



ACCE News

Newsletter of the American College of Clinical Engineering

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Celebrating 25 years



1990-2015

In this Issue:

HTF Update	2
Body of Knowledge Survey	2
Education Committee	4
Welcome New Members	5
AAMI Update	6
Penalty Box	7
International Report	8
Perspectives from ECRI Institute	9

President's Message



This round I'm covering three topics: Dealing with unexpected/ disasters, customer service, and equipment cleaning/service (sort of). It'll get a bit bumpy toward the end.

Experiencing Chaos

At home I'm getting reminders of why we always practiced for disaster drills in the hospital. Two months ago we obtained two small agents of chaos - also known as kittens. They've managed to damage four lamps, some drinking glasses, and create a big mess as they chase each other around the house and explore every corner they can get into (including, of course, some places we still don't understand how they got to...). They're doing a great job of pointing out weaknesses in our facility and processes.

Luckily most of the issues have been minor and are encouraging my wife and I to be better housekeepers, so it's good. And let's face it...kittens are fun, even when they're mis-behaving.

I'm especially reminded of the times we tested our systems in the hospital while on emergency power for an extended time. While we practice for disasters by running drills, it's dealing with simulated failures that really point out the weaknesses in our own systems. While I worked at the St. Louis VA hospital, we ran on emergency generators for four hours to really identify those areas needing improvement. We found outlets labeled emergency power that were on normal power, administrative areas with lots of light while some clinical areas and critical passageways were dark. And many other limitations we could find no other way. When we listen to George Mills talk about drills and testing, I'm reminded of what we find when we do this. And since I live in St. Louis, our summers aren't complete without a couple of tornado warnings sending us to the basement.

Customer service, good and bad.

The days I wrote this article we experienced some good and bad customer support. Luckily the poor support was on a minor item, while the major support was on a major item.

First, the bad: During my annual Oregon Coast trip, I rented a small guest house. While it had some minor challenges, the place itself was great. I was able to work on my house from there as well as accomplish some paid work. The broker sent out a survey. The survey message itself didn't have a working link to the survey. I went to their website and figured out a way complete one. To ensure I was an actual renter, they sent a confirmation email - the link in the email didn't work. I went to the site again and jumped through some hoops to talk to someone (this failure wasn't in the FAQs). It did not get better. The rep asked why I called, I started to tell her about the issue; she interrupted to tell how to go to the website and complete the survey. I said I had done that already and that I had an issue with the confirmation email. She told me I would get a confirmation email. I explained I had that, but the confirmation link didn't work. She said to click on the link... and so it went for several minutes.

The good: my wife needs to see a doctor. We went to the insurance company's site, which came up

(Continued on page 3)

Healthcare Technology Foundation News

HTF 2011 Clinical Alarms Survey Utilized Worldwide for Assessing Alarm Hazards and Improvements

In 2011, the Healthcare Technology Foundation surveyed clinical staff, CEs, BMETs and other healthcare staff regarding clinical alarms. The 36 question survey was completed by 4,278 individuals with the resulting white paper - [2011 National Clinical Alarms Survey: Perceptions, Issues, Improvements and Priorities](#). Since that time, HTF has received many requests to utilize the survey from leading medical centers such as The Johns Hopkins Hospital, UC Davis School of Nursing, The Hospital of the University of Pennsylvania, Mount Sinai Hospital, Case Western Reserve University, and other US institutions. In addition, Chungnam National University - South Korea, University of KwaZulu-Natal - South Africa, and Applied Science University - Jordan, are global healthcare institutions who have requested the HTF survey to

improve alarm management in their locale. HTF is very pleased with the high interest in this tool for patient safety improvement.

Board Member Marge Funk published in AJCC on alarms

Marge Funk, PhD, RN was recently published in the American Journal of Critical Care regarding Nurses' Perspectives on Clinical Alarms. Please see this link to the abstract. <http://ajcc.aacnjournals.org/content/24/5/387>

Board member Barrett Franklin keeping in touch with regional societies

Barrett Franklin, MS CCE is staying in contact with various regional societies to further educate them on HTF and develop more partnerships.



