ACCE News

**Newsletter of the
American College of Clinical Engineering**

HIMSS Conference & Exhibition Concludes in Dallas

Between Sunday February 13th and Thursday, February 17th, 23,000 healthcare IT professionals and vendors gathered at the Dallas Convention Center to meet, exhibit, network, and educate. The HIMSS meeting can only be described as a rousing success for clinical engineering and ACCE. This was the first year that ACCE has been a Co-Sponsor of the HIMSS Conference. The Second Annual ACCE/HIMSS

Ray Zambuto is President of Technology in Medicine in Holliston, MA and immediate *Past President* of ACCE

Breakfast on Wednesday had over 60 people in attendance, a 50% increase over last year. Elliot Sloane and Steve Grimes gave brief presentations to the breakfast on medical equipment interoperability and medical equipment HIPAA Security, respectively. Larry Dux, the Past Vice Chair of the HIMSS Board spoke on behalf of HIMSS, emphasizing the HIMSS philosophy of inclusion and cooperation with other societies.

Educational presentations were given by ACCE members Stephen Grimes, Elliot Sloane, Eric Rosow, Jeffrey Cooper, and Jim Keller during the meetings. Ray Zambuto moderated the ACCE Co-sponsored session on partnering between clinical engineering and IT for patient safety. Dr. John Glaser, a legend among IT professionals joined Jeffery Cooper in presenting this session. It was attended by close to

150 people, 70% of whom identified themselves as clinical engineers or CE-IT crossovers.

The ACCE booth in the Cosponsor Pavilion received great exposure and traffic. Thank you to all those who staffed the booth! ACCE President, Izabella Gieras was seen in every corner of the conference, from the booth to the breakfast, on the exhibit floor, and promoting ACCE to HIMSS Board members at their reception.

As a result of the activities of the ACCE's IHE Task Force, ACCE's involvement with the IHE has been strengthened. During the HIMSS meeting, ACCE and IEEE-EMB Standard 1073 co-sponsored a booth in the "Interoperability Showcase." This area of the exhibit floor was dedicated to demonstrating the uses and importance of interoperability between equipment and sys-

Tsunami Relief Effort: Call for Volunteers

People around the world are working together on the ongoing relief efforts to help last year's South-East Asia Tsunami calamities. To offer ACCE assistance in the relief efforts, ACCE contacted Dr. Andre Issakov, Coordinator, Health Technology and Facilities Planning (TFP) at the Department of Health System Policies and Operations (SPO) World Health Organization (WHO), Geneva, Switzerland. Dr. Issakov greatly appreciates the ACCE offer in assisting affected countries. A quote from Dr Issakov's response "The scale of the devastation of health infrastructure there is enormous. The stage of immediate relief and repair is practically over, and the work is now entering a long-term phase of rehabilitation, recovery and reconstruction."

In order to effectively assist national health authorities, WHO is interested in partnering with ACCE. ACCE is seeking 10-15 individuals willing to undertake short- and medium-term assignments in the affected regions. Dr. Issakov stated that the "the major requirement though would be not only to be able to deal with pure engineering stuff, but to have a broader health systems perspective putting services, facilities and technologies

Purchase a copy of the <u>*new*</u> ACCE Clinical Engineering Certification Study Guide

The American College of Clinical Engineering has recently completed a Study Guide for the Clinical Engineering Certification examination offered by the new Healthcare Technology Certification Commission established under the ACCE Healthcare Technology Foundation. The Study Guide is available through ACCE for $30. To order a copy of the Guide, please make out a check payable to ACCE and send to:

Alan Levenson, ACCE Secretariat
5200 Butler Pike
Plymouth Meeting, PA 19462

Or e-mail Secretariat@ACCEnet.org and include credit card information (name on card, type of card, card number, and expiration date).

The next examination may be given in May 2005 and <u>will</u> be given in November 2005. The deadline to apply for this examination is 10 weeks in advance of the exam date. The application form and applicant handbook can be found at www.ACCEnet.org/certification.

