

Kevin Potts, CHE, CBET  
NCBA President

## PRESIDENT'S FORUM

As 2007 begins I look forward to serving as president and continuing the NCBA's rich history and tradition of excellence that has led it to national prominence among biomedical organizations.

The 28<sup>th</sup> annual symposium was a big success. A performance metric that can be used to judge the success of a symposium is the average class evaluation score. On a scale of 1 (best) to 5 (worst), the class participant's 2006 symposium average evaluation score was 1.4. This score can be compared against an internal benchmark of 2005's symposium average evaluation score of 1.8. These are great results and can only be accomplished through the hard work and dedication of board members and instructors, as well as good participant feedback from prior years. Thank you for filling out your evaluation forms as it gives us the ability to fine tune the classes for next years symposium, and to select stand alone classes based on the needs of the association.

This years planning session will be held at the Pinehurst Resort on February 9<sup>th</sup> and 10<sup>th</sup>. The planning session is where we begin to prepare for the next world class symposium. Upcoming stand alone classes will also be determined at the planning session, so stay tuned for those educational event announcements.

This year we have several members who are brand new to the NCBA board of directors, Steve Guerrant, Alan Koreneff, Ronnie McBride, and Robert White. I want to thank them for their commitment and passion towards the North Carolina biomedical community. I encourage anyone interested to get involved; the return on investment is well worth the time.

On a different note, the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has officially changed its name to The Joint Commission. Its new website address is [www.jointcommission.org](http://www.jointcommission.org). They also created a new tagline in the process: "Helping Health Care Organizations Help Patients".

### **INSIDE THIS ISSUE:**

<i>President's Forum</i> .....	1
<i>NCBA Officers</i> .....	2
<i>BOD Meeting Minutes</i> .....	3
<i>Treasurer's Report</i> .....	4
<i>Ronnie McBride</i> .....	7
<i>Notice to Students</i> .....	7
<i>Professional of Year</i> .....	8
<i>Manager of Year</i> .....	8
<i>Alan Koreneff</i> .....	9
<i>People with Ideas</i> .....	9
<i>Enhancing Patient Safety</i> .....	10

# 2007 Board of Directors

## 2007 NCBA Officers

### President:

Kevin Potts  
N.C. Baptist Hospital  
336-716-3437 – Business  
pres@ncbiomedassoc.com

### Vice-President:

David Wilson, CBET  
Stanly Community College  
704-991-0277 – Business  
vp@ncbiomedassoc.com

### Treasurer:

Steve Guerrant, CBET  
Duke Univ. Medical Center  
919-681-2525 – Business  
treas@ncbiomedassoc.com

### Membership Secretary:

Helen H. Jones, CBET  
Westcare Health Systems  
828-586-7600 – Business  
memb@ncbiomedassoc.com

### Recording Secretary:

Gordon Radke  
Carolinas Healthcare System  
704-446-0255 – Business  
record@ncbiomedassoc.com

### Ex-Officio:

John Noblitt, CBET  
Caldwell Community College  
828-726-2263 – Business  
exofficio@ncbiomedassoc.com

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Randolph Hospital  
336-625-5151 – Business  
BOD1@ncbiomedassoc.com

Sally Goebel  
Siemens Medical Systems  
919-319-2922 – Business  
BOD2@ncbiomedassoc.com

Alan Koreneff  
Presbyterian Hospital  
704-384-9873 – Business  
BOD6@ncbiomedassoc.com

Ronnie McBride  
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336-716-4521 – Business  
BOD3@ncbiomedassoc.com

Michael McCoy  
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731-425-60121 – Business  
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Kevin Scoggin, CBET  
ARAMARK Clinical Technology Svcs.  
800-825-1786 – Business  
BOD7@ncbiomedassoc.com

Sonny White  
Moses Cone Health System  
336-832-1769 – Business  
BOD5@ncbiomedassoc.com

