



ACCE News

Newsletter of the American College of Clinical Engineering

January-February 2014

Volume 24 Issue 1

Hope to see you
at HIMSS in
Orlando
(February 23 –
27)

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President's Message



I just read the results of an interesting survey of healthcare executives on how their organizations are prioritizing technology investment and adoption to address healthcare reform initiatives. It also addressed how their organizations are preparing to meet Meaningful Use Stage 2 criteria. The survey was conducted by HIMSS Media on behalf of Philips Healthcare. Its report was titled “The New Healthcare Enterprise: Leveraging Healthcare IT to Achieve Connected Care, Healthcare Reform”. Guess what was right among top issues highlighted by the report? It was interoperability of clinical technologies with the EMR. That’s right in clinical engineering’s wheelhouse, and in my view, a key part of our profession’s future.

The survey’s respondents were asked to rank the five most important considerations for clinical technology purchase decisions. The top response was that purchases should be linked to EMR adoption. Right up near the top was that the technology be interoperable with the EMR. Respondents were also asked to rank the most important issues to address when choosing clinical technologies. Options included price, ease of use, interoperability with the EMR, evidence-based proof point (e.g., improved clinical outcome or reduced length of stay), support services (e.g., lifecycle management), and interoperability with the infrastructure. The highest ranking vote-getter — by a wide margin — was interoperability with the EMR.

If you’ve been thinking about getting involved with interoperability projects at your hospital check out the HIMSS Media and Philips survey. It might provide you and your administration with some good support to get started. If you are already working on interoperability, it will provide helpful validation – for you and your administration – that you’re moving in the right direction. Either way, I suggest you share this survey with your peers and superiors.

Another interesting finding from the survey ties in with another growth opportunity for clinical engineering. That is the support and management of technologies outside of the traditional care setting. Survey respondents were asked to list the clinical technologies that they plan to deploy in order to meet the new healthcare reform initiatives. Two of the top six vote getters were home/telehealth technologies and remote monitoring solutions. 37% of respondents were planning to deploy home/telehealth technologies and 32% were planning to deploy remote monitoring solutions.

In my previous ACCE News President’s report I wrote about last year’s AAMI-FDA Summit on Healthcare Technology in Nonclinical Settings in Herndon, VA. I mentioned that a big part of the summit’s discussion revolved around how more and more hospitals are becoming responsible for deploying and managing the use of health technologies in “nonclinical” settings. The survey supports that theme from the AAMI-FDA summit. I suggested that clinical engineering should be a big part of the deployment and management of technologies in the nonclinical setting. I also suggested that clinical engineering should be taking the lead in this area. The HIMSS Media/Philips survey should be a helpful resource if you are looking for information to help support your plans or interest in moving in this direction. AAMI just published its report on summit. Here’s a link. Good luck with it. It’s an exciting new opportunity for our profession.

(Continued on page 2)

President's Message

(Continued from page 1)

As we start off another year, many of ACCE's members are gearing up for the annual HIMSS Conference. The conference will be in Orlando from February 23-27. As usual, ACCE will be well represented. It kicks off with the ACCE sponsored pre-conference symposia on Medical Device Security Risks and Challenges on Sunday, February 23rd. This symposia will address the technical, clinical, and public health issues related to medical device security vulnerabilities and potential patient safety and privacy impact. ACCE's Board and Committee Chairs will then be gathering for a face-to-face meeting on the first full day of the conference (February 23rd) right after the opening reception. The Board meeting will include a review of our plans for 2014, discussions about our HIMSS conference activities, updates from our Committee Chairs, and dialogue on some of the challenges facing our profession.

On Monday, February 24th we'll be hosting ACCE's educational session on practical considerations for medical device cybersecurity. The session will be presented by my ECRI Institute colleague Erin Sparnon and Rick Hampton from Partner's Healthcare System. I expect this program to address and expand on many of the topics covered during the preconference symposium.

