

Lower-Cost, Highest Value NEW REPAIR SERVICES

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As part of our customer-first initiative, Olympus Endoscopy Service Group has two primary objectives: repair reduction and improved repair processes that provide more affordable options to our customers *without compromising quality*.

Customer education is the key to repair reduction. Olympus actively provides local and onsite training and educational support materials for our customers. Additionally, Olympus Nurse Consultants have compiled recommendations for reducing Olympus endoscope repairs. If you missed this valuable document in the last issue of *In Service*, **check A on your "Want More?" reply card for your copy.**

But even with the most diligent care and rigorous maintenance protocols, repairs eventually will be required on your equipment. Our primary concern during the repair process is that quality is *NEVER* compromised.

There certainly are less expensive ways to perform a repair. However, Olympus understands

that concern for patient safety and comfort must always come first during the repair process.

THE QUALITY ADVANTAGE

To help you compare repair options, we recently renamed our Minor, Alternative and Major/Overhaul levels of repair to Minor, Major and Refurbishing (FDA's term for a product overhaul) to match the terminology used in the industry. Now, you can more clearly compare the Olympus competitive advantage: Olympus provides service and repair capabilities covering everything from minor repairs to complete refurbishing. At Olympus, *there is no substitute for quality.*

In addition to quality, Olympus understands that lower-cost repair options are extremely important to you. Therefore, Olympus is pleased to introduce these four new repair processes that substantially reduce your cost with zero compromise in quality. All repairs have been thoroughly tested through Olympus R&D to ensure the repaired equipment is restored to its original standards. These competitively priced new repair processes are available now through Olympus.

Here's a quick overview:

Former Process	New Process	Price	Savings	Advantage Over 3 rd Party
INSERTION TUBE REPAIR				
Old process required major overhaul (now called refurbishing).	New insertion tube pinhole puncture repair process.	\$495	90%+	Unlike some 3 rd -party repairs, the Olympus process does not increase outside diameter or reduce operating length of the insertion tube, or reduce its flexibility. This ensures patient comfort and the doctor's ability to maneuver the scope.
BRAID MESH REPLACEMENT				
Old process required major overhaul (now called refurbishing).	New large model (CF/GIF/JF) scopes advanced braid-mesh replacement process.	\$750	85%	Because Olympus uses only quality replacement parts, the scope maintains both optimal flexibility and proper functionality without bulging or divots caused by sub-standard repairs.
LIGHT GUIDE TUBE REPAIR				
Old process required replacement of the entire light guide.	New light guide pinhole puncture repair process.	\$270	70%+	Olympus process utilizes the latest technology and only quality material and parts. No patching or bandaids!
BRONCHOSCOPE CHANNEL REPLACEMENT				
Old process required major overhaul (now called refurbishing).	New bronchoscope (BF video models)* biopsy channel replacement process.	\$1,395	70%+	Olympus uses quality replacement parts and material to ensure bronchoscope is restored to Olympus product specifications.

*includes: BF-200, BF-P200, BF1T200

OLYMPUS Endoscopy Service Group

❖ IN SERVICE NEWSLETTER ❖

This Special Issue of *Olympus In Service* includes a compilation of articles from back issues of the publication to highlight subjects that proved to be the most valuable to our customers. The *Olympus In Service* newsletter is published quarterly and distributed nationwide to healthcare professionals to inform and to educate them about Olympus repair and service issues. For more information about Olympus America Inc., visit our corporate website at www.olympus.com.

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4 ways to receive valuable FREE information from OESG. Select the method most convenient to you!



FAX IT!

Fax the completed "Want More?" card to
(612) 942-6940.

MAIL IT!

Mail the completed "Want More?" card to:
Olympus Endoscopy Service Group
Attn: Hilda Barrs-Mosenthine
6711 Five Star Blvd., Suite A
Rocklin, CA 95677



E-MAIL IT!

E-mail your request to:
barrsh@olympus.com
On Subject line, type:
"Olympus In Service Request"

PHONE IT!

Call (800) 645-8100 x6502 to leave
a detailed message of your request.



Y2K: We're Working on It

STATUS REPORT

OLYMPUS CV-140 Video Processors with serial numbers **equal to or higher than #7834678** (and shipped from Olympus inventory) have been upgraded at the factory to display a full four-digit year code (e.g., 1998, 1999, 2000, etc.) and will accurately calculate a patient's age. Therefore, OLYMPUS CV-140 Video Processors with serial numbers **equal to or higher than #7834678** (and shipped from Olympus inventory) do not require an upgrade for purposes of the Y2K problem.