Be sure to visit the HTF website, www.thehtf.org to see our programs and resources. While you are there, feel free to hit the **DONATE NOW** button. We will accept donations any time and they are always tax deductible!

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Please Take the ACCE Body of Knowledge (BOK) Survey

Please take the ACCE [Body of Knowledge \(BOK\) Survey](#), which is open now through **October 31, 2015**. The survey will assist the American College of Clinical Engineering with developing the scope of practice and knowledge for clinical engineers during their day-to-day work. The results will be compiled and analyzed by ACCE for use by the United States and Canadian Board of Examiners for Certification in Clinical Engineering in designing the Certification in Clinical Engineering (CCE) exam.

Participation in this survey by Clinical Engineering practitioners, such as yourself, is critical to identify how clinical engineering is practiced today. The results will be used to ensure the certification exam closely matches the body of knowledge clinical engineers need to function in their jobs.

This survey takes approximately 10 minutes to fill so please complete it by October 31,

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President's Message continued

(Continued from page 1)

with an odd error (all their pages did). We called the number and jumped through the usual auto-answer hoops without too much of a headache. We told the operator what happened, she let us know the website was down, but she could help us. My wife told her what she needed and the lady offered to email a list of providers to her. The email arrived a few minutes later and all was well.

Thinking about what made the experiences different: First, listening to what we had to say and what we needed without interrupting or jumping in with a 'fix'. Second, acknowledging the problem - my rep didn't, my wife's did. Third, offering a solution and asking if it would work - my rep sort of, my wife's definitely.

This reminds me of what we need to do when anyone comes to us with a problem: First - put ourselves in the place of those needing help. Then listen and acknowledge, validate them (even if it isn't your problem to fix). Then - find the solution that works for them, even if you can't provide it. Finally, confirm that you really did help them - if not, try again.

Dangerous assumptions and learning from other industries.

I recently read the September AAMI News. The main front page article was "FDA Beefs up Reprocessing Guidance" After reading the article, the first question that I had was "But did they really?" The FDA stressed "meticulously" following the manufacturers' reprocessing instructions. And, to me, there lies a dangerous assumption: That the manufacturers really know how best to reprocess and maintain their equipment.

Healthcare is the only industry that still believes this to be true. Every other industry in the world has adopted Reliability Engineering (RE) and its application, Reliability Centered Maintenance (RCM). This is the finding that led to reduced airplane failures and crashes. RCM came about when United Airlines discovered they could not afford to fly the 747 if it adhered

strictly to Boeing's maintenance requirements. They worked with their mechanics/technicians to determine what work was needed, what was a waste of resources and what actually decreased reliability. What they found was that manufacturers DO NOT know how best to maintain the equipment they design and build. The users and maintainers have the best knowledge and insight as to the best way to keep a device safe and useful.

And let's be honest - how many of us Clinical Engineers learned anything about maintenance in college? None, I bet. University engineering programs focus on design, not what happens afterwards. Who knows best about maintenance? It's our technicians. I spent the first 14 years of my adult life as a tech. One of the reasons I went for my engineering degree was because most of the equipment I saw (and almost all US designed equipment) was poorly designed for lifecycle management, repair and maintenance.

There are exceptions in healthcare. I know of one manufacturer that uses Reliability Engineering in their processes. Interestingly, that company's Executive VP is a Clinical Engineer.

Healthcare needs to join the rest of the world; we desperately need to adopt RE and RCM.

