

C.M.I.A. NEWSLETTER

Central Coastal Chapter

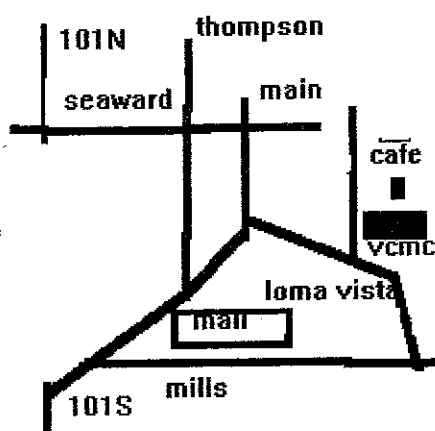
P.O. Box 360

Camarillo, Ca 93011

July, 2007

Volume 13.07

The July meeting will be held at Ventura County Medical Center on Thursday the 26th in the new 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 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.

A presentation on clinical anesthesia for the Biomed is going to be given.

Please note the date and time--THURSDAY THE 26th at 6:30 PM. Not a Tuesday!!!

News off the Net:

Safety tips AED's:

<http://www.fda.gov/cdrh/medicaldevicesafety/tipsarticles/handsfree.html>

Thomas J. Quinn

Phillips CMS Touchscreen Won't Work/Calibrate.

Last Friday I was asked to troubleshoot a CMS system with an inoperative touchscreen. The tech who worked on it before me said that he could not get the touchscreen to accept calibration touch inputs. I went to the bedside, swapped in a new display, then a new RS-232 cable, then a new RS-232 board on the CMS computer. Nothing fixed the problem. I was discussing this with Mike Young, one of our other techs today. He has been fighting touchscreen problems in his ICU's. We tried to calibrate the touchscreen on our shop spare monitor system, and found it did not work/wouldn't accept calibration. The shop system just then went into a hard inop, and Mike said "I know what that is". **"That is caused by the DC-DC power supply on the CMS being defective"**. Sure enough, we swapped in another DC-DC power supply module (p/n 0950-1954) and the touchscreen would accept calibration inputs and would work normally. Mike believes this is the cause for some of the intermittent touchscreen operation complaints he has gotten - the power supply is operating marginally. An visual inspection of the defective power supply module showed cold, melted solder joints and a burnt pc board foil on one of the heat-sinked transistors. We plan to just replace the module. Bill Knight Sacramento

We used work on these supplies when we had the monitoring system. **We had luck replacing the electrolytic caps in the dc-dc converter. This might save you a few bucks!** Phil Mininni Operations Manager, Biomed and Radiology Engineering Services The Nebraska Medical Center Omaha

We have a couple of hundred of these, pre touch screen, and have found the DC - DC converter to be a common problem. As was mentioned, replacing the capacitors will repair it 90+% of the time. **One of the most common symptoms we see is 'flashing' (or clicking) off and on.** I had one that the capacitors were replaced months earlier then it caused an overview problem such that you couldn't pull up other beds. Changed every card in the CMU, then finally the DC - DC converter. I still have that one on my bench. Craig Hunter

Intellivue Support Tool:

"Does anyone have the support tool or know where to get the support tool for the Intellivue monitors?" I will forward any and all replies to the requester. Thank you! Carl Lemon

Just an FYI, I have no affiliation with Philips, but even if you find a copy of the Support Tool, you will still need to configure a user account. You cannot do this without a license key (you have to go to their IntelliVue training school to receive one). Plus, even if you find a license key, you must go off of the user name associated with this license key. This 'user name' is set up by Philips. If you do any configs or any other type of work with this tool, it will leave a footprint of this user/key. Philips does monitor this closely (I'm told). I also know that many Philips reps monitor this list (I see their names pop up from time to time). Just a friendly heads up. Good luck. Tim Heimbach LVH in PA

