



Chad Granade
NCBA President

President's Forum

Sharpen the Saw

Do you ever on occasion take a few moments and “Sharpen your Saw?” Let me explain using this analogy.

There was a logger in the woods feverishly trying to cut down a large tree but was making little progress. A fellow logger witnessed his partner’s dismal situation and suggested that he stop for a few moments and sharpen his saw. “Don’t have time, too busy trying to cut down this tree”.

It is a good habit to take time and evaluate your current situation and discover for yourself what truly needs to happen to accomplish your goals. Only then can you begin to make some real progress. The NCBA Board of Directors recently took some time and “sharpened our saws” during a planning retreat in Myrtle Beach. We were able to lay down a solid foundation where all of our planning could be built in preparation for the events scheduled this year. One of the first items on the agenda was to establish our goals for 2005. I wanted to take a few moments and share with you our goals that were set.

Goal number one involves creating a new scholarship for returning professionals whose contributions would in turn benefit the biomedical community. An example would be someone who already has an Associates degree who wishes to obtain a Bachelors degree. Or even someone with a Bachelors degree desiring a Masters. The actual criteria that will be used to select potential candidates is still in the creation phase but will soon be released to all of our members. We have also discussed the idea of creating a separate foundation dedicated to the funding of all of our scholarships. The Award committee certainly has its work cut out for them. More information will be available soon.

Goal number two has two parts. It is somewhat of a standing goal every year to expand our target audience. In an attempt to take it one step further, we have decided to explore the possibilities of furthering our marketing to

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2005 Board of Directors

2005 NCBA Officers

President:

Chad Granade
Margaret Pardee Memorial Hospital
828-698-7194 – Business
pres@ncbiomedassoc.com

Vice-President:

Sonny Richards, CBET
ARAMARK Clinical Tech Services
704-948-5761 – Business
vp@ncbiomedassoc.com

Treasurer:

Sam A. Wright
Wake Forest Univ. Baptist Med. Ctr.
336-716-3437 – Business
treas@ncbiomedassoc.com

Membership Secretary:

Glenn Scales, CBET
Duke University Health System
919-681-6638 – Business
memb@ncbiomedassoc.com

Recording Secretary:

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

Ex-Officio:

Brian R. Poplin, CBET
ARAMARK Clinical Tech Services
704-948-5761 – Business
exofficio@ncbiomedassoc.com

2005 At-Large Board of Directors

Thomas E. Barnes
ARAMARK Clinical Tech Services
434-774-0911 – Business
BOD1@ncbiomedassoc.com

Susan Cowan
GE Healthcare
800-345-2700 – Business
BOD3@ncbiomedassoc.com

Helen H. Jones, CBET
Wake Forest Univ. Baptist Med. Ctr.
336-713-2891 – Business
BOD6@ncbiomedassoc.com

Michael McCoy
Horizon CSA
BOD4@ncbiomedassoc.com

Christina Miller, CBET
Moore Regional Hospital
910-215-5178 – Business
BOD2@ncbiomedassoc.com

John Noblitt, CBET
Caldwell Community College
828-726-2263 – Business
BOD5@ncbiomedassoc.com

Dan Tate, CBET
Shands at University of Florida
352-265-0089 – Business
BOD7@ncbiomedassoc.com

2005 Standing Committees

Rules and Bylaws

Chad Granade (Chair), Brian Poplin,
Glenn Scales, David Wilson

Nominating Committee:

David Wilson (Chair), Obie Godley,
John Noblitt, Sam Wright

Finance Committee:

Sam Wright (Chair), Tom Barnes, Chad
Granade, Helen Jones

Membership Committee:

Glenn Scales (Chair), Susan Cowan,
Obie Godley, Mark Renfroe

Education Committee:

Sonny Richards (Chair), Susan Cowan,
Helen Jones, Crisci Miller, Linda
Sielaff, Dan Tate

2005 Special Committees

Newsletter Committee:

