I hope you are all doing well and excited at the start of the beautiful Fall season. I can’t believe it’s almost October. The year so far has been prosperous and positively busy! Recently, I had the opportunity to take a couple weeks’ time off and visit India. It was a trip I cherish deeply as I visited family after over 3.5 years!

We’ve had a very positive year within the ACCE community as well. The new 2022-2023 Board took effect on August 19th and I am very pleased to see the caliber of individuals offering their time and expertise on the Board and Committees. I am very grateful for the new Board members and Committee chairs – Michele Manzoli, Eric Sparnon, Kevin Kreitzman, and Ashley O’Mara. Transitioning to the new Board has been easier because of all the efforts of prior Board members. I am extremely pleased for the years of dedication and commitment these experts have contributed to the ACCE Board: Kamecia Bruce, David Braeutigam, Jim Caporali, and Samantha Herold. I am also grateful for Katherine Navarro, who completed her 2-yrs term as member at large and is transitioning to the office of Vice President.

ACCE is able to progress through its objectives and activities because of the work our Committees are doing – nationally and internationally. As part of the 2022-2023 Board, we have new Committee chairs – Helen Cheong (Advocacy) and Mark Bruley (CE-HOF Nominations). We also have a new chair for HTCC, Sudhakar Nagavalli. I am very grateful for the prior chairs, because of whom the transitions were successful – Kevin Kreitzman (Advocacy), Jim Keller (CE-HOF Nominations), and Ricardo Silva (HTCC). On behalf of the ACCE Board and the larger community, thanks to all these individuals for volunteering their time, expertise, and commitment to the industry.

While we transitioned to the 2022-2023 Board, the Committees have not taken a break with their engagements. The International Committee (led by Binseng Wang) has made significant progress with our outreach activities presenting to international HTM/CE organizations and signing new collaboration agreements. The Education Committee (led by Nader Hammoud and Tony Cody) organized complimentary webinars, sponsored webinars, and are well into offering webinars on October 13th on Cybersecurity and Asset Discovery Tools, and on November 17th on IV Pump Integration Lessons Learned. The membership committee (led by Juuso Leinonen) continues to monitor growth in our membership and creatively engage new members. The advocacy committee (led by Helen Cheong) has reviewed the upcoming ACCE/HIMSS CE-IT Synergies Award and is making revisions to existing award categories to adapt to industry trends. The other committees – Nominations, Advertising, CE-HOF, AAMI & HIMSS Symposium Planning, and BOK – are actively engaged in numerous planning activities for the rest of this term. Thank you all for this commitment and dedication!

(Continued on page 2)
CCE Exam Prep: Project Management

In this column we are providing sample questions and information regarding preparation for the CCE exam. The sample questions are based on topics from the ACCE Body of Knowledge survey and the CCE Study Guide, version 10. 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.

Project Management

1. It is very important that a project charter be approved, and include which of the following, before formal project commencement?
   A. Project objectives
   B. Project sponsor
   C. Project scope
   D. All of the above

Correct answer: D: All of the above

2. As the project manager for a major EHR medical device integration project, one of your tasks is to determine the project stakeholders. The project stakeholder team should:
   A. Be limited to IT, EMR vendor, medical device company reps and Clinical Engineering staff so they can decide what will work best for the very busy physicians and nurses and other clinical staff that will be impacted by the equipment integration.
   B. Always include the chairman/head of each clinical department involved to make sure that executive leadership has a direct role in this project.
   C. Be diverse and represent those groups that the project will significantly impact.
   D. Always include the Chief Financial Officer to make sure the project stays within budget.

Correct answer: C: A diverse group representing each stakeholder.

3. Project update meetings should:
   A. Occur regularly
   B. Include a meeting agenda
   C. Include approval of prior meeting minutes
   D. Provide for an opportunity for open discussion from all team members
   E. All of the above

Explanations: Clinical engineers are often asked to participate in major projects such as new medical equipment for new building construction projects, equipment replacement projects and EHR/medical equipment integration projects. More and more clinical engineers are tasked with leading these projects or sub-projects. As such, project management has become a more important, and more common, role for many clinical engineers.

