Dear colleagues and friends,

Last month we celebrated Veteran’s Day here in the US. I would like to send a heartfelt thank you to everyone who has ever worn the uniform of the United States Armed Forces. Thank you for answering the call of duty; thank you for your courage; and thank you for the extraordinary sacrifices you and your families have made on our behalf in the name of freedom, liberty, and peace.

As I was sitting down to write the message for this newsletter, it hit me – this is the last message that I will be sending out for 2020! And what a year it has been! We have all endured so much this year; one of the worst pandemics to ever hit the world with 1.6M victims worldwide and counting, social justice issues were front and center, record breaking wildfires and hurricanes, election madness… heck, 2020 even started with Harry and Meghan quitting the royal family! At times I couldn’t be happier that 2020 is ending, and hopefully 2021 can be a new start for all of us!

However, I don’t want to dwell only on the bad things that 2020 brought to us! More than 47 million people have recovered from COVID worldwide! Due to this pandemic, I also got to spend more time with my family and my children and was able to not only see them become more grown up, but to grow up myself with them. Because of the pandemic, science is creating innovative mRNA vaccines that were only a dream before! We, as a clinical engineering community, got closer and were able to come up with novel ideas and solutions to the shortage of medical equipment. We started using 3D printing to make parts that weren’t available! In addition, the pandemic highlighted the importance of The Right To Repair our medical equipment, and ACCE took the lead in being the voice for all clinical engineering professionals. We teamed up with members of Congress and supported a right to repair bill!

The pandemic also pushed us to take more risks and try things we haven’t before. During this year, ACCE has held more webinars than ever. Our Education Committee, our sponsors and partners, and our Board have all taken the lead to make sure that we continue to provide quality education and information for all of our members! The International Committee has partnered up with more international associations than ever, and we have shared information about the pandemic and best practices for clinical engineers. In addition, we have developed handbooks and learned skills that will help us when future pandemics hit the world!

In the months of November and December we have a lot of activities taking place. CCE written examinations, multiple educational webinars, different call for nominations and awards, and other events – so, please take a look at our website to see what’s happening and participate in these activities.

(Continued on page 2)
President’s Message

(Continued from page 1)

We are also working on putting together a webinar to address the most recent Ryuk and Trickbot Ransomware/Malware attack that disrupted all US UHS sites for weeks. Other US based hospitals have reported similar ransomware attacks, including one in Oregon and one in New York. Similarly, a health tech organization in Philadelphia was the target of a ransomware attack, and there may have been many others. ACCE, collaborating with our partners, will put together a webinar that will be focused around Medical Devices and Systems, and we hope to provide clinical engineering-specific information that you can use in your facilities and healthcare systems.

In closing, I want to take a minute to wish all of you a Happy Holiday season! I am thankful for many things this season, and among them I am thankful for having a strong ACCE Community that keeps growing and getting stronger! While this holiday season will certainly be different, I hope you can all find some time and celebrate with your close family and friends – maybe do it virtually if you can!

I hope that you all have a healthy and safe New Year, and Happy 2021! Thank you for all you do to support healthcare, and for your continued contribution to the clinical engineering profession!

Ilir Kullolli, President
American College of Clinical Engineering
President@accenet.org

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Volunteers Wanted!

If you would like to volunteer for ACCE, please complete this volunteer survey.

Volunteers are needed to write ACCE News articles, participate on a variety of important committees and assist in various other roles.
International Committee Report

The International Committee (IC) held its 6th bimonthly meeting on Nov. 20, 2020. Due to a personal issue, the guest speaker who was originally invited was not able to participate, so this meeting was devoted to the discussion of internal matters.

Three international collaboration agreements were negotiated since our last report and are now in the final phase of completion. If completed by the end of 2020, the total number of signed agreements will reach 15.

Fulfilling the terms of these collaboration agreements, IC delivered two more webinars in lieu of in-person presentations because of the COVID pandemic. They include:

- The Right to Repair movement in the USA, presented on September 21, in collaboration with the Associação Brasileira de Engenharia Clínica (ABEClin);
- Evidence-Based Maintenance, presented on October 21, in collaboration with the Clinical Engineering Association of South Africa (CEASA).

A total of 4 international webinars were presented in 2020. Considering that the COVID-19 pandemic is likely to persist in most countries until at least the summer of 2021, IC members have decided to intensify the offer of webinars and other interactions via the Internet next year. It is also hoped that when the pandemic starts to subside, IC will be able to finalize additional collaboration agreements that it had initiated with other national associations but halted when the attention of our foreign colleagues was diverted to provide pandemic support.

Binseng Wang, IC Chair
International.chair@accenet.org

Call for Nominations! 2021 Clinical Engineering Hall of Fame

The Clinical Engineering Hall of Fame is a recognition program and virtual museum established by ACCE with the purpose of celebrating the application of engineering and managerial skills to support and advance patient care through technology and honoring the individuals who made extraordinary contributions to this effort.

We encourage you to take time to nominate individuals who have made outstanding and notable contributions to the evolution and advancement of Clinical Engineering. Please be as detailed as possible and include supporting information, documents, and justifications.

See the eligibility requirements and nomination form and email your completed nomination package to CE-HOF@accenet.org, or use this online nomination form, by February 12, 2021.