What can we do? First, learn about RCM and RE. Simply Googling those terms will start you on the path. Next - Share this with your users. We have all been told by manufacturer representatives, CMS and the FDA that we should follow manufacturer guidelines. That is simply generally untrue - history has proven this fallacy. The manufacturers have been telling the hospitals this for decades; especially when it comes to service contract sales. Clinicians need to know the truth (getting them to believe it may be

a challenge). Here's some questions I would put to anyone that says they believe 'manufacturers know best': Have you ever ridden in a commercial airplane? Do you think airplanes are safer now than 60 years ago? Then follow up with "That's because the airlines' technicians determine the maintenance procedures and schedules, not the manufacturers"

Finally - Challenge the manufacturers. Ask them what RE and RCM processes they use. If they don't have any, why not? And if not, how can they know that their procedures are effective and safe?

One definition of insanity is doing the same thing over and over expecting different results. Blindly trusting the manufacturers' defined procedures and expecting higher safety and reliability may be that form of insanity.

I recently completed the ACCE Body of Knowledge Survey. At first, I thought that since I'm not doing 'pure' CE work anymore, I'm not sure how much my input will help. Then I realized that we decide what CE work really is, and that it evolves. Without my input, there's less input on how it's evolving. Finally a small 'preview of my next article. As President of ACCE, I was asked to be a keynote speaker at the International Forum of Clinical Engineering in Mazatlan. That occurs October 29-31, which is about the time this article is published. So, I'll share on that experience next time.

I hope my musings help you think about what it means to be a Clinical Engineer, what the field was and what you can make it into for the future.

Paul Sherman, President ACCE

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Journal of Clinical Engineering Subscriptions for ACCE Members

ACCE members receive a discounted subscription to the [Journal of Clinical Engineering](#) for only \$99! (Originally \$222). You must [login](#) to the ACCE website to view the code. Then visit LWW.com to enter the code.

Education Committee Report

The Education Committee has received overwhelming response to our webinar series and are looking forward to the upcoming events. November's session "Healthcare Innovations and Disruptive Technology" promises to be one of a kind in the Clinical Engineering arena this year. Jonathan Govette, CEO of ReferralMD will be presenting on the technology trends that are up and coming in the healthcare industry that could change the way clinical engineering does business years down the road. December's session "Continuing Education and Succession Planning in HTM" stars a seasoned clinical engineering lineup and promises to give attendees novel insights into clinical engineering training, succession planning, recruitment, retention, and personnel as well as employee engagement and development. Dr. Barb Christie is an associate professor and program director of Healthcare Engineering Technology Management at Indiana University-Purdue University Indianapolis and will be discussing biomedical engineering education and current challenges that the field faces now and strategies for education and continued education. Michelle Baquie is a Biomedical Engineer with the Office of Healthcare Technology Management at the Veterans Health Administration and will be discussing workforce development including recruitment and retention, mentorship, and simple principles organizations can leverage to accomplish

this in a more strategic way. Patrick Bernat is the Director of Healthcare Technology Management at the Association for the Advancement of Medical Instrumentation (AAMI) and will be discussing the AAMI Career Ladder initiative and other tools for succession and career planning. We look forward to your engagement and attendance at these exciting sessions! [Register today!](#)

The Education Committee is also honored to thank our 2015 CCE Review Webinar Faculty Mr. Matt Baretich, Mr. Tobey Clark, Mr. Ted Cohen and Mr. Frank Painter. This group over the past few years has taken time out of their busy schedules to teach the webinar series and aid individuals studying for

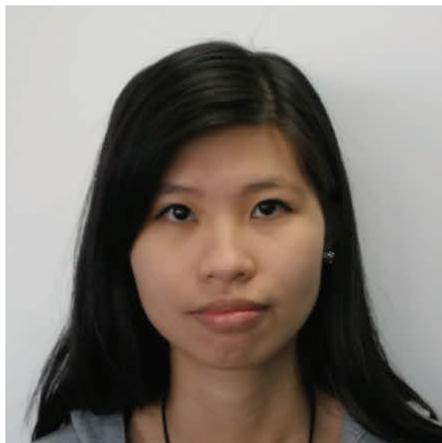
their CCE exam. Thank you also to Helen Cheong and Cathy Weitenbeck, ACCE members who volunteer to host and moderate the series. This is their second year doing this and ACCE is very thankful for all of their work and efforts.

