

VOLUME 1 | ISSUE 1 | 2009

# Calibrate



An NCBA Magazine

# ISO's

How to get the most out of yours



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# Editor's desk

Sam Collins



## "CALIBRATE"

This year, after our 30th anniversary, we chose to make some exciting updates and changes to both our website and our newsletter.

We have brought the NCBA news to you in a printed format for many years and in an effort to move into the new digital age the Board of Directors have chosen to convert to a completely digital format. This is being done to update our look, improve our presentation, and bring you a better product.

These changes will permit us to upgrade our advertising and go to a completely color format. We will be including color pictures, active web links to our website, and hopefully even some animated advertising in future issues.

Thanks to the continuing efforts of our new webmaster, Jeremy Collins, our website has been completely updated and will continue to improve and grow.

I hope you have seen and enjoyed the many upgrades and improvements to our website in recent months. If you have not please go to [www.ncbiomedassoc.com](http://www.ncbiomedassoc.com) and check out our new look right away.

In the past many of the documents and applications were sent to you as

part of the newsletter. Now these will be available to you as .pdf downloads from the website. We will include links to those in the newsletter and continue to remind you of deadlines concerning nominations for scholarships and registration for the symposium and other events offered by the NCBA in this and future issues.

Gus Vargas of Promedical has joined our newsletter team in 2009, sharing his many talents in graphic arts, his energy and his many new ideas to help us bring about the changes you see here in our new newsletter. I want to take this opportunity to welcome and thank Gus Vargas for all the time and his efforts and the great talent he brings to the team here on the staff of the NCBA newsletter. His skills, talent, and enthusiasm have been instrumental in bringing about the many improvements you see here in our new newsletter format. Thank you Gus!!!

In the coming months we plan to bring you something new in presentation and advertising in each new issue.

We will be working with our corporate members in the months to come helping you to improve your ads and increase your positive presence here in our newsletter.

Thank you for your support and patience while we remade ourselves.

Sam Collins,  
Editor, NCBA News

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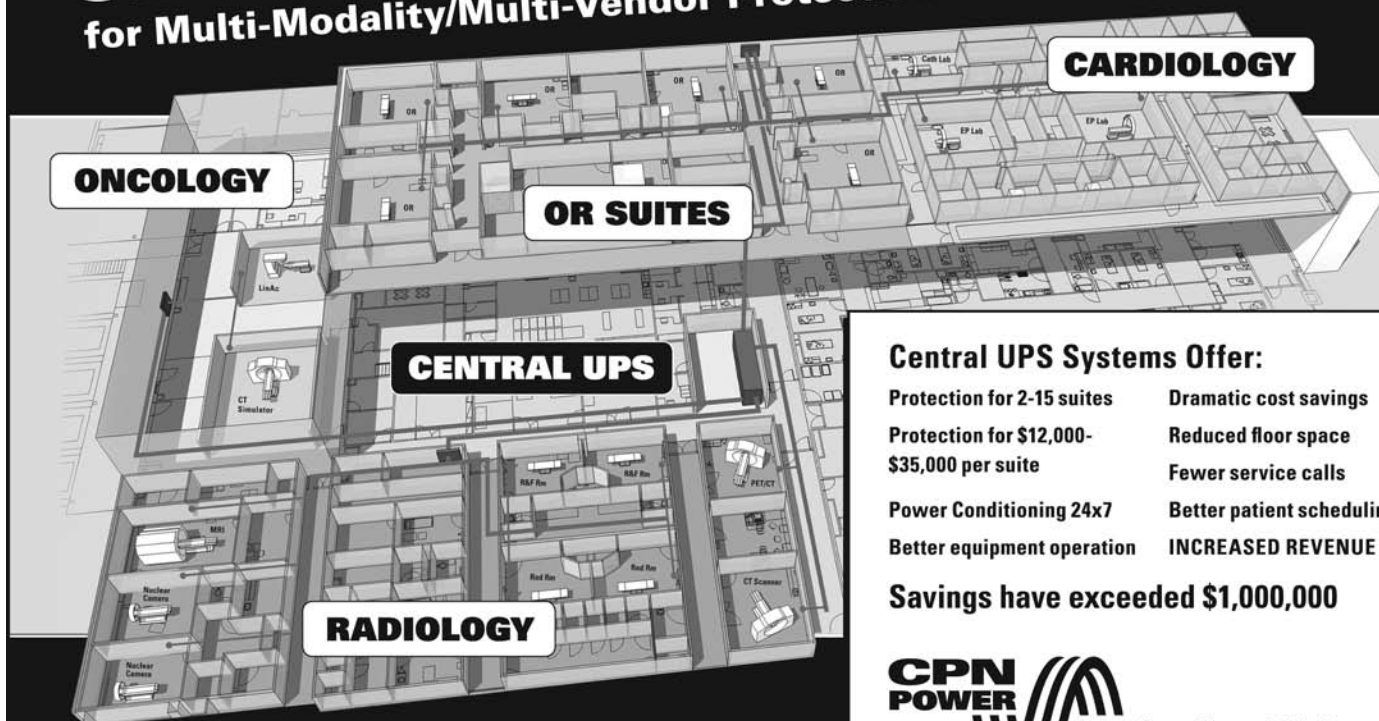
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# How to get the most out of ISOs

