

# ACCE News

Newsletter of the  
American College of Clinical Engineering

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## President's Message: *Special Message*

The second half of the year evokes memories of all the 2004 natural calamities in the Caribbean and later in Asia as we experience the trauma of Hurricane Katrina, which affected the southern states of Mississippi, Louisiana and Alabama, followed by Hurricane Rita, making its mark on Texas and Louisiana and especially the already heavily damaged city of the New Orleans. Let us also not forget the recent earthquake in South Asia claiming thousands of lives and leaving many injured and homeless.

All of the recent natu-



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

ral disasters have devastated the lives of those living in their vicinity, the general infrastructure, and most importantly, patient care and medical technology. President Bush admits in his New York Times article "Hopeful Words - On Taking Responsibility" (September 15, 2005 edition) that Katrina demonstrated that there is a question about whether, as a nation, we are prepared to respond to a terrorist or other natural disaster knowing that help to New Orleans was slow in coming. Taking his words to heart, clinical engineers need to look into their own individual workplaces, review emergency preparedness plans, and work with the safety officers and other staff members to ensure that we are all ready to face such disasters were they to strike our territory. It is such moments that require close collaboration and full support from all in order to minimize detrimental out-

comes.

ACCE Board and Committees are working on formulating strategic plans to help with the relief efforts. Many hospitals lost their medical test equipment, service manuals, spare parts and more. Healthcare professionals were not able to return to work. It is an important time for our nation and especially for us as a clinical engineering community to come together and help those who are in need. To date, we have not heard of any ACCE members directly impacted by the natural disasters, however given all these events, I would like us to keep in mind, not only ACCE members and their families, but everyone else who might have been affected by the recent misfortunes. I will keep you updated as the ACCE activities further develop on the relief efforts.

On the ACCE front. ACCE once again begins

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## Clinical Engineer Receives FDA's Device Safety Award

At a MedSun meeting on October 6 & 7, 2005, in San Diego, California, Richard Fechter will be an honored recipient of the FDA's 2004-2005 Device Safety Exchange (DSX) Academy Award. Richard is an ACCE member and clinical engineer at the University of California, San Francisco. The award recognizes individuals for sharing a success story with their colleagues in the MedSun program. His story relates to laser fibers and ureteroscopes.

"In less than one year after the University of California Medical Center (UCSF) purchased a new Holmium: YAG laser to perform lithotripsy, over \$125,000 in damages to associated ureteroscope equipment occurred. Prior to this purchase, the hospital had leased the laser and outsourced its technical support. A clinical engineering evaluation indicated that the reprocessing of the fiber-optic cable was a contributing factor to the equipment damage. UCSF performed a cost-benefit analysis and determined that using disposable versus reprocessed fibers would provide the most cost-effective solution."

For additional information on their findings, contact Richard at:

[richard.fechter@ucsfmedctr.org](mailto:richard.fechter@ucsfmedctr.org)

### 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

### ACCE Certification—What You Need to Know

- 1) The next CCE exam will be on November 19th, 2005.
- 2) The written exam will be given in twenty-eight cities around the US.
- 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) The deadline for having returned a completed application (application, references & transcripts) for the November 2005 exam is September 24th. This is a firm date, so we suggest that you get your application in well in advance of this date (e.g. September 1)
- 5) The handbook that describes the process and the application which needs to be completed can be found on the website [www.accenet.org/certification/](http://www.accenet.org/certification/) or [www.acce-htf.org/certificaton](http://www.acce-htf.org/certificaton)
- 6) The 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 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.

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# *CED Board Meets in Stuttgart, Germany*

The Clinical Engineering Division (CED) Board of the International Federation for Medical and Biological Engineering (IFMBE) met in Stuttgart, Germany, September 22-24, 2005. Board members include ACCE members Joseph F. Dyro (Chairman), Frank Painter, Enrico Nunziata, and Adriana Velásquez. Observers invited to attend the meeting included ACCE members James Wear and Andrei Issakov. Heikki Teriö (Sweden) serves as Co-Chairman of the CED Board.

IFMBE is a federation of national and transnational organizations that represent national interests in medical and biological engineering. ACCE is a member organization of IFMBE. The

objectives of the IFMBE are scientific, technological, literary, and educational. Within the field of medical, biological and clinical engineering, IFMBE's aims are to encourage research and the application of knowledge, and to disseminate information and promote collaboration. The CED, a Specialized Division within the IFMBE, addresses continuing and long term needs as it links structures for the dissemination and exchange of information between interested people.

