



THE ALTERNATE Source

VOLUME 1

SERVING THE NEEDS OF THE HEALTHCARE INDUSTRY SINCE 1972

NUMBER 3

How We Pick The Parts We Do

Sometimes, even we wonder. Our ability to add parts is miniscule compared to your needs. We have some 800 parts in inventory right now. That's only about 4000 short of your immediate needs. This year we'll add about 125 more. Why this number and when will we accelerate?

About 125 parts is what RPI's resources can properly handle. These resources are money and people. Actually, we don't aim at the number of parts we'll add each year, but rather at how we can best invest limited resources. We could accelerate the process by borrowing money. But that puts RPI at increased business risk, and we want to assure both you and us that we'll be in business tomorrow. We prefer to grow by reinvesting profits. As sales increase, and they have every year since inception, parts development increases.

How does RPI go about setting up its development plan? It's really very simple and not at all mysterious. We listen to you. You, our customers, give us our direction. Everyday, some among you call and ask, "Why don't you make ---?" or, "Did you know that the XYZ machine is going obsolete and parts will no longer be available?", or, "ABC Co. has bought the DEF Co. and will no longer produce one of their product lines?". You get the picture. You tell us what's needed, what's happening. That's our source information. From there on out, RPI goes to work sorting the information and putting it in order to be analyzed.

There is some rationale to the way in which the data is used. Products are chosen to fit into a general scheme of things. Generally, we try to satisfy the following criteria with priority in the order in which they are listed. First, we want to fill out existing lines. If we have only two parts for a Clay Adams centrifuge, we want to keep adding more for that same machine. The more complete our parts inventory for a particular device, the better we meet your needs to service that one device. Second, we want to add parts for other devices made by an OEM already in our catalog. If

you are already buying parts from RPI for one AMSCO autoclave, then you obviously want parts for another AMSCO autoclave. Third, we want to add parts for like devices made by OEMs not in the catalog. If you are buying parts for Burdick ECGs, it follows that you want parts for ECGs made by other OEMs such as Hewlett Packard. Fourth, we want to add new parts because a new or unique opportunity occurs. An example is when Misdom-Frank acquired Sklar, they decided to cease production and parts support for the vacuum pump line. RPI rushed into the breach to assure that you could continue to service those machines.

Once we've prioritized your requests by the above criteria, we start looking at the nuts and bolts issues. Like what kind of money will it take to develop and/or

produce a part or group of parts? Will there be a major tooling expense? If so, can it be recovered in a reasonable length of time? What is a reasonable length of time for that particular part? Can it be priced according to RPI's competitive standards? Can we solve the inherent design problems? These are only some of the questions that must be asked and answered satisfactorily before we can go ahead.

And then we do. We go ahead with design, drawings, specifications, quality engineering, tooling, and production. When the first articles come in, they're tested. Many times there are live tests performed by some of you. And then we make up the flyers and let you know the new parts are in inventory. It is a simple, straightforward process based upon your needs and input.

Why buy from

- Reasonable order quantities
- Price breaks based on quantity ordered
- Low minimum order required
- No extra charge for drop shipments
- Favorable Credit Terms
- Complete satisfaction warranty
- Easy returned goods policy
- Efficient, pleasant customer service
- Free catalogs
- Free price sheets
- Convenient one-call ordering
- Quality repair parts
- New product development
- Product liability responsibility
- Ease of ordering (Toll-free and FAX lines)

- Technical assistance
- Support of industry functions (AAMI, SBET, CMIA, AIMS, AHA/CES)
- Same day shipment of orders
- People and parts you can trust

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from the desk of the PRESIDENT



Al Lapides, President

Q What do I have to do to return a part to you?

A It's really very simple. Just use our TOLL-FREE line, 800-221-9723 and ask Customer Service for an RGA (Returned Goods Authorization).

Q Is that all?

A Yes, however, it will be very helpful if you can have the following information ready when you call:

- Your customer number
- Part Number and quantity being returned
- Invoice number and date when purchased
- Reason for return (overstock, ordered wrong part, defective, etc.)

Q What then?

A If the part is defective, a no-charge replacement will be sent out to you immediately.

Q What if I need credit?

A Credit is normally given after we receive the part back from you. The reason for the return will help determine whether a restocking fee will be charged.

One last thing — Please do not return a part without an RGA Number. It can really confuse things. Thanks for your cooperation.

We in the healthcare industry live in exciting times. Everything is changing, some of it for the good, some of it for the bad. On balance, I believe the good changes are ahead. Both our Government and ourselves are instituting these changes. They are driven by many factors. These include our concern about delivering better healthcare more efficiently, our attempts to do our jobs better, and our concerns for the increasing public demand for more cost effective healthcare. We've done a lot, but we still have a long way to go.

