



BMETS Newsletter

March 2009

<http://www.BMETS.org>

INSIDE THIS ISSUE:

<i>The President's Thoughts</i>	1
<i>Scholarship Donations</i>	1
<i>The Secretary Spiel</i>	2
<i>FDA Advisory</i>	3
<i>AAMI Conference</i>	4
<i>Calendar</i>	5
<i>FDA Tracking</i>	6
<i>Tools of The Trade</i>	7
<i>Web Site Statistics</i>	7
<i>2008 Sponsors</i>	8
<i>2009 Sponsors</i>	9

THE PRESIDENT'S THOUGHTS

I would like to take the first part of my monthly message to discuss the May Bash. We needed to have 50 guest tickets bought in order to not go into a situation where we were spending beyond \$4200 for the May event. We got many hands raised at the last meeting yet we only received 29 guest tickets commitments during our on line survey. We sent out reminders that the Cruise Company needed to know in the first week of March if we were a go and we only had a week to get the final count to them.

There were several suggestions for alternatives for the May Bash, these were, bowling, a baseball game, Dave and Busters, a bull roast . We need to figure out what the membership wants and then go from there. My goal is to make this a nice event and to get a good turnout, we will be asking for members input so please give us feedback. I would like to thank all those who participated in the survey for the cruise and my apologies to those that wanted a cruise, we just did not have enough interest to make it affordable

We have 4 students at Howard Community College that will be receiving BMETS scholarship money. The date will probably be late April for the award. I am waiting for Missy to get back to me with the available times the Rouse Building is available on the Campus so we can have the presentation at the school. Again thanks for the donations and support, we are proud of the students and faculty of Howard Community college and for their fine dedication.



Rob Bain

It seems that things we take for granted are not always so. I was reading Biomedical Instrumentation and Technology and noticed a term "soft skills" . These are skill sets for dealing with different communication settings and include communication collaboration and are useful in team building. We take for granted these skills even in something as simple as a trouble call. Imagine going to a call for

(Continued on page 2)

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

None

(Continued from page 1)

a ventilator alarm alarming through a nurse call. The one thing you DON'T do is say this system is not safe (with visitors, nurses and a physician in the room) . An assessment needs to be made about what is going wrong, is it the cable to the nurse call, a set up on the vent or is there a malfunction in the alarm or ventilator itself. The problem needs to be fixed with the least amount of disruption then after the problem is resolved, an evaluation as to why it went bad. Many times it is a simple cable issue, then the fix may just be improving the type of cable or plug used.

I have recently seen where a Biomed goes into a situation as this and turns it into a "who did what " with managers looking for an escape goat while not fixing the problem. A lose cannon does not solve the actual issue, mentoring a new technician and allowing the communication skill set to get comfortable is a good approach, that way a lot of drama can be avoided. Remember the "KIS" principle, Keep It Simple. Don't complicate an already stressful situation by sounding off before the facts are known.

Thank you for your time and I hope to see everybody at the meeting.

Rob Bain MS, CBET
President, BMETS
(w) 410-601-6745

THE SECRETARY'S SPIEL

It was pointed out by Town & Country Caterers staff that we are not doing a good job of accounting for who eats. Their count and our count was not the same. Town & Country Caterers are giving the presenting vendor a good price and a good venue, but they are not happy when we say there are going to be 50 to eat and 60 show up. They do their buying and meal planning early in the week, so we have to give them a count on Monday morning. We take the RSVP count and add the number that the vendor is going to bring and that is the final count. Soooo..... At the next meeting we are handing out meal tickets to the ones that RSVP. Since some of our RSVPs do not arrive early, the President and/or Vice President will be making the decision to give out RSVP tickets of those that did not show to someone else.

RSVP is very important to Town & Country, The Vendor and BMETS. Everyone who sends in an RSVP by Sunday March 15th will get a confirmation email in return. There are three officers watching the RSVP, so you may get more than one confirmation. If you do not get any confirmation by Sunday March 15th, then we did not get your RSVP. You can always email rsvp@bmets.org, or any BMETS officer to confirm the RSVP that you sent by email.

Our BMETS President sent out an email explaining the monthly meeting guest policy. If you did not understand it or want more clarification then email or call Rob Bain.

Your BMETS officers are excited about serving the membership and we are always looking for members that are willing to step forward and assist the Baltimore Medical Engineers and Technicians Society. A non-profit organization established to promote the principles of quality patient care through the safe and effective operation of Biomedical Instrumentation. Providing a medium for the interchange of ideas and the dissemination of information among BMETS members. Encouraging and assisting members to develop their knowledge and to increase their competence in biomedical technology.



Roy Leake

Roy Leake, CBET , FASHE
BMETS Secretary
(c) 410-802-7652

FDA Public Health Advisory

Risk of Burns during MRI Scans from Transdermal Drug Patches with Metallic Backings

The FDA has been made aware of information about certain transdermal patches (medicated patches applied to the skin) that contain aluminum or other metals in the backing of the patches. Patches that contain metal can overheat during an MRI scan and cause skin burns in the immediate area of the patch.