The objectives of the CED include the following:

- To stimulate research and application of new developments within clinical engineering.

- To improve cooperation and exchange of information between interested and competent persons working in different countries.
- To promote collaboration between specialists including those belonging to other scientific societies and, in particular, to medical societies.

The activities of the CED encompass basic and applied research, development, implementation of methods and techniques, and organization within clinical engineering. The activities of the CED include the following:

- Planning, promoting and organizing specialized meet-

*(Continued on page 11)*

# *ACCE Announces New Committee Chairs*

**Kelley Harris** has taken on the position as the chair of the ACCE Body of Knowledge (BOK) Committee. The BOK committee is in charge of revising the existing BOK survey, which will be distributed to the clinical engineering community this Fall. The results from the survey will help in updating the clinical engineering certification exam.

We would like to thank Mr. Ron Baumann for his leadership and dedication during his past position as the chair of the BOK Committee.

Ms. Harris works at ARAMARK Healthcare Management Services - Clinical Technology Services in Illinois. Ms. Harris has been an active member of the BOK committee and is very enthusiastic in taking on the chair position.

**Nancy Pressly** takes on the position as the chair of the ACCE Advocacy Committee. Ms. Pressly works at the Office of Surveillance and Biometrics Center for Devices and Radiological Health at the Food and Drug Administration in Maryland.

We would like to thank Ms. Kelley Garland for her leadership and dedication during her past position as the chair of the Advocacy Committee.

Ms. Pressly is an active member of ACCE and is very enthusiastic in getting involved in the Advocacy Committee.

Please join me in congratulating Ms. Harris and Ms. Pressly on their appointments!

*Izabella Gieras*  
*president@accenet.org*

# ACCE Active in HITSP, IHE

The pace of activity for ACCE members involved with the convergence of medical equipment systems and Information Technology (IT) has been on the fast track since the ACCE Annual Meeting in May. In his keynote address to the HIMSS Summit in June, attended by ACCE President, Izaabella Gieras, Secretary of Health and Human Services Michael Leavitt created a 16 member board (The American Health Information Community - AHIC) to oversee the Administration's 10 year goal of a fully electronic patient health record system. Building on the work of Dr. David Brailor's Office of the National Coordinator of Healthcare Information Technology (ONCHIT), AHIC has commissioned a series of RFPs to achieve the Electronic Health Record.

One of these contracts is for the harmonization of all standards needed to achieve a unified national healthcare infrastructure. A group of over 20 societies and organizations, including ACCE, has joined an effort led by HIMSS and ANSI to respond to this RFP. This group is the Healthcare Information Technology Standards Panel (HITSP). Although the award has not yet been announced, the schedule to deliver is so intense, that work began in August to define an initial set of "Use Cases" designed to ferret out the areas where standards were in conflict or do not exist. Ray Zambuto, Past President of ACCE participated in those meetings in Washington D.C.

At the end of September, over a hundred HITSP representatives met at the Reagan International Center in Washington to ratify its organizing documents and elect an initial Board of Directors. Todd Cooper, Bryanne Patalil, and Ray Zambuto attended that meeting, and along with Elliot Sloane, were among the 55 representatives nominated for the Board of Directors. Todd Cooper was elected to a Board seat, assuring clinical engineering presence at a high level in this highly visible activity.

Following on the heels of this meeting, ACCE launched its IHE (Integrating the Healthcare Enterprise) Patient Care Devices Domain at the Washington Marriott in downtown Washington DC. The IHE is a joint project of the RSNA, HIMSS, and the American College of Cardiology (ACC), and has a goal of improving patient care by implementing standardized integrated solutions to replace proprietary solutions for equipment communication and interoperability.

erability.

The meeting was attended by over 60 stakeholders, representing vendors, users, providers, government, and regulators, including many clinical engineers. Companies participating included GE Healthcare, Philips, and Draeger (Siemens). Partners Healthcare and Kaiser were among the hospitals. Government representation included the Agency for Healthcare Research and Quality (AHRQ), The National Institute for Standards and Technology (NIST), the Department of Veterans' Affairs, and the FDA. Co-Chairs of the ACCE Task Force which is managing the program are Todd Cooper, Elliot Sloane, and Ray Zambuto. Project coordinator is Manny Furst, and the IHE Mentor/Advisor is Jack Harrington of Philips Medical Systems.

