

# ACCE News

Newsletter of the American College of Clinical Engineering

July-August 2015

Volume 25 Issue 4



## ACCE Congratulates the 2015 Class of CCEs!

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## President's Message



Wait, has it been a year already?

By the time you read this article, you'll also know the election results. You have elected me to my second year as president of this incredible group of professionals. The first year went by quickly; either due to my age (days get shorter as I get older), or the fact that this is a great ride.

Thanks to all of you for your confidence in me. Some days, I feel pretty good about how well I'm doing. Other days, well, not so much. In this article, I'll summarize what's happened and what I hope we will accomplish in the next several months.

Some of our challenges last year included:

Losing our Treasurer, then via domino effect, our Secretary. Luckily a couple of 'less seasoned' volunteers stepped up to take those positions, and they are doing a great job.

We've had some challenges with low attendance at some of our CCE review courses. Perhaps we are approaching the leveling off point for CCE candidates, but I don't think that's the case. Attendance was down for both courses. We were able to raise attendance at the face-to-face review thanks to the participation of some of our overseas colleagues. For the teleconference series, we adapted to low registration. We will lose money on it, but not much. We'll still be able to provide those teleconferences. My thanks to all involved - you did a lot of work and exercised some imagination to pull it off.

AAMI annual conference changes: AAMI revamped the conference and reduced our ACCE Symposium by an hour. Our Education Committee rose to the challenge and still put together an outstanding program. I heard a lot of complements on this years Symposium.

'Graying' of ACCE leadership: Lets face it, a lot of us are getting old. In order for ACCE to continue and thrive, we need to attract younger CEs to our organization. Plus, we need to make participation in our activities attractive to them. We're making a lot of progress. ACCE is active in social media (we even have a social media volunteer). I see a number of younger members participating, and hope to see more. If you have ideas or concerns, please share them.

Some of this last years new activities included:

Co-sponsoring and participating in ACEW-Denver-Toronto. We had 50 sponsored participants in the ACCE activities at AAMI2015 & IUPESM2015 International forum.

In order to expand our international activities, ACCE has started the process to become an official WHO Non-Governmental Organization (NGO). The International Committee is working very hard to help this happen. It involves a number of steps and a fair amount of paperwork.

We realized that we hadn't reviewed the ACCE by-laws for a LONG time (Thanks Jim Wear, for

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# President's Message (Continued)

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spotting this). Hence, we have started the Bylaws review and update.

And, very importantly, Kaiser-Permanente joined ACCE as our newest institutional member. Thanks for joining and welcome!

For this year, we have some projects underway:

ACCE plans to have our first financial audit. The audit will cover 2014 and 2015. There are two major reasons for the audit. WHO requires it of us as part of the NGO process, and it's simply good stewardship of the finances you entrust to the leadership. This has become vitally important as ACCE's finances have grown and become much more complex over the last several years.

ACCE will complete the WHO NGO process.

We are currently working with the VA to renew their institutional membership. The VA was our first and is our largest institutional member.

ACCE will complete reviewing and updating our Bylaws to reflect how we do business now, as well as provide a framework for our future governance and activities.

To accomplish these goals, we need to increase our membership and increase participation in ACCE activities.

Also, I have been invited to represent ACCE at the International Forum of Clinical Engineering in Mazatlan on October 29th. I'll be the opening keynote speaker and look forward to being there on your behalf, building on our relationships with Clinical Engineering world wide.

While the above is a good list of what we are and will be doing, I know there's much more. This is where I need you. What do you think we need to do?

Do we need to be involved more politically?

Should we become more directly active in subjects involving HTM (service manuals, right to repair, CMS requirements, etc.)

Other activities and directions?

Feed back - I NEED it.

Let me know how we're doing. what is working, what needs help and how.

One of my bosses provided this piece of excellent advice: "If you've uncovered a problem, then you are responsible for coming up with a solution". So be warned

- if you have an idea or suggestion, I may ask you to recommend a path or solution.

I would also like to thank Tom Judd for his outstanding tenure as Advocacy Committee Chair. As his final action, Tom recruited Steve Juett as his replacement. Please join me in welcoming Steve - I know he'll do a great job as well.

Finally, as I enter the last year of my term, I'm realizing how much I need to slow down. While I'm relatively young, (59), I've worked mostly full-time since I was 14 - 45 years. And the first 19 of those were physically hard on me. The last 25, in Clinical Engineering have been incredibly rewarding. The long term results of pre-CE are catching up. My wife thinks I still work too hard - and she's probably right. It's OK, my new slogan is "It's never too late to have a happy childhood".