Glenn Scales (Chair), John Noblitt,
David Wilson

Awards Committee:

Mike McCoy (Chair), Brian Poplin,
Sam Wright

Vendor Coordination:

Tom Barnes (Chair), Crisci Miller,
Mark Renfroe, Glenn Scales

Hotel Coordination:

Helen Jones (Chair), Crisci Miller

Public Relations:

Chad Granade (Chair), Susan Cowan,
Mike McCoy, John Noblitt, Dan Tate,
Sam Wright

Internet Committee:

Glenn Scales (Chair), Mark Renfroe

Historian:

Glenn Scales (Chair), Obie Godley,
Helen Jones



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 editor2@ncbiomedassoc.com.

NCBA Board Minutes Friday, March 11, 2005

N.C. Baptist Hospital – Winston-Salem, NC

Present: Chad Granade, Helen Jones, Brian Poplin (*via telecom*), Sonny Richards, Glenn Scales, Dan Tate, Sam Wright.

Absent: Tom Barnes, Susan Cowan, Mike McCoy, Christina Miller, John Noblitt, David Wilson.

The meeting was called to order by Chad at 10:00 am at N. C. Baptist Hospital. Minutes were not available, and will be reviewed/approved at the next Board meeting. Chad reviewed the goals for 2005 and asked if there were any corrections or changes.

Reports

Finance: Sam presented the Finance Report. Sam has not heard anything back from IRS regarding the tax issue and subsequent letter. The Finance Report has not change since retreat. To date, Sam has received only two responses from members regarding the current budget, and the budget will go forward as proposed.

Membership: Glenn presented the Membership Report. There was only one change from previous reports, including renewals. Renewals are up from 275 to 279. There was no other change in the status. Glenn did receive one corporate membership from a vendor (Varian), which has some since the 2004 symposium. Glenn does not expect any more significant changes in membership until later in the year.

Education: Sonny presented the Education Report. The Respironics Vision Class was highly successful, with 14 registrations and 16 attendees. Feedback from Helen was that the class was very well prepared and delivered. The ICC Certification review scheduled for April at SCC is on track with 4 attendees currently registered and 2 more showing interest.

Scholarship: Brian presented the Scholarship Report Work is progressing on the Foundation. Sam and Brian have attended a conference call with Leita Tax Agency and worked through some opportunities. One opportunity would be to create a 509A3 status, as a supporting organization with controlling interest from the NCBA. This would allow the NCBA to accept contributions and extend

relationships based on philanthropy. We will need further research of the Bylaws and contributions would be tax deductible. This would give the Foundation the opportunity of being a separate public charity, with a Board of seven, with possibly four Board members coming from the NCBA. The organization would then determine what would be funded and create a 3 year plan. The NCBA may need to set up a Focus Group to begin creating the organization. Brian will be conducting more research in upcoming weeks. The NCBA may be able to setup the scholarship with the College Fund of North Carolina in the future

Rules and Bylaws: Chad presented the Rules and Bylaws Report. The latest Rules and Bylaws were distributed by Brian on March 10th. Chad poled the group to determine if all position descriptions had been updated. Sam indicated the due to the new scholarship, the bylaws would require some changes. David has a copy of all update changes voted on at the last meeting.

Newsletter: Glenn presented the Newsletter Report. Currently, the responsibility for Public Relations is shared by President. That may need review. The last newsletter has gone out. There were some minor problems with getting the document from Kinkos to the mailing company. There were some addressing problems with the previous newsletter due to formatting problems on the part of the mailer. The next

newsletter is scheduled to go out on time. Glenn has some articles in place and advertising, but could use some additional content. Glenn is currently in need of the minutes from the last meeting and President's Forum. Helen has gathered some information for the next newsletter and will be forwarding to Glenn.

Nominating Committee: No report

Internet Committee: Glenn reported that there are no updates to the Internet report.

