NCBA News



July 2002

The Newsletter of the North Carolina Biomedical Association

Vol. 22, No. 4



Boyd Campbell, CBET, CRES NCBA President

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President's Forum

When the time rolls around for the next edition of the NCBA News my thoughts turn immediately to what new things are happening in the association since the last newsletter. As you will notice on page nine our Vice-President, Linda Leitch, has a tentative schedule of classes assembled. The arrangements for these classes had begun before the last symposium was complete when you listed out classes that you wanted to attend and the education committee began a plan to provide these classes back in February. Oh well, nothing really new or different there. Vendors, surely there are some big happenings here. Our Vendor Coordinator, Mark Renfroe, is already receiving registrations from our vendors for this year's symposium. But come to think about it, he had began work on this back in January when he began revamping our vendor contract and began contacting our vendors asking for their support. Nothing new there either. I know Glenn Scales, the Newsletter Editor, had to do something different since the last newsletter. By the time you had received the May/June issue of the newsletter the articles and layout was already in rough draft and only needed a few blank spots filled. Has nothing happened since my last Presidents Forum? Absolutely.

The phone lines have been busy contacting the speakers. The Vendor Contracts have been revised and mailed to our loyal supporters as well as new prospects. The newsletter continues to be a source of information and communication for the entire Association. Not to mention making arrangements for the 2003 – 2005 symposiums, budgets being revised in order to keep the organization financially strong and the membership committee searching for new ways for you to get the most from the NCBA. Sometimes we look for the new and exciting changes to judge an organization by, but we tend to forget that it's the continued planning and hard work that has made the NCBA successful.

In order to keep this tradition going we need your help. Helen Jones is actively seeking nominations for the Board of Directors for the next term. If you are a motivated individual who wants to see the biomedical profession grow and prosper then contact Helen and have your name added to this years ballot.

Boyd

2002 Board of Directors

2002 NCBA Officers

President:

Boyd Campbell, CBET, CRES Catawba Valley Medical Center 828-326-3899 – Business 828-326-2105 – FAX president@ncbiomedassoc.com

Vice-President:

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Charles Worrell, CBET TRC Environmental 919-966-6222 – Business 919-966-6250 – Fax treasurer@ncbiomedassoc.com

Membership Secretary:

Christina Fleming

Moore Regional Hospital 910-215-5178 – Business 910-215-4382 – Fax memb_sec@ncbiomedassoc.com

Recording Secretary:

Helen H. Jones, CBET Wake Forest Univ. Baptist Med. Ctr. 336-713-2891 – Business 336-716-6121 – Fax record_sec@ncbiomedassoc.com

Ex-Officio:

Brian Poplin, CBET Duke University Health System 919-681-2565 – Business 919-681-7361 – Fax pastpres@ncbiomedassoc.com

2002 At-Large Board Of Directors

Diane Aker, CBET Alamance Regional Medical Center 336-538-7760 – Business 336-538-7722 – Fax director1@ncbiomedassoc.com

Dale Allman
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800-825-1786 — Business
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Dan Harrison ARAMARK ServiceMaster 800-999-6678 x 5254 – Business 404-248-9495 – Fax director2@ncbiomedassoc.com

Mark Renfroe, CBET Wayne Memorial Hospital 919-731-6077 – Business 919-731-6951 – Fax director5@ncbiomedassoc.com

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 $15^{\rm th}$ 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.

2002 Standing Committees

Rules and Bylaws

Boyd Campbell (Chair), Greg Johnson, Mark Renfroe

Nominating Committee:

Helen Jones (Chair), Dan Harrison, Linda Leitch

Finance Committee:

Charles Worrell (Chair), Dale Allman, Nathan Cumbie, Jerry Kyle, Jim Tripp

Membership Committee:

Christina Fleming(Chair), Diane Aker, Obie Godley, Mark Renfroe

Education Committee:

Linda Leitch (Chair), Sally Goebel, Dan Harrison, Mike McCoy, Kevin Potts

2002 Special Committees

Apprenticeship:

Boyd Campbell (Chair)

Newsletter Committee:

Dan Harrison (Chair), Sally Goebel, Glenn Scales

Scholarship Committee:

Boyd Campbell (Chair), Dale Allman, Christina Fleming, Charles Worrell

Vendor Coordination:

Mark Renfroe (Chair), Diane Aker, Ken Bissette, Ken Logan, Charles Worrell

Hotel Coordination:

Helen Jones (Chair), Christina Fleming, Jim Tripp, Charles Worrell

Public Relations:

Boyd Campbell (Chair), Diane Aker, Sally Goebel

Internet Committee:

Glenn Scales(Chair), Dale Allman, Mike Howell

Professional of the Year:

Boyd Campbell (Chair), Dan Harrison, Helen Jones, Linda Leitch, Charles Worrell

Historian:

Glenn Scales (Chair), Obie Godley, Charles Worrell

NCBA Board Meeting Minutes - Friday, July 12, 2002 Catawba Memorial Hospital, Hickory, NC

Present: Boyd Campbell, Charles Worrell, Diane Aker, Helen Jones, Christina Fleming, Dale Allman, Brian Poplin, Linda Leitch, Dan Harrison, and guests: Glenn Scales, Obie Godley, Tracy Corpening.

Absent: Sally Goebel.

Boyd called the meeting to order at 10:03am. The minutes from the board meeting of May 10, 2002 were submitted. Dan moved to accept the minutes as submitted and Charles seconded. The motion carried.

Treasurer's Report:

Charles reported that total assets were \$ 65,115.14. For the period of May 6, 2002 through July 7, 2002, the expenses exceeded the income \$ 1582.46. Charles had applied to the NC Department of Revenue for a refund of state tax paid on the symposium and was told that we were not qualified for this exemption. Linda made a motion to accept the treasurer's report, Diane seconded. The motion was approved.

Membership Report:

Christina reported that we have 252 individual members, 5 associate members, 166 corporate members, 13 honorary members, and 22 student members for a total of 458 members.

Education Report:

Linda reported that the Olympus class only had one person registered. Helen said that she knew of five attending from her facility. Helen will fax the registration information for the people from Wake Forest U. Baptist Medical Center to Linda on July 15. With the addition of the five registrants from Baptist, we have enough registered to make holding the class worthwhile. The expenses for the breaks for this class will be the responsibility of the NCBA; the expenses for lunch will be the responsibility of Olympus.

Rules and By-Laws:

Boyd had nothing to report.

Newsletter:

Glenn had e-mailed a preliminary copy of the newsletter out to the board. He needed minutes from the May meeting, the President's letter, and whatever other articles the board would like to contribute. Dan suggested that we might want to contact Pinehurst for information of the Spa that has just opened to be included in the newsletter. A discussion followed on the price structure for ads for the newsletter.

Nomination Committee Report:

Helen reported that the committee had not contacted potential board members. She polled the present board members as to their intentions to rerun. It was suggested that she first contact those who had run for the board last year to see if they were still interested. It was further suggested that a blurb in the newsletter calling for those interested in board membership to make themselves known.

Boyd asked for a motion to accept all reports, Brian so moved, Diane seconded. The reports were accepted.

Old Business:

25th Anniversary year will be next year (spring/summer of 2003). A committee was formed to plan a celebration event. Dale Allman will chair this committee. Committee members are Charles Worrell, Christina Fleming, and Diane Aker. The committee's duties extend to include the design and implementation of a banner for the newsletter for the year 2003. Glenn Scales will assist with this. Christina has been working on a new membership certificate that will include a note as to length of membership. Obie Godley showed the board members the engraved pens he had ordered and received for all NCBA members. Christina will mail him a set of mailing labels for distributing the

Boyd is to find a location for the board retreat in Myrtle Beach, SC in February by the end of July.

New Business:

Hotel for 2003-2005

Boyd and Helen reported that they had been to Pinehurst to meet with the sales representative for our account. Boyd had e-mailed the hotel's proposal to the board members. The hotel has offered a complimentary room night for every 50 room nights booked in conjunction

Continued on page 10

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 \$ $100.^{00}$ Half Page \$ $50.^{00}$ Quarter Page \$ $25.^{00}$

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 nonmember 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.

Joint Ventures - JCAHO and You Bureaucrats and Colleagues

by Matt Baretich

Call me slow but it took me 20 years to understand bureaucrats. The insight came to me like a pulse from an electroconvulsive therapy machine. (I'll bet you've never heard that simile before!) And, as often happens with ECT, I've been at peace ever since.

Bureaucrats follow rules. Rules like, complete lines one (1) through ten (10) of Form 406Q which must be filed hieroglyphically in Room 119 by 2:45 P.M. on the third Thursday of the month except during blizzards in which case ... well, you get the idea.

