

AAMI News

Association for the Advancement of Medical Instrumentation

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The Inside Word

"Our end result was that the staff bonded, leaders emerged, and all challenges were met."

Alan Ormsbee
Senior BMET
Hilton Head Regional
Medical Center

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AAMI Requests Governing Body Action . . .

Plumbing Code Provisions Put Dialysis Patients at Risk

At the request of an AAMI committee, the FDA has put the nation's plumbing code body on notice that it will take action, if necessary, to address current provisions in some state and local plumbing codes that conflict with federal requirements for medical devices used to purify water for kidney dialysis.

The provisions in question—related to backflow equipment and water distribution pipes—pose significant safety risks for dialysis patients, according to members of the AAMI Renal Disease and Detoxification (RDD) Committee, who wrote to officials at the FDA Center for Devices and Radiological Health (CDRH) requesting a determination on the issue.

"I believe that protection to the potable water source by standards of the International Association of Plumbing and Mechanical Officials [IAPMO] should end with a backflow prevention device placed at



Lee Fischbach

the inlet to the water systems pretreatment," Lee Fischbach, co-chair of the committee, told *AAMI News*. "IAPMO should not have responsibility for the design of a water system for hemodialysis."

"I began getting calls from facilities in several states back in 2001 where plumbing inspectors were coming into facilities in several states wanting them to install backflow prevention devices on the back of each dialysis machine," recalls Matthew Arduino of the Centers for Disease Control (CDC).

In several localities across the nation, one section of the plumbing code published in 2000 has been interpreted to mandate the use

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Special Employment Focus . . .

Biomed Shortage Persists, Takes Toll on Facilities

The last time that Miami Children's Hospital needed to fill a position in the clinical engineering department, the four-month search ended when a qualified candidate from New Jersey decided to relocate to take the position. This time around, the hospital has had an even harder time recruiting an experienced biomed technician.

"We started recruiting for this position last February and have had no success," says Frank Magnarelli, the hospital's clinical engineering director.

Across the country, other employers and recruiters report similar experiences, as it takes some facilities six months or longer to fill positions with fully qualified candidates.

Entry level BMET positions are "easy to fill," according to Kevin Jensen, clinical engineering manager for VA Connecticut Healthcare System. But, says Jensen, "Finding someone with well-rounded, effective experience is hard." The problem, he adds, may



ABOVE: Miami Children's Hospital
INSET RIGHT: Frank Magnarelli



have as much to do with management expectations as it does with the pool of applicants: "Upper management is not clear about the skill levels desired, as the historic requirements have changed rapidly."

The inability to fill a vacant position impacts health care providers in any number

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Shortage Persists

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of ways—including the bottom line. According to Jensen, the demand for qualified biomedes at his facility means that, “Salary has risen to be competitive.”

For Magnarelli and Miami Children’s Hospital, the unfilled tech position translates into a “slight increase in overtime.” But, more importantly, the situation has had an impact

on how ambitious the clinical engineering department can be: “Our inability to find qualified technicians means that we have been unable to start new programs.”

With a lack of qualified technicians, employers such as Magnarelli are more likely now to look further afield to fill their positions—and to adjust salaries offered to be more competitive in the national marketplace.

“We feel that since few technicians are available in our local market, we must recruit nationally,” says Magnarelli. “This has caused us to re-think our salary structure. Previously we compared against the South Florida labor market, but since Florida salaries are generally lower, we may need to re-adjust upward.”

According to Certified Employment Consultant Roger Springer, owner of EMCON CMA, Inc. in Fairfax, VA, this situation isn’t unique to South Florida. “How can a local hospital contact potential candidates outside of their geographical area effectively?” Springer asks. “Many times they don’t. Then, what happens is they either hire a trainee who may or may not be well-versed in biomedical and hope they can ‘train them up,’ or they hire someone with a lower skill set than they



Roger Springer

need. Neither of these options makes or saves the hospital money,” he says.

Candidates with a specialty in imaging are in particular demand, according to recruiters,

and can expect higher salaries than non-specialists. Finding a “BMET with an imaging background is just really, really hard,” says Jensen. This development isn’t new; a 2003 AAMI salary survey reported that biomedical equipment technicians and clinical engineers who specialized in radiology, laboratory, or technology management earned higher salaries—as much as 26% higher—than biomedical generalists.

Springer, however, worries that this income statistic can be misleading. As Springer puts it, “The actual statement should be that *certain* specialties for *certain* manufacturers can expect higher salaries.” But, he adds, “The generalist is actually in great demand, because health care reform created a generalist market: In most cases the hospitals could no longer afford the OEM [original equipment manufacturer] specialist

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New Career Center Becomes Most Popular Area of AAMI Web Site

Since being launched six months ago, the AAMI Career Center has featured dozens of available medical device and technology jobs across the country, enabling employment seekers to browse through postings by location and job titles.

“We attracted the attention of more candidates using the AAMI Career Center,” says Kevin Jensen, clinical engineering manager at the VA Connecticut Healthcare System, who posted an opening for a clinical engineer on the AAMI site this May.

“The new AAMI Career Center has attracted a wide array of employers and employees. It’s been

our most visited area on the Web site,” explains Barbara Staudt, AAMI’s site director. According to Staudt, the Career Center had 15,500 page views in the month of July alone.

AAMI members may post their resumes on the Career Center site for free; non-members are charged \$25 for the service. The Career Center also includes FAQ for job hunters and employers, career-related articles, and other employment resources.

AAMI members can post jobs for 30 days for \$150. Non-members pay \$300. AAMI also offers discount packages for employers posting several jobs. For more information, e-mail careers@aami.org.

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