Vendors: No report. Chad presented the new Vendor Agreement from Tom. It included an increase to cover administrative and processing fees. The current proposal would be to increase the booth price to \$600, with a fee of \$150 for each additional person at the booth. Helen indicated we are obligated to a \$50/day fee for food. There were no other significant fees. There was some discussion about reducing the fee back to \$550. Chad reminded everyone of additional revenues from increases in individual registration to cover the cost of accepting credit cards. Glenn is still exploring that process and will pull the details together in next few weeks. We currently have 88 paying booths and several no-charge booths. Sam moved to change charge to \$550/booth, with an additional \$165/additional guest. The motion passed. Chad will contact Tom, who will update the form and send it back to Glenn. Glenn will

Continued on Pg. 7

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

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

Prepayment of all advertising is required.

Classified Advertising

Except "Position Wanted" notices by members (one ad per year – limit 50 words – no charge) the following ad rates apply:

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

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

Dollars and Sense: Treasurer's Report

By Sam Wright, NCBA Treasurer

Account balances as of 3/11/2004:

Checking:		\$12,455
CD's:	XX205	\$25,675
	XX257	\$25,182
Scholarships:	Eddie Whisnant	\$604
	Norm Reeves	\$604

(Income highlights)

Interest income	\$628
Seminars	\$8,530
Symposium income	\$120,327
Golf income	\$6,270

(Expense highlights)

Office expense	\$5,102
Symposium expense	\$111,300
Seminar expense	\$12,465
Scholarships	\$1,200
Taxes	\$2,373
Web hosting	\$192



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Clarence Woody Shares His Expertise

Clarence Woody, CBET from Wake Forest University Baptist Medical Center came to Caldwell Community College & Technical Institute on February 25, 2005 to speak to the students in the Biomedical Equipment Technology Program about telemetry and personal experiences he has had in the field.

The day started off with an overview of telemetry in the Healthcare environment. Mr. Woody started with the basics of modulation. He discussed that in order to have modulation you must have a carrier wave, which is the basic frequency that is transmitted from your transmitter. Clarence brought in an oscilloscope and attached it to the telemetry modulator allowing each of us to view different signals. Clarence also had schematics for a telemetry system transmitter and receiver that are used in a hospital and discussed both of them thoroughly.

Mr. Woody went on to explain that the transmitter has three leads (RA, LA and LL), in which the two arm leads coupled with the leg lead to present a load. When the signal is ready, the carrier wave with its superimposed data is then transmitted from the leg lead. The leg lead also acts as the antenna for the transmitter. The RF on the carrier wave is picked up by the receiver antenna, which is then transmitted to a monitor. Mr. Woody's seminar has given the students a lot better picture of how telemetry works in the medical environment.

Talking to Clarence about his personal experiences in the field was both enlightening and informative. He gave some specific examples of what to do and what not to do as far as communicating with hospital staff. Clarence also explained the importance of friendly customer service and how valuable an asset it is to the Biomedical Department. On behalf of the students in the Biomedical Program here at Caldwell, we would like to say thank you to Mr. Woody for giving us his time and sharing both his electronic and his field expertise.

Submitted by:

Adam Holder and Pam Chandler
Caldwell Community College 2005 Graduates

A Student's Perspective

Matthew Keever, Caldwell Community College

I would like to take the opportunity to thank the NCBA for what is truly a significant event. I am talking, of course, about the North Carolina Biomedical Association Symposium. The Symposium is a great opportunity for many people with different backgrounds. The Symposium involves students, technicians, managers, vendors, and anyone else who has an interest in the field.

I learned a lot from the Symposium, but more than anything I received encouragement and advice for my new career. The best part for me was just being able to talk to people who have "been there and done that." They told me about their experiences in the field, and how they started out. Also if you're a student, there is

not a better place to come to find potential employers. You never know, talking to a person at the Symposium may get you an interview. Also I think it's just good exposure to a professional environment.

