

Why Can't Biomed Be More Like IS?

Integration of biomedical and information systems (IS) technologies is forcing BMETs and health-care IS professionals to assume new roles and learn new skills. During a recent BMET Review Course (for which I am a presenter), a few attendees came up to me and said, “We're going to be leaving the course early. We're IS technicians—our boss sent us here to learn biomed, but this is way over our heads. We had no idea you guys had to know so much.” Their reaction solidified my opinion that it is much easier for BMETs to learn IS than the other way around. This story also demonstrates why it's difficult for biomed and IS to work together—we're trying to find ways to meet customers' needs, but none of us has all the information. We are working on the technology as it evolves before our eyes.

While the technologies involved with biomedical signal acquisition appear to have matured, technologies for processing, display, storage, and transmission of the data have advanced at a phenomenal rate over the past five years. Since this technology is still in its infancy, how can we expect a mature approach to service and planning?

By the time computers become fully integrated into medical electronics (10 years, tops), a new breed of service professional with new tools and talents will evolve. The new service person will likely be of biomedical lineage, but will possess sophisticated networking skills. Medical instrumentation will have assimilated the necessary computing technologies such that network compatibility will be a non-issue. Components of an endoscopic video cart will be “Bluetoothed” together, eliminating the mess of co-ax disconnects.

That view of the future is interesting, but how does it help us now as we fumble our way through this confusing technology change? Maybe we can learn a few things from IS.

As a BMET, I'm a bit envious and curious as to the way IS departments have positioned themselves in hospitals. Or maybe the situation is a product of the technology they represent. Anyway, one issue is that no one seems to hold IS people accountable for IS problems. Another is that they seem so much better than biomed at mandating standardization and centralization!

Examples of the accountability issue: What can the CEO possibly say when told the server crashed and the data is lost? How about when the hospital's e-mail server is down for a week? As for standardization, it's obviously more efficient to have a small group of techs support a thousand of the same model PC than to have a large group of techs support a thousand PCs of assorted models. So why can't Biomed mandate such standards?

Of course I have my own opinions as to why these situations exist, but I would rather put the issues out to the readers and have them respond to *BI&T*. How do things differ in your organization? Why? While it's easy to adopt an “us versus them” stance with IS, it's more productive to examine the way our two professions operate and use that information to create a better service model for the future. Remember the “us versus them” stance people took when choosing between Beta and VHS? Now 20 years later, it doesn't matter.

Ed Snyder, BS, CBET
Biomedical Supervisor
Thomas Jefferson University Hospital
Philadelphia, PA



Disclaimer: The opinions and conclusions stated in this paper are those of the author and do not represent the official position of AAMI.