ACCE News

President's Message: HIMSS a Success, AAMI Annual Conference & Symposium Next

The first few months of this year have been extremely busy for ACCE with many proud moments. ACCE, one of the co-sponsoring organizations at the HIMSS Annual Conference and Exhibition in San Diego this past February, once again featured many exciting ACCE activities.

For the first time at HIMSS, ACCE held an *ACCE Reception and Meeting for Members and Friends*. With over 20 participants, we enjoyed the evening with HIMSS representatives and other special guests. The small gathering provided a great start to all HIMSS ACCE activities ahead. The next day, ACCE and HIMSS collaborated on a half-day *CE and IT Leadership Forum*. The event was a huge success with over 70 attendees and speakers from across the country discussing the CE and IT partnership and its impact on patient safety. The feedback to date on this event has been extremely positive; ACCE is already start-

ing to brainstorm educational activities for next year! Following the conference, the 24x7 eNewsletter, the Weekly Jolt, featured a top story on the ACCE and HIMSS partnership describing the successful presentations focusing on the professional relationships between clinical engineering and IT professionals. Dr. John Halamka, Healthcare Information Technology Standard Panel (HITSP) chair delivered the closing address, "Making the Case for the Integration of Data and Devices." Slides from the symposium presentations will be available on the HIMSS website, www.himss.org with a link from the ACCE website.

Throughout the conference, ACCE members and other clinical engineers had the opportunity to attend several highly stimulating educational sessions covering topics of relevance to our profes-

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

sion and the exhibit floor with over 850 exhibitors. Once again, ACCE enjoyed the traditional HIMSS ACCE breakfast meeting which further emphasized the working relationship between the two organizations with interest from many to continue expanding our partnership. I was able to attend the HIMSS Special Interest Group (SIG) on *Manage-*

AAMI 2006 CONFERENCE & EXPO

Association for the Advancement of Medical Instrumentation

June 24–26, 2006 | Washington, DC

ACCE Seeks Ad Manager for News & Web

ACCE is seeking a member to volunteer as an advertising manager for ACCE News and lead a new effort to place advertisements on ACCE's Web site. This is an important revenue generation role for ACCE and will provide a great opportunity to make new contacts in our industry. The advertising manager will work with the ACCE Board to establish advertising policies and rates, and will solicit advertising from a variety of organizations interested in supporting ACCE's mission. The advertising manager will also work with other ACCE members volunteering to assist with the generation of advertising leads. Potential advertising sources include medical device manufacturers, independent service organizations, clinical engineering-related publications, consulting services, and healthcare institutions (e.g., for job postings). Please contact Jim Keller at jkeller@ecri.org if you are interested in volunteering or if you have any questions.

Members on the Move and in the News

Melissa Burns, ACCE News co-editor, recently started a new job with the FDA, Center for Devices and Radiological Health (CDRH) Office of Compliance, Cardiovascular & Neurological Devices Group. She is an Assistant Regulatory Operations Officer and also an officer in the U.S. Public Health Service. Congratulations Melissa!

24 x 7 to Add Department Profiles

24 x 7, a healthcare technology magazine, will be adding department profiles featuring departments that are involved in some unique clinical/biomedical engineering projects. For more information, contact the 24 x 7 editor, Julie Kirst, at jkirst@ascendmedia.com.

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

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ACCE Certification—What You Need to Know

1) The next CCE written exam will be June 27, 2006 in Washington DC. Application deadline is May 2, 2006.

2) The written exam will also be given in 29 cities throughout the US on November 18, 2006. Application deadline is September 28.

3) For an extra fee, the written exam can be given in almost any city in the US or in almost any major city in the world.

4) Applications are being accepted now for the June 27 and November 18 exams. Please include references and transcripts with application.

5) The handbook that describes the process, and the application that needs to be completed, can be found on the certification website: www.acce-htf.org/certificaton .

6) A study guide has been recommended by several who recently passed the CCE exam and became certified. Walter Burdett of the VA Medical Center in Syracuse, NY said " The Study Guide was an excellent fit to the style, vocabulary, content and level of difficulty of the written exam. The bibliography was very useful."

ACCE Strategic Planning: 2006 & Beyond

by Izabella Gieras, President ACCE

Over the past few years ACCE has accomplished great success in professional partnerships, educational programs, new professional activities, expanded growth and financial stability. However, the increasing needs of our organization, our members and our professional community produce challenges to our organization to continue to meet our mission and respond at our current size and resources. ACCE needs to develop a strategic plan to best optimize our resources and to continue to stay true to our mission and vision. The strategic planning for ACCE's future is based on the organization's people-resources, financial status and direction on our diverse activities and professional partnerships. I promised in the last issue of ACCE News to include ACCE goals for 2006 here. In addition, this article provides a review of ACCE's strategic planning for 2006 and beyond.

In 2005, ACCE Board of Directors approved the formation of the *Strategic Development Committee* to examine opportunities for ACCE to grow, increase the perceived value of Clinical Engineering, increase the benefits to our members and focus on short and long term goals for the organization. The committee proposed the following vision statement: "To actively promote and foster the role of Clinical Engineering for the betterment of health care". The committee also proposed the following four core purposes: 1. Advocacy – to promote the profession and clinical engineers, 2. Representation – to provide a voice for CE within the healthcare industry, 3. Value – to provide real value and support for the members, 4. Education – to provide learning resources and benchmarks for the profession. This proposal was presented to ACCE members at the ACCE Annual Membership meeting in Tampa, FL in June 2005.

Over the past few months, ACCE has become involved in several new and exciting activities. Diverse committees

and task force groups are working very diligently to adhere to the four core purposes of our organization. This year will be an important one for further development of many of the goals leading to subsequent strategic plans for our organization. In this issue of *ACCE News* you will also hear about ACCE's success stories from this year's HIMSS Annual Conference and Exhibition in San Diego. The partnership between clinical engineers and IT professionals is strengthening as it has been visible in the many of the articles published in *ACCE News* to date and in our 2006 goals.

We need to prepare ourselves for the growth and partnerships and also find out from you what areas we need to focus on as an organization to ensure we are taking the optimal course in this journey. The ACCE Board of Directors and Committee Chairs need your help and expertise in getting involved in many of the activities our organization has to offer. Please read over the ACCE's plans for 2006. Many of the committees have open positions and need your new ideas and fresh input. The *ACCE Annual Membership Survey* will be coming out shortly and will provide you with another avenue to sign up for the different committees and voice your feedback.