The ACCE study guide was written by an independent group of clinical engineers not associated with the exam process

ACCE Healthcare Technology Foundation

The ACCE Healthcare Technology Foundation has come a long way since the initial idea was proposed in May 2002. The Foundation (www.accefoundation.org) is ramping up its operation and began to implement projects that support the Foundation's critical mission:

Improving healthcare delivery by promoting the development and application of safe and effective healthcare technologies through the public awareness and global advancement of clinical engineering research, education, practice and their related activities.

Though we became formally official in the eyes of the IRS in October 2003, much effort was being focused on the logistical and administrative structure issues involved with being a non-profit 501c(3) organization. Steps that needed to establish the platform for our Foundation ranged from the definition of our mission, to the adoption of core values and on to determine how to fulfill our mission. For the Clinical Engineering field to have such a platform where we can influence outcomes and professional future is like a dream come true. At the beginning it seemed that the dream could not be accomplished, but the ACCE Healthcare Technology Foundation Board of Directors is doing it and is committed to keeping the dream alive. Every member of the Board of Directors believed so strongly in the mission of ACCE Healthcare Technology Foundation that they pledged and committed monetary,

inspirational, and voluntary support to carry that vision forward. That strong support continues to grow and now we have the backing of major corporations such as GE Healthcare, Nellcor, Masimo Corporation, and Medtronic Inc. who also believe in our mission and want us to bring projects to fruition. The following are examples of some of the projects and deliverables that the ACCE Healthcare Technology Foundation Board develops and approves.

The Public Awareness and Patient Safety Education projects will present a vision for designers, engineers, care providers, technology managers and patients to offer and utilize safe health care technologies. These projects focus on the improvement of device safety design, selection processes, use, and maintenance of health care technologies and include the important aspect of education of the public and their role as part of the health care delivery system. Currently five topics are slated for implementation:

- *Devices Designed for the Elderly*

- *Prevention of Oxygen Enriched Fires in Home Care*

- *Safety Issues With the Home Care Environment*

- *Safety Issues Associated with Patient Devices Taken from Home to hospital*

- *Resource Center for Health Care Technology Safety Issues – a Website/Link Compendium.*

The Clinical Alarm Management and Integration project will focus on the identification of issues and opportunities to improve clinical alarm design, integration, operation, response, and actions. These are all critical issues affecting patient care at the in-patient and home-care environments. Healthcare provider shortages combined with the exponential growth of technology and systems deployment increase the importance of alarm management strategies, device design, and system integration. ACCE Healthcare Technology Foundation has identified management and integration of clinical alarms as a key initiative.

The goals for this initiative are:

- *Establish baseline data from a comprehensive literature search & closed claims database*

- *Provide public forums – "Town Meetings" – at a variety of national patient safety, nursing, governmental, medical device industry, clinical engineering, and healthcare information technology annual meetings to stimulate discussion and gather best practices and ideas (e.g., AAMI, NPSF, HIMSS)*

- *Develop a website specific to Clinical Alarms Management and Integration*

President's Message: 2005 Here We Come ...

The 2005 year started on a great note with several ACCE members participating in yet another productive and highly insightful HIMSS (Healthcare Information & Management Systems Society) annual conference and exhibition in Dallas this February.

One of the highlights of the conference week was the ACCE and HIMSS joint breakfast meeting attended by over 65 individuals with special guests from IEEE, NIST, OR of the Future Plug n Play and more. It is now the second time that representatives from both organizations got together and continued to explore common needs, perceptions and solutions between Information Technology (IT)/Management Systems professionals and Clinical Engineers. Last year at HIMSS 2004 in Orlando, we had the opportunity to introduce ACCE and start formulating plans on how HIMSS and ACCE can strengthen their collaboration. This year, the breakfast meeting highlighted the current collaboration efforts of HIMSS and ACCE as well as further explored future opportunities. We presented work on medical device securities, IHE Patient Care

Izabella Gieras is a Clinical Engineer with Beaumont Hospitals in the Greater Detroit, MI area and *President* of ACCE

Device Domain and overall initiatives on working together. Mr. Larry Dux, past Vice Chair and Chair of HIMSS Board of Directors gave a few minute overview of the collaborative work between ACCE and HIMSS and commended the remarkable efforts underway.

