



President's Forum



Helen Jones, CBET
NCBA President

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Privacy – I will bet you have heard more about that topic lately than you really care to. Every visit to the dentist, pharmacy, or doctor ends with your receipt of a HIPAA guideline to inform you as a consumer of your right to privacy. Mandatory in-services are offered to inform you as an employee of the need to maintain the patient's privacy and the penalties if you fail to do so.

Why do biomedes have to attend this training? What role do we play in guarding a patient's privacy? Typically, we don't have access to patient information. Usually when we are investigating an equipment incident, the name of the patient has been removed from the copies of the documents that are sent to us. Sometimes we might be told of some condition the patient has that might have some bearing on the way a piece of equipment is acting and that may assist us in determining if the device is malfunctioning or if it is just reflecting that condition as it should. Sometimes the caregiver will launch into the whole tragic story of how the patient came to be in their present state or what a wonderful, charming person they were before their admission, or what a bitter disappointment this person is to their really great family. I venture to say that many of us have worked with people who just love this sort of information and cannot seem to stop talking about it.

I have stood at the bedside of a person, a celebrity; a fellow employee, or a victim of some extreme circumstance, and have been told or overheard something about that person that I have heard repeated later in the hospital cafeteria or elevator that has been greatly exaggerated or is blatantly untrue. It is very tempting to want to speak up and "set the story straight" or to prove our importance by showing that we know something about someone famous and by doing so violating that basic right to privacy. Most people who visit a hospital (especially a teaching facility) have probably been exposed to the corridor or elevator consultation of a group of physicians.

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2003 Board of Directors

2003 NCBA Officers

President:

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336-713-2891 – Business
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Treasurer:

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Recording Secretary:

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336-716-3437 – Business
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Ex-Officio:

Boyd Campbell, CBET, CRES
Catawba Valley Medical Center
828-326-3899 – Business
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Dale Allman
ARAMARK Clinical Technology Svcs.
800-825-1786 – Business
704- 528-2325 – Fax
director4@ncbiomedassoc.com

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Siemens Medical
919-319-2922 – Business
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828-726-2263 – Business
828-726-2384 – Fax
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Mark Renfroe, CBET
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919-731-6077 – Business
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Duke University Health System
919-681-6638 – Business
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2003 Standing Committees

Rules and Bylaws

Helen Jones (Chair), Mark Renfroe,
Glenn Scales

Nominating Committee:

Sam Wright (Chair), Helen Jones, John
Noblitt

Finance Committee:

Linda Leitch (Chair), Dale Allman,
Charles Worrell

Membership Committee:

Christina Fleming (Chair), Obie Godley,
Mark Renfroe

Education Committee:

Dan Harrison (Chair), Boyd Campbell,
Linda Leitch, Sally Goebel, John Noblitt

Apprenticeship:

Helen Jones (Chair)

2002 Special Committees

Newsletter Committee:

Glenn Scales (Chair), Boyd Campbell,
Sally Goebel, Dan Harrison

Scholarship Committee:

Helen Jones (Chair), Dale Allman,
Christina Fleming, Linda Leitch

Vendor Coordination:

Mark Renfroe (Chair), Boyd Campbell,
John Noblitt, Charles Worrell

Hotel Coordination:

Helen Jones (Chair), Linda Leitch,
Glenn Scales, Jim Tripp

Public Relations:

Helen Jones (Chair), Dan Harrison,
John Noblitt, Sam Wright

Internet Committee:

Glenn Scales (Chair), Dale Allman,
Mike Howell

Professional of the Year:

Helen Jones (Chair), Dale Allman, Dan
Harrison, Linda Leitch, Sam Wright

Historian:

Glenn Scales (Chair), Obie Godley,
Charles Worrell



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 odd numbered months. The newsletter is mailed on or about the 15th day of the odd numbered 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 frequently in short supply. If you have written any articles that may be of interest to our readers, submit it to Newsletter Editor, Glenn Scales, at editor@ncbiomedassoc.com.

NCBA Board Minutes Friday, May 16, 2003

Sheraton Hotel, Research Triangle Park, NC

Helen Jones called the meeting to order at 10:00 am. The meeting was held at the Sheraton Imperial Hotel in RTP, NC.

Present: Dale Allman, Dan Harrison, Glenn Scales John Noblitt, Obie Godley, Sally Goebel, Helen Jones, Linda Leitch, and Sam Wright.

Absent: Boyd Campbell, Crisci Fleming, and Mark Renfroe.

Guest: Brad Hicks (Student), Mike McCoy and Charles Worrell (guests).

The minutes of the March 14th Board meeting were reviewed. Linda moved for approval, Dan seconded, and the minutes were approved as submitted.

Treasurer's Report: Linda Leitch

Linda reviewed finance statement and submitted the Treasurer's report. Budget, balances and bills were discussed.