Monday evening is our big event, the Clinical Engineering & IT Community/ ACCE Awards Reception. This is an opportunity to network with fellow ACCE members and HIT professionals, recognize the accomplishments of our colleagues through the advocacy awards, and learn about upcoming ACCE and HIT-related activities. We hope you'll have a chance to join us at the reception. It's always a great time. If you make it, please be sure to thank our sponsor. ACCE Past-President Mario Castaneda has been leading our efforts to secure sponsorship for this program along with support from our Secretariat Suly Chi. This year we

have been lucky enough to have full sponsorship from one organization – ABM Healthcare Support Services. Thank you Mario and Suly for helping to make this happen for ACCE. Also, thank you to Steve Grimes from ABM for helping to make this happen on your end. Our sponsor's contributions are very important to the operations of a modestly budgeted volunteer-based organization like ours.

The annual HIMSS Awards Banquet is on Tuesday night, February 25th. I will have the distinct pleasure to formally present the winner of the ACCE-HIMSS Excellence in CE-IT Synergies Award at the banquet. The award recognizes individuals who have best demonstrated leadership in promoting or implementing significant synergies between the clinical engineering and information technology professions.

This year's award winner is Manny Furst, Ph.D. Manny has been a long standing member of both HIMSS and ACCE. He has become such an iconic member of the clinical engineering community that one of the most important meetings in our profession has been – informally – named after him. It's simply called the "Manny Meeting" and it's where the best and brightest minds in the profession convene to explore, debate, and shape the discourse of clinical engineering on the great problems and opportunities of our times. Manny has also demonstrated innovative and effective synergies in the application of clinical engineering and information management systems technologies through his work with the Patient Care Domain (PCD) of the Integrating the Healthcare Enterprise (IHE) initiative. Congratulations Manny on your well-deserved award. And not that this is a factor in judging the award, but I can't think of a nicer person to be receiving this honor.

Speaking of Manny, ACCE is also co-sponsoring the extremely popular PCD portion of the Interoperability Showcase. Manny is responsible for managing PCD's participation in the Interoperability

Showcase. PCD will be demonstrating work in process (WIP) that provides medical device condition, status, and location to Computerized Maintenance Management Systems (CMMS). Standards-based, interoperable, messaging provides significant advances in patient safety, clinical and maintenance workflow and productivity, capital resource management, and regulatory compliance. These are key goals of the PCD effort. If you are going to HIMSS please stop by the Showcase to show your support of PCD and learn more about how clinical engineering can impact and is being impacted by interoperability.

My final HIMSS note is that we will have another ACCE booth at this year's conference. The booth will be manned by ACCE Board members and other member volunteers. We'll be sharing information about our organization with HIMSS attendees, networking with potential new members, and showing off various ACCE literature. ACCE Secretariat Suly Chi is organizing a list of volunteers at our booth. Please let her know if you are attending HIMSS and are interested in helping to man the booth. She can be reached at secretariat@accenet.org. We'd appreciate any time that you can provide. Our booth identifier is E10 and will be located in Lobby E (Level 2) at the convention center.

In wrapping up, I would like to thank one of our outgoing Board members for his years of service to ACCE. Jon Blasingame is retiring from Philips Healthcare and is also retiring from our Board. Jon served as Board Secretary and recently as a Member-at-Large. I have always been impressed with the amount of effort Jon put into his volunteer work. I particularly appreciate his tireless organization of our conference activities during his tenure as Board Secretary. Best of luck with your retirement Jon. We were fortunately able to identify a volunteer who has offered to fill out Jon's term. Our new Board Member-at-Large is George Panagiotopoulos from Kaiser Permanente.

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Perspectives from ECRI Institute: CMS Issues

Revised Memorandum on PM Alternatives



Eric Sacks, Director of ECRI Institute's Healthcare Products Alerts

The new CMS memorandum *Hospital Equipment Maintenance Requirements* (Ref: S&C: 14-07-Hospital) announced on December 20, 2013, provides much of the flexibility long sought by the clinical engineering community in developing effective and efficient equipment maintenance programs. The new memorandum supersedes S&C: 12-07-Hospital (December 2011) and advises State Survey Agency Directors to allow healthcare providers to adjust maintenance frequencies and procedures from those recommended by equipment manufacturers where permitted by law and with proper systematic practices.