You're right Philips is monitoring the support tool activity. The latest version of our tool installed an agent that connects occasionally and uploads an activity log to a server somewhere. The license key assignment is based on meeting the training requirements. Below is a link to Philips Biomedical Training website "http://www3.medical.philips.com/en-us/education/course_index.asp" best regards, Dave Stenberg

The touchscreen on one of our **Philips Intellivue** central monitors is not working. Does it have to be replaced with the same model Philips? Has anyone tried a different brand? Tom Murphy

Check out "<http://www.insight.com/site/index.cfm>" I have used them to replace a Datascope touch screen and saved a lot as well as Philips touch screens for Anesthesia. I purchased ELO touchscreens for both which I believe both companies use. Also when we installed our OBTV system we purchased all of the touch screens on our own and Philips was ok with that. Jeff Lurie Biomedical Manager Northeastern Hospital 2301 E. Allegheny Ave. Phila Pa. 19134

Philips issues:

Has anyone found a second source for the Philips 15" touchscreen **model M1097A**. Philips wants \$2100 exchange. I found a 15" with what appears to be the right connections for \$400. It has serial touch connection and DVI video. Anyone else using a substitute? Curt Doles Director, Medical Engineering Summa Health System 525 East Market Street Akron, Ohio 44309-2090

I was looking for one a few months ago and found a few that looked pretty good on the CDW site. I wasn't sure of the touchscreen compatibility, so I just bought one from Jet Medical for \$1195. **Jet Medical** (714) 937-0809 Ken Mylar East Liverpool Hospital East Liverpool, Ohio

ELO make a 15" touchscreen that is medical grade. Their distributor is Harddrives Northwest in WA. Monitor sells for \$680.00. Google ELO for phone number. sanpedrodave

I just finished talking to Caesar at **Ampronix** of Irvine Ca. on the touchscreen issues. They are a 25 year old company specializing in the medical display business. They are a regular 24X7 advertiser. Caesar said that they offer a \$400 flat rate repair on the Philips Displays with a 1 year warranty. They also have exchange units in stock for \$1000. Their phone # is 800-400-7972. Bill Knight Sacramento

GE 411:

Just in case you haven't had the pleasure...GE Med. Syst. is charging \$75 (by PO) for Parts ID and/or Info. I have heard it is refundable if the Part in question is ordered. The same way the Phone Company enticed us to start using the Directory. John West

Try these GE websites instead of calling them for parts, especially if they are charging:

["http://www.gehealthcare.com/usen/service/biomed_tech_selfservice/index.html"](http://www.gehealthcare.com/usen/service/biomed_tech_selfservice/index.html)

["http://partsidportal.gehealthcare.com/partsiduser/gems/Welcome.jsp"](http://partsidportal.gehealthcare.com/partsiduser/gems/Welcome.jsp)

Our issue was on the Diagnostic Imaging side of the street. But maybe the Clinical side is soon to follow. Later...jw

Equipment End of Life Notices:

META Members can now access equipment end of life information via a searchable database which also has the actual letters from the manufacturer for many of the devices. This is an exciting addition to the benefits of being a META member – take it for a drive and let us know how you like it. "<http://www.mymeta.org>" Phil Camillocci Medical Equipment and Technology Association

Service Contracts:

I am interested in talking to pertinent representatives from any hospitals who have successfully minimized service agreements, i.e. have successfully (have saved money but have not compromised service) gone at risk with time and materials type arrangements. I am not interested in equipment maintenance insurance programs. Thank you, Greg Mika Clinical Engineering Manager Martha Jefferson Hospital 459 Locust Avenue Charlottesville, VA. 22902

