

# ACCE News

Newsletter of the  
American College of Clinical Engineering

Volume 18, Issue 1:  
January/February

## Annual Membership Meeting at HIMSS

Clinical Engineers will once again conference with their IT peers at the HIMSS annual conference and exhibit in Orlando, February 24 -29.

ACCE-specific activities are listed in the table below. Highlights include the CE-IT Leadership Symposium whose program will build on the on-going theme of CE and IT integration - how so many emerging and integrated technologies are creating a landscape for further technical integration and staff collaboration. This is the first year that the ACCE annual membership meeting will be held at HIMSS.

In addition to the many,

ACCE sponsored events, we expect that ACCE members will find several key educational programs at HIMSS that impact our daily lives at work. HIMSS has created a special clinical engineering track to guide attendees and suggest possibly interesting educational sessions.

Examples of other HIMSS sessions that might be of interest to Clinical Engineers include: the Interoperability Showcase now including the Patient Care Devices domain, speeches by former US senator, Bill Frist, MD, the

first MD elected to the senate since 1928; professor of economics, Steven D. Levitt, bestselling author of FREAKONOMICS, and many more..

In addition, the HIMSS exhibit hall is huge (900 exhibitors last year) and includes many clinical equipment vendors showcasing their latest products and services.

For more information visit <http://www.himss.org>. We look forward to seeing you at HIMSS.

Ted Cohen

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## Calendar: Key ACCE Events at HIMSS 2008

Date	Time	Event
Saturday, February 23, 2008	8:30am-3:00pm	Annual AHTF Board meeting
Saturday, February 23, 2008	6:00pm-10:00pm	ACCE Board meeting & joint ACCE/AHTF Dinner
Sunday, February 24, 2008	7:30am-8:30am	Registration/Breakfast
Sunday, February 24, 2008	8:30am-4:30pm	CE-IT Leadership Symposium Separate Ticket Required
Sunday, February 24, 2008	4:00pm-5:00pm	Special Interest Group (SIG) Communities "Open House" including · IHE Patient Care Domain (PCD) SIG · CE - IT Convergence SIG
Sunday, February 24, 2008	5:00pm-8:00pm	HIMSS Reception
Monday, February 25, 2008	6:30pm-10:00pm	ACCE Annual Membership Meeting & Reception
Tuesday, February 26, 2008	6:00pm-9:00pm	Awards Banquet: Separate Ticket Required · CE-IT Synergies Award co-sponsored by ACCE & HIMSS
Wednesday, February 27, 2008	7:00am-9:00am	ACCE HIMSS Breakfast

## Park Named Membership Committee Chair

Carol Park, Regional Manager for Healthcare Technology Management at Vancouver Coastal Health in Vancouver, BC has assumed the role of Membership Chair this month.

She is taking over for Jennifer McGill, who resigned in December. The ACCE Board thanks Jennifer for all her hard work in this position.

Carol holds two masters degrees: a MSc in Clinical Engineering from University of British Columbia and a MA in Leadership and Training from Royal Roads University. Throughout her career, she has used her talents in a wide array of areas including improving capital planning programs and creating healthcare technology management strategy for her healthcare system.

With her talents for team-building and strong leadership experience, we are thrilled to have Carol take on this role and look forward to working with her.

Jennifer Jackson, President Elect

[jenniferljackson@yahoo.com](mailto:jenniferljackson@yahoo.com)

## Co-Editor Wanted

ACCE has a volunteer position open for the ACCE News co-editor or assistant editor. This position entails developing three ACCE News editions per year (every other newsletter) as well as assisting in editing each edition, including writing and editing articles, writing headlines, picture captions etc.

We would like to fill this job soon, so, if you are interested, please e-mail Jim Keller, managing editor at [jkeller@ecri.org](mailto:jkeller@ecri.org).

For additional information you may also contact ACCE news editor Ted Cohen.

Ted Cohen, ACCE News editor

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## ACCE Mission

1. To establish a standard of competence and to promote excellence in Clinical Engineering Practice
2. To promote safe and effective application of Science and Technology to patient care
3. To define the body of knowledge on which the profession is based
4. To represent the professional interests of Clinical Engineers

## CCE Certification: New Applicants and Renewals

1. The next CCE exam will be given in November 2008 in 28 cities around the US. The deadline for applications is September 1, 2008. Please see the website: <http://www.acce-htf.org/certification> to view the handbook and application for this exam.
2. In 2007, ACCE released the results of the new "Body of Knowledge Survey". The US Board of Examiners for Clinical Engineering, chaired by Patrick Lynch, made adjustments in the mix of questions based on that survey. The changes are included in the 2007 CCE Handbook which is available on the ACCE-HTF website.
3. Renewal: CCE renewal is required once every three years. The CCE Renewal Handbook and Renewal Application Form can be downloaded from the CE certification website: <http://www.acce-htf.org/certification>. The renewal fee can be paid by check or by credit card on the ACCE HTF website.
4. Any questions can be directed to Cheryl Shaw, the certification program's secretariat, at [certification@acce-htf.org](mailto:certification@acce-htf.org).

