

C.M.I.A. NEWSLETTER

Central Coastal Chapter

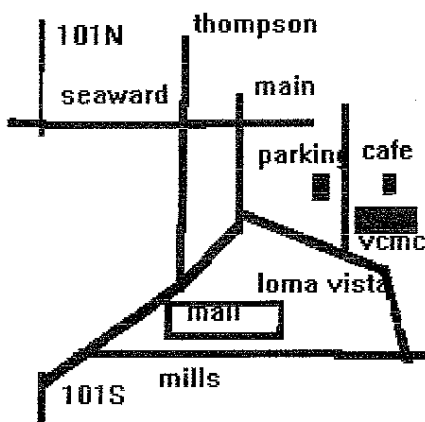
P.O. Box 360

Camarillo, Ca 93011

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The March meeting will be held at Ventura County Medical Center on Tuesday the 21st in the new large cafeteria conference room. Dinner is at 6:30pm with the monthly meeting to follow. Please RSVP to Gary Lowery 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 off street on left across from Medical Center. Cafeteria conference room downstairs in the new cafeteria addition behind the hospital. 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.

Our presenter will be Dr Clark. He will be giving us a clinical presentation about the significance of EKG interpretation and its clinical implication. If you ever wondered about what EKG tracings meant, now is the meeting to find out.

Members. Membership renewal time is now. For current members, the renewal is \$25.00. Please send your renewal to the PO box or bring a check to the March meeting, we would like to complete the renewal process early this year! For any prospective members, a membership form will be available at the March meeting or you may request one from the PO box or by email to Smcna39074@aol.com.

The March meeting will include a vote on changes to the CMIA constitution and bylaws as requested by the CMIA Board of Directors.

News off the net:

External healthcare: Has anyone on the list researched the standards & codes as they now apply to Clinics, Surgical Centers and other non-hospital Healthcare facilities? I was recently told that the requirements for these types of facilities had been elevated to more resemble the hospital requirements due to the fact that so many procedures that once were only done in hospitals are now routinely being done in these non-hospital settings. This certainly sounds correct but so far I haven't found any documentation to back up this claim. Personally I have always thought that these types of healthcare facilities should be required to meet at least the minimum standards. Have you noticed the equipment in your local doctor's office lately? It use to be manual BP cuffs and tongue depressors but now there are electronic instruments everywhere. Dan Richardson

Our facility made a decision about 8 years ago to treat all of Our clinics as if they were part of the main hospital. As a result, We have a lot of PMs to perform in over 40 clinics every May. (That's Just when we scheduled them, May is he!! Month....) But we do check Everything in the patient side of the office, including those Hyfercators, but mostly Midmark 104's and Welch-Allyn oto/ophthalmoscopes.

I *think* it was something in our Policy & Procedure that got "dinged" by a JCAHO audit many years ago that caused us to do that. But we don't do JCAHO anymore, we're audited by AOA / HFAP and their rules are a little less stringent. :-) Ray Brown, CBET, BMET II, KB0STN Freeman Health System, Joplin, MO

If the clinics are part of the "hospital license" then by most state laws and JCAHO they need to have exactly same procedures performed, paperwork, medical oversight, medical equipment, etc as the hospital. Even if they are not in your "walls" if they are part of your license then they are part of your campus. Many organizations had a difficult time with this many years ago and it was actually state licensing that cost some hospitals money and legal action. Duane Mariotti

A couple of the surgical centers I deal with are AAAHC accredited. When I talked to AAAHC facility standards department they said that they used the same standards for electronic medical equipment that JCAHO has. A lot of freestanding clinics may only be regulated by the state and it usually depends on how Medicaid / Medicare is billed. If "Dr. Smith" bills the govt insurance agency (Medicaid / Medicare) then there is no regulation of the biomedical equipment used at the facility. If however it's the "ABC Clinic" who bills Medicaid then they are regulated. The rationale is that doctors are already regulated through licensing and malpractice insurance. Dan Whatcott