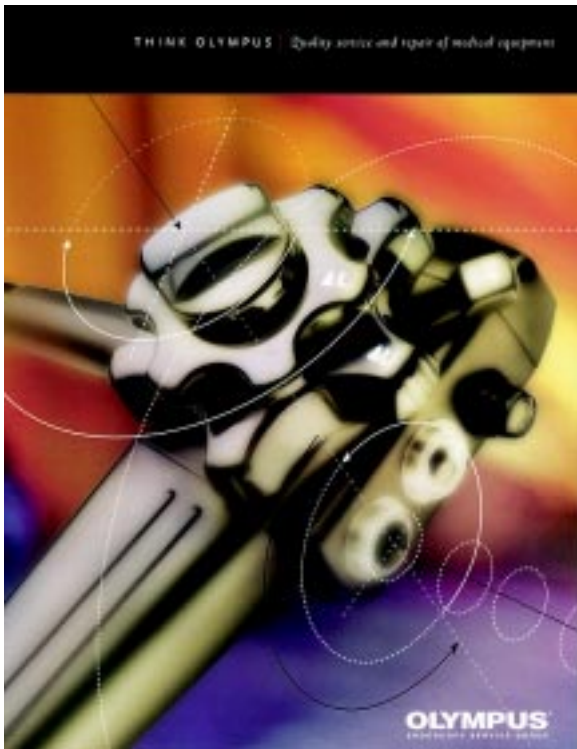
ON SITE CV-140 UPGRADE

OLYMPUS CV-140 Video Processors with serial numbers **lower than #7834678** utilize only the last two digits of the given year (e.g., '98, '99, '00, etc.) to calculate the patient's age. Therefore, the dates in the year 2000 will be read as "00" and will **not** distinguish between the year 1900 and the year 2000 when calculating the patient's age. Although the patient's correct age can be manually typed in, Olympus has prepared a program to upgrade all OLYMPUS CV-140 Video Processors with serial numbers **lower than #7834678** to display a full four-digit year code. This upgrade will be performed at your facility **at no charge to you**.

TAB PRODUCTS WILL CONTACT YOU

Olympus has contracted with TAB Products, a specialized national field service organization, to accomplish the upgrade of OLYMPUS CV-140 Video Processors with serial numbers **lower than #7834678** only. Your facility will be contacted directly by TAB Products to arrange a convenient date and time for your onsite upgrade. This upgrade program will be completed by the end of 1999. If you have any questions related to Y2K issues, please contact Olympus' Technical Assistance Center at 800-848-9024 (7:00 a.m. to 7:00 p.m. EST).

The above statements relating to the Year 2000 are designated as "Year 2000 Readiness Disclosures" in accordance with the Year 2000 Information and Readiness Disclosure Act.



“Think Olympus” Quality Repairs Yield Peace of Mind

OLYMPUS ENDOSCOPY SERVICE GROUP’S newest educational publication, *Think Olympus*, is testimony to our intensified commitment to become the leading resource for world-class servicing of your Olympus medical equipment. Long respected from our reputation as an innovator in the design and manufacture of the highest quality endoscopy lab and operating room equipment, Olympus also wants to be your turnkey resource for maintaining the superior performance of your Olympus equipment throughout its lifetime.

Think Olympus highlights the breadth of our service and repair capabilities and the full complement of resources Olympus puts at your fingertips for maximum convenience and peace of mind...from our Technical Assistance Center hotline and customer care center to our network of highly trained field personnel.

For your advance copy, check B on your “Want More?” reply card.

We Wrote the Book of Angles—

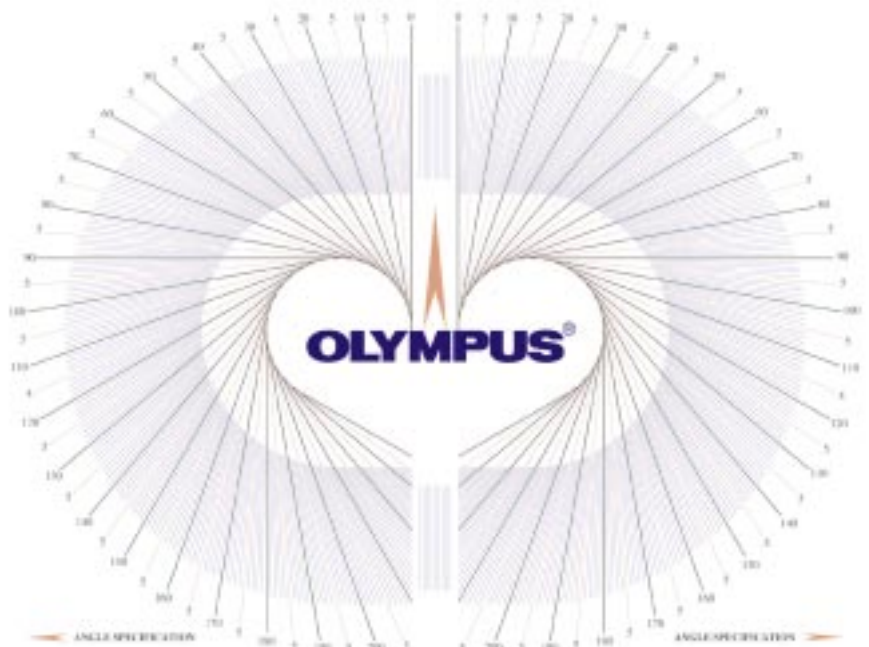
DO YOUR DOCTORS EVER COMMENT about a scope’s angulation response? We have received several requests for angulation information. And here it is! Now you can learn more about Olympus flexible endoscope angles to help provide answers to your doctors.