The following are some of the top areas that ACCE would like to focus on in 2006:

1. Professional partnerships and increased ACCE visibility and recognition.

2. Involvement in medical device industry initiatives to improve the safety and efficiency of the healthcare environment.

3. Educational activities and resources on clinical engineering.

4. Promotion of the clinical engineering profession within the clinical engineering and healthcare communities and beyond.

5. Involvement of ACCE members on national and international levels.

6. Expansion of ACCE membership.

7. Promotion of clinical engineering certification

8. Revenue generating strategies to sustain ACCE's financial status and organizational growth.

As you review the committees' goals for 2006, please keep in mind ACCE's organizational goals. Each committee chair is taking an active role in contributing to the organization's strategic planning for 2006 and beyond. An organization's success is in its members and we thus need your feedback to fulfill our initiatives.

Specific ACCE Committee goals are as follows:

Advocacy Committee:

1. Annual review of the Advocacy Awards and increased participation from ACCE members during the award nomination process.

2. Activate the "Review Committee" which will focus on reviewing white papers, endorsements and guidance documents, ensuring ACCE's voice is heard.

3. Focus on medical error initiatives and work with state and federal as well as regional professional societies.

4. Educational initiatives – proposal for outreach and promotion of ACCE/CE with other organizations and students.

5. Review and recommend CE candidates for positions within FDA Advisory Committees on medical technology.

Body of Knowledge (BOK) Committee:

1. Complete the BOK survey for the clinical engineering profession and publish the results in the second

Strategic Planning:2006 & Beyond continued

quarter of 2006. The results from the new survey will be reflected in future clinical engineering exams.

2. Revise the CCE study guide based on the results from the body of knowledge survey.

Education Committee:

1. Develop the 2006/2007 teleconference series starting in the second quarter of 2006.

2. Review the Advanced Clinical Engineering Workshop (ACEW) syllabus in preparation for publication.

3. Survey biomedical engineering programs in hospitals for their educational needs. Based on the results, develop necessary educational support.

4. Review certification opportunities pertinent to clinical engineering outside of the CCE program.

IHE PCD Task Force:

The IHE PCD (Patient Care Devices) task force has participated at HIMSS with a kiosk in the Interoperability Showcase, as an informational booth describing PCD domain. This included the value propositions for the various stakeholders, the importance of the undertaking, and examples of the use cases. A presentation was given at the showcase theater designed to attract vendors to the PCD from the floor. The presentation focused on the initial survey taken last year to identify priority areas for development, the business values to vendor and user, and the work of the PCD to date. It is hoped that this exposure will not only generate additional momentum and participation, but will also help launch a quest for formal support via grants, vendors, or partner professional organizations to continue to provide the financial backbone. For the remaining of the year, the IHE PCD will concentrate on developing a working framework for the January 2007 Connectathon. There are two

profiles currently approved – Asynchronous Transfer of Patient Information to the Enterprise, and Binding of Patient Identification to the Device/Data. These are essential infrastructure profiles that will have broad application. The initial device types being pursued are Vital Signs Monitors, IV Pumps, and Ventilators. The objective is to have a minimum of 3 vendors from each class of equipment participating in the Connectathon.

International Committee:

1. **Advanced Clinical Engineering Workshops (ACEWs)** - The ACEW program has been very active and well-received in countries across the globe with many thanks to PAHO, WHO, ORBIS and the host countries. ACCE participated in an ACEW in Addis Ababa, Ethiopia in January 2006. The next workshop will take place in Buenos Aires, Argentina. A few others are planned for this year including one in South Africa and more in Latin America.

2. **INFRATECH** - The INFRATECH listserv has been running very well with valuable feedback from members across the world. The remaining activity, as part of the WHO-ACCE contract, is to complete the link with a South Africa Health Technology website in a way that it is searchable. The proposal on how this work will be done was submitted to WHO for review.

3. **ORBIS Sponsorship for Subsidizing International Members** – A formal review process was established for sponsorship activities undertaken by the ACCE Membership and International Committees. To encourage a greater degree of participation, the International Committee will make this information available to the public on the ACCE website and also actively solicit applications for this category of membership through messages on IN-FRATECH.

4. **GAME Project (Global Assistance for Medical Equipment)** – This initiative has been deployed in Kosovo and discussions are now underway to take this model and replicate it in other countries. The GAME project is supported by ACCE (see article on page 6).

5. **CAHTMA – Commission for the Advancement of Healthcare Technology Management in Asia** – This organization is planning to do certification of technicians in Southeast Asia and develop workshops. Some of these workshops may be in conjunction with WHO and ACCE. ACCE is pursuing opportunities to sponsor some of their biomedical engineers with the ORBIS sponsorship.

6. Encourage international member participation in ACCE activities and provide necessary tools to facilitate their professional involvement.

Membership Committee:

1. Support expansion of ACCE membership on national and international level; review membership composition to complement current and future organizational initiatives.

2. Implement ORBIS member-sponsored initiatives with dedicated international membership application and work closely with the ACCE International Committee on processing international member applications.

Newsletter:

1. Ensure newsletter release schedule is exercised.

2. Continue to add new content to the newsletter pertinent to the clinical engineering community based on comments from ACCE members and the Annual Membership Survey.

3. Increase advertising opportunities.

Professional Practice Committee:

1. Develop five to eight new Professional Practice Guidelines (PPG) documents

Is HIMSS the Conference for Clinical Engineering?

What conferences should Clinical Engineers attend? How do we get the most out of our limited time and travel budgets? There are the Clinical Engineering/Technology Management focused conferences like AAMI's annual conference, ASHE and its connections to facility management, RSNA, ACC and the other "medical specialty" or modality-focused conferences and many, many others. Of course, for most of us it is not practical to attend several of these each year, and dependent on funding, your location, the location of the conference, current projects and personal preference, different conferences can satisfy different educational needs at different times.

