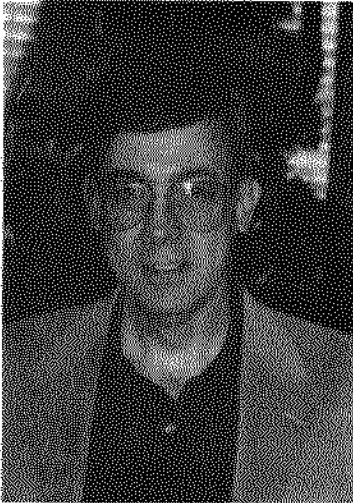




PRESIDENT'S FORUM



Glenn Scales, CBET
NCBA President

Inside this issue:

<i>President's Forum</i>	1
<i>NCBA Officers</i>	2
<i>Spot Light - Cape Fear Medical Center</i>	3 - 4
<i>NCBA Board of Directors Retreat</i>	4 - 5
<i>Pinehurst 2000</i>	5
<i>The "Co-Op" Approach</i>	8
<i>Biomedical Equipment Technicians Week 2000</i>	6
<i>Up Coming NCBA Board Meetings</i>	12

The NCBA and ASHE have recently become aware of an effort on the part of both AAMI and ASHE to focus more attention on the BMET community. There has been a noticeable lack of national attention paid to our profession over the past few years and there may be a change in the future. Fortunately, local organizations like the NCBA and others like the Virginal Biomedical Association have risen to the challenge and have expanded their membership and their educational programs to fill this void. Clearly, the NCBA Annual Symposium offers an excellent value and your Board members are working very diligently to maintain the excellent standards that we have grown to expect.

At a recent meeting of the ASHE committee for Clinical Engineering, several topics of primary concern to our membership were addressed. A proposal was discussed that would lead to ASHE taking over the administration of the CCE exam. The intent was for the exam to be revamped to make it more representative of the real issues that Clinical Engineers face in their working environment.

In practical terms, the NCBA still offers the best resource for the BMET. The reason is simple - the members of the Board of Directors are fellow technicians and engineers who work in the same environment, and have to deal with the same issues as our members. However, in order for this to be most effective, the Board needs to hear from our members regarding your educational needs, technical service training, management advancement, etc. The Board very much needs your input in order to plan for programs that are of the most value for you. As you probably know by now, the annual Symposium will be moving to

the Pinehurst Hotel this year. Two questions that have come up in discussions about the Symposium relate to the Pig Pickin' and the Golf Tournament. Even though we are moving to a new Hotel, both of these long-term traditions will continue. In fact, I can't think of a better place for golf than the Pinehurst Hotel. Tommy Ballard and Linda Leitch are working out the details, but at this point it looks like we will be using the Pinehurst Number One course for our tournament. Look for details in this newsletter in the near future.

Sonny Richards is currently working with several manufacturers for stand alone classes as well as presentations for the Annual Symposium this December. We have conducted surveys of the educational, technical and managerial needs of our members. However, some of this survey information is out of date and I would like to encourage the members to contact myself, Sonny or any other Board member at any time to express your needs, opinions, etc.

In the past, the various Membership Secretaries have asked the members to try to keep their mailing information up to date. This continues to be a problem for us, and each month we have a number of newsletters returned due to an incorrect address. Please call or e-mail Diane Aker with any address changes. Thanks for your help.



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*Jim Tripp, Brian Poplin, Lane
Rushing, John Noblitt

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Obie Godley, Linda Leitch

Education Committee:

*Sonny Richards, Chris Dissinger
Helen Jones, John Noblitt,
Brian Lefler

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Jones, Larry Kodak, Julio Huerta

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*Glenn Scales, Obie Godley

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NCBA News is an information service of the North Carolina Biomedical Association (NCBA). It has a distribution of about 500 and is published six (6) times per year. Articles and ads are due on or before the first day of even months. The newsletter is mailed on or about the first day of the odd months.

While the NCBA makes every effort to assure that its content is accurate, articles are the products of individual authors and the NCBA is not responsible for the content.

NCBA News intends to disseminate information and ideas to its subscribers. While the NCBA News accurately reflects the source of the articles, the content is of variable quality and validity. The Newsletter Committee will attempt to verify all articles, but neither the Editor nor the NCBA is responsible for information.

YOUR HELP IS NEEDED!!! Articles of interest to our readers are constantly needed and sometimes in short supply. If you have written any articles that may be of interest to our readers, submit it to Newsletter Committee Chairman Lane Rushing.