## ACCE News

*ACCE News* is official newsletter of the American College of Clinical Engineering (ACCE). *ACCE News* is a benefit of ACCE membership; nonmembers may subscribe for \$60.

To subscribe e-mail [Secretariat@accenet.org](mailto:Secretariat@accenet.org)

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# Perspectives from ECRI Institute: Applicants for 3rd Health Devices Achievement Award Sought

I recently had the pleasure to visit Houston Texas to formally present ECRI Institute's *Health Devices Achievement Award* to last year's winner, Texas Children's Hospital (TCH). The award was established in 2006 to help celebrate the 35<sup>th</sup> anniversary of ECRI's Health Devices program and, more importantly, to honor the achievements of the hospitals that support our program. The *Health Devices Achievement Award* recognizes an outstanding initiative undertaken by an ECRI Institute member healthcare facility that improves patient safety, reduces costs, or otherwise facilitates better strategic management of health technology.

TCH's winning submission described its Integrated Platform for Life Safety and Tracking initiative, in which three individual projects involving the hospital's nurse call and asset tracking systems were consolidated into one. This consolidation allowed TCH to leverage the investment entailed by the separate projects and combine the required

workforces. The result of the TCH effort is a common platform combining nurse call functions with the electronic tracking of equipment and staff.

One of the goals of our award program is to honor our member hospitals' commitment to technology management by achieving high standards of safety, quality, and cost-effectiveness in healthcare. The TCH project was a great example of how this can be done by having multiple teams come together to collaborate on a large scale and a forward-looking initiative.

The TCH submission was led by ACCE member and former president Yadin David and his colleagues Melita Howell and Patti Rogers. When the award was first announced Yadin commented that "This recognition will

enhance our ability to share our forward-looking integrated patient care technology strategy with other healthcare organizations and manufacturers, and that ultimately means that we will help improve patient care standards everywhere." Yadin and his team should be commended for their fine work and their important contribution to patient safety. Yadin and members of his team were on hand when I formally presented the award in January 2008 to the senior executives at TCH including its President and CEO, Mark Wallace.

I am pleased to announce that ECRI Institute is now soliciting applications for the third annual *Health Devices Achievement Award*. Applicants are asked to submit a 1,000- to 2,000-word essay to ECRI Institute describing an initiative (or initiatives) undertaken at their facility that demonstrates excellence in the field of health technology management.

The deadline for submissions is Friday, May 2, 2008. Essays can be submitted to ECRI Institute either electronically or in paper form. To use our online submission form, visit <http://www.ecri.org/hdaward>. Alternatively, essays can be submitted by e-mail ([communications@ecri.org](mailto:communications@ecri.org)), by fax (610-834-1275), or by mail (ECRI Institute, 5200 Butler Pike, Plymouth Meeting, PA 19462, USA). All communications should be sent Attention: Health Devices Achievement Award.

We hope that you will take the time to share some of the excellent work that you and your colleagues are doing to improve patient care at your institutions. Maybe you'll be seeing me at your hospital as I honor another winner of the *Health Devices Achievement Award* in front of a proud group of your colleagues and executive leadership.

Jim Keller

[jkeller@ecri.org](mailto:jkeller@ecri.org)



Jim Keller Presenting the Second Annual Health Devices Achievement Award to Yadin David

# All Good Things Must Come to an End

*Dave Harrington retiring???* What's he retiring from???

*How can he retire when he hasn't done a lick of work in 50 years?*

Clearly, he just ran out of excuses for sitting around doing nothing and collecting a paycheck!!! This is obviously a man who took too many slap shots to the head!!! Seriously Dave, it's been a pleasure knowing you these many years and I hope your retirement is full of joy and happiness!

That tongue in cheek assessment from AAMI Board member and long-time friend John Hughes is the ultimate compliment to Dave Harrington, whose wry wit and keen insights have both informed and entertained us – well, forever. Dave has been a fixture on the Boston and national scene forever. He was here when I came to Boston in 1969, and for many years was the face and voice of clinical engineering training in the region, first with Franklin Institute of Boston and at Tufts New England Medical Center, and for the last nine years, as Director of Education and Training at Technology in Medicine.