## 2006 Standing Committees

### Rules and Bylaws:

John Noblitt (Chair), Glenn Scales,  
Kevin Scoggins

### Nominating Committee:

Gordon Radke (Chair), David Wilson

### Finance Committee:

Parker Foster (Chair), Dale Allman,  
John Noblitt

### Membership Committee:

Glenn Scales (Chair), Susan Cowan,  
Gordon Radke

### Education Committee:

Kevin Potts (Chair), Susan Cowan,  
Sally Goebel, Helen Jones, Glenn  
Scales

## 2006 Special Committees

### Awards Committee:

Mike McCoy (Chair), Parker Foster,  
Helen Jones, Kevin Scoggin, David  
Wilson

### Golf Committee:

Mike McCoy (Chair), Dale Allman,  
David Wilson

### Historian:

Glenn Scales (Chair), Obie Godley,  
Helen Jones, Sonny Richards

### Hotel Coordination:

Helen Jones (Chair), Tony Bisese,  
Mike McCoy, Kevin Potts

### Internet Committee:

Glenn Scales (Chair), Gordon Radke,  
Mark Renfroe

### Newsletter Committee:

Glenn Scales (Chair), Sally Goebel,  
John Noblitt, David Wilson

### Public Relations:

John Noblitt (Chair), Sally Goebel,  
David Wilson

### Vendor Coordination:

Tony Bisese (Chair), Tom Barnes,  
Mark Renfroe, 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 15<sup>th</sup> 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 editor2@ncbiomedassoc.com.

# NCBA Board Minutes Friday, January 12, 2007

## The Embassy Suites Hotel – Concord, NC

Call to Order at 10:04AM - John Noblitt called the meeting to order and welcomed all members and guests.

Attendance: John Noblitt, Kevin Potts, Tony Bisese, Sonny Richards, Mike McCoy, Helen Jones, Ronnie McBride, David Wilson, Gordon Radke, Parker Foster, Kevin Scoggin, Glenn Scales, Steve Guerrant, Alan Korniff, Sally Gobel.

Review of minutes by Gordon Radke. Tabled until the next meeting.

### Committee Reports

**Treasurer Report:** Total account balance for all NCBA assets is \$191,494. This number does not have all debits from the Pinehurst symposium yet. Parker stated that the paper work is a very big challenge. Parker wants to be able to stay active in assisting the board for 6 months and assist the new Treasurer. There was discussion along the lines of simplifying the office of Treasurer. Short discussion on whether we should get a CPA to take care of the whole Treasurer position. The CPA would probably be too expensive. Parker is making sure that we meet our filing deadline for taxes, six months from Oct 31, 2006. Tony Bisese will talk to NCHEA and see how they are utilizing their accountant.

**Membership Report:** Glenn Scales passed out an updated list of board members. We have a total of 248 individual members and 486 total members.

**Education Report:** Kevin Potts handed out a class evaluation analysis. All of the symposium classes got very good ratings. The board is using the evaluation to determine the need/ desire for standalone classes. Possible standalone classes could be on "Clean Power", computer repair, GE HL7 Protocols. There was some discussion on the idea of getting an anesthesia standalone class by Ohmeda.

**Scholarship Report:** Mike McCoy- The Eddie Whisnant Scholarship went to Mike Place. The Norm Reeves Scholarship went to Monte Oitker. Manager of the Year award was given to Teressa Lord. Professional of the Year award was given to Ronnie McBride.

**Rules and By-Laws:** Nothing to report. John Noblitt has committed to reviewing and suggesting updates for the rules and by laws.

**Newsletter Report:** Glenn Scales got out 6 newsletters in 2006 and they were all on time and in good order. Glenn handed out a newsletter schedule for 2007. The schedule has deadline dates and explains what goes into each newsletter.

**Vendors Report:** Tabled to new business.

### Elections of New Officers

President – Nominations: Kevin Potts. Helen moved to close nominations, and Kevin was elected President.

