



BMETS Newsletter

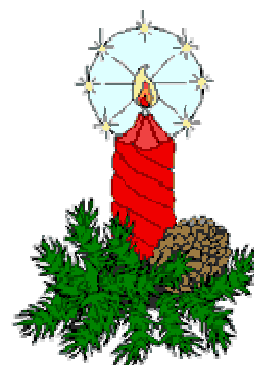
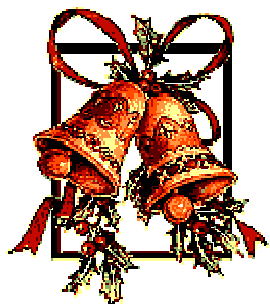
December 2007

<http://www.BMETs.org>

INSIDE THIS ISSUE:

<i>The President's Thoughts</i>	2
<i>The Vice President's Quill</i>	2
<i>PM Program</i>	3
<i>25 Gift Ideas</i>	4
<i>Monthly Meeting</i>	5
<i>Calendar</i>	6
<i>Acronyms</i>	6
<i>Monthly Sponsors</i>	7

The BMETS Officers Wish You A Merry Christmas and Happy New Year



THE PRESIDENT'S THOUGHTS



Rob Bain

I would like to thank all the members for their support, we are working on scholarships for Howard Community College and I have been in contact with Dan Freedman about what we can do for Howard Community college. I feel this is the most important issue we have on our agenda and I ask for all members support

as in these times we may have to look at where it is best to put our investment and I believe that is in the future of our organization- the students and growth. happy holidays, it is a pleasure to serve.

Rob Bain, CBET
President, BMETS
president@bmets.org

THE VICE PRESIDENT'S QUILL

Ok, now it is December. Christmas is a couple of weeks away and then the New Year. In January, RSTI will be sponsoring the meeting. Oh that Special Person that I mentioned in November had to back out of the coming to the meeting.

The January meeting will be at the Rose Restaurant on Wednesday, January 16, 2008. This is also the time when everyone should be thinking of nominations for the Officers for the coming year. The President will open nominations at the Business part of the meeting. I would



Chris Jones, Sr.

like to continue as your Vice President for the next year, so if someone would be kind enough at the January Meeting to make a motion to put my name down, I would be greatly appreciated. Yes, self promoting and all that jazz, but what the heck. I am very much willing to continue for as long as you all want me to or my wife tells me enough is enough. Please remember your dues, if you have not paid as of yet. If you have well then "Thank you for your continued encouragement and support of the Baltimore Medical Engineers and Technicians Society".

One last item, I know that I mentioned about the May Bash (Event, Roast, et al) and that having the dinner cruise again. I saw a show of hands but I guess not a lot of people were convinced that is what we should do. I know that last year it seemed to be a success – at least I thought so – and this year I would like to have MORE members come to the event. I would like to know from the Membership – for those of you that did not come last year; why did you come to the May Bash? Was it because of the cost? The Date? Personal Choice? Or some other reason. I would really like to know this – it may help finding a venue that all would attend and enjoy. If you have suggestions, please feel free to send me a note to vice-president@bmets.org. I know that every suggestion will be looked at by all the officers and the best one selected. We will do our best to give the Membership the best time possible in May.

Well, that is all until January, I look forward to our meeting and wish each and everyone of you and your families a pleasant and joyous Holiday Season; See you in the New Year!

Sincerely;

Chris Jones, Sr.
Vice President

PREVENTIVE MAINTENANCE PROGRAM

How can a preventive maintenance program for medical equipment do it all? That is, how can it (1) meet the Joint Commission expectations for performance improvement, (2) maintain the highest level of safety, and (3) apply its resources where they'll do the most good? That's the question that motivates Ted Cohen, Manager of Clinical Engineering, and the whole clinical engineering department at the University of California, Davis, Medical Center (UCDMC). Their answer? Data carefully collected and analyzed. Cohen has been studying the data the clinical engineering staff at UCDMC provides for more than ten years, with the purpose of maintaining high-level safety while reducing unneeded preventive maintenance. As with many large medical centers, UCDMC, located in Sacramento, has plenty of medical equipment to care for--approximately 20,000 medical devices, including 6,000 models. EC.2.13 specifies that equipment in the management program must have a one-time inspection before it's used in the clinical setting, as well as regularly scheduled inspections thereafter. The challenge is focusing the organization's inspection and testing efforts where they'll be most valuable.