The project charter should include: the project objectives, (i.e., Why is the project important?); the project sponsor (i.e., Who are executive leadership that will sponsor the project and assure budget etc.); and the project scope, (i.e., What is included, and therefore, not included, in the project).

The project stakeholders should be diverse and include those groups that the project will significantly impact including representatives of clinical staff that will be the users of the integrated devices.

Project update meetings should occur regularly and communicate, either in-person or electronically, to stakeholders and project team members, the status of the project, issues, timeline, changes and any other important factors impacting the project.

Ted Cohen
ACCE News co-editor
tedcohen@pacbell.net

President’s report continued

As you are aware, since earlier this year the ACCE Board, HTCC, US and Canadian BoE, and BoK committee sought experts to audit the CCE certification process. The auditing process has been completed and the internal participants are now reviewing proposed recommendations and action plans to ensure outcomes are successfully achieved. A huge thanks goes out to our auditors for their critical insights and time assessing this important examination process.

As we go into October, I want to remind you all that we celebrate the Global Clinical Engineering Day on October 21st. Do keep an eye out for a great video that ACCE is planning and will publish on our social media accounts. If you have an interesting story to share, please reach out to Suly Chi, secretariat@accenet.org.

Again, I thank you all for your efforts in HTM/CE and look forward to an eventful last quarter of 2022!

Priya Upendra, President
American College of Clinical Engineering
president@accenet.org
The International Committee (IC) held its fifth 2022 bimonthly meeting on September 23, 2022. The guest speaker was Ratish Kumar, Biomedical Engineering Coordinator, at Hospital Sisters Mission Outreach (https://mission-outreach.org/). He described the international relief work that they have been doing for over 20 years in more than 95 developing countries such as Ghana, Kenya, India, Haiti, Tanzania, St. Vincent, the Grenadines, and the Philippines, and provided a description of the standards it is using to ensure adequacy, feasibility and sustainability of its donations of medical supplies and equipment. We also discussed possible ways that ACCE members, not only those who are part of the IC, can contribute to their work, as well as how it can help ACCE IC connect with CE professionals in the countries where they are active.

A short video about ACCE and the current status of CE in the US was recorded by the IC chair and provided to our French collaborating association - AFIB, per its request for their annual conference held in Lille, France, September 28-30. This video, as well as an interview for their Newsletter, was reviewed and revised per recommendations provided by ACCE Board. Another IC activity in September was a webinar on Medical Equipment Planning requested by our Peruvian collaborating association ASPIC, which was delivered by Avinash Konkani and Lou Schonder.

In October, IC will make two presentations. The first one will be made in Sao Paulo, Brazil, on October 7, with Binseng Wang delivering an in-person presentation to our Brazilian collaborating association – ABEClin. The topic will be Evidence-Based Maintenance for Medical Equipment. The second will be a virtual presentation, also by Binseng Wang, on October 25, at the 2022 conference jointly organized by the Consejo Regional de Ingeniería Biomédica para América Latina (CORAL) and the Sociedade Brasileira de Engenharia Biomédica (SBEB), with support from the International Federation of Medical and Biological Engineering (IFMBE) and the Universidade Federal de Santa Catarina (UFSC). This conference will be held at the Instituto de Engenharia Biomédica da UFSC (IEB-UFSC). The topic of this presentation is the Right to Repair for Medical Equipment.

IC members are continuing to work with other national CE associations with which ACCE has signed collaboration agreement to deliver webinars and/or in-person presentations at their national conferences for 2023. The current list of webinars being offered is available on the ACCE’s website: https://accenet.org/International/Pages/Webinars.aspx.

ACCE members who are not IC members are welcome to consider offering webinars they believe are of potential interest to our foreign colleagues. Interested persons should contact one of the IC members (see list on https://accenet.org/International/Pages/Default.aspx) and provide a short description similar to what is available on the ACCE webpage. Potential presenters are reminded that such activities are strictly voluntary and does not involve any honorarium or coverage of travel expenses by ACCE.

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

ACCE News

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

Managing Editor
Jim Keller
jkellerjr@verizon.net

Co-Editors
Ted Cohen
tedcohen@pacific.net

Ismael Cordero
icordero@ECRI.org

Circulation & Address Corrections
Suly Chi, ACCE Secretariat
Secretariat@accenet.org

Advertising
Dave Smith
advertising@accenet.org

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From the Body of Knowledge Committee Desk

The 2022 CCE Review Webinar series, consisting of 10 weekly sessions of an hour and a half each, is coming to a close.