But don't get me wrong. I am deeply and humbly grateful that there are people like that in the world. There are lots of terribly important jobs that need bureaucrats to do them. Accounting comes to mind. I like accountants who follow the rules. When accountants get creative you get the Enron collapse.

Nope, nothing wrong with having bureaucrats around. The problem was me. I kept trying to understand the rules and explain why my failure to follow them

actually represented a much better way of doing things.

Then I decided to stop trying to understand the rules and start trying to understand the bureaucrats themselves. And guess what. They don't *care* if the rules make sense; they care that the rules are followed. Arguing about the rules does nothing but irritate the bureaucrat and drive you crazy. Give bureaucrats exactly what they want and then just shut up. Refocus your creativity on finding ways to accomplish that with the least amount of time and toil for yourself. Everyone will be much happier in the end.

Another creature in the workplace ecosystem is the colleague. Colleagues are people you can work with. With a colleague you can discover shared objectives. You can develop a cooperative relationship. You can be creative in solving problems. In other words, colleagues help each other do their jobs better.

We can all think of bureaucrats and colleagues in our workplaces. It's important to develop a keen ability to recognize who's who. Treat a bureaucrat like a colleague and you're wasting your time. Treat a colleague like a bureaucrat and your wasting an opportunity. So think about who you're dealing with and act accordingly (for your benefit and theirs).

Now here's a quiz for you: Should you treat the JCAHO surveyor visiting your hospital as a bureaucrat or as a colleague?

In my experience, most surveyors start their site visits as bureaucrats making sure you're following the rules. Rules like, test each generator 12 times a year with testing intervals not less than 20 days and not more than 40 days ... well, you get the idea.

But my experience also tells me that many surveyors can be transformed from bureaucrats (a consequence of their role

as inspectors) into colleagues (their natural inclination as healthcare professionals). If that transformation can be accomplished it's truly wonderful. You can move from recitation (proving your compliance in following the rules) to discussion (finding better ways to do your job).

How do you help the surveyor move from bureaucrat to colleague? Be prepared to provide clear, concise, comprehensive information about your Environment of

Care program. Make it easy for the surveyor to quickly determine that you've covered all the bases and covered them well. Don't make him or her dig for information. Establish credibility and trust.

This doesn't always work (some surveyors really are bureaucrats through and through) and you have to be careful (don't switch modes prematurely) but the transformation of a surveyor from bureaucrat to colleague is something you should watch for and encourage.

Matthew F. Baretich, P.E., Ph.D., is President of Baretich Engineering, Inc., a consulting firm based in Fort Collins, Colorado. His areas of practice include JCAHO Environment of Care standards, incident investigation, and equipment planning. Joint Ventures articles can be downloaded from www.baretich.com. © 2002 Baretich Engineering, Inc.



Dollars and Sense

By Charles Worrell, NCBA Treasurer

Account balances as of 5/06/2002:

Checking:		\$16,090.79
CD's:	XX205	\$24,033.78
Scholarships:	XX257	\$23,671.30
	Eddie Whisnant	\$600.14
	Norm Reeves	\$600.14
Asset Liability (tax)		\$118.99



In 2001, The NCBA's gross income was over \$100,000. We have become the largest, most active, most effective, and most successful, state wide, biomedical association in the United States! This is all due to the quality, dedication, and participation of our membership.

We have changed our fiscal year to run May 1 through April 30. This will enable us to keep our yearly symposium monies within the tax year they occurred. This eliminates one year's symposium monies from appearing across two year-end financial statements and making our year-end report truly reflective of it's financial activity. As a result of the fiscal year change, we will have to file two tax returns this year: one for 1/01/2001 to 12/31/2001(for 2001) and a part year return 1/01/2002 to 4/30/2002 (for 2002).



HIPAA Update

by Glenn Scales, CBET

So, what's the significance of April 14, 2003? This is the date that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules go into effect. Now I'm sure you are asking yourself, "What's that got to do with me. I'm a BMET". While not directly impacted by the HIPAA privacy or security rules, as a recognized expert in technology issues, it is in your best interest to at least have some knowledge of HIPAA so you can speak with other health care professionals in your institution when the subject comes up. And believe me, this issue is already being addressed by your organization.

If you haven't been involved, you soon will be in some way.