V.P. – Nominations: David Wilson. Mike McCoy moved to close nominations and David was elected V.P.

Treasurer – Nominations: Steve Guerrant. There was much discussion on what the job entails. Steve accepted the nomination. David W. moved to close nominations and Steve was elected treasurer.

Recording Secretary – Nominations: Gordon Radke. Helen Jones moved to close nomination and Gordon was elected recording secretary.

Membership Secretary – Nominations: Helen Jones. John N. moved to close. Helen J. was elected. Glenn Scales explained what the job entailed and vowed to help Helen as much as possible.

### Old Business:

Symposium issues: Tony attributed most of the problems that he came upon, to growing pains – capacity limitations. There was some discussion on whether we can have an interactive

Continued on page 6

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*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.

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**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	\$250. <sup>00</sup>
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If the ad is a single page to be included as an insert, the advertiser will 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.

# Dollars and Sense: Treasurer's Report

## By Parker Foster CBET, NCBA Treasurer

Account balances as of 1/12/2007:

Checking:		\$99,313
CD's:	XX205	\$27,145
	XX257	\$26,744
Scholarships:	Eddie Whisnant	\$606
	Norm Reeves	\$606

**(Income highlights)**

Membership renewal	\$550
Seminar registration	\$1,503
Tax Refund	\$1,211
Golf Registration	\$1,305
Symposium registrations	\$60,843

**(Expense highlights)**

Newsletter Printing	\$3,731
Postage	\$880
Board Functions	\$446
Mail Box	\$320
Telephone	\$244
Web Site	\$237



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For additional information, visit [www.aami.org/ac](http://www.aami.org/ac).

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map of the convention floor. These issues will be discussed further at the retreat.

**New Business:**

Retreat: Planning retreat will be held at Pinehurst on Feb. 9-10, 2007.

Board meetings for the new year: March 9, 2007 at NC Baptist Winston Salem; May 11, 2007 at Siemens or Duke; July 13, 2007 at Concord Embassy Suites; September 14, 2007 at Caldwell Community College; November 9, 2007 at the Pinehurst Hotel; Dec 3-5, 2007 at the Pinehurst Hotel; Jan 11, 2008 CMC in Charlotte. The retreat in 2008 is scheduled for February 8-9.

Ronnie McBride moved to buy one copy of the membership database or a multi-use version, and one laptop with Microsoft Suite installed, for the membership secretary. The motion was seconded by Kevin S. The motion passed. Parker is going to arrange for the purchase of a laptop.

Sally Gobel brought up the idea of hiring a professional photographer for creation of marketing materials at other trade shows. Will be discussed further at the retreat.

Parker new business: Finance committee will research cost of accountant involvement, and investment options, credit/debit cards for the treasurer.

Sally Gobel motioned to close the meeting, David W. seconded, and the meeting was adjourned. The board took a guided tour of the new hotel.

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## New NCBA Board Member – Ronnie McBride



Ronnie has been a member of the Wake Forest University Baptist Medical Center Clinical Equipment Management Department since 1979. His position within the department is Team Leader, which has responsibility for leading five subordinates covering 71 departments. In 2006, Ronnie was given the Possibilities award presented by Wake Forest University

Baptist Medical Center for his improved process / cost savings idea in the area of Dialysis. He has been an NCBA member since 1980, serving as an instructor at a NCBA symposium and writing an article for the NCBA newsletter. Ronnie is very active in the community. He is the past President and current board member of the Mended Hearts association. The association provides support for patients who are recovering from heart events.

## Notice to Students

*Students at the two North Carolina community colleges who attend the NCBA Symposium in December are members of the NCBA for the following year and receive this newsletter as a benefit. When you graduate and get that first job, we really want to hear from you so we can update our records. It also allows you to keep getting the newsletter after you move and to receive Symposium announcements and updates. Please be sure to send the Membership Secretary your new mailing address and the name of your new organization. Please update your phone numbers and e-mail address as well. E-mail any changes to [memb@ncbiomedassoc.com](mailto:memb@ncbiomedassoc.com).*

## NCBA Professional of the Year

### Ronnie McBride, CBET

Ronnie is Team Leader for the Wake Forest University Baptist Medical Center Clinical Engineering Department.