It is important that all of us stay abreast of the changes that are being instituted by new industry and trade association standards, by new business and business relations directions, and by Federal edict. We must be particularly aware of what is happening in Congress and at the FDA, because their edicts are rarely, if ever, reversed. In this vein, I want to be sure that you are all aware of two important pieces of legislation recently introduced in Congress. They represent the good and the bad.

The good: Senator Robert Kasten, Jr. of Wisconsin has written a bill (S.1400) that

would nationalize the product liability system. Simply put, this would eliminate the 50 different laws we have now and replace them with one. This means that medical/dental device manufacturers would be able to design their devices against one set of risk standards. It also means that you would know your risk exposure on any equipment you sell and maintain no matter where its geographical location.

The bad: Congressmen Henry Waxman of California and John Dingell of Michigan have introduced the "Safe Medical Devices Act of 1989" (H.R. 3095). This bill has been pushed by a group headed by Ralph Nader. While it may help in identifying a few problems with medical devices that are not now reported, it becomes another cost element and further serves to deter new device development. It will also have the effect of curtailing and/or eliminating third party servers as OEMs would then make the claim that the only way in which they could control reporting would be if they did all of the maintenance and repair work. This, and the deterrence of development of more cost effective medical devices will surely increase the cost of health care delivery.

All of this is counterproductive to Waxman's other efforts to control rising health care costs. Please help him to understand. And your own congressman and senator. And the American Hospital Association.



by Clifford Hudson
Medi-Call
Redondo Beach, California

Replacing Auto

usually do a good cleaning job.

Some machines, such as AMSCO's 613R and Ritter's M7, have doors that close from inside the chamber. The channel that houses the seal is a little harder to inspect, so some extra care is needed to ensure a good seal. Machines such as Pelton's OCMs and OCRs, which have gaskets that actually fit into a channel in the door, are easy enough to examine and clean. Always make sure the mating portion of the seal is in good condition, free of nicks and clean.

Gaskets do not always have to be replaced. Sometimes removal and cleaning are all that's needed to stop a small leak. Make sure the gasket or seal is still pliable. If hard, cracked or completely discolored,

As the styles and sizes of autoclaves change from manufacturer to manufacturer, so do the designs in chambers and doors. Consequently, door gaskets and chamber seals vary accordingly. There are some very basic rules to follow when checking and replacing door gaskets and seals.

All gaskets fit into some type of groove or channel and must interface with another surface to complete the seal. The channel that houses the gasket should be inspected for wear and buildup of foreign matter, i.e. calcium, metal slivers and gasket material. Cleaning solutions such as Pelton & Crane's "Omni-Cleaner", used with a non-metallic scouring pad or "crocus cloth"

**No one does it better
than RPI
The Alternate Source**

**PRICE
CONVENIENCE
QUALITY
SERVICE**

from the PRESIDENT'S BOSS

By the time you read this we will be well into 1990 — a New Year and a New Decade. RPI has been around now for almost two decades — this will be our 18th year of supplying repair parts to the healthcare industry. Many changes have occurred in those 18 years, and this next decade will bring many more.

Great strides will be made in the fields of organ transplants, new treatments for AIDS and cancer, and maybe even towards a cure for the common cold. Bioethics in medicine will be an issue of increasing concern to all of us, the gurus will tell us to eat more (or less) oat bran, eat less, smoke less, drink less, but relax more and have more fun. There will be an increasing awareness of the fragility of our environment and the need to take steps to preserve it. Government regulations may make our work a little more difficult and confusing. But, somehow, we'll all manage to hang in there — the alternatives are unacceptable.

We anticipate the 90's to be a decade of



Sherry Lapides, General Manager

growth, challenge and change for RPI, also. Our initial inventory of 19 repair parts in 1972 has increased to over 800 with the addition of the new parts introduced with this newsletter. With the help of your input that number should more than double in the next ten years.

What won't change, though, is our commitment to you, our customers! We will do our best to continue to provide the best possible prices and the best warranty and service we can give. You don't have to pat us on the back when we do something right, but please be sure to let us know if we mess up anywhere along the line. Your feedback is important to us.

Best wishes from all of us for a prosperous and healthy New Year.



As far back as I can remember, my father had some sort of medical equipment or machinery in pieces in our garage. I was forever being scolded for touching the loose parts. A lost bearing or dropped gauge meant sure death! If you think it's hard to find replacement parts today, imagine the gray hairs I caused my father almost thirty years ago.

Flash forward to December, 1980. Al and Sherry Lapides walk through the doors of a major audio visual retail store that I was managing. \$350.00 worth of stereo gear later, Al had explained that he was a friend of my father's and wondered if I was interested in learning the manufacturing side of medical repair. If ever an opportunity of a lifetime was going to arise, this was it.