Excellent point. If the Physician office is an independent practice - there are no regulations. If it is part of the hospital license (ownership) then it is covered by state, federal and JCAHO regulations. Duane Mariotti

The one thing to consider is that JCAHO for the most part is not a true regulatory agency. A hospital could, if it wished, could tell a JCAHO inspector to leave and not come back, but this would be disastrous toward their reimbursements. JCAHO accreditation is required by most insurance agencies for reimbursement. The most JCAHO could do is, take away it's accreditation for your facility and "fine" you. Were as your State Health Department (who looks at JCAHO inspections) could actually shut you down, and fine your facility with a fine that your facility is actually required by law to pay. Kind of like the NFL, a player could ignore a fine given to him by the NFL, but then the NFL would drop the player, and no team would pick him up. That said, while I'm not up on different state laws, but most Clinics, Surgical Centers, non Hospital Facilities, and ambulances are truly regulated by your state department of health. Ronald A. Hulin II, CBET Clinical Engineering

Masterplan Announces the Acquisition of Genesis Technology Partners February 13, 2006

Chatsworth, CA — Masterplan, one of the nation's largest providers of technology services for healthcare organizations, announced today that it has acquired Genesis Technology Partners (GTP). The terms of the transaction were not made public.

“We are very excited about the combination of the two companies”, said Bruce Cree, CEO and Chairman of Masterplan. “The addition of GTP will benefit the customers of both companies by allowing Masterplan to offer a wide range of maintenance and information services unparalleled in our industry. Masterplan is now the country's largest independent service provider focused solely on delivering high quality, cost-effective equipment maintenance service to the healthcare industry.”

“The management and employees at Genesis are equally excited about the future success of the combined company going forward”, stated Sandy Morford, former President & CEO of Genesis Technology Partners. “By bringing together the best practices of each company, the result will be the formation of an even stronger service organization, both financially and operationally, that has never before existed in the healthcare marketplace”.

Masterplan has been at the forefront of the industry for over 30 years. Known for their expertise and cost-savings solutions, Masterplan's network of over 500 technicians nationwide provide healthcare facilities with quality service on sophisticated medical devices such as CT and MRI. Masterplan's innovative maintenance programs are designed to keep up with the financial, technical and regulatory needs of today's healthcare providers.

FDA Medical Emergency reporting:

The FDA has made a technical change to 21 CFR Part 803 on Medical Device Reporting to correct the contact information for reporting of a medical emergency. This was published as a Final Rule in the Federal Register: 2. Section 803.12 is amended by revising paragraph (c) to read as follows: Sec. 803.12 Where and how do I submit reports and additional information? * * * * (c) If an entity is confronted with a public health emergency, this can be brought to FDA's attention by contacting the FDA Office of Emergency Operations (HFA-615), Office of Crisis Management, Office of the Commissioner, at 301-443-1240, followed by the submission of an e-mail to emergency.operations@fda.hhs.gov or a fax report to 301-827-3333. James D. (Jim) Carr VP of Operations and Quality, Sonora Medical Systems

3 New Positions at **Oregon Health and Science University**, Portland OR OHSU currently has 3 new biomedical equipment technician openings.

This is to fill the need created by our addition of a 335,000 sq. ft. new building as well as a new Center for Health and Healing. The two buildings will be connected by an aerial tram. We're trying to fill these positions soon so apply now. Listed under Biomed Tech \$19.30 to \$26.21 hour. College benefits

OHSU is an in-house, union, biomedical equipment department. To find out more about the positions and OHSU please see: http://www.ohsu.edu/hr/job_list.html

<http://www.ohsu.edu>

Kyle Gunsul gunsulk@ohsu.edu

GE StatView paging system: I've been asked by my Risk Manager to see what experiences people have had with the **GE StatView paging system**. They're looking at it here and while I like the idea, I think we're going to see people use it as a first level alarm notification system rather than how it's marketed as a secondary system. We're interested in any experiences. Thanks in advance for the info. Brent Slutsky Biomed Director Northridge Hospital Medical Center