The objectives of this "Kick-Off" meeting were to create a first

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# BIOMEDEA III Report

Five ACCE members, Joseph Dyro, Andrei Issakov, Enrico Nunziata, Frank Painter, and Jim Wear, presented papers at BIOMEDEA III held in Stuttgart, Germany September 23-25. This conference was chaired by Joachim Nagel, University of Stuttgart, Germany and was the third in a series of conferences under BIOMEDEA.

The European Biomedical Engineering community launched an effort to promote their European Higher Education Area by harmonizing educational programs, specifying required minimum qualifications and establishing criteria for an efficient quality control of education and life-long learning. Thus, the European Participation Project BIOMEDEA was initiated in 2004 by Joachim Nagel in cooperation with Dick Slaaf and Jan Wojcicki as well as a consortium of 40 universities, societies and other institutions with an interest in Biomedical Engineering education, representing 31 European countries. The objective of the project is to develop and establish consensus on European guidelines and protocols for the harmonization and accreditation of high quality Medical and Biological Engineering and Science programs, and for the training, certification and continuing education of professionals working in the health care systems. Adherence to these guidelines will insure mobility in education and employment as well as the necessary safety for patients. Three symposia were planned to discuss the guidelines and protocols that are being written in the course of the project.

The first two meetings with participation from more than 50 universities and societies took place in Eindhoven (December 2004, <http://www.bmt.tue.nl/biomedea>), and Warsaw (April 2005, <http://hrabia.ibib.waw.pl/Biomedea>). These meetings dealt with Biomedical Engineering (BME) curricula, the training of clinical engineers, and the accreditation of BME programs in Europe. Workshops at these meetings addressed some of the following areas: critical skills expected of all undergraduate biomedical engineers; engineering opportunities in the hospital; teaching biomedical engineers to solve clinical problems; and minimum requirements for training of clinical engineers.

The third meeting, BIOMEDEA III, featured an international symposium on an important issue of quality assurance in biomedical/clinical engineering: patient safety. The Symposium was co-sponsored by the University of Stuttgart and the International Federation for Medical and Biological Engineering (IFMBE). It was organized in cooperation with the World Health Organization (WHO) and endorsed by the European Alliance for Medical and Biological Engineering and Science (EAMBES) which has adopted BIOMEDEA as an EAMBES activity.

BIOMEDEA III was mainly dedicated to the development of a European scheme for the certification and continuing education of clinical engineers. The meeting

sought cooperation with the responsible bodies in other parts of the world including ACCE to establish international cooperation with the goal to achieve global harmonization on the education and certification of biomedical/clinical engineers.

The expected results of BIOMEDEA will be a white paper on BME education, educational methods and best practices in Europe, protocols for the formation, training, certification and continuing education of clinical engineers in Europe, and guidelines for the accreditation of BME programs in Europe. IFMBE, the main sponsor of BIOMEDEA, will, in cooperation with WHO, as a part of the initiatives of the World Alliance for Patient Safety ([www.who.int/patientsafety](http://www.who.int/patientsafety)), set up a global registry of certified clinical engineers



Frank Painter addresses BIOMEDEA III participants.

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# Perspectives from ECRI: Disaster Relief

It is hard to imagine the tremendous challenge that hospitals in the Gulf region are faced with as they try to recover and in some cases completely rebuild in the wake of Hurricane Katrina and later Rita. In the medical equipment world, countless devices were damaged, destroyed, or completely lost. The scope of this one-two punch of disasters is truly unprecedented.

As the Katrina disaster began to unfold, ECRI realized that the many healthcare organizations in the affected region needed a place to turn to for information on medical devices in need of replacement or repair. Fortunately, many medical device manufacturers and servicers responded to the disaster with a host of special products and services - specifically for the affected hospitals. However, one of the biggest challenges for the healthcare facilities is finding out where such products and services are available and how to obtain them. ECRI decided that a central resource for this information would be a great help. In response to this need, as a public service, ECRI established its Web-based Katrina Medical Technology Information Clearinghouse located at [www.ecri.org](http://www.ecri.org).

ECRI's Katrina Web site serves as a central clearinghouse for information on the disaster relief-related medical products and services available from companies worldwide. It includes information about special donation, rental, or loaner programs for

medical devices; how affected healthcare facilities can receive expedited service from medical device manufacturers, suppliers, or service providers; e-mail addresses, telephone numbers, or Web sites for companies' disaster relief-related information and help; and special requirements for devices operated from backup generators.

