



## C.M.I.A. NEWSLETTER

Central Coast Chapter

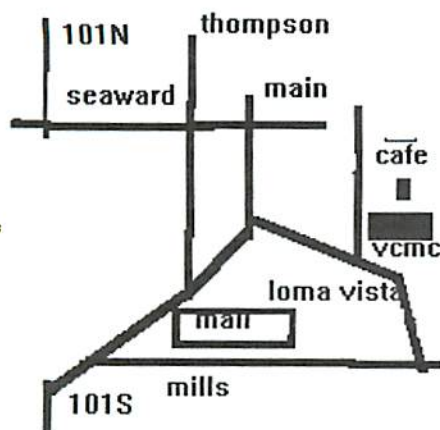
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**The October meeting will be held at Ventura County Medical Center on Thursday the 27th in the small cafeteria conference room. Dinner is at 6:30 pm with the monthly meeting to follow. Please RSVP to Randy Cook at 805 652-6676.**



Directions: From the North, exit at Seaward Ave, go left and cross over the freeway on Seaward Ave. Take Seaward to Main St (four stoplights) Make a right on Main and go to Loma Vista. Left on Loma Vista. Pass CMH hospital on right, VCMC is on the left. Parking is behind the Medical Center. Cafeteria conference room is downstairs in the cafeteria. From Ventura South, Exit on Main St. Make an immediate right on Mills Rd (before the Mall) Take Mills to Loma Vista (4 lights) Make a left, VCMC is on the right as you head downtown.

**The 27th is the Fourth Thursday--mark your calendars.**

**Julio Castro from Pronk will be presenting on SpO2 and NIBP.**

### **News off the Net: Clinical Alarms**

In the recent past this was a national patient safety goal, now retired, but the issue is again becoming problematic. Surveyors have found alarms shut off or turned down by staff or inadequate staffing levels that has led to delays in alarm response. TJC described the issue of alarm fatigue and noted Immediate Threat to Life (ITL) may be cited if issues are detected on survey. CMS has cited Imminent Jeopardy for the same reason. The clinical engineers should also be testing these alarms. AAMI is cosponsoring a clinical alarm summit with TJC <10/4&5>. This is an area to watch, there should be documentation from AAMI after this summit.

As a member of TJC's Patient Safety Advisory Group (PSAG) I can tell you that they are indeed working on a new Patient Safety Goal about alarm fatigue. If you have not heard, alarms (fatigue, design, etc.) are a growing and very visible issue, not just with TJC, but also FDA, the media, and general public. Paul Kelley

### **Touch screen repair:**

Does anyone have a source for the repair of a Philips IntelliVue X2 (M3002A) display touch screen? The Front Display (M3002-67021) is over a thousand. Staff runs carts into them, cracking the glass, leaving the color LCD working but the touch screen is toast. Rick Smart CBET

Try Ampronix. Otherwise, try eBay. You'll often find parts hidden in other devices, or for sale for repairing other devices at a fraction of the OEM price. I've found touch screens listed by the OEM for over a thousand for \$35 on eBay! Mickey A. Couvertier, CBET, CLRT

My personal fav is Jet Medical. They are great with displays. Henry Steinitz

Another company to check with is Pacific Medical in San Juan Capistrano, CA. We have sent MMS Modules and X2 Modules to them with successful results at a low cost. You can reach them by calling 800-449-5328. Our rep is Eric Hatteberg. Good luck! Carl Lemon

### **Salary or not?**

Does anyone know the general situation of biomed at large? What percentage of our profession works on salary? There has been some talk about putting us all on salary and expecting 50 to 60 hrs per week for the same pay. I just overheard a manager say to get things done he would put his people on salary and expect 70 hours per week out of them, to which I reminded him salary is not spelled s l a v e. Carl Carter CBET

