

Thank You

For Your Feedback

OLYMPUS ENDOSCOPY SERVICE GROUP (OESG) received valuable information from you, our service partners. THANKS to all who responded to our survey! Each and every survey will be reviewed by OESG management to help provide customer benchmarks for establishing our world-class service initiatives.

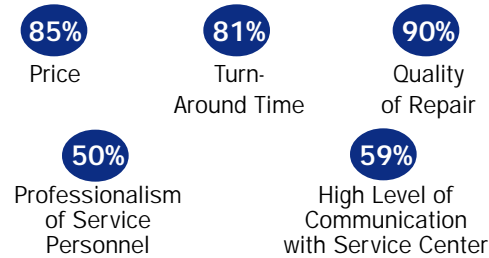
OUTCOME OF SURVEY

We believe anyone who takes the time to complete a survey is curious to find out the results and to see how their answers compare to the rest of the nation. So let's review the market findings as of February, 1998. *Based on the questions asked, we have listed the top answers as a nationwide random sampling average. Total averages may exceed 100% when multiple answers were given:*

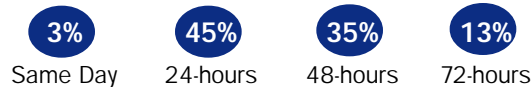
■ Which of the following categories best describe your facility?



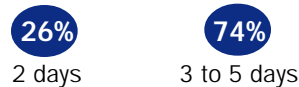
■ What key factors determine where you send your endoscope for repair?



■ What do you consider to be an *acceptable* turn-around time for minor repairs?



■ What do you consider to be an *acceptable* turn-around time for major repairs?



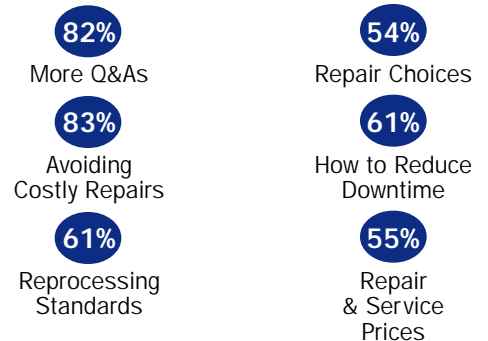
■ Would you like to receive this *Olympus In Service* publication?



■ If Yes, how often?



■ What type of articles would interest you most?



continued on page 3

Your Feedback is Key

Because we depend on your feedback to help improve our service, you may be asked to participate in upcoming OESG surveys. If you have specific questions or comments, contact Hilda Barrs Mosenthine, at (800)645-8100 x6502 (voice mail), (916)315-0600 (phone) or barrsh@olympus.com (e-mail).

Six happy survey entrants are now sporting the NEW Olympus Stylus Epic camera they won through our February drawing!

See page 3 for the winners!

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Reducing Flexible Endoscope Repair Costs

The Importance of Leak Testing Before Immersing Endoscopes in Fluids

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 endoscope major 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 and 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 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 leak test 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., Senior Scientist.

Visit OLYMPUS at Upcoming Shows

Society of Gastroenterology Nurses and Associates (SGNA)

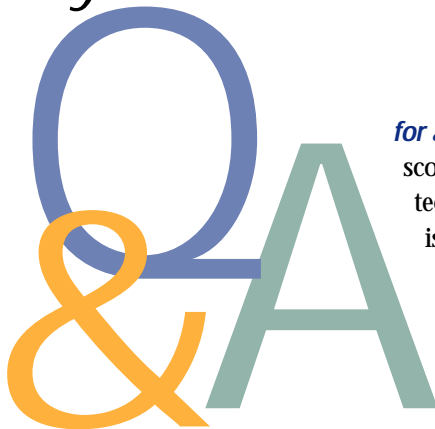


- ▶ "Changes, Challenges, Opportunities"
- ▶ Exhibits May 17-19
- ▶ Colorado Convention Center
- ▶ Denver, Colorado
- ▶ Olympus America Inc., Booth #117

Digestive Disease Week (DDW)

- ▶ Exhibits May 17-20
- ▶ Ernest N. Morial Convention Center
- ▶ New Orleans, Louisiana
- ▶ Olympus America Inc. Booth #719 and 919

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:

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.