To initiate the Katrina relief effort, ECRI drew upon its database of nearly 15,000 medical device manufacturers, service companies, and distributors listed in its comprehensive online database, Health Devices International Sourcebase, and asked them to submit information on all products or services being offered to help with the disaster relief effort. We have also been combing the Web and other resources for additional information. ECRI's site has been live since September 16, 2005 and includes information on a wide range of products and services including dialysis machines, syringes and pipettes for laboratory analyses, X-ray systems, infusion pumps, portable ventilators, patient warmers, mobile hospitals and outdoor shelters, patient monitors, and clinical engineering repair services.

Manufacturers have been very responsive to ECRI's requests for information and new data is added to the clearinghouse every day. Hospitals and other healthcare organizations in the Gulf region will be in disaster recovery



*Jim Keller is ECRI's Vice President of Health Technology Evaluation and Safety.*

mode for a long time. Therefore, ECRI will maintain its site indefinitely and encourages manufacturers and service providers to continue to provide information about their relief efforts and update their information as needed.

I would like to ask my fellow clinical engineers to encourage your medical device manufacturer and service company contacts to support ECRI's Katrina relief efforts. You can help by asking your contacts to inform ECRI about programs or services they may have to help those in need. Information can be sent to ECRI's Katrina relief e-mail address at [katrinarelief@ecri.org](mailto:katrinarelief@ecri.org). Feel free to contact me if you have any questions or comments about ECRI's Katrina relief efforts. I can be reached at (610) 825-6000, ext. 5279 or [jkeller@ecri.org](mailto:jkeller@ecri.org).

*Jim Keller  
jkeller@ecri.org*

# View From the Penalty Box: Managing the Plan

Recent events along the Gulf Coast have shown that planning alone will not pull you out of a bad situation unless you have both the will and ability to carry out that plan. These same events have shown us that our instant communication systems do not mean instant response nor do they guarantee that the information will be acted upon in a timely manner or even understood.

As Clinical Engineers we have encountered planning problems numerous times. We plan equipment replacement programs that will improve care, reduce costs and fit with the goals of the institution. Then we often forget to fight for the plan while the funds are used for lobby renovation, or some other show item while the core reasons for the institution existence, patient care, falls further behind. We had the plan but what happened to the will and desire to implement that plan?

Many years ago a very wise person explained to me the difference between a conservative and a liberal politician. His description was "A liberal will throw 50 feet of rope to a drowning person 25 feet from shore but drop the rope to go do another good deed. A conservative will throw 25 feet of rope to a drowning person 50 feet from shore because the swim will build character". While the term "Compassionate Conservative" was not around then I think he would define them as those who know there is a problem but don't act too quickly as it will go away. Unfortunately we are the persons drowning and our "leaders" keep

sending out conflicting information or none at all.

Putting our geographical and red state/blue state mentalities aside we have some very serious work ahead of us. One of ACCE's core goals is better patient care and since our political, financial and legal systems seem to like the status quo we have a tough job before us.

We need to look at our equipment management and recovery plans to be sure that they can be used. What looks good for JACHO may not be workable in real life. But even before doing that we need to look at the facilities "backbone" to see where the weak spots are and how they will be handled. Many hospitals in areas that can flood still have their generators and switches in the sub-basement, along with the pumps for suction, compressors and other critical items. If they get wiped out all the equipment in the hospital becomes paper weights and little more. Also think about where the communications equipment is located, the computer system and even food storage. I am not sure who will bring this "skunk" to the table but I am willing to bet facilities, IT and food services will try to avoid it the problems.

We have electronically operated drug dispensing systems that cannot be opened if there is no power. In one recent "walk around" at a hospital I noticed that most were not on emergency power, meaning that even in a minor event these patients could not get their meds. We also need to look at how to get equipment to the patients, patients to the equip-

ment and what to do if we cannot move either. We need to determine "who's in charge" during off hours and are they knowledgeable enough and capable of handling the problems. In some cases can they identify that there is a problem to start with. We like to have everything nice and neat with good looking policies but we often have our least experienced personnel in place when there are problems. This brings me to the most important part of the equipment management plan, the people.

We have to share knowledge with all in the department, remember that they may also have good ideas so listen to them. They have to know what the plans are, what the "call tree" numbers are and what they are responsible for and what they should not get involved with. So please take some time, look over the plans you have, discuss them, change them as needed and share what you have done with others.