Inductions to the CE Hall of Fame will be on June 5, 2021 at the ACCE Members Meeting/Awards reception in Charlotte, NC.

James P. Keller, Jr., MS, FACCE
CE-HOF Nominations Review Committee Chair

Call for NOMINATIONS! CLASS OF 2021

Clinical Engineering Hall of Fame, 2015-2020

Deadline: February 12, 2021
Nomination form: https://www.surveymonkey.com/r/2021-CE-HOF_form
In Memoriam:
David A. Simmons, ScD, P.E., FACCE, CCE, CQE
1935 – 2020

A Tribute to ACCE Founding Member, Fellow, Dear Colleague and Friend

David A. Simmons, age 85, of Glen Allen, passed away on October 28, 2020. He was born July 25, 1935, in Flint, Michigan. He is survived by his loving wife, Rebecca S. Simmons; children, John, Laura and William Simmons; grandchildren, Cameron and Ian Simmons; his stepson, Ken Newsome, his wife, Linda Newsome and their children, David Lee, Jennifer, Alex and Sarah; and several adorable great-grandchildren. Dr. Simmons was preceded in death by his parents, Arthur Thomas Simmons and Dorothy Pearl Borton Simmons of Flint, Michigan; and his son, Richard Simmons.

Dr. Simmons spent over 50 years in direct patient health care delivery, clinical engineering and management and health care consultation. David possessed three engineering degrees, including a Doctor of Science in Engineering Management from Indiana Northern University. He spent many years in both the Department of Veterans Affairs and the U.S. Public Health Service in Indian Health Service Hospitals. In 1973, Dr. Simmons became the first Chief Biomedical Engineer for Veterans Administration’s 168 hospitals. Dr. Simmons was a prolific speaker and writer with dozens of books and publications in many different health care quality subject areas. He founded and served as President-CEO of Technical Dynamics, Inc. (1979), a CE shared service subsidiary of the Fairfax Hospital Association (now INOVA Health System) where he also served at the same time as the Director of CE for all of the Association’s hospitals; and Mid Atlantic CE, Inc. (1986) for Voluntary Hospitals of America.

These are some, of many, notable moments in Dave’s career:

1969: elected Fellow of AAAS
1981: elected Fellow of ASHE/AHA
1995: selected as the Department of VA CE of the Year, and One of the top Ten Federal Engineers of the Year.
2012: ACCE Lifetime Achievement Award.

In lieu of flowers, the family has requested that donations be made to Mount Vernon Baptist Church of Glen Allen.

Our Colleagues Offer These Thoughts

An eye doctor in Boston introduced Dave to me in 1970 after I made a presentation at a 1969 meeting in Boston on medical equipment. Dave was doing quality control work at that time. He told me that he was writing a book “Medical and Hospital Control Systems” and I agreed to write a couple of chapters. When we physically met, Dave told me three things that he wants to do 1) write this book, 2) earn a Doctorate, 3) move south.

In 1972, when a committee that I was on developed the plan for a medical equipment maintenance program for the VA, I was offered to move to Washington, DC and start the program. I wanted to stay in Arkansas and do the training. I was asked if I knew anyone who could head the program and I referred them to Dave and he was offered the job the next day. Dave and I then worked together to build the program.

In 1976, Dave was offered to establish a clinical engineering program for the Indian...
In Memoriam: David A. Simmons (continued)

(Continued from page 4)

Health Services and he was considering it. As he and I were in St. Louis and driving to the airport, he told me that he needed a sign from God about what he should do. All of sudden we passed a billboard that had a white dove on it, and he explained that was the sign from God and he took the Indian Health Services job.

Dave and I continued as best friends and to work together for the next 30 years and I learned a lot from him.

James Wear

“There was never a dull moment when Dave Simmons was in the room. Dave had a keen mind, always seeking innovative ways of solving problems and challenging the conventional point of view. In addition to his considerable body of work with the VA, he was also one of the early adopters in the shared services movement and the use of maintenance insurance options for managing medical equipment repair costs. Remembering Dave makes me smile.”

Raymond Zambuto

“As a young graduate student in my last semester, my very first job interview was with Dr. Dave Simmons. I knew I wanted to work in clinical engineering and the VA had a great reputation, partially due to Dave’s good work. I drove to New York City and interviewed with Dave at the Manhattan VA. I remember his office and department, many of the questions he asked, and in particular his admirable manner of conducting the interview. I did not end up working there, but very much enjoyed the experience. In the following years, before Dave’s retirement, our paths crossed many times. Each time increased my appreciation of Dave’s professionalism, commitment to clinical engineering, and his interest in developing others in the profession. Dave set a good an example and will be missed.”

Frank Painter

“Dave was a wonderful man. He was instrumental in launching Biomedical Engineering in the VA. A true pioneer.”

Kurt Finke

“When I started to work for MEDIQ/PRN in the early 1990’s, it was difficult to find colleagues with experience in managing clinical engineering (CE) in multiple hospitals across the country. Most CE departments were confined to a single hospital or a system with a few hospitals in a limited geographical area. Challenged with setting up a quality and regulatory support for a nationwide equipment rental company and later, CE outsourcing services, I was delighted to find a CE pioneer in Dr. David Simmons who was willing to generously share his expertise and hard-learned lessons from the Veterans Administration. We talked often over the telephone and met at national events, always gaining great advice and wisdom from him. I will miss him as a colleague and great friend.”