Paul Sherman  
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## ACCE News

**ACCE News** is the official newsletter of the American College of Clinical Engineering (ACCE).

**ACCE News** is a benefit of ACCE membership; nonmembers may subscribe for \$75.

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## ACCE Congratulates the 2015 Class of Certified Clinical Engineers

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*Yoshio Takagi*—Nihon Kohden Corporation, Saitama-ken, Japan

*Victor Wei*—San Francisco VA Medical Center, San Francisco, CA

# View from the Penalty Box

Here in the United States the weather has been crazier than our elected officials. In some parts of this country they went from no rain to flash floods washing out major roads. There has been record heat, record rain, tornados, thunder storms, but here in the Northeast it has not been too bad, a little dry but generally comfortable. But here in the northeast we have the New Hampshire Presidential Primary in February of 2016. Over 15 people are campaigning for the Republican nomination plus several more on the Democratic side. The political ads seem to have taken over both TV and radio here in Massachusetts. Maybe we need a law that politicians can only advertise on stations in the state they are running in and the same for newspapers. When you look at the candidates it is very clear that the vast majority has never held a real job, outside of government, and are lawyers. Remember that lawyers spent 3 years in school learning how not to be concise. Could this be contributing to the massive number of pages in the CMS rules and regulations? In leaving this topic I must admit that I am in favor of term limits, 2 in office and 1 in prison.

Some of you may be watching the television show "Astronaut Wives", for those who are old enough to have worked on the project it brings back some strange memories. We had no idea what we were up against, as shown by the number of physical problems the astronauts had when they came back from space. We had no computers with calculations made on slide rules. How many remember them? Complications aside, in less than 10 years we got people to the moon and back. Now compare this to the progress that we have made with computers and all sorts of "experts" on medical device networking. I came across a paper titled "Medical Device Networks" that was published in the September/October 1990 issue of the Journal of Clinical Engineering. Now here we are 25 years later and we still do not have standards for the interconnections. Why has this been allowed to go so long without resolution?

In industry, many years ago, we had a saying that was widely used. It was the Gold-

en Rule, which simply stated "He or She who has the Gold makes the Rules". In the original Safe Medical Device Act of 1976 we got the requirement that all equipment sold to a hospital or health care organization had to have a maintenance manual. Several of the big OEM's went to court and got that provision thrown out. Maybe it was just a coincidence that these OEM's were turning a higher profit from service than from the sales of the devices. The "Red Neck", aka Pat Lynch, had a very revealing article in Tech Nation on which companies are still not supplying maintenance manuals. It is worth a look, and please consider the manual availability when writing purchase specs.

In the late 1980's a few clinical engineers tried to get the FDA to adopt the same equipment standards as Europe and most of the rest of the world. The excuse, at that time, for the FDA not using the international requirements was that they made money off of publishing the requirements. So now all the companies that sell internationally have to maintain two sets of records which increase prices. A side effect is that many devices and drugs widely, safely and effectively used in the EU are not available here in the US.

Over the next few years Clinical Engineers need to get very involved with the costs of healthcare, not just the devices but all the other costs associated with those devices from user salaries, supervisory costs, energy cost, space, repeat testing, maintaining the devices, disposables that are required with the list ever growing. In all too many cases the administration of a hospital has little or no knowledge of the equipment and you need to educate them. One clinical engineer publishes a short review of a device in the hospital's weekly newsletter, where she has a picture of the device, what it is used for and often what invasive test is replaced by the device. In another hospital the engineer set up a small display once a week to show the people coming to the cafeteria what the device is and how it helps patients. Note that in both cases they stress helping the patient and cost savings. Think about it for your hospital, it could get you better known to the administra-



tion.

Clinical Engineers are multi-talented people as we understand a wide variety of technology and have adapted our profession to utilizing technologies, be it mechanical, electrical, computer, chemical or just plain showing other healthcare workers how to use the equipment for the benefit of the patients.

The thing we should be the most proud of, as a profession, is that we have always put the patient first in what we do. We need to continue that work as we are the only people in hospitals that understand all the technology and how it has to interact to provide for our patients.

Please keep up the great work.

Dave Harrington  
[Dave@sbtech.com](mailto:Dave@sbtech.com)

# AAMI Update

## Annual Conference Draws Record Crowd

What does the number 2,262 mean? It means that more people than ever before registered and attended the AAMI Annual Conference & Expo, which was held June 5–8 in Denver, CO.

The four-day event, AAMI's 49th annual conference, featured an array of topics and speakers, a new conference app, a fresh awards ceremony, more interactive sessions and roundtables, and the always popular Career Center

“It was one of the most informative, renewing meetings that I've experienced in some time,” said Larry Fennigkoh, professor of biomedical engineering at the Milwaukee School of Engineering in Wisconsin.