We wish the best of luck to all of the 2015 CCE candidates in their November written examination!

Stay tuned for a very exciting announcement from the Education Committee in the November/ December ACCE Newsletter!

Jennifer DeFrancesca, Education Committee co-chair

educationchair@accenet.org



Thank you very much to Helen Cheong (left) and Kathy Weitenbeck for hosting and moderating the CCE Review Webinar Series this Fall.



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Welcome to All the New Members

Name	Class	Job Title	Company	Country
Joseph Mutesva	Associate	Senior Technician	Chelsea & Westminster Healthcare Foundation Trust	London/UK
Marie Monette Valiere	Associate	Director of Biomedical Engineering	Partners in Health-Haiti	Haiti
Jovo Acamovic	Associate	Supervisor	Froedtert & The Medical College of Wisconsin	WI/USA
Ali Riahi	Associate	Clinical Engineer	Northwestern Medicine	IL/USA
Alicia Smith-Freshwater	Institutional-Individual	HT manager	Veterans Health Administration	NC/USA
Abdussalam Kayal Moolakkal	Individual	Manager Biomedical Engineering	Universal Hospitals	UAE
Luis Molina	Institutional-Associate	Sr. Clinical Engineer	New York Presbyterian Hospital	NY/USA
Sarah Brockway	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/VA Los Angeles	CA/USA
Kristy Sharma	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/VA Boston	MA/USA
Sherin Kuriakose	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/Baystate Hospital	MA/USA
Joseph Corso	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/Hartford Hospital	CT/USA
Dillon Florence	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/Brigham and Women's Hospital	MA/USA
Connie Dam	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/Rhode Island Hospital	RI/USA
Mark Milleville	Candidate	Clinical Engineer Intern/ Graduate Student	UCONN/UCONN Health	CT/USA
Jose Sanchez	Individual	Biomedical Engineer	Aramark	CA/USA
Yonathan Teklehanot	Individual	Clinical Engineer	Oregon Health and Science University	OR/USA

ACCE Job Website Job Postings

For posting job opportunities, please contact Dave Smith at advertising@accenet.org

AAMI Update

Podcast Library Grows

Launched only one year ago, AAMI now has a series of more than one dozen informative podcasts, featuring engaging interviews with professionals on the frontlines of healthcare technology.

Produced in partnership with the studios of Healthcare Tech Talk, the podcasts can be enjoyed on the go, in front of your desk, or at home. Available on the AAMI website and through iTunes, TuneIn, and Stitcher, the podcasts are free of charge, produced as a service to the healthcare technology management (HTM) community.

Podcast hosts Terry Baker and Kelley Hill lead guests in thoughtful and lively conversations, covering some of the hottest topics today. Episodes include Cybersecurity in Healthcare Technology, The Big Deal about Big Data, Is PM a Thing of the Past, Risk Management, and Building Stronger HTM Departments

The podcasts have resulted in more than 6,000 downloads since the launch of the series in the fall of 2014.

“We hope the HTM community enjoys these podcasts,” said Sean Loughlin, vice president of communications at AAMI. “We thought they would be a great way to share ideas, insights, and experiences, and we’re so grateful to have such terrific hosts in Terry and Kelley.”

To see the complete library of AAMI podcasts and enjoy them for free, please visit www.aami.org.

AAMI Secures Key Accreditation Role

An influential accreditation board has selected AAMI as its lead member society for bioengineering technology and similarly named programs, such as those for biomedical equipment technicians (BMETs).

The Accreditation Board for Engineering and Technology (ABET) accredits college and university programs in applied science, computing, engineering, and technology.