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. 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's 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.

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.

By Dale Ellison, Dallas Service Advisor



Send your questions to the Editor to be answered in future issues of *Olympus In Service*. Call Hilda Barrs Mosenthine at (800)645-8100 x6502, e-mail her at barrsh@olympus.com, or write her at Olympus America Inc OESG Division, 2400 Ringwood Avenue, San Jose, CA 95131-1700.

Continued from page 1—Survey Feedback

■ What other forms of communication and education would help you?

49% Video Tapes of Olympus OESG Services

42% Branch Seminars

44% 24-hour FREE Fax-Back service

73% Reprocessing Training Guides

42% Topic Specific Brochures

Thanks again for your participation!

THE WINNERS ARE...

▶ **Donna Girard**
Faulkner Hospital
Boston, MA

▶ **Diana Schwindt**
Chalmette Medical Center
Chalmette, LA

▶ **Mary Magro**
St. Vincent Charity
(Columbia)
Cleveland, OH

▶ **Ruth Harris**
Lakewood Regional
Medical Center
Lakewood, CA

▶ **Donna Holt**
Grand Strand Regional
Medical Center
Myrtle Beach, SC

▶ **Jenneva Martin**
Ingham Regional
Medical Center
Lansing, MI

Names published with permission.

OESG Service Centers

REGIONAL REPAIR & CUSTOMER SERVICE CENTERS

Atlanta, Georgia
(800) 222-4554
(770) 442-5531
Fax (800) 473-2942
Fax (770) 410-3340

Chicago, Illinois
(800) 433-1909
(630) 953-2080
Fax (630) 953-2066

Cleveland, Ohio
(800) 627-6264
(440) 234-4066
Fax (800) 313-0211
Fax (440) 234-0211

Dallas, Texas
(800) 873-4643
(972) 401-2300
Fax (972) 556-2322

Los Angeles, California
(800) 626-1917
(562) 492-5700
Fax (562) 492-5799
Fax (562) 492-5698

Woodbury, New York
(800) 533-0857
(516) 677-6706
Fax (516) 677-6700



National Service Center
San Jose, California
(800) 537-5739
Fax (408) 935-5120

Corporate Headquarters
Customer Service Center
Melville, New York
(800) 699-1837
Fax (516) 844-5522

Save this handy reference card for contacting OESG Service Centers.

At Your Service—All Star Line-Up



Dave Delgado

Dave Delgado will join Olympus Endoscopy Service Group, Technical Operations team, as the Manager of Field Support Engineering effective March, 1998.

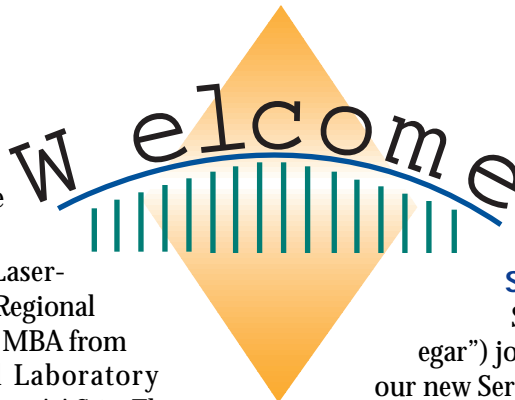
Dave comes to Olympus from Laser-scope, where he held the position of Regional Service Manager. Dave has earned an MBA from Baruch College, a BS in Medical Laboratory Sciences from Hunter College, and an AAS in Electronic Engineering Technology from Queensborough College.

Dave will be responsible for managing the day to day operations of 30 Field Support Engineers, who provide technical support to our customers nationwide.