In closing, it is nice to see the NHL coming back to life; it will be interesting to see how many people



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# July/August ACCE Board Highlights

What a wonderful summer for ACCE! The Board met on August 18 to review all of the activities and accomplishments of our committees.

The meeting began by voting on the 2005-2006 Board members. The 2004-2005 Board members unanimously accepted the new Board, presented as a slate in June for voting by ACCE members. The 2005-2006 ACCE Board is:

*President – Izabella Gieras*

*President Elect – Steve Grimes*

*Vice President – Colleen Ward*

*Secretary – Jennifer Jackson*

*Member At Large – Ted Cohen*

*Member At Large – Tony Easty*

*Member At Large – Paul Sherman*

*Returning as Treasurer – Joe Skochdopole*

*Returning as Member at Large – Bill Rice*

*Returning as Past President – Ray Zambuto*

Izabella Gieras, our President, gave a warm welcome to the new Board members and she also thanked the '2004-2005' leadership for their year of commitment and hard work.

She also reported that planning has already started for the ACCE Symposium for AAMI 2006. The planning committee has assembled and is still working on a theme for the symposium. The committee will sub-

mit the theme and a syllabus in early October for AAMI to review and incorporate in their program for next year's conference.

Colleen Ward reported that Kelley Harris has accepted the position of Chair of the Body of Knowledge (BOK) committee. She was a member of the BOK committee and is very enthusiastic in moving forward in her new leadership role. The Board unanimously accepted this nomination. Congratulations, Kelley!

Paul Sherman, Member at Large and Chair of the Professional Practice Committee reported that the Professional Practice Guidelines will be posted on the ACCE website when they are completed. The committee also decided that these guidelines would be reviewed one year after publication with a call for comments from the ACCE membership. Thereafter, the guidelines will be reviewed every 5 years.

The International Committee continues to be very busy. ACCE was approached to sponsor the bi-lingual conference in California for Latin American Clinical Engineers. The Bilingual Pan American Health Care Engineering Conference and Clinical/Hospital Engineering Workshop will take place January 30 to February 3, 2006 in Long Beach - Los Angeles, California, USA. Please see [www.pahce.acsup.org](http://www.pahce.acsup.org) for more

information about this very exciting conference. The Advanced Clinical Engineering Workshop (ACEW) in Columbia this past July was a great success. Future ACEW workshops are in the planning stages for exciting destinations like Nicaragua, El Salvador, and Argentina. An ORBIS/ACCE ACEW workshop is scheduled for Ethiopia for later this year.

Izabella attended HTAi in Rome on June 20-22 and presented "Clinical Engineering's Role in HTA: US Perspective". The presentation was well received with great discussion on ongoing collaboration on clinical engineering and overwhelming interest in pursuing an international certification program.

ACCE has been approved to become a member of NAHIT (National Alliance for Health Information Technology). This will be a great year to learn more about the organization and strengthen our alliance with this organization.

Steve Grimes reported that the new ACCE website is finally up! Please take a moment to explore the new website and send feedback to [webmaster@accenet.org](mailto:webmaster@accenet.org).

Ray Zambuto reported that ACCE signed on again to co-sponsor the HIMSS meeting. HIMSS 2006 will see an expanded presence of ACCE. We

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# IFMBE CED Chairman Announcement

Dr. Joseph F. Dyro was elected Chairman of the Clinical Engineering Division (CED) of the International Federation of Medical and Biological Engineering (IFMBE) at the CED Board meeting in Stuttgart, Germany on September 24, 2005. CED board members hail from countries around the world including Austria, Brazil, China,

Cuba, Greece, Italy, Luxemburg, Mexico, Republic of South Africa, Sweden, and the United States. The board promotes clinical engineering initiatives under the aegis of the IFMBE such as organizing and sponsoring international clinical engineering conferences, developing position papers on patient safety and clinical engineering education,

and fostering communications amongst clinical engineers and other healthcare professionals. ACCE is a member society of IFMBE. Dr. Dyro serves as ACCE Liaison to IFMBE.

The Board meeting was held in conjunction with BIOMEDEA III (see article in this newsletter on BIOMEDEA III).

## ACCE Member News

Jim Keller was recently promoted to ECRI's Vice President for Health Technology Evaluation and Safety. Jim now serves as a member of ECRI's Executive Committee, which is responsible for directing all of ECRI's operations and program planning. Jim continues head up

ECRI's Health Devices evaluation program and medical device hazard and recall alerting system. For his new role, Jim has been tasked with developing new and innovative ways to objectively evaluate health technologies. This effort will have a special focus on computer-based medi-

cal devices and systems. He will also be responsible for developing and expanding new health technology-related patient safety programs like ECRI's Alerts Tracker System for management of medical device hazards and recalls.