Cape Fear Valley Medical Center Clinical Engineering

Located in Fayetteville, NC, Cape Fear Valley Medical Center's Clinical Engineering Department has responsibility for 4 hospitals, Cape Fear Valley Medical Center, High-Smith Rainey Hospital, Cumberland Hospital and Southeast Regional Rehabilitation Hospital. Additional responsibilities include 23 outside clinics, 2 ambulance services, LifeLink Transport, and Cumberland County Ambulance Service. Total medical devices maintained is in excess of 7000 pieces.

The shop manager is Robert "Bob" Jones, CBET, a former NCBA Board member, with 20 years of experience. Bob has been employed by ServiceMaster as a CE Manager for 19 years with the last 11 years at Cape Fear Valley Medical Center. Subsequent to joining ServiceMaster, Bob was a USAF BMET.

Helping Bob keep things running smoothly is Kim Riley, Office Coordinator. Kim manages the office by receiving work orders, managing the filing system, coordinates our maintenance requirements with the Purchasing Department, and serves as department receptionist.

With 2 shops and 8 technicians, 7 at Cape Fear Valley and 1 at High-Smith Rainey, Bob is fortunate to have a group of technicians with an overall average of 11 years experience. This group consists of Jeff Gruss, Bob Kuykendall, David Raymond, Dan Guerrero, Brian Thurman, Robert "Bob" Lucas, David McLaurin and Kathy Lech.

Jeff Gruss has a total of 18 years experience, 6 US Navy and 12 at Cape Fear Valley. Jeff holds a AAS in Biomed Equipment Technology from Penn State. His specialty is lasers and vents.

Bob Kuykendall who holds a AAS in Electronics from Baltimore County CC has been with Cape Fear for 12 years. Bob's areas of specialty are vents and



Clinical Group

video systems.

David Raymond, with a double AAS in Biomed Equipment Technology & Electronic Eng. Technology from Stanly CC, brings 8 years experience to Cape Fear. David has been at Cape Fear Valley for 1 year.

Dan Guerrero, a 20 year veteran of the biomedical field, has an AAS from Regis University and has been at Cape Fear Valley for 8 months. Dan's career began in the US Army. He has also worked as a US Army civilian BMET, and for both Ohemda and GE Clinical Engineering. His areas of specialty are anesthesia and general biomedical.



Brian Thurman

Brian Thurman came to Cape Fear Valley... 1 1/2 years ago, after serving 5 years in the military. Brian works with the Baby Log 8000 and covers general biomed areas.

Robert "Bob" Lucas, a Charter

NCBA member, started his career at Sampson General Hospital in Clinton, NC as an electrician and moved over to biomed where he spent 16 years before joining Cape Fear Valley, where he has been for the past 5 years. Bob works in Physical Therapy, the Donor Center and specializes in CPM (Continuous Passive Motion) systems.

David McLaurin who holds a BS in Electronic Engineering Equipment Technology has been at Cape Fear Valley for 10 years. Areas of specialty are video systems, nurse call and paging systems.



David McLaurin

Kathy Lech, the lone tech at High Smith-Rainey Hospital since December 1999, has an AAS in Biomedical Equipment Technology from Springfield Technical CC in Springfield, Mass. Kathy, with 18 years experience, has been associated with Cape Fear Valley for 12 years. Primary specialty is the HP Monitoring Systems.

Continued Page 4

Myrtle Beach, SC March 3-4, 2000

When asked what steps had been put in place to make their respective jobs easier, the shop made the following comments.

On-going Quality Improvement Program:

Ability to solicit input from techs, on scheduling of PMs / CMs, or in relation to educational needs of the CE Staff.

Appointment of an Education Coordinator. This person is required to attend and schedule all new equipment in-services for the CE Staff.

By extending the Education Program to all Hospital Staff, including Purchasing Dept. the Incoming Inspection validation process has reached an all time high of 90%.

Implementation of the Can Not Locate Report. As is true with most hospitals, missing equipment can result in repeat service calls. This report shifts responsibility of locating missing equipment, requiring PM, from CE to the end user or management staff.

Team Concept:

By having a staff with broad base of equipment knowledge, each member of the shop can draw off the experience of others, thereby reducing equipment down time.

By dividing the shop into two 3 person teams, teams rotate every 4 months from repair team to PM team. This enhances PM quality, and exposes all techs to the latest in technology.

Team concept promotes professionalism and concern for patient safety.

Cape Fear Valley Medical Center is located at 1638 Owens Drive in Fayetteville, NC. Telephone Number is 910-609-6077.

High Smith-Rainey Memorial is located at 150 Robeson Street in Fayetteville, NC.

