President’s Message

It is hard to believe that two months have passed since I wrote my first message to the membership. The ACCE Board and the committees were involved in a lot of activities in the last two months. A summary of major activities is listed below.

2nd Global Clinical Engineering (CE) Day
On October 21, 2017, ACCE participated in the 2nd Global CE Day. We had a lot of active participation from the clinical engineering community around the world. I, along with Clarice Holden (Chair, Advocacy Committee) participated on behalf of ACCE. Our presentation included messages from our institutional members, the Department of Veterans Affairs Office of Healthcare Management, Brigham and Women’s Hospital, and Intermountain Healthcare. Many thanks to all for participating and contributing to its success. Special thanks to Suly for acting as the producer of the ACCE presentation. If you missed this event, you can view the content at http://global.icehtmc.com/ (the ACCE’s presentation is at: ACCE@GlobalCEDay).

BOK Committee
The Body of Knowledge (BOK) Committee has been actively reviewing the current BOK Survey questions. The 2018 BOK Survey will be released early next year with plans to compile and analyze survey results by June/July 2018. The BOK Committee is also working to review and update the Certification in Clinical Engineering Study Guide. The new version 7.0 will be released around June 2018. This guide will be an invaluable tool for those clinical engineers who will be pursuing CCE next year.

Advocacy Committee
The Advocacy Committee was seeking nomination for the Advocacy Awards in ten different categories for outstanding achievements in Clinical Engineering and a student paper competition. The deadline for submission was December 18, 2017. The Advocacy Committee will be reviewing the nominations and announce the Award winners early next year.

2017-2018 ACCE Educational Webinar Series
ACCE Webinar Series which started in September 2017 is well underway. In this Webinar Series, ACCE has lined up experienced and well known professionals addressing current topics of interest to the clinical engineering community. The upcoming topic that everyone is looking forward to is the “2018 Joint Commission Update” by John Maurer from The Joint Commission on January 11, 2018. For future topics see the link http://accenet.org/NewsEvents/Pages/Webinars.aspx#accetele

NEMA MITA 2-201X: Requirements for Servicing of Medical Imaging Equipment
Steve Grimes (who is a Canvass Member representing ACCE) has been very active and has developed the response/ACCE position to the Draft Document: A NEMA Medical Imaging & Technology Alliance (MITA) Division Document: NEMA MITA 2-201X: Requirements for Servicing of Medical Imaging Equipment. The ACCE Board recently approved the position developed by Steve Grimes. For more details see the link http://accenet.org/Shared%20Documents/ACCE%27s%20BALLOT%20re%20adoption%20of%20NEMAMITA%202-201X%20Requirements%20for%20Servicing%20Med%20Imaging%20Equip.pdf

(Continued on page 2)
President’s Message (Continued)

(Continued from page 1)

2018 Class of Clinical Engineering Hall of Fame
Nominations are open for the 2018 Clinical Engineering Hall of Fame that recognizes and honors the individuals who have made extraordinary contributions to the profession of clinical engineering. The deadline for submitting the nominations is February 17, 2018. http://accenet.org/HallofFame/Pages/Default.aspx.

International Committee
The International Committee actively participated in Global CE Day. They are collaborating with the clinical engineers in Colombia in helping form Colombian College of Clinical Engineering. They are also supporting the profession by providing speakers to the Clinical Engineering webinars in Colombia.

Clinical Engineering Handbook
Many ACCE members are actively participating in leading Sections and reviewing chapters for the second edition of Clinical Engineering Handbook (Elsevier). The 2nd edition author is Ernesto Iandanza, Ph.D., Chairman of IFMBE/CED, Clinical Engineering consultant and advisor, Adjunct Professor of Clinical Engineering, University of Florence, Italy.

ACCE Goals for 2017/2018
I am encouraging our members to please take some time to review the goals and see how they can assist the Board and various committees in achieving these goals. I look forward to hearing your suggestions. Thanks for volunteering your time and your support to ACCE.

Arif Subhan
President, ACCE
president@accenet.org

HIMSS 18
ACCE is an official collaborator of HIMSS 18. ACCE Members receive the members’ discount to attend HIMSS, http://accenet.org/NewsEvents/Pages/HIMSS18.aspx.

Our own Ilir Kullolli (President-Elect, ACCE) is leading an education session titled “Partnering for Medical Devices Security and Patient Safety” on March 8, 2018 at HIMSS 18. Please join us on March 6 at the “Clinical Engineering & IT Community/ACCE Awards Reception” and the “HIMSS 18 Awards Banquet” on March 8 in congratulating the winner of the 2017 ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recipient.

Membership Committee
Thirty new members joined ACCE in various categories. We welcome three new Institutional Members - Hospital Israelita Albert Einstein, Brazil; TecSaude Engenharia Hospitalar, Brazil; and Beth Israel Deaconess Medical Center, MA, USA.

ACCE News
ACCE News is the official newsletter of the American College of Clinical Engineering (ACCE).
Managing Editor
Jim Keller
jkeller@ecri.org
(610)825-6000
Co-Editors
Ted Cohen
tedcohen@pacbell.net
Jared Ruckman
jared.ruckman@live.com
Circulation & Address Corrections
Suly Chi, ACCE Secretariat
Secretariat@accenet.org
Advertising
Dave Smith
advertising@accenet.org
ACCE News is a benefit of ACCE membership; nonmembers may subscribe for $75.
To subscribe e-mail Secretariat@accenet.org
Copyright © 2017 by ACCE

ACCE Job Website Job Postings
For posting job opportunities, please contact Dave Smith at advertising@accenet.org

Journal of Clinical Engineering Subscriptions for ACCE Members
The Journal of Clinical Engineering is a compilation of articles, papers, and extensive manuscripts relevant to clinical/biomedical engineering or biomedical technology. Subject matter directly relates to the engineering or technology involved in patient care and treatment or technology in the broad field of health care delivery.