In addition to the many whom he trained officially, Dave was always there to give his time and insights to others. Wayne Morse (Morse Medical, AHTF President) notes: *I remember the first time I met Dave. I was with Spacelabs, young and nervous. He was at New England Medical Center. He was a perfect gentleman, always treated me right and never talked down to me as a vendor, even when things weren't going well.*

In his off hours, Dave was always active as well. Hank Stankiewicz remembers *Dave's* work in founding the Medical Device Society back in the late 70's. *He took me under his wing as a new CE and new to Boston and showed me the ropes. I remember those early days as well. We would meet at people's houses after hours to write bylaws, think up names, etc, and Dave was always there, always moving us forward.*

In recent years, Dave has taken even more to writing – for ACCE News and as an editorial board member of 24x7 Magazine. His CBET exam Prep column helped countless BMETs prepare for the exam. Perhaps Dave's impact is best summed up by 24x7 Editor, Julie Kirst, who wrote: *I do wish Dave well and I hope this so-called retirement won't stop him from sharing his occasional jokes or humorous comments with me! He has been a stalwart supporter of not only 24x7 but also of me as the editor. He has never failed to respond to my e-mails and offer suggestions and guidance, along with some additions that brought laughter into my*

*day. I'm happy to say I won't have to miss him because he'll still be on our side helping us out. Thank you Dave – for everything – and enjoy this new freedom to do some of the other things you love. Wishing you good health and great new adventures.*

Amen to that, Dave. We all wish you only the best, while hoping that your sage witness will continue to brighten our days.

Ray Zambuto  
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Editor's note: Dave will continue to write his "View from the Penalty Box" column for the ACCE News. Thanks Dave!

## Three New CE Resources

Stay on top of up-to-date guidance with these 3 new AAMI resources:

### 1. The Electrical Safety Manual, 2008 Edition

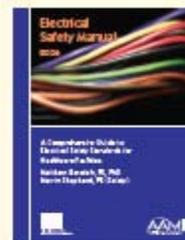
This top-selling guide contains timely information, including up-to-date standards and Joint Commission regulations. Available on CD or in print.

Order Code: ESMP (print) or ESMCD (CD).

List: \$135. AAMI members: \$85.

Buy both and save! Order code: ESMSET.

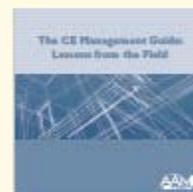
List: \$195. AAMI members: \$135.



### 2. The CE Management Guide: Lessons from the Field

With nearly 200 articles, selected by leaders in the field and gleaned from 10 years of AAMI publications, this CD is a practical reference guide and a valuable study tool for certification exams.

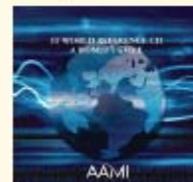
Order Code: CEMCD. List: \$135. AAMI members: \$85.



### 3. IT World Reference CD: A Biomed's Guide

This comprehensive CD includes more than 100 IT-related articles on topics ranging from training to telemedicine and security standards.

Order Code: ITC. List: \$125. AAMI members: \$75.



To order your copies today, visit <http://marketplace.aami.org> or call 877-249-8226.

Source Code: PBLE34



# View from the Penalty Box: Cost Management

Some of you might have heard a rumor that I have retired from Technology in Medicine. The rumor is true and I am retired, right now. One of the things that retirement brings on is the sorting, throwing and packing of all sorts of articles, notes, lectures and general “why did I save this” questions. I found articles on electrical safety dating from the mid 60’s. Testing procedures on devices long in the landfills were also interesting reading as many of our current members probably have never had to check curvilinear pens, or heated styluses, or reusable pressure transducers. Looking over the old articles clearly showed that we have come a long way but have a long way to go.

From the 70’s I found many articles on Clinical versus Biomedical engineers and why each was the best choice to call ourselves. We have a similar naming problem now with electronic medical records, or is it electronic health records or is it some other name. We need to get behind one name and push because without electronic records healthcare will implode because of costs.

According to recent publications the US ranks last, in developed nations, in preventable deaths due to diseases. We barely make the top 50, of all nations, on infant mortality, we are way back on vaccines being used but way high on costs. One group says that we waste 30% of the healthcare dollars on administration; another group says that it is only 25%. I am not sure which is correct, but with Medicare administration costs about 5% and the VA administration costs even less, why is the government administration costs less than free-enterprise? Should the US government take over healthcare like in most other countries? Am I going to lose the old joke on big lies, “I am from the government and I am here to help”? But I will give up the joke if healthcare costs drop by 5 trillion dollars with the government managing it.

