



# BMETS Newsletter

May 2008

<http://www.BMETS.org>

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## THE PRESIDENT'S THOUGHTS

I want to take a few minutes to thank the membership for your support. I have had ankle surgery and been ill with this since Easter. I worked through most of April and had surgery end of April. April 23 we are proceeding full speed with the Scholarship program and hopefully during January meeting at Howard Community College, we will be handing out scholarships, I am excited and hopeful as we need this. Chris has done a great job and Roy and Ralph are such a support and truly a great team. I could not have done what I have tried to accomplish without them and we act as a team and do listen and apply the changes as needed.

My goals and objectives are to get the scholarship going, keep the money in line, grow BMETS to the next level, networking and expanding our base and celebrating the 25th anniversary. We need to be involved with AAMI, and any organization that is going to truly and sincerely promote education, training and BMETS as a career. Many Hospitals are going the corporate route and we must be a resource for those organizations to keep training as a goal and not just corporate compliance numbers, a lick and stick format. Just because a hospital is using a 3rd party is NOT an indication that it is a bad one, rather the program must be evaluated on its own merits and not subjected to opinion criteria. We must look at all avenues to remain a solvent and viable organization and not just



Rob Bain

think in the box.

I would be honored to serve another term, but that is up to the membership. I hope we have the opportunity to put the plans that we have worked so hard on in place. Thank you for your support and time.

Respectfully,

Rob Bain CBET, MS  
President

## THE VICE PRESIDENT'S QUILL

May Bash, the Annual Dinner that We as BMETS meet to enjoy not only the last meeting of the year, but also to have fun. Well, with just one week before the May Bash there are not a lot of RSVP's for this meeting. It really is a shame that we have to resort to telling people in the Newsletter about what WE are and are not doing well with our meetings. I try and give you – all of us – a well rounded entertained and educational meeting every month. This month it is just for us –well at least it seems it is just for the officers and a few others that would like to participate in the Annual Dinner.

At the end of this newsletter this month there is an article called "Tid Bit" of history from the many monthly meetings that have been held during our 25 years of existence. Look at some of the names of people on the Committee Membership and the over all membership of that November Meeting in 1983. Look at what was set forth by the founders of this organization and ask yourself, What Can I do to help? What can I do to make it better? Where will B.M.E.T.S. be in another 25 years?

Remember that we are voting for Officers for the next year to start in September and we have our 25<sup>th</sup> Anniversary Party coming in September 18<sup>th</sup>, 2008. I am looking forward to it and the May Bash on May 16<sup>th</sup> at 7:00 PM.

See you there.

Chris Jones, Sr. MCP CPACS Assoc.  
Vice President B.M.E.T.S.



Chris Jones, Sr.

### National Biomedical/Clinical Engineering Appreciation week May 18 to 24, 2008

The request, for a Proclamation from the Governor of Maryland to recognize May 18 to 24, 2008 as a Maryland State Appreciation week for Biomedical/Clinical Engineering, has been sent to Governor Martin O'Malley's office. BMETS has been assured that Governor O'Malley will sign the proclamation on May 18, 2008. As soon as BMETS gets a copy of the Proclamation, we will forward it on to the membership.

**List of Members that Donated  
to the BMETS Scholarship  
Fund This Month**

**No Donations for This Month**

## FDA Cites Division of Medtronics

Device manufacturer Physio-Control Inc, Redmond, Wash, its parent company Medtronic Inc, and their two top executives have signed a consent decree of permanent injunction related to automatic external defibrillators (AEDs) manufactured by Physio-Control.

The decree prohibits the manufacture, distribution, and export of specified AEDs at or from Physio-Control's facility until the devices and facilities comply with the FDA's Good Manufacturing Practice (GMP) requirements, set forth in the Quality System regulation for devices.

AEDs are portable devices used to restore normal heart rhythm to patients in cardiac arrest (heart attack), which are applied outside of the body and deliver an electric shock that stuns the heart for a moment, giving it the chance to resume beating effectively.