Looking at risk

To begin, Cohen says, "all organizations should be using some sort of medical equipment risk-categorization scheme. At UCDMC, we use a simple high-risk, moderate-risk, and low-risk categorization." These categories are based on the risk to patients if a piece of equipment fails and/or is not maintained properly. The highest-risk equipment should be included in the medical equipment management inventory and, for Joint Commission purposes, maintained according to appropriate standards, recognized guidelines, accepted industry practice, manufacturers' recommendations, and organization experience (EC.1.8). Testing of such devices should occur annually, but a longer time frame "may be justified based on previous experience and safety committee approval" (EC.2.13).

Still, most devices fall in the moderate-risk and low-risk categories. And whether or not the organization includes such devices in its medical equipment management inventory, safety concerns dictate that they must be maintained. How?

Looking at problem detection

"Today, more and more equipment in every category is electronic and computer based, as opposed to mechanical, and does not lend itself to preventive maintenance," Cohen explains. This excludes, of course, mechanical and battery-powered devices; those with fans, bulbs, or filters; and complex pieces of equipment in the high-risk category (lasers, defibrillators, MRIs), which need regular testing and calibration. With some devices, only a technician who has special skills and testing equipment can detect a problem. With other devices, problem detection requires no special skills, for example, any end user can see that a bulb is burned

out in an otoscope. So, outside the high-risk category, where might an organization best focus its preventive maintenance efforts? On devices in the moderate- and low-risk categories that develop problems not readily apparent to the end user.

"What you want," says Cohen, "is to focus your preventive maintenance where you'll get the maximum gain, or *yield*." Although the health care industry currently has no consensus definition of *yield*, the UCDMC team defines it this way: the number or percentage of problems found compared with the number of items tested. For example, if you detected a large number of problems during annual preventive maintenance, you would have a high yield and you might feel your preventive maintenance efforts were worthwhile. But you'd need to break down the yield further, into consequential and inconsequential problems. For example, if your preventive maintenance turns up no more than an epidemic of missing labels, what real effect did the effort have on safety?

Here's Cohen's working premise:

If the inspection yield is low over time or the problems detected are inconsequential, the existing preventive maintenance program is not having a significant impact on safety.

The future

Cohen and his staff are also working on the following issues: **Yield.** How can they further segregate equipment that does not need mechanical preventive maintenance into high-, moderate-, and low-yield categories? Where is the dividing line between low and moderate yield? With safety concerns in mind, who will define that line, and how? According to Cohen, the industry needs to seek answers to these questions.

Sampling. Could data sampling and/or multiple-year intervals be used for preventive maintenance in the moderate-risk/moderate-yield categories? Because this equipment category is so broad, safety concerns are broad as well. At the same time, annual maintenance of every item is extremely time-consuming. So, for example, instead of inspecting every pulse oximeter, could organizations test a certain statistically significant percentage, and let that stand for all?

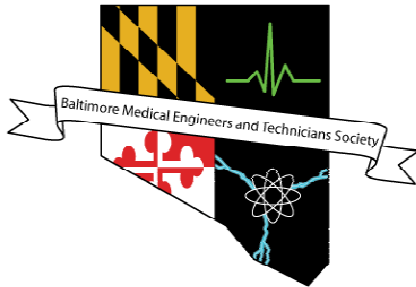
Perhaps. But many smaller organizations have too few of any one product to generate statistically significant data. Also, although the Joint Commission allows multiple-year intervals with safety committee approval (EC.2.13), some state regulations reference one-year intervals.

Data sharing. If one organization cannot generate sufficient data for a statistically significant sample, could organizations share data? This is one of the challenges of the future, says Cohen. He, the UCDMC clinical engineering staff, and others are attempting to develop simple methodologies to allow data sharing.