An on going battle between clinical engineers and the information technology people was summed up at a recent meeting by an IT person. If clinical engineers ran the IT groups they would still be using Intel 286 computers because they can keep them running. The average IT item in the hospitals is replaced every 3 to 5 years while the average medical device is replaced every 12 years, unless it is in radiology then it is closer to 20 years, with CT and MRI being exceptions. The IT person went on to say that healthcare professionals expect their computers and systems to be up to date but don’t care that much about medical devices as long as it gives them what they need in a reasonable time. The key is reasonable time, as patients are not willing to wait weeks for test results when they see all the CSI shows on TV getting results in minutes.

As a profession we need to push for more productivity from our devices even if it means replacing some of them sooner or looking at other options for the same information. It seems strange saying that the same argument was used in 1968 at a conference here in Boston. Technology is out there that will allow us to work better, cheaper and faster but we have to push administration and push them hard. We have to communicate with others in the profession to find out what they are doing with new technology. None of us today would accept a monitor with a “bouncing ball” display in an ICU but in the early 70’s solid trace monitors were considered a luxury. CT scanners were also considered a luxury then but now they are essential. Another change in the 90’s was the wide spread use of pulse oximeters and the decline of blood gas machines, less pain, quicker results and less cost were driving factors for the pulse oximeter.

We have come a long way as a profession but have a long way to go. To get to where we have go everyone needs to be committed to making it happens.

The editor, for some strange reason, and most of the Board have asked that I continue with these columns so I will solicit your comments, criticism and jokes to [dave@sbtech.com](mailto:dave@sbtech.com)

Thanks for allowing me to do the column for these past 7 years.

Dave Harrington

[dave@sbtech.com](mailto:dave@sbtech.com)

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## ACCE, IHE & PCD

The Patient Care Devices (PCD) domain of the IHE initiative (Integrating the Healthcare Enterprise) will play an expanded role in the Interoperability Showcase exhibit at HIMSS in late February. Ten vendors will participate by demonstrating Device to Enterprise Communication of patient information, including the ability to selectively filter the data stream and to bind patient identification to the data. The PCD booth will include simulated ER, OR, and ICU environments for the clinical use case demonstration, plus a look at future directions for “plug and play” instrumentation.

IHE has formalized its governance structure to become IHE International. ACCE is a charter organization in IHE International and retains its Co-sponsorship relation with HIMSS for the Patient Care Devices Domain. IHE will also have an informational booth at the AAMI meeting in San Jose, CA, in June. For more information regarding the IHe Patient Care Devices Domain, please go to <http://www.acenet.org>. ACCE members interested in contributing to this effort should send an email to [iheinfo@acenet.org](mailto:iheinfo@acenet.org).

Ray Zambuto

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# Safety and Risk Management Workshop in Sao Paulo

Over the past eighteen years, the Pan American Health Organization and World Health Organization have sponsored forty workshops and symposiums focused on clinical engineering and healthcare technology management. A new benchmark was reached in Sao Paulo, Brazil in November 2007 with a workshop focused solely on **Safety and Risk Management** related to healthcare technology. The workshop was held under the sponsorship and coordination of the Brazilian Association for Clinical Engineering (ABEclin) and the University at Campinas (UNICAMP). The program was held in the new convention and educational center at Hospital SirioLibanes. Financial support came from the Brazilian country office of PAHO and the Brazilian Ministry of Health along with Puritan Bennett, Draeger Medical and Stryker.

The event was coordinated by *Saide Jorge Calil* of Centro de Engenharia Biomedica, Universidade Estadual de Campinas, Campinas, Brazil. The workshop faculty was made up of ACCE members *Kok-Swang Tan*, Senior Scientist at the Canadian Medical Devices Bureau, *Tony Easty*, Director of Clinical Engi-

neering at Toronto General Hospital, *Tobey Clark*, Director of Instrumentation & Technical Services/Faculty, Biomedical Engineering at the University of Vermont, *Bryanne Patail*, Senior Clinical Engineer at the Veterans Administration National Center for Patient Safety, *Antonio Hernandez*, Director of Healthcare Infrastructure and Technology at PAHO and, workshop leader, *Frank Painter*, Clinical Engineering Program Director at the University of Connecticut.

Over 200 government regulators, government administrators responsible for medical devices, physicians, nurses and clinical engineers attended the entire program. Additional engineers attended the conference via an Internet video webcast.

Over three days, the workshop topics included: Risk Management in Healthcare, Safety in Healthcare, Healthcare Failure Modes and Effects Analysis (FMEA), Medical Device Accidents, Human Factors Engineering, User and Use Error, Human Error, Incident Investigation, Root Cause Analysis, and Medical Device Regulation and Surveillance.

This workshop was held immediately preceding the annual meeting of



Professor Saide Jorge Calil provides the opening welcome to workshop participants

the Brazilian Association for Clinical Engineering. As a result many of the workshop faculty were also able to present at the annual meeting where over 200 Brazilian clinical engineers were present.

