

C.M.I.A. NEWSLETTER

Central Coastal Chapter

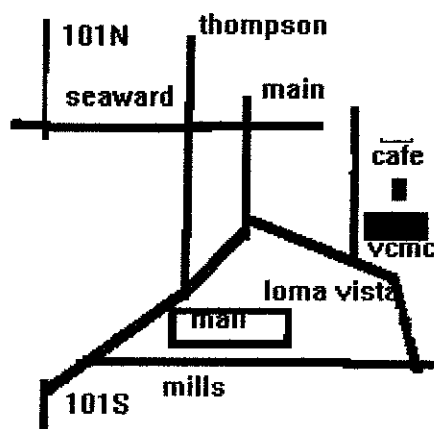
P.O. Box 360

Camarillo, Ca 93011

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The October meeting will be held at Ventura County Medical Center on Thursday the 16th in the new small cafeteria conference room. Dinner is at 6:30 pm with the monthly meeting to follow. Please RSVP to Randy Cook at 805 652-6676.



Directions: From the North, exit at Seaward Ave, go left and cross over the freeway on Seaward Ave. Take Seaward to Main St (four stoplights) Make a right on Main and go to Loma Vista. Left on Loma Vista. Pass CMH hospital on right, VCMC is on the left. Parking is behind the Medical Center. Cafeteria conference room downstairs in the new cafeteria addition behind the hospital. From Ventura South, Exit on Main St. Make an immediate right on Mills Rd (before the Mall) Take Mills to Loma Vista (4 lights) Make a left, VCMC is on the right as you head downtown.

Conquest Imaging will be presenting on **Ultrasound**. Conquest supplies training on various ultrasound systems and is a repair facility.

October is nominations month for 2009 Coastal Chapter Officers. Positions include President, Sec'y/Treasurer and CMIA Board of Directors. Active members are encouraged to volunteer for one of these positions and vote in November, by mail or in person at the November meeting.

News off the Net: "eserviceinfo.com" has quite a few service manuals of non-medical equipment available for download. I found several manuals for old laser printers that I had. With all of the PC based medical equipment nowadays, this sit could come in handy. The manuals are available in the "rar" format, but there are free programs that will extract these files too. I use a program called "iceows" to do this. Cliff Shelby

Da Vinci(r)S(tm) Surgical System with High Definition Vision:

Is anyone using in-house resources to support their da Vinci(r)S(tm) Surgical Systems with High Definition Vision to any significant extent?

Kirk B. Creswell Manager Clinical Engineering and IS Field Services Baystate Health
Springfield, MA 01199

I do not think that is an option. Nor is price negotiation. Being the only player in the market, they define the game rules. Mike Kauffman

GREAT QUESTION! We are expecting our DaVinci any day now. We were pretty much forced (my opinion) into signing a **\$149,000 annual contract**.

The costs not only on the service side of this device are enormous. Our stocking order for instruments to use with this machine was nearly \$200,000. When you look at the cost of acquisition (\$1.6M), the cost of the initial stocking order (nearly \$200K) and the annual service (\$149K), the return-on-investment becomes very difficult. I want to look at the length of stay and the volume of patients that convert to an open procedure. The technology looks great, but I am just wondering what the business model looks like to pay for this acquisition versus a standard lap-type procedure. Intuitive Surgical is very much into marketing this technology and assists the health system with developing a strategy to present to the community about this new technology. Perhaps the return comes from increased patient awareness of the facility investing in this technology and therefore more patients want to come to our facility.

I am still having my technical team "shadow" every move of the Intuitive Surgical service technologist during installation and whenever service might be required. My team will also attend the in-house classes that educate users how to set the thing up. You know who they call when things are not going well.... It's Clinical Engineering to the rescue and regardless whose responsibility it is, if the patient is going to be inconvenienced because of a delayed or cancelled case due to a piece of technology, my team will strive to try and never let that happen. So we'll get ourselves as educated as possible on this system regardless of what Intuitive Surgical has in mind. Christopher G. Nowak, CBET Regional Director

When the DaVinci was installed at Children's Hospital in Seattle we accompanied the installation. Intuitive Surgical was supportive of the Hospital Biomedics receiving training and providing response. I think they went out of their way to help make it as comfortable as possible. Even so, the cost of parts on the beast is phenomenal. After I got a good look at it I thought the prices were pretty good considering the technology and what it offered. **This is a service contract that, while overpriced, is well worth the expense.** I thought the Intuitive employees were great to work with.