Membership Report: Crisci Fleming. No Report

Education Report: Dan Harrison

No new activity. Discussion was held on having a precertification class at the Symposium.

Rules and Bylaws report: Helen Jones. No Report

Newsletter: Glenn Scales

The next newsletter is ready for print as soon as the Board meeting minutes are done. Need symposium articles and preliminary class schedules by July 15th for inclusion in the newsletter.

Nominating Committee: Sam Wright

Article on Board nomination is in the next newsletter. Stanly and Caldwell were contacted for student membership.

Internet Committee – Glenn Scales. No Report

Glenn made a motion to approve all reports as submitted, and John seconded, the motion passed.

Old Business:

25th Anniversary – Dale updated the committee that he has extended an offer for the Governor to be a keynote speaker and they have contacted the offices of Elizabeth Dole as well. The board agreed on the 25th anniversary logo presented by Sally and we need to get those to our vendors as soon as possible to have the items ready for the symposium. Contact ASHE and AAMI to see about presentations at our symposium honoring our 25th anniversary.

New Business:

Budget – Linda presented preliminary budget numbers for review and will send final numbers for approval through email. Linda gave the board an update on the IRS notice we received for payment of \$5K for late submission. Linda contacted our CPA tax accountant and gave her power of attorney to work with the IRS on our behalf. The CPA said to wait for clarification before we pay the notice. Charles explained the IRS process and

the NCBA history with IRS tax filings. Linda recommended that we choose a tax accounting firm to be our accounting firm from this point forward to maintain consistency and history of tax filings.

Education – Dan has drafted a letter to our vendors thanking them for their support and inviting them to be a part of this year's Symposium. Dan recommended doing a network class for the Symposium and possibly doing a standalone as well. Siemens has offered to do an Oncology Linear Accelerator Class and Intermed has offered to do a basic ultrasound class. Metron would like to go out to Stanly and Caldwell to do test equipment training classes as well as hold one at the Symposium.

Vendor Relations – deferred.

Golf – No Report.

Linda moved to adjourn the meeting, everyone seconded, and the meeting was adjourned at 3:00 pm.

NCBA News is accepting advertising that relates to biomedical equipment and of interest to our readers. Suggested subjects are: Positions Desired, Positions 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 support of the NCBA Board. Either jpeg or tiff files of the actual size ads is 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" notices by members (one ad per year – limit 50 words – no charge) the following ad rates apply:

Full Page	\$200. ⁰⁰
Half Page	\$100. ⁰⁰
Quarter Page	\$50. ⁰⁰

If the ad is a single page to be included as an insert, the advertiser will any pay all additional printing and handling costs. Placement of non-member ads is on a "space available basis. Advertising that is to be printed in color will include all additional costs to prepare and insert the color page.

JCAHO National Patient Safety Goals - FAQs

Questions about Goal #5 (Infusion Pumps):

Does this safety goal also apply to syringe pumps, ambulatory pumps, or enteral pumps?

It would apply to ambulatory pumps that have PCA (patient-controlled analgesia) capability, but not to syringe pumps or enteral pumps.

Regarding free-flow “protection,” all our devices immediately shut off when the door is open and the set is removed without closing any tubing clamps. However a patient or family member might easily figure out how to undo the free-flow protection mechanism. This would allow for the medication to infuse so we have no guarantee regarding free flow but we have “protection.” Would these devices meet the intent of this recommendation?

As you describe them, your infusion pumps are in compliance with the recommendation. Most safety features can be overridden if there is sufficient determination to do so. The intent of the recommendation is to achieve protection against the more common misadventures involving these pumps.

I’ve heard the term “set-based free-flow protection.” What does this mean?

The “protection” is actually an attribute of the administration set used with the pump rather than with the pump itself. It is important to always use the administration set that is specified for use with the infusion pump. The term “set-based free-flow protection” refers to a design in which the protection is built in (intrinsic) to the administration set.

How can I determine whether our general-purpose infusion pumps have free-flow protection? (updated April 14, 2003)

To test for free flow protection, turn the power off with the infusion set primed and loaded in the device. With all tubing clamps open and the fluid container as high above the device as the tubing will allow, verify that no fluid flows out of the set as it hangs straight down from the device. Then remove the set from the device (tubing clamps still open) and again verify that no fluid flows out of the set. (Source: *ECRI’s Health Devices Inspection and Preventive Maintenance System.*)

Where can I get more information about specific infusion pumps? (updated April 14, 2003)

The Joint Commission recognizes ECRI as an authoritative source of information about the safety considerations relating to infusion pumps. As such, information published by ECRI

indicating the adequacy of free-flow protection for specific pump/administration set configurations will be acceptable as evidence of compliance with Goal #5 of the 2003 National Patient Safety Goals, pending verification by on-site survey of the appropriate use of such configurations by the specific health care organization in the provision of health care services. In other words, if ECRI says a particular infusion system is capable of providing adequate free-flow protection, the Joint Commission will still survey the way in which that equipment is being used.