The conference also placed a strong emphasis on attracting younger members of the healthcare technology management (HTM) field, as evidenced by the number of attendees at President Mary Logan's student reception and those who visited the Career Center.

Two students from IntelliTec College in Colorado Springs were some of the earlier visitors to the Career Center. “I'm still a student, but AAMI 2015 is giving me a better perspective of what healthcare technology management professionals do,” John Jimenez said. After attending a number of events, including the student reception, he said he enjoyed the networking opportunities most.

Fellow student Donald Ward said he was exploring the field so he can give back. “I'm just trying to help people,” he said.

Those attending the conference were quick to offer praise. “The AAMI Annual Conference & Expo gets better every year,” said Mark Heston, director of clinical engineering, Modern Medical Systems at the University of Pennsylvania. “This year, I was especially excited to see the next generation of HTM professionals so engaged. They are

the future of our profession.”

## Updated BMET Study Guide and New HTM Practicum Released

AAMI has two new resources, the BMET Study Guide, and the Practicum for Healthcare Technology Management.

Revised and expanded, the BMET Study Guide now has 850 interactive questions and answers—each with a detailed explanation. Covering topics ranging from anatomy and physiology, to electricity and electronics, this is a popular resource for those preparing for the certification exams, but equally valuable for those just seeking to reinforce their knowledge

“We had a much larger team working on this revision than any previous edition,” said Ethan Hertz, a clinical engineer at the Duke University Health System and project manager. “Questions were written by a team of seven writers and independently reviewed by several HTM professionals. We want to make sure that this edition of the study guide helps those who are interested in taking the CBET exam feel as if they are well prepared.”

Terry Bracewell, president of the Biomedical Society of Texas, was one of the guide's reviewers. With 45 years of experience in the field, Bracewell said even he found the guide helpful. “BMETs don't have the ability to stay current in all technological areas,” he said. “This study guide allowed me to see my own weaknesses and gave me a list of areas I need to learn more about for my own continuing education. This guide is perfect for experienced BMETs to assess their knowledge level.”

AAMI would like to thank TriMedx, Stephens International Recruiting, and Universal Hospital Services for their sponsorship.

The second edition of the Practicum covers everything from healthcare facility management and medical device safety to human factors engineering and evidence-based medical equipment maintenance manage-

**AAMI reached new heights in 2015!**



ment. Based on Les Atles' A Practicum for Biomedical Engineering and Technology Management Issues, the book includes chapters on benchmarking, customer satisfaction, use errors, wireless spectrum management, and more.

“When Les passed away in February 2013, I resolved to ensure that his passion for motivating and assisting the new generation of HTM professionals become better at what they do would live on,” said Malcolm Ridgway, a former chief clinical engineer at Aramark Healthcare Technologies. “We thank our colleagues who have made this continuation of Les's vision possible.”

## Donor Support Sparks Scholarship Program Growth

The AAMI Foundation is expanding its scholarship program to offer financial support to more students of healthcare technology management (HTM).

The scholarship program—which has awarded two, \$2,500 scholarships each year over the last six years for a total of \$30,000—will begin awarding five, \$3,000 scholarships each year starting in 2016.

The AAMI Foundation Board approved the expansion of the program in June, following news that the program had exceeded its

*(Continued on page 5)*

# AAMI Update (Continued)

(Continued from page 4)

\$500,000 fundraising goal. Professionals in the education community were delighted by the expansion.

“Wow, this is fantastic news,” said Roger Bowles, professor and department chair at Texas State Technical College. “Many of our students are working while going to school and scholarships make it possible for them to complete the program in a shorter amount of time.”

Beginning in 2016, the Awards Committee will award five, \$3,000 scholarships to:

- Up to two individuals studying to become biomedical equipment technicians (BMETs)
- Up to two individuals studying clinical engineering
- One individual studying to become a health systems engineer or equivalent.

The systems scholarship reinforces AAMI's commitment to achieving a goal under its 2015-2017 Strategic Plan, which seeks to advance a systems approach to healthcare technology. The Strategic Plan calls on AAMI “to build competencies and promote education opportunities for the workforce to support a systems approach to healthcare technology.” Specific criteria for that scholarship will be developed by the end of 2015.

“The beauty of the scholarship program is that we are helping students who deserve and need financial support, and almost every penny goes to the students. We keep the marketing and other administrative costs to a minimum,” said Steve Campbell, AAMI's chief operating officer.

Steve Yelton, who serves on the Executive

Committee of AAMI's Board and is also an educator, says the program's growth underscores AAMI's commitment to the HTM field and will also publicize HTM as a career option.