RUN AWAY!!! FAST AND FAR!!! Our experience is nothing but trouble!! Craig J. Muehling, CBET Carle Foundation Hospital Biomedical Engineering Dept. Urbana, IL

Brent (or any other interested folks), One of our sites fell into that trap. I'm attaching a link to the VA's National Center for Patient Safety website. The page in this link is where NCPS shares our internal alerts with the public. "<http://www.patientsafety.gov/alerts.html>" If you scroll down to July 2, 2004, you'll find a link to our alert. If you have any questions, feel free to contact me (I was a primary author/investigator on it) Paul Paul Sherman, CCE Biomedical Engineer VA Center for Engineering & Occupational Safety and Health (CEOSH) St. Louis, MO

Are you going to use it with a GE telemetry system? We are using it with a Philips tele system and it won't work with the newer versions. I was under the impression that they were not going to make it anymore. When we bought ours they were still **Data Critical StatView**. Yet another company swallowed up. Doyle Becker CBET Biomedical Engineering Avera Sacred Heart Hospital 501 summit Yankton, SD 57078

Our biggest gripe was people not getting pages. You might want to re-think using as primary. Ours was finally retired because of the frequency it operated in. Kyle Gunsul

Well, unless you have a way to prove that the page went out and was received timely, I would have to advise against this being a primary alarm notification method. Technology is not a substitute for adequate staffing, which is the only way to have timely alarm response times. This is my personal opinion and not that of my facility, agency or the US Government. We just had an instance where OR was paging our FMS Manager during a power interruption event. His pager was a contracted paging service whose system was partially adversely affected by the same power disturbance. He did not get his page. We have seen delays before due to queuing pages and no working transmitters. I have seen pages delayed 15 minutes before. Our in-house pagers are served by a system on emergency power and UPS and they rode right through. Walter K. Bordett CCE, ME BME Biomedical Engineer Veterans Affairs Medical Center 800 Irving Avenue Syracuse NY 13210

I would personally not recommend the system. In my experience nurses were overwhelmed with nuisance alarms and became "tuned out" to the pagers. **The pagers themselves were not durable or reliable leading to many calls about not receiving alarms.** If used as a first level alarm notification system, it can be a patient safety hazard. Daniel Irving, CBET Senior BMEI, Clinical Technology Services Baylor Health Care System

Our experience has been the opposite of some of the postings. **It's worked OK, in the nurses' opinion way too much.** They get a lot of pages, most they would prefer not getting paged with like arrhythmia count alarms. We don't use the pendants, but the pagers themselves on occasion have failed with a "Comm Fail Check Batt!" message. From what I was told, a problem was revealed where the crystal in the pager would become dislodged if the pager was dropped even from a short distance. GE was proactive with us on it and replaced all of our pagers with the improved ones. I've only had 3 pagers fail since. Michael Bereiter

While I can see where some of the other posters have had their share of problems with the Stat View system, especially if they are using it as a first level alarm notification (not at all it's designed or intended function), it has not been as negative an experience on my part. We have had our learning curve, and it still has its quirky moments, **but overall it has served its intended purpose as a secondary alert system.** Granted, false alarms are going to set up the staff for the cry wolf syndrome, but at least it gets them to investigate if there really is a problem or not. When it turns out that there isn't a problem, we usually hear about it. We use ours with the GE Apex Pro monitoring system and it is fully integrated, I can't speak to crossing different vendors tele systems into the GE Stat View and how well or not it works. If used as intended, it is just another set of eyes/ears to monitor the patients on telemetry, and that can't be all bad.

