

ACCE News

October 1994

ACCE President's Message

Well, after all this time as the brides-maid, now it's time to be the bride. After two years as Vice-President, I was unsure if the transition to President was ever going to occur, but, the votes are tallied and my term officially begins, so here goes.

Your new officers have been officially elected. Tom Judd is the Vice-President, Marv Shepherd the Secretary, Ira Tackel, the Treasurer, and Phil Katz and Gailord Gordon are Board Members-at-Large. Joe Dyro as Past President will chair the Nominating Committee. Board Members-at-Large continuing their terms are Ethan Hertz and Mike Carver.

The Annual Meeting was really a motivating experience for me. The presentations of the first professional Achievement Awards to George Johnston, John Webster, and Gerald Goodman and the Professional Development Awards to Lee Welter, Denver Lodge, and Cesar Caceres were the highlight of the evening. Each of them has had an impact on the development of the field and it was really great to have an opportunity to hear remarks from all of them. We are indeed recognizing excellence and promoting the profession. There has been substantial follow-up by Wayne Morse with a press release and photos issued to The Journal of Clinical Engineering, Biomedical Instrumentation & Technology, Medical Electronics, IEEE/Engineering in Medicine & Biology Society, Scientific Enterprises, Biomedical Technology Management, and AHA/ASHE. Look for coverage in future issues. Many thanks to the members of the Advocacy Committee who worked so hard to make the awards a reality. Please send your nominations for next year's awards to the Chair, Denver Lodge.

Note that at the Annual Meeting in May 1995 at Disneyland in Anaheim, California we will be celebrating the Fifth Anniversary of the ACCE.

Our Membership Directory is now available. Those who attended the Annual Meeting got their copy in person. Others should have received it in the mail by now. Use it. Keep in touch. Call your colleagues for advice and information. We are working to get the

document available as a file to be downloaded from a BBS for you to be able to import it into your own database software for ready access. Speaking of BBS matters, see the commentary elsewhere in the ACCE News from Marv Shepherd on how we might improve the functions and utility of the ACCE BBS.

On a personal note, I have been having a great time with my new hobby, spelunking. I've joined the National Speleological Society, (NSS), and have had the opportunity to visit some fine caves in West Virginia and Kentucky this summer as well as caves in Indiana. We have a local chapter, called a grotto, in our area. The Pinckney Area Grotto sponsors a Scout Explorer Post dedicated to high adventure activities. Any cavers out there, give me a call.

There are more challenges to be met than there are days in the year, but with so many talented and resourceful people in the College, I'm sure this will be a great year for us. I'm excited about being the President this year and I hope the Board & I and you can meet our high expectations.

Promotion of the Profession: PLEASE participate in the Clinical Engineer Productivity Project as outlined in the last ACCE News. It gives each of you the opportunity to share with all ACCE members those successes that you have achieved. There is no reason to be shy. This is supposed to be an informal mechanism to leverage our efforts and help each other.

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Each of our 150 members can contribute an example that will have wide ranging impact. Consider if 25 ideas come in that have saved the originator's institution only \$ 25,000 and if the remainder of us implement only four of them at our institution, that would be an institutional savings of \$100,000. Sounds like something that would make others sit up and take notice. Or, if suggestions are implemented that merely make other's jobs easier or more efficient, think of that impact as well.

In another effort to promote the profession, for any aspiring script writers out there, how about coming up with details of a story line where the Clinical Engineer or Biomedical Equipment Technician saves the day in an episode of the new TV series "ER" or the old series "911". Imagine the public relations impact when the Code Team can't synchronously defibrillate the patient until a CE or BMET arrives on the Code Blue scene, assesses the situation, connects a set of hands-free electrodes, selects the proper lead, and the next shock is successful. She refuses to accept credit as the patient's family is wildly thankful. Instead, she praises Case Western Reserve University where she received her degree, the ACLS course given by her hospital's Nursing Education Department, and the service school given by the defibrillator manufacturer. Perhaps there are other good script ideas out there ?