The privacy provisions of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), apply to health information created or maintained by health care providers who engage in certain electronic transactions, health plans, and health care clearinghouses. The Department of Health and Human Services has issued the regulation," Standards for Privacy of Individually Identifiable Health Information," applicable to entities covered by HIPAA. The Office for Civil Rights

(OCR) is the departmental component responsible for implementing and enforcing the privacy regulation.

The new standards limit the non-consensual use and release of private health information; give patients new rights to access their medical records and to know who else has accessed them: restrict most disclosure of health information to the minimum needed for the intended purpose; establish new criminal and civil sanctions for improper use or disclosure; and establish new requirements for access to records by researchers and others.

HIPAA is actually three sets of standards (transactions and code sets, privacy and security) developed by the Department of Health and Human Services at the behest of Congress, which passed the HIPAA legislation in 1996. The goals of the standards are to simplify the administration of health insurance claims and lower costs; give patients more control and access to their medical information; and protect individually identifiable medical information from real or potential threats of disclosure or loss. Every organization, regardless of size, has two years from the date the final rules are published in the Federal Register to comply. And the clock is ticking.

Protected health information will be stringently regulated in how it is transmitted (voice, data, fax, interactive web site, etc.) and the media by which data is physically moved from one location to another using magnetic tape, disk, or compact disc (CD and DVD) media. Electronic devices will also be regulated regarding their location, access and use. This will include, as a minimum, personal computers, terminals, printers, fax machines, servers and routers, alphanumeric messaging pagers, wireless PDAs and any other device capable of displaying or storing health information.

Transmissions over the Internet (wide-open), extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, and private networks are all included.

> Each organization will be required to put that displayed information is not viewable security login rights.

> Privacy and security are closely linked, so it's important at the outset that you understand the difference:

> in place physical safeguards to eliminate or minimize the possibility of unauthorized access to protected health information. This would be important especially in public buildings, provider locations, and in areas where there is heavy pedestrian traffic. This may require locating devices in physically secure areas or relocating devices so except to the individual with appropriate

Security is the specific measures a health care entity must take to protect personal health information from unauthorized breaches of privacy, such as might occur if information is stolen or sent to the wrong person in error. Security also includes measures taken to ensure against the loss of integrity of personal health information, such as might occur if patients' records are

Privacy is the patient's right over the use and disclosure of his

or her own personal health information. Privacy includes the right to determine when, how and to what extent personal

information is shared with others.

lost or destroyed by accident.

The following is a partial listing of some of the more common terms used in discussing HIPAA regulations and policies:

Access Authorization: Information-use policies and/or procedures that establish the rules for granting and/or restricting access to a user, terminal, transaction, program or process.

Business Associate: A person or organization who performs a function or activity on behalf of an entity or enterprise, but is not part of its workforce.

Chain of Trust Partner Agreement: A contract entered into by tow business partners in which the partners agree to



electronically exchange data and protect the integrity and confidentiality of the data exchanged.

Contingency Plan: A plan for preparing for and responding to a system emergency. The plan includes performing backups, preparing critical facilities that can be used to facilitate continuity of operations in the event of an emergency, and recovering from a disaster.

Data Backup Plan: A documented and routinely updated plan to create and maintain, for a specific period of time, retrievable exact copies of information.

Disclosure: When referring to the disclosure of protected health information. "disclosure" refers to the process of a covered entity providing protected health information to a party who is not acting as a workforce member of the covered entity in receiving the information. [Compare with Use]

Emergency Mode Operation: Access controls that, when in place, enable an enterprise or entity to continue to operate in the event of fire, vandalism, natural disaster or system failure.

Enterprise: An entire health care organization , including all its entities.

Entity: A separately administered unit within an enterprise, such as a Hospital, Clinic, Home Health Agency, Medical School, etc.

Individually Identifiable Health Information: Any information, whether oral or recorded in any form or medium that: (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

Protected Health Information: Individually identifiable health information in any form (paper, electronic, oral) that is transmitted and/or stored by a covered entity or business associate. It does not include data that have been "de-identified" by removal of identifying information, such as name, address, ZIP code, etc.

Security Incident: A security incident involves, but is not limited to, any attempted or successful breach of policy or law involving any of the following: Misuse of proprietary information; misuse of patient information; misuse of information on or about staff, faculty, students, or other members or associates (including contractors) of the entity; unauthorized use of information systems in ways that compromise system availability, performance or integrity.

Transaction: The transmission of information between two or more parties to carry our financial or administrative activities related to health care.