In 2006, Ronnie worked with the Wake Forest University Baptist Medical Center physicians and the OEM when the medical staff began experiencing phantom spikes on defibrillators. Ronnie documented and communicated the events, and shipped back dozens of ECG strips and associated defibrillators. As a result, Zoll released new software version that successfully filters phantom spikes.

Ronnie also completed a \$2,000,000 ICU physiologic monitoring project with distinction, determining needs specifications, quoting process, coordinating staff training, and installation management of the new physiologic monitoring network.

#### Community Contribution

A past President and current board member of the Mended Hearts association, Ronnie developed his dedication to the Mended Hearts group after being visited in the hospital while he was recovering from a heart attack in 2003. As a member of Mended Hearts, Ronnie visits heart attack patients to provide them with encouragement and proof that they can recover from their heart event and have a high quality of life. Ronnie also recruits and coordinates the speaking engagements for Mended Hearts support events.

Ronnie led the 2006 United Way fundraising activities for the Wake Forest University Baptist Medical Center Clinical Engineering Department. The fund raising activities resulted in the highest dollar amount ever raised by the department.

Ronnie also demonstrates his compassion for global medical missions by coordinating Wake Forest University Baptist Medical Center medical equipment donations.

#### Biomedical Community

Ronnie represents the biomedical community by attending local high schools on career day to draw interest in the field. He has a heart for shepherding the students that perform their internship at Wake Forest University Baptist Medical Center from Stanly Community College and Caldwell Community College. He strives to share his knowledge with all inexperienced biomedical technicians.

Ronnie has served as an instructor at the NCBA symposium, teaching the fundamentals of Dialysis. He began his membership with the NCBA in 1980.

## NCBA Manager of the Year

### Theresa Lord, CBET

Theresa is the Biomedical Supervisor for Cape Fear Valley Health System in Fayetteville. As such she leads a team of biomedical professionals who support multiple hospitals and facilities in and around Fayetteville.

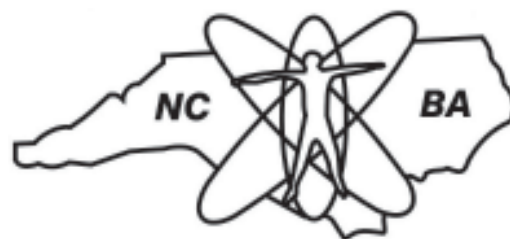
Theresa leads a team of dedicated Biomedical Technicians and during her time with Cape Fear Valley she has been a constant high performer. She possesses a quality of leadership which she demonstrates within the organization and leads by example while maintaining composure in difficult situations at one of the largest Health Systems in North Carolina. Theresa is an ardent supporter of the organizational excellence programs at Cape Fear Valley Health System. She has taken the initiative to facilitate the department's Adopt-A-Family program for the past two years. Developed by the Health System, this program assists underprivileged families by providing toys, clothes, and necessities during the holidays.

#### Community Contribution

Theresa has a strong commitment to her community and participates as a leader and mentor in youth sports while also supporting charitable efforts with the American Heart Association. She makes a positive impact on the children of her community by coaching a youth soccer team. She has led her department's fund raising efforts for the American Heart Association and participated in the heart walk. Perhaps the most significant contribution Theresa makes for her community is leading a support group at Ft. Bragg for women and their families whose spouses are deployed with the U.S. Army.

#### Biomedical Community

Theresa enhanced the biomedical community - specifically in the Fayetteville area - by leading an effort to assist the U.S. Army at Ft. Bragg's medical equipment repair program providing needed interim "hands on training" to military personnel prior to deployment. Theresa was also instrumental in the enthusiastic promotion of Biomedical Equipment Technicians Week in 2006.