Clinical engineering activities have been very strong in Brazil for many years. Collaboration continues with Healthcare Technology Certification Commission/US Board of Examiners for CE Certification to develop certification in Brazil and another advanced, topic focused workshop is planned for 2008 there.

*Tobey Clark*

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Kok-Swang Tanof Health Canada presents on Incident Investigations at Conference in Sao Paulo Brazil



# Commentary: Competency is Not a Binary Variable

The primary objective of most training is to initiate or improve the trainee's competency in doing what ever tasks the training is targeted at. Within clinical engineering, training may be of clinical engineering personnel themselves, or it may be clinician training on the use of a particular medical device. The latter training may be more-or-less formal (e.g. a group in-service), or it may be quite informal (e.g. passing along knowledge from one user to another). There is often the implied assumption in such training that having once shown someone how to do a task; and perhaps having them demonstrate that they can do the task, they are now in fact reasonably capable of actually doing that task under the wide range of circumstances under which that task may occur. The worst instance of this tacit assumption is "demo-and-go", i.e. I showed you once, so now you are a competent user.

The reality is of course far more complex, and includes use under circumstances ranging from routine to extraordinary. With a little thought we realize that there are those who we know can only manage under simple circumstances, those that will be successful on a day-to-day basis, those that will perform well under a constrained set of unusual circumstances, and those who will perform well even under quite demanding conditions. There may also be the "super-user" who we know can be relied on almost no matter what happens. One mental test of who fits in which of the above categories is: "Do you want them taking care of you, if you were the patient?"

Given that there is a range of competency, assignments should be made accordingly. Of course the non-competent cannot be allowed to use the device. The marginally competent can be allowed to operate the device only within defined limitations and

appropriate backup. The competent are allowed to operate the device under most conditions, with the very competent allowed to use the device under all conditions. The extremely competent is the "go-to" person when special challenges arise.

To make this competency stratification useable it is also necessary to define ranges of operation: Normal – typical applications including common deviations from desirable conditions. Normal + Adverse – Normal plus reasonably expected adverse deviations that are beyond those that are common. Normal + Adverse + Crisis – Previous plus deviations that may be rare or extreme, yet within reason and important.

Even an individual's competency is not static. Their skills may improve over time. However, there is also the proverbial bad day, or bad moment, where, for whatever reason, someone will not perform up to their potential and previously demonstrated ability. Part of the bad day may be a result of fatigue, or job or personal stress. It is hardly surprising that various studies have found that fatigue increases error rates. And those individuals, who can turn off their outside life and concentrate fully on their job, especially when their outside life is in disarray, are rare and admirable.

Part of the growth along the competency scale is influenced by the challenges of the task (the learning curve) and the opportunity to experience the need to do more than the routine. This experience component is very difficult to achieve during a training session so that it is common for competency to further increase through actual performance. Yet somewhere there is a minimally acceptable competency and if this is not achieved during training it must occur on-the-job, with the implication that early in this process the person's competency will not

yet have matured. Crisis management is even more challenging in that even on-the-job these events will, hopefully, not occur very often.

The ongoing learning component of competence has not been reported on very often for most devices users. It is therefore interesting that surgeons have studied the effect of experience on competency. Not surprisingly they have documented that for studied procedures surgical outcomes improve and complications decrease with experience.

Some self evaluation of competence is also appropriate. Am I fully capable of successfully completing this task? If not, what are the consequences if I fail in part or in full? (Note the risk management element of this question.) If the consequences are bad, what should I do? Who do I turn to? Nursing in part has officially recognized the responsibility and right to refuse an assignment based on competency, presumably without retribution.

In order to enhance patient safety levels of competency must be recognized, training and assessment designed accordingly, and assignments made based on proven achievement. Pretending that a single in service or demonstration produces a fully competent user is not acceptable.

The ACCE News welcomes further commentary on medical device use training and competency assessment. Please share your comments and "best practices" by sending them to [editor@acce.org](mailto:editor@acce.org).

William Hyman

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# ACCE Healthcare Technology Foundation Update

The following is an update on the activities of the ACCE Healthcare Technology Foundation (AHTF):

## Clinical Engineering Excellence Award

Applications for the first Clinical Engineering Excellence (CE<sup>2</sup>) award are under review. Watch for the announcement soon of the first winner for this award for excellence in clinical engineering through recognition of best practices in broad institutional leadership.

## Clinical Alarms Study

The Foundation's Clinical Alarms initiative continues to attract strong attention and follow-up. The latest promulgation is through an article in the American Journal of Critical Care (<http://ajcc.aacnjournals.org/cgi/content/abstract/17/1/36>). Material from the Alarms work was also included in a recent MedSun teleconference presented by Tobey Clark. Alarms project team members are also participating in the IHE Alarm Communication Management proposal preparation.