Use: When referring to the use of protected health information, "use" refers to the process of accessing the information within

the covered entity who has consent (statutory or express) and authorization (written). [Compare with Disclosure]

Workforce: Employees, volunteers, trainees, contractors or other persons whose conduct, in the performance of work for the covered entity is under the direct control of such entity, whether or not they are paid by the covered entity.

For additional information on this subject, start at the web site for Health and Human Services, Office for Civil Rights at http://www.hhs.gov/ocr/hipaa/ or the North Carolina Healthcare Information and Communications Alliance, Inc. at http://www.nchica.org





Where Do You Stand By Dale Allman

How are your customer service skills? Answer the questions below and find out how you score. Answer Yes or No to each question.

- 1. Are you upbeat and positive about what you do on the job?
- 2. Do you listen to the customer at least 70 percent of the time?
- 3. Do you recommend additional services or products to meet the customer's needs?
- 4. Are you enthusiastic about attending training and classes?
- 5. Do you respond to customer's request and needs better than others?
- 6. Do you smile when you greet others?
- 7. Do you set priorities and meet the customer's needs?
- 8. Have you read or listened to motivational materials in your leisure time?
- 9. Can you explain yourself in a clear and professional manner?
- 10. Do you enjoy your job and the work you do?

If you answer yes to 7 or less then you can improve your customer skills. Yes to 8 is about average. 9 and above shows that you have most of the skills to be effective in customer interaction.

Dale Allman, Area Manager – Western NC Premier, Technology Management Services

Don't Sweat the Simple Stuff! By Dale Allman

In the hospital environmental, burnout is a common occurrence. It is one of the reasons why employees leave their jobs. The more you enjoy your job and the more seriously you take your job. You are becoming more at risk for job burnout.

It is important to take your job seriously and meet the needs of the customers you service. Most importantly you need to manage the stress and work and at play. The following bullets can help you manage some of the burnout.

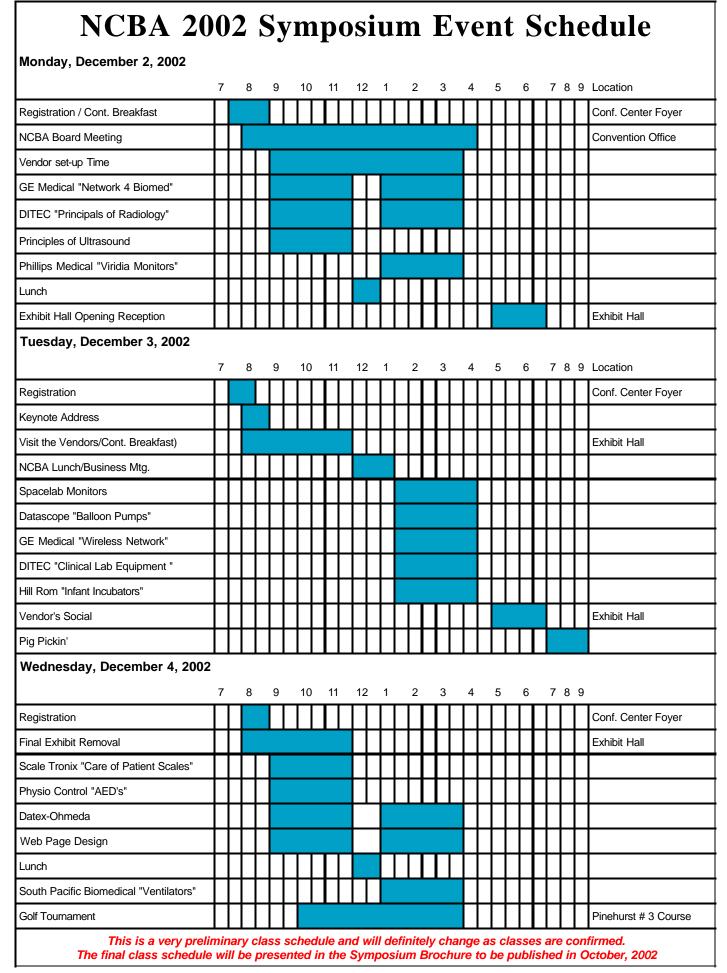
- Look for the "Good News". Remember that most issues have a good ending. Once the problem is solved the customer will become satisfied. Take pride in the solution and results, you've done a good job.
- "Don't let it get to you" When someone gets in your face, or takes out their frustration on you, remember, it's not you personally. They are only reacting to the situation.