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## New NCBA Board Member – Alan Koreneff



Alan Koreneff is the Corporate Director for the Clinical Equipment Management Program at Novant Health. Alan moved to the Charlotte area in June of 2005. He is from California, where he attended Saint Mary's College, receiving his BA and MBA, and worked for Sutter Health and NorthBay Healthcare

System. Alan served as the founding President for the Capital Region Chapter of the California Medical Instrumentation Association (CMIA) in 1987 and State Chairman of CMIA in 1999. Alan is currently working on an implementation plan to internalize services at all Novant Health facilities with the goal of returning a \$1 million in savings to the system. In addition to his new responsibilities as an NCBA Board Member, Alan was recently accepted into the Leadership Novant program at the UNC Kenan-Flagler Business School at Chapel Hill.

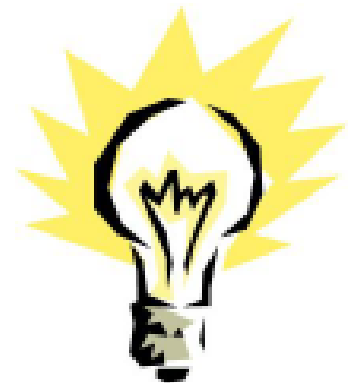
## Wanted – People With Ideas

Got something you want to share? How about some new ideas you got t that 1st service school? Or how about an opinion about something you've read in NCBA News?

The NCBA Newsletter Editor is always looking for input for the Newsletter. This is a great way to help educate and inform your peers and get a little noteriety at the same time. Many of us specialists in one discipline or another and this is your chance to shine.

If you are certified, every article published in NCBA News gets you an additional renewal credit. I know, jus probably think that what you have to say isn't important, but nothing could be further from the reality we all face in our profession. Every one of us can learn from each other.

So, what are you waiting for. Grab your pen and get started. Fame and fortune await you. We are all waiting to hear from you.



# Advancing Patient Safety in 2007

By Glenn Scales, CBET

*Portions of this text appeared in the Patient Safety Focus column of Biomedical Instrumentation & Technology, a peer-reviewed journal by the Association for the Advancement of Medical Instrumentation, and are reprinted with permission from AAMI. Visit [www.aami.org](http://www.aami.org) to learn more about AAMI or to view BI&T's current issue.*

## **What new challenges face medical technology professionals in the patient safety arena in 2007 and beyond?**

While not a new challenge, I believe that for healthcare institutions to start making measurable progress in reducing errors and improving patient outcomes, the various elements within our institutions must start sharing information and working in concert with each other. Except for a very few progressive institutions, most healthcare facilities I'm familiar with continue to compartmentalize errors and patient incidents and perform assessments and remediation as independent entities. It is vital that healthcare start looking at medication errors, device incidents, material defects and use errors using the same group of specialists, utilizing similar analysis tools and reporting mechanisms so that the institution's leadership can start seeing a broader view than the fragmented reports they typically receive (if they receive anything at all).

I believe that Clinical Engineering can and should play a pivotal role in bringing these disparate groups together. It is not uncommon for Clinical Engineering to have very successful relationships with groups that don't typically interact, especially in dealing with errors. Areas as diverse as Pharmacy, Anesthesia and Materials Management, frequently work very effectively with CE, but do not necessarily share safety related information and experiences between themselves. Over time, by leveraging the relationship Clinical Engineering has with these groups, they can act as a conduit and facilitate an exchange of information.

The key is for Clinical Engineering to begin to re-define themselves as something more than a group of technicians who "fix broken stuff". In the past decade many departments have evolved and expanded their scope of operations to include support of non-traditional technologies. This evolution must continue and constantly be re-assessed. Many of us have grown up in the culture in which CE's responsibilities only extended to "the usual suspects", monitoring equipment, defibrillators, ventilators and the like. The more progressive institutions also understand that not all medical devices plug into the wall.

