|---|------------------|
| Requesting Clinical Service: | |
| | |
| Medical Equipment Configuration | |
| What OS does the system utilize? | |
| Can critical security patches be installed without prior vendor approval? | YES NO |
| • Does the device incorporate a switch or hub into its design? | YES NO |
| • Is the switch or hub required as part of the system configuration? | ☐ YES ☐ NO |
| Which Anti-virus software is approved by the device manufacturer? | |
| • If server based, does the system require a specific version of Java for proper client operation? | ☐ YES ☐ NO |
| If server based, does the system utilize an ActiveX control for client interaction? | ☐ YES ☐ NO |
| If yes, specify configuration requirements. | |
| Authentication and User Accounts | |
| Is an administrator or power user account required to operate the device? | ☐ YES ☐ NO |
| Is an administrator account required for service? | ☐ YES ☐ NO |
| • Can the device be made to require user authentication? | ☐ YES ☐ NO |
| Does user authentication support Strong Passwords? | ☐ YES ☐ NO |
| Does user authentication support password aging? | ☐ YES ☐ NO |
| • Can the device be part of the facility's Windows domain? | ☐ YES ☐ NO |
| Data Handling | |
| Will the medical device require data backups? | ☐ YES ☐ NO |
| • Is ePHI stored only on a drive partition to assist with end of service media sanitization? | ☐ YES ☐ NO |
| What ePHI data elements are stored on the device? | ☐ YES ☐ NO |
| • Can ePHI be stored directly to a network drive, rather than local (machine) storage? | ☐ YES ☐ NO |
| Networking | |
| What are the LAN/WAN bandwidth requirements for full connectivity/performance? | |
| What ports in the TCP/IP stack are utilized for network communication – list all? | |
| Can unutilized ports be closed without negatively impacting device operation? | ☐ YES ☐ NO |
| Can the device support DHCP for network address configuration? | ☐ YES ☐ NO |
| How many IP addresses does the device require? | |
| • Can the device operate properly without connection to the Internet? | ☐ YES ☐ NO |
| • Can the target system be addressed via a fully qualified domain name (FQDN)? | ☐ YES ☐ NO |
| Wireless | |
| Does the device utilize wireless communication? | ☐ YES ☐ NO |
| • If so, what protocols are used? | |
| • Is any ePHI transmitted via the wireless link? | YES NO |
| • Does the device support installation of FIPS 140-2 certified wireless security clients? | ☐ YES ☐ NO |
| • If so, which ones? | |
| Integration with VA Health Care Information Systems (if applicable) | |
| Has the device been validated with VA's Clinical Procedures package? | ☐ YES ☐ NO ☐ N/A |
| Has the device been validated with VA's Vista Imaging? | ☐ YES ☐ NO ☐ N/A |
| • Does the device have a bi-directional HL7 interface? | ☐ YES ☐ NO ☐ N/A |
| DICOM conformance statement provided. | ☐ YES ☐ NO ☐ N/A |

| Manufacturer Disclosure Statement for Medical Device SecurityMDS ² | | | | | | | | |
|---|---|---|------------------|---|----------------|-----------------------|------------|------------------|
| Device Category * | | | | Document ID | | Document Release Date | | |
| Device Model | | Software Revision | | Software Release Date | | Other | | |
| Manufacturer or | Name | | Title | | Department | | | |
| Representative Contact Information | | | | | | | | |
| Information Company Name Telephone Number E-mail | | | | | | | | |
| MANAGEMENT OF ELECTRONIC PROTECTED HEALTH INFORMATION (PHI) As defined by HIPAA Security Rule, 45 CFR Part 164 | | | | Yes No N/A | Note # | | | |
| 1. Can this device transmit or maintain electronic Protected Health Information (ePHI)? | | | | | | | | |
| 2. Types of ePHI data elements that can be maintained by the device: | | | | | | | | |
| | | | | | | | | |