For the past four years, the ACCE has become more and more involved in the annual Healthcare Information and Management System Society (HIMSS) conference. HIMSS 2006, in San Diego, was an excellent conference for Clinical Engineers to attend, and my third HIMSS conference. One of the themes this year was interoperability. What struck me was that this theme was well represented in many facets of the conference, and not just at the educational sessions and the IHE (Integrating the Healthcare Enterprise) and IHE-related booths and shows. For example, many of the vendor exhibits involved multi-vendor displays such as the Cisco booth where they showed a Philips physiological monitor sending an alarm signal with an ECG waveform to a Cisco Voice- Over- IP cell phone. Another example showed infusion pumps sending alarm signals (e.g. bag empty) to a Vocera badge (essentially a voice activated 802.11 networked phone).

The vendor exhibit at HIMSS is huge with over 850 vendor exhibits. Counting the vendor representatives, over 26,000 people attended the conference this year, and I understand, approximately half of those people are vendor-related and half hospital/health system employees. Hospital employees attending HIMSS include not just IT people but many physicians, nurses, pharmacists, clinical engineers, laboratory technologists and others. As more and more products are interconnected, and we are all more and more involved in interoperability, there is truly a multi-disciplinary feel to many of the sessions and meetings at HIMSS. Being able to discuss interoperability and workflow issues from the points of view of the nurse, physician, pharmacist, clinical engineer and IT staff all at the same time can add real value to a discussion. For Clinical Engineers learning the points of view of these professionals is very important to the progress of our projects and profession.

Clinical Engineers should be involved in architecting these complex systems and are in the BEST position of all these professionals to understand the "end-to-end" data flow and workflow. There is nobody else who can understand the physiological monitor, alarms, the data streams flowing from the monitor to the electronic medical record, the workflow of the nurse requiring both the data stream information and the alarms, including getting the alarms communicated quickly, while some of the other information is needed in an as-needed or time available basis. Similar data flow and work flow analyses can be performed for an imaging device, infusion pump and many other products that are currently, or soon will be, interconnected to the EMR (Electronic Medical Record).

If you are fortunate to have a multi-disciplinary team of people from your own institution or client attend HIMSS, as I was, very specific issues can be discussed with vendors in this multi-disciplinary manner. This year, after one of these discussions with multiple vendors and multi-disciplinary hospital staff regarding populating an EMR flow-sheet automatically with physiological monitor data, we not only made progress at the meeting, but we were able to take one of the technical representatives from the EMR vendor over to another booth and show him one of the alarm system management and alerting systems. If you were to chart the data flow of this virtual system (or perhaps future system), there were at least five different manufacturers' products (physiological monitor, concentrator/interface engine, alarm manager, nurse communication device, EMR) represented and communicating with each other.

There were many other medical device products at HIMSS including most of the infusion pump vendors, some cardiology products and several physiological monitoring products, in addition to hundreds of IT hardware and healthcare IT software applications.

Of course, you will have to decide for yourself which conferences to attend next year, but if you have the opportunity to attend HIMSS (New Orleans), take advantage of it. We're looking forward to seeing you there.

- Ted Cohen

ACCE News co-editor

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Membership Renewal! 2006 memberships renewals were due at the beginning of the year!

Membership Renewals Forms have been sent to your preferred address in the ACCE database. If your address has changed, or is not on file, please contact me (secretariat@ACCEnet.org), so that I can make sure you receive the mailing. If you have any questions please let me know - Al Levenson, Secretariat

GAME: Global Assistance for Med Equipment

Tom Judd and George Johnston (and others) have done something new. You may want to join them. George – representing GAME - recently returned from Pristina, Kosovo where he mentored the national Clinical Engineering (CE) group there for four months. He worked in partnership with the Ministry of Health (MoH) physician leader of this group and a volunteer team of health technology management (HTM) experts from around the world, led by Tom. Meet the experts on the GAME website at: http://www.global-medical-equipment.org/

The Kosovo CE group is composed of 35 recently trained BMETs and CEs working in six major hospitals/cities, who report jointly to MoH and their hospital leaders. This war-torn country of 2 million is small, but its HTM challenges (medical device repair parts, manuals, training) are large, as their health system combats high infant mortality, chronic and infectious diseases, and virtually no funds for equipment support.

GAME is a coalition of interested HTM professionals from ACCE and WHO/PAHO, with non-profit sponsorship from Atlanta-based MedShare International. GAME has done this pilot project in Kosovo with plans to extend the concept to other locations in Latin America and East Africa in 2006. A key goal is to have BMETs and CEs, or their societies in North America, adopt individual Kosovor CEs or BMETs to come alongside for encouragement and professional assistance. This will multiply GAME efforts. To see Kosovor CE staff bios, pictures, and email addresses, click the following link: http://www.global-medical-equipment.org/engineers_bmets.html. You can speak with adoptees through free Internet calls or communicate via email or Listserv.

What are some of the HTM needs? First, a little background. After the war in 1999, the Kosovo health system was ravaged. Several donor countries have come alongside and built or refurbished the six major hospitals. The bad news is that there has been little planning for medical device support in the midst of a diversity of equipment. Relief agency International Aid and Billy Teninty, BMET, trained new CE staff in 2003. ACCE provided HTM training for 70 Kosovo health leaders in 2004 through its Advanced Clinical Engineering Workshop program. Two Canadian clinical engineers – Vicky Young and Sonia Pinkney – conducted a preliminary assessment of HTM needs in late 2004; GAME began in summer of 2005. Some still unmet needs include: certain specific device operator and service manuals, advice on troubleshooting, repair, appropriate repair parts/sources, and best maintenance training approaches.

During his four months in Kosovo, George Johnston identified and/or addressed the following needs: additional HTM management experience, device troubleshooting/repair skills, better communication skills with bosses, customers, and manufacturer representatives and a need for a national biomedical society. George also assisted with provisioning nation-wide CE software.

GAME assisted the Kosovor CE group in taking advantage of HTM Listservs such as Biomedtalk and Infratech, to initiate ongoing dialogue with global BMET and CE colleagues. GAME will follow-up George's on-site mentoring with twice monthly phone calls to Kosovor CE leaders beginning late February 2006. Adopt a Kosovor CE staff member, begin "big brother/big sister" professional relationships, email them, join these calls, or stay in touch other ways. The GAME team will help make it easy for you to participate

There are others challenges in Kosovo healthcare. A UNICEF report in 2005 highlighted the situation in Kosovo, with infant and under-5-year old death rates twice as high as neighboring countries. Premature infants are transported to a NICU at the main hospital in Pristina. USA and Kosovor physicians there have noted the need for 20-25 CPAP machines, at $6,000 USD each. CPAP machines are used routinely for 3-4 days on 25% of NICU infants, assisting until they can breathe safely on their own, saving lives. GAME is raising funds to address this critical issue.

