

# CLINICAL ENGINEERING

---

## Biomedical Equipment Maintenance

---

### Device Code 17882, Defibrillator/Pacemaker, External

Device Code 17882 has been added to our database. The stored PM and Cal cycles are every 12 months, and 6 month PM and 12 month CAL for in-use items. This device code should be used for defibrillators with the pacing option (e.g. Lifepak 10-59 or Lifepak 9P). Use of this device code is not mandatory; however, it would greatly assist in our queries and in developing your REPs. Please make the change in MEDLOG by doing an SMR transaction

### Device Code 96002, Processor, Dry Film

Device Code 96002 has been added to our database. The active and stored PM cycles are every 12 months with no calibration cycle required at this time. The life expectancy is 10 years and the PM time is estimated at 2.0 hours. Please make the change in MEDLOG by doing an SMR transaction.

AFMLO POC for Device Codes is TSgt Stephen Walker, AFMLO/FOM-E, DSN 343-4039, commercial 301-619-4039. (AFMLO/FOM-E, DSN 343-4039, commercial 301-619-4039, TSgt Stephen Walker, stephen.walker@ft-detrick.af.mil)

## Retrofit Kit for Geringe-Castle Surgical Light

Geringe-Castle has developed and made available a retrofit kit for the Field Surgical Light, Model 2410MB (NSN 6530-01-343-2033 or NSN 6530-01-316-8733). The kit, Part No. 303444 (NSN 6530-01-469-9331), was developed to eliminate a problem with the battery charging circuit. With the current design, the unit does not stop charging the lead acid batteries when full charge is reached. Batteries get very hot and swell and must be replaced. Currently, the manufacturer's manual states batteries require 8 hours to reach full charge, but does not warn that the unit must be unplugged once fully charged.

According to our records, several bases have these units and will need to order the kit. The cost of the kit is \$154.00 and can it be purchased directly from Geringe-Castle. Please contact Mr. Kenneth Sealy, Director, Government Sales Division, at 1-800-394-4638 to place an order for a kit.

**Attachment 1** includes service instructions and drawings for the kit. Questions can be directed to AFMLO/FOM-E, TSgt Stephen Walker. (AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039, commercial 301-619-4039, stephen.walker@ft-detrick.af.mil)

---

## Facilities Management

---

### Medical Facility Management Information Survey Results

Results are in! We received 72 out of 79 surveys back (a remarkable 91 percent), and would like to thank all Facility Managers who participated. Below is a summary of the results. Complete results are posted on AFMLO's Facilities

Management web page <http://afml.ft-detrick.af.mil/AFMLO/facility.htm>.

1. Facility Manager: 81 percent of Facility Managers are civilian. The table below shows demographics by facility type:

|          | GS<br>7/8 | GS<br>9/10 | GS<br>11/12 | Enlisted | Officer |
|----------|-----------|------------|-------------|----------|---------|
| Clinic   | 15%       | 60%        | 9%          | 16%      |         |
| AHCC     |           | 77%        | 12%         | 11%      |         |
| Hospital |           | 40%        | 36%         | 14%      | 10%     |
| Med Ctr  |           |            | 50%         |          | 50%     |

Forty-four percent of Facility Managers are GS-9s, who typically work in a Clinic or Ambulatory Healthcare Clinic, and have an average campus size of 177,000 sq. ft. The next highest percentage of Facility Managers are GS-11s (17 percent). Typically, they are in Hospitals and Medical Centers and have an average campus size of 395,000 sq. ft.

The average Facility Manager has 8.5 years of experience in Facilities Management and has been in his/her current position for just over 5 years. Fifty-five percent of Facility Managers have an Associates Degree or higher; 82 percent have attended the Basic FM Course; and 71 percent have attended at least one FM Symposium. Eight percent have had no formal FM training to date.

2. Manning: Facility Managers in a Clinic, typically, are working by themselves or have a single assistant. In Ambulatory Healthcare Clinics, the majority of Facility Managers have 1 assistant. In Hospitals, they typically have 2-4 assistants. Medical Centers have 9-16 assistants. In most cases (77 percent), the Facility Managers report to the Logistics Flight Commander.