Telephone Number is 910-609-1188.

Glenn Scales called the meeting to order at 8:35 AM. With a full agenda scheduled for the two day retreat, the meeting quickly moved from approval of the minutes of the last meeting to the presentation of reports.

Membership Report: Diane distributed the Membership List. Total membership was noted to be 467, which included 45 out-of-state, and 51 new members. Action the Board could take in keeping membership registrations up was discussed. Diane and Glenn felt that the best approach is to educate members on the importance of renewal to the future of the NCBA.

Education Report: Sonny presented the Education Report. He indicated that classes are now being scheduled for the Pinehurst Symposium. Stand-alone seminars are also being planned and expect to include a Certification Review, a selected Agilent class, a Sentinel 32 class, and a selected ventilator class. Other possibilities included classes on new NFPA guidelines, JCAHO review, and Environment-of-Care that would be open to Facilities Management, Safety, and Risk Management Directors.

Treasurer's Report: The Profit and Loss Statement and Cash Flow Reports were distributed and reviewed. Jim indicated that an internal audit of financial statements had been completed, and that an external audit would be required during the year 2000. Brian Poplin, who has been working with Jim to bring NCBA budgeting practices into line with current financial reporting standards, presented the proposed budget for 2000. Pending two minor corrections, the budget was recommended for Board approval, and unanimously carried.

Scholarship Report: Lane presented the Scholarship Report. He reported that we had 3 applicants for scholarship last year, with one of those dropping. Glenn suggested that we may need to set up additional scholarships

to fund advancement of our peers. Glenn requested that the Scholarship Committee investigate opportunities to present to the Board.

Rules and Bylaws: Nothing to report.

Newsletter Report: Howard indicated that marketing Pinehurst would be the focus of the next several issues of the Newsletter. He also reminded the Board of the need for timely submission of articles and standing reports.

Internet Committee: Glenn presented the Internet Report. He noted some operational corrections made to the site, and the need for content from the membership. There was considerable discussion on ways in which to attract or encourage membership access of the web site. Howard made a motion to allow the Internet Committee to formulate recommendations for a 3-5 year plan. The motion was seconded, and carried.

Appointment of Committees: Glenn introduced the appointment of committees and explained the various roles. Committee members are listed on page two of the Newsletter.

Foundation Presentation: Brian Poplin presented a report on financial responsibilities and options for future resource management. Included were Board responsibilities, educational goals, investment opportunities, planned giving and a report on becoming a member of a Community Foundation. Advantages to being a member of a Community Foundation were explained along with the financial advantages of investing in this type of program. There was some discussion before deciding to invite Triangle Foundation to present at the next Board meeting in May.

Future Board Meetings: Board meetings for the remainder of 2000 were set. All meetings will begin at 10:00 AM. Members are encouraged to attend. Refer to back page of Newsletter for upcoming dates and



NCBA Board of Directors Retreat

Continued: From page 4

location.

Resignation: Mark Sonntag submitted his resignation from the Board. Dan Harrison was appointed by the Board to fill the remainder of Mark's term. Mark will remain active in the NCBA and with the Board in the way of committee participation.

Hotel Coordination: Chris reported for Helen. Chris reported that we will be committed to 310 room-nights at the Pinehurst Hotel this Symposium. Glenn committed to researching sites, attractions, etc and possibly setting up a link to Pinehurst on the web site. A myriad of topics crucial to scheduling this years Symposium were presented, discussed, and acted upon. Although noting that Pinehurst's pricing struc-

ture varied from Koury, Chris stated that the overall cost of the 2000 Symposium should closely match last years. Brian suggested setting line item limits for the Symposium budget.

Education Report: Sonny reported there has been a good deal of progress toward securing classes for the Symposium. Based on the popularity of last years Jeopardy contest, Sonny suggested repeating the event this year, with representatives from the Technical Community Colleges as contestants.

There being no further business to discuss, Glenn dismissed the Board at 12:07

Pinehurst 2000

by Helen Jones

It has been my pleasure to coordinate the NCBA's plans for the annual symposium for the past few years. As exciting as moving to a new location can be, I had gotten into a nice comfortable groove with the Koury Center. Moving to Pinehurst means exploring uncharted territory like... the food. (Excuse me, THE FOOD!!!!!!) The scones (every day for tea), the meats (rainbow trout grilled before our eyes was the special for lunch the day the board met there), a freshly made soup every day at lunch in the dining room, the desserts (the devil pushed me towards that table). You would have been proud of your board representatives. We all sat around the lunch table stuffing our cheeks until we resembled the governing board of the North Carolina Chipmunk Association. We were assured this type of food was "business as usual" for Pinehurst.