Patrick K. Lynch, CCE, CBET

Many Biomed (BMETs and Clinical Engineers) in our field believe that our job is to personally fix the problems with the equipment under our care. **WRONG.**

The job of a Biomed is to keep the equipment under our care functional, accurate, dependable and safe. It is a common mistake to believe that we have to actually fix everything. We have lots of resources which we should employ to keep our hospitals up and running. One of our most common failings is not utilizing all of the resources at hand. One of the most effective, efficient and often ignored resources, is the Independent Service Organization (ISO).

The ISO is a company which is run as a for-profit, or maybe as an extension of a hospital's Biomedical Department. ISOs come in many shapes and sizes. They can be as small as a single technician who left a manufacturer and decided to open his own company to work on those things he was trained on by the manufacturer. ISOs can be as large as Aramark, a giant in the field. Most ISOs, however fall between these two extremes. There are regional companies such as Horizon CSA, Modern Biomedical, Crest Services or CE-Tech. There are national ISOs such as Masterplan and Sodexo. Local or regional companies are almost always looking for extra business. And they may be staffed by people that you already know and trust.

The key attribute of small ISOs is that they usually have limited service offerings. They may specialize in limited makes, models,

modalities or manufacturers of equipment, but are generally not full service.

The larger regional or national full-service ISOs usually can service most items in a hospital, but there are usually regional holes in their capabilities. Both the large and small ISOs are plagued with the password and training restrictions from the original manufacturers. There is a rich network of back-door methods and sharing of passwords among ISO technicians.

As a Biomed, or as a manager, you should become aware of all of the ISOs in your vicinity. Get to know them. Identify their capabilities. Become comfortable with their quality of service. Evaluate their integrity. Talk to others who have used their services. Look at their pricing. Compare it to the cost of your own staff. Find out if they can compliment your own service. Decide what they can do for you.

OK – you now have your complete inventory of equipment, you know the service capabilities of your shop, you know the ISOs and you know the manufacturers. Now, put together a service plan for your equipment. Figure out the best blend of all of these resources. You will need some of each of them.

In the normal work-a-day world, there is often more work than you or your staff can possibly do. The reason may be that you are not allowed to hire more staff, or maybe you are unsuccessful in filling an open position.

“

We have lots of resources which we should employ to keep our hospitals up and running. One of our most common failings is not utilizing all of the resources at hand

Maybe a temporary high workload causes you to get behind. What can you do when a key employee is called up to military service? Or is out with a back injury? Or on jury duty? Or on family leave?