Clinical Engineering has the training and experience to assist with new technology assessments and product evaluations, both of which help institutions make better decisions regarding technology acquisition. Clinical Engineering can also play a critical role in ensuring that new technologies and devices are effectively and safely implemented within their institutions, including initial training, deployment, cleaning and storage between clinical use, appropriate selection of disposables and accessories and ultimately disposition at the end-of-life.

## **Patient safety has been a priority in healthcare for years. What can medical technology professionals do to keep the issue a priority in the face of budget scrutiny, mergers, and other challenges?**

Clinical Engineering's most powerful tool is information. As technology specialists we have the unique ability to look at trends in technology advancement and product development and disseminate that information to the relevant clinical and administrative personnel to help them understand what will be coming at them in the months and years ahead. Many Clinical Engineering departments routinely review journals and newsletters that focus on safety and we can help our institutions make sense of all of it.

By working within the clinical community of our institutions, Clinical Engineering has an opportunity to keep clinicians and their administrators advised on the safety issues relating to their operations. Typically, Clinical Engineering serves on committees such as Environment of Care, but we don't always have the opportunity to serve on some of the clinical quality committees and work groups. Clinical Engineering should be expanding their focus and start participating in committees that address safety in clinical practices, such as Dialysis, Laser Safety and Oncology. Clinical Engineering has the ability to help the clinical practitioners better understand safety issues and how to effectively integrate safety practices into their standards of care.

Frequently this involves a CE or BMET taking on a completely new role with a different focus than what is typically expected of us. It may require that we develop a new level of clinical application knowledge so that we can help our clinical colleagues better understand the relevant safety issues. By keeping the clinical staff informed, this in turn helps administrators and budget officers better see how safety is an integral element in the delivery of patient care.

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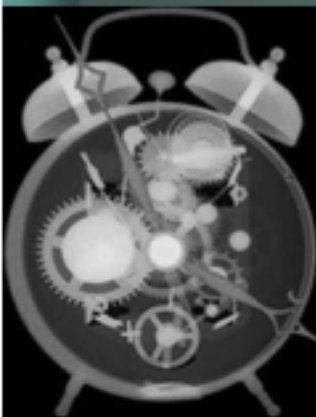
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## Schedule of the NCBA Board of Directors Meetings for 2007/2008

**February 9-10, 2007, Time: 8:30 a.m.**

Board of Directors Planning Retreat  
Pinehurst Hotel, Pinehurst, NC

**March 9, 2007, Time: 10:00 a.m.**

WFU Baptist Med. Center, Winston-Salem, NC  
Host – Kevin Potts, Ph: 336-716-3437

**May 11, 2007, Time: 10:00 a.m.**

Duke Univ. Medical Center, Durham, NC  
Host – Steve Guerrant, Ph: 919-681-2525

**July 13, 2007, Time: 10:00 a.m.**

Concord Embassy Suites Hotel, Concord, NC  
Host – Kevin Potts, Ph: 336-716-3437

**September 4, 2007, Time: 10:00 a.m.**

Caldwell Community College, Hudson, NC  
Host – John Noblitt, Ph: 828-726-2263

**November 9, 2007, Time: 10:00 a.m.**

Pinehurst Resort & Hotel, Pinehurst, NC  
Ph: 800-487-4653, [www.pinehurst.com](http://www.pinehurst.com)

**December 3-4, 2007**

2007 NCBA Symposium and Expo  
Pinehurst Resort & Hotel, Pinehurst, NC

**January 11, 2008, Time: 10:00 a.m.**

Carolinas Medical Center, Charlotte, NC  
Host – Gordon Radke, Ph: 704-446-0255

**February 8-9, 2008, Time: 8:30 a.m.**

Board of Directors Planning Retreat  
Location to be determined

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