What about PCA pumps—can you say more about free-flow protection with these devices? (updated April 14, 2003)

According to ECRI, most PCA pumps fall under the “Free-flow Protected with Dependencies” category, which means that the free flow protection of PCA pumps is dependent on the use of tubing sets with an integral positive pressure (anti-siphon) valve. These are usually purchased independent of the pump itself, so the key issue for assessment should be to determine whether the set is protected rather than whether the model of pump is acceptable. Although these sets may allow small amounts of solution to flow under conditions of maximum head height, PCA reservoirs are normally secured to the pump (not hanging above it) so head height during use is typically much less than that for general-purpose infusion pumps.

There are some inexpensive, add-on devices on the market that claim to provide free-flow protection for older infusion sets that were not designed with built-in protection. Will these devices meet the intent of this Goal?

Not all of the add-on protective devices (also referred to as “positive pressure valves,” “anti-siphon valves” or “check valves”) that are currently marketed for use with administration sets that do not have intrinsic free-flow protection will satisfy this recommendation. They are, at best, temporary solutions. Therefore, if an organization chooses to use such a device, it must be reviewed by JCAHO for acceptability as an alternative solution.

What factors will be considered in determining whether an “add-on” device is an acceptable alternative for meeting this Goal?

The major concerns are the following:

1. Is the add-on device compatible with the administration set it is being applied to? (There are “generic” devices on the market that may not be compatible with all general-

use administration sets. Also, add-on devices are not acceptable for use with PCA pumps/administration sets.)

2. Are staff properly oriented to the devices and their proper use?
3. How does the organization assure the consistent and proper use of these devices for every infusion?
4. What is the plan to transition to set-based free-flow protection for all infusion pumps used throughout the organization?

Questions about Goal #6 (Alarm Systems):

What does “clinical alarm systems” include? Is it just the ventilator alarms that were discussed in the recent *Sentinel Event Alert* on ventilator-related events?

Actually, this goal is much broader. While it originated with our *Sentinel Event Alert* on ventilator-related events, our Advisory Group saw it as relevant to the full spectrum of alarm systems that are triggered by physical or physiologic monitoring of the individual, by variations in measured parameters of medical equipment directly applied to the individual, or self-actuated by the individual. In other words, any alarm that is intended to protect the individual receiving care or alert the staff that the individual is at increased risk and needs immediate assistance would be within the scope of this goal. Examples might include cardiac monitor alarms, apnea alarms, elopement/abduction alarms, infusion pump alarms, alarms associated with measuring gas pressure or concentration going directly to or coming from an individual on mechanical ventilation, or emergency assistance alarms such as “panic buttons” in care recipient bathrooms.

How does the requirement for preventive maintenance and testing of all clinical alarms fit into the “equipment management program” required by Joint Commission standards?

All clinical alarms must be included in the inventory of equipment covered by the organization’s equipment management program, as defined in the standard for managing medical equipment (EC.1.6 in the *CAMH*). This standard permits an organization to use different maintenance strategies as appropriate (for example, predictive maintenance, interval-based inspections, corrective maintenance, metered maintenance, and so forth) for its medical equipment based on a risk assessment of each piece of equipment using criteria that address equipment function (diagnosis, care, treatment, and monitoring), physical risks associated with use, and equipment incident history. The intervals for inspecting, testing, and maintaining clinical alarms are based on criteria such as manufacturers’ recommendations, risk levels, and current organization

experience. See the equipment management standard in the applicable accreditation manual(s) for additional details.

What is the extent of the alarm system testing that is required by this Goal?

The “testing” referred to in Goal #6 is for more than just the alarm equipment itself; it is intended to mean an “end-to-end” or “user” test. Whether the failure is due to a technical failure of the alarm equipment, a failure to turn the alarm on or adjust it properly, inappropriate volume or communication medium, or whatever, the testing should be designed to detect a system that will not serve its intended purpose: to alert caregivers to a care recipient at immediate risk. Our sentinel event data suggest that, while not common, such failures do occur and have contributed to a significant number of sentinel events.

Are there any specific guidelines (expected decibel level) for “sufficiently audible” as mentioned in recommendation 6b?

We have no specific recommendations for decibel levels nor are there any standards that we are aware of. This must be addressed in the actual setting where the alarm system functions. Further, it should be handled more as a user test (can the staff hear the alarm in the locations and under the environmental conditions that would normally exist in the course of health care activities) than as a technical adjustment.

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Stanly Community College Update

The BMET program at Stanly Community College is enjoying a period of outstanding growth. After several years of decreased participation, there will be approximately 16 graduates entering the work force this May. When those students walk across that stage on May 16, the NCBA will play an important role in their success. The monetary support, as well as the professional guidance has aided in making this a very strong and beneficial program for our students.