On the exhibit floor, ACCE was busy at the Cross Enterprise Interoperability Showcase Theater, as one of the co-sponsored events by ACCE and IEEE-EMB Standard 1073 Committee, with a presentation and kiosk on the IHE Patient Care Device Domain. This event focused on alarm integration and interoperability between medical devices and clinical systems in streamlining Electronic Health Records (EHR). Dr. David Brailer, National Coordinator of Healthcare Information Technology in his keynote address stated that "Without EHRs in place, there is little chance of gaining significant improvements in quality and cost-effectiveness and of unifying the clinical process around the consumer." This is going to be an important initiative for ACCE.

The ACCE Booth had a prime location in one of the main lobbies of the convention center attracting many that stopped by to pick up a brochure or two and learn more about our organization. We even received one completed membership form!

At this year's HIMSS Corporate Reception, I had an opportunity to meet the HIMSS Board members and Executive Management. I had a pleasant conversation with Mr. Steve Lieber, HIMSS President and CEO and Ms. Erica Pantuso, HIMSS Director of Member Relations who are both looking forward to next year's ACCE and HIMSS breakfast meet-

ing at the HIMSS annual conference in San Diego. They are very interested in continuing the close collaboration.

ACCE was delighted to be one of the co-sponsoring organizations at this year's HIMSS conference. We look forward to the same opportunity at the HIMSS Summer Summit: Achieving National Healthcare Transformation which will take place this year in June in New York City. I would like to thank Ray Zambuto, Steve Grimes, Ted Cohen, Jim Keller, Elliot Sloane, Kelley Garland, Ron Baumann, Yadin David, Steve Juett and all ACCE members who have actively participated in ACCE activities at HIMSS this year. A special note to Ray, Elliot, Steve G. and Jim for their time and dedication in spearheading all the associated arrangements and especially for their participation in the educational sessions. Great work!

Please take a moment and read through the HIMSS related articles in this issue of ACCE News outlining exciting ACCE developments. The opportunities are immense for the Clinical Engineering and Technology Information professionals to work together in strengthening the healthcare enterprise and patient safety. If you would like to join in, please do not hesitate to ask!

- *Izabella* Gieras
IGieras@BeaumontServices.com

View From the Penalty Box: Is Operator Error Overused?

Well, the National Hockey League has adopted the theme song from M*A*S*H as their new anthem. For those of you that don't remember the song title it is "Suicide is Painless". It is beyond me how people can get so set in their ways that they cannot agree on how to survive. But then I look at healthcare and see that we are headed in the same direction of self destruction.

We have hospital companies being charged with tax and investment irregularities, we have drug companies hiding, or not reporting adverse side affects with popular drugs as they mass market them to people who do not need them. Plus, in our own little corner of the field, we have problems that we cannot seem to address. In this rant I hope to bring several of these problems out for discussion.

One of our classic terms for equipment problems is "operator error". Most of us have that designation as a pull down on our work order database and when it is selected the problem is solved. All too many of us, myself included, do not investigate the real cause of the "operator error." We may think it is a training problem that the users have to correct. We may think that the user suffered a senior moment. We may think that the user mixed up device applications but we never go much beyond clicking the "operator error" pull down and moving on to more work orders.

I recently tried to do a full review of an operator error report only to find it was very difficult to track the problem back to the actual user. Then when I found the user, they had no clear memory that they would share about the problem and how it happened. Some of that possibly could be attributed to the fear of legal action by the user but it is difficult to confirm if that was the reason or not. I did some research on the device, read the manual, checked the FDA database and talked with other Clinical Engineers to see if they had any insights on the cause of the operator error. Basically, I finished up at the same point that I started, many guesses and very few facts. The same can be said for some of our other favorite work order closing codes, "no problem found" and the ever popular "could not duplicate". Someone had a problem and we could not find the reason for the problem. Now we need to look more at those three codes and probably less at the "equipment abuse", "component failure" or "adjusted codes". About 25 years ago a very prominent clinical engineer presented a paper in which he stated that 90% of all trouble calls in his hospital were corrected without the use of anything more than a screw driver, and that 97% of the trouble calls did not require test equipment to fix. I wonder if those numbers are still close.