Transdermal patches slowly deliver medicines through the skin. Some patches contain metal in the layer of the patch that is not in contact with the skin (the backing). The metal in the backing of these patches may not be visible. The labeling for most of the medicated patches that contain metal in the backing provides a warning to patients about the risk of burns if the patch is not removed before an MRI scan. However, not all transdermal patches that contain metal have this warning for patients in the labeling.

FDA is in the process of reviewing the labeling and composition of all medicated patches to ensure that those made with materials containing metal provide a warning about the risk of burns to patients who wear the patches during an MRI scan.

Until this review is complete, FDA recommends that healthcare professionals referring patients to have an MRI scan identify those patients who are wearing a patch before the patients have the MRI scan. The healthcare professional should advise these patients about the procedures for removing and disposing of the patch before the MRI scan, and replacing the patch after the MRI scan. MRI facilities should follow published safe practice recommendations concerning patients who are wearing patches.^{1,2}

Until this safety issue is resolved, FDA

recommends that patients who use medicated patches (including nicotine patches) do the following:

Tell the doctor referring you for an MRI scan that you are using a patch and why you are using it (such as, for pain, smoking cessation, hormones)

Ask your doctor for guidance about removing and disposing of the patch before having an MRI scan and replacing it after the procedure.

Tell the MRI facility that you are using a patch. You should do this when making your appointment and during the health history questions you are asked when you arrive for your appointment.

The FDA urges health care professionals and patients to report possible cases of skin burns while wearing patches during an MRI to the FDA through the MedWatch program by phone (1-800-FDA-1088) or by the Internet at <http://www.fda.gov/medwatch/index.html>.

(1) Kanal, et. al, "ACR Guidance Document for Safe MR Practices: 2007," AJR 2007; 188:1–27.

(2) Guidelines for Screening Patients For MR Procedures and Individuals for the MR Environment, Institute for Magnetic Resonance Safety, Education, and Research, www.imrser.org, 2009.

Date created: March 5, 2009



AAMI 2009

CONFERENCE & EXPO

Association for the
Advancement of
Medical Instrumentation

June 6 - 8, 2009 | Baltimore, MD



Some CONFERENCE HIGHLIGHTS

Educational Sessions

AAMI 2009 offers a full schedule of educational sessions that will expand your knowledge and help you to provide better healthcare delivery for your facility. Sessions are organized into six concurrent tracks: Technical Operations & Support, Imaging, Patient Safety, Information Technology, Business and Management, and The Big Picture. [Click here for the full schedule.](#)

The Expo

Saturday, June 6, 4:30 pm - 7:00 pm

Sunday, June 7, 3:45 pm - 7:00 pm

Monday, June 8, 11:00 am - 2:30 pm

The AAMI 2009 Expo is where you'll get a first-hand look at the latest medical technologies, and learn how those technologies can help improve your facility's healthcare delivery. Meet with representatives of leading manufacturers and service providers, get answers to your device-specific questions, and discover services that can enhance your productivity. [Click here for full information about current exhibitors,](#) or [click here to search for exhibitors for by product category.](#)

BMET Evaluation & Review Course

Part I, Saturday, June 6, 8:30 am - 5:30 pm

Part II, Sunday, June 7, 8:30 am - 5:30 pm

This two-day course is designed to provide you with an understanding of basic principles, and to help you identify areas in which you need further review and study to prepare for the CBET Certification Exam.

Breakfast Symposia

Symposium #1, Sunday, June 7, 7:00 am - 8:15 am

Symposium #2, Monday, June 8, 7:00 am - 8:15 am

Come and learn about new technologies, techniques, and industry trends from representatives of companies working on the cutting edge of medical technology. These two full-length symposia, which focus on broad educational topics, are organized and presented by AAMI 2009 exhibitors. Breakfast will be served.

Sunday's symposium will be presented by GE Healthcare.

Monday's symposium will be presented by Covidien

Dwight E. Harken, MD, Memorial Lecture and AAMI Awards Luncheon

Sunday, June 7, 11:15 am - 12:45 pm

Join your colleagues for lunch, honor the achievements of your peers, and hear a stimulating lecture by a distinguished industry leader. The Dwight E. Harken, MD, Lecture and AAMI Awards Luncheon provides a forum to honor Dr. Harken's substantial contributions to medical science and technology.

Career Center

Saturday, June 6, 9:00 am - 5:00 pm

Sunday, June 7, 8:00 am - 5:00 pm

Monday, June 8, 8:00 am - 12:00 noon

The onsite Career Center is where you can meet face to face with potential employers, scan through a list of the most up-to-date job opportunities, get a critique of your resume, receive career guidance, and discuss interviewing techniques with our resident employment experts. [Click here for more information.](#)

Product Showcases

These informative 20-minute demonstrations will help you stay on top of the latest medical products and services. Showcases are presented by AAMI 2009 exhibitors and are scheduled in the exhibit hall throughout the exhibit hours.