“As we promote the scholarship opportunities along with the HTM career path, additional students will investigate HTM and many will pursue it,” said Yelton, professor at Cincinnati State Technical & Community College.

The expansion of the scholarship program is made possible thanks to support from dozens of AAMI's corporate and individual supporters including recent donations of \$5,000 or more from Alpha Source Inc., Fresenius Medical Care, the Japanese Medical Instrumentation Association (JSMI), PartsSource, UL, the Dalton Foundation, Replacement Parts Industries, Sodexo, AAMI President Mary Logan, and Trabue Bryans from BryKor LLC.

To learn more about the scholarship program, including how to donate, visit [www.aami.org/scholarship](http://www.aami.org/scholarship).

## HTM Week Winners Get Double Surprise

When administrators at the Ann & Robert H. Lurie Children's Hospital of Chicago learned that the facility's Healthcare Technology Management (HTM) Department had been honored by AAMI for having the best celebration during HTM Week 2015, they were elated. That excitement was compounded by a congratulatory note from George Mills, director of the engineering at The Joint Commission.

Kelley Harris, director of HTM at the facility, said she was thrilled. “I immediately notified my team,” she said. Harris' team—which is a contracted department with Crothall Healthcare Technology Solutions—worked hard to develop a festive plan for

HTM Week, an annual celebration sponsored by AAMI's Technology Management Council (TMC). It is designed to promote the awareness of—and appreciation for—the critical work of biomedical equipment technicians, clinical engineers, and other members of the HTM field.

To kick off its celebrations, the department rebranded itself as “healthcare technology management,” dropping “biomedical engineering.” Other departments were confused by the change, but soon saw that it made sense, given the range of jobs performed by HTM professionals. “We have a medical device integration specialist on our team now and hope to expand this area in the future,” Harris said. To heighten hospital-wide awareness of the department's work, leaders handed out branded HTM polo shirts and placed HTM Week posters throughout the facility.

The team also developed a “Technician Lights Parade,” an HTM take on the Venetian Night celebration in Chicago that is modeled after the popular boat parades in Venice. The HTM staff paraded new carts around one of the floors, with the most popular one taking a prize.

The department isn't resting on its laurels, however, and already is developing plans for next year. “We used the AAMI HTM posters this year. Next year, I would like to have our team members' faces on the posters,” Harris said.

*AAMI Staff*

## **[ACCE Job Website Job Postings](#)**

For posting job opportunities, please contact Dave Smith at [advertising@accenet.org](mailto:advertising@accenet.org)

## 2015 ACCE Officer and Board Election

Thank you for participating in the 2015 ACCE Officer and Board Election and casting your important vote. The election for ACCE's new Board for the year 2015 has been finalized and the Board has approved the results.

The election ballot was emailed to 300 eligible members, who include Individual, Fellow and Emeritus members in good standing. Institutional/Corporate Fellow and Individual members also participate in elections. Eighty two (82) votes were casted between July 14 and July 29, 2015.

The new Board of Directors will take office as the governance body for ACCE on August 28, 2015. We are pleased to announce the 2015-2016 team and as always, we look forward to serving you and your needs.

Title	Name
President	Paul Sherman, CCE
President Elect	Ismael Cordero
Vice President	Arif Subhan, CCE
Treasurer	James Panella

The following Board members will be continuing the second year of their term:

Title	Name
Secretary	Mariana Hu, MS
Member at Large	Shelly Crisler, CCE
Member at Large	Joan Brown, CCE, MBA
Member at Large	Alan Lipschultz, CCE, PE, CSP
Member at Large	Iilir Kullolli, MS
Immediate Past President	Jim Keller, MSBE

Mariana Hu  
ACCE Secretary  
[secretary@accenet.org](mailto:secretary@accenet.org)

## Perspectives from ECRI

Many of you have heard that I have taken on a new role at ECRI Institute. My new title is Vice President for International Market Development. I am now responsible for the integration of ECRI's international operations with its headquarters. I'll be leading ECRI headquarters efforts to support the mission, business operations, business development, planning, and overall growth for its international programs and services.

As you might expect, this will involve a fair amount of international travel. I'm heading off for the first big trip as part of my new role. I'll be traveling for three weeks to Hong Kong, Malaysia, and Singapore. I'm speaking at two conferences in Malaysia. One is for the Malaysian Society for Quality in Health and the second is organized by the Ministry of Health Malaysia and supported by the Malaysian Biomedical Engineering Association. I'll also be participating in a variety of business meetings at several hospitals, universities, and other healthcare-related organizations along my route.

It should be a very interesting and exciting trip. I'm particularly interested in learning about the challenges that our clinical engineering colleagues in Hong Kong, Malaysia, and Singapore are facing. I plan to share what I learn and other perspectives from my trip in an upcoming issue of ACCE News.