ACCE members receive a discounted subscription to the Journal of Clinical Engineering for only $99! (Originally $265). You must login to the ACCE website to view the code. Then visit LWW.com to enter code.
## Welcome New Members

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Job Title</th>
<th>Organization</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zeev Katz</td>
<td>Corporate- Associate</td>
<td>Operations Director</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Iliane Cardoso Alencar</td>
<td>Corporate- Associate</td>
<td>Resources Director</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Anne F. Stegmann</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Daniel B. Veras</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Felipe A. Suassuna</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Carolina S. Bastos</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Yuri C. Silva Araujo</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Sergio Lomachinsky</td>
<td>Corporate- Associate</td>
<td>Diretor Comercial</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Ana Teresa C. de Freitas</td>
<td>Corporate- Associate</td>
<td>Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Diogo Costa Braga</td>
<td>Corporate- Associate</td>
<td>Regional Operations Manager</td>
<td>TecSaude Engenharia Hospitalar</td>
<td>Brazil</td>
</tr>
<tr>
<td>Antonio Gibertoni Jr.</td>
<td>Institutional- Associate</td>
<td>Manager, Clinical Engineering</td>
<td>Hospital Israelita Albert Einstein</td>
<td>Brazil</td>
</tr>
<tr>
<td>Berthone V. Soares</td>
<td>Institutional- Associate</td>
<td>Coordinator Engineer, Clinical Engineering</td>
<td>Hospital Israelita Albert Einstein</td>
<td>Brazil</td>
</tr>
<tr>
<td>Petrick M. Davoglio</td>
<td>Institutional- Associate</td>
<td>Clinical Engineer Specialist</td>
<td>Hospital Israelita Albert Einstein</td>
<td>Brazil</td>
</tr>
<tr>
<td>Kleber Cardoso</td>
<td>Institutional- Associate</td>
<td>Clinical Engineering Coordinator</td>
<td>Hospital Israelita Albert Einstein</td>
<td>Brazil</td>
</tr>
<tr>
<td>Wesley Ramkissoon</td>
<td>Institutional- Associate</td>
<td>Clinical Engineering Manager</td>
<td>Beth Israel Deaconess Medical Center-BIDMC</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Dillon Florence</td>
<td>Institutional- Associate</td>
<td>Clinical Engineer</td>
<td>Beth Israel Deaconess Medical Center-BIDMC</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Juan De Jesus</td>
<td>Institutional- Associate</td>
<td>Clinical Engineering Manager</td>
<td>Beth Israel Deaconess Medical Center-BIDMC</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Jeffrey Smith</td>
<td>Institutional- Associate</td>
<td>Clinical Engineering Manager</td>
<td>Beth Israel Deaconess Medical Center-BIDMC</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Mohamed Rezgui</td>
<td>Individual</td>
<td>Director Facilities Programs &amp; Quality</td>
<td>The Cleveland Clinic Abu Dhabi</td>
<td>VA/USA</td>
</tr>
<tr>
<td>David Braeutigam</td>
<td>Individual</td>
<td>Principal Consultant</td>
<td>Braeutigam Enterprises LLC</td>
<td>TX/USA</td>
</tr>
<tr>
<td>Ian R. Garcia</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/Brigham and Women's Hospital</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Virag Borsai</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/Boston Children's Hospital</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Joseph S. Gucciardi</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/VA Los Angeles</td>
<td>CA/USA</td>
</tr>
<tr>
<td>Gary Lorden Jr.</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/UMASS Memorial Healthcare</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Kate Rescsanszky</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/Yale New Haven Hospital</td>
<td>CT/USA</td>
</tr>
<tr>
<td>Ozgur Aydin</td>
<td>Candidate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/Mass General Hospital</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Jomo Tendai Moyo</td>
<td>Associate</td>
<td>Clinical Technician</td>
<td>Healthyard Enterprises</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Hosssam Elsemany</td>
<td>Associate</td>
<td>Clinical Engineering Specialist III</td>
<td>Yale New Haven Hospital</td>
<td>CT/USA</td>
</tr>
</tbody>
</table>

(Continued on page 4)
Congratulations to the following members who upgraded to individual member status:

**Lisa M. Bradley**—Supervisory Clinical Engineer, VA Boston Healthcare System, MA/USA

Welcome to our newest Institutional Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Job Title</th>
<th>Organization</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra Stowe</td>
<td>Corporate-Associate</td>
<td>Graduate student/Clinical Engineering Intern</td>
<td>UCONN/ISS Solutions</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Frank Rubino</td>
<td>Corporate-Associate</td>
<td>VP Clinical Engineering</td>
<td>ISS Solutions</td>
<td>MA/USA</td>
</tr>
<tr>
<td>Adham R. Ismail</td>
<td>Individual</td>
<td>Regional Adviser HMD</td>
<td>World Health Organization St.</td>
<td>Egypt</td>
</tr>
<tr>
<td>AbdelMoneim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Welcome New Members (Continued) (Continued from page 3)