Patient recovery following DaVinci surgery has proven in many cases to be much faster than other surgeries. Open-heart surgery is a prime example. Just a couple holes rather than opening the chest. I'm certain your staff will enjoy having the robot. It's all in the confidence that a machine can perform so well. Dana Fayette

We've had our system around two years now and we use it in Cardiac, GYN, and endo cases. Biomedical involvement has been limited to interfacing external monitoring and images to the system. **Why DaVinci will only allow Y/C video connects is my only pet peeve.** I feel the service agreement should be left with DaVinci at this time until enough of these systems are in place to work out the service issues and failures. An example would be an arm lock up in the middle of the case resulting in the surgeons having to take alternative approaches. I'm not about to lay that responsibility on my techs at this time. That being said...they should be trained though to set up and operate the system to insure proper function. Sanpedrodave

DaVinci used to have a Biomedical Training program. They told me they discontinued it because of lack of interest. I know for a fact that some Biomedes went through the program before they discontinued it. If we could locate some of those trained Biomedes, maybe we could tap into their knowledge. Patrick K. Lynch CCE, CBET

You are stuck. It is all or nothing with them. I just renewed our contract. They started with a "PRE-DRAFT" and after many emails about several items I was told that they would not change anything except the length of the contract. I called their corporate office and did get several items changed.

They would not budge about adding any sort of cancellation clause however.

They have been notorious for not performing regularly scheduled PMs. They also have not been very good at delivering to us any field service reports. This is a high visibility product line for us, and they do keep the surgeons happy.

The original clause in the draft about PM did not specify any sort of frequency. Ours now reads "Field Engineers will perform maintenance inspections as necessary (no less than one per year) to ensure your system adheres to factory specifications."

In their documents they had a clause of "Guaranteed Response Time" and a note that said they would make reasonable efforts to respond. It now reads: "Our Engineers will respond to Customer Requests within two hours of notification to our Customer Service Department."

While this has not been a problem, they added "Uptime Guarantee – Intuitive warrants that during the Term, the System shall be fully and properly operational (the "Up-time") ninety-five percent (95%) of the time as calculated set forth in Exhibit A hereto."

Did we end up with a perfect contract? No, but I think we can live with it. Paul Kelley, CBET

In the 3 Da Vinci Systems I have come across, Intuitive gave the hospitals a \$250K price break on the purchase in exchange for a 5 year service contract commitment. **They have also sent a letter to the OR Director telling her that use of a non intuitive battery will void our contract coverage. Their battery--\$1500, Unipower battery- \$15.** Leo Velasquez Mgr. Clinical Equipment Services NHTR 3333 Silas Creek Parkway Winston Salem, NC 27103

Recall! da Vinci S Surgical System, Model number IS2000 Endoscopic Instrument Control System, Recall # Z-2204-2008
CODE

Serial numbers SG099, SG145, SG162, SG205, SG294, SG295, SG298, SG299, SG300, SG301, SG302, SG303, SG304, SG305, SG306, SG307, SG308, SG309, SG310, SG311, SG312, SG313, SG314, SG315, SG316, SG317, SG318, SG319, SG320, SG321, SG322, SG323, SG324, SG325, SG326, SG327, SG328, SG329, SG330, SG331, SG332, SG333, SG334, SG35, SG336, SG337, SG39, SG340, SG341, SG342, SG323, SG344, SG345, SG346, SG347, SG348, SG349, SG350, SG351, SG352, SG353, SG355, SG356, SG357, SG358, SG359, SG360, SG361, SG362, SG363, SG364, SG365, SG367, SG368, SG369, SG370, SG371, SG373, SG374, SG375, SG376, SG379, SG380, SG381, SG382, SG383, SG384, SG385, SG386, SG387, SG388, SG390, SG393, SG394, SG395, SG396, SG397, SG399, SG400, SG401, SG402, SG403, SG404, SG405, SG406, SG407, SG408, SG409, SG410, SG411, SG412, and SG413

RECALLING FIRM/MANUFACTURER

Intuitive Surgical, Inc., Sunnyvale, CA, by letters, telephone and service visits beginning June 1, 2008. Firm initiated recall is ongoing.