The hotel has lots of amenities like a pool, a spa, tennis courts, croquet

lawns (complete with a croquet pro), rocking chairs, a bar, a gym and I think I've heard that they have golf available.

The region has a rich historical background and walking tours of the Village of Pinehurst are available through the hotel. Aberdeen, Bethesda, Town Creek Indian Mound, Southern Pines are all close by and have historic homesites, museums, and educational displays you can enjoy (or maybe your families can do that while you are broadening your biomedical minds). Seagrove is the hot spot for pottery buffs and it's close enough for a quick trip. The North Carolina Zoo is not far away and well worth the time to see.

The Village of Pinehurst has lots of neat little shops just right for the casual, serious or desperate shopper. Let's remember, the symposium will be about the time you or someone close to you: for instance, a spouse, just might be wanting to do some Christmas shopping.

NCBA "Classic" Golf Tournament

by Linda Leitch

When the time arrived to start looking over information pertaining to available golf courses for our upcoming NCBA golf tournament, Tommy Ballard and myself found Pinehurst Course No. 1 to be quite interesting.

Pinehurst No. 1 is the first course of its kind designed by legend Donald Ross. Rumor has it that ever since the first golfer hit the first drive down the corridor of the pines, the course has continued to have a style of its own. Ross had a gift for creating courses to test every club in the player's bag; draw, fade, power, accuracy and you guessed it, *nerve*. But, above all he designed Pinehurst to be played by all skill levels. Playing this particular course is like walking through a museum of golf.

While attending the December '99 NCBA board meeting, I had the pleasure of touring The Pinehurst Resort. The lovely Carolina Hotel was beautifully decorated for the Christmas holidays. Not only was the Christmas decor eye-catching, the pictures on the walls were of great interest. Black and white photos were displayed with scenery of the "old Pinehurst". Landscape and the people of Pinehurst filled frames with a great sense of history in each picture. I could just imagine the type of camera used was on a tripod with a black cover that the photographer has to stand under to shoot the photo. May I suggest during your visit you take the time to have a look over all the nostalgia.

We certainly hope that you are as excited that the symposium is being held at the Pinehurst Resort as much as the board members. Whether to play golf, tennis or just relax by the pool, it should be a great place to stay. Please mark your calendars now to gather at the Pinehurst Resort for the NCBA Golf Tournament December 4, 2000.



State of North Carolina



JAMES B. HUNT JR.
GOVERNOR

BIOMEDICAL EQUIPMENT TECHNICIANS WEEK

2000

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

WHEREAS, modern health care relies upon machines, as well as, people for the best treatment available. Diagnostic instruments such as patient monitors, EKG machines, and laboratory and X-ray equipment help establish the need for care. Therapeutic systems such as anesthesia machines, physical therapy instruments, pacemakers, and radiation devices provide needed service to patients; and

WHEREAS, while health care costs are a major concern, costs can be controlled by effectively selecting and repairing medical equipment by qualified clinical engineers and biomedical technicians; and

WHEREAS, the biomedical technician has the level of education, experience and competence needed to work professionally with physicians, hospital administrators and other personnel regarding the technological aspects of health care delivery. They install, inspect, repair, calibrate and modify medical devices and medical support systems. These professionals offer advice about the operation, underlying physiological principles and the practical, safe clinical application of medical devices. They also supervise biomedical equipment maintenance activities;

NOW, THEREFORE, I, JAMES B. HUNT JR., Governor of the State of North Carolina, do hereby proclaim August 6-12, 2000, as "BIOMEDICAL EQUIPMENT TECHNICIANS WEEK" in North Carolina, and urge our citizens to recognize the importance of this profession in maintaining quality health care in our State.



JAMES B. HUNT JR.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this fourteenth day of March in the year of our Lord two thousand, and of the Independence of the United States of America the two hundred and twenty-fourth.

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The "Co - Op" Approach

by Paul Rodgers

Please indulge your own memories as I reminisce about the "Good Ole Days" of living on a family farm in the 1960's. Each farm was an independent business, having survived for three or four generations. The success of each farm was in the hands of Mother Nature and that very independent farmer. Central to each farming community was the local Feed & Seed Store or Mercantile as it was frequently called in many sections of the country. I can still remember the outrage of our neighbors, when the "Co- Op" sign went up at our local feed and seed. The proprietor of that local store was working with other "Outside the Community" corporations in an effort to bring a more cost-effective product to our farm. The benefits to our local economy were immeasurable, yet the resistance to change would exist for many years.