CALENDAR OF EVENTS
CHECK THE WEB PAGE FOR UPDATES

March 19, 2009—Monthly Meeting—Steris Medical, Town-Country Caterers

April 16, 2009—Monthly Meeting—Medrad, Town-Country Caterers

May 20, 2009—Monthly Meeting—Topic, Speaker, Place to be announced later

June 6-8, 2009—AAMI Conference & Expo, Baltimore Convention Center, Plan now to attend
AAMI 2009, the premier conference for healthcare

Plan to attend our next meeting sponsored by

Steris Corporation

March 19, 2009

Town & Country Caterers, 2319 Hammonds Ferry Road, Baltimore, MD 21227,

Phone: (410) 247-5100

RSVP's 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.

Please send your RSVP's to RSVP@bmets.org No later than March 15, 2009.

If you are not a member, then bring a membership application and \$45.00 for 2009 membership dues.

Thank you for your cooperation in this matter.

Sincerely,
Rob Bain MS, CBET
President BMETS

FDA Planning Identification System To Track Medical Devices

[March 15, 2009, AJHP News]

GAITHERSBURG, MD 02 March 2009—Just as all pharmaceutical products must carry National Drug Code (NDC) identification numbers, FDA is preparing to develop similar identification rules for medical devices ranging from infusion pumps to syringes.

The Food and Drug Administration Amendments Act of 2007 called for the creation of rules to make it easier to track the distribution and use of medical devices. FDA officials are gathering information in order to create the unique device identification rules.

FDA held a public workshop in Gaithersburg , Maryland , on February 12 to hear from various stakeholders about how the pending rules should be formed, said Jay Crowley, a senior adviser for patient safety with the agency.

“This is complicated, this is new,” Crowley said of creating a uniform identification scheme for medical products. “We all need to figure this out.”

Among the most central issues being discussed are which type of identification system to use and how to handle tiny devices that are too small for bar codes or radio frequency identification (RFID) tags. The information on marked medical devices would include details about the manufacturer, make, and model, as well as serial and lot numbers.

The unique device identification rules are intended to help to prevent counterfeit products from reaching the marketplace, improve supply chain efficiency, and make product recalls easier, Crowley explained.

While the NDC rules for pharmaceutical products is a useful model, it is not an ideal fit for the vast array of medical devices, some of which may be stored or used in hospital pharmacies, Crowley said. Syringes and sharps containers are among the medical devices that may fall under the unique device identification rules.

“We’re not trying to recreate the NDC number,” Crowley said.

The 2007 law allows exceptions for certain devices, though it is too early in the process to determine how size will play a role. At the very least, a unique device identifier number will likely be placed on cases or packs that contain collections of smaller items. Kits might use one identifier number to cover all associated parts in the container.

A standardized way to identify medical devices should also help reduce inefficiency throughout the health care system. But not every device may be worthy of a unique identification number. Naples suggested that FDA take a risk-based approach to target devices that are more likely to be recalled.

Once FDA has created a set of proposed rules, there will be several opportunities to provide comments before the final version takes effect.

TOOLS OF THE TRADE



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



The auto-ranging 451B measures radiation rate and accumulated dose from beta, gamma and x-ray radiation sources. The 451B's site surveying capabilities make it well-suited for a wide range of end users, including: police and fire departments, x-ray manufacturers, government agencies, state inspectors, emergency response and HAZMAT teams, nuclear medicine labs, hospital radiation safety officers, and nuclear power workers. The ion chamber detector allows for a fast response time to radiation from leakage, scatter beams and pinholes. Additionally, the low noise chamber bias supply provides for fast background settling time. A sliding beta shield serves as an equilibrium thickness for photon measurements and enables beta discrimination. The digital display features an analog bar graph, 2.5 digit digital readout, low battery and freeze ("peak hold") mode indicators, and an automatic backlight function. User controls consist of an ON/OFF button and a MODE button. The case is constructed of lightweight, high strength materials and is sealed against moisture. The RS-232 interface can be connected directly to a computer for use with the Excel add-in for Windows (451EXL), enhancing the functionality of the instrument. This software allows for data retrieval, user parameter selection and provides a virtual instrument display with audible (requires sound card) and visual alarm indication.

BMETS Web Site Statistics

February 2009 = 24742 Total Hits

January 2009 = 19517 Total Hits

December 2008 = 1926 Total Hits

BMETS Monthly Meeting Sponsors for 2008



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

EVERYTHING ULTRASOUND

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



<http://www.rell.com>



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



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



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



<http://www.echoserve.com>



<http://www.globestar.com>



Northfield Instrument Services

www.northfieldinfo.com

BMETS Monthly Meeting Sponsors for 2009



Global Medical Imaging

<http://www.gmi3.com/>

 **Ampronix Incorporated**



<http://www.ampronix.com>



<http://www.4sonora.com>



<http://www.steris.com/index.cfm>