This change has the potential to improve the efficiency and effectiveness of any clinical engineering program that has been conforming to S&C: 12-07-Hospital through the elimination of time-consuming procedures demonstrated to have little or no impact on device safety or reliability. The resulting savings in clinical engineering labor can be applied to activities with a higher impact on equipment safety and cost-of-ownership containment. However, benefiting from the change will involve a lot of documentation.

I want to highlight two areas of the new rules that may require planning and new

documentation as you move forward to implement an Alternative Equipment Maintenance (AEM) program as defined in the memorandum and its companion document *Revised State Operations Manual (SOM) Hospital (Appendix A)*, Staff Qualifications and Rationale for Manufacturer's Recommendations.

Staff Qualifications: *Revised State Operations Manual (SOM) Hospital (Appendix A)* states:

"In the case of medical equipment, a clinical or biomedical technician or engineer would be considered qualified. Highly specialized or complex equipment may require specialized knowledge or training in order for personnel to be considered qualified to make a decision to place such equipment in an AEM program."

It requires that hospitals have documentation of: The qualifications of hospital personnel who make decisions on placing equipment in an AEM program; and A process for assuring that contracted personnel making such decisions are qualified.

There was no guidance in the advance copy of the document on what classes of devices will be considered to be "highly specialized or complex" or what training might be required to manage them in an AEM program, but it would make sense to start documenting the qualifications and specialty training of staff and contractors particularly as it relates to imaging, robotics, and other systems that you consider to be complex.

Rationale for Manufacturer's Recommendations: Among the AEM program documentation called for in *Appendix A* is the following: "Information, if available, on the manufacturer's equipment maintenance recommendations, including the rationale for the manufacturer's recommendations"

As you know, service manuals do not typically include a rationale for each procedure. In developing your alternative equipment maintenance procedures, consider

reviewing service manuals for such rationale. In cases where one exists, you will want to justify your changes by demonstrating that your procedure satisfies the needs expressed in the manufacturer's rationale for its recommended procedure. Whether or not a rationale is provided for the manufacturer's procedure, you will want to be able to demonstrate that you have analyzed the results of the manufacturer's recommended procedure over time and determined that an alternative approach, whether a change in frequency or in the procedure itself, will not result in diminished device safety, effectiveness, or reliability.

In implementing these changes, look to ACCE and ECRI Institute for support in staff development and AEM program development.

Eric Sacks

ESacks@ecri.org

President Report

(Continued from page 2)

Welcome to the Board George! Thank you for your willingness to serve.

For those of you heading to HIMSS in Orlando, please stop by the ACCE booth say hello and make sure to come to our reception. Feel free to contact me at the e-mail address for ACCE's President (president@accenet.org) if you have ideas that you'd like me to share in my next President's report or if you have any suggestions or feedback for ACCE's Board.

Jim Keller

President, ACCE

president@accenet.org

AAMI Update:

Home Health Report, Annual Conference Opening Speaker Named, HTM Resource Collection Updated

A comprehensive new report from AAMI sheds light on the complex challenges associated with the use of healthcare technology in homes and other nonclinical settings, and sets forth a series of ideas for how to best address them.

The report, titled *A Vision for Anywhere, Everywhere Healthcare*, synthesizes the findings of the October 2013 Summit on Healthcare Technology in Nonclinical Settings organized by AAMI and the FDA. The two-day event brought together roughly 170 clinicians, home care providers, manufacturers, healthcare technology management professionals, and other interested parties to discuss the challenges in delivering healthcare outside the traditional clinical setting. These challenges are becoming increasingly complex, forcing hospitals to reassess the “wheelchair” model for healthcare delivery. Under that model, perhaps the only piece of equipment that hospitals considered during patient discharge was a wheelchair. Now, however, an increasing number of complex medical devices have moved into the home and other nonclinical settings as patients and caregivers manage chronic or long-term conditions.