It's probably only an issue of differences in opinion or process.

- "Ask for Help" Everyone is going through the same issues. Talk to co-workers and ask what they would do. Ask other people to relate to the problem or issues.
- Find way to reduce your stress. Take time to remove yourself from the rush. Take time for breaks, lunchtime and social events at work. These little pauses make the day go by faster and give some joy to the day.
- "Leave it at work" Make sure that you give work the attention it needs. When you leave the job, leave the job there! Home time is your time. Learn to spend time doing things that you enjoy. Make special project to help see that things are happening.

Dale Allman, Area Manager – Western NC Premier, Technology Management Services





NCBA Board Minutes (continued)

with our meeting, and agreed to hold room price increases to be set at \$121 double/\$61 single for 2003, \$126 double/\$63 single for 2004 and \$133 double/\$66 single for 2005. The hotel agrees to hold their 10% service charge to no more than 3%, 4%, and 5% for years 2003-2005 respectively. The hotel agreed to give us 11 months to cancel the symposium, rather than the 12 months we now have. Brian stated that the 3 out of 4 of the members polled wanted to return to Pinehurst and moved that we approve the hotel contracts for 2003 through 2005. Helen will e-mail a copy of the hotel reservation form to Glenn and Boyd will contact the sales rep at Pinehurst to inform him of the board's decision.

Symposium 2002

Linda needs the exact number of classrooms and seating capacities for this year's meeting. Helen

Will contact the hotel for this information and let Linda know. If possible, we would like to have two round table discussions for the Tuesday morning time frame. Boyd will be e-mailing the board for possible discussion topics. Mark sent word that the vendor planning is all on track. Membership and Finance committees had no items to bring up for this year's symposium.

Boyd reminded the board that "response required" on e-mail meant that the board needed to respond.

Linda moved that we adjourn, Dale seconded. The meeting was adjourned at 1:35pm.

Another Year at Pinehurst by Mark Renfroe, CBET

Announcing the 24th annual NCBA Symposium. December 2-4, 2002 at the Pinehurst Resort and Country Club. This is our third year at the beautiful Pinehurst resort and we couldn't be more excited.

This year's vendor expo hopes to be bigger than ever. New exhibit hall hours have been adopted and should prove to be more functional and enjoyable. Vendor agreements and contracts have been mailed and booth reservations are already being accepted. We have heard from a lot of first time vendors who are interested in coming to the expo and as always look forward to seeing our old time favorites. If you have yet to attend at Pinehurst you should not miss this event. Biomed technicians are becoming more involved in their facilities asset management. There is no better place than the NCBA symposium for technicians and vendors to get together to discuss the latest technology and talk about future purchases and asset planning.

Come and treat yourself to one of the finest resorts in the United States. This year marks the grand opening of the multi million-dollar European Spa at Pinehurst. Pinehurst golf and amenities are without question the best there is to offer. Featuring the acclaimed Pinehurst #2, the home of the 2005 US Open championship. The NCBA will also be hosting its annual golf tournament on course #3.

Take a moment to look at the <u>preliminary</u> event schedule shown on page 9. Linda Leitch and the Board have started to finalize an outstanding lineup of education, social events and time with the vendors. Check the NCBA web site during the next few months for updates and additions to this schedule.

Please let us know if you need further information or assistance. As always we look forward to your attendance and thank you for supporting the North Carolina Bio-Medical Association.

Mark Renfroe Vendor Coordinator 919-731-6077 vendor@ncbiomedassoc.com



24th Annual Symposium and Expo

When: December 2-4, 2002

Where: Pinehurst Resort and Hotel

Pinehurst, North Carolina

Who: All your friends, professional

associates and all our favorite

vendors.

Why: Receive critical updates on your

profession

20+ training classes and over 80

vendor exhibits

Renew friendships and meet new

people

Mousing Around and Other Ramblings

By Glenn Scales, CBET

About a year ago I started developing a pain in my right arm that seemed to be associated with computer use. The more computer work I did, the more my right arm hurt. Eventually I resorted to wearing a wrist splint to help control the pain. After experimenting with several different things, I finally made several changes that have resulted in a dramatic improvement. For the most part I can now work without pain and the changes I made are very easily implemented, and one change didn't cost anything.