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



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# Update from the Education Committee

The Education Committee has been hard at work with veteran as well as new members in the past months to continue to provide quality educational opportunities to ACCE members. We are proud to announce our 2015-2016 webinar lineup that will be kicked off on September 10th with a webinar titled “Strategic Approach Toward Clinical Technology Acquisitions: Recommended Methodologies & Tools.” Stephen Grimes will explore capital budget planning challenges and opportunities for clinical engineering to strengthen the organization’s strategic planning. He will also provide attendees practical tools to ensure that appropriate considerations are taken prior to adoption of new clinical technologies as well as achieving consensus amongst key stakeholders. The webinar series will continue with a Human Factors webinar given by Katrina Jacobs and Dr. Tandi Bagian on October 8<sup>th</sup>. This session will review human factors engineering principles for clinical

engineers as well as patient safety considerations.

The webinar series features ten webinars the 2<sup>nd</sup> Thursday of each month beginning in September of 2015 through June of 2016. The Education Committee has put together a series that touches upon many pertinent topics with subject matter expert faculty in Clinical Engineering today. Please find below the entire 2015-2016 lineup and visit the [ACCE website](http://www.acce.org) to get more information on the webinar series and to register. We look forward to your attendance this upcoming year!

Jennifer DeFrancesco  
Education Committee Co-Chair  
[educationchair@accenet.org](mailto:educationchair@accenet.org)

Session Date	Session Title	Session Description
10 September 2015	Strategic Approach Toward Clinical Technology Acquisitions: Recommended Methodologies & Tools	The annual capital budget for an organization’s clinical technology acquisitions today is often 8 to 10 times what the same organization spent 10 years ago ... and that trend is likely to continue rising. The rapid evolution of new and complex technologies (e.g., hybrid ORs, radiosurgical systems, robotic surgical systems, 3D imaging, real-time vital sign monitoring for general patient population, etc.) poses significant challenges for organizations who strive to adopt technologies that both broaden and improve patient care services while better managing costs. This session describes <ul style="list-style-type: none"> <li>• why organizations can no longer afford to acquire and deploy significant or substantially new clinical technologies without first giving appropriate consideration to input from objective sources related to the strategic, clinical, safety, operational, and financial implications of that acquisition</li> <li>• the important sources of objective information that decision makers should typically seek out before deciding on</li> <li>• a scalable structure, process (flowchart) and set of tools that can help ensure your organization gives an appropriate level of consideration to the selection and adoption of new clinical technologies</li> <li>• the process for achieving consensus on objectives for the acquisition and the subsequent review of the level of success in meeting those objectives</li> </ul>
08 October 2015	Human Factors Engineering: What Clinical Engineers Need to Know	This session explores human factors engineering considerations that are the most important for clinical engineering as well as a wide range of patient safety considerations.
12 November 2015	Healthcare Innovations and Disruptive Technology	This session explores the current and imminent disruptive technologies that will change the healthcare industry and the way in which clinical engineering supports medical technologies. The faculty will explore these technologies and provide attendees with tools for preparing for technology paradigm shifts.
10 December 2015	Continuing Education & Succession Planning in HTM	A panel of Clinical Engineering experts will tackle tough continuing education and succession planning issues including training the next generation of clinical engineering professionals, beginning and sustaining a mentorship program to ensure your organization is supporting clinical engineering now and in the future, and exploring the career ladder and practical implications for career progression.
14 January 2016	Joint Commission Update	This session will provide the most up to date information regarding Joint Commission and regulatory compliance changes in 2015-2016.
11 February 2016	Medical Equipment Planning for Healthcare Construction	This session explores Clinical Engineering interfacing with Architectural Engineers, designers, project managers and other key stakeholders during planning and construction. It will also go through real world experience with clinical engineers opening a new hospital and practical tips for attendees.
10 March 2016	Collaborative Support Models for Health Information Systems	This session evaluates collaborative support models for health information system between clinical engineering, information technology, informatics, and clinical stakeholders and will share best practices with attendees.
14 April 2016	Privacy and Security in Clinical Engineering: Annual Update	A standard in the ACCE webinar series! Join us for an update on privacy and security in clinical engineering.
12 May 2016	Reusable Medical Equipment: Strategies for Maintenance and Workflow Efficiencies	This session will provide an overview of clinical engineering strategies to support RME - critical, semi-critical and non-critical.
09 June 2016	Next Generation Medical Device Integration	This session will provide critical information on medical device integration and evaluate clinical engineering’s preparedness for the next generation of device integration and needs.