**Hospital Israelita Albert Einstein**

**TecSaude Engenharia Hospitalar**

**Beth Israel Deaconess Medical Center**

---

**View from the Penalty Box**

The year 2017 will go down in history as one that while the worst was happening, many people stepped up and did great things. The impact on healthcare in the US from natural disasters will last for quite a while. The hurricanes left a lot of people without power, clean water, and normal sewers for up to several months. They were also subject to floods, landslides and price gouging for some of the basic supplies needed for a normal life. But progress is being made, unless you need IV solutions, pharmaceuticals or gas at reasonable prices. While all this is going on, our congress seems to be more concerned with which bathroom some people are allowed to use rather than working on healthcare costs and availability, changes to our environment, our roads and general infrastructure. These issues are apparently not important to our congress. They seem to be more interested in press releases, living the good life, and being in session only 3 days per week for about 40 weeks a year. On top of that, they get paid the same for life. Maybe we should all run for congress.

Turning to another topic, EHR or EMR. If clinical engineering did what is happening with some of the installation of these systems, we would be looking for work. In a recent install, at a local healthcare system, the two biggest hospitals went “live” the same week. In the press releases the system said that non-emergency surgery and admissions were postponed, and the patient population was lowered so the work could get done quickly and smoothly. About a week after the “go live” starting date it was reported that there were over 18,000 trouble calls during the “go live” week. There have been no reports on the other three hospitals in the system and what their problems are or were. I guess it is better to hide the facts than to bring them out. But maybe things went well; it was only a $720,000,000.00 installation.

(Continued on page 6)
CE Advancing Well in Arab Countries

The Third International Conference on Biomedical and Clinical Engineering in the Arab Countries (BioClinic 3) was held in Beirut, Lebanon, October 25-26, 2017. It congregated over 300 professionals and students from Arab countries with numerous invited speakers from Europe and the United States. It also hosted an exhibit with the presence of some companies active in the Middle East. ACCE material was distributed by its Secretariat, Suly Chi.

The Patron of the Opening Ceremony was Dr. Bahig Arbid, Advisor to the Lebanese Minister of Public Health for Planning and Health Systems. The opening ceremony featured a sweeping overview of the importance of biomedical engineering for healthcare worldwide by Adriana Velazquez, Senior Advisor on Medical Devices at the World Health Organization (WHO) and an ACCE member.

On the next day, the opening session was also presided by Dr. Bahig Arbid and included keynote speeches by Bassam Tabshouri – Director, Medical Engineering, American University of Beirut Medical Center (AUBMC) and an ACCE member; Dr. Adham Ismail – Regional Advisor, Health Technology and Biomedical Devices WHO; Dr. Faraj Adbelnour - Lead Auditor CE Marking & President of l’ACIDIM France; and me. Numerous biomedical and clinical engineering experts also made presentations and conducted workshops, including Dr. Iyad Mobarek – GE Education Solutions; Dr. Hashem Al-Fadel – Temos Int’l; Dr. Ibrahim Andijani – Prince Sultan Military Medical City, Kingdom of Saudi Arabia (KSA); Abdullah Al Aqeel – Ministry of National Guard, Health Affairs KSA and an ACCE member; Patrick Lynch – Biomed Without Boarders USA and an ACCE fellow; Riad Farah – St George Hospital Beirut; and Rami Rajab – Mecomed.

The presentations were of very high quality and enthusiastically attended, with numerous questions and heated discussions. I was particularly impressed by the high number of young professionals and students, especially females that made almost 40% of the audience. Most of them have full engineering degree, and a few years of experience.

(Continued on page 6)
(Continued from page 5)

Lebanon is clearly one of the most advanced in CE among the Arab countries, especially considering its small geographical size and population (~ 4 million). It currently has approximately 800 biomedical engineers, with about 250 working in healthcare organizations. Currently there is no registration requirement and no professional association, but there is a biomedical engineering committee in the Order of Engineers. Also, an association is being planned under the leadership of Basam Tabshouri and Riad Farah. I had the privilege of discussing CE activities with both of them in detail and visited the impressive Medical Engineering department of AUBMC. It is obvious that CE practiced in some facilities in Lebanon is comparable with what is currently being practiced in North America. Actually, they seem to be even more involved with facility and equipment planning and acquisition than us.

Several resolutions were made by the participants at the end of the conference as summarized below:

1) Continue to hold additional conferences with more participants and international experts;
2) Establish an “Arab Biomedical Engineering Society” that will establish guidelines and standards for this field;
3) Urge Arab ministries of health and healthcare organizations to prioritize education and training of biomedical engineers and technicians, and focus on smart apps and cybersecurity;
4) Urge medical device dealers and service companies to support the creation of specialized training centers;
5) Elevate and unify the standards of education, training and practice to meet international standards and consider regional experiences;
6) Engage biomedical and clinical engineering professionals in all phases of technology management, starting from architectural design, going through equipment incorporation and maintenance, and ending with device retirement;
7) Commend KSA for creating a biomedical engineering society, a chapter for biomedical engineers in the Saudi Engineering Society, control of medical devices by Saudi Food and Drug Administration, and including specific requirements for biomedical engineering services in the Saudi Accreditation of Healthcare Facility;
8) Adopt health technology assessment as the methodology to acquire and deploy technologies according to the actual needs, and consider the possibilities of group purchasing and privatization of medical equipment maintenance; and
9) Collaborate with patient care staff in the development of guidelines and training to ensure safe and proper use of medical equipment.