I agree the receivers and pendants are not extremely rugged, but then again, I have seen X-ray tables destroyed and no one knew why the metal chair in the corner of the room was crushed down to half its normal size and fit perfectly onto the end of the table when angulated. (Ever heard the one that they could #\$\$* up an anvil?) I have only seen a few of the receivers and pendants stop working of natural causes. **The PC's are basically off the shelf units, and have the inherent windows need for an occasional reboot.** We have had to reboot the antenna system (software reboot as I understand it) only once so far since installation. It has been a fairly stable system (looking around for the magic piece of wood to knock on!) I hope this helps! (I just thought the other side of the story should be mentioned as well.) Alan Ormsbee, SR BMET Hilton Head Regional Medical Center

Thanks to all that responded to my inquiry. The information, as usual, was great and very helpful. I now have real experiences to take to the table. May have saved this facility some major bucks. Thanks again. **By the way, I heard late last Friday that GE will "very soon" stop production of this technology. Can't substantiate that info right now but I'm keeping my ears open.** Thanks again to all. Brent Slutsky Northridge Hospital

Pomona Valley Hospital Medical Center's Bio Medical Engineering Department is growing and we are in need of a Bio Medical Equipment Technician. This is full time position. This position is responsible for maintenance, repair, calibration and support of both basic and moderately sophisticated medical equipment, and the users of that equipment, throughout the organization. Key responsibilities include: • Performance of maintenance, repair, and calibration of general hospital equipment and other equipment as training is provided. • Documentation of preventative maintenance, repairs, and work activities to meet JCAHO, DHS requirements and departmental business needs. • Assist with installation, modification, and repair of new and existing medical equipment systems. • Support of computerized medical or clinical equipment and associated networks. • Coordination of vendor repairs and documentation of vendor activities according to departmental practices. • Assistance with new equipment technical evaluation and implementation of new equipment. • Assistance with investigation of incident reports regarding equipment in area of responsibility. • General Supervision is available

Experience Required: 5 years of experience maintaining medical or clinical equipment in a hospital type environment. Minimum Education Required: Associates degree in Bio Medical Equipment Technology, Electronics, or equivalent Military or work experience. For more information and to apply for this position please visit or website at <http://www.pvhmc.com> under career center. Contact: Keith Grindle, Facilities Manager Email:keith.grindle@pvhmc.org Address: 1798 North Garey Avenue, Pomona, CA. 91767

Password for Philips Sonos 5500 ultrasound machine:

I need help with finding Password and Username for Philips SONOS 5500 Ultrasound machines. I went to do a Self Test on unit. It now asks for user name and password. I found out they just had software updated to D7 software. I think now I can't perform self test. I called service and they asked for S/N, then asked if I went to service school, I said no, they said I can't give you that information without going to school. I just want to perform self test during my P.M. to check for proper operation of unit. If anyone can help it would be appreciated. you may contact me offline. Anthony Giuliatti Hospital of St. Raphael

Hate to tell you this, but even if you have been to school, they will not give you the password without a PO. Then it will be good for exactly one day, per machine. They have installed a random number generator program that they also have on their laptop they carry, and when they enter the serial number, it calculates the password which changes daily. **Like us, you just got robbed.** Bill Walker

Why was the "upgrade" done to the system? Unless you somehow requested it or approved it after getting full disclosure of what the "upgrade" would mean, I would demand that they return the system to its previous revision level. In the meantime, you can do a PM by performing functional tests on the system. Don't forget to test the parts that most often have problems, the transducers. (The diagnostics don't help you do that part of it, anyway.) James D. (Jim) Carr VP of Operations and Quality, Sonora Medical Systems

While we're on the subject, does anyone know an alternate way to get a Dicom out from the Sonos 5500 without upgrading to Rev D. We are trying to hook this unit up to our Pacs system, but would like to do it without locking the Tests out. I went round and round with Philips over it because I knew Rev D would lock me out and they said there is no way to get those options without going to Rev D. Thanks, Ken Mylar East Liverpool Hospital East Liverpool, Ohio

I don't have a 5500 anymore, it wasn't able to send to PACS without an upgrade either. But, unless you want to use some third party device like the Merge, Merge Box or NAI, DICOM Box I don't know of any other way of doing it. Calvin R. Conn

<http://www.cvsales.com> These folks make a PACS that will work on a Sonos 5500 rev C, I got a brochure from them not to long ago. bill walker

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