I took classes at the Symposium such as; Interviewing Skills, Valleylab Force FX, and Dräger Anesthesia. I recommend that all students should take the Interviewing Skills class, because that is what you're going to be doing when you get back from the symposium. The other classes were helpful in giving an introduction into how different equipment works.

Meeting the vendors was also a great experience. I got to meet some companies that I had heard about, and some that I did not know of. It is also a good opportunity for the vendors to be able to get their product out there as well. The great thing about the vendors was the diversity. You can meet some of the bigger names in the business, but you can also talk to some of the training schools such as DITEC, or a charitable organization such as Samaritan's Purse. I thought that Samaritan's Purse was particularly interesting, because of the fact that they use their skills as technicians to help people around the world.

If all of this was not enough for me, I also got to play golf at Pinehurst, and got to eat some great food. The really awesome thing is how inexpensive the Symposium is for students. Seventy dollars is an awesome deal for this three day event. I recommend that everyone that can come to the symposium should do so. Finally, I would like to thank the NCBA Board for putting all the time and effort in to planning this great event.

CBET Review Class

The NCBA is sponsoring a CBET review class. It is scheduled for April 11-15, 2005 at Stanly Community College in Albemarle, NC. The cost is \$100.00 per person. The registration fee includes the class and breaks. Snacks will be provided and ample time will be allowed for lunch (on-your-own) at local restaurants.

Registration for the certification exam is not included, and will need to be completed separately and individually. For exam registration information, go to www.ptcny.com. The Professional Testing Corporation coordinates all testing for the exam, including schedules and testing sites.

Further questions may be directed to Sonny Richards, at (704) 948-5790 or email sonny@aramark.com, or Dave Wilson at (704) 982-0121, ext. 277 or email wilsonwd@stanly.edu.

FMEA and RCA in Healthcare

By Glenn Scales, CBET

By now, many of you have heard the terms FMEA and RCA used by your organization's Risk Managers or Patient Safety Office, but you may be unsure of what the terms mean and how they might apply. FMEA stands for Failure Mode and Effect Analysis. RCA is an abbreviation for Root Cause Analysis.

Unless you are familiar with these two terms, they may seem to be interchangeable. While they have similarities, they are quite different in both their scope and the approach they take in dealing with errors. Both processes are used to help define the nature of an error and the details relating to it, but look at it from two different viewpoints.

First, FME is a team-based, systematic and proactive approach for identifying the ways that a process or design can fail, why it might fail, and how it can be made safer. The purpose of performing an FMEA analysis is to identify where and when possible system failures could occur and to prevent those problems before they happen. FMEA projects are selected by management from a list of potential problem areas that a healthcare organization may have experienced.

RCA, or root cause analysis, is a process for identifying the basic or underlying factors that can produce unexpected and undesired adverse outcomes. This process is usually undertaken in response to the occurrence of a specific event and the RCA process is focused on that one event.

Successful RCA and FMEA programs should be used for educating staff in exactly what caused the adverse outcome. When people learn about how errors can cause such events, they will become more aware of their decisions and possible consequences. With an appropriately structured educational programs, health care workers can learn how to make better decisions and raise their knowledge and skill levels.

One message that stands out after having been involved in a number of these activities, is that adverse events always have a cause. There is no such thing as an accident. Errors have causes – we just have to be perceptive enough to eliminate all the extraneous data and see the underlying cause. Sounds hard, especially when you are dealing with issues of guilt and blame and perhaps political issues within your organization. However, there are a number of tools and techniques available that help provide a structure and rule set for dealing with this.