Olympus endoscopes are specifically designed not to put additional stress on the stainless steel angulation cables. However, over time, the angulation cables can stretch. This may result in less responsive angulation movement, restricted range, and/or “play” in the deflection of the distal tip. By referring to our helpful Angulation Guide, *you* can decide when it is time for an adjustment or repair. Olympus provides two minor angulation repairs: an angulation adjustment and an angulation reset.

The front of the guide (pictured right) diagrams the angle ranges. The back of the guide provides instructions on how to check the angles of your flexible endoscopes for both Up/Down and Left/Right positions. In addition, a listing of flexible endoscopes and their corresponding specifications are included.

Request your FREE copy today. Simply check C on your “Want More?” reply card.

Angulation Guide



Reducing Flexible Endoscope Repair Costs The Importance of Leak-Testing

SEVERAL CUSTOMERS HAVE ASKED when to leak test an Olympus endoscope. Repair costs for flexible endoscopes have always been an important issue. The following instructions will help minimize these costs and prolong the useful life of your endoscopes. Recently, Olympus America Inc. (OAI) nurse consultants became aware that certain manufacturers of endoscope reprocessors may be publishing and circulating incorrect leak-testing instructions. By following this advice, it is possible that many facilities have been unknowingly increasing the incidence of fluid invasion and subsequent costly repairs.

Olympus OES and EVIS endoscopes are fully immersible because the internal components are protected within a fluid-tight envelope. The entry of fluid into the interior of an endoscope often results in extensive damage to the internal electronic and mechanical components requiring a costly repair. Because of this, routine leak-testing is an effective means of reducing endoscope repair costs.

The leak-testing procedure should be a normal part of every reprocessing cycle. Early detection of small leaks

prevents them from getting larger or allowing reprocessing fluid to pass into the endoscope's interior and damage internal components. In order to be effective this testing must be done before the endoscope is immersed in detergent or germicide solution. The sequence of reprocessing steps (inset) that should be followed is detailed in Olympus endoscope instruction manuals.

critical steps

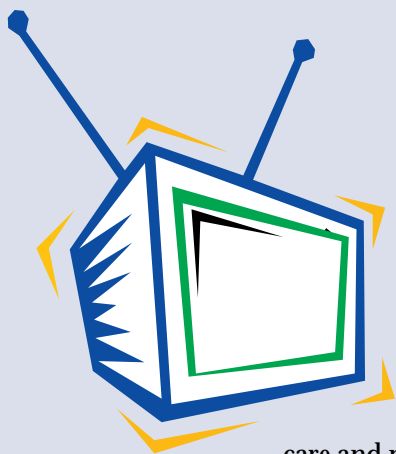
- 1 Precleaning at bedside
- 2 Leakage testing
- 3 Manual cleaning
- 4 High-level disinfection or sterilization
- 5 Proper endoscope storage

We are aware that some reprocessor manufacturers may suggest delaying leak-testing until after the endoscope is cleaned. However, this practice could allow cleaning fluids to pass through an undetected hole during the cleaning phase and cause significant internal damage. ***It is critically important to start leak-testing before immersing the endoscope in any solution.***

OAI recommends that you check your department's procedures and practices to ensure that your Olympus endoscopes are leak tested *before* immersion in fluids. This is the only way to protect your endoscopes from unnecessary and potentially extensive damage due to fluid invasion.

By Dr. Steve Goldstine, Olympus America Inc.

**F
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Olympus Educational & Training Videotapes Reduce Repair Costs Through Proper Reprocessing of Endoscopes

OLYMPUS HAS A WEALTH OF INFORMATIONAL VIDEOTAPES available to our customers. Subjects range from medical procedures to scope care and maintenance to accessory products.