Recently, while reading over the replacement parts section of a service contract , I got a major surprise. It stated that the OEM providing the service could install used parts, not reconditioned or remanufactured but used. Now if the hospital did not have a contract with the OEM and installed a used part and problems occurred the OEM most likely would tell the hospital that they took total liability for the device because they installed a used part. To me that is somewhat of a double standard.

While recently reviewing problem calls on ultrasound units a pattern of probe problems became very clear. Certain manufacturers have major problems with transducers being very sensitive to drops, usually to the tune of about $12,000. But another manufacturer has almost no transducer problems; theirs can be dropped without damage. This brings me to the question should the probes from the first manufacturer, when damaged, be classified as abuse, operator error or design defect? I vote for design defect and am asking all of you to report them as such to the FDA. This may get us some action to reduce out costs.

In closing, we have some unique opportunities open to us to impact medical devices and we need to become more aggressive in pushing the manufacturers to do better designs, provide cheaper service parts, better documentation and better support. When the OEM says they want to partner with us, check your wallet as in the past the partnership has been more take than give. If the Red Sox can win maybe we can finally get the attention of the OEMs that we need better, cheaper and more reliable devices.

- *Dave Harrington*
  dharrington@techmed.com

Perspectives from ECRI: HIMSS, Medical Device Security, and the HIPAA Security Rule

I had the pleasure to participate in a roundtable discussion on medical device security at this year's HIMSS conference with ACCE's President-Elect, Steve Grimes and Nick Mankovich, Director of Product IT Security for Phillips Medical Systems. The session was sponsored by the HIMSS Medical Device Security Workgroup, which Steve Chairs and Nick and I are members of. As you may have read elsewhere in this newsletter, the purpose of the roundtable was to discuss new tools and initiatives for addressing medical device security. My role for the program was to provide a short overview of the CD-ROM-based tool developed by ACCE and ECRI to help healthcare facilities meet the biomedical technology-related requirements of the HIPAA Security Rule. The ACCE/ECRI tool is entitled **Information Security for Biomedical Technology: A HIPAA Compliance Guide™.** I also provided some of ECRI's perspectives related to medical device security during the general discussion portion of the roundtable session.

Given that the compliance date of April 20, 2005 for the HIPAA Security rule is fast approaching, I was pleased to see a lot of interest in the ACCE/ECRI Guide during the roundtable session and during my discussions at ECRI's HIMSS booth and

throughout the HIMSS conference. Healthcare facilities are finally beginning to take a serious look at the HIPAA compliance implications for their medical devices and are realizing the tremendous amount of work that is required in order to be in compliance.

One of the goals of my roundtable presentation was to point out that much of the legwork required to get started on and implement a compliance program has been provided in the ACCE/ECRI guide. The Guide was designed to present an organized overview of HIPAA's Security Rule, discuss the compliance measures specifically required for medical technology, and provide practical tips and suggestions for implementing the rules with very specific medical technology-related examples. It also includes a number of valuable tools and resources including downloadable forms, customizable worksheets, checklists for conducting inventories and risk analyses, and tools for setting priorities and implementing mitigation plans. This information and these tools can be a tremendous time saver for any facility's compliance program. This was reinforced during a conversation that I had at ECRI's HIMSS booth with a hospital representative that had recently purchased the Guide. He stated that it was proving to be an extremely help-

Jim Keller is Director of ECRI's Health Devices Group, ECRI, and a Member at Large for ACCE's Board

ful resource and that his only regret related to the Guide was that he did not purchase it sooner because it would have saved him months of effort (i.e., by not having to reinvent the wheel).

If you are interested in purchasing the Guide for your facility, the list price is $695. ACCE members can purchase the Guide for the discounted price of $495. An order form can be downloaded from ECRI's Web site at www.ecri.org or ACCE's Web site at www.accenet.org. Feel free to contact me at ECRI (jkeller@ecri.org or (610) 825-6000, ext. 5279) if you have any questions about the Guide or about ECRI's other efforts related to medical device security.