The answer is to outsource some of your workload to a local ISO. If there is somebody in town who can fix your B. Braun infusion pumps, for example, start sending them out to be fixed. It doesn't matter if you are fully trained to do the work – if there are not enough hours in the day to accomplish all that you have to do, you must get more resources from somewhere. So start sending things out, or call ISOs to work at your hospital. Is your shop overrun with items to be repaired?

Negotiate with your local ISO to send in a qualified technician for a day or two. Sit them at a bench and have them fix everything they can. How is that any different than calling in Spacelabs to work on a telemetry problem?

Another technique is to consider outsourcing entire types of equipment. Or get outside help to help balance uneven PM scheduling. If a representative of an ISO comes in to sell you some service, ask him/her to make their best case. Have them prove to you that their solution is better than yours. I've hired companies to do sweeps of the hospital to perform safety testing at about \$20 per item. They start at the top, and go through the entire hospital, looking for all of a particular type of equipment. They can be more efficient than the in-house staff because they are not recognized by hospital staff. Your inhouse Biomed's are always interrupted during PMs by clinical staff who ask them to "have a look at this." This doesn't happen with a contracted company.

I am often amazed at how cheaply you can hire outside labor, especially if you let them set their own hours. Suppose you determine that you need an additional 12 hours of technician time per week. Find a company that you are comfortable with (quality, integrity, price and competence). Then negotiate for them to provide the needed 12 hours per week at a preset (and discounted) rate. They can provide the work at any time during the shop hours. This allows them to meet their contractual and emergency obligations to their regular

customers, while selling you some of their otherwise unsold time. When unneeded elsewhere, they work at your hospital. If they are extra busy in one week and cannot give you any time, they can make it up the next.

The overriding message here is to get creative. Just plodding along with the resources you currently have, and not getting all of the work done, is frustrating for you, your customers (clinicians), and your staff. Become a manager of service, not just a screwdriver-turning BMET. You are too good and experienced and creative for that.



#### How to Make the Case

Ok, you've made a plan to use an ISO to get you past a rough spot. Now, how do you convince your boss to approve it? There are several choices.

First, don't tell him/her. Typically, Biomed's have the authority to call in outside service personnel at their discretion. This is merely another instance where you are calling for outside help from an ISO. The only difference is that the ISO may be asked to work on a variety of equipment, or do the work on multiple days or weeks. As a Biomed, you should be aware of your budget. If you incur outside labor which will cause you to exceed your budget, you should have

justification and be prepared to account for the overages..

Second, use good old financial arguments. Here are some examples:

Suppose that the reason you are behind in your work is because of a vacant position. The vacancy leaves some salary unpaid. The person's salary (plus 25% for benefits) is available for other uses. Calculate the average weekly pay for the vacant position. Use this figure as the maximum amount that you can pay for an ISO to come in and do the work that the missing Biomed would have been doing. Example – if the vacant position pays \$30,000 per year, the salary plus benefits comes to \$721.15 per week, including benefits. ( $\$30,000 / 52 \times 1.25$ ). This amount is available for outside help.



If you find a local ISO who would charge you \$60 per hour, you can afford 12 hours per week and remain budget neutral. This is almost 1/3 FTE! (You could also authorize additional overtime up to this amount.) If the reason is a higher than normal workload, e.g. lots of things are breaking, you have a choice. You can hire more help and cite the increased workload as the reason, or you can call in an outside ISO or manufacturer for large or time consuming jobs. No one questions calling in outside help for projects, moves, upgrades, etc. so offload your big stuff and you can focus on the smaller problems.

The final choice – If you have too much work, and management won't respond to your pleas for more help, you have a couple of choices. You can work harder and faster, busting your hump, doing more work, and leaving the paperwork, reports, and committee responsibilities undone. I have even known Biomedes who clock out and then keep working because "somebody has to do it".