There is definitely money to be saved in moving away from OEM service agreements and towards "T&M" arrangements. I see that you're not interested in maintenance insurance programs, but we are utilizing one of these as a "first step" away for the OEM agreements on selected pieces of equipment, and it has worked out well for us. As time goes on, we are slowly taking devices off of the insurance program and going T&M. Biggest roadblock I've seen is the department manager who insists that his/her equipment be covered by the manufacturer. If you can overcome that hurdle.... On the other hand, there are devices and/or systems that we have on OEM contracts that will continue to be on contract - usually things that are notoriously expensive to maintain and that we don't have in-house staff with the skills needed. If you'd like to talk, give me a call or drop me an email. Tom Drew Director - Biomedical Engineering Sky Lakes Medical Center Klamath Falls, OR 97601

One thing to consider here, if you haven't already, is the fact that without an agreement of some sort, you become last on the priority list with lots of vendors. There are some that we cannot get a confirmed date to do preventative, ever, even giving them a PO. If they have a scheduled PM or service call for you and one of their contracted customers calls, you get bumped. Not trying to justify contracts, mind you, just relating some off contract experience. William Walker

Hmmm.... Heard the threat many times, haven't seen it happen myself. Willing to name the vendors? Paul Sherman

I agree with Paul. As a matter of fact, we have a harder time with vendors who have a contract, especially with PMs. I think that they see the T&M as unbudgeted income (bonus?), and respond to them faster sometimes. We do not have a lot of contracts, but I would say that with very few exceptions we spend more time trying to keep these vendors on their own schedules! Paul Kelley, CBET Manager, Biomedical Engineering Washington Hospital 2000 Mowry Ave Fremont, CA 94538

I agree with Paul K. I have to BABYSIT GE's so called PM schedule extensively. I have met with the mgr. several times and they still consistently fail to meet expectations. They have been unable to generate a consistent PM schedule for the last three years. Currently, the mgr. wants me to submit a service call when we have one due. Apparently they don't have the capability to schedule service but are able to schedule invoices. Right now I am in the data gathering mode and I can't wait to hear their song when these things expire. One recommendation to those facilities that blindly trust the vendors to schedule pm's, take control- inventory your systems, contract or not. Find out their schedule and generate a "pm" in sync with theirs where you "babysit" by verifying their compliance. It's an eye opener if you aren't currently doing this. If you must take out a contract, be specific on what expectations are, have out clauses, and penalties for non-compliance. Data talks, BS walks Wound just a little too tight this morning. Dave Ramthun Biomedical Engineering Mgr. Sacred Heart-St Mary's Hospitals Rhinelander, WI 54501

I've heard that before and in all of my forty (40) years in this business I haven't had a OEM or any other service provider tell me that. Matter of fact I've always had good responses whenever I requested support. If you know of any vendors that say that, than I suggest that you look at buying your equipment somewhere else. The sales folks would love the reason why you're making those decisions. wainmed

Likewise, I've heard of the threat, but never received it personally. The guys in Sales would have a cow if the guys in Service were doing this - cutting into future commissions by pissing off current customers. Tom Drew

We had a **District service manager** tell us that he could care less about sales. **He said he only made money with a service contract regardless how many items the sales person sold to an account. His only priority was the service contracts.** Don Fletcher CBET,CRES Assistant Coordinator Biomedical Engineering Baptist Regional Medical Center Corbin,Kentucky 40701

Bill, Your absolutely right. I have been waiting since June 13th for a major Imaging OEM to come and do T&M repairs to my lone Flouro Room. The rep told me that his contracted customers and his teams vacations come first. Keith Golnik

Care to share the name of the vendor? --Tom--

It's **Philips**. And we just purchased 1.5 million of new patient monitors, TraceMaster, and OB TraceView. Keith Golnik

Siemens for one, GE for another, and Philips as a third... Yes, reps and FE have said specifically that contract customers are first priority, it is part of the reason to buy the contract. They sell that fact when discussing the contract options. Frank SJHMC-PHX

We got bumped many times with **Philips** due to installs and pm on contract customers. No contract means last in line. Don Fletcher CBET,CRES Assistant Coordinator Biomedical Engineering Baptist Regional Medical Center Corbin,Kentucky 40701