Binseng Wang

“It is with great sadness that I learned of Dr. Dave Simmons passing.

I met Dave early in my career and was amazed by his visionary thinking and creativity. I remember subscribing to the clinical engineering newsletter service, that he and Jim Wear produced, waiting to check my knowledge with the questions they posted at the last page on the newsletter. It influenced my ability to see and pursue professional CE career more clearly. He will be missed but not forgotten.

My sincere condolences to his family and friends.”

Yadin David

“I have met a lot of CEs; Dave was the first great CE I met.

Funny story, the year was 1980. I was departing my first CE job in Baltimore and looking for the next. I was to interview with Dr. Simmons at his Northern Virginia office. He was running a bit late and his assistant let me wait in his office. So, there I was with my feet up on his desk speaking to someone about a job in Texas. Dave walks in and was somewhat put out with this brash young CE (hey by then I was a 30-year-old former CE).

Despite that inauspicious start, we became fast friends for the next 40 years. In addition to their leadership at Veterans Health and much more, David and Jim Wear produced a steady stream of important CE training materials that all young CEs needed to digest.

But beyond Dave Simmons’ incredible CE leadership, prodigious writing, and early advocacy for medical device quality, I observed other traits that made him great.

I saw his love for family (including yours and mine), our profession, and serving vulnerable populations. Thank you, David, for modeling this true excellence.”

Tom Judd
CCE Prep: Preparing for, and Investigating, Medical Device Incidents

In this column we are providing sample questions and information regarding preparation for the CCE exam. The column is written by a group of certified clinical engineers who have taught CCE Prep courses. The sample questions are based on topics from the ACCE Body of Knowledge survey and the CCE Study Guide, version 9. Note that the instructors for the ACCE CCE Prep courses, and the writers for this column, do NOT have any affiliation with the CCE Board of Examiners and have no access to the actual exam questions. If you have specific topics you would like us cover please contact editor@accenet.org.

Question 1: If a device was involved in a patient death, after the incident, the device should be:

a) Returned to the manufacturer for evaluation.
b) Taken apart and repaired if found to be defective.
c) Thoroughly tested, documented and returned to service.
d) Evaluated and sequestered

Correct answer: d

Explanation: If a device was involved in a serious patient injury or death, the investigation of the incident is very important. The device may or may not have contributed to the incident. Many, but not all, medical device accidents can be attributed to use error, so getting information about the device, the environment, other devices nearby, the case, workflow, and sequence of events is very important. Before any action is taken with the equipment in question, sequester all equipment and accessories, and gather all evidence and interview users and witnesses involved in the incident.

A clinical engineer’s responsibility, assuming you work for the organization where the incident took place, is to preserve the evidence and gather the facts. Opinions may be developed but should not be expressed in writing as you might be wrong. Your writing becomes “discoverable” in a legal case so limit reports to the facts. Discussing your opinions with the risk manager and pursuing facts to verify your opinion is a good idea, but your job is to focus on the facts.

Further discussion about the possible answers above are as follows:

Returning the device to the manufacturer is inappropriate without a real solid reason to do so. The manufacturer, in trying to determine what happened, might change the controls or open up the device. If there is a legal case, and the device did contribute to the incident, it is evidence in the case. Allowing the manufacturer to “spoil” (a legal term) the evidence will greatly diminish the organization’s chances of mounting a complete defense. The better thing to do is to invite the manufacturer to your facility to do an equipment examination, have the risk manager and hospital’s lawyer and a clinical engineering representative observe and even video tape the event. If a manufacturer repair is necessary, do not send the device to the manufacturer until the investigation is complete and you are ready to have the device repaired, and/or exchanged.

Similar to the comments for selection “a” above, don’t spoil the evidence unless the case is over, or it’s confirmed there will be no case. If it’s broken, preserve it in its broken state.

If the device was found to be okay (in your opinion), clinical engineering should not take it upon themselves to decide the evidence doesn’t continue to need to be preserved. This should be the decision of the risk manager.

The correct answer is: Sequester the device and all accessories, evaluate the device without spoiling the evidence, report the facts about the condition and performance of the device, and don’t repair it, and, if not broken and working properly don’t put it back into service until the investigation is complete and there is consensus from those involved and approval from risk management.

Question 2. What is the most important step to be taken before an incident occurs?

a) Train the biomedical staff how to respond to incidents.
b) Train the clinical staff how to respond to incidents.
c) Prepare an “investigation tool kit”.
d) Read a good textbook about investigating accidents.

Correct answer: b

Explanation: The best way to ensure that the next incident in your facility involving a medical device is handled properly is to be prepared. All the answers above are good things to do. However, the most important step involves preparing the clinical staff. They are the ones who are quick to:

1) clean the room, 2) rearrange everything in the room back to its original configuration, 3) reset all the equipment knobs and dials to zero, 4) return the equipment to the dirty equipment room so it gets cleaned and put back in service elsewhere, 5) not keep it plugged in so the memory is retained, 6) discard the disposable equipment accessories, and 7) discard the accessory packaging. All these things should be avoided if a serious accident took place. Training the clini-

(Continued on page 10)
One of my favorite activities at ECRI is to participate in the nomination process for our Health Devices Achievement Award. This award is presented each year to an ECRI member institution that has demonstrated an outstanding initiative that improves patient safety, reduces costs, or otherwise facilitates better strategic management of health technology.