# ACCE Advocacy: Allan Pacela

By Steve Juett and Tom Judd

For those in the Clinical Engineering field for over 25 years, we all know of Allan Pacela. We hope to share more about what Allan has done for the CE field that made a big difference for all of us.

*A short summary:* Allan created vitally important publishing opportunities for CEs at a critical time in our profession's development. We have built on his legacy as producing education and communicating best practices for others is a key part of ACCE's DNA.

This all started when Allan created the *Biomedical Safety and Standards* newsletter in 1970. He was just coming off ten years as an accomplished CE/BME himself, serving both in hospitals and in the device industry. That, after completing a BSEE at MIT in 1960, an MS in Mathematics and ScD in Biomedical Engineering. Along the way, he qualified for a California P.E. license too.



For example, in the 1960s, he invented the first neonatal apnea alarm – above - used at Stanford Hospital; “It saved two babies the first week.” He was the project engineer who designed medical sensors for the Gemini Astronauts including their EEG and Phonocardiograph. In the 1970s, he invented the bilateral impedance plethysmograph, a noninvasive device used to detect blood clots.

In 1970, he was part of the ANSI Committee, working on the 1<sup>st</sup> medical equipment electrical safety (ES) standard, representing Beckman Instruments, all this at the time of Ralph Nader and the national ES/microshock scare. His standards and safety work led to California and later, the crea-

tion of Quest Publishing in Brea, California, and the newsletter.

He had a press clipping service, regarding device-related adverse events in hospitals. He received so many weekly that he quit his day job and went into the publishing business. One poignant situation discovered: children burned in hospitals because of sparks from toys bought in hospital gift shops, leading to fires in the oxygen enriched environments. Allan got the word out and this practice was stopped. Editor note: *Steve had the opportunity to publish in this newsletter in the 1980s regarding computerized tracking of equipment performance testing.*

Although the whole microshock scare was overblown, Allan notes it did lead to improved hospital power system and medical device designs, e.g., appropriate isolation and grounding. Even then, patient safety concerns had to be met with a balance of prudence and restraint, as today, with ongoing political battles.

Allan's west coast CE colleagues included Malcolm Ridgway, Marv Shepherd and Morton Schwartz. Through their work and communications, these colleagues knew there were many early CE stories to be told and solutions to be shared; their mantra: “find a need and fill it”. In 1976, Pacela founded the *Journal of Clinical Engineering (JCE)* that became a peer-reviewed journal, and served as its editor for the next 17 years.

He jokingly notes he edited over 1000 CE articles in that time; CEs as writers: “not so much.” Editor's note: *Tom published in JCE in early 1980s, “CE in Southeast”, back when that was a newer phenomena.* This was the publication for young CEs; the destination for sharing our success stories and challenges.

Allan notes there were so many highlights ... as CEs were building and managing departments, and developing relationships between equipment users, clinical care and improved outcomes. The JCE chronicled this increasing sophistication, as well as the change and growth in CE focus.

Another lovable thing about Allan was that he was his own technician, even in the publishing business. Not only did he design and build medical devices as noted, but in the early days of PCs in the 1980s, he built an 8080 computer, and converted a Selectric typewriter to become a printer. Cool!

Allan and Quest Publishing went on to provide several other publications, such as a clinical lab letter, an imaging letter, Marv Shepherd's CMMS software, a guide to biomed standards, with staff growing to 18 people. Allan made the decision - at age 55 - to move on and sold the company to Wolters Kluwer in 1993. Good timing, as the print world was coming to an end as the Internet world began to spin up!

Of course there were other important publications that were developing to help guide CEs along their professional journey; ECRI and the work of Dr. Jim Wear and Dr. David Simmons come to mind.

Allan has done a variety of things since then, e.g., helping others learn how to do mergers and acquisitions of small publishing companies! He even wrote a book on this topic and served as an expert witness in that arena. But now, he notes: “I am happily retired in the Central Coast of California ... wine country!” He spends a lot of time volunteering for Rotary and encouraging others to do so. He loves the Rotary mission of helping to eradicate polio in our lifetime. He has started an online Rotary E-Club; the Global Eagles, which now has 19 members, including some in Chile, Guatemala, and Canada.

To Allan, ACCE says: “thank you!”



# Healthcare Technology Foundation News

## HTF Leadership Change

HTF recently elected new leadership:

Paul Cross, RN will assume the role as President. Tobey Clark will move into the Past President role. Barrett Franklin will assume the role as Vice President.

## HTF Welcomes New Board Members

HTF is proud to welcome two new board members!

Erin Sparnon M.Eng, the Engineering Manager for the Health Devices Group at ECRI Institute. Erin brings a wealth of experience with patient safety, EHR, infusion safety and interoperability. We look forward to continuing our ECRI Institute liaison.

