

C.M.I.A. NEWSLETTER

Central Coast Chapter

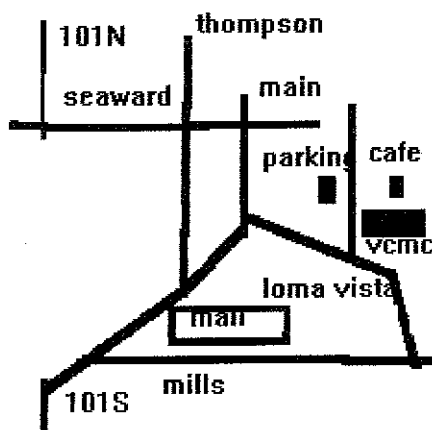
P.O. Box 360

Camarillo, Ca 93011

February, 2007

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The February meeting will be held at Ventura County Medical Center on Thursday the 22nd in the new small cafeteria conference room. Dinner is at 6:30pm 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 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.

Anatomy for Biomedics will be the presentation.

Please note the date--THURSDAY THE 22nd. Not a Tuesday!!!

A roundtable will be held after the presentation to discuss scheduling of future meetings and meeting sites. This chapter is what you make of it, so be present to brighten up its future.

February marks the start of our new year and we will be collecting annual renewal dues for membership. Please return the membership renewal with your check ASAP to the mailbox or at the meeting.

News off the Net:

Phillips vs Datascope:

We have a customer that just invested a bunch of dough into a new central monitoring system from INVIVO. Just found out that Invivo was bought by Phillips Jan 1, '07. Here's the quandry. The new system will be obsolete within 4 years. My past experience with Phillips has been bad. I am trying to find pros and cons on both central monitoring systems as this facility will be converting ER, ICU, Medsurg, & OB over. Please provide examples as feelings are hard to sell to the bosses. I have searched the Archives and need batter ammo. Andy Greenhaw

I feel sorry for them, we have Escort Prism (MDE) monitors in our NICU and Pediatrics' departments. I have never liked the Invivo/MDE Central Station or Monitors. On the other hand Philips would be bringing to the table all the experience and knowledge from the HP days. The Central station has had two hard drives replaced in three years. The PC portion of the Central Station is extremely cheap. It uses fairly standard components but at the minimum level to run the Central Station. The Escort Prism monitors, in my opinion, have always been an easy monitor for the staff to learn and use but it uses cheap plastic and is subject to a high rate of failure. In the past four years we have sent monitors to Invivo/MDE for repair approx. twelve times all the times were for a failed SPO2 (Masimo), the average turn around time for the repairs has been 2 1/2 to 3 months. For example we currently have three monitors at their repair facility, all for SPO2 problems, these monitors were sent out the middle of November and when we called for a status update in December we were told that the monitors were scheduled to be looked at on January 31st. You might say that we are half way looking forward to the year 2010 when the department will have to replace these. I know that supporting Philips might not be extremely popular since they are now up there with GE. But they cover the gamut when it comes to monitoring, and I love the new Intellivue monitors. (just got back from their school on the Central and Monitors, very good class.) There tech support and FSE's are the very best and the install teams are very professional. I can not speak high enough of the people that I have dealt with from Philips like Frank Rasmussen, DeJuan Simpson, Tosha Toba and yes even our sales rep Dick Kirwan. We are preparing to install OB/TV next month and we currently have a demo of the new FM30 Fetal Monitor which is really nice and has a screen based on the Intellivue Monitors. Sorry for the soap box, I'm off now. Thank you, Daniel J. Hauer Senior Biomed Tech. Fairbanks Memorial Hospital 907-458-5489

We received a letter stating that: "... we are providing advance notice that several of the Invivo products will be phased out due to extensive overlap with the Intellivue and SureSigns families of patient monitors..." **Essentially if the model is Escort (M8, M10, Prism SE), Vision Central, Angel Telemetry, Escort Telepak the last chance to order is 02/28/2007 and the end of support date is 12/31/2010.** When I get an email copy I will forward on to the list. Daniel J. Hauer

B Braun Outlook IV Pump:

We are experiencing a lot of backlight failures on the B Braun Outlook 200 infusion pump. Rather than keep replacing the display boards, does anyone have any information on the **backlight for the LCD?** Brian C. Lefler, CBET FirstHealth of the Carolinas Pinehurst, NC

Call METROMARK 800-680-5556 ask for Bill Ward.