From previous surveys, proper reprocessing and scope maintenance is a major concern (with over 60% of all respondents requesting reprocessing information). Therefore, in this issue of *In Service*, we offer the following endoscope maintenance videotapes **FREE** of charge:

- ▶ **Recommended Cleaning and Disinfection Procedures for Olympus EVIS 100 & 130 Video Endoscopes** (Run time 32:56 minutes)
For this video, check D on your **"Want More?"** reply card.
- ▶ **Olympus EVIS-140 Series Reprocessing** (Run time 53:46 minutes)
For this video, check E on your **"Want More?"** reply card.

Medical Device Reporting for User Facilities

THE FOLLOWING INFORMATION will help clarify reporting obligations to the manufacturer or to the FDA (Food and Drug Administration) for reporting deaths and serious injuries associated with medical devices at user facilities. User facilities are defined by the FDA as a hospital, ambulatory surgical facility, nursing home, outpatient treatment facility, or outpatient diagnostic facility that is not a physician's office. These user facilities are obligated under *The Safe Medical Device Act of 1990* (SMDA) to report device-related deaths and serious injuries to the FDA and/or the manufacturer.

User facilities are required to report deaths and serious injuries whenever they become aware of information that reasonably suggests that a medical device has or may have caused or contributed to the adverse event. Caused or contributed, as defined by the FDA, means that a death or serious injury was or may have been attributed to a medical device, or that a medical device was or may have been a factor in a death or serious injury, including events occurring as a result of failure, malfunction, improper or inadequate design, manufacture, labeling or user error.

The adverse events are reported to the manufacturer or FDA as Medical Device Reports (MDR). The Medical Device Reporting rule, in effect since July 1996, implements the

reporting requirements contained in the SMDA and the *Medical Device Amendments of 1992*.

Medical Device Reports, used for reporting individual adverse events to the FDA and/or the manufacturer, provide a mechanism for the FDA and manufacturers to identify and monitor significant adverse events involving medical devices in order that problems may be detected and corrected in a timely manner. The adverse event information is submitted on FDA Form 3500A, or an electronic equivalent. **Please note that if an adverse event occurs at your facility prior to receipt of FDA Form 3500A, do not hesitate to report the problem to the manufacturer.**

The MedWatch report form (form 3500A—shown above) is available through the Internet at <http://www.fda.gov/CDRH/MDRforms.html>. If you believe you have an MDR reportable event with an Olympus medical device, please contact your Olympus representative immediately.

A summary of MDR reporting requirements for user facilities is provided below:



Reporter	Report What?	Report to Whom?	Report by When?
User Facility	Deaths	FDA and Manufacturer	Within 10 Working Days
User Facility	Serious Injuries	Manufacturer or FDA	Within 10 Working Days

By Palma Mega, Olympus America, Inc. Regulatory Affairs Analyst

Associate with the Best! Leading Associations for the Nurse Professional

Society of Gastroenterology Nurses and Associates, Inc. (SGNA)

401 N. Michigan Avenue, Chicago, IL 60611-4267

(312) 321-5165 • (800) 245-SGNA (7462)

www.sgna.org

Association of Operating Room Nurses, Inc. (AORN)

2170 South Parker Road Suite 300, Denver, CO 80231-5711

(303) 369-9560 • (800) 755-AORN (2676)

www.aorn.org





We're Centralizing Our Customer Care Center...

Olympus Announces Partnership With The Sutherland Group

"We are extremely excited by the opportunity to team with Sutherland. This partnership represents a significant step in increasing the efficiency of our operation and providing Olympus customers with innovative, world-class support and total customer satisfaction."

—Dennis L. Gershowitz, Vice President, Olympus Endoscopy Service Group

AS PART OF OUR CUSTOMER-FIRST PHILOSOPHY, Olympus is partnering with the nationally recognized professional services firm, The Sutherland Group (www.suth.com). Sutherland is a leading customer relationship management and technology services company that partners with Global 1000 companies in the information technology, telecommunications, energy and healthcare industries. Olympus' alliance with Sutherland pairs the strengths of Olympus with Sutherland's expertise in customer support, systems and outsourcing management. "This partnership combines Olympus' leadership in optical, electronic and precision technologies with Sutherland's in-depth customer management expertise and superior business practices," said Dick Rapach, vice president of customer operations for Sutherland. "Together, Olympus and Sutherland will be able to provide world-class customer support to ensure Olympus' competitive edge in the marketplace."