Jim Keller is Director of ECRI's Health Devices Group and a Member at Large for ACCE's Board.

Highlights from the January/February ACCE Board Meeting

ACCE is off to a busy start in 2005! Izabella Gieras reported to the Board on ACCE's participation in the HIMSS (Healthcare Information and Management Systems Society) Annual Conference held recently in Dallas, Texas. The HIMSS meeting was a rousing success for our organization, and the growing collaboration between HIMSS and ACCE was visible throughout the various co-sponsored sessions.

Izabella also reported that a core group of individuals are wrapping up work on the Body of Knowledge survey, which is scheduled for release in March. Matt Baretich is designing the survey format which will be presented on www.MonkeySurvey.com.

Izabella has been working with Kelley Garland to establish a Review Committee that will be composed of ACCE members from industry, academia, hospitals, and consulting arenas. Members of this committee will provide contributions to various review documents, endorsements, white papers, etc.

In response to the recent devastating tsunami, Izabella contacted Antonio Hernandez and Dr. Andre Issakov regarding the potential for ACCE involvement in tsunami relief efforts. Dr. Issakov responded that the WHO will be needing the support of partners such as ACCE, and would appreciate offers from volunteers willing to undertake short- and medium-term assignments. Dr. Issakov expressed that there will be a need for engineers with a broad health systems perspective who are able to put services, facilities, and technologies into one properly balance and organized whole.

On the home front, Steve Grimes reported that we have a formal agreement with a website developer, and development of the updated ACCE website is now underway.

Ray Zambuto reported that, with HIMSS behind us, the Strategic Development Group will begin looking at initiatives toward which ACCE can direct some of its resources in order to leverage growth and prestige in the professional community.

Joe Skochdopole reported that he is very close to having the 2005 Teleconference Series planning all wrapped up. Joe is dedicated to making the 2005 Teleconferences a diverse and informative series that will not only be of great interest to Clinical Engineers, but will foster interest from groups throughout the healthcare industry.

The 2004-2005 Membership Survey is now complete. Thanks to all who participated! The survey results will be used to help focus ACCE's efforts on activities and services that are of most interest and benefit to our members. Clinical engineering certification, continuing education, networking opportunities, advanced clinical engineering workshops, and medical errors/patient safety were among those activities/issues that were identified as very important to ACCE members.

Izabella, reporting for Kelley Garland, presented the recommendations made by the Advocacy Committee for this year's Advocacy Awards. The Board voted on and approved these recommendations.

And, last but certainly not least, Dave Francoeur submitted a Membership Committee report with recommendations for the approval of the membership applications of five individuals. The Board voted on and approved each of these membership applications. Congratulations and welcome!

-Colleen Ward
secretary@accenet.org

ACCE Member News

The following membership applications and changes were approved by the ACCE board:

New Members:
Leopoldo Felix Yabar Escribanel
James Caporali
James Phillip

New Candidate Member:
Dheepak Rajasekaran

Reinstated to Member Stats:
Dave Smith

Change to Emeritus Status:
Steven B. Friedman

Congratulations to Matt Baretich on his recent appointment to the Biomedical Instrumentation and Technology (BI&T) editorial board.

Congratulations also to Ray Zambuto on his advancement to Senior Level member of HIMSS.

Melissa Burns is on the move, having recently started with EQ International in Washington, DC.

Please let us know about personal achievements and items of note in the ACCE community!

HIMSS Conference & Exhibition (continued from page 1)

tems in healthcare to streamline the Electronic Patient Record, save money, and improve patient safety and outcomes. It was very well attended. On the last day of the conference, after his keynote address, Dr. David Brailer, the chief for Healthcare Information Technology in the Bush Administration held a press conference in the IHE area and toured the showcase.