## Colloquium

The Foundation sponsored Colloquium on Responding to Medical Device Failures has now been reported on in AAMI's journal, Biomedical and Information Technology (with extended remarks) and in the Journal of Clinical Engineering. These publications have generated additional interest in the issues raised at the Colloquium with respect to the processes and efficacy of the various forms of incident reporting, and the impediments to such reporting.

## Patient Safety Brochures

The next patient safety brochure from the Foundation will focus on the safe use of oxygen. As with our previous brochure on bringing personal medical devices to the hospital, this one will be available in hard copy and as a download from the Foundation's website

(<http://www.acce-htf.org/about.asp>).

## Marvin Shepherd Patient Safety Award

The call for nominations for the next Marvin Shepherd Patient Safety Award is included in ACCE's award announcements on the ACCE website:

<http://www.accenet.org>

## Annual Meeting

The 2008 annual meeting of the Foundation is immediately before the

HiMSS/ACCE meeting on February 22 in Orlando. One important agenda item for the Foundation is new initiatives. Your input on where you think the Foundation should focus its next efforts is always welcome. The Foundation's Board will also meet jointly with the ACCE Board to discuss mutual initiatives.

## Donations in Honor Of

In addition to your personal support, donations to the Foundation can be made "in honor/in recognition of..." with the honoree receiving an announcement to this effect from the Foundation. Consider this low-carbon-footprint means of recognizing your professional colleagues.

William Hyman, ScD, PE, Secretary

[secretary@acce-htf.org](mailto:secretary@acce-htf.org)

Wayne Morse MSBME CCE, President

[president@acce-htf.org](mailto:president@acce-htf.org)

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## Membership Renewal Time

Once again, it is time for you to renew your membership in the American College of Clinical Engineering. ACCE is *your* professional organization.

Our members are clinical engineers and related professionals who have demonstrated their commitment to improving healthcare through the safe and effective use of technology.

These are challenging times in healthcare. The evolution of new technologies hold the promise of giving us more effective ways of diagnosing and treating a broader range of patients. At the same time this evolution is presenting clinical engineering with new challenges associated with supporting those technologies.

ACCE is at the forefront of identifying these healthcare technology challenges. We are working with our

members and strategically collaborating with other organizations (see HIMSS conference calendar below) to insure all are informed of the issues and that our members have the requisite tools and guidance to meet the industry's needs now and in the future.

ACCE has made a significant impact through our educational programs, our development of professional guidelines, our definition of the clinical engineering body of knowledge, our support of professional certification, our representation in the standards/regulations making process, through clinical engineering advocacy and through our collaboration with other key stakeholder organizations who involved in the technology development, adoption and deployment processes.

Your membership and your partici-

*(Continued on page 9)*



# Jackson, Schrenker Awarded for Healthcare Innovation

ACCE President-Elect, Jennifer Jackson, ACCE member, Rick Schrenker, and the CIMIT Medical Device PnP Program team were recipients of the sixth annual Edward M. Kennedy Award for Healthcare Innovation. The award was presented at the CIMIT Innovation Congress, held in Boston November 13-14, 2007.

The CIMIT Medical Device Plug-and-Play initiative, or MD PnP, is headed by Julian M. Goldman, MD, of Massachusetts General Hospital. MD PnP technology is designed to ensure interoperability of systems in the OR and other hospital areas. That means that all devices and electronic systems are linked, so that information is directly exchanged and errors are mini-

mized.

"Each year there are accidents and unnecessary deaths in operating rooms," said Dr. Goldman. "Each OR has many kinds of electronic systems, many of which don't interact with each other. One of our key goals is to make sure all medical device systems communicate, and create an international standard so that planners and administrators have guidelines that will enable them to create a failsafe hospital infrastructure."

"We are extremely proud of the work done by this team, whose members are making impressive progress in developing standards for the OR," said John Parrish, MD, founder and director of the Boston-based CIMIT. "They

are addressing a very complicated and serious issue. Dr. Goldman and his team are to be commended for both their scientific and organizational work. Their effort will likely benefit many institutions, and that means better care for patients."