I would no longer be purchasing Philips equipment. There are times, you may be delayed, but due to installs and PM's - that is not good business for vendor or hospital. Duane Mariotti

Siemens will do it in a heartbeat. Darwyn Lawson

"**Contract Money**" is something that can be inserted on an Excel spreadsheet. Whether it is unethical to show favoritism toward contract customers or not means little. Guaranteed dollars are just that. All vendors will prioritize when there are limited field resources (not enough people on the ground). One of the factors used to prioritize is the relationship they have with their customers. You may not hear the vendor vocally tell you this. It happens routinely. Carl Hepner

Service is a profit center for the OEMs. To maximize profits, the OEMs have gone "lean and mean". The older generation of service personnel have been retired (bought out) because they cost too much. With them went the institutional memory of the companies. The new generation are barely trained before being sent into the field and there are too few of them. How often have you watched the new hire phone for help over problems you know you could fix?

The OEMs are using us as training sites and getting top dollar for it. Since there are too few new hires, by choice--managers seem to get paid by how much money they save the OEM--it makes perfect sense to provide contract service first. Personnel are hired by how many contracts are sold, even if the manager knows he has X number of I&M sites willing to call. Poor management I agree, but perfect for his spread sheet. As for third party, if you can get them and not all non-major metropolitan areas can, then the OEMs have you by not supplying training to competition. The ISOs problem is hiring trained personnel even for top dollar--just check out the recruiter's web sites and see how long the ad has been running.

So taking a contract or not it depends on who your local service person is and what relationship you have with him and the company he represents. If its bad, then buy from someone else, get trained, and do-it-yourself. It may not be your hospital's core business, but that is why we made this our profession. And if the hospital won't support you, then that is their expensive decision.
Editor

There are many techniques to negate the "last on the list" problems.

1. Have an alternative ready to go. Nothing will set off a manufacturers alarms to know at they are fostering alternatives to their service.
2. Get sales involved. Sales do not like to lose future sales because of service.
3. For many reasons, make sure you have all of the information you are legally entitled and required to have on site and do not waiver in this no matter whose service you use. This will give you true independence and compliance with the laws.
4. Band together in a community to fight this. Again, nothing puts the fear in a manufacturer to see a united front and alternatives in a community. Look at their service coverage areas and contact every institution, Imaging Center, doctor's office and others in that area to see how to fight the district office. Perhaps by banding together with other institutions, you will have strength in numbers. One institution might delay a PM to allow you to have service etc. In addition, all will be on notice of what a manufacturer's policies are and that cannot be good for any manufacturer.

Do not buy them next time. That always works.

These bad habits of manufacturers were created mostly by hospitals and the mistaken belief that hospitals are special to manufacturers. Therefore, they sided with the manufacturers, kept out alternatives, sough jobs, and other actions that we now are paying the price for. Just think about it and you will find plenty of ways to agree with that.

Now it is time for hospitals to stop these bad habits and take control.

By the way, the FDA will be getting a petition, the first step towards a court action, very soon. Do not expect any reply from the FDA, until we get to court, which will happen very soon as well. I will do all that I can to finally solve this puzzle. This will be a benefit to all of you in compliance, safety and cost control. I will keep you all informed. The list of problem companies will be identified in court documents soon. There is a poster child in the companies that will be listed, as you will see. Thank you, Thomas J. Quinn President

"<http://www.medicalresourcesalliance.com>"

Legal Stuff: All reasonable efforts have been made to prevent errors in the material printed in this newsletter. Statements, opinions, descriptions of products or services, expressions of authors and participants are not necessarily those of the publisher. The publisher assumes no responsibility for the absolute correctness of the information or recommendations contained herein. This newsletter has been compiled from sources that are believed to be reliable. The CMLA may present notices of products, services, hazard alerts, and recalls. The CMLA does not test, evaluate or endorse specific products or services.