Olympus Endoscopy Service Group has begun the consolidation of our customer service function into one customer care center located at our corporate headquarters in New York. The centralization enables Olympus to most effectively handle your service- and repair-related calls and to serve you on a more timely basis using highly skilled staff, cutting-edge technology and a first call resolution standard. All customer care representatives will complete a six-week intensive training program to become well-versed in Olympus systems and procedures to ensure they can serve you quickly and efficiently. In addition to enhancing our ability to promptly serve you, the centralization allows Olympus to focus on improved repair services provided through our network of field service personnel and at our strategically located branch repair facilities.

CUSTOMER SUPPORT THAT MEETS ISO 9002 CERTIFICATION

Unlike many outsourcing companies whose employees work on many accounts, Sutherland will dedicate highly trained personnel to exclusively serve Olympus customers. Sutherland's human resource profile is unmatched in the customer relationship management industry with an emphasis on college-educated professionals to provide Olympus with best-in-class service and support.

Sutherland was one of the first professional services firms in the United States to successfully achieve ISO 9002 quality system certification. "The Sutherland Group's adoption of the ISO quality standard is part of our commitment to being the premier provider of outsourced sales, marketing, and technology services," said Joe Mynio, quality manager of The Sutherland Group. "Our business partners expect exceptional performance. We want them to know that with Sutherland, we will meet and exceed their expectations and deliver a consistently high level of quality service across multiple divisions and locations."

Who to Contact:

Please continue to use the same 800 numbers you are accustomed to calling for assistance with service and repair on your Olympus equipment. As the customer service function of local branches is transitioned into the centralized customer care center, your calls will be automatically forwarded. Once the consolidation is complete, we will advise you of the new number for centralized service.

For assistance with surgical products (including customer/product support, service/repair, sales and surgical loaners), please continue calling (800) 548-5515. Surgical medical products include surgical endoscopes, telescopes, video and other surgical products and accessories used in operating room and ambulatory surgery centers.

For further information about Olympus' new centralized customer care center, contact your sales representative, or call 800-645-8100 to speak with customer-first team members Ron Goldman (ext. 5440), Hilda Barrs-Mosenthine (ext. 6502), Dominick Scarglato (ext. 5510), or Dennis Gershowitz (ext. 5363).

Centralized Loaner Program

Olympus has dedicated over 2,000 high-technology medical instruments to our loaner pool for our customers' exclusive use. We have implemented several new procedures to help us effectively manage these assets to ensure loaner products are available when you need them.



Call a Customer Care Representative for assistance with your loaner needs:

888-806-7886

First, to meet your needs in the most expedient manner, you just need to call 888-806-7886, which connects you with Customer Care Representatives waiting to assist you with your loaner

needs. They will quickly advise you if a loaner is available, expedite the equipment's delivery to your doorstep, and help you with its return once you've received your repaired scope.

We have also simplified the return process for our loaner units to make it easier on you and to ensure that scopes which are no longer needed are quickly returned — ready and waiting for your next emergency! One of our representatives will confirm arrangements with you for Federal Express to pick up the loaner on the day following your receipt of the repaired item. This simplified system has already resulted in a 30% increase in our product recovery rate...which means a 30% increase in scope availability for your use!

Another way we're increasing the efficiency of our loaner pool is to create less demand for the loaners in the first place! Olympus is a turnkey resource for quality repair on your entire suite of Olympus medical equipment, and we have worked diligently to develop quicker repair processes that substantially reduce your repair cost with zero compromise in quality. See our cover story on page one about our four newest repair processes, available through Olympus, that will save you both time and money.

Olympus values your business and is pleased to be able to offer our loaner pool resource on a priority basis to our Equipment Service Agreement and repair service customers. If you have any questions about these new procedures, please contact our loaner program staff at (888) 806-7886.

We've Doubled Our Field Support Capacity

GOOD NEWS! Olympus America Inc. has combined field engineer forces to serve you better. Olympus Diagnostic Systems Division field engineers are working alongside Olympus Endoscopy Service Group field engineers to service and support your Olympus DSD Endoscope Disinfector by MediVators™.

This strategic alliance within our organization effectively doubles our field support capacity. This enables us to provide a more rapid response to your DSD service and repair needs. All Olympus field engineers have completed a rigorous and extensive DSD troubleshooting and repair training program. Olympus is committed to providing the highest quality service and repair in the quickest and most effective manner to help you achieve maximum productivity.

If you experience any problems or have specific questions about the DSD product line, please call toll-free 800-848-9024 (7:00 a.m. to 7:00 p.m. EST) to speak with our technical experts, or to arrange a field service visit.



Olympus Dual Scope Disinfector—twice as effective.