In practical terms, this means that AAMI

will now be the professional society that sets guidelines and assists in accreditation efforts for both associate and bachelor degree college bioengineering or biomedical engineering technology programs. Additionally, AAMI will provide evaluators to visit colleges to determine if their programs meet the criteria for accreditation.

AAMI had been seen by many in the field as a more logical fit for this role than the previous lead society, which was the Biomedical Engineering Society (BMES). The latter is primarily an engineering organization, rather than an organization for BMETs and other technicians in the healthcare technology management (HTM) field. BMES supported efforts for AAMI to become the BMET lead society.

“This is an exciting development, as it will help enhance AAMI’s commitment to HTM education and the future of our profession,” said Steve Yelton, an educator and a member of AAMI’s Board of Directors. “AAMI currently is involved with certification of BMETs, core competencies for college programs, and guidance in career planning and strategy. This will complete the cycle with AAMI becoming involved in assisting in the accreditation of college programs.”

“We are very pleased that the ABET Board of Directors saw the value of having AAMI as a member society, and that they saw AAMI as an ideal fit for the lead society role,” said AAMI President Mary Logan.

The new ABET role for AAMI falls in line with work that began through its Future Forums, events at which HTM leaders gathered to discuss and debate how to best advance the field. The work includes the promotion of increased standardization of the field, the development of BMET core competencies, a more clearly defined career ladder, and the identification of training and education gaps.

Logan noted that the new role should benefit all BMET programs, regardless of whether they are ABET accredited. “This provides an opportunity for AAMI to share best practices and to disseminate useful information with educators, regardless of accreditation,” she said.

AAMI’s new role as an ABET member society in no way requires BMET educational programs to become ABET-accredited.

Some programs choose to become ABET-accredited, while others do not because of costs and other factors.

AAMI Mentorship Program Grows

For most of his professional life, John Weimert has enjoyed the guidance of mentors.

He had one as a teenager in Houston, TX, while working for a newspaper company. He also had a mentor in the Navy and later had mentors when he moved into the private sector, working as a biomedical engineer.

So, with a sense of gratitude and a desire to give back, Weimert, the assistant director of biomedical engineering at Texas Children’s Hospital in Houston, signed up for AAMI’s Mentorship Program, wanting to guide younger professionals with the same dedication he experienced.

“These mentors taught me how to act responsibly, how to speak in a professional manner, how to respond in a critical situation, how to carry myself professionally,” Weimert recalled. “In short, I would not be who I am today without having learned from strong mentors.”

Launched at the start of this year, AAMI’s Mentorship Program is a matchmaking exercise of sorts: pairing AAMI members new to their respective fields—whether healthcare technology management (HTM), sterilization, or another discipline—with veterans who have learned the ropes and want to help those who are just starting in their careers

“Clearly, there are mistakes to be made, and I would like to help guide a younger biomedical engineer through the minefield,” said Weimert, who is working with one such younger professional, Priyanka Upendra, a clinical technology analyst with Stanford Health Care in Palo Alto, CA. The two have bimonthly phone meetings, each set for about one hour. In between those meetings, they correspond via e-mail. The two have discussed Joint Commission survey processes, clinical alarm management, budget forecasting, staff development, crucial conversations, capital equipment acquisition, and equipment planning.

Throughout the program, not only have I

(Continued on page 8)

View from the Penalty Box

The summer has passed and two very surprising events have occurred. First, the Red Sox will not make the playoffs. Second, is that the Cubs will make the playoffs. Also happening is that the Bruins, Celtics, Patriots and Revolution (New England's soccer team), are all projected to make the playoffs. These teams are pushing the politicians off some of the newscasts and shrinking the amount of space they get in the newspapers. This is a good thing as many of the politicians and those running have never had a real job and are wealthy welfare recipients all with great healthcare, guaranteed pensions and all sort of perks. They campaign about wage disparities in industry but probably have some of the biggest disparities with those who are actually on welfare.