The summit report lists five “clarion themes” that reflect the main points made by presenters and attendees during the event. Those themes, which are fleshed out with specific priority action items and accompanying lists of accountable organizations, are the following:

1. Deepen all stakeholders’ understanding of use environments—and their remarkable variability.
2. Coordinate multiple and recurring transitions in care to improve patient safety.
3. Adopt a systems approach—encompassing people, workflows, therapies, technology, and payment—to redesign the full spectrum of healthcare in nonclinical settings.

4. Standardize and simplify.
5. Design with empathy.

The report also includes advice from experts, profiles of various stakeholders, and compelling personal accounts from those who have experienced both the benefits and frustrations of using healthcare technology in the home. Many of those who spoke at the summit expressed the need for designers to better appreciate the needs and limitations of end users, especially those who are not experts in how to handle medical devices.

To download this report, please go to www.aami.org/publications/summits/HomeHealthcare.pdf.

For more information about this and past AAMI summits, go to www.aami.org/meetings/summits.

Richard Boothman, an accomplished lawyer who serves as the chief risk officer at a leading healthcare facility, will kick off the AAMI 2014 Conference & Expo in Philadelphia, PA, with an overview on promoting risk management from a technology perspective.

During his presentation, scheduled for May 31, Boothman is expected to offer practical advice for healthcare technology management (HTM) professionals. Boothman’s presentation is intended to give these professionals a greater understanding of why they are an important part of improving patient safety, as well as how they can serve as official risk managers at their own facilities. He also will discuss how to demonstrate to the C-Suite the value of technology in any safety-related discussion and its role in the financial return on investment for hospitals.

As in years past, the AAMI Annual Conference & Expo will offer educational, networking, and personal-development opportunities. This year’s conference will place a strong emphasis on building a bet-

ter sense of community among attendees and AAMI staff. For example, there will be innovative room setups to encourage more interaction between audience members and presenters. In addition, there will be more community spaces where people can gather and talk between sessions.

Educational sessions will focus on the key issues that HTM professionals deal with on a daily basis, including managing wireless networks and Joint Commission compliance.

Among those encouraged to attend are biomedical equipment technicians, clinical engineers, biomedical engineers, hospital information technology specialists, and other HTM professionals. For more information, go to www.aami.org/ac/.

Assistance on how to develop an action plan for equipment overdue for inspection is just one resource in an updated online collection of documents designed to help hospital-based clinical engineers and biomedical equipment technicians.

The resource collection, located at www.aami.org/htmconnect, includes documents submitted to AAMI by HTM departments and societies that provide tips so other facilities can learn about and implement successful policies and procedures. It also offers best practice articles from AAMI publications that show what other departments have done in solving common problems. Among the featured topics are how to encourage cooperation with other departments and how to save your organization money.

An ideas exchange section provides sample documents from hospitals that other facilities can use, from incident reporting policies and procedures, to medical equipment management plans, to service agreements.

HTM societies also can obtain a wealth of

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International Committee: Another Busy Year Improving Clinical Engineering Throughout the World

I want to take this opportunity, at the beginning of the year, to present a summary of the most relevant activities carried out by the volunteer members of the ACCE International Committee (IC) during 2013. First, I want to recognize the dedication, enthusiasm, and commitment of volunteers with their work in the international arena to support the Mission and Vision of the ACCE and promote Clinical engineering and Health Technology Management philosophy worldwide.

During the year, emphasis was given to strengthen the coordination of international activities and relationships and continuing to support our international membership as stated in the Mission and Vision of the IC. Some of the milestones were:

Preparing and approving the “General Guidelines for Activities of the ACCE International Committee.” After more than 23 years of international work, the ACCE has a framework that will guide all international activities and interactions.

Updating the Advanced Clinical Engineering Workshop (ACEW) Voluntary faculty roster. These updated lists will facilitate the response to the request for faculty members or speakers in international workshops, conferences, and seminars. Also, this has opened the opportunity for new ACCE Members to participate in the international activities.

Updating of the ‘Awards Criteria’ for the “Antonio Hernandez International Clinical Engineering Award” to better reflect the philosophy and purpose of the award. The budget of the award was also adjusted.

Updating the country rate table for international membership fees based on the World Bank 2013 database for economic classification of the countries.