**The 2020 Award Winner**

Lower Mainland Biomedical Engineering & Vancouver Coastal Health, Vancouver, BC, Canada

**Joint Investigation of Overinfusion Incidents Has a Global Impact**

Through persistence and sound investigative practices, a team representing two healthcare organizations in British Columbia, Canada, identified the cause of potentially fatal overinfusions involving a commonly used brand of infusion pump. Staff from Lower Mainland Biomedical Engineering, which is part of the Provincial Health Services Authority, and Vancouver Coastal Health joined forces to investigate dozens of overinfusion events in healthcare facilities across British Columbia.

After months of examining possible causes, communicating with concerned staff, and searching for evidence, the investigation team had a breakthrough when nurses identified incidents of unintentional medication flow and followed the procedures outlined by the team to secure the equipment. A collaborative examination of the infusion system—a process that involved the investigation team, the infusion pump manufacturer, and ECRI—revealed that the infusion tubing was a contributing factor toward the uncontrolled flow. Closer inspection showed that the tubing wall was thicker on one side of the lumen than the other. The result: When the tubing was oriented a specific way within the pump, the increased wall thickness on one side could prevent the pump from fully occluding the tubing as intended, thus allowing flow.

This discovery eventually led to a global recall affecting hundreds of millions of tubing sets. It also may help explain years of unexplained overdeliveries of medications with this brand of infusion pump. The team’s evidence-driven investigation improved patient safety not only within their area of responsibility, but throughout the world, earning the organizations top honors in ECRI’s 2020 Health Devices Achievement Award competition.

**The Finalists**

**Memorial Healthcare System—Miramar, FL** Automating Patient Weight Documentation—Memorial Healthcare System’s Project to Reduce Weight-Based Medication Errors

**NewYork- Presbyterian Queens—Flushing, NY** Transforming Pharmacy Compounding Practice—NewYork-Presbyterian Queens Improves Medication Safety through Technology Implementation

For more information about how the winners are determined or how to apply for consideration, visit the award rules page.

I encourage all my clinical engineering colleagues and your health institutions to participate and share with the world your unique initiatives to improve patient safety and reduce costs.

Ismael Cordero, Senior Project Engineer
Device Evaluation, ECRI
icordero@ecri.org
Zachary grew up in Northern Utah where he attended North Summit High School. During these years, he achieved the rank of Eagle Scout and was a member of the Order of the Arrow. After graduating, he served a mission for the Church of Jesus Christ of Latter-day Saints in Venezuela, where he learned to speak Spanish, and gained a love for Latin culture.

Following his mission, he studied biomedical engineering at the University of Utah while interning with the Department of Veterans Affairs hospital in Salt Lake City. This, in turn, led to a career in Biomedical Engineering for several VA hospitals across the country.

The mettle of a Biomedical Engineer isn’t something that’s learned; it’s inherent. It takes a strong leader to establish a Healthcare Technology Management (HTM) program in a region that hadn’t had a sitting director for years; and endurance to fully root that program for the future. Yet, this is what Zachary had accomplished and was continuing to create when he tragically succumbed to plane-crash injuries on August 11, 2020, at the age of 33.

Zach was a tour de force in Veterans Integrated Service Network (VISN) 17, advising the HTM leadership of 7 healthcare systems throughout the state of Texas. He presented at numerous conferences, both locally and nationally – and was always willing to share his insight and experience with others.

Katherine Navarro remembers that before Zach was the VISN 17 Biomedical Engineer, he was the Chief of Biomedical Engineering at the Audie L. Murphy VA Hospital in San Antonio, TX. In that role he brought the Biomedical Engineering department to the next level and demonstrated the value of the department within the organization. He brought cohesiveness and a team mentality to the Biomedical Engineering department by seeking and incorporating input of all the Biomedical Engineering staff into any decision he made for the department. He was also an innovator, improving workflows for the San Antonio Biomedical Engineering department, the Audie L. Murphy VA Hospital, and VISN 17 with a new VA electronic system called LEAF. He fostered great working relationships with everyone he met and established a collaborative relationship between the Biomedical Engineering department and the Office of Information Technology (OIT) department at the San Antonio VA.

Clarice Holden, Chief Biomedical Engineer of the North Texas VA Healthcare System, remembered Zach as a strong mentor, and appreciated his candor. ‘If I needed advice on a task in the Biomedical Engineering Department, or an upcoming national HTM requirement, Zach could parse through all the jargon and clarify directions with ease. He wanted the HTM staff in VISN 17 to be Leader-Leader; as in, everyone knows the objectives of the team, and works in their role towards those objectives. Not pursuing the traditional Leader-Follower model broke barriers and catalyzed the professional relationships between technicians and engineers throughout VISN 17. Zach could get along with just about anyone when it came to business. He accomplished an incredible amount (e.g., streamlined data reports, HTM-as-independent-service, consolidating report structures, standardized performance statements for technicians and engineers) – and was set to continue building indefinitely. The loss of him as a friend, colleague and mentor is profound.’