At the Integrating the Healthcare Enterprise (IHE) Strategic Development Committee Meeting, which was attended by Ray Zambuto and Todd Cooper of IEEE, ACCE was approved to take sponsorship of the "Patient Care Devices" Domain of the IHE. This is a big responsibility and will require that a plan be put in place and a budget established. Cooperating relationships will be set up with the societies of equipment users such as Anesthesiologists. A primary thrust of this area will be the adoption of foundation standards by the vendors who work in this space. None of these tasks will be easy and there are opportunities for more people to get involved with this effort as the scope becomes established. As part of this activity, Ray Zambuto will present the need for standards in the interoperability of medical devices at the annual HIMSS Advocacy Day in Washington DC later this spring.

Steve Lieber, the President of HIMSS, indicated that he plans to attend next year's ACCE breakfast and expressed support for increased ACCE involvement at next year's HIMSS meeting. HIMSS appears to be a good avenue for ACCE to travel as clinical engineering and information technology continue to converge.

- Ray Zambuto
rzambuto@techmed.com

- *Educate professional and lay individuals via publications and planned simulation video available from the website*

- *Establish a task force of participants from a broad range of interested fields*

- *Reach a consensus on alarm management and integration*

- *Share the consensus findings with recommendations for healthcare facilities and the home*

    ◇*Prepare a journal-quality white paper*

    ◇*Prepare a lay article for the public*

A few years ago, the ability to become a Certified Clinical Engineer (CCE) was terminated. There was no method for clinical engineering to demonstrate competence, to support professional development and to recognize individuals. ACCE Healthcare Technology Foundation created a Healthcare Technology Certification Commission (HTCC) and the US Board of Examiners for Clinical Engineering Certification. 112 previously certified candidates under the ICC platform were recognized under this new program. A psychometrically analyzed exam was developed through the Professional Testing Corporation and pro-vided to applicants in 2003 and 2004. A significant test bank of questions was developed. The number of applicants from the initial test cycle to the most recent increased dramatically and the interest continues to grow.

Since the evolution of Clinical Engineering, there has been a need for defining and for promoting a model for optimal selection, adoption and management of medical technology at the point-of-care whether in the hospital or at home. Now, ACCE Healthcare Technology Foundation has embarked upon the creation of the Clinical Engineering Excellence (CE^2) program. The program objective is the promotion of a best practices model for technology management within institutions that deliver healthcare services with community outreach, including hospitals, outpatient facilities, and the home. Through the recognition of excellence in clinical engineering services, this program will enable improvement in deployment of technology throughout in our health care delivery system. The CE^2 program will begin with a committee that will be charged with the development of assessment methodology, qualification requirements, scoring guidelines, and processing criteria for appli-cations to the clinical engineering excellence program. A review and survey process will culminate in a recognition award process allowing the winning program to present its successful practice.

All of these exciting initiatives are occurring now within the ACCE Healthcare Technology Foundation. We have the definition of the dreams and projects and also the resources to make it happen. Eighteen months ago we were hoping, now we are doing. None of these projects would be in existence if it were not for the ACCE Healthcare Technology Foundation and the support it has received. We ask that you continue this evolution and support the Foundation's mission either personally or through your daily contacts. More information is available at our website, www.accefoundation.org

- *Jennifer C. Ott, MSBME Secretary, ACCE Healthcare Technology Foundation, secretary@accefoundation.org*

- *Yadin David, PhD, CCE, PE, HCSP, President, ACCE Healthcare Technology Foundation president@accefoundation.org*

ACCE
AMERICAN COLLEGE OF CLINICAL ENGINEERING

Attention All Members … ACCE Membership Meeting

Join us for the Annual American College of Clinical Engineering Membership Meeting: Wyndham Hotel, Sunday, May 15, 2005

Patient Safety: Medical Device Safety Standard Activity

An ACCE member took the initiative to file a New Work Item Proposal (NWIP) to develop a small-bore medical tubing connector standard to prevent misconnections. (There have been numerous reported cases of misconnections between IV lines and oxygen lines, blood pressure cuffs, and SCD sleeves). The NWIP was filed before the AAMI Standards Board. The AAMI Standards Board has accepted and approved the proposal.