This greatly successful conference is the fruit of hard work by Dr. Zohair Bin Mohammad Al Sarraj – Chairman of the Organizing Committee, Dr. Ibrahim Adjijani - Chairman of the Scientific Committee, and the staff of Exicom International Group, with invaluable collaboration provided by Mahmoud Madani, formerly with King Faisal Specialist Hospital KSA and an ACCE charter member.

Binseng Wang
International Committee Member
binseng@alum.mit.edu

View from the Penalty Box (Continued)

(Continued from page 4)

What could prove very interesting is that the largest hospital group has budgeted some $2,000,000,000.00. That’s right 2 billion, to bring their EHR on line sometime in 2018. There is a proposed merger of two hospital systems in the greater Boston area, but they have run into a problem with their systems not being able to talk to each other. The administrations of both systems are trying to work out a solution, but it might take quite a while.

Some of our more senior ACCE members might think back to the battles of Microsoft and Apple over the word processing that each installed, plus other systems that talked to one or the other but not both. That got worked out quickly once the buyers got into the mix. We would only buy systems that talked the most to other systems. After a drop in sales Apple did the modifications to their system to talk to the other systems. Remember the golden rule, “Those that have the gold make the rules”. So if a vendor will not offer training or manuals, do not buy that product. Simple enough for our politicians to understand, if they cared for something, other than their money from salary plus “speaking fees”.

After attending too many funerals and wakes this year and being past 75, I got tired of hearing “Rest in Peace”. I think that we should all have a modified version of that, and it is “Live in Peace”. Same number of words and letters but much more positive, so please Live in Peace.

Please take a positive attitude towards our problems as we can fix them if we work together. Hopefully 2018 will be better than 2017. Have a great holiday season and do a good deed for someone.

Dave Harrington
Dave@sbttech.com
At the conclusion of Top Ten Hazards season, we got to talking about unintended consequences. Cleaning of medical equipment has always been a Top Ten issue, usually focusing on making sure complex equipment like endoscopes are properly cleaned. But, over the past few years, we’ve seen a good-news-bad-news situation develop: facilities must be doing a better job at making sure devices are being cleaned, because we’re getting a lot of reports of equipment damage caused by or related to the cleaning process.

A few memorable cases that we’ve seen:

- Several infusion pumps with electrical connections have become corroded or damaged if exposed to the wrong cleaners/disinfectants or overzealous cleaning methods, or if re-connected while wet.
- A wide range of medical devices from infusion pumps to temporal thermometers to cell counters were degraded over repeated exposure to incompatible cleaning materials. In one very expensive case, a hospital had switched from a three-minute wipe to a one-minute wipe from the same supplier in order to follow a recommendation from their state department of health. This change in wipe formulation caused widespread damage to devices throughout the facility, including the disintegration of labeling on keypads, cracking of plastic imaging grids slid under patients, damage to ultrasound probes, cracking of components in electrosurgical devices, and cracking of tympanic thermometers.
- A powered headwall that caught on fire after incompatible cleaning methods caused fluid to enter a power outlet, causing a short.
- Last but not least, the winner in the “really disgusting stuff we hope never happens to us” category. Mattress and support surface covers became permeable with repeated incorrect cleaning, leading to situations where body fluids passed through the cover into the mattress itself, and then “oozed” back up to contaminate a subsequent patient.

So if we can’t just wipe everything down with whatever wipe is at hand, what can we do to avoid these problems?

- Collect approved cleaning and disinfection methods for all medical equipment that requires cleaning or reprocessing between patients, including (if applicable) how to safely use the equipment in an isolation room and prepare it for use on subsequent patients.
- Get these approved methods to the correct staff and make sure they have the right equipment and materials to follow them.
- Be on the lookout for device damage that could be caused by cleaning, like

(Continued on page 8)
ACCE is a supporting organization of the 2018 Connected Medical Device & IOT Security Summit. ACCE members may use discount code 93 to receive a $100 discount on the registration fee. The Summit will offer practical solutions to many of the daunting security challenges facing medical device and connected health companies, healthcare providers, payers and patients.

**Date/Time:** January 25-26, 2018, starting at 8:00am

**Location:** Best Western Plus Hotel & Conference Center, Baltimore, MD

**Registration:** [click here](#)  For Event details: [click here](#)

---

**Perspectives from ECRI Institute (Continued)**

*(Continued from page 7)*

premature wear and tear, cracking, hazing, or other visible damage to plastic components. Report these to the supplier and ECRI Institute so we can let other facilities know about possible incompatibilities. More information can be found at [https://www.ecri.org/components/HDJournal/Pages/Top_10_hazards_2018_No_5_cleaning.aspx?tab=1](https://www.ecri.org/components/HDJournal/Pages/Top_10_hazards_2018_No_5_cleaning.aspx?tab=1).

Bonus Feature: Farewell and Thanks for all the Fires

We’re marking the end of an era in our Accident and Forensic Investigations team this season: Mark Bruley is retiring on January 15 after 42 years with ECRI. Over the years, he’s generously shared his knowledge, experience, magic tricks, and too many pictures of things we’ll never be able to un-see. Before he sails his kiteboard off into the sunset, we’re asking him to distill everything he’s taught us about surgical fires into an hour-long webinar on December 20. Surgical fires, though rare, can have devastating consequences for patients, staff, and the healthcare facility. Among the 65 million annual surgical cases in the United States, ECRI Institute estimates that around 200 to 240 surgical fires occur, making the frequency of their occurrence comparable to that of other low-incidence surgical mishaps (e.g., wrong-site surgery or retained instruments). For guidance on surgical fires and tips on how to get executive-level administrator support for prevention, register at [https://www.ecri.org/events/webinars/Pages/HD_Fires_Webinar_2017-12/home.aspx?tab=1](https://www.ecri.org/events/webinars/Pages/HD_Fires_Webinar_2017-12/home.aspx?tab=1).