Qusai Shikari is an Area Clinical Technology Manager with Kaiser Permanente in the San Francisco area. He is very excited to be joining our group and bringing his experience to the table. He is currently working on his Master's degree and pursuing his CCE. His interest in professional development is admirable.

## HTF Participating with ACCE on EI Hospital articles

HTF has partnered with ACCE to write articles for the EI Hospital publication. This is a great venue to support our Latin

America colleagues with expertise. The first article has been published. You may need your translator to review! <http://www.elhospital.com/temas/Planeacion-de-la-reposicion-de-tecnologia-medica+106788?tema=10000003>

## HTF Proud to Endorse First International Congress in China

Thanks to Yadin David, HTF is a proud sponsor of the first global event on Clinical Engineering & HIT to be held in China. The congress will take place in HangZhou China on October 21-22. Please see this link for more information: <http://www.icehtmc.com/>

## Alarms Committee

The HTF Alarms Committee has been working hard to develop a survey revolving around alarms in home care. They are looking for any volunteers with home care experience to help carry this project forward as the group feels this is an unmet need. Please contact Izabella Gieras at [izabella.gieras@huntingtonhospital.com](mailto:izabella.gieras@huntingtonhospital.com) if you are interested. At a minimum, once the survey is complete, we will be looking at our ACCE partners to help circulate for completion.

## Board Member News

Izabella Gieras was recently featured in a Leadership Profile article for 24x7. Please read to see how Legos helped her leader-



Improve healthcare delivery outcomes by promoting the development, application and support of safe and effective healthcare technologies.

ship <http://www.24x7mag.com/2015/08/izabella-gieras-legos-leadership/>

Be sure to visit the HTF website, [www.thehtf.org](http://www.thehtf.org) to see 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!

*Paul Cross, RN*  
President, HTF  
[president@thehtf.org](mailto:president@thehtf.org)

*Jennifer C. Ott, MSBME, CCE*  
Secretary, HTF  
[secretary@thehtf.org](mailto:secretary@thehtf.org)

## Welcome New Members

Join us in welcoming our newest members, approved by the Membership Committee and supported by the Board of Directors:

*Eldon Berezanski*—Director, Clinical Engineering, Alberta Health System, Alberta, Canada—Individual Member

*Ahmed Hamad*—Deputy Executive Director, King Fasai Specialist Hospital, Kingdom of Saudi Arabia—Individual Member

*Austin Hampton*—Chief Clinical Engineering, VA Biloxi, Mississippi, US—Institutional/Associate Member

*Vishal Malhotra*—Director of Development, EQ2, LLC, Vermont, USA—Institutional/Associate Member

*Marie Monette Valliere*—Director of Biomedical Engineering, Partners in Health-Haiti, Haiti—Associate Member

*Joseph Mutesva*—Senior Technician, Chlelsea & Westminster Healthcare Foundation Trust, London, UK—Associate Member

*Jitendar Sharma*—Head-Healthcare Technology Division, Ministry of Health, New Delhi, India—Associate Member

*Kim Stovall*—National Sales Manager, EQ2, LLC, California, USA—Institutional/Associate Member

*Yoshio Takagi*—Assistant Manager, Nihon Kohden Corporation, Japan—Individual member

# The Calm After the Storm...A Myth?

The Simon Bolivar University in Barranquilla Colombia thanks ACCE for the 2015 ACCE/HTF International ACEW award.

## Precursors

The Public-Private-Academy strategy to strengthen the Health Cluster in the Atlantic Region of Colombia received the collaboration of the ACCE to develop the 49<sup>th</sup> ACEW in Barranquilla, in fall 2013, as part of the “Continuum of Health Initiative.” Many people have worked on different fronts since then, with these results:

- The National Committee of IHE- Colombia was created. The first such in Latin America.
- Health interoperability, health technology management, and clinical engineering are promoted discussion issues into the regional development agenda.
- We started the translation of key documents about health interoperability into Spanish.
- A national strategy was designed to reach producers and vendors of health devices and software and to promote the use of IHE interoperability profiles.
- A distance training program was structured for the engineers of those companies with committed support from Manny Furst, Paul Sherman, Monroe Patillo, and others from IHE International, IHE USA, John Garguilo from the NIST, and our friend Elliot Sloane

from ACCE (among his many hats).

- The reach of that program was expanded to include Universities and Research teams in Colombia, Chile, Brazil, and Argentina.

All of this activity was promoted at national and international academic events.

