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The move toward dedicated or highly trained lab equipment techs does hold out very real benefits for a hospital. "Hospitals are always looking for ways to avoid delays in patient care and save money," says Carol Wyatt, MPA, CBET, manager, biomedical engineering, Baylor Health Care System. "On-site biomedical techs with the skill set offer the most efficient way to complete a repair quickly and save money."

Karalius agrees. "The lab is an opportunity for clinical engineering to expand and provide more service, quicker service in the facility. There are lots of things that we are able to do. When vendors come in, they basically do their work and leave. But, we're here and we help them (the lab) look at entire systems and workflows. We can help them when they are doing projects."

We can help them when it comes time to buy more equipment. We can help them when it comes time to get certification, to look at policies and procedures and help streamline a lot of things that you're not going to get when you have a contract."

According to Rick Dillon, B.S., clinical engineering manager for the Trimedx-managed shop at Sacred Heart Hospital in Pensacola, Fla., the in-house tech can maintain the lab's work flows when an OEM engineer might hold them up.

Dillon echoes Karalius and Wyatt's opinion of the benefits of lab-trained techs on staff.

"Given the fact most hospital laboratories have little or no equipment redundancy and run their high-end analyzers 24/7, lab technologists are looking for quicker service response times. Utilizing in-house capabilities eliminates the manufacturer's travel time and saves the hospital tens of thousands of dollars each year in repair costs," he says.

"With this increase in demand for quicker response times, hospitals are also looking at reducing costs systemwide. To meet these needs, clinical engineering will continue to expand into all areas, making sure every modality is covered – including laboratory."

As health care continues to change, hospitals will have to identify more innovative, cost-effective solutions to run their operations, including the service coverage of their medical equipment."

The advent of electronic health records (EHR) has been a game-changer in many ways. Clinical lab equipment can provide real time, or almost real time, information to clinicians. That information must find its way into the patient's EHR.

From Vortex Gene's to automatic coagulation analyzers, the range of lab equipment is broad and can include hospital owned as well as reagent rental devices. The clinical laboratory provides a number of functions including the analysis of blood and urine, blood typing to the identification of bacteria and viruses.

Karalius points out that there is one characteristic of lab equipment, and its relation to the clinician, that the biomed tech needs to remember. "One thing that's different about lab equipment than the rest of the equipment in the hospital is that the users are very familiar with how the equipment operates and they have to get their hands into the equipment to work on it. So therefore, they become very attached to their equipment," he says.

That independence and uniqueness, found in the lab, is echoed by Jeff Ruiz, biomedical engineering manager at Holland Hospital. His shop is also managed by ARAMARK Healthcare Technologies. "I would equate it to the challenging CE-IT relationship," Ruiz says. "Just as IT can be somewhat isolated at a hospital, the laboratory services often can be isolated. With that being the case

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isolated at a hospital, the laboratory services also can be isolated. With that being the case, laboratory departments become almost like a self-sufficient entity. They like to manage their purchases and service agreements within the department. It appears very rarely that they seek second opinions."

"However, with reimbursement cuts, and hospital organizations trying to do more with less, more and more laboratories are seeking consultative-type relationships," Ruiz says. Here at Holland we respect the laboratory's knowledge base/expertise. But by blending our resources we can offer alternatives to service. Learning some basic steps from an early best practices meeting with ARAMARK, we learned many ideas to offer value in reducing laboratories service cost."

Ruiz says that a combination of open lines of communication, establishing a valid equipment inventory with respective service agreements, documentation (even when service is provided by the OEM) and evaluating your data all go a long way.

"As with any evaluation of technology, determine what areas of opportunity are there for service cost reductions," he says. "This is where documentation is key. Service history plays a role if a device should remain on a service contract or maybe an alternative approach, such as time and materials could be cost effective."

"Typically, historically, when biomed finds their way up into the lab, they're dealing with a customer who really knows their equipment and is very defensive," Karolus says. "Usually the biomed doesn't have enough experience about how the equipment operates (or) how it's calibrated. They're pretty good about handling a little bit of a problem here or there, that's an easy fix that you can fix on any system, but when it comes to the more complicated issues, they really don't have the necessary background."