By Dominick Scarglato, Director, Technical Operations

Service agreement customers may be eligible for an on-site loaner program at your facility. Contact your sales representative for details.

How to Become an Effective Resource Manager in the 21st Century

OLYMPUS HIGHLIGHTED the “Effective Resource Manager” seminar at the AORN (Association of Operating Room Nurses and Associates) conference in San Francisco in March. Over 300 AORN conference attendees benefited from attending one of six mini-sessions presented by Jane Smith, RN, Assistant Nurse Manager of General Surgery, Medical City Dallas, Dallas, Texas. “This type of turnout is indicative of the need for courses that help educate perioperative nurses on how to become more effective in their man-



agement role,” states Ms. Smith.

Perioperative managers must have financial management skills in order to thrive in today’s changing environment. An increased emphasis on cost containment is balanced with an equal emphasis on quality of care. Managers of surgical services must envision the future of their departments, articulate that vision to their managers and staff, then implement the vision.

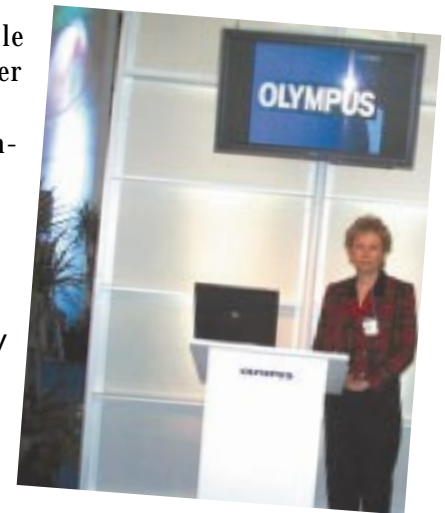
Education Design, Inc., Olympus America Inc. and AORN designed this intimate, interactive program for perioperative supervisors and nurse managers who want to manage fiscal resources more effectively and develop a business plan for their OR department.

This course was held again on May 19-21, 1999, at AORN headquarters in Denver, Colorado, and it was a great success. Managers and Directors from 14 different states participated and rated the seminar as one

of the most valuable courses they had ever attended.

Course topics included:

- *Budgeting*
- *Risk Management*
- *Virtual Delivery Care Systems*
- *Issues Confronting Today’s OR*
- *Critical Factors for Future Success*
- *Developing Long- and Short-Term Goals*
- *Balancing Fiscal Responsibility*
- *Clinical Care*
- *Cost Technology*



Changes are happening all around! Be proactive and attend the next session of this beneficial course and learn about changes in your business.

Fourteen (14) credit hours are awarded for the course provided by Education Design, a provider in continuing education of nursing accredited by the American Nurses Credentialing Center’s Commission on Accreditation.

Upcoming fall course to be held at AORN Headquarters in Denver, Colorado:

September 29 - October 1, 1999

Tuition for this three-day seminar is \$225. For more information and to register, please call Education Design at 303-745-5996 or **check F on your “Want More?” reply card for a registration brochure.**



By Stacey Persky, Olympus Surgical Products Division

Frequently Asked Questions

Q: What can be done to avoid sticking and bent valves?

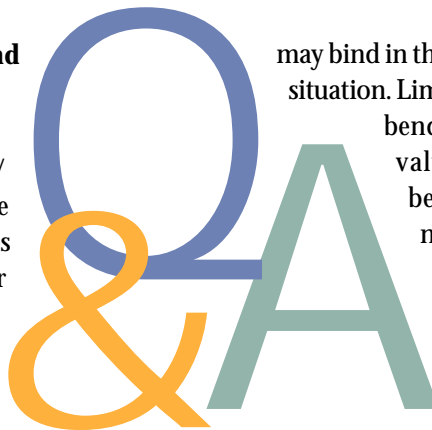
A: Understanding the mechanics of your air/water valve will help resolve the sticking valve issue. The four basic components for useful valves are: metal, water, silicone and the silicone rubber material. Any abnormal situation with one or more of these components will result in valves sticking. A thorough inspection of the valve will help you identify the cause and, therefore, the cure.

Damaged valves can be identified before use by following these simple guidelines:

1 Visually inspect the silicone rubber parts on the valve. Look for swelling (which is usually caused by over-lubricating with silicone oil or the use of a silicone spray that is not recommended). Excessive oil will cause these parts to swell which causes sticking. Look for damage such as chips missing from the bottom seal and tears on the skirt seal. These parts can be easily replaced at minimal cost. Finally, application of a thin layer of pure silicone oil is recommended. (Lubrication of the 140 series valves is not necessary.)