FDA inspections conducted in October 2006 and January 2008 revealed GMP deficiencies, such as failure to establish and maintain adequate procedures for validating the device design and failure to establish and maintain adequate procedures for implementing corrective and preventive actions. The deficiencies do not necessarily mean defibrillators on the market will harm patients.

FDA inspections in 2000, 2003, and 2005 showed similar violations, and the agency issued warning letters after the 2000 and 2005 inspections citing the GMP violations.

AEDs subject to the decree include:

LIFEPAK 12

LIFEPAK 20

LIFEPAK 500

LIFEPAK 1000

LIFEPAK CR PLUS

LIFEPAK EXPRESS

and their components and accessories, including the LIFENET Systems

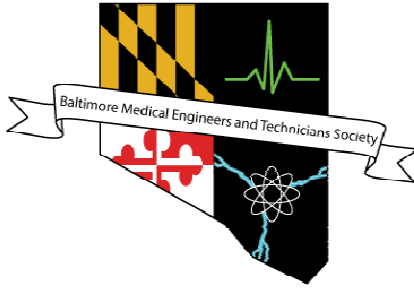
Physio-Control and Medtronic agreed to comply with the decree. Manufacturing and distribution may resume after the FDA is satisfied the facility complies with the law.

An outside expert will conduct yearly audit inspections for 5 years, submitting findings to the agency.

The decree also provides that the companies are subject to liquidated damages in the amount of \$15,000 a day if they fail to comply with any of the provisions of the decree, and an additional sum of \$15,000 for each violation of the consent decree, the Federal Food, Drug, and Cosmetic Act, or FDA regulations.

The decree, filed on April 25, 2008, in the US District Court for the Western District of Washington, is subject to court approval

Plan to attend our next monthly meeting sponsored by:



# BMETS

Friday , May16, 2008

The Rose Restaurant

May Bash 7:00-11:00 PM

DJ Services provided by DZ Entertainment - Get your dancing shoes on

A buffet dinner will be served - if you are on the membership roster for 2008 (BMETS Secretary roster) The dinner & entertainment are **FREE**.

All others (Spouse, friend, date, guest) will be \$35.00 at the door - **Everyone needs to RSVP**

**We are allowed 140 persons.** Please send me the RSVP's with your name and name of your guest(s).

**RSVP's** This is the "Monthly" RSVP request for the May 16, 2008 Meeting. ONLY Emails will be accepted - Place RSVP in the Subject line

What must be included in the RSVP's is:

1. Place RSVP in the Subject line
2. Name of ALL individuals coming to the Meeting.
3. Healthy appetite
4. Relative mind set for conversation and enjoyment.

That is it.

Please send your RSVP's to [vice-president@bmets.org](mailto:vice-president@bmets.org) No later than May 12, 2008. No late entries will be accepted, We are allowed 140 persons

Thank you for your cooperation in this matter.

**Email:** Chris Jones, Sr. ( [vice-president@bmets.org](mailto:vice-president@bmets.org) )

**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

May 16—Annual Event, Sponsored by BMETS

May 18 to 24—National Biomedical/Clinical Engineering Appreciation week

May 31 to June 2—AAMI Conference, San Jose, CA.

July and August—Summer Break

September 18 — 25th Anniversary Celebration

## **B.M.E.T.S- "25th Year Anniversary Celebration Dinner"**

\* Not many Organizations make it to this milestone "Let's Celebrate"

Date: September 18th, 2008

Time: 6 p.m.

Location: Town & Country Caterers. 2319 Hammonds Ferry Road, Baltimore, Maryland, 21227  
<http://www.town-countrycaterers.com>

Members Only Event -(2008-2009 Membership year).

**Membership dues may be paid at door or received by BMETS Treasurer, prior to September 12th, 2008, for access to event. "No Exceptions".**

RSVP is still required by 9/12/08. **Send RSVP after you have paid your membership dues for 2008-2009 membership year.**

"Bull and Shrimp Feast"

Menu to follow on separate flyer.

Beer, wine and soda included (mixed drinks by cash bar).

Vendor Sponsored Event - No Formal Presentation.