Perhaps your local biomedical professional society will want to get involved with the adoption program or meeting the needs identified earlier in this article. Consider volunteering for Kosovo or in future GAME projects. Plans are underway to establish projects in Belize, Guyana, Nicaragua, Honduras, Bolivia, and Haiti, Kenya, Tanzania, and Uganda.

Contact Tom Judd for more GAME information.

- Tom Judd

judd.tom@gmail.com

Some of the Kosovor BMETs and Clinical Engineers

President's Message *continued:* See you @AAMI

ment Engineering and Process Improvement and found many opportunities for clinical engineering to partner with this group. Such partnership would also provide us with more insights into the ongoing planning for the Clinical Engineering Symposium presented by ACCE at AAMI Annual Conference this June in Washington D.C.

Following the traditional breakfast meeting, ACCE sponsored an educational session presented by Ray Zambuto on "Managing Clinical Technology Issues in IT." The session described how CIOs increasingly deal with clinical interfaces as diverse systems become "connected," both physically and semantically. The presentation explored the challenges clinical technologies present and how CIOs can partner with clinical engineers to conquer those challenges. The room was filled with IT and CE professionals. The session concluded with relevant and well thought out questions and comments.

ACCE was proud to display all its informational materials at the ACCE Booth in the main lobby and at our other events. The ACCE IHE-PCD Task Force was busy on the exhibit floor in the PCD Kiosk at the Interoperability Showcase educating everyone on the importance of medical device interconnectivity and its applications in healthcare. Please read more on the success of these events in the other articles on HIMSS in this newsletter.

I would like to thank all those that have contributed and participated in the ACCE activities and were able to attend the HIMSS conference in San Diego as well as our partners at HIMSS. ACCE plans to continue to strengthen the partnership with HIMSS and to start working on the educational activities for 2007. I hope to see you in New Orleans next year for more ACCE and

HIMSS celebrations. Prior to next year's HIMSS conference, ACCE will also be participating as a co-sponsoring organization in the *HIMSS Summit* this June in Washington D.C. During the same week in Washington D.C., ACCE will be joining other healthcare organizations in the *Healthcare IT Week* and contributing our medical technology expertise to support President Bush's ambitious goal of assuring that most Americans have an Electronic Health Record (EHR) within the next 10 years.

With one big event behind us, ACCE is now preparing for all the meetings and events at the AAMI Annual Conference and Expo in Washington D.C. in June 24-26 (www.aami.org). Once again we will keep you busy with the Clinical Engineering Symposium, and other highly educational sessions and events. AAMI will open with a half day symposium presented by ACCE on *Building a Better Healthcare System – Clinical Engineering's Role*. Leveraging the Institute of Medicine's 2005 report on *Building a Better Delivery System: A New Engineering/Health Care Partnership*, the

program will explore how clinical engineering intersects with many other aspects of the healthcare delivery system and how clinical engineers can take a leadership role in identifying opportunities to reduce medical errors and improve patient outcomes. Expert speakers will identify major healthcare technology processes that are likely to benefit most from a systems engineering approach, outline collaboration opportunities, and discuss how clinical engineering tools can address challenges in human factors, communications, cost constraints, and information technology. Through case studies, speakers also will explore ways that "systems-engineering tools" can be combined with clinical engineering applications to improve the quality and efficiency of the U.S. healthcare system. The ACCE Board of Directors plans to meet the same day, review the organization's operation and present status in preparation for the *2006 Annual ACCE Membership Meeting* which is planned for Sunday evening, June 25. The membership

The ACCE Executive Board is well represented, and well dressed, at the HIMSS awards dinner. Clockwise from back row: Past President Ray Zambuto (in tuxedo), President Izabella Gieras, former President Elliot Sloan, President-Elect Steve Grimes, Vice President, Colleen Ward and Secretary Jennifer Jackson.

IHE/Patient Care Devices Initiative Moves Forward

The ACCE's IHE-PCD (Integrating the Healthcare Enterprise – Patient Care Devices) initiative has made great strides in the last quarter. From January 23-25, the Planning and Technical Committees held face-to-face meetings at the headquarters of the Radiological Society of North America (RSNA) in Oak Brook, Illinois. As a result of those meetings, the PCD adopted two primary Integration profiles for 2006.

The first profile is for Asynchronous Data Transfer to the Enterprise. This is data that is typically updated on the order of "minutes," such as vital signs information, point-of-care lab tests, etc. The other is for Binding Patient Identification to the Device Data, essential if the information is to be useful.

At the February HIMSS meeting in San Diego, the PCD was very visible with an information kiosk in the Interoperability Showcase. Scientists from the National Institute of Standards and Technology (NIST) worked the kiosk along with several ACCE members. NIST is working with the PCD on the development of methods and tools for testing the interoperability of devices. Todd Cooper gave a presentation on the PCD progress and goals in the IHE Theater to a packed house. A canvassing of the exhibit floor during the week turned up strong support for the PCD from the equipment vendors and the Electronic Health Record vendors.

The committees have continued to meet, with over 100 participants in the PCD from industry, clinical engineering, users, and regulators. The PCD is planning a second round of face-to-face meetings in June and expects to participate in the IHE Connectathon in early 2007 with working examples of interoperable medical devices. The Connectathon is the annual IHE event in Oak Brook. All IHE vendors assemble and connect to a single network to demonstrate to each other their ability to achieve interoperability on the basis of

The IHE-PCD presentation by Todd Cooper attracted an overflow crowd at HIMSS.

various elements of the technical framework.

Work has begun on the Technical Framework for 2006, which is the foundation document for the PCD. A follow up survey is planned for this summer to further drill down on the wishes and priorities of user groups. For further information on the IHE-PCD and ACCE's role in this important initiative, go to www.accenet.org/IHE.