Clarice Holden
Clarice.Holden@va.gov
Background
Recent global experiences clearly magnified the realization that health is a global phenomenon, and the world shares aspirations for enjoying wellness and a safe environment. The fight against COVID-19 pandemic is making this more evident. It is also clear that the dependence of provisioning healthcare programs for technology in the delivery of their services is at an all time high and will be a growing trend into the foreseeable future. The global medical technology market has been estimated at $461 billion U.S. dollars in 2019 and is expected to reach $559 billion by 2023.

In the vast healthcare delivery system, the community of clinical engineering professionals fills critical roles during each one of the technology life-cycle phases. Clinical Engineering (CE) professionals are practicing in many places along the healthcare continuum, from healthcare providers’ institutions, to industry, academia, government agencies, as well as consultants and volunteers in non-government organizations (NGO). They are involved with technological innovation, application, regulation, assets evaluation, commissioning, as well as performance assurance, and assets management. These critical roles impact patient experience, quality of care, clinical outcomes, and resource utilization efficiency.

It is therefore important that the CE field implement programs that develop and sustain its human capacity, promote competency to excel on their mission, and gain increased recognition for their contributions to better healthcare outcomes. Implementation and sustainability of these programs will benefit from international collaboration, adoption of common benchmarks, promotion of professional creden-
tialing, and partnership with other stakeholders. ACCE was one of the first national professional organizations to identify the need for CE representation and offered a structure to build upon. Other countries followed and thus we face the opportunity to coalesce these local forces into a unified and powerful engine.

The creation of Global Clinical Engineering Alliance
Clinical Engineering as a profession is about six decades old. Its development followed the national and regional needs for CE expertise. However, the field can achieve wider common impact, as there were and still are significant differences in the way Clinical Engineering is perceived by various healthcare stakeholders. Perhaps one reason for such differences was the lack of stronger communication among the CE associations in the past. Efforts through the development of the Clinical Engineering Division at the International Federation for Medical and Biological Engineering (IFMBE CED) https://ced.ifmb.org/ improved the international interaction among CEs in the past, but until recently this was confined mostly to those who were able to attend overseas events. A significant change began to take place in 2015 when CE leaders initiated a series of collaborative tools offering CEs an opportunity to share knowledge, best practices and plan future joint professional activities and advocacy. They created the 1st International Clinical Engineering & Health Technology Management Congress (ICEHTMC) (and the 4th Congress is scheduled for Sept. 2021 in Florida - https://www.aami.org/events/icehtmc2021), the Global Clinical Engineering Day (https://www.globalcea.org/global-clinical-engineering-day), the Global Clinical Engineering Journal (www.GlobalCEA.org), Global CE awards, and the Global Clinical Engineering Summit. While IFMBE CED has been supportive of these efforts, no dedicated CE structure or organization exclusively represents the interests of the global Clinical Engineering Community.

Since the 3rd ICEHTMC Congress in Rome in October 2019, a group of volunteer CE experts from around (from North and South America, Europe, Africa, and Asia) have gotten together and discussed options to further the development of our professional evolution through an international organization that exclusively represents and promote the interests of Clinical Engineering worldwide. Following a year of dedicated work, during the recent Global CE Day celebrations, the creation of the Global Clinical Engineering Alliance (GCEA) was announced. Its mission is to serve the world community of Clinical Engineering professionals through establishment of a foundation to fund CE research, validate credentialing programs, provide a stage for developing and sharing best practices, and advocate for collaboration among ourselves as well as with others healthcare stakeholders and the public. All of these benefits focus on optimal improvement of patient experiences and care outcomes.

GCEA focuses on professional development, addressing healthcare system technological needs, and better patient care. I am proud that after being part of the establishment of ACCE, Healthcare Technology Foundation (HTF), Center for Telemedicine & eHealth Law (CTeL), ICEHTMC, Global CE Day and Summit, and of the Global CE Journal, I am now part of the Founders’ Council group, whose vision to meet future challenges

(Continued on page 10)
Global Clinical Engineering Alliance Arrives (continued)

(Continued from page 9)

successfully means that we all need to collaborate through the new creation of the GCEA. Please visit our website and join us in writing the next chapter in the evolution of the clinical engineering profession!

Together we ARE making it better.

Yadin David and GCEA Founders’ Council
david@biomedeng.com

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CCE Prep- (continued)

(Continued from page 6)

Question 3. Why do we investigate medical device accidents and near misses

a) to learn from the incident and prevent future occurrences
b) to provide accurate information to the patient’s lawyer
c) to determine who made the mistake that caused the problem
d) to create a safer environment for the nurses, physicians and other surgical staff

Correct answer: a

Explanation: Having a “culture of learning” rather than a “culture of blame” is the focus of health care organizations in the US today. Learning from our experiences, mistakes, near misses and direct hits, should be the goal of every organization. We do this to make the organization safer for patients and staff by preventing future occurrences. So a) is the correct answer. Answer b) is not great as the rules of the legal game include, “don’t give them information unless they ask for it”. So much of what you find may never make it out of the risk manager’s office. As a result, providing information to the other side (patient’s lawyer) is not the best answer. Answer c) implies you have the “culture of blame” in your organization. This is bad. Answer d) is a great answer except it leaves out the patient, so this is not the answer either.