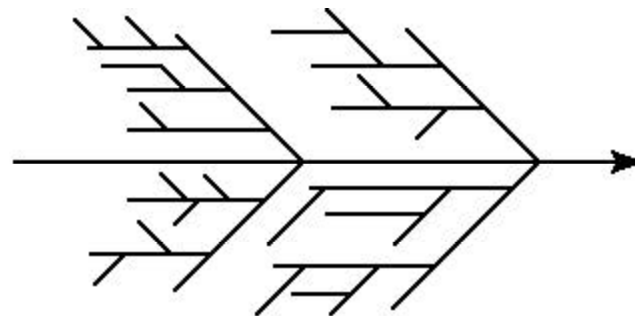
The concepts of FMEA and RCA do not only apply in a certain industry on certain types of events. Rather, they are about the human thought process. The same thought process used to determine why an Adverse Drug Event (ADE) occurs also can be used to investigate why a plane crashes, why

packages are late for delivery services and why a power supply board fails every 6 months.

The JCAHO has several templates available for defining the Root Cause Analysis project or a FMEA activity. There are also commercially available software tools that help you structure and organize your efforts. Two other proven techniques for breaking down the process to the fundamental underlying cause are “fishbone analysis” and the “five whys technique”.

By repeatedly asking the question “Why” (five is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. Although this technique is called “5 Whys,” you may find that you will need to ask the question fewer or more times than five before you find the issue related to a problem. This technique is very useful when the problem involves human factors or interactions.

The fishbone diagram technique is a tool used to solve quality problems by brainstorming causes and logically organizing them by branches. The design of the diagram looks much like the skeleton of a fish. Therefore, it is often referred to as the fishbone diagram. The value of the fishbone diagram is to assist teams in categorizing the many potential causes of



problems or issues in an orderly way and in identifying root causes. Fishbone diagrams help you to think through causes of a problem thoroughly. Their major benefit is that they push you to consider all possible causes of the problem, rather than just the ones that are most obvious.

Although the JCAHO requires that some kind of analysis be conducted on sentinel events, the real benefit to a healthcare organization is to start performing these kinds of reviews before an event occurs. FMEA analysis can be applied to virtually any kind of potential problem, including issues in your own department. BMETs and Clinical Engineers are frequently tasked with participating in RCAs and FMEAs that involve medication errors or sentinel events, but we can also benefit from initiating these processes to improve our own operations.

BOD Minutes continued from Pg. 3

send it to all vendors from this year and last letting them know it is available. Registration for lunch and “do not break down early” messages will also be included, at the recommendation of Helen.

Old Business

Keynote/Dinner Speaker: Dan reported that he has received a kit from the astronaut being considered as featured speaker. Dan presented the information for review, including a bio and pricing information. The standard fee is \$10,000 for presentation. This may be financially restrictive. There were some questions about possible attendance, the dinner, location, etc. Discussions centered around vendor sponsorship and possible negotiations on price. Dan is going to re-contact the agent to discuss discounts. Members of the Board will speak with GE and Philips (possibly others) about the possibility of corporate sponsorship.

Hotel: The Board has sent messages expressing concern about the scheduling for 2006, Dec 4, 5, & 6. Wayne Kearney indicated that we have used this week before and reminded us that we have typically used the first M/T/W of December.

Education: Sonny reported that the Education Committee has commitments for seven symposium classes, and interested in another eight. About half of the available time slots are taken, others are still available.

Vendor Relations: No report

Membership: Glenn reported no updates other than setting up credit card registration capability. This will include a 3% increase to nearest \$5 increment. There was some discussion about possible higher increase due to ever-increasing costs. Chad reminded everyone that we have already increased vendor booth charges, so large additional increases in individual membership dues may not be necessary.

Finance: Sam reported that all of the 2004 Symposium bills have been paid. Sam has acquired QuickBooks and will be working on setting that up. The current system will continue to run for a while.

Seminar Planning: Sonny reported that he is working on setting up a standalone seminar on Drager vents for the 3rd quarter '05. Other seminars under consideration include a microscope repair class and an annual CBET review session for 2006.

New Business

Chad suggested that the Board consider moving the May 13th Board meeting from Margaret Pardee Hospital, since he will no longer be able to host the meeting. Crisi Miller will be hosting the next Board meeting at Moore Regional Hospital in the Village of Pinehurst, NC. The date is unchanged.