- Ray Zambuto
Past President, ACCE
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President's Message continued:

meeting will start with a reception and finish with a meeting and an interactive discussion with our members on the organization's present and future state. At that time, I also plan to present a strategic planning report for our organization for 2006 and beyond as described in this newsletter.

I am also happy to inform you that for the first time ACCE will be offering a comprehensive four hour *CCE Review Course* which will focus on all topics contained in the clinical engineering certification exam. The program, which will take place in the afternoon of June 25, was put together by experts in the clinical engineering field and will offer a wonderful preparatory experience for those planning on taking the exam on June 27 in Washington D.C. or next November. I also invite you to stop by the

ACCE Booth on the main exhibit floor to pick up a brochure, learn about our diverse activities and more. I trust that you will be able to join us in Washington D.C. to celebrate ACCE.

Please take a moment as always to read through the articles in this issue of ACCE News. The newsletter editors are doing a wonderful job in assembling the latest and most pertinent content to meet your professional needs. Please do not hesitate to contact them, the ACCE Secretariat or me if we can be of any assistance to you.

Enjoy the first signs of spring!

- Izabella Gieras
President, ACCE
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Healthcare Technology Foundation Initiatives

The ACCE Healthcare Technology Foundation has been very busy. The following is a report on several of its key initiatives.

Clinical Alarm Management and Integration:

The alarm survey officially closed in January with over 1,000 participants. Thanks to everyone who responded and encouraged others to complete it. The task force has been busy pouring over the results and analyzing the data in preparation of an official white paper. An agreement has been forged with ECRI to share expertise in data review and paper development. The bibliography has been thoroughly researched and updated. FDA MAUDE data has been investigated. Many task force members have been very busy working with different aspects of this project. Some are also pursuing further education within other safety arenas on alarm issues. Expect to see notification of the white paper in the very near future. The goal will be to share this information with other professional societies and manufacturers to improve alarm management tools for our busy clinicians.

Professional Credentialing Committee:

It was another successful certification round in November with 15 people taking the exam including 2 international candidates. The scheduling of the corresponding orals has begun. Upcoming test dates are June 27th, in conjunction with the AAMI Meeting, and in several cities on November 18th. Please check our website for additional information

on deadlines, study assistance, and application materials. The body of knowledge questionnaire has been completed and the analysis of the results is underway. The Healthcare Technology Certification Commission and the Board of Examiners will use the new Body of Knowledge results to update the exam to reflect current clinical engineering practices. All clinical engineers are encouraged to pursue certification and to maintain their certification through the renewal process.

Patient Safety and Education Committee:

Ode Keil has assumed leadership of this group. The promotion of the first educational module "Taking Medical Devices from Home to Hospital" is underway. The primary goal of these education modules is public education. The next step for the group is to further promote the program in order to develop more modules and provide additional public education opportunities. Author solicitation is underway for additional educational module development.

Annual Meeting

No joke, our next annual meeting is the weekend of April Fools Day, hosted by Yadin David in Houston. We have a packed agenda including a tour of Cyberonics, a vagus nerve stimulation developer, and a full day of meetings, elections, planning and brainstorming on Saturday, followed by a wrap-up on Sunday morning. Look for further information during our next Newsletter update.

Fundraising:

Fundraising is one of the biggest challenges we face. Yadin David has done a phenomenal job, however, he needs all of our help. Fundraising for our mission cannot be accomplished by one person. We appreciate any assistance you can provide, either personally or through contacts with vendors you routinely work with every day. Should you wish to assist please contact Wayne Morse at

vicepresident@accefoundation.org.

The ACCE Healthcare Technology Foundation continues to move forward on many projects. We again would like to thank our supporters and please let us know if you have any questions or an interest in a particular project. We thank you for your support of the Foundation's mission either personally or through your daily contacts. More information is available at our website: http://www.acce-htf.org

- Jennifer C. Ott, MSBME

Foundation Secretary

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A non-profit organization advancing healthcare through technology.

http://www.acce-htf.org/

View from the Penalty Box: Healthcare Technology Costs

As you read this, the baseball season is getting going, March Madness is in full swing, and memories of the Winter Olympics are fading fast. Several points can be made about the Olympics. 1. North American hockey players do not seem to know what team play is. 2. You do not win in the pressroom; you win by performing up to your abilities. 3. If in-line roller skaters can switch to ice skates and win medals there is hope for us to achieve our goals, but we may have to make changes in what and how we do things.

As clinical engineers, we read many articles by "experts" in healthcare telling us what is good and bad. Unfortunately, these "experts" often contradict what other "experts" have presented. We get advertisements all the time for various drugs, supplements, diets and life styles that seem to be based more on finances rather than on hard science. One that jumped out at me recently was the "study" that a retired couple will need $200,000 to cover their co-payments for drugs for the rest of their lives. I am not sure about you, but that seems to be a very high number that a majority of retired people will have a problem in funding. Could it be that we are prescribed too many drugs because we get old, not because there is a reason for being on them? My mother-in-law was told by her doctor that her cholesterol was too high and she should take medication to reduce it. Her cholesterol was 180 and she was 86 when it occurred. What is the value of that drug except to make money and possibly create a liver problem so that we require more medications in the future? If you are 86, and physically and mentally active, why worry about your cholesterol?

As many of you know, my wife has had more than her share of health problems; she is good now except for some arthritis, but is on various medications. Each time one is changed, we have to get used to different side effects. Outside of aspirin for the old hockey injuries, I take no medications. About a year ago my doctor said my blood pressure was borderline and that I should take a mild drug. At the end of one week on the drug I was ready to kill, I itched all over, had trouble focusing, was not sleeping well and generally difficult to everyone around me, so I stopped taking the medication. I kept track of my blood pressure for the next few months, every day, and did see mild swings, 2 to 4 mm Hg on the diastolic; and under the "borderline" readings used by many physicians. Did the medication cure my problem or did I not need it in the first place? How many people are on blood pressure medication because the people taking the blood pressure have uncalibrated equipment, use the wrong size cuffs or simply use bad techniques? My guess is a sizeable number.

Two ads ran back-to-back on the local news the other night that illustrated how confused we have become on what is good for us. The first one was for an anti-bacterial spray that could be used anywhere, even around food. The second one was for a new food supplement to put the good bacteria back into your digestive system. Several news segments later was a report on the over use of antibiotics. No wonder we have healthcare problems, no one agrees on what is best just what is profitable.