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Frank Painter
frpainter@gmail.com
AAMI Update

AAMI President Rob Jensen Announces Retirement

Rob Jensen, the president and CEO of AAMI, has announced his retirement from AAMI to focus on his family roles and responsibilities. Since 2016, Jensen has led AAMI through many significant transitions and advancements. Among them, the AAMI Center for Excellence opened in 2018 as a world-class training and meeting center to support our education and standards development functions.

Together with AAMI staff, Jensen led a strategic transformation to change AAMI’s internal culture to one focused on data-driven decision making, comprehensive strategic and operational planning, and financial and data integrity. He spearheaded efforts to increase AAMI’s profile globally and to create a new AAMI fellowship program.

Investments in technology and enterprise systems were the foundation for AAMI’s seamless transition to remote work in early 2020 that positioned the organization to adapt and remain financially sustainable into the future.

“Rob has been a pleasure to work with and has taken AAMI to new heights,” said Steve Yelton, chair of the AAMI Board of Directors. “We can’t thank him enough for his leadership, his efforts to forge new strategic initiatives, and his keen ability to innovate and modernize AAMI’s infrastruc-
ture and programs.”

On behalf of the AAMI Executive Committee, Yelton announced that Steve Campbell—AAMI’s chief operating officer who has been with the organization for 20 years—will serve as acting president and CEO.

“Steve offers great stability to AAMI. He has outstanding personal skills to work collaboratively with members and staff and has the vision and practical mindset to tackle challenges and seize on opportunities,” said Yelton. “Working with the Management Team and Board, AAMI is in great hands to move forward and to continue to grow and serve the healthcare community.”

CMMS Suppliers Unite to Standardize Medical Device Failure Codes in AAMI-Sponsored White Paper

With hospitals and industry leaders all collecting data in their own unique ways, it has been all but impossible for healthcare technology management (HTM) professionals to assess their industry as a whole. That’s why six competing computerized maintenance management system (CMMS) suppliers recently set aside their differences to standardize how medical device information is configured. They outlined an agreed-upon method for optimizing and standardizing failure codes in a recent white paper.

The white paper, Optimizing the CMMS Failure Code Field, was sponsored by AAMI and represents the insights of a CMMS Collaborative made up of experts from Accruent, EQ2, MediMizer, Nuvolo, Phoenix Data Systems, and TMA Systems.

“This is about collecting more consistent and actionable data,” said Carol Davis-Smith, vice chair of clinical engineering of the AAMI Board of Directors and principal of Carol Davis-Smith & Associates. “In the short term, if everyone treats failure codes the same way, CMMS suppliers can implement their platforms faster. This will enable healthcare technology managers to collect consistent data and begin internal benchmarking to enhance the management of their medical device inventory,” Davis-Smith said.

To download the free white paper, visit https://bit.ly/2HoMDJe

Finally, a Complete Collection of Modern Dialysis Standards

After developing and curating knowledge and guidelines for the medical community, AAMI is releasing Complete Dialysis Collection: 2020 edition, a comprehensive collection of 14 dialysis standards from the American National Standards Institute (ANSI), AAMI, the International Organization for Standardization (ISO), and the International Electrotechnical Commission (IEC). The book is a singular point of reference for organizations, facilities, and their diligent dialysis professionals.

“There’s a lot of overlap for who this book is for. It contains information that’s beneficial for everyone to know from manufacturer to end users,” said Cliff Bernier, director of standards at AAMI.

This includes the latest versions of the five-part series for ANSI/AAMI/ISO 23500 dialysis fluid standards—an industry go-to for recommended practices and requirements. Prior to these new versions, the series was last updated by the international community four years ago.

(Continued on page 12)
AAMI Update

(Continued from page 11)

“Medical knowledge and technologies are always improving, and it can be difficult to keep track of it all,” Bernier explained. “This new 2020 edition and the editions that follow will give people an easy way to stay up to date on a regular basis.”


HTM Professionals Provide Crucial FDA Feedback Using MedSun

Thanks to their role using, managing, and repairing medical devices, HTM professionals are crucial providers of voluntary feedback to the FDA about the health technology they’re using every day. In HTM Live! webinar, FDA representatives described how they can use the agency’s Medical Product Safety Network (MedSun) to do just that.

Through case examples shared during the FDA/AAMI webinar regarding MedSun’s use, “you can see a range of ways HTM professionals can share their concerns with their peers through MedSun and how these concerns can be very impactful on some critical life-support instruments that hospitals use on a day-to-day basis,” said Avinash Konkani, a biomedical engineer with MedSun and a member of AAMI’s BI&T Editorial Board.

Through the partnership, hospitals, the FDA and manufacturers can collaborate to ensure the best possible patient care when using medical devices of all kinds.