Continuing the strategic collaboration with WHO in different areas of Health

Technology including:

Supporting the operation of the INFRATECH website during the transition to the new WHO Communication Platform.

Collaborating in the “WHO Human Resources for Medical Devices” Publication.

Collaborating in the organization of the WHO 2nd Global Forum on Medical Devices held in Geneva in November 2013. ACCE sent an official delegation to the Forum. The delegation delivered a Pre-conference workshop: “Healthcare Technology Management (HTM); ACCE Advanced Clinical Engineering Workshops;” oral presentations “Computerized Maintenance Management Systems (CMMS): Essential Features and Pitfalls to Avoid” and “Single-Use Medical Devices: Reuse and Reprocessing.” Also, collaboration on the presentations “Determining Health Care Technology Priorities during Health Policy Turmoil and System Changes.” A poster session was prepared as an outcome of the ACEW in Colombia; and “HTM work in Haiti.”

Implementing two ACEWs:

“Health Technology Management and Innovation”, organized by the Simon Bolivar University and the Chamber of Commerce of Barranquilla in Barranquilla, Colombia on August 22-24, 2013.

Advanced Clinical Engineering Workshop (also known as Tec-Saúde 2013) organized by the Instituto de Engenharia Biomédica (IEB) of the Universidade Federal de Santa Catarina (UFSC). With the participation of the Pan-American Health Organization (PAHO/WHO) in Florianópolis, Brazil on October 8-10, 2013.

Strengthening relations with International and global professional associations:

Agreement of Collaboration was signed between ACCE and the Latin American

Regional Council on Biomedical Engineering (CORAL) to work on areas of common interest and to prepare an action plan.

Formalizing the relationship as members of IFMBE and providing access of the resources to the ACCE community.

Thank you for such a good year and we are looking forward to a busy and productive 2014.

Antonio Hernandez

Chair, International Committee

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ACCE News

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View from the Penalty Box

As we enter another year of no progress on so many problems that impact our health and well-being my level of frustration is getting higher and higher. What is really frustrating, at least to me and probably many of you, is why the majority of these problems have not been solved. We cannot even agree on what to call some of the problems. Is it electronic medical records, electronic health records, computer health reports or some other name? We have known about the interconnections and data gathering for over 20 years and we will go to HIMSS, listen to the excuses and come back to our hospitals with less information and more questions.

Recent published articles, attributed to John T. James, Ph.D., who oversees the advocacy group Patient Safety America, state that up to 400,000 people per year die in US hospitals from “preventable adverse events”. This number says a lot about our profession and I for one do not believe that number. We are engineers and we will never allow that many people to die via accidents and mistakes in our hospitals. I believe this to be a scare tactic by some group looking for funding or political position to dictate changes in the healthcare delivery. If that many people die each year from preventable problems in hospitals we would need to, at least quadruple, the law schools to handle all the suits and I have seen nothing to indicate that there is any increase in law schools. In fact there are a high percentage of recent graduates from law schools who have not found work in the legal field. If we are killing 400,000 people per year they would have more work than they could handle.

See : <http://www.fiercehealthcare.com/story/hospital-medical-errors-third-leading-cause-death-dispute-to-err-is-human-report/2013-09-20#ixzz2r5lV6s00> to find out more where this new higher preventable death rate was arrived at.

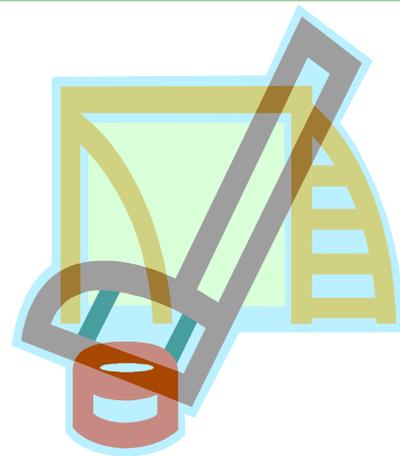
Here in Massachusetts we are having power struggles between a very large hospital

group, and the rest of the sane world on taking over local hospitals. In the latest takeover attempt the large group says it can reduce healthcare cost in the area covered by the smaller hospital, but in another article in the same newspaper the delivery of a baby, non-complicated, costs between \$7,000 and \$37,000. Guess who has the higher costs. Their explanation was that was before giving the insurance companies a discount and the level of medical devices used. Other hospitals in the area are often under \$5,000.00 for a non-complicated delivery and have the same or better equipment.