In another news program, we saw how pricing varies if a patient has insurance or not. If the insured patient gets a procedure for $50,000 and the uninsured is charged $200,000 for the same procedure our industry has a problem. Is the hospital losing money at 50K or being a price gouger at 200K? What was the actual cost of the procedure?

Over the next few years, I see clinical engineers getting more involved with what the costs are in hospitals for procedures, not just worrying about the technology, but the total costs. This will not be an easy task to accomplish, as gathering the data on what is used on procedures will be time consuming, along with the cost of space, personnel and that ever elusive overhead charge. For example, a review could be done of the data that has been published on the return on investment of PACS to get an idea of a format that could be used. Some people have indicated that the true cost of a simple chest x-ray with film (including labor, processor, chemicals, water pollution issues etc) is greater than the true cost of a CT with PACS. If that is true, then we have a lot of technology that we are supporting that may not be cost effective.

In many ways, the health insurance companies have no desire to reduce costs, as that would mean that premiums would have to be reduced potentially reducing the bonuses for management. Universal health insurance may be an answer, but it may also present more problems that we presently have. Until we know what our costs are in healthcare, universal healthcare may just be a "black hole" that sucks more money out of our economy with very few benefits to anyone. We have some major challenges in front of us on costs, and as a group we must start to get prepared for what is coming. We need everyone to get involved.

In closing, stay healthy, stay working and communicate with colleagues.

- Dave Harrington

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ACCE Board Highlights for March 2006

ACCE continues to make progress on several fronts and the progress was reported during the Executive Board and Board Meetings in January, February, and March.

ACCE President, Izabella Gieras, reported for the international committee that the Advanced Clinical Engineering Workshop (ACEW) syllabus would be updated for 2006. These updates will be coordinated between ACCE and WHO. ORBIS and ACCE are still investigating the opportunities for international clinical engineering internships for members both here and abroad.

During the meetings, the Board and Executive Board put a lot of focus on planning for HIMMS 2006. ACCE's presence was felt throughout the conference as the Board members put together events such as the Saturday night welcome reception, the Sunday morning IT and CE Leadership symposium, and the Wednesday morning ACCE breakfast. The Board and Executive Board also discussed the ACCE booth and the IHE PCD Interoperability Kiosk and what materials and staffing were required.

HIMSS Healthcare IT Week is scheduled for June 4-10 in Washington, DC. The Board discussed ACCE's opportunities to get involved with this event. Izabella presented our options of co-sponsoring the event, conducting seminars, or holding meetings. We agreed to solicit feedback from members and associates at HIMSS to help us decide how to best get involved.

In agreement with the Healthcare Technology Foundation, the Board approved the ACCE Secretariat agreement with some revisions. Al Levenson continues to do an outstanding job in this role and we were happy to complete this agreement.

Izabella reported that there is some interest in forming a Certification/ Professional Development Committee for ACCE. This committee would be charged with evaluating other certification opportunities (in addition to the Clinical Engineering Certification, of course!) for ACCE members. We all agreed that this could be of benefit for the organization and that we should encourage members to get involved with this new initiative.

The membership committee presented seven candidates for ACCE membership. All were voted in as members. Welcome to ACCE!

Joe Bartenbach, Individual

Raymond L. Coombs, Individual

Evelyn Fan, Candidate

Ron Johnson, Individual

Gordon Lawson, Individual

Arif Subhan, Individual

Brian Vargo, Candidate

The Body of Knowledge survey received well over 100 responses. Those results are being tabulated and will be presented to the membership in the near future.

The Advocacy Committee is reviewing nominated candidates for awards such as the Lifetime Achievement and Student paper award. The committee is finalizing goals for the 2006-2007 year and they will focus on three areas: awards, education, and medical errors.

After collecting comments and making the appropriate changes, the Professional Practice Committee was pleased to present the final versions of four guidelines. The Board reviewed and accepted these guidelines. These four final guidelines are: Guideline for Incident Investigators, Code of Ethics for Clinical Engineers, Guideline for Medical Equipment Management Programs (MEMPs) and Guideline for Modifying Devices and Systems.

These guidelines will be available on the website in the near future. An announcement will be sent to the membership that will provide the location of these guidelines on the website.

The Professional Practice Committee's chairperson, Paul Sherman, is also seeking members with expertise to share to join the committee and to help author future guidelines. Contact Paul at paul.sherman@med.va.gov.

Ray Zambuto reported that the IHE-PCD Planning and Technical Committees had successful meetings in Chicago for 3 days beginning Tuesday January 24, 2006. With approximately 20 individuals present to create goals for 2006, prepare for the HIMSS 2006 meeting, and create the 5-year roadmap for the program. The PCD group had an interoperability kiosk at HIMSS that received a lot of positive attention and ACCE member Todd Cooper presented on PCD at the Showcase Theater twice during the conference.

ACCE continues to have a strong presence on the Healthcare Information Technology Standards Panel (HITSP). ACCE member Todd Cooper is on the Board of Directors and Ray Zambuto and Elliot Sloan are involved with the Business Development committee. Through their active participation, ACCE has been able to provide input for the developing use-cases that will help identify gaps in the currently available standards.

Our Treasurer, Joe Skochdopole, walked the Board through our financial statements at all meetings. He also presented drafts of the 2006 ACCE budget that the Board reviewed and accepted during our March meeting.

AAMI 2006 (June 24-26, 2006 in Washington DC) planning is underway. Look for more updates in upcoming newsletters and website posts.

- Jennifer Leigh Jackson
ACCE Secretary
jljackson@partners.org

30th ACEW Completed in Long Beach CA

Kicking off its 2006 series, the ACCE completed its 30th Advanced Clinical Engineering Workshop (ACEW) at the end of January in the beautiful and sunny city of Long Beach CA. The 30th ACEW was organized and sponsored by the ACCE, the Association of California State University Professors (ACSUP), the California Medical Instrumentation Association (CMIA) and the Pan American Health Organization (PAHO).

The workshop was held at St Mary's Medical Center, Long Beach, and was part of the first bilingual Pan American Health Care Engineering Conference (PAHCE). The workshop provided training opportunities to future clinical engineers in managing medical equipment programs at their hospitals as part of the initiative "Linking healthcare needs and technology across the continent" lead by Christopher Druzgalski, from the California State University, Long Beach, organizer of the Conference with the collaboration of Antonio Hernandez from PAHO.