By the time you receive this, the **ASHE Tenth Annual Technology Management Conference** in Atlanta, Georgia will be very close or have occurred. The ACCE Board agreed with the ASHE Clinical Engineering Section proposal to help promote this conference. You should have received a brochure based on our mailing list. In return for the promotion, ACCE members can register at the ASHE member rate of \$ 395 instead of the non-member rate of \$ 500.

Thomas J. Bauld, President

New Educational Program Announcement

ACCE will offer a new, low cost, and exciting method for an educational program. By using this technique, members will be able to obtain up-to-date materials without any travel expense or time away from their office. An audio-teleconference interactive class will be scheduled monthly for one hour. Each course will have hard copy materials sent out two weeks prior to the class. Recognized experts will be the faculty and the topics will be those requested by the members. There will be the opportunity for questions from the class at the end of the session. You may record the session for your own use. You must have an audio-conference convener or a conference phone with a mute button to participate. The expected cost per site per program is \$100 for three people and \$30 for each additional person.

The tentative program is as follows:

Reengineering the Profession: Survival Tools for the New Healthcare Environment

January 1995

Phil Katz, PhD – "Understanding the Healthcare Marketplace"
*Chief Technology Officer, Graduate Health System,
Philadelphia, PA*

February 1995

Phil Katz, PhD – "How to Market to Internal and External Customers"

March 1995

Michael Argentieri – "Technology Management in the Evolving Healthcare Environment"
Vice President, Health Devices, ECRI, Plymouth Meeting, PA

April 1995

Yadin David, PhD – "Tools for Technology Managers: Strategic Technology Planning"
Director, Biomedical Engineering, Texas Children's Hospital, Houston, TX

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May 1995

ACCE Annual Meeting

June 1995

Ode Keil – “JCAHO’s Changing Prospective and Its Impact on Clinical Engineering”

Director, JCAHO, Chicago, IL

July 1995

Warren Grandfest, MD – “Role of Technology in Determining Patient Outcomes”

Director, Laser Institute & Director, Minimally Invasive Surgery, UCLA

If you are interested in this program, contact James Wear with your address and the potential number of participants.

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Healthcare Reform

Tom Bauld, PhD

For those of you who are used to worrying about not being a revenue generating department, move over, there are a lot more that will join you. With Healthcare Reform coming and Managed Care systems becoming the norm, the entire facility will have all expense centers. Eventually, the only revenue will be that paid as a fixed premium on a capitated basis. For each covered person, your healthcare system will receive a fixed fee. When Fee for Service becomes much less common, Radiology and Pathology will be under pressure to figure out how to optimize the utilization of X-rays and large panels of tests. There will be a lot more Point of Care testing at outpatient facilities and doctor’s offices and much greater reliance on expert computer systems that will be used with standardized care plans to achieve consistent patient outcomes. Much greater numbers of Nurse Practitioners, Physician Assistants and other para-professionals will join the healthcare teams, freeing up physicians for the really complicated stuff. Also, the results of your hospital’s JCAHO survey and patient surgical outcomes will be public knowledge. Patients will be much better educated and more discriminating and will base their choices on outcomes. Are there opportunities out there? Let us know what your plans are.

ACCE News

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Marvin Shepherd

Help Wanted

Per the president of ACCE, we are looking for an Editor of the ACCE News. Dave’s term is up. Thanks, Dave, for your help. The Editor’s salary is the same as the officers’ salary. For more information, contact Tom Bauld at (313) 936-5056.