The government seems to be totally clueless as to how to control healthcare costs. The proposed changes in billing codes, some 40,000, are fertile grounds for patients and insurance companies being overcharged and, as a result, I expect that fraud will be rampant. They do not address how two hospitals, within three miles of each other, can charge such different costs for the same procedure. One, very well-known hospital charged over \$6,000 for a MRI and the other under \$2,000. Both are teaching hospitals, but if you went to a "commercial provider" for your scan it would have come in at \$1,200.

Many who point to this new coding scheme say that they are pushing for EHR and the interconnectivity of medical devices. That presents another question. Is all this technology needed for every patient to receive quality healthcare at an affordable price? Maybe I am just old and out of touch but I am of the opinion that 90 plus percent of the patients can be treated with far less technology than is applied. As a profession we need to look at ways to reduce the technology levels for most patients while introducing more technology for those patients that need it. Such a simple change will probably reduce noise level with so many less alarms sounding and when an alarm does sound someone will get there quickly to check that patient. How many of us have been on a floor or ICU with alarms sounding for many minutes before anyone moves to check the patient? This simple delay, to me, means that WE are not doing our job in providing a safe setting for patients. Some of you will be saying that it is nursing problem, others will say it is a design problem on the device, other just say "not my problem" and move on to do other tasks that may or may not be needed for patient or staff safety and good outcomes. It is our responsibility and we need to make the patient our highest priority and the focus of our work.

There is some discussion in the press on simple devices, mostly stimulators, which have limited or replaced the need for pain killers in many patients. While it makes sense that these new devices are useful, will the drug companies try to block their widespread use? Could they also reduce our recreational pharmacology problems? Just think of what that could mean for our law

enforcement costs. We need to watch and support these devices as they are developed.

In a recent discussion with some engineers that have been around for more than 30 years we got talking about when companies would send design engineers into hospitals to ask what was needed, what was not needed and what they could do better on their current products. Unfortunately this interaction between designers, users and clinical engineers seems to be a very rare occurrence. None of us had a firm answer but many mentioned that the FDA seems to be limiting the interactions. Some years back when you looked at the membership listing of ACCE it was common to find members that listed the FDA as their employer, now I found none. Why has this happened? Also there are very few

ACCE members from industry. Again why? The ACCE was created to bring all segments of healthcare technology together to share thoughts and ask questions. Maybe we need to relook at our membership and recruit more diverse people or maybe we just need to get our present members more active in presenting issues at meetings and in print. Some of us are getting old and need good, safe technology to stay around.

Well it is off to the ice rink as the grandsons are starting their seasons, one playing Juniors and the other still in youth hockey. It still gives me great pleasure to see good hockey even though I am not in the penalty box, which is the best seat in the arena.

Dave Harrington
Dave@sbtech.com



The advertisement features a hand pointing at a digital interface with various icons representing healthcare management systems like AEM, CMMS, and COSR. The text highlights the company's long history and the benefits of their CMMS solution.

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International Report: El Hospital Magazine Partners with ACCE for Article Development

ACCE has signed an agreement with the Spanish language magazine "El Hospital" to produce a series of articles on technology to be published in the printed and digital version of the magazine, and on the blog in its website. El Hospital is the largest specialized publication on healthcare facilities and technology circulating among hospital directors and administrators, health professionals, and engineers in Latin America, the Caribbean and Spain.

The articles are translated and published in Spanish. They are available free of charge. All you need to do is log into the El Hospital website: www.elhospital.com. You can register at the site to get additional information.

You may also get the published articles and blogs at the following addresses or

from ACCE Website/What's New section:

[Doce aplicaciones médicas para teléfonos inteligentes](#)

[Tendencias en Regulación de Dispositivos Médico](#)

[Cuando reemplazar la tecnología medica](#)

[Por qué usar tecnologías de información \(TI\) en los hospitales?](#)

If you are interested in writing articles, please contact Suly Chi at secretari-at@accenet.org

Antonio Hernandez

International Committee Chair

internationalchair@accenet.org

AAMI

(Continued from page 6)

gained a deeper understanding of how to run HTM operations, I have also learned how to understand and motivate my team to perform better, respond to conflicts, hold crucial conversations as a manager, and lead a team toward effective delivery of program and project goals," Upendra said.