HERE ARE 25 GIFT IDEAS FOR CO-WORKERS, FAMILY, SMALL GROUPS, SCHOOL MATES OR ANY GROUP.

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|--|---|
| <ol style="list-style-type: none"> 1. Deck of cards and book of card game rules 2. Set of Gel pens and stationary 3. A Bulb with instructions how to force blooming 4. Holiday serving bowl or platter 5. Decorative napkins and napkin rings 6. Fancy chocolate bars tied with a ribbon (try some from other countries) 7. Makeup brush set or beard trimmer 8. Photo album 9. A Holiday Childrens' Story 10. Special soaps and bath puff or natural sponge 11. Colorful Post-It notepads 12. Pretty glass jar or small toolbox filled with candy 13. Picture frames 14. Set of dish towels and dish cloths 15. Note cards and book of stamps 16. Nail polish kit | <ol style="list-style-type: none"> 17. Night shirt or pajamas 18. Basket filled with kitchen gadgets 19. Video rental gift certificates 20. Disposable camera 21. Address book 22. Prepaid long distance phone cards 23. Small clock or radio 24. Pretty box for keepsakes 25. Last, but not least: home baked cookies or logs of frozen unbaked cookie dough! |
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Plan to attend our next monthly meeting sponsored by:



Wednesday, January 16, 2008
The Rose Restaurant

6:00 - 6:30 PM Meet and Greet

6:30 - 7:30 PM Dinner - good conversation.

7:30 - 8:00 PM Business Meeting

8:00 - 9:00 PM Presentation by RSTI

RSVP's This is the "Monthly" RSVP request for the monthly meeting on January 16, 2008. ONLY Emails will be accepted

What must be included in the RSVP's is:

1. Name of ALL individuals coming to the Meeting.
2. Healthy appetite
3. Relative mind set for conversation and enjoyment.

That is it.

Please respond to the email or send your RSVP's to vice-president@bmets.org No later than Monday, January 14, 2008. No late entries will be accepted for the meal.

Thank you for your cooperation in this matter.

Email: [Chris Jones, Sr.](mailto:Chris.Jones.Sr@bmets.org)

Location

Rose Restaurant
6075 Belle Grove Road
Baltimore MD 21225

Directions:

FROM BALTIMORE INNER HARBOR: FROM LOMBARD STREET GO TO GREENE STREET AND MAKE A LEFT, GREENE STREET WILL TURN INTO 295. FOLLOW 295 TO 695 EAST TOWARDS GLEN BURNIE. TAKE EXIT 6A TO THE FIRST LIGHT AND WE ARE ON THE RIGHT.

FROM WASHINGTON: TAKE EITHER 95N OR 295N TO 695E TOWARDS GLEN BURNIE TO EXIT 6A FOLLOW EXIT TO FIRST LIGHT WE ARE ON THE RIGHT.

CALENDAR OF EVENTS
CHECK THE WEB PAGE FOR UPDATES

December—No monthly BMETS meeting (Merry Christmas)
 January 16—Monthly BMETS meeting, The Rose Restaurant, Sponsored by RSTI
 February 20—Monthly BMETS meeting, TBA
 March 20—Monthly BMETS meeting, The Rose Restaurant
 April 17—Monthly BMETS meeting, SNYDER'S Willow Grove Restaurant, Sponsored by Skytron
 May 17—Annual Dinner, Sponsored by BMETS

Acronym Definition

- MEMS Maryland Emergency Medical Services
- MEMS Master Events Management System (tool assisting in the planning, execution and analysis of MOOTW exercises)
- MEMS Medical Equipment Management System
- MEMS Member Enrollment Management System
- MEMS Micro Electrical Machine System
- MEMS Micro Electro Mechanical Sensor
- MEMS Micro Electro-Mechanical Systems
- MEMS Military Emergency Management Specialist (State Guard Association of the US)

BMETS Monthly Meeting Sponsors for 2007



<http://www.rell.com>

BMETS Monthly Meeting Sponsors for 2007 (continued)



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