After reviewing my background, the pieces seemed to fit together. Two years of working as an emergency room technician in the early 70's had given me the introduction and experience necessary for operating many of the machines for which RPI is now manufacturing parts. After high school I continued my education in the area of mechanical drafting, which also proved to be beneficial. I was able to produce many of our original engineering



Phil Goldstein

drawings. As RPI grows, however, I spend less time involved with prints and more with project planning, but I will never forget the early days.

Project planning, coupled with product managing, keeps me on the go. If I'm not researching which machines need what parts, I'm rearranging my logic diagrams to accompany a change in schedule. I am

continued on page 4

FROM OUR CUSTOMERS

"Thanks for the prompt and courteous service"

Ron Clark
Equipment III
Ionia, MI

"... Knowing you have good parts to troubleshoot with is always a bonus. Your prompt service and quality parts have served us well. Keep up the good work!"

Paul Karczewski
Innovex
Calgary, Alberta, Canada

TIPS



Clave Gaskets

replace with a new one.

The most commonly asked question I encounter regarding gaskets is about size. Many gaskets appear too large to fit in the door, i.e. Pelton & Crane's models OCM and OCR. Pelton & Crane suggests the 'Star' method to install their gaskets. You locate five imaginary points (of a star) and insert the gasket at these points. The balance of the gasket is then worked into the groove by working the circumference of the gasket inch by inch.

Once gaskets are installed, a short cycle should determine whether or not the gasket is properly seated. If weekly inspections are done to ensure that doors and chambers are clean, gaskets and seals will last much longer.

NOTE: After installation of the new door seal it is necessary to make sure that the door is perfectly flush to the housing so that there is equal pressure on the entire circumference of the gasket.

EDITOR'S NOTE: Clifford Hudson entered the medical sales and service business in 1947 and continued in the medical field after graduation from USC with a B.S. in 1952. In 1964 he and Brian Statter founded Medi-Call, which now has offices in Redondo Beach and Orange, California.

THE RPI FAMILY

(continued from page 3)

constantly taking courses to help me meet the needs of tomorrow. Most recently I have obtained certificates in "Materials Management" and "Technical Management."

Staying current with the problems technicians face keeps the practical side of my job in motion. One or two days a week are spent with some type of "hands-on" work. When all else is calm, the phones are always ringing. So you can see that there is always something to do at RPI. Line three is a technical assistance call. Have to go now. Thanks for listening.

EDITOR'S NOTE: *Phil has been with RPI since 1981. He is married, has one son, and just moved into a new condo. His father, Al Goldstein, is the owner of Medi-Dent Co. and was the author of our first Service Tips column.*

YOU ASKED FOR THEM — YOU GOT THEM

Your Opinion Counts!

In response to your requests we have added the following parts to our inventory — in stock and ready to be shipped today.

12 Motor Parts to fit the Pelton & Crane Air Compressors Model #'s 420-C and 840-C.

7 High Usage Parts to fit the Ritter Model FL, Type 75 Exam Table, #75-C Chair-Table, and #7-F Proctologic Table.

Please see the enclosed sheets for prices, pictures and descriptions.

What's Coming Up

Our next newsletter will be coming out in April. Look for these new parts, now in development:

HEWLETT PACKARD . . .

- Styli to fit models 1500, 1511, 1515 EKG's
- Patient Cable to fit models 500, 1500, 1504, 1511
- Telemetry Cable
- Trunk Cable and Wire Sets to fit Defibrillators and Monitors

MDT . . .

- Metering Valve Bodies
- Door Handle, Timer, Pressure Gauge, Valve Stem (improved) to fit Model D

PELTON & CRANE . . .

- Additional parts to fit Air Compressors models #420-C & 840-C.
Please see page 57B (enclosed)

HAMILTON . . .

- Additional parts to fit Tables Models #2K87-2K191

Later mailers will include new parts to fit Air Techniques (Peri Pro), Ritter Tables, Pelton & Crane Validator, Coulter Blood Analyzers, Adec Lamps, Puritan Bennett Ventilators, Bear Ventilators & Midmark Tables.

Why 99.9% Just Won't Do

Let's get real here. Is it truly necessary to go for "zero defects"? Why isn't 99.9% defect-free good enough?

Those are questions often posed to quality consultant Jeff Dewar, of Red Bluff, Calif.-based QCI International, when he argues for eliminating defects altogether. To make his point, Dewar has come up with some examples of what life would be like if things were done right 99.9% of the time. We'd have to accept:

1 hour of unsafe drinking water every month;

2 unsafe plane landings per day at O'Hare International Airport in Chicago;

16,000 pieces of mail lost by the U.S. Postal Service every hour;

20,000 incorrect drug prescriptions per year;

500 incorrect surgical operations each week;

50 newborn babies dropped at birth by doctors every day;

22,000 checks deducted from the wrong bank accounts each hour;

32,000 missed heartbeats per person per year.

Suddenly, the quest for zero defects makes a lot of sense . . .

— M.E.M.

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