“We’re always learning new things about how medical devices are performing once they’re out there in the real world being used in real hospitals by real clinical teams,” said Julie Morabito, supervisory biomedical engineer at the FDA’s Center for Devices and Radiological Health (CDRH). “We’re constantly evaluating and reevaluating the balance of the benefits offered by a device versus the risk that device poses to patient safety.”

But this requires that HTMs act, which MedSun makes easy and efficient. Read the full story and see how you can get involved at https://bit.ly/34R2gBi.

(Continued from page 11)

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 $313). 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>Scott Newman</td>
<td>Individual</td>
<td>Senior Area General Manager</td>
<td>SODEXO</td>
<td>NE/USA</td>
</tr>
<tr>
<td>Robert Milward</td>
<td>Individual</td>
<td>Manager, Regional Operations Support</td>
<td>SODEXO</td>
<td>FL/USA</td>
</tr>
<tr>
<td>Richard King</td>
<td>Individual</td>
<td>Client Executive</td>
<td>SODEXO</td>
<td>AZ/USA</td>
</tr>
<tr>
<td>Jason Gibson</td>
<td>Individual</td>
<td>Director, Quality &amp; Compliance</td>
<td>SODEXO</td>
<td>TN/USA</td>
</tr>
<tr>
<td>Edouard Lyon</td>
<td>Associate</td>
<td>Vice President Operations</td>
<td>SODEXO</td>
<td>IL/USA</td>
</tr>
<tr>
<td>JT Surgener</td>
<td>Individual</td>
<td>Vice President</td>
<td>SODEXO</td>
<td>IN/USA</td>
</tr>
<tr>
<td>Ross Scalise</td>
<td>Individual</td>
<td>Senior Program Director</td>
<td>Univ. Pittsburgh Medical Center</td>
<td>PA/USA</td>
</tr>
</tbody>
</table>

Congratulations goes to the following members who were upgraded to Individual Level:

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Organization</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie Taylor</td>
<td>Biomedical Engineer</td>
<td>VA Connecticut Healthcare System</td>
<td>CT/USA</td>
</tr>
<tr>
<td>Benjamin Ford</td>
<td>Clinical Engineer</td>
<td>Dept. VA, Boston Healthcare System</td>
<td>MA/USA</td>
</tr>
</tbody>
</table>

Welcome to our newest Corporate Member: SODEXO
The 2020-2021 Education Webinar series continued with 2 additional sessions:

On October 8th Dr. Chris Schabowsky and Juuso Leinonen of ECRI, respectively presented and moderated the topic of Incident Investigations in the dynamic healthcare environment. Thank you Chris and Juuso!

On November 12th a session with panelists, Nadia Ayoubzade from Allina Health, Samantha Jacques from McLaren, Ilir Kullolli from Stanford Children’s Health, and Mark Manning from Mayo Clinic. The session was moderated by Carol Davis-Smith. The panelists discussed the topic “Budgeting in a Crisis”. Thank you Nadia Ayoubzadeh, Samantha Jacques, Ilir Kullolli, Mark Manning, and Carol Davis-Smith!

Don’t miss the upcoming Education webinars for the months of December and January:

To register, go to https://accenet.org/NewsEvents/Pages/Webinars.aspx or complete the registration form to receive an e-invoice for online payment.

Description: The AEM methodology created by the US Centers for Medicare & Medicaid Services (CMS) is a well-documented program largely thanks to ACCE leaders like Matt Baretich, but what about our global partners? Martin Poulin joins us to discuss using WHO’s approach to PM, and how they have been adopted into the Province of British Columbia equipment maintenance strategy. Bill Gentles will expand on approaches to how PM is being used internationally.
Reducing Procurement Risk through Qualitative and Quantitative Medical Device Security Assessment

Using tabletop and laboratory based medical device risk assessment to inform procurement processes and contract development

Speaker:
David Guffrey, MS, MSM, CEH, HCISPP, ITIL
Medical Device Cybersecurity Program Manager
Mass General Brigham
MGH MD PnP Lab
Cambridge, MA

Description: This webinar will provide an overview of tabletop –and laboratory-based risk assessment processes for medical device systems. Additionally, methods for using assessment data to reduce organizational risk via integration of findings into procurement language and contract development. The people, processes, and technical resources for each of these topics will be discussed. If you are interested in how your organization can go from 1) tabletop risk assessment to 2) laboratory-based penetration testing to 3) working with personnel within your and vendor organizations to incorporate cyber security procurement language in contracts, then this session is for you.

If you missed the live session on October 21, Fireside Chat: Medical Device Security is a Joint Effort, you can catch-up with the recording https://www.youtube.com/watch?v=tnDxXR8qMy0&feature=youtu.be

Eric Aring & Danielle Cowgill
Education Committee co-chairs
educationchair@accenet.org

Suly Chi
Webinar coordinator
Secretariat@accenet.org
ACCE extends our heart-felt thank you to our 2020 partners for their commitment and their generous support to ACCE’s mission, vision, and programs. Your contributions helped make our vision a reality in 2020, helped offer high quality programs and webinars to our members during a pandemic, and helped advance the profession.

Your contribution, partnership, and commitment to ACCE was vital for ACCE during a pandemic year!
Advocacy Committee Report

2021 Awards – Call for Nominations!

Please take time to nominate worthy colleagues today. Just complete this online nomination form: https://www.surveymonkey.com/r/ACCE-2021awards by Sunday, January 17, 2021.