FDA ISSUES

Tom Bauld, PhD

We are now officially an FDA MedWatch Partner along with about forty other medical, pharmaceutical, and nursing professional societies. Recall, (no pun intended) that we agree to promote participation in the voluntary program to report instances where a device is suspected of causing harm or possibly causing harm to patients or users. I would like to hear from you via the Newsletter about your experiences and assessment of the Voluntary MedWatch process vs. the Mandatory SMDA reports. There is a publication for MedWatch Partners, entitled "MedWatch Update" in which they feature information about the activity in the program. So far, since June 1993, there have been about 4000 voluntary reports. The majority, as expected, relate to drugs. Gale White is the contact person at the FDA who has been helpful to me. She is the Deputy Director of the MedWatch Program. and her number is (301) 443-0117.

Here's another significant opportunity at FDA. A major leadership position of Director of the Center's Office for Surveillance & Biometrics is open and the FDA is soliciting nominations for candidates. The Office provides biostatistical evaluation for CDRH, collects, analyzes, and interprets reports of adverse events, and administers the program of postmarket data collection regarding safety and efficacy of certain devices. We have an opportunity to propose nominees for that position. They are looking for candidates that have management experience in epidemiology and biostatistics. A strong clinical background is needed. Call me at (313) 936-5056, FAX me at (313) 936-8897 or use the Internet where my address is bauld@umich.edu if you are interested. They need a resume and assurance that the nominee has been contacted prior to their name being submitted. Self-nomination is acceptable.

As mentioned in the May 1994 issue of ACCE News, efforts to eliminate the exposed metal tips from electrodes lead wires are continuing in an attempt to address the hazards of patient macro-shock and electrocution. On July 15, 1994, the FDA/CDRH held a public conference to solicit input concerning these hazards from users, manufacturers, and independent agencies. Specific guidance for hospital action can

be found in Health Devices 1993; 22(5-6):301-303, wherein ECRI states that only ECG and apnea/respiration monitoring devices need to be equipped with protected leads and patient cables.

In addition, the FDA has openings on several Device Panels for Clinical / Biomedical Engineers. Biomedical Safety & Standards carried the full details in their August 1, 1994 publication. The Device Panels review and evaluate the safety and effectiveness data on marketed and investigational devices, advise the Commissioner on a recommended classification, and reviewing pre-market approvals. The panels with openings include the Ear, Nose & Throat Devices Panel, General Hospital & Personal Use Devices Panel, the Neurological Devices Panel. The term is up to four years, travel expenses are reimbursed, and members receive \$/150 per meeting. Again, self-nomination is possible, but I would like to know if you decide to apply, and better yet, the ACCE Board could recommend qualified individuals to the FDA. To submit nominations, contact Nancy J. Pluhowski, CDRH (HFZ-400), FDA, 1390 Piccard Drive, Rockville, MD, 20850.

Initial Announcement **Advanced Clinical Engineering Workshop #3: Sub-Saharan Africa**

A regional workshop similar to those for the South American and Eastern European Clinical Engineers is in the planning stages. Bob Morris visited South Africa in April. IFMBE, WHO, and others have been involved in the planning as well as ACCE members. Probably only six instructors will be needed from the US. No practicum is likely there since there will be no facilities in that location, Mombassa, Kenya. Possibly there may be a way to bring participants to practicums later.

ACCE Leadership Announces New “Grass Roots” Teams To Increase Member Communications and Involvement

ACCE President Tom Bauld and Vice President Tom Judd are implementing a new program designed to increase communications between and increase involvement of all ACCE members. All members will become part of geographically proximal teams who will periodically be asked to convene (probably by teleconference) and to discuss issues and possible solutions to relevant clinical engineering topics. These issues will typically be local in nature, but have bearing on all of us nationally, like dealing with career transitions and the local impact of health care reform.

Several times during the year, team leaders will be asked to convene their groups sometime over a one month timeframe, and to facilitate the teams wrestling with a few topics supplied initially by Board members, and later based on input from the teams. The team leaders will be asked to very briefly summarize the results of their team discussion and pass this information on to Tom Judd, via our ECRInet BBS (ACCE sub-section), who will compile results,

as appropriate, and place this information back on the BBS for all to access. Teams will also be asked to submit topics for future discussion by all teams in this format.

