



PRESIDENT'S FORUM



Brian R. Poplin, CBET
NCBA President

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Making Tracks!

As we approach the middle of summer the planning for our annual symposium really begins heating up. This year there are many new changes in the works to improve the value we bring to our membership. The change we are most excited about is our new focus on educational tracks for all levels in our organization. The tracks will focus on five areas; entry level, general BMET, specialists, management and IT.

Symposium tracks have been used by many larger organizations over the past several years with a great deal of success. When the board reviewed last year's symposium critiques the most common suggestion was for the educational opportunities to better address the growing diversity of our membership. The two keys in our changing organization are just that; growing and diverse.

I am pleased to tell you that our membership is at its highest point in five years and continues to exceed our expectations for new members. Our ranks are also being filled with many more students that will become full members as we provide them networking opportunities and educational sessions that help them embark on their new careers. As these students experience the NCBA they become personally invested in our state and in the organization. After several years of declining student enrollment and the closure of at least one program, this renewed growth in our profession is a welcome sight.

From a diversity perspective, our membership continues to expand with many new cultures and backgrounds. Each of these new points-of-view makes our organization and the teams around us better stewards of the programs and companies we support. Additionally, we begin to change the landscape of local biomedical societies by creating new and innovative approaches to clinical technology education.

As we pass the halfway point in this year the symposium is taking shape and we are looking forward to a great year. Your help, comments, and suggestions to make sure this year is a success are not only welcome but critical. Please feel free to connect with any board representatives and offer your thoughts.

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2004 Standing Committees

Rules and Bylaws

Brian Poplin (Chair), Boyd Campbell,
Glenn Scales, David Wilson

Nominating Committee:

David Wilson (Chair), John Noblitt,
Sam Wright

Finance Committee:

Sam Wright (Chair), Dale Allman,
Linda Leitch, Brian Poplin, Charles
Worrell

Membership Committee:

Glenn Scales (Chair), Obie Godley,
Mark Renfroe

Education Committee:

Chad Granade (Chair), Chad Cook,
Sally Goebel, Dan Harrison, Helen
Jones

2004 Special Committees

Newsletter Committee:

Glenn Scales (Chair), Dan Harrison,
John Noblitt, Manny Roman

Scholarship Committee:

Sally Goebel (Chair), Dale Allman,
Linda Leitch, Dan Harrison, Mike
McCoy

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Tom Barnes (Chair), Chad Cook, Mike
McCoy, Mark Renfroe

Hotel Coordination:

Helen Jones (Chair), Glenn Scales, Jim
Tripp

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Brian Poplin (Chair), Tom Barnes, Sam
Wright

Internet Committee:

Glenn Scales (Chair), Mark Renfroe,
David Wilson

Professional of the Year:

Mike McCoy (Chair), Tom Barnes,
Sally Goebel, Linda Leitch, John
Noblitt, David Wilson

Historian:

Glenn Scales (Chair), Obie Godley,
Lane Rushing

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 9, 2004

Margaret Pardee Hospital – Hendersonville, NC

I. Call to Order

Brian Poplin called the meeting to order at 10:35 am. Members present: Brian Poplin (via teleconference), Chad Granade, Helen Jones, Tom Barnes, Glenn Scales, David Wilson, John Noblitt, and Christina Flemming

Members absent: Sam Wright, Sally Goebel, and Mike McCoy

II. Approval of March minutes

The March minutes were approved with no discussion. Motion to approve was made by John Noblitt, with a second from Glenn Scales.

III. Review of 2004 Goals and Objectives

Brian reviewed the 2004 goals and objectives as set at the February retreat. Consensus from the board is that all goals are on track. Brian will continue to review these goals and objectives at each meeting to keep the focus of the work centered in the right places.

IV. Reports

Treasurer Report

Helen Jones reported for Sam Wright on the current financial status. The financial audit is now completed. Minor discrepancies were noted. These were attributed to such things as checks that were not reconciled and a check that never cleared the bank. Other discrepancies were a deposit that was made that did not show in the books, an item with the cash box, and a minor adjustment to the bank balance.