Enough of the negative and moving to the positive, which is not always seen by the general public but we know it is there. Item 1. In a recent newscast it was presented that a local hospital was able to reduce its alarms from over 90,000 a week to about 9,000. The hospital’s clinical engineer went over what they did to get the alarm numbers down; some reduction was accomplished by disabling some useless alarms, some by adjusting the alarm limits and some technology changes. They did a great job and hopefully they will publish what they did and how. On a side note, I will try to get the clinical engineer involved to join the ACCE.

Item 2. Our local vocational high school just announced that it will be starting a biomed program. For those of you that have biomed programs either in your local vocational or community colleges please get involved. Give the students tours, give them old equipment and manuals to work on in their classes, and encourage them to get involved with your local societies. We need the young coming into the field because we may be the patients in the not too distant future.

As I look over some of the journals and newsletters that are distributed to the equipment designers and manufacturers we are on the edge of huge advances in technology. I just hope that this technology can be approved quickly and released for sale. It is surprising that many of these



new devices are priced below the current technology on the market. The government should be looking to the technology field to reduce healthcare costs instead of just complaining about the costs and cutting financial support of the technology development process. We are the answer to the problem and we need to become more vocal on what we do.

In closing, keep smiling and being involved. We can make a difference in so many lives by having the working technology available when needed by the patients.

Dave Harrington

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New Member of Membership Committee

Jim Caporali has joined the ACCE Membership Committee. Jim is Senior Director, Program Development and Support with Sodexo Clinical Technology Management. We would like to welcome Jim to our Membership Committee and look forward to his contributions.

Note: If you would like to serve on an ACCE Committee, contact the committee chair (see page 10) or ACCE President, [Jim Keller](#).

James Wear

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Here are highlights of current Healthcare Technology Foundation (HTF) activities.

Managing Risk of Integrated Systems and Networks: Training Course

AAMI and HTF are proud to announce the joint training program developed to help Clinical Engineers and IT professionals obtain the tools necessary for risk management methodologies and mitigation. Registration is open on the AAMI website. There are two locations: 1) March 27th at Scripps Health System in San Diego, California, and 2) June 2nd in conjunction with the 2014 AAMI Expo in Philadelphia, Pennsylvania. This will be a practical one-day workshop that will provide an environment to learn real-life solutions. Please see this link to learn more and to register: <http://www.aami.org/meetings/courses/htf.html>

Welcome new Advisory Board Member!

HTF has developed an excellent relationship with the American Association of Respiratory Care (AARC). Their announcement and support of the 2011 clinical alarms survey resulted in over 2,000 RTs participating. They also recently released a paper on the RT-specific results in AARC News, see link below. Based on conversations with AARC representatives, we are pleased to announce and extend a warm welcome to Ronda Z. Bradley MS, RRT, as an HTF Advisory Board member. Her background in home health will be a welcome addition to our patient safety efforts. We look forward to her contributions as an advisory board member.

Respiratory Therapists Response to the Alarm Survey

The article evaluating the 2,071 survey responses from respiratory therapists to HTF's 2011 National Survey on Clinical Alarms, has been published in the November edition of American Association of Respiratory Care *AARC Times Journal*. See: http://www.thehtf.org/documents/November%20AARC_Times.pdf. (Posted with the Permission and Approval of the

American Association for Respiratory Care. ©2013, All Rights Reserved).

Another excellent alarms article

HTF Past President, William Hyman, developed a fantastic, practical article titled *A Work Plan for the Joint Commission Alarm National Patient Safety Goal*. See <http://www.thehtf.org/documents/A%20Work%20Plan..Alarm..NPSG.PDF>.