Hopefully, this program will have two short-term impacts: having us talk to one another on a regular basis about issues for which we need one another's input and perspective; and having us get used to communicating with one another in helpful ways nationally through the Electronic Bulletin Board. Marv Shepherd will communicate up-to-date work telephone numbers to team leaders early in November. The program will begin in November, seeking to have the first team meetings and results published before the end of the year.

Thanks for this idea goes to ACCE member Fred Wainwright of Jacksonville, Florida. We hope this is one of many from all members that will be heard and implemented in the months to come. Team and their members are listed below:

Team 1 - Alaska, Washington, Oregon, Alberta

1. Denver Lodge
2. Wayne Morse
3. Dennis Autio*
4. Bob Morris
5. George Johnston
6. Julian Stedman

Team 2 - Alabama, Arkansas, Louisiana, Mississippi

1. Jim McConnell
2. Jim Wear
3. Salvador Iongo
4. Al Plourde*
5. Eric Backensto

Team 3 - Arizona, Utah

1. Bill Betts*
2. Manny Furst
3. Kurt Hasper
4. Bob Dellamar

Team 4 - Georgia, China

1. Mike Rohaly
2. Adam Agha
3. Tom Judd
4. Pat Lynch
5. Mark Brody *
6. Xiang Ju Wu

Team 5 - Florida

1. Mike Shaffer
2. Craig Bakuzonis
3. Dave Denham
4. Charles Kemmerer
5. Fred Wainwright *

Team 6 - Washington, DC

1. Caroline Campbell
2. John Hughes
3. Al Jakniunas
4. Joe McClain*
5. Charles McCullough

*denotes Team Leader

ACCE News

Team 7 - Colorado, Kansas, Nebraska

1. Matt Baretich*
2. Jan Ingebrigtsen
3. Ken Taylor
4. Roger Neifert

Team 8 - Delaware, Maryland, Virginia

1. Alan Lipshultz*
2. Dave Simmons
3. John O'Donnell
4. John Swope
5. Dale Rose

Team 9 - Tennessee

1. Rick Hampton
2. Spears McAllester*
3. Mark Moody
4. Steve Wixson

Team 10 - New Jersey

1. Dan Coiro
2. Lawrence Melson
3. Francine Reibman
4. Elliot Sloane*
5. Binseng Wang

Team 11 - Wisconsin, Minnesota

1. Vince Canino
2. Larry Fennigkoh
3. Terry Hensler
4. Jim Jablonski
5. Gary Kotter*
6. John Storch
7. Tom O'Dea

Team 12 - Massachusetts

1. Jack Berger
2. Richard Congdon
3. David Harrington
4. Wilson Hayes
5. Jeff Secunda*

Team 13 - Missouri, Illinois

1. Leroy Buckhoy
2. Dan Hare
3. Larry Hertzler*
4. Dale Grandlic
5. Willie Smith

Team 14 - North Carolina

1. Mike Carver
2. Leslie Edwards
3. Ethan Hertz
4. Dennis Minsent
5. David Natale*

Team 15 - Los Angeles, California

1. Jerry Anderson*
2. Luis Pou
3. Alan Pacela
4. Mervyn Clement

Team 16 - Northern California 1

1. Jon Blasingame
2. Steve Friedman
3. Gailord Gordon
4. Eben Kermit*
5. David McCusker

Team 17 - Southern California

1. Gary Haugen
2. Robert Auld
3. Frieda du Toit*
4. Pieter du Toit

Team 18 - Northern California 2

1. Scott Miller
2. George Panagiotopoulos*
3. Marv Shepherd
4. Robert Walder
5. Lee Welter

Team 19 - Connecticut North

1. Joe Bronzino
2. Mark English
3. Henry Montenegro*
4. John Chiaputti
5. Nick Noyes

Team 20 - Connecticut South

1. Wayne Canner*
2. Frank Painter
3. David Dittrich
4. James Virgulto