Sam is also dealing with the IRS over a missing schedule B that should have accompanied the NCBA tax return. Originally, the IRS told the NCBA accountant that it was not needed but now it is being requested.

Membership Report

Glenn reported on the status of the membership. We currently have 537 total members. Brian posed the question of why the membership had increased. Much of the growth was attributed to the NCBA cultivation of relationships with medical equipment magazines such as Med. Dealer, and 24 x 7.

Education Report

Chad passed around a list of classes and confirmations for the 2004 symposium. The schedule for the symposium is full. It will be sent to speakers next week for clarifications on specific times. Each class will be labeled according to its track. The schedule is being assessed for expenditures. There was also discussion concerning coverage for Board members during the times that they are teaching.

The schedule for stand-alone classes is coming together. The CBET review will be in August, with Respirionics and Phillips one in July and the other in September or October.

Scholarship Report

Brian stated that there was no activity to report and would probably remain that way until the fall semester.

Rules and Bylaws Report

Brian stated that this section would be carried over to the new business discussion.

Newsletter

Glenn stated that articles are coming in. The flow of these articles needs to be more constant year round. CBETs need to be encouraged to write an article for points toward certification renewal. Points are awarded per article printed. Glenn stated that he has several small articles he now needs some larger articles for this current issue. He is seeing an increase in vendor interest in the advertisement section.

Nominating Committee

David reported that he is reaching out to hospitals to solicit potential board candidates. There will be six positions vacant for new board members in 2005. The goal of the current board is to have 12 names on the ballot in December. David stated that he will be obtaining biographies for these individuals interested in running.

Vendor Committee

Tom reported that the vendor contract has been finalized. There has been some trouble printing the contract in its 8.5 x 14 format. It may require an 8.5 x 11, and keep it in two pages. It is scheduled to be posted to the web site soon and will be mailed out to vendors in the next few weeks.

Tom is also going to check with Southern Exhibitors about changing the colors of the tables. Tom also announced that all lunches for the 2004 symposium have been sponsored.

Hotel Report

Helen reported that she will be meeting with the hotel to cover this year's needs one item at a time. We have more classes scheduled this year and need to insure that the classroom space will be available. She will also be getting a hotel registration form for the web site and the vendor packet.

Motion to accept the reports as given came from John Noblitt with a second by Christina Flemming. Unanimous approval was given by board.

V. Old Business

2004 Budget

Brian stated that the budget projected revenue of \$128,000 with expenditures of \$133,000. With that mentioned, the budget review was tabled until the July meeting.

By-laws

The Board members are working on individualized components of the by-laws. These should be reviewed, amended, and changes sent to Brian's assistant for culmination into one document.

VI. New Business

Storage Facility

The board is looking for a new storage facility closer to the Pinehurst resort. The current facility is in Greensboro, the former site of the symposium. Christi will investigate the possibility of moving the facility to a more convenient location. Current building is to be cleaned out in November, prior to the November meeting in Pinehurst.

A motion to adjourn came from Tom Barnes. A second was given by John Noblitt, and the meeting adjourned at 1:20 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.

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Dollars and Sense Treasurer's Report

By Sam Wright, NCBA Treasurer

Account balances as of 6/03/2004:

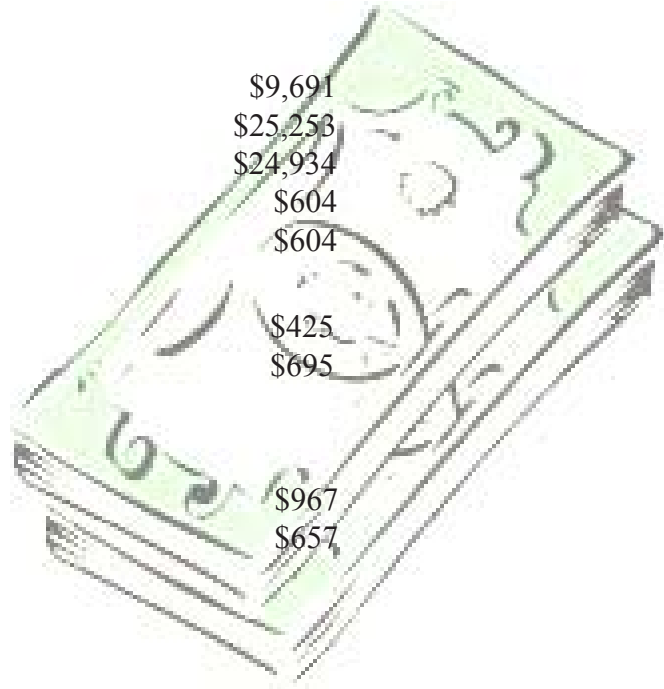
Checking:		\$9,691
CD's:	XX205	\$25,253
	XX257	\$24,934
Scholarships:	Eddie Whisnant	\$604
	Norm Reeves	\$604

(Income highlights)

Memberships	\$425
Interest income	\$695

(Expense highlights)

Symposium expense	\$967
Office expenses	\$657



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Fundamentals of Project Management

by Sally Goebel

[Editor: This is the first of a multi-part series being written by Sally Goebel. Additional material will appear in future issues of the NCBA News]

Chapter 1 – An Overview of Project Management

In today's busy workplace, you may have been called upon to function as or assist a Project Manager. In the past, most businesses survived on functional management alone, which left no one looking at the "big picture". Since the introduction of personal and business computers in the 80's, more and more data is available every year, creating a need for Project Management in all industries.

Why should project management be of interest to medical equipment maintenance providers? Lack of appropriate project management can produce a reactive atmosphere and prevent root cause analysis. If you are constantly in firefighting mode and have trouble correcting problems in your workplace because your colleagues are too busy assigning blame, then more detailed project management could prove to be invaluable to you.

Project management involves some of the same planning process groups and phases that you may have seen in the planning of operations, but it is the differences that are in fact the test or definition. All may involve work, be constrained by available resources and be planned, executed and controlled, but a project creates a unique product or service and has a finite timeframe.

What does a project look like? Executive management decides that a project has business value. The party providing the funding is the sponsor. The sponsor creates the project charter, which outlines the objectives and deliverables, as well as identifying the measure of success. At this point, the project manager is assigned.

Planning now begins. A Scope Statement is created from the charter. It will detail the work that must be accomplished. From the scope statement, a WBS (work breakdown structure) is born. This breaks the work into small segments, usually under 80 hours. Activity lists are made. From these documents, resources, time and costs required are estimated, and activities are sequenced.

Next, the project manager will develop a Network Diagram and from that, he/she will determine the Critical Path. Then, he/she will create the schedule and budget, and develop the management plan. The entire project plan is complete and will now be finalized and approved.

A kickoff meeting occurs to end the planning. Now it is time to execute the activities detailed in the plan. Control measures

from the plan should keep it on schedule, on budget and should ensure that all objectives are met.

Closure will occur at the end of each phase and project closure occurs at, you guessed it, the end of the project! Any contracts involved to accomplish tasks are closed at this time. Formal acceptance of both any contracts and with the project sponsor will take place. Do not skip the administrative closeout, as this is where data is archived and lessons learned are determined.

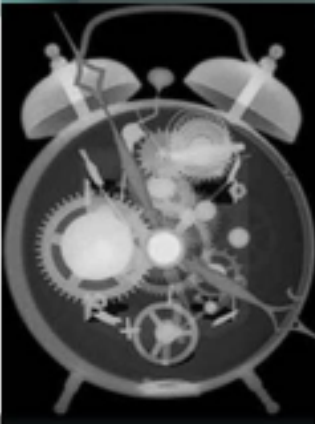
This is a short condensation of a project. There is a demand for project management in all industries, including medical equipment maintenance. Certification as a PMP or Project Management Professional, available through the PMI or Project Management Institute, is quite desirable and marketable. It is the project management professional's most respected credential. The cost of the exam is around \$500 and there are requirements of 35 hours of formal PM instruction and varying experience requirements based on your level of completed education. A formal training or prep class can cost up to \$2000 but many local colleges offer far more attractive classes. There is one available in the Raleigh area at approximately \$600.