Scott Froehlich

Scott Froehlich joined Olympus Endoscopy Service Group as the Manager of Technical Support Services.

Scott comes to Olympus from Photovac Monitoring Instruments where he held the position of General Manager for their service and repair operation. Scott holds a



Bachelor of Science Degree in Business Management from SUNY Stony Brook as well as an Associate of Science Degree in Electronics Engineering Technology from SUNY Farmingdale.

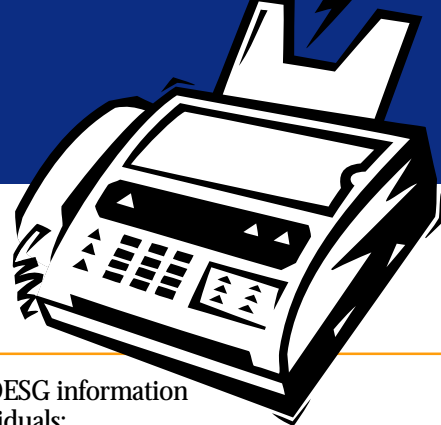
Steve Schwendinger

Steve Schwendinger (rhymes with “vinegar”) joined Olympus Endoscopy Service Group as our new Service System Specialist. Steve has spent over 18 years with Olympus’s camera and printer divisions in several customer-focused jobs from Field Service Supervisor to QA Manager to Sr. Customer Support Engineer. Steve joined OESG in January 1998 in this newly created position.

“Steve’s expertise in information systems will be a great asset to OESG to help provide needed data to better serve our customers,” says Steve Allsopp, OESG Manager of Strategic Business Technology. He believes that Schwendinger’s contributions will improve our service level by helping to improve our communications in reporting.

Please join us in welcoming them to OESG!

Want More?



IN AN ON-GOING EFFORT to provide you with relevant information, please fill out the information below, tear at perforation and *fax half page to Hilda Barrs Mosenthine at (408) 935-5010 or 5011.*

YES! Please continue sending me OESG information!

Your Name _____

Title _____

Facility Name _____

Main Phone _____

Department _____

Floor (if applicable) _____

Mailing Address _____

City, State, Zip _____

E-mail Address _____

Fax Number _____

Also, please provide OESG information to the following individuals:

G.I. Lab Manager _____

O.R. Supervisor _____

Biomed Manager _____

Purchasing Manager _____

I would like the following subjects or issues addressed in upcoming issues of *Olympus In Service*:

Tear here and fax today (408-935-5010) to ensure that you'll receive valuable OESG updates!

OLYMPUS Endoscopy Service Group

◆ INSERVICE NEWSLETTER ◆

Olympus In Service newsletter is published bi-monthly and distributed nationwide to over 30,000 healthcare professionals to inform and to educate them on Olympus repair and service issues.

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Olympus Endoscopy Service Group

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A+ Certification an Added Plus



OESG FIELD SUPPORT ENGINEERS and Technical Assistance Center Engineers make the grade! Olympus knows how important it is to stay current with technology. In our efforts to provide world class service, our engineers who work with customers on computer related products have worked diligently to become certified through Wave Technologies in Atlanta, Georgia.

Wave Technologies put our people to the test and they passed with high marks. A+ Certification is the recognized industry standard for companies who support computer-related products. You can be assured that Olympus Field Service Engineers and Technical Assistance Center Engineers are the best trained and are highly qualified to support your needs.

NEW! Extended Technical Assistance Center Hours

In addition to A+ Certification, Dominick Scarglato, OESG Director of Technical Operations, announced the new hours of operation for the Technical Assistance Center. Effective February 17, 1998, customers will be served from 7:00 a.m. to 7:00 p.m. (Eastern Standard Time) by calling 1-800-848-9024.



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 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 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/CDHR/MDRforms.html>. If you consider that 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

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Olympus Endoscopy Service Group
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