Thanks to the support of Medigate by Claroty, this series was offered free of charge to ACCE Members. We had 100+ registrations for this series from members around the world.

We would also like to recognize the three volunteer members who helped us moderate this series. Thank you, Harrison Arciprete, Caroline Chyc-Oleslak, and Ryan Schafer!

We would also like to thank all of the presenters who developed the content (available here) and presented over the 10 week course: Kim Greenwood, Jenn Nichols, Tobey Clark, Ted Cohen, Elena Buckley, Arif Subhan, Chris Riha, and Alan Lipschultz.

Good luck to those who will be taking their 2022 CCE written examination in November!

Jenn Nichols  
Chair, BOK Committee  
BOKChair@accenet.org
From the Education Committee Desk

The Education Committee would like to thank our committee members, moderators, and members who supported us by completing the annual education topics survey. This helped us assemble our educational webinar series reflecting our members’ preferences. We would like to thank all of you for taking time to share, help us advance the Clinical Engineering profession, and support ACCE through the Webinar Series. – THANK YOU!

The 2022-2023 Webinar Series will continue with session #2 on 10/13/2022, with Kris Kusche and Chad Waters sharing the topic Cybersecurity and Asset Discovery Tools – Lessons Learned.

After that the series continues with session #3 on 11/17/2022, with Tina M. Suess. Join Tina to hear lessons learned from her facility’s infusion interoperability journey.

These 2 sessions will be followed by 7 more sessions (10 total) that will dig deeply into topics that Clinical Engineering Departments experience globally. Pre-Register today for session #2 and #3 and stay tuned as we have a great line-up of speakers this year building on the previous years’ successes.

ACCE Members (in good standing), Click here to register for session#2. Click here to register for session#3.

If you have not renewed your 2022 membership yet, please renew it via PayPal here, or contact us at secretariat@accenet.org to request an e-invoice.

If you are not an ACCE member yet, please join us today! Just complete the member-ship application form and submit it to secretariat@accenet.org. Or if you prefer to register as a non-member, please complete registration for session 2 here.

Tony Cody & Nader Hammoud
Education Committee co-chairs
educationchair@accenet.org

Suly Chi
Webinar coordinator
Secretariat@accenet.org

The 2022-2023 Educational Webinar Series
Cybersecurity and Asset Discovery Tools - lessons learnt
Thursday, October 13, 2022; 12 pm - 1pm (EDT)

Asset discovery tools or Internet of Medical Things (IoMT) security solutions have become an essential tool for many healthcare organizations in managing their network connected assets. These software and hardware systems aim to help healthcare facilities improve their security posture and ensure visibility into the organization assets through monitoring network traffic. Join this ACCE Educational webinar to learn more about the IoMT solutions and to hear lessons learnt from AMC’s journey on implementing and utilizing these systems.

Chad Waters
Senior Cybersecurity Engineer
ECRI

Kristopher Kusche
Senior VP & System CIO
Albany Medical Center

The 2022-2023 Educational Webinar Series
IV Pump Integration - Lessons Learned
Thursday, November 17, 2022; 12 pm - 1pm (EST)

Pre-register today and join this ACCE Educational Webinar to learn more about infusion pump interoperability and hear lessons learned from a healthcare facility’s infusion interoperability journey.

Speaker:

Tina M. Suess, MHA, BSN, RN-BC, CPHIMS, CPPS
Manager Medication Safety Integration
Penn Medicine Lancaster General Health

–THANK YOU!

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Manager Medication Safety Integration
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–THANK YOU!
AAMI Update: Interoperability Standards

First-of-its-kind Medical Device Interoperability Standard Revised for Industry Ease of Use

Soon after the Association for the Advancement of Medical Instrumentation (AAMI) and UL Standards & Engagement published ANSI/AAMI/UL 2800-1, which covers interoperability of medical products, the AAMI/UL 2800 Joint Committee (JC) knew it would need revision. The original document stretched over 500 pages and covered virtually all aspects of interoperability. It was the first standard dedicated to the topic, but difficult to navigate, especially for manufacturers that only needed pieces of information.