Chapter 2 –The Process Phases of Project Management

There are five process groups that apply to all nine processes of a project. There is no doubt in my mind that you have seen these process groups or a variation of them. The five process groups are to; initiate, plan, execute, control and close. If you are familiar with Plan, Do, Act, Follow or Seek, Find, Act and Follow, it is basically the same thing. Every project will go through these process groups as will every one of the nine phases of a project. The plan, execute and control groups can actually occur several times in a phase if there are issues identified in the control process. Hint: When asked for your planning steps in an interview, this is an excellent answer.

The process management phases are Project Integration, Scope, Time, Cost, Quality, Human resources, Communication, Risk and Procurement. An unofficial tenth one exists regarding Ethics and Professionalism. Each one will be marked by completion of one or more deliverables. Collectively, these phases are referred to as the project life cycle. Major process phases interact and are linked together. Usually, the output from one process in a phase will be the input to the next.

Continued on Pg. 11



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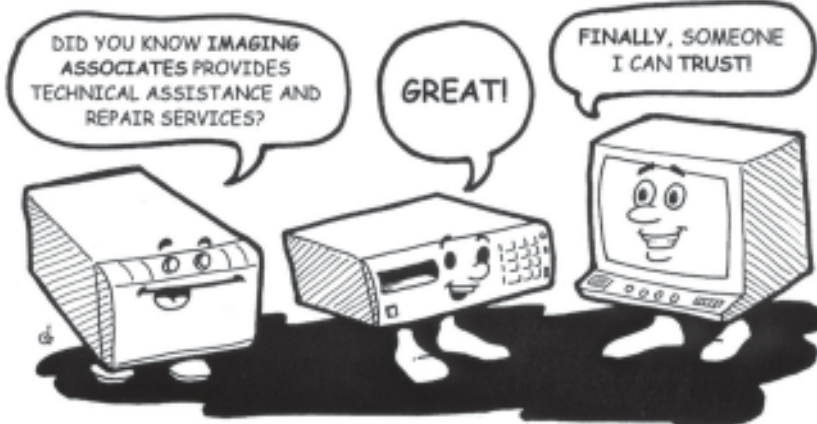


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Tag Team Teaching

BMET program directors John Noblitt, B.S., CBET and David Wilson, B.A., CBET from Caldwell Community College and Technical Institute and Stanly Community College respectively, recently spent a week at Aramark CTS in Charlotte, NC.

The two program directors teamed up to provide a week long CBET review class for Aramark employees from Oregon to New Jersey to the mountains of North Carolina. Each day was dedicated to a specific area of the CBET exam. I covered analog electronics while Mr. Wilson covered digital electronics; this tag team approach was carried on through out the week. Needless to say, a ton of material was covered in the weeklong class. Both instructors shared insight into all areas of the exam for the entire weeklong session.

By Friday afternoon it was easy to see the class was well saturated with information, yet well prepared. Asked if the class was saturated the class started spouting out formulas for $I_c(\text{sat})$ and $V_c(\text{cutoff})$. Both instructors looked at each other and said, "Yep, their ready".

All sixteen participants in the class took the exam the next day in Charlotte. With scores not yet known one participant e-mailed me and said, "After the review the test really didn't seem too bad. (Though I hate to talk too much smack before I get my results!) Don was done in just over an hour and I was about 25 minutes behind him, so I figure we either did really well or really poorly!"

My guess is they did really well. Each of the participants seemed to be fairly well prepared before the review session started. Each of us in the field should congratulate the participants for taking the next step in their career and congratulate Aramark for providing the opportunity.