To learn more about AAMI's Mentorship Program, or to sign up, please visit www.aami.org/mentorship.

Pitch a Product Idea

Are there resources for healthcare technology management (HTM) or medical device industry professionals that you would like to see developed? Let AAMI know. While AAMI already has an impressive array of books, manuals, and videos available for sale, we'd like to develop additional resources to meet the needs of today's HTM professionals. If you have an idea for a new product, please send it to Special Projects Editor Melissa Coates at mcoates@aami.org

In your e-mail, please answer the following questions:

1. What is your product idea? Please

describe both the proposed content and format (such as a book, video, online service, or app).

2. Who is the intended audience for this product?

3. Would you be willing to lead the development of the product? If not, do you have suggestions for authors or project managers?

"We want to develop products that are both relevant and timely, and those who are on the frontlines of healthcare technology are in the best position to say what those resources might be," Coates said. "What resource or guide would you like to have?"

Product ideas could deal with sterilization, medical device design, preventive maintenance strategies, quality systems, home healthcare, purchasing strategies, clinical alarms, or a host of other topics.

Sean Laughlin, AAMI, VP Publications
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ACCE News Articles Wanted

ACCE News is always looking for newsworthy articles and relevant opinions/columns of interest to the Clinical Engineering community. Articles should be previously unpublished and 500-1,500 words in length. If you have an article, or wish to discuss article ideas, please contact one of the newsletter editors. Photos of recent clinical engineering related events are also welcome.

Thanks

Ted Cohen, co-editor ACCE News
editor@accenet.org

Perspectives from ECRI Institute

In the last issue of ACCE News I wrote that I would be travelling to Hong Kong, Malaysia, and Singapore in my new role as ECRI Institute's Vice President for International Market Development. This was my first big trip in my new role and it was amazing.

I started the trip with a two day visit to Hong Kong. One of my colleagues from ECRI's Asia Pacific office, Eric Woo, and I met with leaders from the planning office for a new 500 bed hospital scheduled to be built in the New Territories section of Hong Kong. The Hong Kong hospital is part an impressive trend of new hospital construction throughout the Asia Pacific region. The purpose of our visit was to share information on ECRI's expertise and discuss a proposal we would be submitting to the hospital planning office for our Equipment Planning services.

After Hong Kong I traveled to Kuala Lumpur in Malaysia. One of the first things that I saw after landing in Kuala Lumpur was a large advertisement promoting Malaysia's health tourism services. The advertisement had images of a smiling western patients and touted Malaysia's safe, affordable, and excellent healthcare services. Cosmetic surgery and cancer care were the big areas being emphasized. Medical tourism is one of the big drivers behind the growth in hospital construction in the Asia Pacific region.

ECRI's Asia Pacific office is located in Kuala Lumpur. Eric Woo is the new Regional Director of the office. He replaced the recently retired Jin Lor, who many in the international clinical engineering community know very well. Mr. Woo leads an excellent and very motivated team of clinical engineers and administrative staff who were about as hospitable as one can be during my entire visit to Asia. Several of them joined me during a very busy series of visits with hospitals and healthcare-related organizations throughout Hong Kong, Malaysia, and Singapore. I also presented at two conferences. One was put on by the Malaysian Society for Quality in Health (MSQH) and the other was held by Malaysia's Ministry of Health. MSQH is the accrediting body for Malaysian hospitals. Its accreditation standards are modeled after those from Australia. The MSQH conference was largely an educa-

tional program for Malaysian hospitals planning for their first or renewing accreditation surveys. The Ministry of Health conference was on "Green and Sustainability in Healthcare Engineering".