Erin Sparron
Engineering Manager, ECRI Institute
esparron@ecri.org
New Resource Takes Mystery Out of Developing an AEM Program

In the healthcare technology management (HTM) field there is a lot of confusion surrounding three little letters—AEM—starting with what the abbreviation even stands for, according to Matt Baretich, president of Baretich Engineering based in Fort Collins, CO.

“The Centers for Medicare & Medicaid Services [CMS] (the originator of the AEM concept) says that AEM is an abbreviation for ‘alternate equipment management,’” Baretich wrote in the introduction to his new AEM Program Guide. On the other hand, “The Joint Commission [TJC] … says it stands for ‘alternative equipment maintenance.’ … And that’s just the beginning.”

In the AEM Program Guide, Baretich, who has been consulting on HTM-related issues for three decades, seeks to address AEM-related terminology, offer ideas for practical implementation, and explain how to remain compliant with applicable standards and regulations.

“Unfortunately, there is not yet a consensus on exactly how to create an AEM program,” Baretich wrote. “Some of the proposed AEM policies I have seen are, in my opinion, simply not compliant with CMS and TJC requirements. That’s why the AEM Program Guide goes into such (excruciating?) detail about those requirements.”

Eventually, there will be a formal AEM standard—one is currently in development—but many HTM departments need guidance now.

“This valuable document is designed to bridge from where we are today (limited resources) to a project that is just beginning and sponsored by AAMI: development of a formal standard focused on AEM,” George Mills, TJC’s former director of engineering, wrote in the foreword to the guide. “This document should begin to assure those curious enough to read it that implementing an AEM program is not only possible, but will result in improved HTM program management.”

Those improvements? Saving time or money, or both, according to Baretich. “Adopting an AEM procedure is not an academic exercise; it’s good business,” Baretich wrote.

The AEM Program Guide can be purchased from the AAMI Store, www.aami.org/store.

Nominate a Star in Your Organization for an AAMI Award

Each year, AAMI recognizes leaders and innovators in the healthcare technology community whose efforts have moved the field forward. Nominations for this year’s AAMI Awards are being accepted until Feb. 8, 2018.

Winners will be awarded monetary prizes and a plaque commemorating their achievements, and will be recognized during a special reception at the AAMI 2018 Annual Conference & Expo in Long Beach, CA in June.

The categories include:

- The AAMI Foundation’s Laufman-Greatbatch Award, which honors an individual or group that has made a unique and significant contribution to the advancement of healthcare technology and systems, service, patient care, or patient safety. This is AAMI’s most prestigious award.

- The AAMI Foundation & ACCE’s Robert L. Morris Humanitarian Award, which recognizes individuals or organizations whose humanitarian efforts have applied healthcare technology to improving global human conditions.

- The AAMI Foundation & Institute for Technology in Health Care’s Clinical Solution Award, which honors a healthcare technology professional (individual or group) that has applied innovative clinical engineering practices or principles to solve one or more significant clinical patient care problems or challenges facing a patient population, community, or group.

- AAMI & Becton Dickinson’s Patient Safety Award, which recognizes outstanding achievements by healthcare professionals who have made a significant advancement toward the improvement of patient safety.

- AAMI’s HTM Leadership Award, which recognizes individual excellence, achievement, and leadership in the healthcare technology management profession.

- AAMI & GE Healthcare’s BMET of the Year Award, which is given to a biomedical equipment technician to recognize individual dedication, achievement, and excellence in the field of healthcare technology management.

- AAMI’s Young Professional Award, which is presented annually to a professional, under the age of 35, who exhibits exemplary professional accomplishments and a commitment to the healthcare profession.

- AAMI’s HTM Association of the Year Award, which recognizes an HTM association that distinguishes itself during the course of the year through outstanding society operations and meetings as well as a commitment to elevating the HTM profession at the local level.

More information, including nomination forms and guidelines, can be found at www.aami.org/awards.

AAMI Staff
ACCE News Volume 27 Issue 6: November/December 2017

Clinical Engineering in Argentina—SABI 2017

ACCE was an official supporting organization for the 21st Argentinian Bioengineering Congress and 10th Clinical Engineering Meeting from Sociedad Argentina de Bioingenieria - SABI. It was held in the historical and beautiful city of Córdoba, on October 24-27.

The event, hit a new record of participants (about 750 from 13 countries), with important international keynote speakers, including Dr. Shankar Krishnan (IFMBE President-Elect, ACCE member); Luis Kun, PhD, FAIMBE, FIEEE, Editor in Chief at Journal of Health Technology - Springer; Prof. Maria Teresa Arredondo, Director of Life Supporting Technologies from Madrid Polytechnic University (UPM-Spain); and Prof. Dr. Renato Garcia, Biomedical Engineering Institute-Florianopolis University (IEB/UFSC-Brazil, ACCE Member); among others.

ACCE International Committee Chair, Eng. Antonio Hernandez, remotely participated in a panel called “Societies related to Bioengineering”, with local support of two Argentinian ACCE members, German Giles and Cristian Sapp. The importance of collaboration between Societies and the role of Clinical Engineers, was enhanced. Members from Argentina’s Medical Physics Society, Cardiology Society, and Association of Architecture and Hospital Engineering, completed the venue. SABI authorities expressed their desire to work synergistically with ACCE in the near future and appreciated ACCE’s participation.