2 Hold the valve by the large button end and inspect for a bent valve. The small end that fits into the scope first may look like it is leaning or bent. Another technique that helps spot this type of damage is to stand the valve up on the smallest end. If it won't stand, it is probably bent. Even if the silicone rubber parts are in good shape, the bent valve



may bind in the air/water cylinder causing another sticky situation. Limited success has been achieved by carefully bending the valve straight. Typically, a bent valve should be replaced. Also, to avoid bending the valve, make sure the valve is not inserted and removed at an angle.

3 Routinely inspect all air/water valves in your department and remove the damaged ones from service. Maintain at least two extra valves that are readily available.

After reprocessing your valve, do not store it in alcohol. The cleaning effect of the alcohol removes the lubricating effect of the silicone oil.

Q: Our facility is concerned about latex allergies. How can I be assured that latex products are not being used when our Olympus endoscopes are repaired?

A: By design, there are no natural rubber latex components in Olympus' line of flexible and surgical endoscopes. However, certain detachable balloons and balloon catheters such as those used on Ultrasound endoscopes and Sonde enteroscopes do contain natural rubber latex. Moreover, Olympus repair parts do not contain natural rubber latex. However, Olympus does not warrant or guarantee that any products repaired by any party other than authorized Olympus personnel do not contain latex.

Q: How much should I expect to pay for aerating a scope for fluid invasion?

A: At Olympus, routine aeration (90 minutes at 60° C) is part of the repair process for every scope. After this initial aeration, a thorough 30+ point inspection is completed which includes opening the scope. If fluid is still present, the scope is placed in an aeration chamber for a minimum of eight hours to dry out the now exposed areas. After this process, it is determined if the fluid invasion has caused corrosion and has limited the operation of the scope. If no further damage is found and if aeration has solved the problem, the \$90 aeration fee as described in our published price list is charged.

Continued on page 10



My, How Time Flies

WAS YOUR OLYMPUS EQUIPMENT adjusted for the time change? We have had customer requests for instructions, so here they are. Please follow the instructions below, or call our Technical Assistance Center (7:00 a.m. to 7:00 p.m. EST) 800-848-9024 for helpful instructions.

CV-100 PROCESSOR

Turn on the CV-100 processor. Just above the number zero is a key labeled **Preset**. Press the **Preset** key to go to the **Preset menu** page. Use the down arrow key located on the right-hand side of your keyboard and press the down arrow key 3 times or until the cursor is located to the right of the **time**. Enter the new time with **HH:MM:SS**. Press the **Preset** key again to save and display the corrected time.

CV-140 VIDEO PROCESSOR

Turn on the CV-140 video processor. On the CV-140 keyboard, press the top left button (labeled **System Set-up**) once. Use the down arrow key located on the far right of the keyboard. Arrow down to **System Configuration**. Press the **<enter>** key. A system configuration screen will appear. Arrow down to **Time**. A green box will enclose the hours, minutes, etc. Enter the correct **HH:MM:SS** then press the **<enter>** key. A blue box will appear in the lower right-hand of your screen asking you, "Are you sure?" Press **Y**. The screen will change to the system set-up screen. Next, press the **ESC** key. You will be back to the starting screen with the correct time displayed.

STAND ALONE PC

At the computer, exit to the **DOS** prompt. Type the word **Time** then press the **<enter>** key. Enter the correct time using

HH:MM:SS (e.g., 12:15:30A—for a.m., P—for p.m.) then press **<enter>**. Reboot the machine and return to desired application.

NETWORK PC FILE SERVER

After identifying the File Server, the time and date can be changed at the server affecting all the workstations. *Follow the appropriate directions for your version of Novell Netware:*

NETWORK SERVER NOVELL 2.X

These commands should be employed at a convenient time when the network is not relied on for service to users and all users are logged out. Please refer any questions or problems to the Technical Assistance Center at 800-848-9024.

At the server, press **<F7>** to exit the queue.

At the DOS prompt, type **console <Enter>**.

At the colon prompt, type **SET TIME (date) (time)<Enter>**.

Example: to set the date and time on the file server to October 31, 1999, at 2:15 PM, type: **SET TIME 10/31/99 14:15:00 <Enter>**. **Type DOS <Enter>**.

At the DOS prompt, type **Q <Enter>** to bring up the queue.

NETWORK SERVER NOVELL 3.X

At the server, hold down the **CTRL** key and toggle through the screen by hitting the **ESC** key with **CTRL** held down. The current screen menu will display several options including option 1 System Console; select this option by typing in **1 <Enter>**. The prompt will then read **OLYMPUS-IMAN:**

At the **OLYMPUS-IMAN:** colon prompt, type: **SET TIME (date) (time) <Enter>**.