You must make a choice to let some things go undone. Biomedes do not normally walk away from incomplete work. And Administration is not going to get us more

help as long as the job gets done anyway. Administration expects us to complain about having too much work to do. As long as we are willing to work through lunch, rush through jobs and work off the clock in order to get the important stuff done (to keep the nurses from screaming), we cannot successfully make a case for more resources. Face it, sometimes we just have to do what we can, making sure that each and every job is done as thoroughly and completely as possible. (You will be criticized for shoddy or incomplete work, even if you are overworked.) If the day is over and there are still things to do, sometimes we just have to walk away. I know this is contrary to our instincts, but it is sometimes necessary. Unless some things fall off the plate, there is no incentive to get a bigger plate. Unless somebody hollers, management often will not take notice. Do you see the entire IT department take breaks and lunch at the same time? Do you see them leaving after exactly 8 hours? What do they know that we don't?

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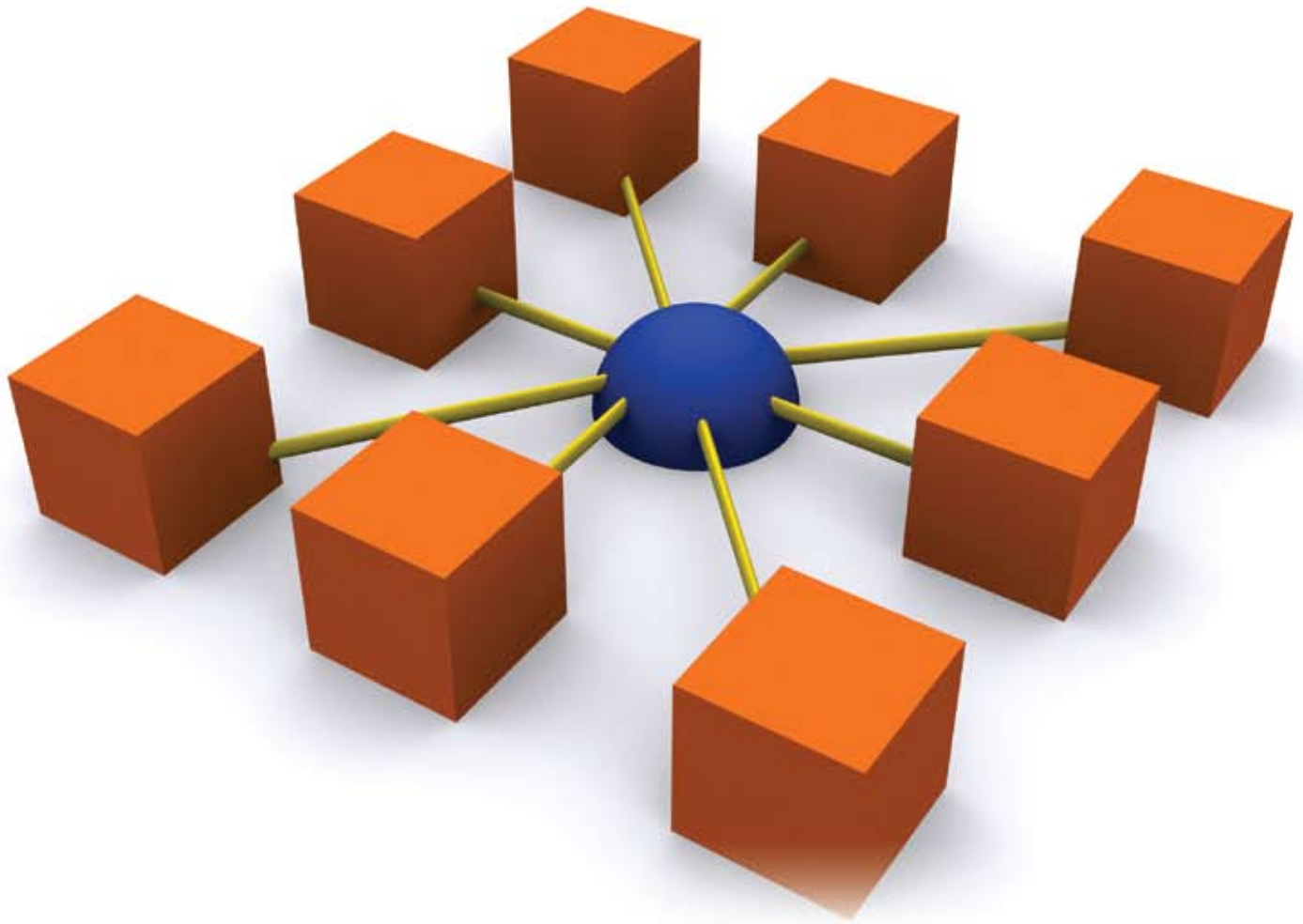
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# Burt Dodson Jr., CCE, A Pioneer of Biomed certification dies