As of May 1st, vendors sponsoring event:

- \* 1st Call BioMedicial,Inc.
- \* Destiny Surgical Products/Skytron
- \* Strickler Medical,Inc.
- \* Fluke BioMedical
- \* Trisonics

Brian Zelubowski

25th year Anniversary Celebration Chairman

## TOOLS OF THE TRADE

### Fluke electrical safety analyzer tests medical equipment



Designed to boost productivity, Fluke Biomedical's ESA620 electrical safety analyzer offers a selection of three test loads, two protective earth test currents, and two insulation test voltages. With this single instrument, you can test medical devices to IEC60601, ANSI/AAMI ES60601, IEC62353, VDE 751, ANSI/AAMI ES1:1993, NFPA-99, AN/NZS 3551, and IEC61010 standards.

The ESA620 performs all primary electrical safety tests, including mains voltage, protective earth resistance, insulation resistance, device current, earth, chassis, and leakage. It has a 20-A device receptacle and comes with test leads for 2-wire protective earth measurements. Leads for 4-wire measurements are optional.

The analyzer employs digital signal processing to achieve accurate leakage measurements and an intuitive interface to guide you through tests. A large display provides quick and clear indication of performed tests, criteria associated with test setup, device-under-test receptacle conditions, and results.

Equipped with 10 ECG posts, this portable, manual tester enables simulation of ECG and performance waveforms so both electrical safety and basic tests on patient monitors can be performed with a single connection. The unit comes with a USB interface for computer control and data transfer. Optional test system automation software allows for standardization of test procedures, as well as data capture, storage, and reporting to reduce test time and improve the quality of test results.

Fluke Biomedical: <http://global.flukebiomedical.com/busen/home/default.htm>

### BMETS Web Site Statistics

Apr 2008

Total Hits: 21403; Hits per Day (Max): 1372; Hits per Day (Avg): 713

Mar 2008

Total Hits: 18634; Hits per Day (Max): 1312; Hits per Day (Avg): 601

Feb 2008

Total Hits: 17241; Hits per Day (Max): 1055; Hits per Day (Avg): 594

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## BMETS Monthly Meeting Sponsors for 2008

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For ultrasound parts, probes, or service, call 1-800-248-4153.

**EVERYTHING ULTRASOUND**

<http://www.axessultrasound.com/>

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<http://www.rell.com>

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<http://www.rsti-training.com/>

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<http://www.skytron.us/>

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<http://global.flukebiomedical.com/busen/home/default.htm>

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<http://www.echoserve.com>

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<http://www.globestar.com>

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## Tid Bit of History

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AGENDA  
November 3, 1983

- I. Introduction
- II. Committee Membership
- III. Selection of Committee Chairman and Vice-Chairman
- IV. Ground Rules
- V. Review of Questionnaire Results
- VI. Membership Categories
  - a. Hospital Personnel
  - b. Shared Service Representatives
  - c. Manufacturer's Service Representatives
  - d. Sales Representatives
  - e. Students
  - f. Other
- VII. Organization Structure
  - a. Independent
    - 1. Incorporated
    - 2. Non-incorporated
  - b. Affiliated
    - 1. Sub-group of CASHE
  - c. Other options
- VIII. Organization Officers and their Responsibilities
  - a. President
  - b. Vice-President
  - c. Treasurer
  - d. Secretary
  - e. Committee Chairman
  - f. Executive Committee
  - g. Other
- IX. Committee Functions and Selection of Chairman
  - a. Bylaws — *Bob Stiefel*
  - b. Program — *Rich Stiefel*
  - c. Finance — *Steve Mack*
  - d. Newsletter — *Dorothy Jackson*
- X. Philosophy
  - a. Corporate sponsored events
    - 1. Ground rules
  - b. Financed by membership
- XI. Next Program Meeting
- XII. Other Business

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## Tid Bit of History

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MINUTES  
BMETS ORGANIZING COMMITTEE  
November 3, 1983

PRESENT:

Victor Dobbs  
Ethan Hertz  
Darlah Jasper  
James R. Kruelle  
Stephen Mack  
Jim Mappus  
John McKinnon  
Roy Shipley  
Stephen Thompson  
Frank Weinberg

ABSENT:

Cyrena J. Cox  
Steven S. Edwards  
Jim Ferguson  
William Folk  
Kathy Gosnell  
Wayne Jenkins  
Stephen L. Payer  
Rick Schrenker  
William S. Staewen  
Jim Walter  
John Weymouth

The meeting was opened by Ethan Hertz at 7:15 PM.