The first order of business was to provide guidance to the AAMI staff on whether this group should be part of an existing AAMI Standards Committee, such as: The Human Factors Standards Committee. A meeting was held on Saturday, January 22, 2005 and a few ACCE members participated. Izabella Gieras and Frank Painter are representing ACCE. It was clear and unanimous that this new standards group should not be under any existing

AAMI Standards Committee. Since there is activity in Japan and Europe for standardizing small-bore connectors, an alternative is to form an ISO group and have all the countries that have interest participate. Stay tuned for more news. If ACCE members are interested in conducting some studies and/or contributing towards this cause and effort contact

- Bryanne Patail
Bryanne.Patail@med.va.gov

Tsunami Relief Efforts (continued from page 2)

into one properly balanced and organized whole." Some of the ACCE members, Tom Judd and Jim Wear are already heavily involved in post Tsunami related efforts with work underway in Singapore, Kuala Lumpur and Bangkok.

ACCE would like to thank WHO and PAHO (Pan American Health Organization) for acknowledging ACCE's offer of assistance in post Tsunami activities. If you are interested in participating and joining other ACCE members in

these noble efforts please contact Izabella Gieras at 248-551-0549.

- Izabella Gieras
IGieras@BeaumontServices.com

ACCE Announces New Vice President

It is my distinct pleasure to announce ACCE's new Vice President, Mr. Ted Cohen. Mr. Cohen will complete the Vice President position for the remaining of the 2004/2005 term. He brings a wealth of knowledge and experience to the ACCE Board having served as ACCE Vice President in the past and most recently as the Member At Large. In his new role, Mr. Cohen will oversee ACCE's advocacy and professional practice activities as well as the work undertaken on the Clinical Engineering Body of Knowledge. He will also continue his co-editor position with the ACCE News.

ACCE is in the process of securing what is now a vacant Member At Large position on the ACCE Board.

Please join me in congratulating Mr. Cohen on his appointment to the Vice President on the ACCE Board of Directors. We look forward to continue working with Mr. Cohen in his new role.

- Izabella Gieras
President, ACCE
IGieras@BeaumontServices.com
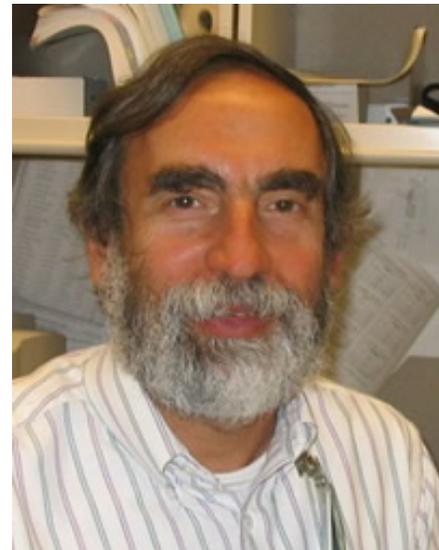
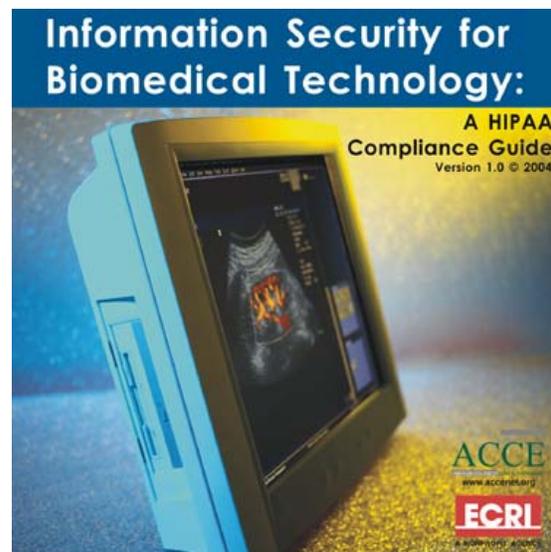*Ted Cohen* has been selected to serve as ACCE Vice-President for the remainder of the 2004/2005 term.

Join the effort to improve patient care...