The leader of the workshop was Arif Subhan, Senior Clinical Engineer, Masterplan; and the faculty members were Malcolm Ridgway, Senior Vice President, Technology Management, Masterplan; Marvin Shepherd, President, DEVTEQ and Marcia Wylie, Director, Biomedical Engineering, Scripps Health, San Diego and the current chairperson of CMIA.

There were 21 attendees, 80% from Latin America (Bolivia, Chile, Colombia, Peru and Mexico) and mostly from universities and teaching hospitals, one participant from Singapore and the rest from USA.

The workshop program covered a number of clinical engineering topics such as healthcare technology management, maintenance and service management, financial management, human resources development and safety and risk management. The criteria for equipment retirement and the financial decisions regarding repair or replacement, and the session on technology planning were the topics drawing the most discussion from the participants because of the current technology situation in many Latin American countries. Because of the "Global Patient Safety Initiative" launched by the World Health Organization (WHO) in 2005, the patient safety and risk management topics were also of top interest to the audience.

The participants evaluated the workshop as outstanding and requested that the organizers continue it on an annual basis. The organizers and sponsors agreed and are planning to host a similar event in 2007. The participants committed themselves to promoting this event among their colleagues in Latin America. Plans for the second PAHCE will include an ACEW. For further information see at http://www.pahce.acsup.org/

- *Arif Subhan*
ARIF@masterplan-inc.com
Antonio Hernadez
1hernana@paho.org

Professional Practices Group Issues Guidelines

The Professional Practices Committee has recently released the first set of Professional Practices Guidelines. The Guidelines will be available on the ACCE website. The completed Guidelines are:

Code of Ethics for Clinical Engineers - Provides guidance to individuals practicing healthcare engineering to determine the propriety of their actions in relation to patients, healthcare personnel, students, clients, and employers.

Incident Investigations - Provides investigative methods and references to help ensure a complete and adequate investigation that improves the performance and safety of health care systems and processes.

Medical Equipment Management Program (MEMP) - Provides an overview of the Medical Equipment Management Program (MEMP), covering the organization, components and the qualifications of the manager of the MEMP.

Modifying Devices and Systems – Occasionally, due to special patient needs or clinical investigation, a medical device or system requires modification.   This guideline provides a mechanism to help assure that the modification is safe and effective.

Also, the committee is looking for help preparing the future guidelines in a wide array of topics. If interested please contact Paul Sherman, committee chair at paul.sherman@va.gov.

- *Paul Sherman*
paul.sherman@va.gov.

Strategic Plan continued

on clinical engineering practices in 2006. The documents will be placed on the ACCE website and available to ACCE members and the public.

2. Increase the committee membership by two or three additional volunteers.

3. Develop a committee mission statement.

Website Task Force:

1. Finalize the website maintenance contract and post it for bids at the beginning of the second quarter of 2006.

2. Implement an *ACCE Editorial Review Board* to review website and newsletter content before posting and ensure the content is current and relevant to our members.

3. Implement Paypal for a secure payment processing for renewals, new member applications, teleconference registration/payment, study guide, and more.

4. Add a "Job Postings" section to the website – this is a potential revenue source for ACCE.

5. Expand website advertising which is a revenue generating opportunity.

These and many other goals form the centerpiece of our future success. ACCE will continue to leverage the great talent from its members and professional partners. The promotion of the clinical engineering certification program will continue as well as our relationship with the Foundation (AHTF) who has been doing a fantastic job in promoting the excellence in the clinical engineering profession. The ACCE Strategic Development Committee will work with the Board of Directors, the committee chairs and with our members in 2006 to accomplish the presented goals.

I would like to thank the ACCE Board of Directors, Committee Chairs and the ACCE Secretariat for their commitment to the strategic planning for ACCE. I look forward to hearing from you on the ideas you have on ACCE's professional and strategic direction outlined in this report and your involvement in those activities in further shaping a more efficient and value-added professional organization. I will continue to work on refining the strategic plans for our organization which will be presented at the ACCE Annual Membership meeting in Washington D.C. on June 25, 2006.

- Izabella Gieras

President, ACCE
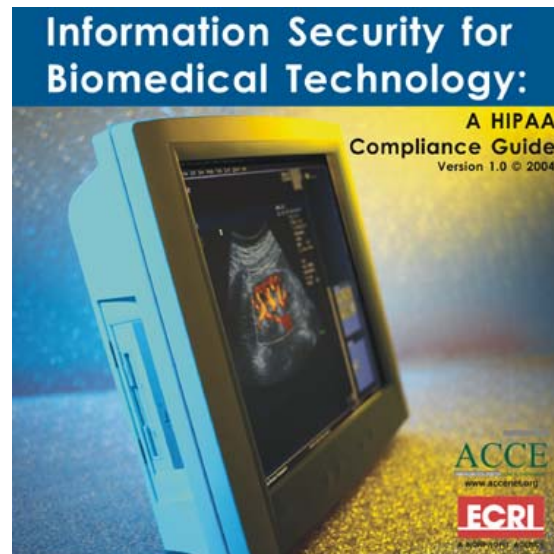
igieras@beaumontservices.com

ACCE-ECRI HIPAA Compliance Guide

Information Security for Biomedical Technology: A HIPAA Compliance Guide is a must-have tool for any healthcare facility's data security program. The CD-ROM emphasizes best practices and contains an extensive overview of the HIPAA Security Rule, reviews necessary compliance measures for medical technology, and provides recommendations for implementing the rules with specific medical technology related examples.

"The HIPAA Compliance Guide will help healthcare organizations identify and address information security issues," says James P. Keller, M.S., director of ECRI's Health Devices Group. "It includes valuable tools and resources, including downloadable forms, customizable worksheets, checklists for inventorying and analyzing risks, tools for setting priorities and implementing a mitigation plan, and much more."

"Time is running out for organizations to comply with the security requirements of HIPAA," says Stephen L. Grimes, FACCE, chair of the ACCE HIPAA Task Force. "This guide can help organizations save precious time and money because a majority of the hard work has already been done and is included in the CD-ROM."