Following this relatively large graduating class is an even larger freshman class of nearly 50 students. There are so many talented and qualified professionals in the Biomedical community that more and more young people want the opportunity to be like them. Our profession is a stable one, and many displaced workers are seeking for just that in their training for a new career. We here at Stanly, and you in the work force, are doing a great job in promoting our profession as stable, educational and desirable, and that portrayal is showing its fruit in the amount of interest in the BMET program.

David Wilson, BA, CBET
BMET Program Head/ Instructor
Stanly Community College

Dollars and Sense

By Linda Leitch, NCBA Treasurer

Account balances as of 5/16/2003:

Checking:		\$12,878.60
CD's:	XX205	\$24,635.62
	XX257	\$24,087.62
Scholarships:	Eddie Whisnant	\$602.32
	Norm Reeves	\$602.32
Asset Liability (tax)		\$2,125.00

(Income highlights)

Vendor Registration	\$1,150.00
Memberships	\$500.00
Interest	\$61.71

(Expense highlights)

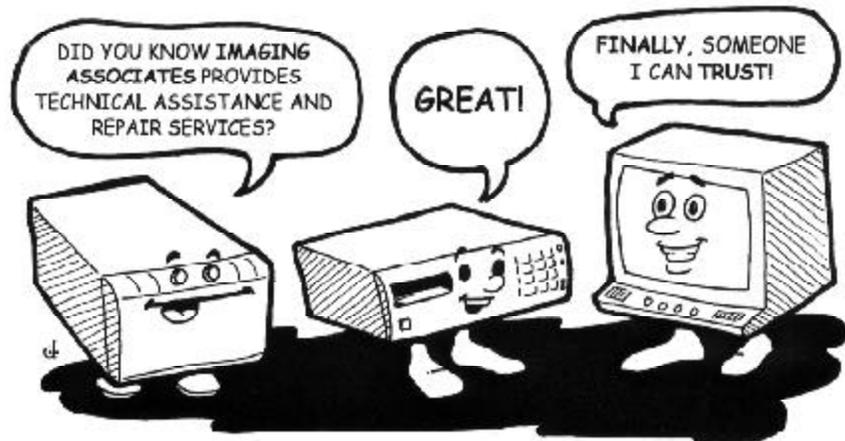
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North Carolina Biomedical Association
Manager of the Year Nomination
Sponsored by Spacelabs Medical

Do you know a manager who has given personally and professionally to the field of Biomedical / Clinical Engineering as well as to their local community? The North Carolina Biomedical Association in conjunction with Spacelabs Medical has created the Manager of the Year Award to be presented annually at the NCBA Symposium for just such a person. **The winner will receive a check for \$1,000 and a plaque identifying them as the NCBA Manager of the Year.** We are looking for managers who have made significant contributions in each of the following areas:

Professional Achievement

Professional achievement activities are those turning points during a career that set the manager apart from his or her peers. Criteria for professional achievement are:

- Leadership of employees or projects, in a manner that exemplifies dedication and professionalism to the field of biomedical technology.
- Contributions to the advancement and recognition of biomedical technology within the medical community.
- Seeking out continual development through constant learning, educational participation, and professional growth.

Community Contribution

Community contribution activities include any activities which provide a significant social, moral, economic, or educational benefit to the local community of the nominee. Criteria for community contribution are:

- Participation in community activities that differ from those associated with professional responsibilities.
- Demonstrated leadership in community or charitable organizations.

Biomedical Community

Biomedical community contributions are those activities, which enhance the professional biomedical community. Criteria for biomedical community contributions are:

- Participatory member in the North Carolina Biomedical Association.
- Demonstrated leadership in the field of biomedical technology on a local, state, or national level.
- Significant contribution to the advancement of the profession through speaking, writing, or networking activities.

SUBMISSIONS:

All submissions will be made on the reverse side of this form and submitted to the NCBA Board of Directors so that they are received no later than October 31st in the year of submission.

NCBA Manager of the Year Nomination

(Please Type)

1. Name of Candidate: _____

Title: _____

Employer: _____

Work Address: _____

Work City/State/Zip Code: _____

Work Telephone: _____ Fax: _____

E-Mail Address: _____

Home Address: _____

Home City/State/Zip Code: _____

Home Telephone: _____ Fax: _____

2. Please attach a letter of nomination that states the reason, and provides a comprehensive explanation of why this individual is being nominated.
3. An updated resume with the current position held by the nominee, **must** be attached for the nominee to be considered.
4. Additional letters of support are strongly encouraged in order to help identify the nominee's ability to meet the criteria listed. Supporting letters should be from individuals familiar with the nominee's contributions, and should not exceed two pages in length.
5. Additional documentation is encouraged, including (but not limited to) a list of cited articles, published materials, or speaking engagements.
6. Mail your complete set of materials to:

North Carolina Biomedical Association
6300-138 Creedmoor Road, PMB 272
Raleigh, NC 27612-6730
Phone: (919) 688-6890
Attention: Manager of the Year

7. All entries must be received no later than October 31st in the year of submission.

North Carolina Biomedical Association
Professional of the Year Nomination
Sponsored by Hill-Rom

Do you know someone who has given personally and professionally to the field of Biomedical / Clinical Engineering as well as to their local community? The North Carolina Biomedical Association in conjunction with Hill-Rom has created the Professional of the Year Award to be presented annually at the NCBA Symposium for just such a person. **The winner will receive a check for \$1,000, and a plaque identifying them as the NCBA Professional of the Year.** We are looking for individuals who have made contributions in each of the following areas:

Professional Achievement

Professional achievement activities are those performed in the course of day-to-day duty to their employer. Examples of professional achievement are:

- Assisted person in another department in a time of great need which clearly placed the needs of others above their own.
- Performed assigned duties in an outstanding manner.
- Made significant contributions to the mission of the institution which were clearly above and beyond the normal assigned tasks.

Community Contribution

Community contribution activities include any activities which provide a significant social, moral, economic, or educational benefit to the local community of the nominee. Examples of community contribution are:

- Organized a community-wide fund raising drive for a charitable organization.
- Contributed numerous hours to a charitable cause.
- Organized a community-wide educational program which improved or contributed to the improvement of the community inhabitants.

Biomedical Community Contribution

Biomedical community contributions are those activities which enhance the professional biomedical community. Examples of contributions are:

- Published articles in biomedical related professional journals, magazines, or periodicals.
- Presentations at a biomedical organization functions.
- Participation in panel discussions at biomedical organization functions.
- Volunteer work assisting a biomedical organization.

SUBMISSIONS:

All submissions will be made on the reverse side of this form and submitted to the NCBA Board of Directors so that they are received no later than October 31st in the year of submission.

NCBA Professional of the Year Nomination

(Please Type)

1. Name of Candidate: _____

Title: _____

Institution: _____

Work Address: _____

Work City/State/Zip Code: _____

Work Telephone: _____ Fax: _____

E-Mail Address: _____

Home Address: _____

Home City/State/Zip Code: _____

Home Telephone: _____ Fax: _____

2. Please attach a letter of nomination that states the reason and provides a comprehensive explanation of why this individual is being nominated. Please provide examples in ALL THREE areas listed on the reverse side of this form.
3. A resume of the individual being nominated **must** be attached for the nominee to be considered.
4. If you wish to provide additional letters of support, each letter should not exceed two pages.
5. Additional documentation may be provided, including a list of cited articles, published materials, or speaking engagements.
6. Mail your complete set of materials to:

North Carolina Biomedical Association
6300-138 Creedmoor Road, PMB 272
Raleigh, NC 27612-6730
Phone: (919) 688-6890
Attention: Professional of the Year

7. All entries must be received no later than October 31st in the year of submission.

How to Become an NCBA Board Member

A commitment to the field of medical equipment and a genuine desire to improve circumstances for those who work in this field is the first step. The Board of Directors for the North Carolina Biomedical Association is a place where an individual can make a difference and where an association can set precedence and guide policy development. The board is looking for individuals who want to make a difference in their chosen profession.

The second step in becoming an NCBA board member is to speak with your direct report and secure their support for your involvement in the board of directors. The board meets every other month, typically on a Friday, at various locations across the state. Unless the meeting location is in your region this will involve travel time and a commitment to being out of the workplace for a full day. Additionally, board members must be available to attend and participate in the annual symposium.

The third step is to contact a current board member and express to them your interest in becoming a member of the board of directors. The board member will review the commitment level with you, share their insights, and experience as a board member. The board member will offer you the opportunity to attend board meetings with them to become familiar with the NCBA Board of Directors. Additionally, Sam Wright (sawright@wfubmc.edu) is the chairman of the nominating committee and would like to hear from anyone that is interested in becoming a board member.

The fourth and final step is to have your name on the ballot and to be elected into a board position at the NCBA annual symposium.



The Y2.036 Bug

Soooo, you thought you'd taken care of all those pesky Y2K issues, huh? A lot of computer systems and application software store and calculate dates as the number of seconds since midnight on January 1, 1900 ("the epoch"). The count is stored in a data type that is an integer with 32 bits, so eventually it will reach a finite number that will cause the count to wrap around to zero again.

The number is 4,294,967,295.

If you divide all of the number of seconds in a year into that number you run out of room somewhere in the morning of February 5, 2036. Mark the date.

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Professional and Manager of the Year

Nothing is more gratifying than being noticed for doing something well. Even people who normally love their jobs have days when a little recognition and a big reward might be appreciated. Do you know of someone who goes out of their way to their job? Maybe you know a biomedical technician who stands out in a crowd by leaving a trail of satisfied customers behind as he/she goes about their business. Maybe you think your clinical engineer or biomedical manager is a truly great example of what a boss should be.