The SABI Clinical Engineering Chapter was relaunched with Eng. Eduardo Fernandez Sardá, (Clinical Engineering Director at Garrahan Children’s Public Hospital) as the new President. Many Clinical Engineering topics will be updated through the SABI website, to promote CE education, HTM initiatives, Government sensitization, and CE needs in Argentina.

Participation from Universities, Societies, Government, and Providers sharing developments and experiences from Bioengineering to Clinical Engineering, was part of the Congress success.

German Giles
ACCE Member, Argentina

IFMBE CED—2nd International Clinical Engineering and HTM Congress

In September the IFMBE Clinical Engineering Division (CED) held its Second International Clinical Engineering and Health Technology Management Congress (II ICEHTMC) in Sao Paulo, Brazil.

The Congress Chair, Dr. Saide Jorge Calil and Vice Chair, MSc. Jose Alberto Ferreira led a multi-country faculty team in a year-long planning effort to prepare for this successful 2.5 day event. There were 400 attendees with faculty from over 30 countries sharing best practices, highlighted by special presentations made by MSc. Adriana Velazquez Berumen from the World Health Organization (WHO).

The Congress was preceded by a one day Latin America and Caribbean (LA&C) Regional CE-HTM Summit with over 100 representatives present from MOH Brazil, WHO/PAHO, ACCE, hospitals, industry, and regulatory leaders. It was a globally unprecedented event with faculty from 12 LA&C countries. The Congress was followed by a half-day of the 2nd Global CE Summit, with 60 attendees from 27 countries, the first having occurred in Hangzhou China in 2015 conjunction with the ICEHTMC.

CED now works with over 100 countries. During the Congress, the value of CED in supporting the global development of Clinical Engineering was recognized by AAMI with a prize, given by Dr. Bradley Schoener, AAMI VP of Innovation, to Ernesto Iadanza, IFMBE/CED chair.

The Global CE Summit affirmed earlier Summit findings for CE-HTM priorities to

(Continued on page 11)
address recognition/influence as well as education and training challenges around the world. For example as a result of this focus, CED has seen an increase in CE-HTM units at the Ministry of Health levels in several countries, as well as the founding of new national societies, creation of new books, has conducted a global Body of Knowledge/Body of Practice survey, and is creating a new global CE journal.

These events were hosted by the Hospital Sirio-Liban and included presentations, workshops, and a medical device expo. Marcello Dias Bonfim, the Manager of the hospital’s Clinical Engineering Department provided tours of their facilities, highlighting the hospital’s practices in medical device acquisition, installation, maintenance, repair and investigation.

The program’s success energized the global CE-HTM community for CED’s participation in WC2018 in Prague - [http://www.iupesm2018.org/](http://www.iupesm2018.org/) - for June 3-8, 2018, as well as the third ICEHTMC in Rome, Italy in October 2019.

Congratulations to the planning team, the sponsors, and CED for a tremendous success in spotlighting and advancing practice in the safe and effective use of medical devices, and for advancing the profession of CE-HTM.

Tom Judd
CED Secretary
Tom.Judd@gmail.com

---

### University of Connecticut: Class of 2018

The University of Connecticut will graduate eleven new clinical engineers in May 2018. These students have taken seven clinical engineering courses, three graduate engineering courses and will have spent 22 months in an internship at one of the following hospitals: Los Angeles VA Medical Center, Hartford Hospital, Mass General Hospital, Baystate Medical Center, Yale-New Haven Hospital, Middlesex Memorial Hospital, Brigham and Woman’s Hospital, Lifespan-Rhode Island Hospital, UConn Health Center and UMass Memorial Medical Center.

If you know of an opening for a clinical engineer, please forward it to Frank Painter (frpainter@engr.uconn.edu) so he can let the group know. If you are interested in reading their resumes, they are posted on the class website at [www.ceeducation.org](http://www.ceeducation.org).

UCONN will be accepting applications for 14 fully funded clinical engineering internship positions starting in August 2018. The applications for these positions is due in early January 2018. Interviews will take place in March 2018. More information is available on the [www.bme.uconn.edu](http://www.bme.uconn.edu) website.
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.levin Epstein@gmail.com
Colombian College of Clinical Engineering

As a result of the need generated by the incorporation of technologies in the Colombian healthcare system, some universities in the country developed programs for education in the field of Biomedical Engineering and Bioengineering. These programs began as early as 1998. Currently, professionals graduating from Biomedical Engineering programs and related areas, such as electricity, electronics, mechanics, among others, work in the field of clinical engineering (CE), applying the engineering concepts to the management of healthcare technology.

Colombia has made developments and progress in addressing CE issues. It has also developed guidelines on medical device licensing and post-market surveillance from the Ministry of Health (MoH). These guidelines emphasize the safe use of technology for patients and users. Healthcare facilities have improved their use of technology and technology-related processes. The universities are at the forefront of expanding CE knowledge as they continuously monitor global progress. They are also developing research processes for technical and management level clinical engineers.

Despite these advances, the lack of integration among the different stakeholders, such as government, healthcare facilities, academic institutions and industry, has led to delays in the generation and implementation of CE policies, decreases in the exchange of information and the development of management practices for standardized and appropriate technologies. Additionally, it discourages the generation of applied research and innovation projects. Furthermore, the non-existence of CE associations or reference institutions, contributes to these problems.