To order, call ECRI at +1 (610) 825-6000, ext. 5891, or visit www.ecri.org or www.accenet.org for more information.

Information Security for Biomedical Technology: A HIPAA Compliance Guide Version 1.0 © 2004

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www.accenet.org

ECRI

Perspectives from ECRI: New Achievement Award

ECRI's Health Devices program will be celebrating its 35th anniversary in April 2006. One of the ways we are celebrating this anniversary is to establish a new annual award to honor the achievements of the hospitals that support the Health Devices program. The award is designed to recognize excellence in the field of Health Technology management and is called the *Health Devices Achievement Award*. The award will be presented to the applicant that describes the most exceptional example of an initiative undertaken at their healthcare facility to improve patient safety, reduce costs, or otherwise facilitate better strategic management of health technology.

Many of ACCE's members work at hospitals that are also members of ECRI's Health Devices program and are therefore entitled to apply for the new award. I encourage my fellow ACCE members to apply on behalf of their hospitals. Our fellow ACCE members are doing some fantastic work at their facilities and this award is a great way to highlight their efforts. Appli-cations can describe the implementation of a new patient safety technology, use of an innovative program for inspection and preventive maintenance, or possibly use of a new management tool or technology that has produced significant cost savings. Basically, we are looking for applications that describe programs or initiatives that hospitals are proud of and would like to be recognized for.

The *Health Devices Achievement Award* will be announced during this year's AAMI conference. We will also recognize the winner at the annual ACCE membership meeting during the AAMI conference. The winner will receive a plaque honoring the accomplishment(s) and will also be recognized in the following ways: A feature article in ECRI's *Health Devices* journal and on the ECRI Web site, mention in ECRI press announcements, signage at ECRI trade show booths, promotional artwork for the winner and a complete press kit from ECRI.

We are very excited about this award at ECRI and looking forward to promoting the good works of our winner. We also expect to learn about some great initiatives and "best practices" from our other applicants and we will be highlighting some of their efforts in our *Health Devices* journal.

Award applications are due to ECRI by April 21, 2006. Applying involves completing a form on ECRI's Web site and completing a 1,000- to 2,000-word essay describing your initiative(s). Eligible candidates must be current ECRI members of the Health Devices System, Health Devices Online, Health Devices Gold, and SELECTplus™ programs. For more details on the submission criteria and essay instructions go to the *Health Devices Achievement Award Web page at www.ecri.org*. Also, feel free to contact me if you have any questions about the award. I can be reached at (610) 825-6000, ext. 5279 or jkeller@ecri.org.

- Jim Keller

VP ECRI,, former ACCE Board Member

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 and include credit card information (name on card, type of card, card number, and expiration date). Applications are now being accepted for the **June 2006** exam. Applications and the 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

Calendar of Events

- **April 1-2, 2006**
Northeast Bioengineering Conference
Easton, PA

- **June 7-8**
HIMSS Summit
Washington, DC

- **June 22-23, 2006**
19th IEEE Symposium on Computer-Based Medical Systems
Lake City, UT

- **June 24-26 2006**
AAMI Annual Conference and Expo
Washington, DC

- **June 25, 2006**
CCE Review Course (see ad next page)
Washington, DC- **June 25, 2006**

- **June 27, 2006**
CCE Written Exam
Washington, DC

- **August 31—September 3, 2006**
International Conference of the IEEE Engineering in Medicine and Biology Society (EMBS)
New York, NY

- **November 18, 2006**
CCE Written Exam
Various US locations

ACCE Teleconference Series:

Stay tuned for the 2006 ACCE Educational Teleconference series. More information will be available in the next issue of ACCE News.

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

CCE REVIEW COURSE

June 25, 2006

Washington, DC

ACCE is holding a "CCE Review Course" to help clinical engineers who are interested in taking CCE examination offered by the Healthcare Technology Certification Commission. This course is designed and presented by a group of experienced clinical engineers. It will provide you with an overview of the certification topics, help you identify areas in which you need further review and help you prepare for the CCE examination. The topics covered in the course include Management (Overall CE Program Management, Financial & Service Contract Management, Technical Supervision, CMMS), Technology Assessment, Regulatory/QA Issues, Risk Management/Safety, Education, Product Development, Repair/Systems Thinking, and other Clinical Engineering topics.

Faculty:

Matthew F. Baretich, PhD, PE, CCE
President
Baretich Engineering, Inc.
Fort Collins, CO

Ted Cohen, MS, CCE
Manager, Clinical Engineering
University of California Davis Health System
Sacramento, CA

Jennifer Leigh Jackson, BS, MBA, CCE
Assistant Director, Biomedical Engineering
Brigham and Women's Hospital
Boston, MA

David Harrington, PhD
Director, Staff Development & Training
Technology in Medicine
Holliston, MA

Malcolm Ridgway, PhD, CCE
Senior Vice President, Technology Management
Masterplan, Chatsworth, CA

Paul Sherman, CCE
Biomedical Engineer
VA Center for Engineering & Occupational Safety and Health
St. Louis, MO

Michael Soltys, MS, CCE
Director Corporate Clinical Engineering
University of Pennsylvania Health System
Philadelphia, PA

Arif Subhan, MS, CCE   **(Course Coordinator)**
Senior Clinical Engineer
Masterplan, Chatsworth, CA

James P. Welch, CCE
Masimo Corporation
Irvine, CA

Date and Time: June 25, 2006, 1:00 pm to 5:30 pm

Location: Hotel (TBA), Washington, DC

Please register me for the "CCE Review Course."

Full Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Zip: _____

Email: _____

Fax: _____

Phone: _____

Course Fee:

ACCE member $150.00

Non-member* $195.00

*Special ACCE Membership Offer – Attend the course and receive ACCE Membership at 25% discount. You need to qualify for ACCE membership and complete the application form. See the membership section at www.accenet.org for details and to download the application form.

Payment Information

___ Check payable to ACCE

___ Credit Card   CC# _____

                       Exp date:_____

                       Signature:_____

Fax registration form to: 317-275-5543
or

Mail to: Joe Skochdopole

              c/o TriMedx

              6325 Digital Way, Suite 400

              Indianapolis, IN 46278

Questions: Joe Skochdopole

             Email: jaskochd@trimedx.com

             Phone: 317-275-5543