Every year at the symposium we take time to recognize one technician as Biomedical Professional of the Year and one manager as the Biomedical Manager of the Year. The NCBA announces their names, they come up to the podium, and we give them a round of applause and a plaque. It's a nice plaque, BUT the good folks at Spacelabs and Hill Rom give them money!!!!

You have an opportunity to nominate someone for this honor and award. The NCBA is happy to provide you with a nomination form mailed out with your newsletter. Just fill it out and recruit some others who know your nominee to write a letter describing exactly what makes that nominee distinctive and deserving of the award. Send your nomination packet to the NCBA at 6300-138 Creedmoor Rd., PMB 272, Raleigh, NC 27612-6730.

These nominations are a delight to read. The committee is impressed but never surprised by the quality of our members.

Helen Jones, CBET
Chair, Biomedical Professional of the Year
Biomedical Manager of the Year Committee

President's Forum continued

This usually involves a complete summary of all the parameters of the patient's diagnosis, treatment, attitude, personal appearance, hygiene, family issues and a host of other details that few people want to hear or imagine and no one would want repeated about themselves or a loved one. All of these behaviors support the idea that the patient's right to privacy must be protected.

Although we are not bedside caregivers, we sometimes do get exposed to private information. We can do our part by being a stopping point for the unnecessary flow of information and by reminding our co-workers of the need to guard the patient's rights. It becomes an issue of trust in the facility and the individuals who work there. ("If they can't even maintain confidentiality, how good can they be?") Put yourself in the role of the patient and family. Doing so puts HIPAA in a much more personal light and should motivate each of us to honor the trust that has been put in us and our facilities to care for those who need it.

How Do You Plan to Meet JCAHO Patient Safety Goal # 6?

Improve the effectiveness of your clinical alarm systems.

What: Roundtable discussion on meeting the JCAHO patient safety goal # 6

Where: Catawba Valley Medical Center

When: June 20, 2003

Time: 10:00am – 3:00pm

Join the NCBA as they sponsor a discussion session to find out how others within the field are meeting this patient safety goal. This is an informal session designed as an opportunity to share how your facility plans to meet this goal as well as learn how others are tackling this requirement. This is not a class but instead a chance to network with other individuals who are having to meet a common goal. All registrants are encouraged to submit questions they would like to discuss. Boyd Campbell will be moderating the discussion. Topics of discussion will include what is a clinical alarm? What type of testing procedures should be implemented? What policies and procedures do you feel are needed? Etc....This will be a NO COST session and lunch will be on your own.

To register please contact:

Boyd Campbell CBET, CRES or Debra Kennedy at
Catawba Valley Medical Center in Hickory, NC. Phone
(828) 326-3899



The Bio-medical Student's Association from Caldwell Community College invites you to the

6th Annual Bio-Med Golf Benefit

Granada Farms Country Club

Granada Farms Road, Granite Falls

8:00am Shotgun Start

Saturday June 7, 2003

4-player Captain's Choice

Registration Fee Per Player Includes: Pig Pickin'

Cart Fees-Green Fees-

Over \$10,000 in Prizes Available

Cost: \$50 per player-E-Mail: jnoblitt@cccti.edu (John Noblitt, Instructor) or aabhicks@aol.com , (Brad Hicks, President BMSA)

Phone: 726-2263 John Noblitt

Please make check payable to **Caldwell Community College/BMSA Club**

Team Captain:

_____ Email _____ Phone _____

Player 2: _____

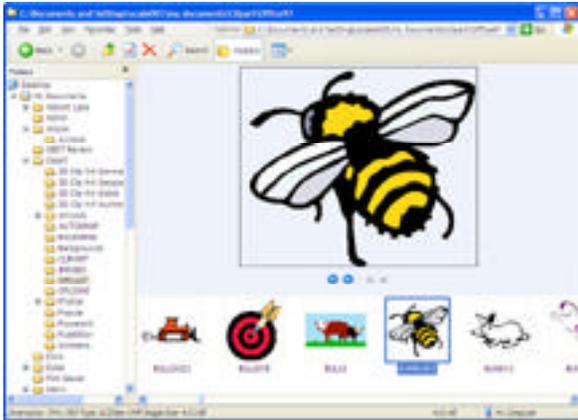
Player 3: _____

Player 4: _____

WindowsXP and Graphics

by Glenn Scales, CBET

I'm sure that you know that Windows versions since 98 can show common graphics file types (bmp, gif, .and jpg) as thumbnails. To see images this way, click View, Thumbnails from the main menu bar or from its right-click menu. In Windows 98 you won't see this menu option, but just press Backspace to move up a folder level, right-click the folder that contains the images you want to see as thumbnails, and choose Properties. In the General tab of the Properties dialog box, check Enable thumbnail view and click OK. The next time you open this folder, you should see a Thumbnails option on your View menu.