There being no further business, the meeting was adjourned at 1:02 PM

Respectfully submitted,
Sonny Richard, Acting Recording Secretary

Remote Learning from GE Healthcare

Travel Restrictions Holding You Back from Attending Technical Training?

It seems like a lot of companies these days are imposing various degrees of travel restrictions. In an effort to reduce travel costs and time out of the field, GE Healthcare's Global Education department has developed several classes to deliver remotely to both company service reps *and* hospital biomed.

How do these classes work? For many of the classes, equipment is sent ahead of time to the student on a loaner basis. The student is then responsible for internet access and a phone (speaker phones or headsets tend to work best). The class is then conducted by a live instructor based in Madison, Wisconsin, over the internet with a simultaneous teleconference. Students are able to view all the presentation materials and listen (and ask questions) as the instructor takes them through the lecture portion of the class. These lecture portions are generally only 1-2 hours long. Then the students will be asked to perform a lab on their equipment. The class continues by alternating lecture and hands-on activities.

Currently, the classes available through this delivery method are for monitoring products and basic IT skills. These include:

- ◆ Datex-Ohmeda S/5 Anesthesia Monitor
- ◆ Datex-Ohmeda S/5 Compact Monitor
- ◆ Datex-Ohmeda S/5 Cardiacap 5
- ◆ CompTIA A+ Hardware
- ◆ CompTIA A+ Operating Systems
- ◆ CompTIA Network+

For more information or to register for one of these classes, visit www.gehealthcare.com/training.

In our next issue we will feature an article from Leanne Cordisco with GE Healthcare on the Top 10 reasons why a BMET needs to learn Information Technology. This is very humorous and enlightening.

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New Biomed Resource

Biomed for Christ will start an emailed newsletter in January 2005 devoted to the need of biomedical technicians in medical missions. Christian medical missions in the developing world have a long rich history. Life saving medical care delivered in some unbelievable situations is a daily routine. Nearly all of these medical missions are understaffed.

Here is what a couple of my heroes have to say. Dr. Ron Garst (Over 30 years in medical missions) says, “what you (biomedical technicians) do is the most needed aspect of medical missions in the developing world today”. Woody Woodson, with almost two decades in Central America says that he now sees “*the missing link in medical missions is the repair and maintenance of medical equipment*”.

This is an informal group at this time no dues, or officers, or neckties required. The planned format is a couple of stories from the field showing God’s provision, a devotional, a section sharing how biomed techs can use their skills for missions, and we will highlight a ministry here at home or abroad that uses biomed. All we need is your e-mail address (my contact info is in signature below). This e-mail list will not be shared. We are working hard to protect privacy and to not spam or be spammed!

Do you have to be a Christian to join? If you are interested in opportunities to use your skills for humanitarian purposes here or abroad we encourage you to add your e-mail address to the list. BUT understand the editor is unashamedly an evangelical Christian and what you will read will be about Christian biomed in the field of missions, and the devotions will be Bible based.

In Christ,

Dennis McCutcheon
Director

MedEquip Missions, a ministry of Helps International Ministries
573 Fairview Road
Asheville, NC 28803
828-277-3812
e-mail dmccutcheon@helpsintl.com

President's Forum continued from Pg. 1

promote the NCBA as a national organization. The second part of this goal is as equally important in that it looks towards the future of the NCBA. Our mission has always been to advance the Biomedical Engineer using tools such as low cost, high quality education and networking during our annual symposium. To make absolutely sure that we accomplish that mission, a committee has been established to create a 5 year strategic plan. It will serve as a guide for future Board members as well as demonstrate the true value of the NCBA.

Goals number three is another core goal for us. We have committed to offer at least three stand alone classes this year to our members. We have already had some great suggestions for stand alone classes. Please check our website often for updates and take advantage of the cost savings. Also, if you have a suggestion for a class, please let us know. It is important that we offer what is actually needed out in the field.