Give him the size and color you need and ask for a sample. We buy all kinds of EL lamps from them and they will also make customized EL lamps too. We have them made for Criticare Novamatrix Ohmeda Datex Datascope Douglas / MC

Stryker 1088 camera:

How many of you fellow biomedes were advised upon purchase of this **system to remove the optical coupler for cleaning and sterilization before use by the Stryker rep?**. I know I wasn't aware till now. Jim Hickman BMET-III Bio-Medical Equipment Services Great Plains Regional Medical Center 1705 W. 2nd St. Elk City, OK 73644

I have not heard such a thing. We have 4 of these in our OR. Any documentation you have on this that you could pass around? Thanks Charles

It's on page 28 of the operator's manual. But the local rep says to ignore the manual... Btw, I called the head of tech support and he says to "Follow the manual"... :) Jim

Hello Jim, Listmembers, The couplers should be removed from the camera head before any sterilization processes to insure proper sterilization. Any bio-burden that may be lodged in the nooks and crannies or pass by the couplers c- mount o-ring may be left behind during sterilization. Most of the couplers are not autoclavable. Also, the o-ring will need to be replaced more often due to being compressed continually. If the o-ring is failing and permits fluids thru into the area between the coupler and the camera head there will be severe fogging during the procedure. So it's a good idea to follow the manual and the Stryker reps instructions to remove the couplers for the sterilization processes.

Dion Bower BMET Sr. Video Technician "<http://www.mobileinstrument.com>" Mobile Instrument Service & Repair, Inc. 333 Water Avenue Bellefontaine, OH. 43311

Stryker:

I need a source for Stryker model 940 cast saw parts. **Stryker won't sell parts unless you're "trained" by them to repair their saws.** Anyone have a source? Thomas Leeds

Who would think that you would need pre-purchase specifications for a cast saw of all things. This demonstrates the value of our role in the equipment selection process. Just to satisfy my own curiosity I went to the vendor's web site and looked through a very nice PDF manual for this saw which included an exploded parts diagram. I did not however, see any mention of required training to order these parts????? I'm sure that if they have a "saw training class" it would be CUTTING EDGE. (sorry about that one) Wheeler

That's funny, I've ordered parts for saws for years from Stryker -no mention of a school. Still have all 9 fingers too!... Jim

Stryker obviously doesn't monitor this list or does not care what people in positions to influence purchases think of their customer support policies. I wonder if Black & Decker will refuse to sell me parts to repair my saw? Brian M.

I just recently went through the whole trying to buy 940 CastCutter parts from Stryker. I had to sign a liability release waiver before they would sell us parts. You need to talk with their parts department on how you can make it possible to purchase parts. It took me a month of hounding them before everything was complete, but I now can order cast cutter parts. Good luck, Daniel J Hauer Senior Biomed Tech. Fairbanks Memorial Hospital

Try these guys...they worked for me before on a Stryker.

Five Star Surgical 163 Samuel Barnet Boulevard New Bedford MA, 02745

Toll Free: 877.595.STAR <http://www.5starsurgical.com/>

Philips M2600 telemetry:

I am looking for help with a strange problem I am having with my Philips M2600 telemetry. I have one channel that does not display waveforms in the sector on the central station. No flat line, no error message, just nothing.

Here is where I have gone so far...

1. Transmitter. Reprogrammed the ttx for another frequency and it worked just fine, so it's not the box.
2. Central station. We have flex monitoring, and when I assign that channel to a different PIC, I get the same result. So it's not the PIC.
3. Receiver. Swapped in a known-good receiver to that slot in the mainframe and got the same result.
4. Receiver back plane board. I have had problems with this item in the past, so I installed a brand new board and no change.

Just called tech support and am scratching my head at their suggestion of replacing the frequency converter. This unit takes the WMTS range frequencies, knocks 148MHz off of them and sends the signal to the mainframes through a shielded cable. But if it were this item, wouldn't it be affecting the WHOLE MAINFRAME or even every mainframe being fed from that converter? Why just one channel???? I am thinking it is something else in the mainframe or even the SCC, but with 23 other channels hitting that SCC I don't exactly have the luxury of being able to swap things back and forth. Anyone else ever seen this??? Thanks in advance. Jay Kupiszewski
Mercy Suburban Hospital Norristown PA

I have one tele mainframe doing the same thing you're describing here, and I've tried everything you listed here. It also has very infrequent problems with other tele's on the same 'frame, mostly E01 errors, where I have to go in to Learn Transmitter Code on a few of them. Philips' tech support was wrong on the converter suggestion, especially if all the others in that frame, and all the other frames, are working correctly. Lemme ask here, when you put a new back plane in, did you just swap the cards on the back plane board? I think what the problem is, is something to do with the Processor CPU, or maybe the Utility CPU, cards. Do you have the RS232 card and software? How about the books? M2600-90033, 1st edition, or M2600-90036 2nd edition? (I have the books and software but not the card or cable) Ray Brown, CBET, BMET II, KB0STN
Freeman Health System, Joplin, MO rabrown (at) freemanhealth (dot) com

Jay, in sector setup, what parameter are you telling that sector to monitor? I have had this in the past and it was simply someone changed the sector to monitor a parameter other than ECG.