The first thing I did was change my mouse and how I used it. I bought a new multiple button mouse and programmed the extra buttons for special features that I would normally have to select

from a menu or toolbar button. Regardless of what kind of mouse you have, you will probably benefit by opening the Mouse Control Panel applet and adjusting your mouse settings. Every mouse has a different software driver, and your mouse settings may be a bit different, but you can adjust several parameters that control how the mouse moves and how the buttons work.

I purchased a new Microsoft mouse and the setting I got the most benefit from was the scroll wheel. No longer did I have to move my wrist to click on the scroll bar to work my

way up or down the page. The other real benefit came from enabling the "Snap To" function. This will make the pointer appear poised over the default option when you open a dialog box, and keeps you from having to move the mouse to the "OK" button. These two changes kept me from having to move my wrist so much and the pain in my arm started to decrease.

If you have a scroll wheel mouse, I found several new functions that are not described in any of the mouse literature. Just moving the scroll wheel will cause the page you are viewing to scroll up and down. I have found that the scroll wheel works with almost any application. Here are some special undocumented features:

- 1. If you have selected a drop down box on a web page, say for selecting your state, moving the scroll wheel will cause you to scroll through the list options.
- 2. When viewing a web page in Internet Explorer, if you hold down the Ctrl key and scroll, the text on the web page will

- change size. Unfortunately this does not work with Netscape.
- 3. In Microsoft Word, if you hold down the Ctrl key and scroll, the Zoom size will increase or decrease as you scroll. In Excel you can zoom smaller, but no larger than 100%.
- 4. The scroll wheel on some mice also acts as a button. Pressing it may activate a panning, or "AutoScroll," feature that lets you scroll the current window up, down, left, or right by moving the mouse in that direction. Press the wheel again to turn the panning feature off. The Mouse applet may allow you to configure this extra button for other functions.

While you are in the Mouse applet, take the opportunity to change the mouse pointers to make them more visible. Your mouse software frequently comes with extra pointers that are different

sizes and colors. You can also adjust the speed that your mouse moves and you can change the double-click speed. All of these settings may allow you to work more efficiently and with less pain.

The main thing I did to solve my problem with arm and shoulder pain was to change the location of my mouse. My desk has the keyboard on a pull-out tray that caused me to sit back from my desk. However, I had my mouse on the desktop and was constantly stretching my arm out almost straight to reach it. When I moved my mouse down to the tray that the keyboard sits on,

most of my difficulties went away. I have found that the most important thing you can do is to sit properly and comfortably at your computer and to make sure the mouse and keyboard are on the same level.

I got another benefit from my new mouse. The old mouse was the typical type we have all used for years. It had a ball in a round compartment that moved two different rollers to let the computer know where it was. I was constantly having to take the ball out and clean the rollers and the ball. My new mouse is optical and has no moving parts and never needs cleaning. It tracks much more smoothly and prevents a lot of extra wrist movement. Although this new optical mouse is more expensive, it is more reliable and needs virtually no maintenance.

If your Mouse Control Panel applet does not seem to have some of the features I've mentioned, you may need to update your mouse driver. Go to http://www.microsoft.com/downloads/search.asp? for the latest Microsoft drivers.



SCHEDULE of NCBA BOARD of DIRECTORS MEETINGS for 2002

March 8, 2002, Time: 10:00 a.m. Duke University Hospital, Durham, NC Host - Brian Poplin, Ph: 919-681-2525

May 10, 2002, Time: 10:00 a.m.

Wayne Memorial Hospital, Goldsboro, NC Host – Mark Renfroe, Ph: 919-731-6077

July 12, 2002, Time: 10:00 a.m.

Catawba Memorial Hospital, Hickory, NC Host - Boyd Campbell, Ph: 828-326-3899

September 13, 2002, Time: 10:00 a.m.

Premier, Charlotte, NC

Host - Dale Allman, Ph: 800-825-1786

November 8, 2002, Time: 10:00 a.m.

Pinehurst Resort & Hotel, Pinehurst, NC Ph: 800-487-4653, www.pinehurst.com

December 2-4, 2002

2002 NCBA Symposium and Expo Pinehurst Resort & Hotel, Pinehurst, NC

January 10, 2003, Time: 10:00 a.m.

NC Baptist Hospital, Winston-Salem, NC Host – Helen Jones, Ph. 336-716-612

February 7-8, 2003, Time 8:30 a.m.

Board of Directors Planning Retreat

Myrtle Beach, SC

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

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