REASON Defective software chip may cause the system to fail and lock up.

VOLUME OF PRODUCT IN COMMERCE 112 systems

DISTRIBUTION Nationwide and Internationally

Argon beam ESU and ECG interference

Our anesthesia staff is asking about effective means to reduce interference between an argon beam ESU and the patient monitoring system. Our monitoring system vendor reports that blanking of the ECG waveform is not unusual when using an argon beam ESU on liver procedures. Our OR director disagrees with this finding and I am now asking your input.

1) Are you seeing this type of interference with your patient monitoring system?

What make of Monitoring system?

What make of ES?

2) If you do not see this type of interference, what measures have you put into place that have minimized this problem?

Robert Harbick Clinical Engineering Manager Roger Williams Hospital Providence RI

If I recall correctly, Datascope had a long discussion on this subject back when the Passports first came out. Or it may have been SpaceLabs. **But yes, blanking is not unusual at all. You're trying to watch a very tiny amount of voltage, 2 mV, off the wall of the chest, while simultaneously blasting the body cavity with argon plasma, which can be in the thousands of volts. Can we say, "off the scale"? :-)**

I don't think anyone makes anything that can accurately watch an ECG while actively using an argon ESU. What does the mfr. of the argon ESU say?

Ray Brown, CBEI, KB0STN Freeman Health System, Joplin, MO

Thank you for your response and adding agreement to my argument. We are using the Conmed System 7550 ESU with Spacelabs Ultraview monitors using 91496 patient modules. Conmed says that this is expected and have not provided documentation to support this. Spacelabs also says this is expected and also have come short of providing documentation of this effect.

Both say that the best way to address this is through a two prong approach.

First is to insure ground integrity on both the ESU and monitor. This is to make certain that any RF energy that is generated has a place to go, and is intended to keep the RF and the ECG separate.

Second is to keep capacitive coupling between cables to a minimum. This is achieved by keeping the cables a far apart as reasonably possible.

I was hoping that one our revered sages out there had found a technique that would be the "silver bullet" for this beast. Robert Harbick

I have had some issues with our ERBE ICC 200 with APC and the ERBE VIO with APC and Datascope Passport XG monitors. It has also interfered with the Dell computer in the room. Some things I have done. I put an isolation transformer on the ERBE. I got with maintenance and found out which circuit the monitor is plugged into and then labeled a specific outlet in the room that is not on that circuit to plug the ESU into.

Then just recently we had issues with the monitor and the Dell computer display.

I found that the problem there was the patient plate clamp cable. This is a reusable cable that the disposable pad clamps on. Well after time the Banana plugs that connect this cable to the ESU get worn and do not seat tightly into the ESU. Enough contact is made to fire the ESU but not good enough to capture all the RF. Replaced the clamp cable and everything is fine. Note: The reusable active cords wear too and need to be replaced after awhile.

Dan Bert Guthrie Healthcare Sayre,PA

Holter Recorder Downloading Compatibilities

We have been having a lot of problems lately with our (unnamed) Holter recorder system losing data between the acquisition computer and the dedicated server in the admin server farm. **The vendor hasn't been able to fix it and wants to take us offline for 2 days or more to "reload software"**. The EKG supervisor is at wits end and is looking elsewhere for Holter/event recording solutions.

The problem is that we own about 130 digital Holter/event recorders of one brand which would be super expensive to replace, and the word is that there is no data /downloading compatibility between any of the brands out there.

Has anyone heard of a converter box, or if any of the Holter providers ARE compatible with other brands of recorders?? William D. Knight, CBET

We have had problems with our Holter system in that when it reaches 504 files or patients (Because it is still DOS based and only 3 years old) it locks up. We then have to go in and copy files to another directory to bring the number down.

If we want to retrieve a file we have to do a whole lot of manual manipulation to retrieve. If you want to read the file from another site we have to "move" the file to that site on the server. It is definitely not the way of the future.