The first item of business was to decide on the committee membership. After some discussion, there was general agreement that all the people who expressed interest in being on the committee should remain on the committee roster. Anyone missing both this meeting and the next committee meeting would be dropped from the committee membership list, unless the committee specifically voted to keep them on the list. All committee members will be notified of this action by distribution of these minutes.

The committee members present then elected Ethan Hertz to be chairman of the committee and Frank Weinberg as vice-chairman.

Ethan Hertz outlined the ground rules for the meeting, basically stating that he would try to run the meeting so that everyone could participate, but that he would reserve the right to limit discussion as necessary to allow the completion of the agenda in a reasonable amount of time.

The results of the questionnaire filled out at the October 6, 1983 general membership meeting were distributed and discussed. A copy of the results is attached to these minutes.

Rick Kruelle suggested that the group consider distributing a similar questionnaire every year in order to keep the organization open to new ideas, and the desires of the membership.

Steve Mack also said that we should keep aware of the desires of the membership, but that an executive committee must be responsible for making the decisions related to the general direction and day-to-day operation of the group.

After some discussion, it was decided that bi-monthly meetings would be the most appropriate meeting frequency at the present time.

A discussion on dues followed. Steve Mack presented his experiences as

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## Tid Bit of History

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Treasurer of Chesapeake Area Society of Hospital Engineers (CASHE). He noted that dues there were \$20 per year. He mentioned that the dues paid for things such as an open bar prior to the start of meetings, about 2 mailings per month, and to partially offset the cost of educational seminars run by CASHE. Victor Dobbs pointed out that we should try to get as many members as possible to insure a successful start, and so we should try to keep the dues level as low as possible. Further discussion centered on the need for money to finance a successful organization that met the needs and desires of its members. In the end it was decided that there would be different dues levels for different classes of membership, and that the Finance Committee would work up a tentative budget to show how much money would be required to run the group.

The question of the officers needed to run the organization was then discussed. It was agreed that there would be a need for a president, vice-president, treasurer and secretary. John McKinnon proposed that all officers would have to be hospital employees who are members of clinical engineering or biomedical engineering departments (although membership in the organization would be open to others also). Steve Thompson, as the only industry representative, agreed to this restriction, and so it was directed that this provision be included in the bylaws when they are written.

Classes of membership were discussed briefly. It was agreed that there should be at least four separate classes: regular, associate, student, and retired. It would be up to the bylaws committee to consider this issue further, but the general consensus was that the qualifications for each grade of membership would be as follows: Regular membership would be open to clinical engineers, biomedical engineers, and biomedical equipment technicians employed by either a hospital, shared service organization, or a manufacturer. Associate membership would be open to others interested in joining the organization who would not be qualified for membership in another category, for example, sales representatives. Student memberships would be open to full-time students studying for a degree in clinical or biomedical engineering. Retired membership would be open to someone who had been active in clinical engineering, but was retired from the field. A person applying for a particular class of membership would have his application reviewed by a membership committee to be sure that he was eligible for that class of membership.

The organization structure was then discussed. If the organization were to be independent, it could either be incorporated or unincorporated. Steve Mack felt that there were possible tax consequences if we were not incorporated. Another option he offered was affiliation with CASHE. He indicated that since CASHE was already a non-profit corporation, if we affiliated with them, we could assume their non-profit status. In addition, CASHE could provide start-up funds for the use of BMETS, since it is already an established organization. As presented, it seemed that affiliation with CASHE could bring some significant advantages, and no disadvantages. It was directed that the Finance Committee look into the advantages and disadvantages of being incorporated and unincorporated. In addition, we will look more closely at what we could achieve by affiliating with CASHE.

Based on the experience of other organizations, it was decided that the Executive Committee should include the four officers plus the program committee chairman.

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## Tid Bit of History

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It was also agreed that a limitation of 2 years in office should be placed on the length of time any officer could serve.