| | b. Medical record (e.g., medical record #, account #, test or treatment date, device identification number)? c. Diagnostic/therapeutic (e.g., photo/radiograph, test results, or physiological data with identifying characteristics)? | | | | | | | |
| | | d by device user/operator? | or physiologic | al data with identifying chara | icteristics)? | | <u> </u> | |
| 3. Maintaining ePHI: C | | u by device user/operator: | | | | | | |
| | | volatile memory (i.e., until cl | leared on by po | ower-off or reset)? | | | | |
| | | | | | | | | |
| c. Import/export e | | | | | | | | |
| | | ng, importing/exporting of eP | HI: Can the de | evice | | | -, | |
| a. Display ePHI (| | | | | | | <u> </u> | |
| | | mages containing ePHI? | - 4:-1- DVD | CD DOM tone CE/CD com | 1 | 1-\0 | _ | |
| | | | | , CD_ROM, tape, CF/SD care e.g., IEEE 1073, serial port, U | | | - | |
| | | etwork connection (e.g., LAN | | | SB, File Wile) | 11 | - | |
| | | ntegrated wireless connection | | | | | | |
| g. Other | | | , , , , , | ,, | | | | |
| ADMINISTRATIVE SAF | EGUARDS | | | | | | Yes No N/A | Note # |
| | | d technical support training | or documentati | ion on device security feature | es? | | | <u>= 1000 ii</u> |
| | |) (including version number) | | | | | | |
| PHYSICAL SAFEGUARDS | | | Yes No N/A | Note # | | | | |
| | | | | ysically secure (i.e., cannot re | | tools)? | | |
| | | | | ovable media such as tape, dis | | | | |
| | | ed or removable media (i.e., | a source other | than an internal drive or mer | nory compone | nt)? | | |
| TECHNICAL SAFEGUA | | | | | | | Yes No N/A | Note # |
| | | rized by the device manufact | | | | -4:\9 | 1 | |
| | | | | service person via network or | | ection)? | - | |
| a. Can the device restrict remote access to specific devices or network locations (e.g., specific IP addresses)?b. Can the device log provide an audit trail of remote-service activity? | | | | | | | | |
| c. Can security patches or other software be installed remotely? | | | | | | | | |
| 12. Level of owner/operator service access to device operating system: <i>Can the device owner/operator?</i> | | | | | | | | |
| | | lidated security patches? | | - | | | | |
| b. Install or updat | | | | | | | | |
| | | nufacturer-installed antivirus | | | | | <u> </u> | |
| | | es (e.g., access operating syst or specific ID and password? | | tion via local root or admin a | ccount)? | | - | |
| | | a predetermined length of in | | auto logoff)? | | | | |
| | | (e.g., user, date/time, action t | | | | | | |
| a. Login and logo | out by users/ope | | , | 0 | | |] | |
| b. Viewing of ePI | HI? | | | | | | | |
| c. Creation, modi | | | | | | | | |
| | d. Import/export or transmittal/receipt of ePHI? Does the device incorporate an emergency access ("break-glass") feature that logs each instance of use? | | | | | | | |
| | | | | | | | <u> </u> | |
| | | by internal battery) during po | ower service in | nterruptions? | | | <u> </u> | |
| 18. Controls when excha | | | ledicated cable | 779 | | | 1 | |
| | a. Transmitted only via a physically secure connection (e.g., dedicated cable)? b. Encrypted prior to transmission via a network or removable media? | | | | | | | |
| o. Enerypted prior | | | cuiu. | | | | | |
| | | work addresses (i.e., host-bas | | | | | | |
| Does the device ensu | re the integrity | of the ePHI data with implic | it or explicit e | rror detection/correction tech | nology? | | | |

| Manufacturer Disclosure Statement for Medical Device SecurityMDS ² | | | | |
|--|--|--|--|--|
| RECOMMENDED SECURITY PRACTICES | | | | |
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| EXPLANATORY NOTES (from questions 1 – 19) | | | | |
| <u>EAPLANATORY NOTES</u> (from questions 1 – 19) IMPORTANT: Refer to Instructions for the Manufacturers Disclosure Statement for medical Device Security for the proper interpretation of information provided in | | | | |
| this form. | | | | |
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