The North Carolina Biomedical Association wish to extend to the family and friend of Lt. Col. Burt Dodson Jr., CCE, our deepest sympathy. The author of the first biomedical equipment technician certification exam, died on May 7. Burt Dodson, a very early leader in the development of the Biomedical Equipment Technician profession, died Thursday May 7, 2009. He will be recalled by many BMETs for his vision in establishing a credible and sustainable certification process for BMETs, his involvement in the leadership of the Association for the Advancement of Medical Instrumentation (AAMI) and for his personal support of so many people beginning their professions as BMETs. The AAMI Leadership Award, given only three times in the organization's history, went to Burt in 1986 for contributions including his writing of the first BMET certification exam. He also was AAMI's first non-physician president and was called back in 2007 to give the Dwight Harken, M.D., Memorial Lecture at AAMI's 40th anniversary conference. In 2008, Medical Dealer magazine named him one of the "10 people who have changed the world of biomedical engineering."



In the early years of his career, Burt enlisted in the United States Air Force and quickly rose to the rank of Lieutenant Colonel, responsible for medical maintenance in the entire Air Force. Because of his knowledge of medical equipment maintenance and his vision for its future, Burt became the youngest person promoted to Lieutenant Colonel in the Air Force. Under his leadership, the Air Force's biomedical training and maintenance program became the benchmark for all other programs.

Following his Air Force career, Burt led the creation of one of the first biomedical shared services (Carolinas Hospital Engineering Support Services), developing a much-needed service for its client hospitals and mentoring many future leaders in the field. This service grew into a multi-million dollar, nationwide enterprise, and is still thriving as a division of ARAMARK. As the chief operating officer of Carolinas Hospital and Health Services (also known as SunHealth), Burt led the creation of its hospital management division and group purchasing division.

Burt and his wife, Cecile, reared a family of seven children and traveled extensively throughout the world. After retiring, Burt wrote a novel called "A River of Change" based on a personal family genealogy study and his love of American history. In addition to being a published author, Burt was also a painter, a historian, a grandfather and a great-grandfather.

A funeral mass followed by interment with full military honors was held for Burt on May 12 at St. Vincent de Paul Catholic Church in Charlotte, NC. Donations in Burt's memory can be sent to Priests for Life at P.O. Box 141172, Staten Island, NY, 10314.

# This year we are speeding up

The 31st annual Symposium of the North Carolina Biomedical Association will be held this year on Monday, December 7th through Wednesday, December 9th, 2009. The location for this year's event is the Embassy Suites Hotel in Concord NC. Please [click here](#) for more information.

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For more information on the CPV program, click here: <http://www.dotmed.com/NCBio>

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## 31st Annual NCBA Symposium

The North Carolina Biomedical Association would like to invite you to our 31st annual symposium, to be held this year on Monday, December 7 through Wednesday, December 9, 2009. Plans are currently being formulated for what is expected to be our most successful event yet. As details are finalized, you will find additional information here, along with downloadable registration forms.