3. Facilities Drawings: Few facilities have converted the majority of their drawings to electronic format. Most still use paper drawings for most of their business. Survey respondents reported 24 percent of drawings are in electronic format, whereas 76 percent are paper. The reported accuracy of the drawings averaged 75 percent.

4. Problems/Challenges: Insufficient manpower and inadequate authorizations were the most significant concerns identified by respondents, followed by poor BCE support and lack of training. A significant number of respondents also identified insufficient funding for maintenance and repair as a major concern. Others mentioned include grade level concerns and inadequate level of authority.

5. AFMLO Products: Most respondents find the Clinical Engineering section of the Air Force Medical Logistics Letter (AFMLL) useful, as well as the AFMLO web site. Several suggestions for future topics and improvements were included. Thank you for the input. The overwhelming majority of respondents preferred receiving the AFMLL by email or from AFMLO's web site, while 18 percent preferred receiving a hardcopy by mail. (AFMLO/FOM-F, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, [gil.weston@ft-detrick.af.mil](mailto:gil.weston@ft-detrick.af.mil))

### **Medical Facility Managers Get Energized in Seattle**

Facility Managers from around the world invaded Seattle for the annual Joint Services Medical Facilities Management Symposium held in conjunction with the American Society for Healthcare Engineering (ASHE) Conference and Technical Exhibition, 10-14 July 2000. This year's theme was "Energizing Your Facilities Team."

There were 110 representatives from the Air Force in attendance for this once-a-year educational opportunity. It was a jam-packed week of educational sessions that included over 250 leading health facility exhibitors on hand.

The critique results are tabulated and here is a summary of what you had to say:

ASHE Conference: Facility Managers' overall evaluation was very high for ASHE educational sessions, as well as for technical exhibits.

Joint Services/VA Sessions: Facility Managers scored above average marks for the combined sessions and noted, in general, more relevant FM topics would have been more beneficial.

Air Force Sessions: Scoring higher were the service-specific sessions that addressed a wide range of FM topics. Some fared better than others and will be considered in planning next year's agenda. Many thanks go out to the speakers who presented. Your extensive preparation was obvious. Well done by all.

DMLSS-FM Lab: Scoring equally high was opinion about the hands-on DMLSS lab. In general, attendees liked the flexible format for addressing specific training needs.

ASHE/Joint Service Preferences: An overwhelming 92 percent of attendees prefer to keep the format of the FM Symposium like it is by holding it in conjunction with the ASHE conference.

Suggestions for 2001: Some excellent suggestions were made for next year's symposium. There were too many to list them all, but here are some of the highlights and more frequent requests:

- Closer hotel accommodations! As expected, this was the most common complaint, in addition to the restricted bus schedule. Unfortunately, there were no hotels in the downtown area that could support the number of rooms we needed at the government rate. We will work hard to negotiate a closer hotel for next year.

- Several indicated they would like to have an AFMLO panel session where Q&A and open discussion can be exchanged.

- Attendees, in general, wanted more sessions related to NFPA, EPA, OSHA, and EOC requirements. Tips for JCAHO/HSI preparation was a popular suggestion.

- There were also calls for sharing "Best Practices" among Facility Managers and having more Facility

Managers make presentations on innovative solutions to common issues.

- Success of the MAJCOM breakout sessions varied. Some suggested replacing this with additional Air Force sessions, or moving it to time available during the technical exhibition.

- Another great idea was incorporating a Facility Management Awards/Recognition session.

These are just a few of the excellent suggestions made which we will work to include next year. We hope it was an educational, as well as an enjoyable experience for this year's attendees and look forward to an even better 2001. See you in Tampa! (AFMLO/FOM-F, Maj Gil Weston, DSN 343-4972, commercial 301-619-4972, [gil.weston@ft-detrick.af.mil](mailto:gil.weston@ft-detrick.af.mil))

---

## Quality Assurance

---

### Food and Drug Administration (FDA) Recalls/Alert Notices

**Attachment 2**, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM, Capt P.J. Toth, DSN 343-7445, [paul.toth@ft-detrick.af.mil](mailto:paul.toth@ft-detrick.af.mil))

WILLIAM H. HILL  
Deputy Chief, Air Force Medical Logistics Office