## Scents of a Storm

Somebody at ACCE noticed this activity and nominated the Simon Bolivar University as a candidate for the 2015 ACCE/HTF International ACEW award. In February 2015, we received the wonderful news that we were chosen to receive the award. Naturally, we let everybody know of this achievement, and it started to make an immediate impact. By the end of the same month, a proposal made by the University and the Chamber of Commerce was selected to represent the “Regional Health Cluster” in a commercial and technical national mission to Germany in April of this year. During that mission, we found several potential partners for future activities at IHE, the Chamber of Commerce, and the University.

## A perfect Storm

Finally, we received the award in two very emotive and significant events in Denver – ACCE 25<sup>th</sup> Anniversary Reception during the AAMI 2015 Conference and Expo, and Toronto –IUPESM 2015 World Congress. One factor that contributed to the emotional level of the ceremonies was the presence of a significant number of Colombian

Biomedical and Clinical Engineers participating in scientific and academic events.

The AAMI Conference and the IUPESM Congress proved to be outstanding networking opportunities, where we found old acquaintances and made a considerable number of new friends. At the time of this writing, one of them, Miguel Esmeral, Biomedical Engineering Coordinator from the Centre Hospitalier Universitaire of Sherbrooke, Canada already visited us, and on the second week of August, we will receive Tobey Clark from Vermont University. In both cases, we are moving forward on the cooperation opportunities identified in Denver and Toronto.

## The Aftermath...Calm?

After returning from Toronto, we started intensive communications with those friends and, therefore, our near future shows this ‘not so calm’ profile:

- There are two new potential projects with Fokus-Fraunhofer on the subjects of tele-rehabilitation, and EHR interoperability.
- John Wiley & Sons will publish the Spanish version of ‘Interoperability for Dummies’ translated by IHE-Colombia and sponsored by the University Simon Bolivar and the Chamber of Commerce of Barranquilla.
- Next month we will start translating the newest IFMBE publication ‘Human

*(Continued on page 11)*

## 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). You must [login](#) to the ACCE website to view the code. Then visit [LWW.com](http://LWW.com) to enter code.

## 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](mailto:w-hyman@tamu.edu).

Send manuscripts to William or Michael Leven-Epstein at: [michael.levinepstein@gmail.com](mailto:michael.levinepstein@gmail.com)

# Calm after the Storm (Continued)

(Continued from page 10)

- Factors for Health Technology Safety: Evaluating and Improving the use of Health Technology in the real world' into Spanish.
- Continued training activities will include topics of Health Technology Management with the support of Tobey Clark from Vermont University, already scheduled for August 17 in Barranquilla.
- To stimulate the deployment of IHE profiles in Colombia, we started contacts with HL7 International and HL7 Argentina to design a proposal for massive training of our engineers on their Fundamental Course on HL7 Standards

and FIHR. With this initiative, we will reactivate the idea of our first IHE Con-nectathon in Colombia.

To increase awareness of the strategic value of Human Factors in health environments, we are structuring a program of distance conferences with the support of Tony Easty and his team at the University Health Network in Toronto, as well as the Human Factor team from the Valdecilla University Hospital in Spain.

With the cooperation of the Federal University of Itajuba, Sao Paulo, Brazil we are structuring a project to establish the second Human Factor Testing Lab in Latin America.

- We are designing a proposal to create a new Master program on Biomedical Engineering with emphasis on aspects of Health Technology as Health Information and Human Factors with the support of Frank Painter and the University of Connecticut. The abovementioned project to build a Human Factor Testing Lab supports this proposal.

There is much work to do, but there is also the auspicious concurrence of actors, willingness and opportunities that can transform this phase from a 'calm after the storm' into a bright and fertile continued storm.

Vladimir Quintero M.  
 Professor Simon Bolivar University  
 Director IHE-Colombia  
[Vquintero2@unisimonbolivar.edu.co](mailto:Vquintero2@unisimonbolivar.edu.co)

## ACCE Calendar

### August 12—October 14, 2015 (Wednesdays)

CCE Review Course—Webinar Series

### September 10, 2015

[ACCE Webinar](#)—Strategic Approach Toward Clinical Technology Acquisitions

### September 24, 2015

CE-IT Town Hall: The HTM and IT Impact on Quality Facility

### October 5, 2015

National Health + IT Week

<http://www.healthitweek.org/>

### October 8, 2015

[ACCE Webinar](#)—Human Factors Engineering: What Clinical Engineers Need to Know

### November 7-21, 2015

2015 CCE written exam

### February 29 - March 4, 2016

[HIMSS2016](#)

Contributions to the ACCE Newsletter are always welcome. For ACCE Newsletter Guidelines, please go to:

<http://accenet.org/publications/pages/newsletterinfo.aspx>



AMERICAN COLLEGE OF CLINICAL ENGINEERING

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