Team 21 - Michigan

1. Tom Bauld
2. Dave Dickey
3. Jay Hall
4. Chuck Jones
5. Paul Ostrowski
6. Bryanne Patail*
7. Manik Rane

Team 22 - New York City 1

1. Alex Altshuler
2. Seymour Ben-Svi
3. Richard Daken*
4. Rupal Dave
5. Brenton Fearron
6. Al Wald
7. Lenny Fridman

Team 23 - New York, Montreal

1. Joe Dyro*
2. Ed Hines
3. Steve Grimes
4. Mike Mirsky
5. Bruce Morgan
6. Malek El-Husseini

Team 24 - New York City 2

1. Eljezer Astrinsky
2. Moin Khan
3. Alan Levenson
4. Scott Varnum
5. Kelly Galanopoulos*
6. Robert Viccari

Team 25 - West Central Ohio

1. Barry Foster
2. Joe Happ
3. Steve Mozelewski
4. Tom Roeble
5. Tom Romeyn*
6. Gary Slack

Team 26 - NE Ohio, NW Pennsylvania, Toronto

1. Mo Kasti
2. David McCanna
3. Greg Davis*
4. Hassan Fakih
5. Joe Prizio
6. John Smith

Team 27 - East Central Pennsylvania

1. David Berkowitz
2. John Buck*
3. Rick Tevis
4. Henry Hammarman
5. Scott Segalewitz
6. Tony Werner

Team 28 - Philadelphia, Pennsylvania

1. Mike Argentieri
2. Dan Benson
3. Ira Tackel
4. Phil Katz
5. David Bell*

Team 29 - Houston, Texas

1. Roger Eddy
2. Tom Eichtel
3. Gerald Goodman
4. Woody Fox*

Team 30 - Texas

1. Yadin David
2. Mike Myatt
3. Al Pease*
4. Grant LaFleur
5. Joanne Parkes

Team 31 - Riyadh, Bahrain

1. Hassan Al Marshad
2. Hashem Al Fadel
3. Abdul Bukhari
4. Amin Fawzy
5. Mahmoud Adel Madani*
6. K.V. Sankar

Team 32 - Latin America North

1. Ernesto Hernandez
2. Raul Alvarado
3. Adriana Velazquez*
4. Diogenes Hernandez
5. Luis Lara-Estrella
6. Jorge Villamil
7. Anna Maria Ospina

Team 33 - Latin America South

1. Augusto DeMelo
2. Lucio Flavio Brito*
3. Pedro Tonarelli

Team 34 - Europe

1. Gerson Machado*
2. Enrico Nunziata
3. Witold Ponikwo

Advocacy Awards

The ACCE Advocacy Award Program (1995), the Professional Development Awards and the Professional Achievement Awards shall each consist of two \$500 cash awards. Once more this year, one of the awards in each category may be set aside at the discretion of the Advocacy Committee as an ^{historical} award. The committee will assess the ^{nominee's} contribution in promoting a better understanding of the value of the clinical engineering profession. Each cash award will be accompanied by an engraved plaque. The number of awards and value may change at the discretion of the ACCE board.

Nominations for the 1995 ACCE Advocacy Awards must be received before March 1, 1995. Contact Denver Lodge for more information; (907) 271-4700, ext 117.

ACCE ADVOCACY AWARD NOMINATION

The author(s) name(s):

The candidate is an ACCE member: Yes No

The candidate is a clinical engineer: Yes No

This nomination is for the following (circle one):

ACCE Professional Development Award

ACCE Professional Achievement Award

Give the title of the publication or presentation:

Describe where the article was published or the presentation given:

Give dates of publication or presentation.

Attach one copy of article or presentation transcript.

Send to: Denver A. Lodge, Chairman
ACCE Advocacy Committee
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