Committee chairman were then selected:

Bylaws Committee - Robert Stieffel

Program Committee - Rick Kruelle

Finance Committee - Steve Mack

Newsletter Committee - Darlah Jasper

A discussion on how programs should be paid for then ensued. Ethan Hertz pointed out that in many cases it would be possible to get corporations to sponsor meetings, and so no funds would be needed. Victor Dobbs suggested that there be no charge for meetings if at all possible. He felt this would insure maximum attendance, and so get the organization off to the best start. Steve Mack, based on his experience with CASHE, felt that there should be a charge for the meetings, and that this would help build the treasury. He felt that a treasury was needed to permit the group to finance projects which would not otherwise pay for themselves. After much discussion, it was agreed to try to keep all program meetings free for at least the first year. After this, the situation would be re-evaluated. As a compromise, it was agreed that for the present time, dues would be set at \$20 for regular and associate members, and no charge for student and retired members, and that membership applications and a letter would be sent out soon requesting that these dues be paid.

Finally, it was decided that the program committee would see if a meeting could be set up for December 8.

The meeting was adjourned at 10:20 PM.

Minutes recorded by Ethan Hertz.

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## Tid Bit of History

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### COMMITTEE VOLUNTEERS

#### Organizing

Cyrena J. Cox	Howard University Hospital
Victor Dobbs	Union Memorial Hospital
Steven S. Edwards	Sinai Hospital
Jim Ferguson	Univ. of Maryland - Shock Trauma
William Folk	Honeywell Medical Electronics
-Kathy Gosnell	Johns Hopkins Hospital
Ethan Hertz	Union Memorial Hospital
-Darlah Jasper	
Wayne Jenkins	Carroll County General Hospital
James R. Kruelle	Johns Hopkins Hospital
Stephen Mack	Johns Hopkins Hospital
Jim Mappus	University of Maryland
John McKinnon	Union Memorial Hospital
Stephen L. Payer	Honeywell Medical Electronics
Rick Schrenker	Johns Hopkins Hospital
Roy Shipley	Johns Hopkins Hospital
William S. Staewen	Sinai Hospital
Stephen Thompson	Maryland Medical, Inc.
Jim Walter	Johns Hopkins Hospital
Frank Weinberg	South Baltimore General Hospital
John Weymouth	Cooper Vision Surgical Imaging

#### Bylaws

Victor Dobbs	Union Memorial Hospital
Jim Ferguson	Univ. of Maryland - Shock Trauma
William Folk	Honeywell Medical Electronics
James R. Kruelle	Johns Hopkins Hospital
Kevin Lanahan	Sinai Hospital
John McKinnon	Union Memorial Hospital
Agatha K. Neal	Howard University Hospital
Stephen L. Payer	Honeywell Medical Electronics
Scott Staewen	St. Josephs Hospital
Robert Stiefel	Johns Hopkins Hospital

#### Program

Richard Earle Applegate	Irex
Cyrena J. Cox	Howard University Hospital
Victor Dobbs	Union Memorial Hospital
Steven S. Edwards	Sinai Hospital
James L. Friend	Johns Hopkins Hospital
Kathy Gosnell	Johns Hopkins Hospital
David A. Jarboe	Univ. of Maryland - Shock Trauma
Wayne Jenkins	Carroll County General Hospital
James R. Kruelle	Johns Hopkins Hospital
John McKinnon	Union Memorial Hospital

## Tid Bit of History

Raymond Nash, Jr.	Johns Hopkins Hospital
Agatha K. Neal	Howard University Hospital
Rick Schrenker	Johns Hopkins Hospital
Roy Shipley	Johns Hopkins Hospital
William S. Staewen	Sinai Hospital

### Finance

Victor Dobbs	Union Memorial Hospital
William D. Evans	V.A. Medical Center
Kathy J. Gosnell	Johns Hopkins Hospital
Stephen Mack	Johns Hopkins Hospital
John McKinnon	Union Memorial Hospital
Raymond Nash, Jr.	Johns Hopkins Hospital
Scott Staewen	St. Josephs Hospital