In 2011, a Colombian regulation established the MoH’s responsibility to generate policies for medical devices. In 2013, collaborative work started between the government and healthcare facilities to fulfill this responsibility, especially in the areas of technology management adapted to the local context. Likewise, a networking and benchmarking strategy was initiated with regional nodes for the generation and integration of the knowledge of all the stakeholders. It became possible to connect more than 250 engineers, dedicated to the management of medical technology in hospitals through these strategies.

In 2013, the universities of the city of Medellin (UPB, the U of A, the EIA and the ITM), recognized the importance of working together to enhance individual capabilities and encouraged the creation of opportunities and international events as new training methods. An example of this is the International Congress of Clinical Engineering–CONIEC.

In March 2017, at a meeting attended by leading engineers from the universities, the healthcare reference institutions, the collaborative group of the MoH and with the support of the engineers Antonio Hernández and Mario Castañeda, the gaps and challenges of Colombian clinical engineers were analyzed. The meeting identified the importance of the connection of CE stakeholders. As a result, the creation of an associative group of CE was proposed.

Ten leaders linked to 7 institutions: 3 hospitals, 3 universities and one government institution, joined together. They were motivated by the dream of consolidating this association. In August of 2017, the founders approved the bylaws of the Colombian College of Clinical Engineering – COLCINC. In November 2017, the legal recognition was achieved to officially start working towards positioning and developing CE in Colombia with high quality standards, promoting the rights and duties of CE, strengthening Colombian practices in CE and becoming a national and international CE reference institution.

Since August 2017, COLCINC has reached a pre-registration of 120 engineers in 10 Colombian departments. With pre-registered people, in the framework of the Global CE Day, the College developed activities such as the dissemination of technical documentation to motivate participation in this new strategy.

For 2018, the society is planning to have an official launch of its website and registrations opening. Collaboration with ACCE is planned. A portfolio of digital materials is planned to distribute technical documentation, ideas in engineering and technological publications, and education activities covering training and support.

COLCINC seeks to respond to Colombian needs, with a goal to impact the global field of CE, with an emphasis on the contribution CE in patient safety.

Paula Andrea Berrio Molina,  
International committee member  
pberrio@hptu.org.co

ACCE members are urged to check their records of dues payment. If you have not paid your ACCE Membership dues for 2018, please do so now.  
Renew it online or send your check made out to ACCE to:  
ACCE/Secretariat  
5200 Butler Pike  
Plymouth Meeting, PA 19762  
If you need an invoice, please email your request to: secretariat@accenet.org
Healthcare Technology Foundation News

I had the opportunity to do a presentation in Washington DC recently. We were presenting to BARDA, a group I had known very little about, but which plays a very important role in our lives. BARDA stands for Biomedical Advanced Research and Development Authority. They are part of The US Dept. of Health and Human Services and within that they are part of the Medical Countermeasures Organization (MedicalCountermeasures.gov).

BARDA is responsible for Research and Development of Medical Countermeasures for Pandemic Influenza, Infectious Diseases, and Chemical, Biological, Radiological and Nuclear Threats. When we walked into the building they have on display information on the projects that they have been involved with and the solutions they helped develop. BARDA works with industry, academia, and other government groups to develop solutions to problems that are likely (Flu, disasters and humanitarian crisis) as well as things that hopefully won’t happen, but that we need to be prepared for. In situations when the Federal Government gets involved when things go wrong, BARDA has probably been part of developing the response. It is an amazing organization.

From flu epidemics, to how to deal with decontamination in the case of a chemical, biological, or nuclear incident, BARDA has been doing the testing to figure out the best ways to deal with the situation. If you go the web site above, there are all sorts of publications you can download. Some of you may already have these as part of your hospital disaster plans. If you don’t, they are worth looking at.

The whole site is an interesting look at what can go wrong and how to deal with it. Current investigations include trying to deal with antimicrobial drug resistance a major issue in healthcare today. There are other initiatives ongoing and its an interesting site worth visiting.

So stay safe and have a nice holiday.

Paul Coss, RN
President, HTF

Call for Contributors - AAMI Summer 2018 Horizons Issue

AAMI is asking ACCE members to contribute to their Summer 2018 Horizons Issue, which ACCE is a supporter of. This edition of Horizons is on “Decisions Through Data”. Healthcare Facilities are generating and collecting a wealth of data, which are being used to inform patient care decisions, improve the management of healthcare technology, and monitor the performance of medical devices on the market. AAMI is sending out a call for papers to its members and ACCE members for this specific edition. The deadline to submit is January 31, 2018.


Ilir Kullolli, President Elect, ACCE
presidentelect@accenet.org
ACCE News
Volume 27 Issue 6: November/December 2017

ACCE is an official Collaborator of HIMSS18
As such, ACCE Members receive the members discount to attend! To receive the discount, go to Register Now. Select our organization from the “Conference Collaborating Organizations” drop down in the registration process, and enter the code “H18PARTNER”

Attend these can’t miss ACCE endorsed events at HIMSS18

Pre-conference symposia: HIMSS/SHIEC Interoperability & HIE Symposium
Facilitating Person-Centered Interoperable HIE to Manage Complex Populations
Date: Monday, March 5, 8:00 AM – 4:30 PM
Location: Venetian-Palazzo-Sands Expo Center
Description: There have been major advancements in interoperability, standards development and health information exchange, but significant barriers remain to fully access, capture and manage the health of complex populations. Grounded in a real-world scenario involving a complex patient, explore the future of interoperability and its impact on digital health and realizing a true person-centered health system. Challenge today’s proven solutions and frameworks, and explore cutting-edge ideas that could disrupt the future of healthcare. Current strengths, weaknesses, opportunities and threats will be examined, along with a closer look at the interaction of policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation.
Additional registration required: $350

