

C.M.I.A. NEWSLETTER

Central Coastal Chapter

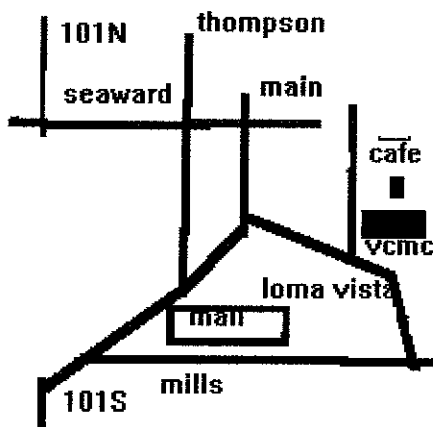
P.O. Box 360

Camarillo, Ca 93011

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The August meeting will be held at Ventura County Medical Center on Thursday the 20th 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 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.

Pronk Technologies will be demonstrating their new **FlowTrax** palm sized infusion-device tester. Features include patent-pending bubble-tracking technology for better flow management speed and an integrated pressure meter that offers a pressure range of -760 mmHg to 75 psi and internal/external temperature measurement. Its occlusion mechanism provides user-controlled occlusion testing and a variable, lifelike back pressure simulation, allowing users to verify IV pump compliance to ANSI or AAMI regulations.

FYI: Service manuals for older instrumentation (service tools) can be found at the BAMA (BOAT ANCHOR MANUAL ARCHIVE) and its Edebris mirror site: bama.sbc.edu and bama.edebris.com/manuals.

Set aside dates: January 29th C.M.I.A. is having its training seminars in San Diego, January 30th more seminars/vendor show and annual awards dinner. More information later.

News off the Net:

Job openings:

UC Davis Medical Center Clinical Engineering in Sacramento California has job vacancies due to retirements as follows:

Job # 025339: Sr Imaging Equipment Repair Specialist-MR, CT: Responsible for imaging equipment repair and maintenance with a focus on CT and MR. GE and/or Siemens CT and/or MR factory training and repair experience preferred

Job # 024329: Sr BMET: General Sr BMET responsibilities including support of physiological monitoring systems, other Cardiology systems, infant warming equipment and other complex systems.

Please go to http://www.ucdmc.ucdavis.edu/hr/jobs/jobs_online.html and search for the job number as listed above for more details, application instructions and job descriptions.

If you have questions, please call Ted Cohen, Manager, Clinical Engineering at 916-734-2846 or e-mail at theodore.cohen@ucdmc.ucdavis.edu.

This job posting for UC Davis prompted me to respond with something I have been thinking about for awhile.

Everyone seems to want to replace the technicians they lose with someone of equal or greater experience. Which means someone else will lose an experienced technician and will try to replace them with another experienced tech. So the cycle goes until an opening is created and no one fills it.

Finally, a new graduate is hired or a technician with less experience and that means a lot of experience and training walked out the door somewhere.

Please understand I am not knocking UC Davis. I understand the economic and political complications behind my suggestion. **However, retirement is not an unplanned event.** Generally it is joked about years in advance and then becomes a more serious discussion until it is finally announced as a reality.

The posting does not say if the two technicians are still there or if they have already retired. For the sake of my argument I will assume they have retired or will retire in a few months.

Even a few months is not enough time to train up a replacement. **It has been my experience that a new technician can take from 6 months to a year to become effective and accepted by the staff. On top of that is the problem of all that knowledge learned over years of time walking out the door. You can't transfer years of experience in a few short months.** The best you can do is hope to hire a tech who has reached the same level of experience and isn't going to retire for 10 - 15 years.

I very rarely hired experienced people unless I was assuming responsibility for equipment that we had not previously supported. I would then hire an experienced tech and then follow up with new graduates or someone with 1-2 years of experience. Of course I didn't have to break them of bad habits learned elsewhere and they were OJT'd by experienced techs and worked with the very customers they would be supporting. I also sent them to training where needed.

The final product, so to speak, was a technician very familiar with the customer and equipment base who had the potential for being with the organization for 30 - 40 years.

Sure we lost some techs because they wanted to move or their spouse moved or they just weren't a good fit. However, in the long run I never regretted making the investment in training up front and I will say that turnover was very low. But that was when I had a lot of applicants for every position I opened.

I believe that the days of a deep pool of applicants is drawing to a close. Some of you have already found it hard to replace experienced techs. Some have found it difficult to fill openings with anyone. From the numbers I have been looking at we are just a few short years away from a severe shortage of BMET graduates to fill openings.

If I may play loose with statistics here are some numbers to think about. Forget the baby boomers for a minute and the planning to meet the increasing need for hospital space to take care

of that bubble. Just make one assumption. Some form of National Health care is passed and the 47 million people without coverage..... get it. Here is where I have fun with numbers. So I say that is about 1 million per state. If 1% of them had some kind of immediate health need they had been putting off, then that is 10,000 people knocking on health care doors the next day. Is your state ready for an extra 10,000 patients? Do you have the equipment ready if 100 of them walked in your hospital tomorrow? How about the manufacturers? Will they have the equipment and techs to support them ready? Bed space? OR's?