Awards categories:
- Lifetime Achievement Award
- Marv Shepherd Patient Safety Award
- Challenge Award
- Tom O’Dea Advocacy Award
- Professional Achievement in Management/Managerial Excellence Award
- Professional Achievement in Technology/Professional Development Award
- Antonio Hernandez International Clinical Engineering Award
- ACCE/HTF International Organization Award
- CE-HTM Champion Award

Past winners Awards Criteria

2021 Student Paper Competition

To enter the competition:

Complete this entry form including your Division (Undergraduate, Graduate, or Doctorate)

Deadline for the 2021 paper competition is January 31, 2021

Past winners

2021 Student Scholarship

The ACCE Student Scholarship is designed to promote the profession and encourage eligible students to pursue a clinical engineering career path. It will be awarded at the annual members meeting in June. The American College of Clinical Engineering will award one $1,500 scholarship to a student studying to become a clinical engineer.

Requirements and Criteria: ACCE membership is NOT required

Applicants must be a current (beginning in the fall of 2021), full-time, third-year or above undergraduate or recent graduates accepted into a related graduate program, seeking a career in clinical engineering/biomedical engineering/health systems engineering profession at an accredited college or university

Apply by February 15, 2021 at https://www.surveymonkey.com/r/2021Scholarship

Past winners Past winners
Welcome to our ACCE News feature celebrating job-related transitions for ACCE members. Please contact Suly Chi, ACCE Secretariat (secretariat@accenet.org), if you would like to be included in an upcoming issue or if you have a suggestion for another member who should be included. Congratulations Helen and James on their exciting new roles.

Katherine B. Navarro, CCE, FAC-P/PM

New Title: Biomedical Engineer

New Organization: Department of Veterans Affairs, Veterans Health Administration (VHA) Central Office, Office of Healthcare Technology Management

Responsibilities: As a Biomedical Engineer with the Office of HTM in the VA, I serve as a medical equipment subject matter expert, develop technical guidance, act as a resource for the field HTM personnel, and provide consultation to clinical programs in the VA.

We wish you all a Joyous Holiday and a Very Happy and Safe New Year!

Jim Keller, Ted Cohen, Ismael Cordero, Suly Chi

The ACCE News editorial and circulation team
ACCE Calendar

For more detailed information and more events, go [here](#).

- **10 December 2020** 12:00 PM-1:00 PM
  
  **Webinar: Approaches to Preventive Maintenance, Canada, US and International** - The AEM methodology created by the US Centers for Medicare & Medicaid Services (CMS) is a well documented program largely thanks to AC-CE leaders like Matt Baretich, but what about our global partners? Martin Poulin joins us to discuss using WHO approach to PM, and how they have been adopted into the Province of British Columbia equipment maintenance strategy. Bill Gentles will expand on approaches to PM internationally.
  
  **Faculty:** Matt Baretich, Bill Gentles & Martin Poulin. **Moderator:** Arleen Thukral
  
  [For more information and to register](#)

- **14 January 2021** 12:00 PM-1:00 PM
  
  **Webinar: Reducing Procurement Risk Through Qualitative and Quantitative Medical Device Security Assessment – Using tabletop and laboratory based medical device risk assessment to inform procurement processes and contract development** - This webinar will provide an overview of tabletop and laboratory-based risk assessment processes for medical device systems. Additionally, methods for using this assessment data to reduce organizational risk via integration of findings into procurement language and contract development. The people, processes and technical resources for each of these topics will be discussed. If you are interested in how your organization can go from 1) tabletop risk assessment to 2) laboratory-based penetration testing to 3) working with personnel within your and vendor organizations to incorporate cyber security procurement language in contracts, then this session is for you.
  
  **Faculty:** David A. Guffrey, MS, MSM, CEH, HCISPP, ITIL; **Moderator:** Christine Vogel
  
  [For more information and to register](#)

- **17 January 2021**
  
  **Last day to submit your nominations for the 2021 AC-CE Advocacy Awards** [Click here for more information](#)

- **31 January 2021**
  
  **Last day to enter the 2021 Student Paper Competition** - The ACCE Student Paper Competition showcases the extraordinary talents of both undergraduate and graduate clinical engineering students through their development of a paper involving any area of clinical engineering practice. The award will be given to a maximum of 6 individuals currently enrolled in a CE or related college level program. One award in each division (undergraduate, graduate, doctorate) will go to a student in US/Canada and an international student.
  
  [Click here for more information and to enter](#)

- **11 February 2021** 12:00 PM-1:00 PM
  
  **Webinar: The Joint Commission Update** *Sponsored by SODEXO*
  
  **Faculty:** Herman A. McKenzie, MBA, CHSP
  
  **Moderator:** Binseng Wang

- **February 12, 2021**
  
  **Last day to submit nomination for Clinical Engineering Hall of Fame.**

- **15 February 2021**
  
  **Last day to apply for 2021 ACCE Student Scholarship** - The American College of Clinical Engineering Scholarship is designed to promote the profession and encourage eligible students to pursue a clinical engineering path.
  
  [For more information and to apply](#)