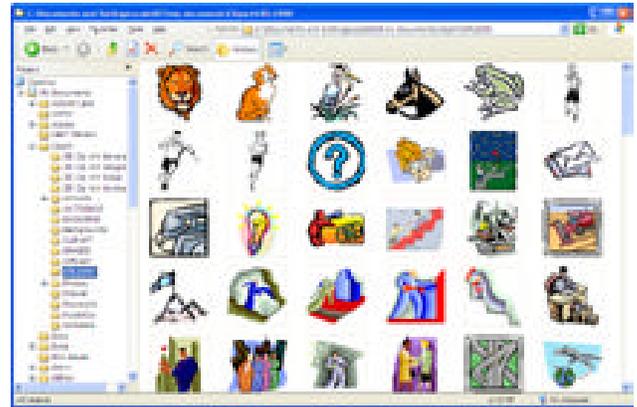
In WindowsXP you have the thumbnail option, plus a cool feature called Filmstrip. You can select the Thumbnail or Filmstrip view from the View menu – be aware that if you are in a folder that does not have any graphics files, WindowsXP will not give you the Filmstrip option. Filmstrip gives you a series of thumbnail views running along the bottom of your Explorer window. When a thumbnail is selected, a larger view of this thumbnail is shown in a window above the filmstrip (above).

If you have downloaded Microsoft's TweakUI, it has an option to allow you to change the size and quality of your thumbnails. If you don't already have this tool, download the version for XP. Choose Start, All Programs, PowerToys for Windows XP, TweakUI for Windows XP. In the left pane, double-click Explorer (or click the + next to it) and click Thumbnails. Use the controls to adjust the size and quality of the thumbnail images to your liking. Another available Power Toy from Microsoft allows you to right-click on an image file and resize it.

The Microsoft Power Toy download page is located at <http://www.microsoft.com/windowsxp/pro/downloads/powertoys.asp>. Here you will find all the Power Toys, along with descriptions of each applet. After you install the Toy you will find that you have gotten either a new listing on your Start menu for the item, or it will show up on the right-click menu (as with the image resizer Power Toy).

If you have a lot of image files and want to display more per page you can resize them as described above using the TweakUI or you can also display your thumbnails without the names under them. First, make sure the Folders bar is visible: Choose View, Explorer Bar, Folders. Now click any folder anywhere in the Folders pane other than the folder that holds your thumbnails. Then shift-click the folder that holds your thumbnails to reopen it. This removes the file names from

under each thumbnail, giving you room to view a few more pictures in the right window (see below). The names return when you open another folder and then shift-click this one again.



When you open Windows Explorer, one of the more useful arrangements is to have the Explorer Bar turned on. This is the separate window on the left that allows you to view several different views. I like to use the folders view so I can see the structure of my files and folders (notice the first 2 figures). To turn on the folders view, go to View, Explorer Bar and click on Folders. If the Folders toolbar button is enabled, you will be able to toggle between the folders view and the Tasks view. Tasks allows you to perform specific tasks associated with the folder you currently have open. The tasks available will change according to what you are looking at.

To modify this task list, right-click an empty area of the folder window and select Customize This Folder, or from the menu bar choose View, Customize This Folder. (This command is unavailable for the root directory of disk drives and for some system folders.) On the Customize tab, under 'What kind of folder do you want?', select the template that most closely matches the contents of your folder, such as Photo Album for a folder containing a few image files. Click Apply, and if the task pane displays the options you need, finish by clicking OK.



Another new WindowsXP applet is the Picture & Fax Viewer. To view files as you would in a slide show, just right-click on any graphics file and select "Preview". The Viewer applet will open and the controls at the bottom allow you to navigate, zoom, copy, etc. This is a very quick and useful feature that is always available in Windows Explorer.

To make sure that all these features are available for your use, click Tools, Folder Options and check "Show common tasks in folders."

News from Caldwell Community College

The North Carolina Community College system and the economy of the state have an inverse relationship. When the economy is good, enrollment is at best steady to even poor in some programs. When the economy takes a turn south as it has in the last couple of years many displaced workers turn to the community college system for retraining for better jobs. Case in point, three years ago in the BMET program at Caldwell we started 9 students. Of the nine, five graduated in the two year time period. This year 9 will graduate and probably 24 will make it into the second year of the program for fall semester 2003. Currently we have 53 freshmen applicants into the program for fall 2003. Our facilities and budget will not accommodate this many students. So, for the first time in over ten years the BMET program will have a waiting list for students to enter the program. This is not the only program to experience such numbers. Since 2000 Caldwell Community College has experienced about a 10% increase in students while suffering large budget cuts from the state. Due to these budget cuts Caldwell Community College has had to cut three allied health programs. In the BMET world this would equate to taking on all the clinics in your town with probably two less technicians. As a system the community college has seen a large increase in students and a shrinking budget. It is these facts that make the monetary gifts from NCBA all that more appreciated.