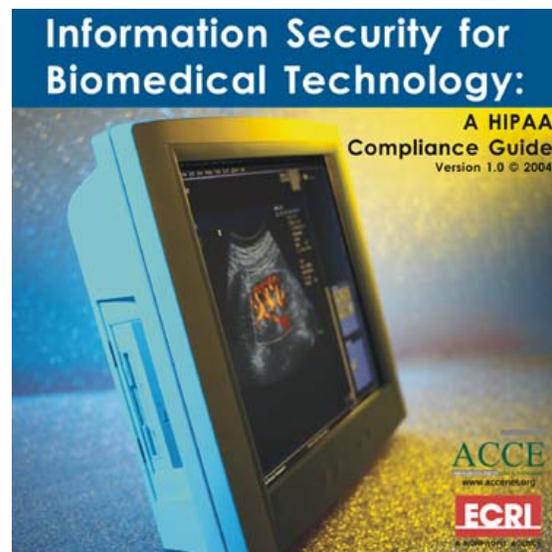
## *ACCE and ECRI publish new HIPAA CD-ROM \$200 discount for ACCE members!*

**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](http://www.ecri.org) or [www.accenet.org](http://www.accenet.org) for more information.



# Call for Volunteers—Set the Standard

Professional Practices Committee of ACCE is in the process of developing Professional Practice Guidelines (PPG). The committee is seeking clinical engineers who have expertise in different areas of

clinical engineering including human factors, support for BMETs, managing vendor contracts, codes and standards related to clinical engineering, and incident investigation (as well as many others). If

you would like to volunteer to work on a Guideline or become a member of the committee, please email Paul Sherman, Chair, Professional Practices Committee at [Paul.Sherman@va.gov](mailto:Paul.Sherman@va.gov).

## President's Message (cont. from pg. 1)

another year as the new Board members step into their respective positions. I am honored to continue my service to you with the new Board members and be part of such visionary organization. I would like to thank the outgoing Board members for a memorable 2004/2005 term. Your dedication

to the ACCE Board, the organization and the clinical engineering profession has and continues to be wonderful. I have fully enjoyed working with you and greatly appreciate your support. I am very excited to work with the new Board during the forthcoming 2005/2006 term.

Please take few minutes to read all the exciting articles on ACCE diverse activities in this issue of ACCE News.

Enjoy the beautiful fall season!

Izabella Gieras  
[president@accenet.org](mailto:president@accenet.org)

## ACCE Active in HITSP, IHE (cont. from pg. 4)

draft of the vision, mission, and scope of the Domain, establish the basic business value propositions, brainstorm a set of initial use cases for later development, and establish a committee structure and schedule for the next 18-24 months. The day and a half meeting involved presentations, group

discussions, and break-out sessions. Through the enthusiastic participation of all attendees, every objective was accomplished.

Follow up meetings of the planning and technical committees will begin with a conference call in late October. Complete copies of the presentations and

other background information is available on the Web. Follow the link at [www.ACCENET.org](http://www.ACCENET.org) or go to [www.IHE.NET](http://www.IHE.NET). Anyone interested in working on this important activity can sign up on the ACCE web site.

Ray Zambuto  
[rzambuto@techmed.com](mailto:rzambuto@techmed.com)

## View from the Penalty Box (cont. from pg. 7)

will pay the high prices for tickets to games that will feature players who had little or no respect for the fans last year. I have to be a little positive as the pension payments are being redone and I just hope that they don't cut us "pre-

association" players too much. Oh well! Its only money and with the \$278.35 I am scheduled to get each month I can afford the pain killers for the knees and a couple of 6-packs...

So have a great fall season and share information with the rest of us so we all don't have to make the same mistakes.

Dave Harrington  
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## *CED Board Meets in Stuttgart (cont. from page 3)*

- ings, educational courses, and publications.
- Organizing joint sessions and other activities during the meetings of other scientific bodies.
- Preparing international documents such as guidelines, specifications, procedures and standards.
- Promoting the exchange of appropriate individuals between research groups and other institutions.
- Establishing or contributing to the establishment of documentation systems.
- Undertaking projects in clinical engineering.
- On request, acting as a consultant body to the Administrative Council of the IFMBE.
- If requested by the Administrative Council to do so, acting as a liaison body with other international organizations.