If you would like to pursue your CBET, the NCBA will sponsor the same week long CBET review class in August of this year. This years NCBA certification review class will be held at Caldwell Community College and Technical Institute in Hudson, NC. Tentative dates have been set for Aug. 2 – 6, 2004. Keep an eye out for registration forms on the NCBA website.

2004

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CBET REVIEW CLASS

The NCBA is sponsoring a CBET review class. It is scheduled for August 2-6, 2004 at Caldwell Community College in Hudson, NC. The cost is \$50.00 per person. To register, send a check, made payable to the NCBA, along with your name and contact information to:

Wake Forest Univ. Baptist Medical Center
Medical Center Blvd.
Clinical Equipment Department
Attn: Sam Wright
Winston Salem, NC 27157-0001

The registration fee includes the class, lunch and breaks. Suggested hotels (if needed) are the Jaminson Inn at \$63.80 per night (800-758-1200), or the Comfort Inn at \$66.99 per night (800-757-2090). Questions can be directed to John Noblitt at 828-726-2263 or e-mail address jnoblitt@cccti.edu.

Biomed for 27 Years / Cardiac Patient for Life

Being a Biomed for the past 27 years I have seen a lot of patients connected up to equipment that I have taken care of. I have always made sure that the equipment was clean, in proper working order, and pm's were up to date. I have seen a lot of the old bouncing ball monitors, all the way up to the new flat screen digital monitors. I have seen a lot of patients from the not so sick to the "I don't know if they are going to make it". Well on April 27, 2003 I experienced something I thought would never happen to me and I think that we all think sometimes that we are invincible. My daughter and I were participating in a motorcycle drag race in Aiken, SC. I started having chest pains about 7:00 p.m. Saturday night and as the race went on the pain continued. I was taking Motrin and Aleve for the pain but the pain did not go away and at 2:30 a.m. Sunday morning April 27, 2003 we won the race.

My daughter, her boyfriend and I went back to the Motel to eat and get some rest before returning home. I could not eat anything because the pain in my chest had gotten worse. I told my daughter to take me to the nearest Hospital. In about 10 minutes we pulled into the Hospital Emergency entrance. With my daughter's help I walked in the Emergency Room and the Nurses could see I was in a lot of pain. They took Blood from me to check to see what was going on. They found out that I was having a Heart Attack.

They admitted me to the Hospital and said they were going to do a Cardiac Cath on me. I lost consciousness at that time. They did the Cardiac Cath and found four arteries were 80 to 90% blocked. They told my daughter that I would need emergency Bypass surgery now. The team of Doctors started my Heart surgery at 8:05 a.m. Sunday Morning. I spent the next six hours in surgery. I do not remember anything until Tuesday evening when I opened my eyes and saw both of my daughters at the foot of my bed. I had just come off of being hooked up to a ventilator, a balloon pump, and a heart lung machine during surgery.

Now I have a Bi-PaP connected up to me at 100% positive pressure to help me breathe. My oxygen saturation was 64% without the Bi-PaP connected up to me. The first alarm sound that I heard was a good sound to me. I recognized this sound and whispered to the nurse, is the monitor that I am hooked up to a Merlin monitor? She said it was and how did I know it was a Merlin monitor? I told her I was a Biomed Tech.

The next day, Wednesday my daughters came to see me and I asked them to look on the monitor to see when the last inspection date was on the monitor. Wednesday night a man came thru the unit and he was pushing a cart. I asked the nurse who that person was and she said that was our Biomed tech checking equipment. Thursday was a very busy day for me. The Doctor started weaning me off of the Bi-PaP. By Friday morning I was breathing on my own with an oxygen saturation of 96%. The Doctor pulled my chest tubes and finished sewing me up.

They moved me out of the ICU on Friday at 12:00 noon to a step down Cardiac unit. Saturday was a good day. I took my first steps by myself, but with help very close by. Sunday was a very good day. I walked out



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into the hallway by myself, but with help close by. Monday was an excellent day. I walked out into the hallway, up and down a flight of stairs. The Doctor came in and said I could go home, but we would have to stop every hour and walk for at least 5 to 10 minutes per hour. I was four hours from home. I went home on Tuesday and was very happy to be going home.