Most businesses would love to hear of increases in clients of this scale. The problem is that with the state budget crisis of the last couple of years the funds to handle the influx of students cannot be met by the community college system. As stated by Dr. Martin Lancaster, President of the North Carolina Community College System, "However, community colleges are unique in our ability to help North Carolina climb out of its economic hole, and I will not be shy about saying so. When people lose their jobs, they come to us for the new skills they must have to start over. Money spent on educating these workers for a fresh start is investment in the most important part of today's competitive economy — the "human capital" of smart, competent, committed employees".

Here at Caldwell Community College we have witnessed many displaced workers from the furniture industry, to most recently the thousands of workers who have lost their jobs in the cabling industry of Catawba County. Many laid off workers from Alcatel, CommScope and Corning, three of the worlds top producers of fiber optic cable and coaxial cable have found it extremely difficult to find the classes they need because of community college inadequate budgets and facilities.

The NCCCS is facing other obstacles that hinder the advancement of the citizens of North Carolina. May 17th 2003 marks the 40th anniversary of the North Carolina Community

College System. With this comes a time to rejoice in the accomplishments of the system but also brings up problems to be addressed for the future. One of the major problems in this 40th anniversary is that many of the instructors have begun to retire out of the system. With state budget cuts and salary restrictions the community college system cannot compete with business to attract and retain qualified personnel for instruction.

Recently, Governor Easley in his State of the State address mentioned one of the important problems with our state education system, "Our economy now demands lifelong learning and we will provide it — from the high chair to the rocking chair. This is a North Carolina value, and it will not change. We will hire new teachers and pay them well — we have moved from 43rd in the nation to near the top 20 in teacher pay. They are entrusted with our most precious resource, and their compensation should reflect that. Our Community College professors are 47th in the nation in pay. We must cure that inequity if we are to remain competitive in worker training. We cannot do it all this year, but we will get started."

The North Carolina Community College System has emerged as the third largest community college system in the nation, and is recognized as the national leader for its support of economic workplace development. It has been profiled in such publications as The Wall Street Journal and The Chronicle of Higher Education, benchmarked by educational institutions around the world, and recently ranked as providing the number one state-sponsored worker training program in the nation.

- North Carolina has 59 community college institutions.
- Over 99% of the state's population lives within 30 minutes of a community college campus.
- Each year, one in six North Carolinians enrolls in a community college course.

The North Carolina Community College serves about 800,000 students each year. With these numbers it's hard to imagine a North Carolina family that has not been affected by the North Carolina Community College System, weather it be you, a family member or neighbor. Please help keep the NCCCS stay strong by supporting House Bill 850 and Senate Bill 853. You can show your support for the Community College System by going to www.ncccfa.org and signing salary the petition.

Thank you for your support,

John Noblitt, B.S., CBET
BMET Program Director
Caldwell Community College

SCHEDULE of NCBA BOARD of DIRECTORS MEETINGS for 2003

March 14, 2003, Time: 10:00 a.m.
Siemens Uptime Service Center, Cary, NC
Host – Sally Goebel, Ph: 336-586-0868

May 16, 2003, Time: 10:00 a.m.
Sheraton Hotel, Research Triangle Park, NC
Host – Glenn Scales, Ph: 919-681-6638

July 11, 2003, Time: 10:00 a.m.
Wayne Memorial Hospital, Goldsboro, NC
Host – Mark Renfroe, Ph: 919-731-6077

September 12, 2003, Time: 10:00 a.m.
ARAMARK Clinical Technology Svs., Charlotte, NC
Host – Dale Allman, Ph: 800-825-1786

November 14, 2003, Time: 10:00 a.m.
Pinehurst Resort & Hotel, Pinehurst, NC
Ph: 800-487-4653, www.pinehurst.com

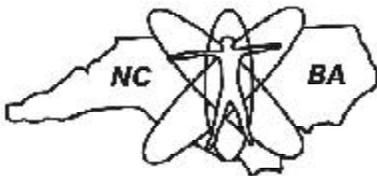
December 1-3, 2003
2002 NCBA Symposium and Expo
Pinehurst Resort & Hotel, Pinehurst, NC

January 9, 2004, Time: 10:00 a.m.
Duke University Hospital, Durham, NC
Host – Glenn Scales, Ph: 919-681-6638

February 6-7, 2004, Time 8:30 a.m.
Board of Directors Planning Retreat
Myrtle Beach, SC - Location to be determined

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

North Carolina Biomedical Association
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Raleigh, NC 27612-6730
Phone: 919-688-6890
Website: www.ncbiomedassoc.com



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