As I focus on the present day, its no secret that the major players within the Healthcare arena have had to undergo a similar transition, if they were to remain a viable force in the competitive marketplace. To maintain a competitive edge, each hospital has found it necessary to establish any number of affiliations or alliances with ISO's (Independent Service Organizations), or Consortiums such as UHC, VHA and Premier, to meet their specialized needs, whether it be in the area of Administrative and Materials Management, Finance, Risk Aversion, or Facility, Food, and Environmental Services. No longer being in a position to go it alone, their goal has been to capitalize on the combined strengths of their many associates in providing the highest quality of service to their patients.

When the "Co-Op" sign went up at our hospital the independent biomed in me was reluctant to participate. How could someone outside our facility have any concept of what we needed to succeed in today's competitive healthcare business? Yet as I look back over the past decade of cooperative management in our Biomedical Department, I can honestly state that I have learned many lessons from having worked in such an environment. Just as the farming communities needed outside expertise to survive in the evolving world of the global commodities market, we have also needed the leadership and guidance that has now been an essential part of our department for these past many years.

Perhaps we had become too complacent and secure in our "Good Ole Days" thinking or mentality to recognize or accept the fact that the World is after all, a rapidly moving merry-go-round, in which it becomes increasingly difficult to get off. Either we continue the ride and adapt to the evolutionary reality of change, or just be content to sit on the sidelines and watch the World pass us by. How we respond to change is an individual choice, however, if our hospital is to survive well into the future, it will require the concerted effort and support of us all. We must all be willing to learn from each other, to listen to one another, and most importantly, to contribute to an environment of cooperative thinking and mutual respect for one another. Let us never lose sight of the fact that we are all on the same team working towards fulfillment of a common goal.

NCBA News Advertising

NCBA News is accepting advertising that relates to biomedical equipment and of interest to our readers. Suggested subjects are: Positions Desired, Position Available, Biomedical Equipment Wanted or For Sale (New or Used), or Announcements of Educational Opportunities or Service Schools in the area.

Advertising is open to all individuals, hospitals, and companies. The decision to carry a particular ad or classified will be the decision of the Editor with the support of the NCBA Board. Camera ready copies of actual size ads required. Corporate Members please remember what free advertisement your membership allows. Please contact the Newsletter Editor for other pricing.

****Prepayment of all advertising is required.****

Classified Advertising

Except "Position Wanted" notice by members (one ad per year— limit 50 words— no charge) the following ads apply:

(Per 75 words)	Member	Not
Individual	\$5	\$7
Institute	\$15	\$25
Corporation	\$20	\$30

NCBA BALANCE SHEET

NO CHANGE

FROM MARCH - APRIL

ISSUE OF THE NCBA

NEWSLETTER



HAVE A GREAT SUMMER!!

FROM THE MEMBERS OF THE

NCBA BOARD OF DIRECTORS



CCE TALKS IN THE WORKS - by Brian R. Poplin

As many of you know AAMI recently decided to suspend the CCE exam and administration process. Over the past few months there has been talk of several organizations picking up this certification from AAMI and running the examination and renewal process. All indicators point to a lack of participation and low certification volume as the reason for the AAMI withdrawal and they have since requested an RFP from interested organizations.

Recently, the ASHE committee for clinical engineering met and the certification topic was the highlight of discussion. Over the past year ASHE has worked under the guidance of AHA to develop a certification program for Healthcare Facility Managers and has achieved a great deal of initial success. The committee reviewed the work that ASHE & AHA have done and debated how the CCE program could be integrated and developed to better suit the clinical engineering profession.

AHA has taken a very proactive role in developing meaningful, obtainable, and standardized certification programs in several disciplines. A pro-

gram for clinical engineering has been in some form of development within ASHE under the auspices that it would provide benefit to the certified, and the organizations they represent. Since this new opportunity exists to incorporate the clinical engineering certification program into the channels already in place under the AHA, the committee decided to move swiftly on this issue.

The CE committee has formally recommended to the ASHE board of directors that funding be approved to move forward with a certification program in clinical engineering. The idea is to bring current Certified Clinical Engineers into the program and to re-evaluate the test to better fit with the definition of clinical engineering. The ACCE developed this definition and it has since been adopted by many organizations (including ASHE) over the past 8 years. It will be a basis for the future of this certification program.

If board approval is given to move forward with the project, a short survey to evaluate certification interest will be conducted. If significant interest exists, the program will move for-

ward from that point. In anticipation of the approval, the ASHE clinical engineering committee has scheduled a June meeting that will be the starting point for the entire process.