While I was in the Hospital an organization by the name Mended Hearts came in and visited me. These people have or have had heart events themselves. It was nice to be able to talk with someone that knew what you had just experienced and knew that you still had a long road in front of you. I can appreciate what a Biomed Tech does by being a patient on some of the same equipment he or she takes care of. The Biomed Tech is a very important person in the chain of medical care for the patient. It was a good feeling to know that the equipment I was connected to, had excellent service from a Biomed Tech. I can say "It's Great To Be Alive and To Help Others".

Ronnie McBride, CBET
President, Twin City Mended Hearts

Project Management continued from Pg. 5

Initiating processes involve obtaining authorization for and defining the objectives of a project. This will typically come from the project sponsor, also known as the one who is paying the bills! The only phase in which initiation is utilized is Scope management and at this point, the project charter is created.

Planning involves listing the objectives along with the activities designed to accomplish the objectives. Alternatives should also be identified. The planning process will occur in every phase and should occur prior to beginning any execution of any part of the project. The more focus on planning and the more accurate the plan is, the better results you can expect. Planning will also continue throughout the life of the project.

Executing the process is putting the plan into practice. Execution occurs in the following phases; project plan, quality assurance, team development (human resources), information distribution (communication), and solicitation, source selection, and contract administration (procurement).

Controlling processes means that all activities should be monitored and measured, and corrective actions taken when the results do not meet the objectives. Integrated change control, a portion of the integration phase, is critical for project implementation success. Otherwise, chaos will rule. Scope verification and scope change control, Schedule control, Cost control, Quality control, performance reporting and risk monitoring and control will be the other areas which will require attention through the end of the project.

Closing processes involve closing any contracts, which have been procured, as well as administrative closure. At this time, all objectives should be formally recognized as met. Analysis should occur at this time to identify the lessons learned that might be applied to projects in the future.

	Process Groups				
Phases (knowledge groups)	Initiate	Plan	Execute	Control	Close
Integration Mgt		Develop Plan	Execute Plan	Control change	
Scope Management	Initiate project and develop charter	Plan and define scope		Verify scope and control change	
Time Management		Define, sequence and estimate duration of Activities, develop schedule		Control Schedule	
Cost Management		Plan resources, estimate and budget costs		Control cost	
Quality Management		Develop quality plan	Ensure quality	Control quality	
Human Resources Management		Plan organizational structure and acquire staff	Develop team		
Communication Management		Develop communications plan	Distribute information	Report performance	Admin closure
Risk Management		Develop Risk plan, identify risks, analyze quantitative and qualitative risks and plan for risk response		Monitor and Control risk	
Procurement Management		Develop procurement and solicitation plan s	Solicit, select sources and administer contract		Close contracts

SCHEDULE of NCBA BOARD of DIRECTORS MEETINGS for 2004

March 12, 2004, Time: 10:00 a.m.
ARAMARK Clinical Technology Svs., Charlotte, NC
Host – Brian Poplin, Ph: 800-825-1786

May 7, 2004, Time: 10:00 a.m.
Margaret Pardee Hospital, Hendersonville, NC
Host – Chad Granade, Ph: 828-698-7194

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

August 27, 2004, Time: 10:00 a.m.
Baptist Medical Center, Winston-Salem, NC
Host – Sam Wright, Ph: 336-716-3437

November 5, 2004, Time: 10:00 a.m.
Pinehurst Resort & Hotel, Pinehurst, NC
Ph: 800-487-4653, www.pinehurst.com

December 5-8, 2004
2004 NCBA Symposium and Expo
Pinehurst Resort & Hotel, Pinehurst, NC

January 7, 2005, Time: 10:00 a.m.
Stanly Community College, Albermarle, NC
Host – David Wilson, Ph: 704-991-0277

February 11-12, 2005, Time: 8:30 a.m.
Board of Directors Planning Retreat
Ocean Reef Hotel, Myrtle Beach, SC

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

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