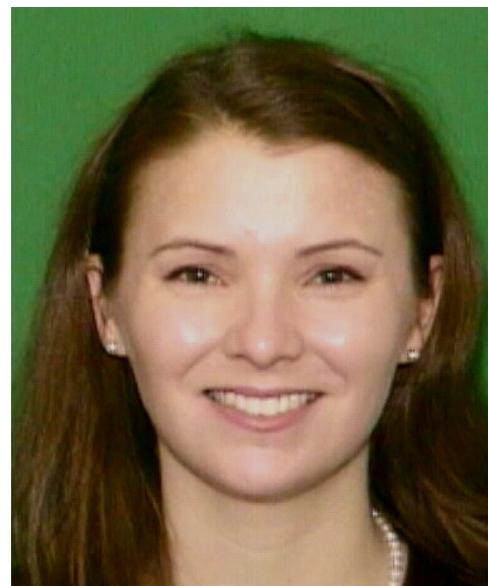
The award was named in honor of Sen. Edward M. Kennedy, senior senator from Massachusetts, who has been a pioneer in working for improvements in healthcare.

"I congratulate Dr. Goldman and the entire Plug-and-Play team for their outstanding contributions to operating room safety, and for providing another example of the importance of the partnership approach to research and development that CIMIT collaborators have pioneered," Sen. Kennedy said.

Find out more about MD PnP at HIMSS08 and on their website: [www.mdnp.org](http://www.mdnp.org). They will have a booth on University Row, booth #8586, with a demonstration of improved patient safety for PCA devices using interoperability.

Jennifer Jackson

[jenniferljackson@yahoo.com](mailto:jenniferljackson@yahoo.com)



Jennifer Jackson, ACCE President-Elect and CIMIT Awardee

## Renewal Time continued

(Continued from page 8)

pation in ACCE is not only necessary to this organization's success but ultimately it is critical to the future our profession and our profession's ability to make a major contribution to healthcare through effective technology adoption and support.

Please take a moment to renew your membership now ... and take a little extra time to provide us with your feedback. Let us know how we can be more supportive of you and your work.

And please volunteer. In your feedback, let us know what areas you would be willing to contribute your efforts in ACCE. We have some great resources in our past and current volunteers, but given the scale of the challenges of the future, we need you!

Thank you and best personal & professional wishes for the coming year.

Stephen L. Grimes, FACCE, FHIMSS  
President, ACCE

[SLGrimes@ACCEnet.org](mailto:SLGrimes@ACCEnet.org)

*Secretariat's Note: Please take the time to renew now. You may do so conveniently on our website <http://www.accenet.org> by clicking on the yellow highlighted link at the top of the homepage and logging in. (If you have misplaced your login and password, please Al Levenson know.) You may choose to renew via credit card securely using the PayPal system. If you should have a problem with PayPal, contact me and we can make arrangements to handle it directly. You may alternately renew by mailing a check or money order to the address below. Don't forget to update your record while you're logged on. You will note that the renewal fee has not changed.*

*If you are a Candidate Member, please remember that your candidate status is good only while you are a student. If your status has changed, please complete an Individual or Associate Member application form (as appropriate) and submit it with your current resume/C.V.*

*Please contact Al Levenson if you have any questions.*

Al Levenson, Secretariat

[Secretariat@accenet.org](mailto:Secretariat@accenet.org)

5200 Butler Pike

Plymouth Meeting, PA 19462

# Minutes of the ACCE Board December Meeting

The December Board Meeting of the ACCE took place on Thursday December 20, 2007.

The Board is looking for anyone interested in assisting with the production of the newsletter. Volunteers should contact Ted Cohen at

[editor@accenet.org](mailto:editor@accenet.org). Also, a survey of the Membership is being considered in order to get feedback on what is most useful to members.

Steve Grimes, ACCE President, presented the invitation that he had received to co-chair the Clinical Engineering Track at the EMBS meeting in August 2008 in Vancouver.

Jennifer Jackson, ACCE President-Elect provided an update on the plans for an ACCE Symposium at AAMI in San Jose in June 2008. Committee members will include Tom Judd, Izabella Gieras, Fred Hosea (KP), and Marcia Cross (Scripps) and Jennifer Jackson as Chair. The Board and planning committee would like to present a symposium on human factors and simulation and how these fields specifically address process change. Process re-engineering in healthcare is of particular interest to the technology managers since these changes dramatically change the way they procure and manage the capital for which they are responsible. Right now, the committee would like to assemble talks that address the following:

- The use of simulation to study clinical workflows
- The use of human factors specialists in technology assessment programs
- The combination of CE-IT when working Process Re-Eng projects

All talks will include what tools and education a practicing clinical engineer might need to acquire to address this type of specialization. Next steps include formalizing the program and securing speakers.

Mario Casteneda, ACCE Vice President, reported on his transition into his new role as Vice-President. He is contacting his sub-committee chairs and reviewing their roles.

As part of her report, Izabella Gieras, Past President, announced that she and Ray Zambuto are planning a face to face meeting of the HIMSS SIG at HIMSS 2008, tentatively taking place on Tuesday morning, February 26, 2008.