VHA Patient Safety Tool

Tom Bauld, HTF Board member, shared a recent VHA (Veterans Healthcare Administration) Patient Safety Assessment Tool. It was developed to assist managers and staff in conducting an objective assessment of a patient safety program. Further information can be found at: http://www.aami.org/hsti/alarms/pdfs/PSAT_Clinical_Alarms_Safety.pdf

AACN ActionPak: Strategies for Managing Alarm Fatigue

HTF Board member, and AACN member, Marge Funk passed along information and a link to tools the AACN has developed regarding alarm fatigue. Tools include: [Managing Alarm Fatigue: New Approaches and Best Practices](#), [Managing Alarm Fatigue Teaching Presentation](#), [Email Message Sample](#), [Huddle Script Sample](#), and many others.

Summary of AAMI/FDA Summit on Healthcare Technology in Nonclinical Settings

Healthcare technology no longer is limited to just hospitals was the theme of this October 2013 Herdon VA summit.

Increasingly, technology is moving into homes and other nonclinical locations—making it possible to reduce hospital costs and increase patient comfort and convenience. However, there are risks and challenges to consider as this technology is placed in nonclinical environments in the hands of individuals who are *not* medical professionals.

HTF members attending were Tobey

Clark, Jim Keller and Paul Coss. Tobey presented *Communicating Safe Practices to Care Givers* on a panel that addressed *Instructions for Use: Ensuring That Patients and Caregivers Understand and Perform*. Jim presented during a panel discussion on *Environment of Use Considerations*. His comments focused on whether or not we can ensure that the right technology is used in the right environment.

In general it was clear that there is a real need for better technical support, devices that were easier to use, better support for communities to exchange best practices and other user community information, and better integration into the overall care delivery systems. It was evident that there was a large disparity between the best models and the weakest; that pediatric care received better support but there are too many delivery systems, and the closest the patient and their family got to training was from the driver who dropped the equipment off.

While clearly an essential component of the care delivery model, there is a lot of work to be done here to bring home use of technology up to what we would consider par. Despite the FDA not being able to attend due to the government shutdown, it was well attended and a lot of good discussion ensued. See <http://www.aami.org/summit2013/index.html> for more information.

Be sure to visit the [HTF](#) website to see all the latest news from the foundation, our programs, and resources. While you are there, feel free to hit the DONATE NOW button. We will accept them anytime and they are always tax deductible!

Jennifer Ott, HTF Secretary

secretary@thehtf.org

Tobey Clark, President

President@thehtf.org

ACCE Mentorship Program

In the September-October ACCE Newsletter, ACCE President Jim Keller discussed the need for ACCE to start a mentor program. He asked the Membership Committee to establish a task group to develop the program. We currently are recruiting members for this task group. It would be desirable to involve some members who have been mentors and some that have been mentored or would like to be mentored. If you are interested in serving on this task group, contact James Wear, Membership Chair at james.wear@gmail.com.

The mentoring does not just have to be in clinical engineering for new engineers. Experienced clinical engineers might be interested in advancing in the hospital and industry by having management mentors. Some clinical engineers have become hospital

CEOs and they have helped advance the field.

We are also interested in members who are willing to serve as mentors and others who would like to have a mentor. If you are interested in being a mentor or having a mentor, then also contact me at james.wear@gmail.com. It would help if you tell us what area you need a mentor for. We have already been able to match someone up with a mentor. You can also recommend mentors outside the field, that would be good for clinical engineers that want to advance in their organization.

James Wear

james.wear@gmail.com.

AAMI Update

(Continued from page 4)

information in the collection, such as tax and accounting resources. A frequently asked questions document discusses, among other things, the differences between 501(c)(3) and 501(c)(6) organizations; the steps societies must take to obtain tax-exempt status; and the procedures they must follow to prepare for an IRS audit.

“In visiting HTM departments in various hospitals, it’s always immediately clear to me just how busy these teams are, and how hard they work with tightening resources,” says Patrick Bernat, AAMI’s director of healthcare technology management. “This is very true of HTM societies as well. The leaders of these groups work tirelessly and thanklessly to bring value to their members, often with precious few resources to support them.

“So offering a repository of effective sample documents—submitted by peers in the field—is just one small way of lightening everyone’s load. There’s no need to reinvent the wheel when many of the forms,

policies, and documents you might need are readily available.”