The Stuttgart CED Board Meeting established the following set of specific activities:

- Conduct a body of knowledge survey internationally to identify what clinical engineers need to know to function effectively.
- Develop educational curriculum for clinical engineering education at multiple levels.
- Recommend methodology and guidelines for clinical engineering certification pro-

grams.

- Contribute regularly to *Clinical Engineering Update* a publication in the IFMBE Newsletter and on the IFMBE website.
- Update and reissue the international registry of clinical engineers.
- Identify mutually recognized qualifications for clinical engineers.
- Draft a Patient Safety white paper based on the expertise of the CED board members and observers and on the presentations made at BIO-MEDEA III, the meeting held in conjunction with the CED Board Meeting (See BIO-MEDEA article in this newsletter).
- Integrate CED members into the ACCE Advanced Clinical Engineering Workshops (ACEW).

- Develop a joint track at the World Congress in Seoul, S. Korea in Aug. 27-Sept. 1, 2006 with the IFMBE Division for Health Care Technology Assessment (HTA).
- Evaluate the website established under the aegis of the University of Cape Town International Center for Health Technology Management ([www.ichtm.net](http://www.ichtm.net)) and if acceptable recommend that it be transferred to the ACCE website.

The activities of the CED are closely linked to those of ACCE. The CED Chairman ([dyro@alum.mit.edu](mailto:dyro@alum.mit.edu)) would like to receive from the ACCE membership any thoughts for strengthening these ties and any ideas for collaborative activities.

Joe Dyro  
[dyro@alum.mit.edu](mailto:dyro@alum.mit.edu)



CED Board Meeting (clockwise): Jim Wear, Krishnan Shankar, Heikki Teriö, Peter Heimann, Frank Painter, Joe Dyro, Enrico Nunziata, and Paolo Lago.

# BIOMEDEA III Report (cont. from page 5)

with the goal of international mutual recognition of certification, and strive towards making certification and/or registration of clinical engineers mandatory everywhere in the world, based on the same criteria. Clinical engineers certified under the ACCE program would be included in this registry.

BIOMEDEA III technical presentations addressed the following areas: Accreditation of BME Programs, Clinical Engineering Training, Certification and Continuing Education, Patient Safety, and Biomedical/Clinical/Hospital Engineering Providing a Safe Health Care Environment.

ACCE members made a substantial contribution to the proceedings with the following papers:

James O. Wear, Chairman of the ACCE Education Committee, presented three papers: Certification and Its Importance in Hospital Engineering; Continuing Education in Hospital Engineering, including BME/CE and Hospital Safety Staff in the US; Biomedical/Clinical/Hospital Engineering Providing a Safe Health Care Environment.

Frank Painter, Chairman of the ACCE Certification Committee, presented three papers: CE Certification in the US and the Clinical Engineering Internship MS Program at the University of Connecticut; The Importance of CE Certification for Patient Safety and the Needs and Benefits of an Internationally Recognized CE Certification System; Human Factors Engineering and Incident and Accident Investigation.

Enrico Nunziato, IFMBE Clinical Engineering Division Board

Member, South Africa gave a paper on CE and Certification, the Needs in Developing Countries.

Joseph F. Dyro, Past President of the ACCE, IFMBE-ACCE Liaison presented two papers: Actualizing the Clinical Engineering Handbook through International Collaboration and Broadening Clinical Engineering Horizons to Create Safer Health Services.

Andrei Issakov, World Health Organization, Geneva, Switzerland, presented The Global Challenge of Patient Safety—the WHO Response and the World Alliance for Patient Safety.

He concluded the formal talks by summarizing the presentation and discussions. He then proposed the drafting of a position paper on Health Technology Management and Patient Safety; and proposed “A Safe Environment for Safer