Barbara Maguire, ACCE Secretary, presented the schedule for events at HIMMS 2008. This will be the first year that the ACCE Annual Membership Meeting/Reception will take place at HIMMS instead of at AAMI. The

meeting is scheduled for Monday February 25 6:30-10:00pm, location to be announced. There will also be an ACCE sponsored Breakfast on Wednesday February 27 7-8am, Room 303A.

Julio Huerta presented his first report in his new role as Treasurer. (*Do the members get a treasury report summary??? When???*)

The next Board meeting will take place at HIMMS on Saturday February 23 at 6pm.

Barbara Maguire

[bmaguire@amedlink.com](mailto:bmaguire@amedlink.com)

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## Teleconference Program

**2/21/2008**

**Responding to Medical Device Incidents**

**William A. Hyman, ScD**

*Professor, Biomedical Engineering  
Texas A&M University*

*MGH Anesthesia and Biomedical Engineering, Director, CIMIT Program on Interoperability*

See <http://www.accenet.org> for more information on these and other upcoming 2008 educational teleconferences.

**3/20/2008**

**(Topic to be announced)**

**Julian M. Goldman, MD**

Arif Subhan, Education Committee Chair

[ARIF@masterplan-inc.com](mailto:ARIF@masterplan-inc.com)

## CCE Review Course on CDs

Purchase the CCE Review Course on CDs. This review was taped live at a five-session, 8-hour CCE Review Course, presented by a faculty of clinical engineers who have broad experience working in hospitals, independent service organizations, consulting, government, and industry. Topics of the CCE examination are reviewed by a subject specialist and the 8 hour audio course includes Q&A from the audience, Power Point Presentations, reference list, and sample questions. Topics covered in the course are: Introduction to the CCE Exam, CE Program Management, Financial & Service Contract Management, Technical Supervision, CMMS, Technology Assessment, Product/Vendor Selection, Capital Planning, Clinical Trials Management, Building Plan Review, Building Design and Human Factors, Regulatory/QA Issues, Risk Management/Safety, Education, Product Development, Repair/Systems Thinking and other miscellaneous Clinical Engineering topics. The Audio Course is available for \$300 (ACCE members) and \$345\* (nonmembers). For more information or to purchase please contact Alan Levenson at [secretariat@accenet.org](mailto:secretariat@accenet.org). Additional information is also available on the ACCE website: <http://www.accenet.org>

## The ACCE Board and Committee Chairs

President.....	Stephen Grimes
President Elect .....	Jennifer Jackson
Vice President.....	Mario Castaneda
Secretary .....	Barbara Maguire
Treasurer .....	Julio Huerta
Member-at-Large.....	Colleen Ward
Member-at-Large.....	Tony Easty
Member-at-Large.....	Paul Sherman
Past President.....	Izabella Gieras
Education Committee Chair .....	Arif Subhan
Membership Committee Chair .....	Jennifer McGill
HIPAA Task Force Chair .....	Stephen Grimes
Advocacy Committee Chair .....	Nancy Pressly
IHE PCD Task Force Co-chairs	
.....	Todd Cooper, Ray Zambuto, Elliot Sloane
International Committee Chair .....	Tony Easty
Medical Errors Task Force Chair .....	Elliot Sloane
Nominations Committee Chair .....	Izabella Gieras
Professional Practices Committee Chair .....	Paul Sherman
Body of Knowledge Committee Chair .....	Kelley Harris
Strategic Development Committee Chair ....	Izabella Gieras
Secretariat .....	Alan Levenson

## ACCE Clinical Engineering Certification Study Guide

The American College of Clinical Engineering has completed a Study Guide for the Clinical Engineering Certification examination offered by the 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](mailto:Secretariat@ACCENet.org) and include credit card information (name on card, type of card, card number, and expiration date). Applications are now being accepted for the **November 2008** exam. Applications and the applicant handbook can be found at [www.ACCEnet.org/certification](http://www.ACCEnet.org/certification).

*The ACCE Study Guide was written by an independent group of clinical engineers not associated with the exam process*

## Calendar of Events

- February 24-28, 2008

HIMSS 2008  
Orlando, FL

- February 24, 2008

ACCE sponsored Clinical Engineering  
Symposium at HIMSS  
Orlando, FL

- February 25, 2008

ACCE Annual Membership Meeting  
at HIMSS  
Orlando, FL

- May 30 - June 3, 2008

AAMI 2008  
San Jose, CA

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### Newsletter of the American College of Clinical Engineering

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## Healthcare Technology Foundation

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Foundation (AHTF)  
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<http://www.accefoundation.org>  
AHTF is an independent, not-for-  
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