I have been salaried since about 1979. **If you are a degreed professional working in your profession you are exempt from the overtime provisions of the Fair Labor Standards Act.** If you are a computer professional paid at least \$455 per week on salary you are exempt from overtime. These are not normally your technical support people, but your network admin types. I think they specifically added them because they tend to have certificates instead of degrees. I have a friend that can tell you horror stories about being on call every third week and still having to work his regular hours. I could not do it. Charles Lovelady

All the technicians in my shop are currently hourly with overtime over 40 productive hours. **Management is salary.** Deb Klein, CBET

There are certain work force laws in place that defines what constitutes salary and hourly jobs and it varies state to state. I was working for a 3rd party biomed company in a salary position doing just that.. 50 to 60 hours a week for almost a year without any compensation for the extra time put in. I had a VA appointment and the company charged me a vacation day! Needless to say I left them asap. It will be hard to put everyone in a salary position, they have to be in a managers position or supervising employees etc...If there is any question, then contact human resources. Ryan Stalcup

Can they even put a Biomed Tech position on as an exempt salary position? See the part under blue collar workers, i.e. maintenance positions.

<http://www.ehso.com/cssdol/dolsalariedexempt.php>

From what I can tell, the Biomed profession does not meet all of the requirements for any of the exempt categories. You might want to ask under what exempt category the plan on placing the Biomed position. David Kuhajda

I would think that when this "talk" reaches your H.R. department it will stop. I'm sure your H.R. Dept can explain the FLSA rules, definitions, penalties, etc to this particular manager. Jerry P. Wheeler II, CBET

LOL tell him that before he does that he should review the IRS regulations on salaried vs hourly. The gov takes a dim view of companies trying to avoid taxes by shifting people to salaried and extending work hours. For every dollar he saves he should put ten in the bank to pay the lawyers, fines, back pay and penalty to the IRS.

As far as I know all BMET's are hourly. Manufacturers typically make their FSE's salaried, but they have to give the autonomy in their work schedule. I think it was GE that learned that lesson the hard way years ago. Knowledge is power <http://www.flsa.com/coverage.html>  
Steven Bezanson Biomedical Technology Instructor

I bet there have been lawsuits out there for the expectation of overtime being justification for placing someone on salary. Those managers would be wise to be very careful with their justifications. I am sure that it is understood that being salary means overtime without immediate compensation but I believe the advantage of salary is then the employee can take time off later in the pay period to help minimize the extra time worked.

There have even been cases recently from truly exempt employees where the companies have lost. Biomed Tech is very grey in regards to being exempt or non-exempt.

Found this information:

"Section 13(a)(1) of the FLSA exempts executive, administrative, professional, and outside sales employees from the FLSA's overtime requirements--as long as they meet certain tests regarding job duties. If these tests are met, they are ineligible for overtime.

To qualify for an exemption from overtime pay requirements under these categories, **the employee must generally pass a two-pronged test consisting of a salary basis test and a duties test.**

**A salary test** is usually met if the employee is paid a fixed amount of money weekly, bi-weekly and/or monthly, and there is no deduction from this fixed rate based on the quantity or quality of the work.

**A duties test** is different for executive, administrative and professional employees. The duties test is met by the actual work being done as opposed to "job titles" or written "job descriptions."

To Be Exempt as a **Professional Employee**, a Person Must: have as his/her primary duty work which requires: advanced knowledge customarily requiring extensive education; or originality and creativity in a recognized artistic field; or teaching or otherwise imparting knowledge as a teacher in a school or in an academic or educational institution; or theoretical and practical application of highly specialized knowledge in computer systems analysis, programming, and software engineering in a computer/software occupation; consistently exercise discretion and judgment; perform work which is predominantly intellectual and varied, and which cannot be standardized in relation to a given period of time; spend no more than 20% of his/her hours in the week in activities not essential and necessarily incidental to the above duties; and be paid on "a salary basis." Daniel Hauer Senior Biomedical Technician

The key statement is "perform work which is predominantly intellectual and varied, and which cannot be standardized in relation to a given period of time. spend no more than 20% of his/her hours in the week in activities not essential and necessarily incidental to the above duties; and be paid on "a salary basis." Salary was meant for people in supervisory/management positions that did not require overtime but may work more or less than a 40 hour week. If your salaried and spending more than 20% of your time performing PM's and repairs then you should be hourly. Charles Howlett

## Recent Job Posting

You want to know why we need standards? Why certification is a good idea. Why a Core Curriculum is necessary for Biomedical Equipment Technicians. What is the purpose of having a unifying name (an umbrella) for our diverse titles and jobs? Why licensing might be a good idea?