Example: To set the date and time on the file server to October 31, 1999, at 2:15 PM, type: **SET TIME 10/31/99 14:15:00 <Enter>**.

The Server can be left as it is and is available for use. Eventually, a screen saver will appear, or to return to other screens toggle through selections with **CTRL ESC** and select the desired screen.

Continued from page 9

Q: What is the most effective way to reprocess reusable biopsy forceps?

A: The Spaulding Classification System (which is supported by professional organizations such as AORN, APIC and SGNA) classifies biopsy forceps as critical devices which should be sterilized between uses. The SGNA recommends the following: 1. As soon as possible after the procedure, clean the forceps with detergent and rinse thoroughly (enzymatic detergent is recommended); 2. An ultrasonic cleaner is recommended to remove debris that hand-cleaning cannot achieve; 3. Conduct a full cycle steam sterilization (autoclave).

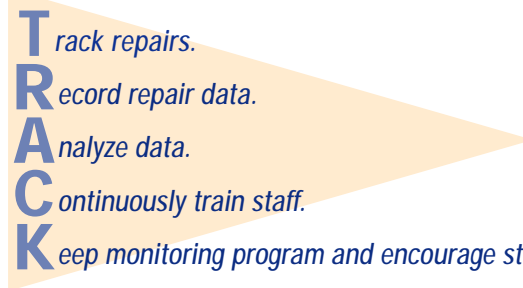
Q: Can I use glutaraldehyde to sterilize biopsy forceps?

A: SGNA, AORN and APIC all recommend steam sterilization for biopsy forceps. This is partially because liquid chemicals may have difficulty penetrating the metal coils of the forceps. In addition, routine biological monitoring is not feasible with glutaraldehyde and therefore it should not be relied upon to sterilize reusable medical devices that are compatible with other methods of sterilization which can be biologically monitored, such as steam sterilization.

On TRACK™: Tracking Repairs Improves Lab Effectiveness and Reduces Repairs

OLYMPUS NURSE CONSULTANTS have worked with hundreds of customers to help establish systems to improve lab effectiveness. They have found that consistent tracking of repair costs and repair frequency is one area that helps increase the effectiveness of your lab, and ultimately reduces repair costs for your facility through training.

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Record repair data.
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To learn more about Olympus' On TRACK program, check G on your "Want More?" reply card.

Reminder Notice for Manual Cleaning of Duodenoscope Elevator-Wire Channels

It has come to Olympus' attention that users of our products may not be aware of the requirements for reprocessing the elevator-wire channel of Olympus duodenoscopes in washer-disinfectors or liquid chemical sterilizers.

Olympus has validated a manual procedure for cleaning, high-level disinfection and ethylene oxide sterilization of the elevator-wire channel of Olympus duodenoscopes. However, we recognize that some users prefer to use an automated washer-disinfector for high-level disinfection or a liquid chemical sterilizer for sterilization of their instruments. Many of these machines—e.g., the Olympus/MediVators™ DSD—are incapable of reprocessing the elevator-wire channel of duodenoscopes. In these situations, it is necessary to manually disinfect the elevator-wire channel either before or immediately after automated reprocessing. Please refer to your automated reprocessor's instruction manual, labeling and customer alerts for recommendations and detailed instructions on integrating manual and automated processes.

STERIS Corporation does not recommend the processing of Olympus duodenoscopes in the STERIS SYSTEM 1® processor.

Olympus understands that a number of manufacturers are now testing to determine if the redesigned elevator-wire channel of current model Olympus JF/TJF 140-series duodenoscopes can be automatically reprocessed by their equipment, without the need for manual intervention. Please contact the manufacturer or distributor of your washer-disinfector or liquid chemical sterilizer and inquire about their validation data. Lacking such data, Olympus recommends that users rely on the validated method described in the duodenoscope's Instruction Manual.

This bulletin covers all models of Olympus duodenoscopes.

If you would like to receive the most recent revision of the Endoscope Reprocessing Manual, check H on your "Want More?" reply card.

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Check C for a copy of the Olympus Endoscopy Service Group Angulation Guide.

Check D for a copy of the Olympus videotape, "Recommended Cleaning and Disinfection Procedures for Olympus EVIS 100 & 130 Video Endoscopes."

Check E for a copy of the Olympus videotape, "Olympus EVIS-140 Series Reprocessing."

Check F for the brochure on "How to Become an Effective Resource Manager in the 21st Century."

Check G for more information about Olympus' On TRACK™ program.

Check H for the most recent version of the Olympus Endoscope Reprocessing Manual.

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