### Newsletter

Cyrena J. Cox	Howard University Hospital
Victor Dobbs	Union Memorial Hospital
Jim Ferguson	Univ. of Maryland - Shock Trauma
Chuck Graf, Jr.	Carroll County General Hospital
David A. Jarboe	Univ. of Maryland - Shock Trauma
Darlah Jasper	
Douglas J. Lessans	Johns Hopkins Hospital
Jim Mappus	University of Maryland
John McKinnon	Union Memorial Hospital
Matthew Myers	Johns Hopkins Hospital
Raymond Nash, Jr.	Johns Hopkins Hospital
Ed Ratermanis	Student
Rick Schrenker	Johns Hopkins Hospital
William S. Staewen	Sinai Hospital
Robert Stiefel	Johns Hopkins Hospital
John Weymouth	Cooper Vision Surgical Imaging

### Miscellaneous

Kurt P. Kuenzel, Jr. - Worker	Baltimore City Hospitals
Bruce M. Reid - Education	Howard Community College

## Tid Bit of History

### Questionnaire

Please indicate your interest in the following proposed projects by circling the appropriate letter (H = high interest, M = moderate interest, L = low interest, N = no interest):

- d. Technical meetings 172
- b. Technical Information Referral Service 165
- c. Newsletter 156
- a. Membership Directory 141
- e. Social Meetings 135
- f. Other (please specify) . . . . .no other suggestions made

Please indicate your interest in the following presentations for future meetings:

- r. Micro-computer Technology 167
- a. Intensive Care Equipment 166
- b. Coronary Care Equipment 164
- s. BMET and Clinical Engineer Certification 164
- t. Career Opportunities 157
- c. Operating Room Equipment 156
- q. Ethical and Legal Questions related to Equipment 145
- g. Neonatal Equipment 143
- e. Respiratory Therapy Equipment 140
- o. Pre-Purchase Evaluation Protocols 133
- f. Labor and Delivery Equipment 128
- d. Pulmonary Function Equipment 127
- h. Clinical Laboratory Equipment 121N
- i. Radiology Equipment 115
- m. Equipment Control Programs 112
- n. Incident Investigation Procedures 112
- v. Nursing View of Clinical Engineering 108
- u. Hospital Tours 105
- p. Environmental Monitoring (EtO, N2O) 102
- w. Budgeting and Financial Control 101
- x. Hospital Reimbursement under Prospective Payment 93
- l. TV/Video Production Equipment 75
- j. Telephone Systems 58
- k. Intercom/Nurse Call Equipment 52
- y. Other (please specify) . . . New Technology in Medicine
  - NMR
  - PET
  - Phased Array
  - Anesthesia Equipment
  - EEG
  - Mass Spectroscopy
  - Microwave
  - PM Procedures

Please circle the answer best describing your feelings:

- The society should meet:
- Quarterly (26)    Monthly (19)    Bi-Monthly (16)
  - Semi-annually (3)    Annually (1)

## Tid Bit of History

The meeting location should be:

Always the same hospital (22?)	Rotated between hospitals (18)
Somewhere other than a hospital (0?)	No preference (23)

The highest amount I would pay for annual dues would be:

\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35
(0)	(4)	(9)	(6)	(20)	(14)	(3)	(7)

I am currently employed by:

A hospital (approximate bed size) .....			
1 - 99 beds	3	40	
100 - 199 beds	2		
200 - 299 beds	4		
300 - 399 beds	1		
400 - 499 beds	6		
500 - 599 beds	5		
600 - 699 beds	2		
700 - 799 beds	1		
800 - 899 beds	3		
900 - 999 beds	0		
1000 - 1099 beds	2		
1100 - 1199 beds	10		
over 1200 beds	2		
A manufacturer		10	
A shared service support group		3	
Educational institution		6	
Other (please specify) .....		3	

The majority of my work time is spent in activities related to:

Management	12
Technical Service (repair, preventive maintenance, etc.)	43
Research/Design	6
Education	6
Sales/Marketing	2
Other (please specify) .....	5

The highest degree I have received is:

Certificate	6
AA	33
BS/BA	10
MS	4
PhD	0
None of the above	10