Pre-conference symposia: Compliance Symposium
Mastering Compliance: What You Must Know
Date: Monday, March 5, 8:00 AM – 4:30 PM
Location: Venetian-Palazzo-Sands Expo Center
Description: A well-designed compliance approach is critical to success in healthcare delivery and health IT. This approach is important across the continuum of healthcare, including home care, provider offices, acute care settings, retail pharmacies and medical devices. Stakeholders who must be held accountable include health system leaders, healthcare providers, vendors and manufacturers, consultants, and quality and compliance personnel. Uncover the challenges of identifying the major areas of compliance risk, how to address them leveraging your IT resources, and how to effectively support proper compliance programs across the entire health delivery system.
Additional registration required.

ACCE Education Session # 272: Partnering for Medical Device Security and Patient Safety
Time: Thursday, March 8, 2018, 4:00 PM - 5:00 PM
Location: Venetian Convention Center, Room Delfino 4004
Description: As healthcare has become more dependent on applications and software, and medical devices are getting networked and integrated, attacks previously targeted for IT systems are now a possibility for medical devices. Such attacks may place mission critical (and sometimes life critical) systems at jeopardy. The focus of this session will be to discuss a few areas of opportunity for IT and Clinical Engineering to partner on management privacy and security areas including policies and management techniques for server management, patching, and MDS2 (manufacturer disclosure statement for medical device security) documents.
Speakers:
Ilir Kullolli, MS, Director of Clinical Technology and Biomedical Engineering at Stanford Children’s Health.
Lisa Grisim, VP & Associate Chief Information Officer at Lucile Packard Children’s Hospital Stanford.
Auston Davis, Chief Information Security Officer at Lucile Packard Children’s Hospital Stanford

Health Technology Alliance/ACCE Awards Reception
Date: Tuesday, March 6, 2018; 6:00 PM – 8:30 PM PST
Location: Sands Expo Center/ Lido 3105/3106
Network with ACCE members, experts from Clinical Engineering, Health Technology Management, and Medical Device Domain - all are welcome to attend!

Special Thanks to our Sponsor

RSVP Today!

HIMSS18 Awards Banquet
Date: Thursday, March 8, 2018, 2013, 6:30 PM - 9:00 PM
Session ID# NETAWD
Location: Wynn Hotel and Resort, Latour Ballroom
Additional Registration Required: Individual Tickets: $ 175

The HIMSS awards Banquet is a time for celebration & recognizing members who have added their unique sparkle and verve to the industry. Come toast their accomplishments at this year’s elegant event.

Join Arif Subhan, ACCE President in congratulating the 2017 ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recipient
Call for Nominations!
Clinical Engineering Hall of Fame
Class of 2018

The American College of Clinical Engineering—Hall of Fame (CE-HOF) is now seeking nominations of individuals who have made outstanding and notable contributions to the evolution and/or advancement of Clinical Engineering. See the links below for further information.

Please submit your completed nomination form and supporting information to CE-HOF@accenet.org by February 17, 2018.

Induction of the Class of 2018 will be in June in Long Beach, CA.

Eligibility Requirements  Nomination form  2017/2016/2015 Inductees

ACCE Calendar

January 11, 2018
ACCE Webinar: The Joint Commission 2018 Update
More Info

January 25-26, 2018
The Connected Medical Device & IOT Security Summit
Baltimore, MD
Registration

February 8, 2018
ACCE Webinar: Relying on Reliability Maintenance
More Info

March 5-9, 2018
HIMSS18 Conference & Exhibition
Venetian-Palazzo-Sands Expo Center, Las Vegas, NV
Schedule at a glance

March 6, 2018, 6:30-10PM
HTA/ACCE Awards Reception
Venetian-Palazzo-Sands Expo Center, Lido 3105/3106, Las Vegas
More info & tickets

March 8, 2018, 6:30-10PM
HIMSS18—Awards Gala
Wynn Hotel and Resort - Latour Ballroom, Las Vegas
More info & tickets

March 8, 2018
ACCE Webinar: Service Contracts and Continuous OEM Training—How to Leverage Cost Effective Agreement
More Info

The ACCE Board and Committee Chairs

President.................................................................Arif Subhan
President Elect .......................................................Ilir Kullolli
Vice President ........................................................Alan Lipschultz
Secretary............................................................Elena Simoncini
Treasurer ..............................................................James Panella
Member-at-Large .....................................................Shelly Crisler
Member-at-Large ....................................................Joan Brown
Member-at-Large ....................................................Priyanka Upendra
Member-at-Large ....................................................Samantha Jacques
Immediate Past President .......................................Petr Kresta
Education Co-Chairs ............................................Austin Hampton, Rodney Nolen
Membership Committee Chair ...............................Jim Caporali
Advocacy Committee Chair .....................................Clarice Holden
Revenue Planning Committee .................................Mario Castaneda
International Committee Chair ..............................Antonio Hernandez
Nominations Committee Chair .................................Petr Kresta
Body of Knowledge Committee Chair .....................Katherine Navarro
Secretariat .............................................................Suly Chi