And finally goal number four. The goal to mentor potential candidates to serve on our Board of Directors is an especially important objective. Part of the reason that



the NCBA has been so successful is due to the dedication of its volunteers. It takes a great deal of commitment to serve but the satisfaction of a job well done is worth every moment. If you have ever thought about running for the Board, I encourage you to attend a Board meeting. Check us out and see what it’s all about. You can find the meeting schedule on the back of this newsletter and on our website.

Thanks to all for your participation and don’t forget to “Sharpen your Saw.” Please do not hesitate to contact myself or anyone on the Board if you have any questions, suggestions, or comments.

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“Kodack” Strikes Again

by John Noblitt, CBET

The 2005 graduating class from Caldwell Community College and Technical Institute had the pleasure of hosting a two-day seminar on February 15th and 16th 2005 presented by Larry Kodack, Ph.D., CBET. This seminar focused on laboratory equipment and procedures. Dr. Kodack has an extensive background in the laboratory area with an undergraduate degree in zoology from UNC Chapel Hill and a Ph.D. in Biochemistry from Duke University.

This is the second time Dr. Kodack has come to Caldwell Community College for this two day seminar and the students could not have been happier by what they received. Larry began the seminar with an overview of some of the guiding agencies in the medical laboratory.


After the introduction into the standards set forth for the laboratory, on we went into the types of equipment found in the laboratory. Larry not only spoke as to the types of equipment in the hospital lab but also the underlying principles of operation of how the equipment performed their analysis or task. Larry and the students covered many types of equipment in the two-day seminar. Students were given the opportunity to research materials handed out by Larry on different equipment for presentations and Larry gave feedback on their presentation and added much of his knowledge and experience with that particular equipment.

As an employee of a teaching hospital such as Duke you could tell Larry prescribed to the teaching philosophy of “see one, do one, teach one”. This is an excellent way to get information into long-term memory. Studies have shown that a student has about a 90% retention rate of information if the student has to teach the material or has immediate use of learned material. I applaud Larry for his approach in teaching the seminar.


An overview of the equipment includes: colorimeters, spectrophotometers, flourometers, automated chemical analyzers, electronic platelet counters, flow cytometers, coagulation instruments, refractometers, lab balances, refrigerators, freezers and ovens, incubators, water baths, centrifuges, diluters, cryostats, tissue processors, slide strainers, biological fume hoods and steam autoclaves.

In closing I would like to thank Larry for sharing his knowledge with the students and thanks to the Duke Clinical Engineering Department for allowing the time for Larry to help with training of the future BMET's. This was a great learning experience for the students, which I'm sure they will remember for a long time.

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SCHEDULE of NCBA BOARD of DIRECTORS MEETINGS for 2005

February 11-12, 2005, Time: 8:30 a.m.

Board of Directors Planning Retreat
Ocean Reef Hotel, Myrtle Beach, SC

March 11, 2005, Time: 10:00 a.m.

Baptist Medical Center, Winston-Salem, NC
Host – Sam Wright, Ph: 336-716-3437

May 13, 2005, Time: 10:00 a.m.

Moore Regional Hospital, Pinehurst, NC
Host – Crisci Miller, Ph: 910-215-5178

July 15, 2005, Time: 10:00 a.m.

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

September 9, 2005, Time: 10:00 a.m.

Duke University Hospital, Durham, NC
Host – Glenn Scales, Ph: 919-681-2525

November 11, 2005, Time: 10:00 a.m.

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

December 5-7, 2005

2005 NCBA Symposium and Expo
Pinehurst Resort & Hotel, Pinehurst, NC

January 13, 2006, Time: 10:00 a.m.

ARAMARK CTS, Charlotte, NC
Host – Sonny Richards, Ph: 704-948-5790

February 10-11, 2006, 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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