Oh yeah we were told that they are no longer supporting the 110 Holter monitors that are only 3 years old and we need to buy software to accept the new Holter monitors but isn't backwards compatible and doesn't fix the archiving. Joe Fishel CBET

Digital recorders are specific to a vendor... just to make life difficult.. analog tapes no problems... ditto with ITM/Event recorders they are basically "analog" and when sending in via a modem these too are for the most part compatible between platforms... **TWO DAYS TO DOWN LOAD SW??** Might want to think about the wisdom of staying with a platform that costs you huge dollars to maintain...sometimes it is money ahead to review your options.. besides most companies do take trades if asked. F.K. Fuller

Bariatric Defib:

I am being challenged by my VP to determine if our house wide and ambulance fleet wide **Zoll M series biphasic defibs (max 200j)** are adequate for bariatric patients. I would like to hear from anyone who has found the need to buy a particular manuf / model of defibrillator for that patient population and what information that decision was based on. **One of our physicians is certain the the 200j limit of our Zoll's make them inappropriate for bariatric patients**, I'm assuming based on body mass.... Dan Dudley, Director, Medical Engineering Wishard Health Services

Dan, You are being asked to compare apples to oranges. **The Zoll M Series defib uses a rectilinear biphasic waveform which delivers more current at 200 J than other biphasic defibs at 360 joules.** There is detailed information on Zoll's website.

<http://www.zoll.com/product.aspx?id=76> Chris Poulsen CBET

Philips Avalon wireless repair:

What are BMET's doing to repair the Philips Avalon wireless ultrasound and toco transducers? Model numbers are M2726A and M2725A respectively. We seem to be having a lot of problems with these and E1 error codes. Kurt Burner CBET

We get a lot of E1 errors too. 99% of the time there is no problem. Put the transducer back into the bay and pull the plug to reset the unit. This will normally fix an E1. Craig Muehling

Kurt, not much. We have 42 Units. We did get Philips to replace all our units a year ago due to a glue flaw in xducers made before March of 07. Otherwise, I have torn a few apart (badly) to see if I could do any work with no success. If we had the choice we would not replace these units with Philips wireless again; too costly, too unreliable. Good luck. Mike Delaurence

Philips G5 Gas Module - No In House Repair Supported:

This is probably a VENTING rather than a request for information but apparently Philips does not support ANY in-house repair of their new G5 gas monitor. Option 1 is a service contract option 2 is to exchange it when it needs cal or breaks. Option 1 is about \$1K, option 2 is about \$7K. Are there any 3rd party vendors who are performing service on these units? Any insight of the failure of these things? Mike Kauffman

I am interested in this subject also. I have been trying to get service information from Philips also and have never gotten a straight answer. **The Sales person** told me that the G5 doesn't need calibration or service. Tim Penno Biomedical Electronics Marshfield Clinic

This is interesting since we are evaluating this equipment currently. It seems I heard that this is a Dragar piece which may be why they are supporting it in this manner. However, a point of sale extended warranty is a little less than the 1K/unit/year.....about 850, I think. What would be helpful is if some list members could share their experience so as to make a choice between option 1, or option 2, unless we can work together to come up with an option 3. Brian Lefler

Sterrad School, worth it?

Has anyone been to the Sterrad school? I am looking at sending a tech to for three Sterrads at 3 different hospitals. After the parts discount it looks ok, but 22k for the school with the test equipment included seems excessive to me. Basically, was the school worth it is what I am asking? Mark Nelson Manager, Biomedical Services Venice Regional Medical Center

I went to the school for one machine and it turned out to NOT be worth it. This was due to the cost of parts and the service agreement was only \$9,000.00/yr. It might be worth it to you though. You can get the training and sign a limited/first look agreement without the test equipment. John Sullivan

Yes, It was a really good class. When I attended I had no previous experience with the equipment. I attended the NX class in California and came out confident that I could perform the pm's. Also, with the incredible tech support given by the class trainer we were able to identify and correct problems on the spot with little downtime. I have had to attend problems on the **100 S Sterrad**. I was confident to get into and was able to get it back in service quickly. Originally we had all units under contract **but when all failed in one week**, on a Friday afternoon, of course, it sent the message that we could not afford to have 43 Ors slowed down due to Sterile processing. The **100 S** we did on site and had real failures along the way. Our instructors for both models were highly knowledgeable. They are also very available for Questions and phone help. I can't say enough that you won't be disappointed. We just completed our first round of pm's and a repair. The cost savings are well worth the no time down has really made our SPD and OR staff happy. Linda @ 919-784-7063

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