As a representative of the ASHE clinical engineering committee I would like to get a heads up from any of you who have opinions on the certification issue. Please realize that this has the potential to provide a great benefit to our profession, and I will value your input. I welcome all e-mail comments you would like to express and will use them as a basis for supporting my future discussions with the committee. As the process moves forward, I will make every attempt to keep you updated on the committee's progress and allow you to provide valuable input. Please recognize this process has not yet been approved and we do not have all the details or answers but, the future looks extremely bright. I personally am very excited at the opportunity to provide a relevant certification process for clinical engineering professionals.

QUOTATIONS TO PONDER AND INSPIRE

- ◇ My best advice: Fall in love with what you do for a living.
E.G. White (Writer)
- ◇ Patience is the toughest road to stay on, but the surest path to victory. Dave Weinbaum
- ◇ Great minds discuss ideas, average minds discuss events, small minds discuss people.
Admiral Hyman Rickover
(1900 - 1986)

- ◇ The longer I live the more beautiful life becomes.
Frank Lloyd Wright
(1867 - 1959)
- ◇ What lies behind us and what lies before us are tiny matters compared to what lies within us.
Ralph Waldo Emerson
- ◇ There is only one thing about which I am certain, and that is that there is very little about which one can be certain.
Somerset Maugham
(1874 - 1965)

The Seven Deadly Sins

- ◇ Truth, if it becomes a weapon against persons.
- ◇ Beauty, if it becomes vanity.
- ◇ Love, if it becomes possessive.
- ◇ Loyalty, if it becomes blind, careless trust.
- ◇ Tolerance, if it becomes indifference.
- ◇ Self-confidence, if it becomes arrogance.
- ◇ Faith if it becomes self-righteous.

Ashley Cooper - American Columnist



- ◇ When you come to a fork in the road, take it.

Yogi Berra



By Chris Dissinger, CBET, Photos By Ken Logan

The Moses Cone Health System is comprised of the Moses H. Cone Memorial Hospital, Wesley Long Community Hospital, The Women's Hospital of Greensboro, Moses Cone Behavioral Health Center, Moses Cone Extended Care, Wesley Long Nursing Home, LeBauer Health, plus many outlying clinics and doctor offices. The Health System is licensed for 1080 beds.

The Biomedical Technology Department has three shops with Erv Kelman, CBET as the director and Cindy Atkins, secretary. The shop at Moses H. Cone Memorial Hospital has two teams. Team one comprises Joe Holt (team leader), Ken Logan, and Chris Dissinger, CBET. Major areas of responsibility include Hemodialysis, Ultrasound, Laboratory, ECG, ED, EEG, ICU's, RT, Dental, General R&F, Nuclear Med., and seven outlying clinics. Team two consists of Lisa Morton (team leader), Steve Comas, CBET and Brandon Pate. Team two responsibilities include support of the OR, PACU, ICU's, Anesthesia, Telemetry, Cath Lab, Endoscopy and Sterilizers. Bill Wilson, CBET has his own shop at Women's Hospital. Bill is responsible for all biomedical equipment ranging from ultrasound, fetal monitors, to portable equipment. Wesley Long Hospital has a shop with two technicians; Sonny White (team leader) and Billy Johnson. These highly trained technicians take care of Anesthesia Units, Surgical Lasers, Ventilators, General R&F, ECG, EEG, Pulmonary Function, and General Biomedical.

Our technicians come from many educational, professional, and developmental backgrounds. Some received their training through Alamance and Stanly Community Colleges, and the U.S. Army. We have been very fortunate to have our techs. go to Manufacturer Schools for Anesthesia, Hemodialysis, Ultrasound, Ventilators, Blood Gas Analyzers and Patient Monitoring.

Spot

Light

May

June



Prior to the merger of Moses Cone and Wesley Long, the Moses Cone Clinical Technology Dept. was managed by Premier. As a result of the merger, Erv Kelman, Director of Wesley Long Biomedical dept., was named as Biomed Director for the newly formed Health System. Because Premier was no longer managing our department, we had to purchase a new Computerized Maintenance System (CMS). The system selected to meet our needs was AIMS. Premier left us with our hard copy work orders and PM sheets, and a skeleton of an equipment inventory list. Over the course of the next year we had to develop our own PM standards and procedures for an inventory of 8500 pieces of equipment. Hours were spent on entering hundreds of tasks into the AIMS Database so that PM procedures could be generated. I'm sure that others who have found themselves in a similar situation would agree, that this was no easy task. Because this project took approximately 8 months to complete, thousands of PM sheets had to be manually generated until the CMS Database was complete. With the majority of the work done, our remaining time is spent in fine-tuning the system.