I lifted the following from a job posting for a Bio Med Technician. This is simply an example of why the above is important. Personally, I wouldn't have any procedure done if the person who met these "qualifications" touched the equipment used.

..... and don't start. I was a Navy Electronics Tech when I began working in the medical field. The majority of technicians I started with in this field had Electronic Degrees. Some were electricians or 'TV/Radio' repairman. There weren't any BMET schools, except the military and I didn't even know that existed. Just because that is the way it was done, does not mean that is the way we must do it today. I had to learn a lot the hard way and on the fly back then. Those of us who can look back 30 or 40 years and say, "I wish I knew this or that when I started" have an obligation to those starting today to help them be better prepared. We owe it to our patients to insure that we are graduating and hiring people who are prepared to work in this demanding field. ----- but this is how one Hospital views a BMET's necessary qualifications.

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### Requirements

**Required Education:** High school diploma or equivalent required. Successful completion of an electronics course is preferred.

**Desired Experience:** Electrician with electronic knowledge and experience in medical equipment repair required. Four years experience in the repair of medical equipment preferred

**Desired Traits:** Excellent oral and written skills. Ability to perform under stressful conditions. Willingness to accept responsibility.

Of course this is all IMHO and does not reflect the views of my school President, Dean, HR department, facility maintenance, pesky students, Advisory committee, Wife, cat's, Children, Grandkids, or anybody else in general.

Just to clarify; I have emailed with the gentleman in charge of the Biomed department and he is equally frustrated by HR's apparent unwillingness to change the requirements. He is hoping to get ex-military or someone with an AAS degree.

Still, a good example, and my condolences to the gentleman in question. I can only shudder at the number of applicant resumes he is going to have to sift through.

Steven Bezanson Biomedical Technology Instructor DCTC

AMEN If only HR could understand. We advertise in a local paper for an experienced BMET, in a city with 24K people. Got to wade through the applicants. Mark Woods

Great example. Once my son graduates from high school, let me know if this is the only required hurdle to his gainful employment. I will tell my son to avoid that hospital like the plague.

Dustin Telford

Having looked at the curriculum for multiple BMET schools, none of them even mention or deal with what is typically physical therapy equipment, such as the therapeutic ultrasound device.

**Of the internship** programs that I have had experience with, very few have the interns doing much more than IV pumps, blood pressure cuffs, and other relatively low risk devices. Some provide an introduction to other equipment by shadowing an experienced technician which is helpful, but how much will the intern retain if they do not actually do some testing on the equipment?

IMHO it may be better to have a set of 10 questions similar to this to see how far the knowledge is of an applicant of various medical equipment. To me, using a single question to determine the knowledge of an applicant is like trying to infer why a piece of equipment is malfunctioning by only checking the power cord.

I have spoken with one of the BMET program directors at a local community college, they rarely if ever get feedback from people when their students interview for a position. The program director was looking for current lists of the equipment that Biomed departments were responsible for so they could update their program.