If you have suggestions for how the HTM Resources page could be improved, or if you have sample documents you’d like to share with the field, please contact Patrick Bernat at pbernat@aami.org.

AAMI Staff

ehollis@aami.org

Journal of Clinical Engineering Call for Papers

The Journal of Clinical Engineering prints selections of the ACCE News in each issue and is interested in papers from you. If you have an urge to write, and good clinical engineering activities or ideas to share, please consider JCE as one of your outlets. One type of article not seen in a while is the Department Overview which presents how your department is structured and how it performs its functions. Shorter “Perspective” pieces are also welcome. You can discuss manuscript ideas with fellow member William Hyman, who is one of the editors of JCE. Contact: w-hyman@tamu.edu.

Send manuscripts to William or Michael Leven-Epstein at: michael.levinepstein@gmail.com

Journal of Clinical Engineering

Subscriptions for ACCE Members

ACCE members receive a discounted subscription to the [Journal of Clinical Engineering](#) for only \$99! (Originally \$222) Visit LWW.com and enter code WDK136ZZ at checkout.

ACCE Job Opportunities

To view information on available job opportunities, visit the

[ACCE Job Postings site](#)

For information on posting job opportunities, please contact Dave Smith at

advertising@accenet.org

Welcome to New Members

Please welcome our newest members, approved by the Membership Committee and supported by the Board of Directors:

Micah B. Brown, MS, CCE, Biomedical Engineer, VA - Eastern Health Care System, Denver, CO

Associate Cedar Sinai members:

Hugo Rivera, Data/Reports System Coordinator

Roberto Torres, Jr., Manager, Clinical Engineering

Frederic Smith, IGS Coordinator

Brian Nhem, BMET Lead/OR Clinical Engineering

Candidate Members:

Erica K Lichthardt, Clinical Engineer Intern/Graduate Student, UCONN

Yvonne Nanakos, Clinical Engineer Intern/Graduate Student, UCONN

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Jeffrey J. DiPolito, Sr. Field Service Specialist Diagnostic Imaging, Baycare Health System, FL

Individual Members:

Mohammad Shkoor, Sr. Biomedical Engineer, New Mowasat Hospital Howali, Kuwait

Institutional Members:

Cedars Sinai Medical Center, Jennifer Jackson, Director (main representative)

Suly Chi, Secretariat

Secretariat@accenet.org

ACCE–CCE Exam Review Class

Thursday and Friday – May 29 and 30, 2014

Time: 8:30AM – 4:30PM

Pennsylvania Convention Center, Philadelphia, PA

Registration Deadline: April 11, 2014

Prepare for the CCE exam. This class will be presented by a group of ACCE Faculty who are CCEs. The class will outline and present the material in each of the main subject areas covered on the exam. A mock exam as well as a session on the oral exam will be presented.

To register, please contact Suly Chi, ACCE Secretariat: secretariat@accenet.org

The registration fee is:

\$450 for ACCE members

\$495 for non-members

All attendees will receive the review course presentation materials.

Note: This course may be cancelled by ACCE if the minimum number of attendees does not register.

Disclaimer: This course is prepared and offered by individuals who are not involved in the preparation of the CCE Exam.



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ACCE Calendar

February 13, 2014

ACCE Educational Webinar: iHE/PCD: Advancing Products and Integrated Workflows

February 23-27, 2014

[HIMSS 2014](#), Orlando, FL

February 24, 2014

[CE-IT/ACCE Awards Reception](#)

HIMSS- Hyatt Regency Orlando FL, Room: Rock Springs

March 13, 2014

ACCE Educational Webinar: CE/IT: Change Management Best Practices

May 29-30, 2014

CCE Exam Review class, Pennsylvania Convention Center, Philadelphia

May 31-June 2, 2014

AAMI 2014, Philadelphia, PA

June 1, 2014

ACCE membership meeting & awards reception Philadelphia, PA

July 12, 2014

CCE written exam application deadline for applicants testing outside US & Canada.

August 9, 2014

CCE written exam application deadline for applicants testing in the US or Canada.

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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