Throughout my trip I met with clinical engineers and technicians, hospital executives, risk managers, clinicians, and regulators. Despite being so far from home, I tended to find that my hosts and I had more in common than differences. Patient safety was a hot topic, cost cutting and better financial management were big concerns, and – believe it or not – our clinical engineering colleagues were very keen to discuss their challenges with managing preventive maintenance. A typical comment was that electrical safety testing was probably being over emphasized. Where have we heard that before?

Not surprisingly, most of the clinical engineering professionals I met with were dealing with technology topics that were a bit behind what we see in the United States. But it wasn't so much. Device integration with information systems was often on their radar. Two of the hospitals I visited had Da Vinci robots. Engineers that I met



Jim Keller, ACCE Past President cooling his feet in a stream at the Malaysian Forest Research Institute Park near Kuala Lumpur.

in Singapore were dealing with signal dropout from their new hospital's Wi-Fi-based telemetry system. In some ways, the Singapore hospital was more advanced than the typical facility in the US. On my way to the hospital's biomedical engineering department, which was in the basement, of course, I saw a supply robot roaming through the corridors. It was on its way to pick up a supply cart for restocking.

As I write this article, I'm on a plane heading to Hong Kong for a short trip for a project that ECRI is conducting for the Hong Kong Department of Health. Next month I head back to Hong Kong for the same project and then on to Australia for several speaking engagements. I plan to provide additional perspectives in ACCE News after those trips.

I'd like to thank my colleagues from ECRI's Asia Pacific office for being amazingly hospitable during my trip and for doing such a great job of organizing pretty much every minute along the way. It was great fun – and not too tiring.

Jim Keller, Past President, ACCE

jkeller@ecri.org



Jim Keller visits the 140 foot high golden statue of the Hindu deity Murugan at Batu Caves near Kuala Lumpur in Malaysia.

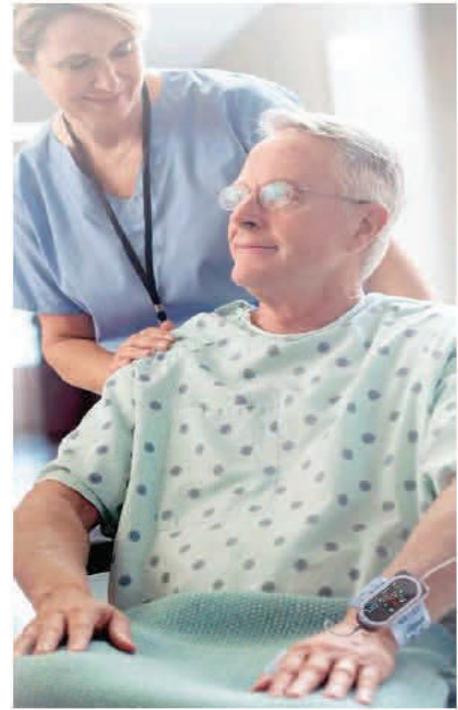
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ViSi Mobile bridges the gap between intermittent spot check monitoring and ICU level monitoring for the general care floor, providing:

- Direct access to vital parameters “whenever, wherever”
- Early detection to avoid complications
- Rapid response at the bedside
- Restful sleep due to less interruptions
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ACCE Calendar

October 31, 2015

Completion deadline for Body of Knowledge (BoK) Survey

October 21-23, 2015

ICETHMC 2015

Hangzhou, China

October 29-31, 2015

ICFORO

<http://icforo.com/programa.html>

November 7-21, 2015

2015 Clinical Engineering Certification Written Examination

November 12, 2015

ACCE Educational Webinar: Healthcare Innovations and Disruptive Technology

December 12, 2015

ACCE Educational Webinar: Continuing Education & Succession Planning in HTM

January 25-29

IHE North America Connectathon

Cleveland, OH

February 29—March 4

HIMSS 2016

Las Vegas, NV

[Register here](#)

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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