Because the biomed field is constantly changing, it is clear to me that our involvement in helping higher education institutions stay current is vital to keeping the profession on track for the future.  
David Kuhajda

This is a good example of why the Core Curriculum Phase II project is so important. If you are close to, or involved with, your local community college that offers a BMET program please ask them to send a copy of their syllabuses to Mr. Stiefel [robsti@verizon.net](mailto:robsti@verizon.net)

I will use my own program as an example. You cannot tell from the title of Instrumentation I and Instrumentation II what is taught. I use Biomedical Device Technology (Chan) and lecture on Monitoring systems, ECG, EEG, EMG, IBP, NIBP, Cardiac Output, pacemakers, IV devices, ESU, Respiration monitors, Mechanical ventilators, Ultrasound, Fetal monitors, Incubators/warmers/phototherapy, temp monitors, ETCO, Anesthesia, dialysis, lasers, endoscopic systems and whatever else pops into my brain. Like the cool article on injecting the gene for Fireflies into a cell and exciting it with a blue laser so that it emits a green laser. We are on the road to Frick'n Sharks with Laser Beams :-)

I can't afford to buy every piece of equipment listed above and it doesn't make sense to me to teach students on equipment that is outdated. Instead I focus on the test equipment they will use on the job.

In lab I have test equipment from different manufacturers and I upgrade when possible to meet changes in technology. I have 7 safety testers, 3 ESU testers, 3 defib testers, 2 SPO2 testers, 1 VT plus HF gas flow analyzer, 2 multi-parameter testers, 1 diagnostic ultrasound Near Surface phantom, 1 Watt meter (students must degas their own water), 1 scale that can measure to a microgram for pipetting, 2 IV testers, 1 GFCI tester that displays trip current, 2 power chairs, a complete Pronk bag so I was able to add CO monitoring and a 4GHz Spectrum Analyzer. The students must not only demonstrate how to use the test equipment but explain the purpose of all test parameters.

None of that is visible on the schools web site, but I have sent my syllabuses to the project.

As in any project that is data driven the more information you have the better able you are to make informed decisions. Your direct involvement is critical to a successful project. So please contact your local BMET program and ask them to send their information to Mr. Stiefel.

Thanks for helping to make our programs better,

Steven Bezanson Biomedical Technology Instructor DCTC

### **GE anesthesia machine service school**

I wanna know if someone of the colleagues will be trained at GE facilities for service anesthesia machines? Please comment pros and cons of the training and the value Any other source for this training will be available? Jorge Morales Mello

There are some major flaws with the GE anesthesia machine training schools.

- 1) They do not give you a pdf of the service manual. pdf's are easier to search.
- 2) They do not give you access to service updates as they come out. Contrast this to Philips Incenter (for Intellivue vital signs monitors and other equipment), with access to the same updates that the Philips service reps get.
- 3) They charge over \$1000 for the service software, but when the software becomes out of date (due to two recent mandatory upgrades), they want you to pay for it again. (Again, a contrast to Philips Intellivue.)
- 4) They do not teach or even mention accuracy testing of the vaporizers.

Paul Malischke

The manuals also do not mention that the cylinders (air, O2, N2O, He) on the back of the anesthesia machines are U.S.P. and have actual expiration dates on the cylinders. Something that could easily be included in the leak test section of the manual as an F.Y.I.  
Robert Russell

### **Philips Avalon CTS Fetal Monitor Telemetry**

Just wondering if anyone is having multiple issues with the Philip's Avalon CTS Telemetry? Our equipment here is anywhere from 3 - 6 years old and I seem to be having a lot of intermittent issues going on here. Recently the issues have been leaning towards the TOC transducer. Even after purchasing brand new transducers I have found these to be defective. The base is indicating possible interference, determined by the flashing lights on the base station. I have scanned the area for any interference and everything looks clean. Antenna system is fine. Just wondering if Philip's has been sending out some bad transducers. This system just has been very problematic from day one. Jeff Cline Mercy Hospital Portland Maine

We have had the same issues over the past year with the US and have reported them every time to Philips. Ours units are all under contract, after about the 7th one I reported they finally came back and told me there is an issue with the units and they are working on a fix. The past two units I have received in have held up so far. Just this past week we have one Toco fail otherwise it has primarily been the US that have failed for us. Deb Hoyt (Biomedical Technician 2)

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