"So, there's a huge learning curve that goes on and because of that learning curve, there is a huge amount of distrust. The only way around that is to hire individuals who are already working in the field in laboratory and have a significant background in that," he says. The CE department at NorthShore hired an engineer, Ian Schwaller, CLES, with a substantial background in the lab to lead their lab team. Schwaller is a laboratory Service Engineer 3 and the team also includes four LSE 3 and one LSE 1 engineers. Three hold the CLES certification.

Schwaller's background helped him to become familiar with the language of the lab techs and the unique regulations of the lab. Four other team members came out of the lab industry as well. The department has developed a program to train biomed to come over to the lab Schwaller does not see a rapid increase in the number of CLES certified techs anytime soon. "If more hospitals would look into going into the lab arena, and training and dedicating people to servicing lab equipment, then yes, I could see some growth in the CLES certification, but not at this point." A lot of labs, especially in larger hospitals, already have lab information technology personnel. They have a number of different programs out there, like SoftLab®, which is basically the host for the information between the instruments to the Epic or the medical records," Schwaller says. "Typically, we don't have to deal with that a whole lot on our side. We just have to get the lab information technology people connected with the OEM's to make sure they have the proper information needed for the integration of the equipment."

CLES CERTIFICATION

While there is not currently a large population of HTM professionals who are qualified to sit for the CLES exam, the trend is slowly increasing their ranks. The ICC is responsible for the CLES

CLES exam, the trend is slowly increasing their ranks. The ICC requirements for the CBET certification and the CLES certification are slightly different.

Tech's pursuing the CBET certification should have an associate degree in biomedical equipment technology program or have completed a U.S. military biomedical equipment technology program or hold an associate degree in electronics technology and have one year of full-time BMET work experience. They can also qualify by having two years of full-time BMET work experience. The tech will have to have worked in the specialty area. The International Certification Commission (ICC) says that "at least 40 percent of work experience over the last two years or 25 percent over the last five years must be in the designated specialty area." Biomedics can also achieve CLES certification by receiving an associate degree in medical laboratory technology and one year full-time BMET work experience or earn a bachelor's degree in medical laboratory technology.

More recent CLES grads have had a larger portion of the exam dedicated to IT. Those techs may have knowledge that goes beyond repair and can help in the integration process. The ICC Examination for the CLES takes three hours.

"The CBET, CRES, and CLES exams have always had some questions related to the IT," says Iman Hannon, CM, certification manager at the AAM. "However, due to the increased changes in the technology that are affecting the day-to-day work of the BMET, the U.S. BMET Board of Examiners decided to compile all the IT questions and create the 'Healthcare Information Technology' section for the three certification exams as of 2012. Under this section we have specific questions related to integration — BMDI, MDI, et cetera."

Hannon also serves as secretary and liaison for the ICC, USCC and the U.S. BMET Board of Examiners.

service contracts or upgrades There has been a slow merging of laboratory equipment services into the clinical engineering/ biomed service offering. "In my opinion, it's not necessarily the devices or system technology, but more on the project and business side, that has merged," says Curtis Ange, ECT, BSTM, manager of biomedical engineering at WellStar Kennestone Hospital.

"We (biomed) have always taken care of the repairs for most of the smaller, less technical devices such as centrifuges, processors, strainers, et cetera, but with the emergence of track systems and the increased sophistication in automation, each upgrade, each new system requires us to dig deep into the terms and conditions for buried, or purposefully hidden, details that can cost the customer dearly," he says.

"These conditions may come in the form of unwanted extended service, software upgrade fees, after-hours or weekend labor costs. So it's very important that these terms and conditions are reviewed and agreed upon by both the clinical and service teams before issuing any purchase order."

Ange points out that lab equipment can cross over into many areas of responsibility. "Secondly, these new systems require a great deal of project management with the clinical, biomed, IT and facilities engineering departments in relation to work flow, serviceability, connectivity, floor design, plumbing and electrical. Typically, biomed will work with the clinical team first to help match the technology to the work flow and then bring in facilities and IT regarding construction and interfacing."

"Everything is in the sale and in the procurement. When you've got the opportunity to hold that dollar up to the vendor, that's when you have all your leverage," Karalus says. "It's really the opportunity for you to make sure you get training." NorthShore made sure that the CE department was at the table during contract negotiations. They made sure that it was written into the contract that the team received training.