Another challenge we had was to be prepared for the JCAHO survey this past September. Because Premier took their proprietary policy and procedure manuals, we were left with the task of developing our own.

The merger has cost us a lot of time and man-hours integrating our procedures and management programs, which we unfortunately had to contend with during Y2K, but there is an up side. Our department received new computers for technicians to use to access the AIMS database to assist with reports, look up parts, and

manufacturer information on the internet. We relaxed our dress code, no ties. We have also been fortunate to get a van to use to drive to our outlying clinics.

The Health System is building and acquiring a lot of Doctor's Offices and Clinics from Asheboro, Burlington, to Madison. We are in the process of building a new Oncology/Hematology center at Wesley Long and expanding Women's hospital. Moses Cone just recently opened up its new state of the art south wing with two new ICU's and a three-story atrium entrance with coffee shop and gift shop. The System also recently acquired the Behavioral Health Center, which was previously Charter Hospital of Greensboro. Major growth for our department will continue to occur as the Health System expands the services it provides to the community it serves. Within this department, we have individuals with years of professional expertise and many talents that will enable us to meet this challenge.

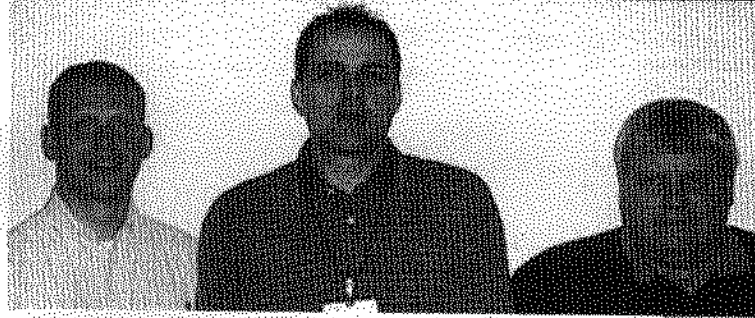
Our department only has four CBET's at the present, but the system will pay for the certification exam and renewal. The department is in the process of retrieving information to use in getting higher pay for our employees and for those who are certified.

Moses Cone Health System has been very supportive over the years of the NCBA by allowing its employees to attend symposiums, seminars and sit on the board of directors. Many hospitals or third party companies in North Carolina do not assist in reimbursing expenses or even time off with pay.

The system has also been very supportive of the community college system by allowing interns to gain knowledge and experience before graduating. We have not paid interns for man-hours but we do pay for their lunches.

For more information on the Moses Cone Health System, please check out our website at www.MosesCone.com.

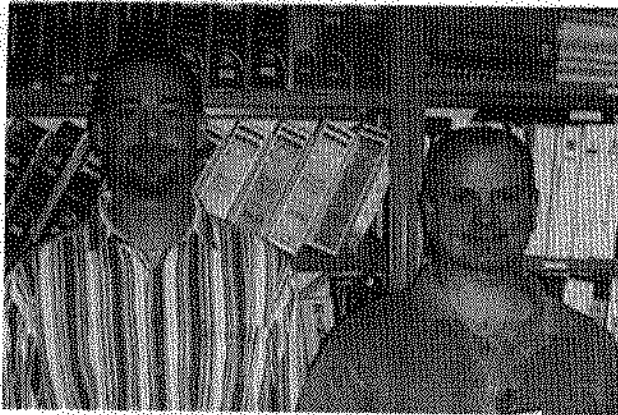
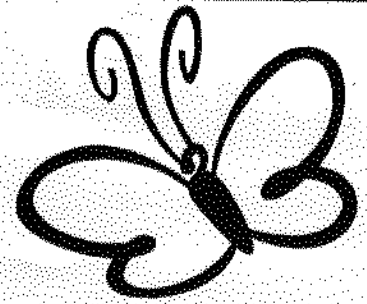




Chriss Dissinger

Joe Holt

Ken Logan



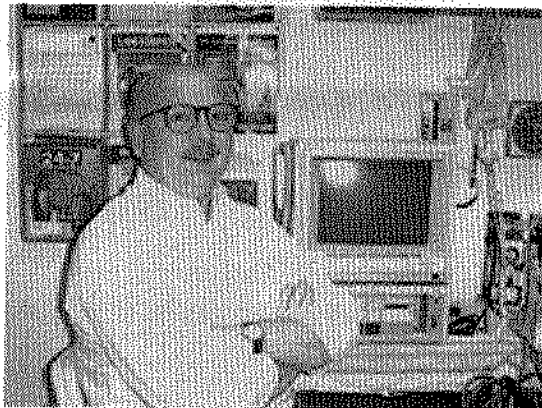
Billy Johnson and Sonny White - Wesley Long Hospital