Clinical Alarms Management
& Integration

<u>Clinical alarm management is problematic</u>. Clinical alarm design, response and management are critical issues affecting patient care. Some examples include:

- *When presented with alarm sounds and asked to identify the source, anesthesiologists, OR techs, and OR nurses correctly identified the device producing the alarm only 33-54% of the time (Loeb, 1992).*

- *In February 2002, the JCAHO issued a Sentinel Event alert related to ventilator deaths and injuries. In 65% of the cases, there was a malfunction, misuse or inadequate audible alarm. Subsequently, in 2003, improving the effectiveness of clinical alarm systems became National Patient Safety Goal #6. Although Goal #6 was dropped for hospitals in 2005, JCAHO continues to look at this area as part of surveys.*

Healthcare provider shortages combined with the exponential growth of technology and systems increase the importance of alarm management strategies, device design, and system integration. Today's alarm systems not only include bedside and central audible and visual alarms, but have expanded to cell phone, pagers, nurse call, dashboards, tactile devices, and alarm prioritization systems.

To address the issues before they become unmanageable, the ACCE Healthcare Technology Foundation has identified management and integration of clinical alarms as a key initiative for 2005-2006. To this end, the goals for this initiative are:

- *Establish baseline data from a comprehensive literature search & closed claims database*

- *Provide public forums – "Town Meetings" – at a variety of national patient safety, nursing, governmental, medical device industry, clinical engineering, and healthcare information technology annual meetings to simulate discussion and gather best practices and ideas (e.g. AAMI, NPSF, HIMSS)*

- *Develop a website specific to Clinical Alarms Management and Integration*

- *Educate the professional and lay individuals via publications and planned simulation video available from the website*

- *Establish task force of participants from a broad range of interested fields*

- *Reach a consensus on alarm management and integration*

- *Share the consensus findings with recommendations for healthcare facilities and the home*
  - *Journal quality white paper*
  - *Lay article for the public*

Join the effort to improve clinical alarms by participating in town meetings, being part of the task force, and communicating with AHTF via the website or ACCE Healthcare Technology Foundation board members Tobey Clark <u>tobey.clark@uvm.edu</u> or Yadin David <u>ybdavid@TexasChildrensHospital.org</u>

AHTF Purpose: *Improving healthcare delivery by promoting the development and application of safe and effective healthcare technologies through the public awareness and global advancement of clinical engineering research, education, practice and their related activities*

The ACCE Board and Committee Chairs

President .... Izabella Gieras
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Vice President .... Ted Cohen
Secretary .... Colleen Ward
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Member-at-Large .... Jim Keller
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Member-at-Large .... Bill Rice
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Advocacy Committee Chair .... Kelley Garland
IHE Task Force Chair .... Elliot Sloane
International Committee Chair .... Tony Easty
Certification Committee Chair .... Frank Painter
Education Committee Chair .... James Wear
Medical Errors Task Force Chair .... Elliot Sloane
Nominations Committee Chair .... Ray Zambuto
Secretariat .... Alan Levenson

Calendar of Events & Teleconference Schedule

Calendar of Events

- May 14-17, 2005

Association for the Advancement of Medical Instrumentation (AAMI)
Tampa, FL

- May 15, 2005

ACCE Annual Membership Meeting
Wyndham Hotel

- June 4-6, 2005

3rd Annual Conference on Ethical Issues in Biomedical Engineering
Alfred University, Alfred, NY

- June 6-7, 2005

HIMSS Summer Conference
New York, NY

- October 2-4, 2005

Northeastern Biomedical Symposium
Southbridge, MA

- November 20-25, 2005

3rd European Medical & Biological Engineering Conference
Praque, Czech Republic

Teleconference Schedule

There will be eight teleconferences for the year. The cost for an individual teleconference is $150 or $1000 for the entire series.

The first teleconference will be on April 21st. The topic will be HIPAA compliance and the presenter will be Steve Grimes. With the use of a new teleconference provider, the quality of the audio and the question and answer sessions will be vastly improved.

Details for the other seven teleconferences will be forthcoming in a brochure.

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

Newsletter of the American College of Clinical Engineering

ACCE Healthcare Technology Foundation (AHTF)

We're on the Web!
http://www.accenet.org