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Issue 1**

*Charles Verzi
President - ETBA*

President's Corner

Charles Verzi

Lately I have received several calls about updated cell phone policies. I think we all remember the reasons for instituting cell phone bans or restrictions at our facilities. It is now time to review these policies and make rational decisions concerning them.

The IT and nursing departments want the bans lifted. With the explosion of wireless devices over the last 24 months it is hard to deny the productivity gains and the countless benefits of this technology. Nevertheless, to say wireless devices no longer interfere with medical devices is untrue.

We discovered early in the formulations of this policy that many medical devices did not have appropriate EMI shielding. So what has changed at your institution? Have you been allowed to replace unprotected equipment? If not, you have not changed your risk level. When the safety community asks for your opinion review any changes that have been made since the ban was enacted at your institution.

Several years ago we banned all wireless devices from use to control the EMI interference problem. We erred on the side of safety. At that time we did not have enough data to support safe usage of wireless devices in a medical setting. We later learned that distance, power and frequency transmitted by a wireless device really determines the impact.

So, what should we do now as a community that enforces safety? We should take a look at the policies and modify them where appropriate. If you have not replaced the older equipment that has poor shielding take this into consideration in your policy review. Also, if it is appropriate, create a bubble around the equipment that will allow coexistence of wireless devices with safe operation of medical equipment. What I have heard is most institutions are going to a limited use policy. Restricting the use of wireless devices in locations of high/critical equipment operation.

Because most of us have involvement with multiple departments, I would also raise the issue of privacy. If a healthcare provider has the need for a phone it is because constant communication is necessary. This communication more often involves the discussion of a patients care. Does this violate the institutions policy of securing the patient information and privacy?

When looking at the current policy you may want to involve multiple disciplines within the hospital setting and come up with reasonable compromises.

Hope to see everyone at the next meeting at Children's.

ETBA Financial Report

Mack Webster

Balance 3/1/2003 **7,816.70**

Inflows:

Corporate Membership	600.00
General membership	530.00
ETBA Shirt Sale	30.00
Door Prize Rebate	50.00
Total Inflows	1608.00

Outflows:

Purchase of ETBA Shirts	308.95
Meals and Bev (Mar Mtg)	208.05
Newsletter Printing	120.41
Postage	144.60
Refund (Mbr Overpay)	5.00
Sept. Social	934.20
Door Prize (palm device)	149.99
Total Outflows	1871.20

Balance 9/10/2003 **7553.50**

Net Increase/Decrease **-263.20**

Fetal ECG

Randy Bueckman

Using defense software designed to pick up military radar targets, British scientists have developed a non-invasive means of detecting the fetal ECG. Signals from 12 electrodes on the mother's abdomen separate useful components from background noise from muscle activity and electrical interference.

Current testing is attempting to determine if the signal quality will assist physicians in determining if the information will help determine oxygen levels, irregular heartbeats and other problems during delivery.

Technology commonly in place today will give a heart rate in-utero but it is just an audio signal. After the baby starts down the birth canal, an electrode can be screwed into the baby's head to get an ECG.

Researchers also found they could determine the intensity of the mother's contractions directly by analyzing the electrical signals from her abdominal muscles.

It is hoped this technology will reduce the amount of unnecessary Caesarean deliveries.

Arterial Draino

Randy Bueckman

Several studies are currently under way involving HDL, the good cholesterol. In the studies, patients with a buildup of plaque are given injections of the laboratory produced HDL. Early indications are that the HDL injections reduce the buildup in arteries. Another side affect is that inflammation of the artery walls is decreased.

It wasn't that long ago that all cholesterol was bad. Eggs and red meat became taboo. Anything with a hint of cholesterol in it should not be eaten. Unfortunately, cholesterol levels continued to rise.

After further study, it was determined that some forms of

cholesterol were actually good for you. That is when the HDL and LDL forms were discovered. Now cholesterol levels are not as important as the ratio of good (HDL) and bad (LDL) found in your blood stream.

As of yet I have not seen a study of what foods create HDL or LDL but I am guessing that a good variety of foods will keep the two in check. I am also guessing that they will one day find LDL, in proper levels, also has some beneficial role to play in our health.

For now, there is hope for those with high LDL levels. The synthetic HDL protein being produced appears to have the same beneficial effect on

vascular walls and the taming of LDL as natural HDL does.

Current testing gives hope that one day balloon angioplasties will be a thing of the past.

When the study began, the thought was that it would take nearly as long to repair the damage as it took to build up the plaque. But some results have indicated that in as little as six weeks, a four percent reduction was seen.

This still may not be the perfect answer. Yet, anything to reduce surgery has my vote!



James Gregg is our newly elected president. He has served as president of ETBA in the past and volunteered to take the role once again. We are happy to have him back leading the group in 2004! His official duties as president start at the March 16th Membership Meeting.

President's Corner

James Gregg

to learn more about that technology and how it works out. Randy talked about the progress of the effort to form a national biomedical association. It seems like a good idea that could be beneficial to our profession.

Continuing the theme of renewal, March is the beginning of the ETBA fiscal year. That means it is time for regular membership renewals. I would like to encourage every BMET to renew or initiate membership in the ETBA. Our association is only as good and strong as its collective

membership. If you are a member, get that renewal form updated and back to us. If you have never been a member, we invite you to join. If you have BMET's in your shop who have not attended one of our meetings, bring them along on March 16th. Bring you ideas and comments to share and participate in the growth of the association.

See you at the March membership meeting!

Wow! Time flies when you're having fun. It is March again and spring is just around the corner with its promise of renewal of all things great and small. This last year went fast, but the ETBA had a good year with many good meetings and interesting discussions. The roundtable discussions at the December meeting were very interesting. Charlie Verzi's information on leaky coax was thought provoking. I would like

WOM - Now a reality

Randy Bueckman

Years ago when microprocessors were just becoming popular a few of the BMETs I worked with at the time and I discussed developing a WOM (Write Only Memory). We came up with a list of just how beneficial this device could be. Because it could be written to but never read from, its scalability was limitless. Just buy one from us and you would never need another.

A couple of years ago, I thought that I should get in on the leading edge of the DVD revolution. I was going to build the first and only DVD re-winder on the market. I had to act fast to catch the VHS crowd before they became too tech savvy. (Hey, I was going to spin the disk backwards.) But, I waited too long. My opportunity passed without making a dime.

Well, not all my ideas are time sensitive. The WOM is actually being developed by Flexplay. I need to make it clear that it is not a pure WOM. It can be read for a short period of time before all the data goes away. Flexplay is manufacturing a DVD that reacts with oxygen in the air to make the disk unreadable. The first target market is the DVD rental crowd.

Tired of paying those late fees? Just buy the movie on a Flexplay disk and you have 48 hours to watch it after opening the air-tight package. Then instead of driving back to the video store - just throw it away! The disk starts out red in color and then turns black making it impossible to read the data. No late fees. No hassle. The only drawback is the price. At \$6 or \$7 a piece, they are a little expensive even when you consider the amount you would pay in overdue rental charges.

I guess they could still be used for the opening scene of Mission Impossible! I would miss the fire and smoke though.