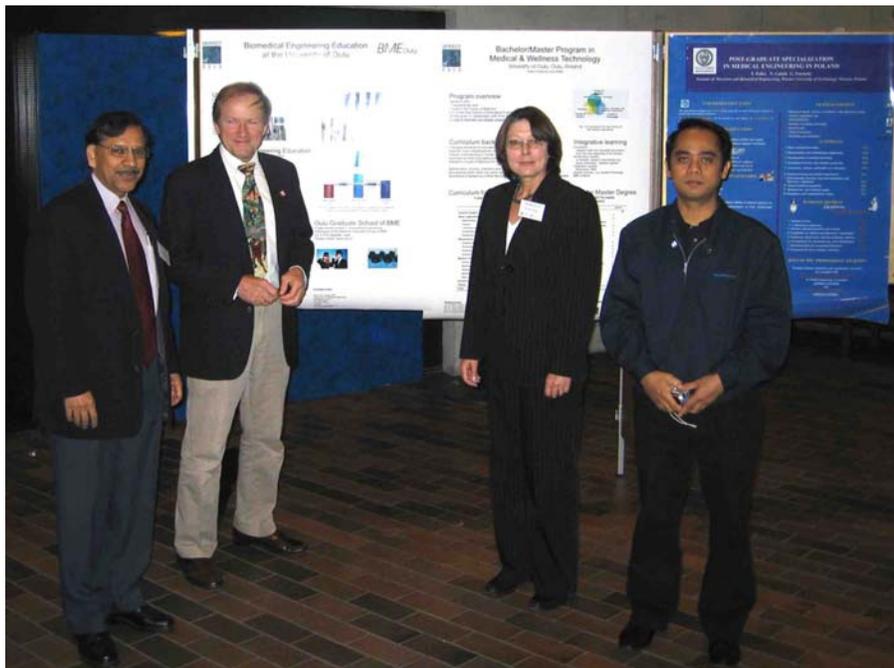
Care” as a Global Patient Safety Challenge.

All papers from the conference are at <http://www.bmt.uni-stuttgart.de/biomedea/>

All attendees participated in Workshops, which dealt with the following issues:

- Criteria and Guidelines for the Accreditation of Biomedical Engineering Programs in Europe
- The IFMBE International Register of Clinical Engineers
- Protocol for the Certification of Clinical Engineers in Europe
- Protocol for the Training of Clinical Engineers in Europe
- Protocol for the Continuing Education of Clinical Engineers in Europe

Joe Dyro  
[dyro@alum.mit.edu](mailto:dyro@alum.mit.edu)



BIOMEDEA III participants (l to r): Shankar Krishnan, Joseph Dyro, Monika Nagel, Azman Hamid.

# ACCE Board Highlights (cont. from page 8)

have a half-day educational symposium being jointly run with HIMSS on Sunday. ACCE Sponsorship includes our booth and a 1-hour presentation in the educational program. Ray will deliver this year's session on issues for the CIO in managing technology.

ACCE is also sponsoring the IHE Patient Care Domain kick-off meeting, scheduled for September 29-30 in Washington DC. The meeting will focus on defining the mission of the Patient Care Domain and create case studies and profiles that will be used in future connecta-

thons. As of early September, approximately 100 people registered to attend the conference.

The Clinical Alarms teleconference was a tremendous success with one of the highest number of attendees on record. The August 18 teleconference, titled "Computer Security," was also well received.

Gordon McNamee presented the Membership Committee's list of approved ACCE membership applicants. The Board unanimously voted to accept the Membership Committee's list and we welcome these new

ACCE members:

## Candidate Membership

Prachi Asher

## Individual Membership

German Giles

Saul Miodownik

Robert J. Paulson

Gregory L. Herr

Walter Bordett

Greg Snodgrass

Michelle Baquie

Congratulations and welcome to ACCE!

Jennifer L. Jackson  
secretary@accenet.org

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## 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 2005** 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

- |  |  |
|--|--|
| - October 2-4, 2005<br><i>Northeastern Biomedical Symposium</i><br>Southbridge, MA | - November 20-25, 2005<br><i>3rd European Medical &amp; Biological Engineering Conference</i><br>Prague, Czech Republic. |
| - October 19-21, 2005<br><i>MD Expo</i><br>Stone Mountain, GA                      | - February 12-16, 2006<br><i>HIMSS06 Annual Conference &amp; Exhibition</i><br>San Diego, CA                             |

## Teleconference Schedule

- |  |  |
|--|--|
| - October 20: JCAHO Changes (Ode Keil)           | \$150 per session  |
| - November 17: RFID Developments (Michael Fraai) | Contact Joe Skochdopole at <a href="mailto:jaskochd@trimedx.com">jaskochd@trimedx.com</a> or register online at <a href="http://www.accenet.org">www.accenet.org</a> . |
- Teleconference programs are at noon, Eastern time, and one hour in length unless otherwise noted.



### Newsletter of the American College of Clinical Engineering

ACCE Healthcare Technology  
Foundation (AHTF)

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