We firmly believe that the North Carolina Biomedical Association annual Symposium offers more value for your budget dollar than any other meeting available. The Board of Directors will be working to bring together a diverse mix of classes and speakers and the vendor exhibit should be the best in our long history. Plan now to attend the one meeting your friends and associates will be talking about for the next year.

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## Information for NCBA Newsletter Advertisers

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Since our newsletter has gone digital we will no longer be printing and mailing our newsletter. This means some things have changed in our ad policy. Your membership in the NCBA allows you two half-page ads in the newsletter. The newsletter was normally printed only in black and white, but all issues will now be in full color. This means that you do not have to produce your ads in black and white or grayscale. Our policy on the size of ads remains unchanged. I'm pretty flexible about the ads physical size. The newsletter is printed in a "portrait" orientation and because of the layout and the margins, the biggest ad I can accommodate is 7.5" wide and a typical half-page is about 5" high at that width.

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proportions and as close to the original size as the newsletter format will allow.

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Sometimes it looks just like the original and other times InDesign gets confused and the imported document does not look anything like the original. A JPEG, TIFF or PSD graphic file (single layer) will always work well. If

you use fonts that I do not have, the end result will be uncertain if the fonts are embedded in the graphic - flatten all layers before saving. Printed "camera ready" copy can be scanned for insertion in the newsletter, but better results are obtained by working from the graphic file. If you have to send "camera ready" copies by mail, please send two copies in a rigid mailing envelope to minimize physical damage.



I plan to post the high resolution version of the newsletter to the website around the 15th of each odd-numbered month and I will need your ad by the last day of the previous even-numbered month. Once you have sent me an ad I will save it for future use till you specify otherwise - you only need to let me know what issue you want it to run in. If you do not have a preference, I will run the ad when the content of the newsletter gives me adequate space.

Information for NCBA Newsletter  
Advertisers  
\* Non-Members \*

For advertising that is incorporated in the NCBA News, costs for non-members are:

Full page      \$200.00 per ad  
Half page      \$100.00 per ad  
Quarter page or less    \$50.00 per ad

Since our newsletter has gone digital we will no longer be printing and mailing our newsletter. This means some things have changed in our ad policy. The newsletter was normally printed only in black and white, but all issues will now be in full color. This means that you do not have to produce your ads in black and white or grayscale. Our policy on the size of ads remains unchanged. I'm pretty flexible about the ads physical size. The newsletter is "printed" in a "portrait" orientation and because of the layout and the margins, the biggest ad I can accommodate is 7.5" wide and a typical half-page is about 5" high at that width.

If your ad is a different size or orientation I can arrange the text around it. Just keep the overall size to around 38-40 square inches. If I have to change the size, I will try to keep it in the original proportions and as close to the original size as the newsletter format will allow.

The best format for an ad is either JPEG, TIFF or Photoshop PSD. I strongly suggest an image resolution of 300 dpi – anything less will produce an unacceptable grainy image. I use Adobe Photoshop CS3, Adobe InDesignCS3 and Adobe Illustrator CS3 to produce the newsletter and InDesign will import most MS Word text documents, but the results are mixed when graphics are included. Sometimes it looks just like the original and

other times InDesign gets confused and the imported document does not look anything like the original. A JPEG, TIFF or PSD graphic file (single layer) will always work well. If you use fonts that I do not have, the end result will be uncertain if the fonts are embedded in the graphic - flatten all layers before saving. Printed "camera ready" copy can be scanned for insertion in the newsletter, but better results are obtained by working from the graphic file. If you have to send "camera ready" copies by mail, please send two copies in a rigid mailing envelope to minimize physical damage.



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Advertising options will be improving and changing over the next several issues as we are able to offer more and different exciting options for your ads.

Check back here often!!!