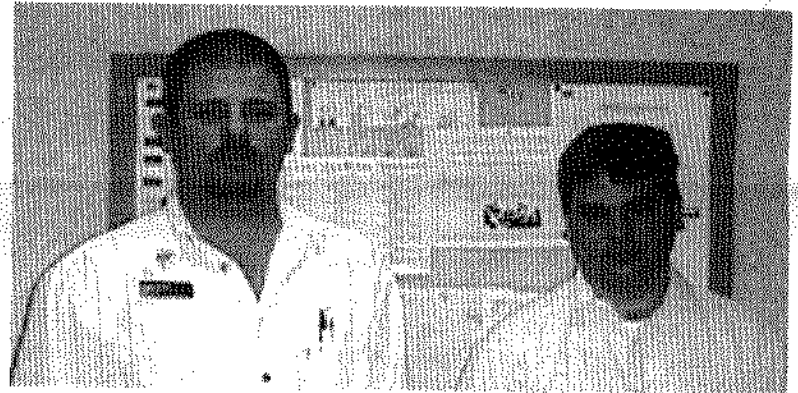
Brandon Pate

Lisa Morton

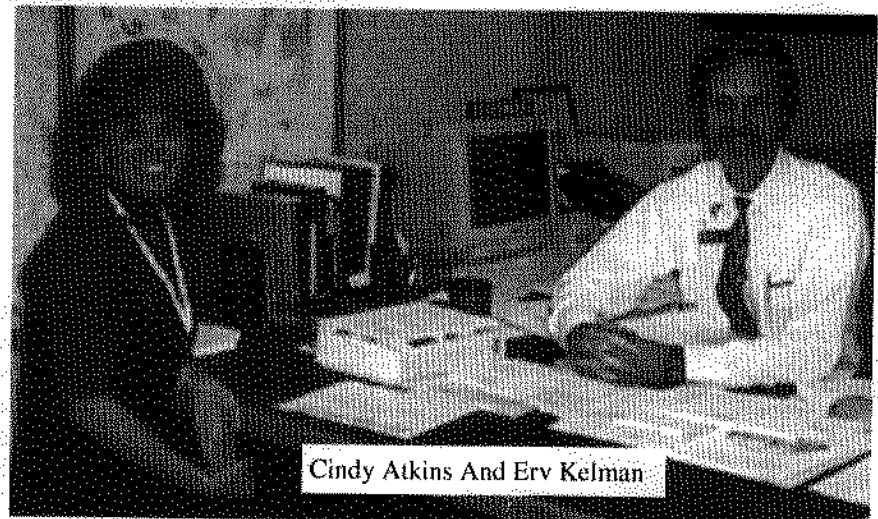
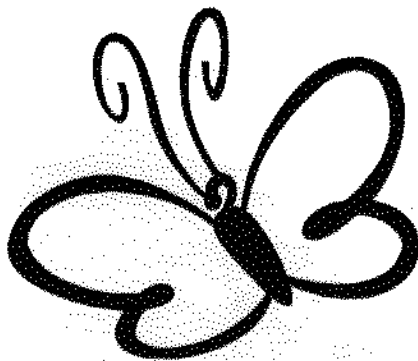
Steve Comas



Bill Wilson - Women's Hospital



Dan Blake and Jason Miser



Cindy Atkins And Erv Kelman

SCHEDULE OF NCBA BOARD OF DIRECTORS MEETINGS FOR 2000

May 19, 2000 **Time: 10:00 A.M.**
Durham Regional Hospital, Durham, NC
Host – Linda Leitch Phone 919 470-8182

July 14, 2000 **Time: 10:00 A.M.**
NC Baptist Hospital, Winston-Salem, NC
Host – Howard Wigle Phone 336 716-3437

September 15, 2000 **Time: 10:00 A.M.**
Moses Cone Health Systems, Greensboro, NC
Host – Chris Dissinger Phone 336 832-7911

November 3, 2000 **Time: 10:00 A.M.**
First Health Moore Regional Hospital, Pinehurst, NC
Host – Sonny Richards Phone 910 215-1298

January 12, 2001 **Time: 10:00 A.M.**
Duke University Medical Center, Durham, NC
Host – Glenn Scales Phone 919 681-6638

Board Meetings are open to the NCBA Membership. Please plan to attend.

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