How's this for a bad dream? Just when the health care system is trying to expand its infrastructure to meet the new demand 15% of the experienced technicians are coming up for retirement and the schools are graduating barely enough students to meet normal needs let alone the sudden growth spurt.

So, the next time someone announces that they are planning on retiring **think about hiring a new grad and have them shadow that tech.** It may not be a perfect solution, but I promise you it is a lot less painful then watching all of that experience and training dollars walk out the door with nothing to replace it.

Steve Bezanson Instructor Biomedical Equipment Technology Dakota County Technical College

That sounds like a wonderful idea 'on paper'. The problem being that 99% of upper management wouldn't approve of an extra FTE just to shadow the retiring employee. Craig Hunter

Remember, you are not hiring an 'extra' FTE but a replacement. Whether management likes it or not they are in the position of paying now or later. Does management want to pay for OJT training now (with the benefit of extra manpower to reduce OT) or does management want to pay out training dollars to replace what was lost at a later date and possibly having to cover that training time with OT. Part of our job is to help management understand the most cost effective way of getting the job done. I have done the numbers and I can assure you that training after the fact is extremely expensive. Steve Bezanson

Steve, I agree with you completely, we need to provide the opportunity for students and new grads to work with our experienced techs any time we can.

Craig, I agree with you, also. Thus, the "opportunity" is subject to the marketing abilities of those of us who are "managers". We need to effectively explain to the people who approve our budget why it is in their best interest to allow us to create an entry level position. Recognize that an administrative team may say "no" simply because they do not have enough information to show them why the correct answer would be "yes". They really do want to make the right decisions for the organization, so we need to help them do that. Since I have learned a lot more about how to present information in a format the senior leaders can quickly and easily follow, the answer is more often YES. Karen Waninger

I agree with both of you. It is, however, up to us to change the philosophy that governs "upper management". I have worked in training hospitals that are consistently overstaffed with new nurses, respiratory techs, radiology techs, etc. The only hospital I can say was a little "overstaffed" with Biomedics was Walter Reed Army Medical Center, and it was considered a training ground for Biomedics as well.

Although it seems like there is no viable solution, for those who don't see this as a problem they will be faced with a sudden shortage. Please, no one take this as an offense. I have friends at UC Davis, but I interviewed for a position there a few years ago and wasn't deemed qualified for any open position. I'm sure I meet the requirements for "at least" one of the open positions at UC Davis now, but had I been hired with less experience (and I'm just using this as an example) I could have probably slipped into one of the newly opened positions, and they'd be advertising an easier to fill "less experience" position. Mickey C

Steve, I completely agree with you. I will add though that shops might need to consider the value in moving their current technicians laterally and redistributing devices within everyone's workload. In addition to a senior technician taking on new services, it would open up more elementary devices for a junior or new tech. In many shops (not all) techs get entrenched and comfortable with their knowledge and clinical staff for assigned areas and have a strong preference to not change when in reality that change only increases a tech's value to the organization. If someone is planning on retiring, a shop can start training a current Biomed on the more critical areas/devices of the retiring tech. and reserve the devices requiring lower skills to maintain for an entry-level tech.

I only KNOW, we are all going to have to think out of the box in the upcoming years.

Mindy Gonzales, CBET Biomedical Instrumentation, SWMC

All that being said- UC Davis will have NO PROBLEM in filling these positions with well qualified techs! Though I haven't worked there, I know it is a great place to work, I know techs that are there (or have been there), and Northern California usually pays well (and Sacramento comes without the expenses of the Bay Area). Mickey C

Cardinal health:

I have a question for our esteemed group and we are the best there is. We are using Alaris smart pumps and are having a very high failure rate of the LCD display board. Question are we the only ones having this problem and has Alaris responded to this problem?

Bob Stanford Clinical Engineering Manager

We are also having a high failure rate. We did not know how severe the problem was until the units came for PM in June and it was very bad. We have vertical lines on the screen that in some cases render the display completely unreadable. We are working with Alaris customer advocacy to get the screens replaced. Shawn Gilson

We have had quite a few failures here also. Alaris is no help. We have Tracelogix repair ours instead of buying new ones. Matthew Swanson

If you are talking about the Medley Point of Care units, Cardinal Health Alaris Products is fully aware of the situation, and we are having them send us new LCD's due to the fact we have already spent 80K between two hospitals on replacement LCD's. Contact the advocacy dept and start saving the faulty displays. There are other facilities doing the same thing.

Robert Myers CBET Biomedical Engineering

Medtronic's service agreement for Stealth Station:

I have been presented a contract with a 35% increase for a Stealth Station and am upset. I have threatened to not renew and now they are saying they will not sell me any upgrades if I buy a new scope to connect to this system. Is this legal???? Has anyone else had this problem???

Rick Holmes, CHF, CHE

Yes, we had a similar price increase. They offered to sell us the upgrades separately, though the cost was the same price as the full service contract that included the upgrades.... What a deal....