I have a little follow up information.... When accessing the TELEM FREQ screen through the UNIT SETTINGS menu, we cannot set a frequency for that channel. There is no frequency shown in the list, the SET FREQ button is grayed out, and there is a message at the bottom of the screen that says "Frequency cannot be set for this receiver". Also, attempting to enter the TELEMETRY SETUP button through the ALL CONTROLS menu gives me a screen that says something to the effect of "THIS FUNCTION IS ONLY AVAILABLE FOR TELEMETERED PATIENTS". Jay

Jay, Usually when you are unable to set a frequency for a channel (when the frequency is not shown & set button is grayed out) it is because that channel is in standby mode and/or not admitted. David Wakefield Jet Medical Electronics Inc. 2230 S Dupont Drive Anaheim, CA 92806 Phone 714-937-0809

If you have the MF tool software (DOS) and any RS 232 Card and the cable to connect from the Receiver housing and the computer COM port you can see what is going on in the receiver and maybe even see if there is a frequency set for that receiver. That is the way is used to be done before the M3150A i.e. with the M2360A system. That is what I do now to check receivers to make sure they are set correctly before we put them in a system or sell it. But you are right this is a strange one. Good Luck. Ronald Tarr CBET

I am passing along this resolution to my problem in the hopes that anyone who has this same issue in the future will not have to struggle with it. The original problem was that the green ECG wave was not appearing for channel 79. No waves, no flat line, no nothing.

The fix: Resetting your receiver mainframe without the suspect receiver installed should clear your problem. Nursing personnel can be informed that this system maintenance sequence will take about 5 minutes.

- (1) Power off your receiver mainframe.
- (2) Remove (unseat) the suspect receiver assembly from the receiver mainframe.
- (3) Power on the receiver mainframe and let it boot into the monitoring mode.
- (4) Power off receiver mainframe and reinstall the suspect receiver assembly.
- (5) Power on the receiver mainframe ...

Thanks and hope this helps, Kerry Keenam Supervisor Biomedical Engineering

Thanks much to Kerry for saving me a boatload of \$\$\$, as I was contemplating replacing the board in the SCC. NOW THE WEIRD STUFF..... The problem had "started" to resolve ITSELF... When I fired up Ch. 79 yesterday I actually got a flat line, with the TTX running this morning I got an E01 and after re-learning the TX code I would get small "chunks" of ECG wave interspersed with chunks of dropout. **After applying the above fix, I am getting both waves through to the central station without interruption.** Thanks for the help gang! Jay Kupiszewski

Competition Clauses / Service School contracts:

I am interested in what different hospitals/organizations out there are doing for non-competition clauses in their agreements to send technicians to service schools. For instance, I am aware that most tend to be intellectual in nature, where the employee agrees that upon signing the contract he/she will not work on that type of equipment and/or work for that company itself for x amount of years.

What about contracts that require re-payment of the tuition costs? Does your department require you to repay a certain percentage of your tuition if you leave for another job? If you do have one of these agreements, what about them do you like and dislike? How would you prefer to see the contract written. Jaret_Morgan@URMC Rochester.edu

I went to an X-Ray school or my hospital and had to sign a two year agreement. This agreement stated that if I left before two years that I would have to pay for the school and all expenses (i.e. travel, hotel, food...). The amount would depend on the length of time left on the agreement. Kyle Foil Sr. BMET Bio-Medical Equipment University of Mississippi Hospital and Clinics 2500 N. State Street Jackson, MS 39216

You need to get with your attorney and HR about this. The laws differ by state and they do not hold up very well under challenge. There are issues about employment rights, how large of an area is covered and how much the employee felt under duress to sign instead of declining the school. You will need to take legal action to hold the employee to the contract and the money spent doing that could be better used in giving a competitive wage that would keep them from leaving. There are also employers out there, who are willing to pay the "buyout" to get an experienced and trained employee. If you don't offer enough to keep your experienced people, then you end up training other hospitals employees. Tim Aschmann CBET Biomedical Engineering University of Michigan Health System

Most hospitals I have worked for have required a one year pro-rated tuition payback. However, as one administrator put it, it gives the institution a black eye to attempt to collect on something like that, so although they made us sign the form, there was no enforcement. I also wrote at the bottom of the form, "at the request of and for the benefit of the hospital".

As for a non compete clause, they can write that in, but it is almost impossible to enforce. I have never worked for a hospital that requested that. I currently work for an ISO. That is a little different situation. When I change from one hospital to another, I am not competing against them. If I leave one ISO for another (but not necessarily a hospital), then I am competing. If a hospital required me to sign a non-compete I'd tell them I wasn't interested in their schools and I would go searching for a realistic employer. If your hospital wants to do that to you, ask what they are making the nurses sign when they go off to training.

The bottom line is that when working for a hospital, there is no good non-compete clause, nor tuition payback clause. They are sending us so that we can do our jobs and save them the money that it costs to bring in service reps.

That said, when I knew I was planning on leaving an employer, I quit going to schools. I have seen techs go job hunting while off at a school. That is disgusting. If we want our employers to treat us professionally, we have to give them reason to. If we as employees are being totally honest and above reproach with our employers, these different contracts will not even be an issue.

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