Karen Waninger

Philips IE33:

Has anyone else had an issue with the power supply on the Philips IE33? We've had to replace two of the three at our facility, and I'm sure it's a matter of time before the third one fails. I've found that the OEM is back ordered on these power supplies with no known date for arrival. Several third party companies such as PartsSource, Conquest Imaging, and Sonora Medical have also had trouble finding these power supplies. Any feedback would be appreciated.

Marc J. Hanson, CBET

This is a very common failure part on the IE33. Check with Echoserve, they replace/repair them for a lot less than OEM. They also recommend putting a UPS on them since the power supply is so sensitive. Keith West, Biomed Coordinator Murray-Calloway Co. Hospital

This is a well known weak spot on these systems. I am very surprised that we do not have a spare in our shop. Having a contract that gives us first call does nothing for downtime if you can't do anything. We have had an extra printer for our HD11 fleet for this very reason, until they went (finally) digital. My guess on the availability of the 22/33 power supplies is a simple one- **they are SO custom, that you would have to destroy a system to have a spare-** not a very economical move. To top it off, BIW I am mixing 3rd party w/ vendor on this- obviously MFG would have capability of spares- 3rd party would have to disable a system to have a spare .Or, I might be missing something.... Bill Walker

We have the same problem. From Philips the power supply costs around \$12,155 30 day warranty exchange part. From PartsSource, about \$8,400 6 month warranty exchange. Do not know why this is not covered under a recall/modification. Randolph Cremer, CBET
DEBORAH Heart and Lung Center

I had to replace the power supply in one of my IE33s twice in three months apart in the same unit. Luckily, they did not have any shortage at that time. I called my philips FSE with a PO because I did not have a service contract and the power supply was shipped to my facility the next day. After that big hit on power supply, **I installed a UPS in each one of them and since then I have not experienced any power supply problem.** Try Echoserve or GMI. Thomas Odaris

Steris support:

Our Steris Surgigraphic 6000 OR table, which the hospital purchased without Biomed consultation, has suffered **damage to the hand control cable connector**. I then discovered that there was no service manual supplied with the table. Upon phoning Steris technical support, I was advised via recorded message, that I should purchase a 'priority telephone support' contract, so the next time I call, they will answer faster. Then, when buddy comes on the line, he tells me that if a service manual was not a line item on the purchase order, no service manual is supplied. If I wanted one, the price is \$544.83 . However, the \$544 manual does not include the pin-out for the cable connector, as this level of service should never be attempted in the field. Also, intellectual property concerns prevent the manual from being available in digital format. Our Skytron tables are looking much better now! As much as I dislike the Midmark tables, we have, at least when they break, the service documentation to support them. Does anyone know of a third party source for a Surgigraphic 6000 hand control? Sorry 'bout the rant . . . feel much better now! Brent MacKinnon

It seems like Steris is shooting themselves in the foot with this kind of (non)support policy. Thanks for the heads-up. John Barstow Mad River Community Hospital Arcata, California

FYI, we have 2 Steris 6000 Surgigraphic tables, **and the hand controls are NOT interchangeable.** They fit in physically, but nevertheless, each has its dedicated hand control. (Steris fun). Robert Resnicoff CBET Senior Clinical Engineering Technician The Union Memorial Hospital

Thanks for the rant Brent. Sorry you had to find this out the hard way. \$544.83 for a manual? I imagine this is a very thick manual. I've been getting after our purchasing department about including the service manual on the purchase request. It still happens at times. We will be looking for replacement OR tables soon. The Steris tables are now on my "Can Not Support" list. Thanks for the heads up. Doug Ensley

I feel your pain when it comes to Steris Manuals. I had to order one for an ETO sterilizer last year, with a cost of \$1275. It wasn't even that thick. It was cheaper than the service contract though. Mark McLain, Senior BMET, CBET Catholic Health Initiatives - Mercy Medical Center

Stryker:

I have a Stryker X7000 that will not ignite the bulb. It has a new bulb that works in another unit. Has anyone been able to figure out the repair for this? Terry Doukas CBET

Stryker uses RFID to monitor the hours \$ s/n of the lamp modules. This forces the user to purchase the complete lamp Module from Stryker, cost of around \$1200. You can replace the Bulb in the module, but you won't be able to use the module in the same light source again. Kinda stinks!! Stryker is/has made it impossible to service Stryker equipment in-house. No service manuals. The next light source they are selling now, L9000, LED Light Source, you will have to send the complete box to replace the lamp. Michael Cheely, CRES

My first question would be the bulb. Since the bulb does not ignite on the Stryker X7000 but does on other units, are the other units also Styker X7000's? I ask, because the Styker X7000 uses a modified 300 watt Xenon Lamp, which includes a specific sensor in it. If a standard 300 watt Xenon Lamp is being used (without this sensor), then it will not work in the X7000. Maryann Gilbert

This is just a follow up note about the Stryker X-7000 that I had a problem with. The unit would not light a bulb, new or old from another unit. I got the power supply ballast part number from Stryker, 105-203-891, \$550.33 each, and replaced it. This repaired the unit and saved a more expensive repair by Stryker. As a side note, moving the complete bulb assembly from one unit to another usually clears the hour meter allowing us to replace bad bulbs with bulbs we buy from Cadmet for about \$350. Terry Doukas CBET

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