“The committee recognized that interoperability is becoming more relevant not only in medical devices, but also digital health and health IT-enhanced software,” said JC member Geetha Rao, Ph.D., CEO of Springborne Life Sciences and a strategic advisor to medical device, healthcare, and philanthropic organizations. “We recognized the need for this standard to be more flexibly applicable and to enable the alignment with new and emerging interoperability standards.”

To enable medical device manufacturers to use the standards in tandem with other interoperability standards documents, and to make the information more accessible, the JC opted to divide ANSI/AAMI/UL 2800-1 into a four-part series.


This main Standard covers the main lifecycle process for managing safe and secure interoperability. It specifies a baseline set of requirements for interoperable medical products and systems.

**ANSI/AAMI/UL 2800-1-1, First Edition: Risk Concerns for Interoperable Medical Products**

This Standard identifies relevant safety and security objectives for interoperable systems. The JC developed the list based on history and experience with opportunity for expansion as technology advances. “We see an opportunity for this standard to be maintained and updated with the latest standardized safety and security objectives,” said Rao.


This Standard provides an interoperable development life cycle that supports the life cycle process outlined in 2800-1, Second Edition. The 2800 JC recognized that other development life cycles are equally valid and also align with 2800-1. Medical product manufacturers and developers can use either 2800-1-2 or another valid standard along with the main standard.

**ANSI/AAMI/UL 2800-1-3, First Edition: Interoperable Item Integration Life Cycle**

This Standard specifies a baseline set of integration lifecycle requirements for assuring safe and secure interoperability of items assembled or otherwise integrated into interoperable medical systems. Like 2800-1-2, medical product manufacturers and developers can use this standard on its own or with the main standard.

Breaking up the scope into four parts allows for easier and more targeted updates as time goes on.

The ANSI/AAMI/UL 2800 series is the result of a years-long collaboration between AAMI and UL. “We take a lot of pride in having a standards development process that is open, inclusive, transparent with collaboration at the forefront,” said Diana Pappas-Jordan, standard program manager for UL and JC cochair. “We rely on stakeholders having diverse backgrounds and viewpoints to ensure that a variety of viewpoints have been considered as we work together to achieve consensus.”

FDA representative Shawn Forrest of the Digital Health Center of Excellence (DHCoE), Office of Strategic Partnerships and Technology Innovation (OST), and Sandy Weininger, a senior electrical/biomedical engineer at the FDA and JC member, explained the importance of this work in a joint statement.

“Medical device interoperability is an essential objective to enable more efficient patient care, more robust science, and improved insights into device performance across diverse populations,” they said.

“ANSI/AAMI/UL 2800-1 is a valuable resource to support stakeholders in developing and implementing safe and secure interoperable medical devices by providing a detailed framework to coordinate these processes.”

**AAMI Partners with AmbiFi to Offer Cutting-Edge Process Support Tool**

The Association for the Advancement of Medical Instrumentation (AAMI) has announced a strategic partnership with AmbiFi, an advanced software as a service (SaaS) performance support company. Ambifi provides mobile-first, real-time, hands-free, support for complex procedures while ensuring real-time process documentation and benchmarking.

“We continue to leverage proven technologies to better serve our members and stakeholders,” noted AAMI President and CEO Pamela Arora. “The cognitive load on all healthcare professionals continues to challenge the safe and effective use of health technology. AAMI is expanding its offerings to include AmbiFi’s revolutionary moment-of-need performance support. Ambifi has the potential to transform the execution of complex medical device processes, enabling greater consistency, quality, and transparency.”

Headquartered in Pittsburgh, PA, AmbiFi leverages ambient computing and performance science to empower experts to easily transform industry standards, guidelines, procedural doc-
Hello from ECRI! We’re looking forward to the start of Pumpkin Spice Season in scenic Plymouth Meeting, and continuing our support of healthcare facilities both inside the US and globally. At the top of our radar:

Both of our device evaluation labs have been busy this summer, and we’ve recently published three evaluations based on work that was completed solely in our new global headquarters lab! Halfway across the world in Malaysia, our Asia Pacific (APAC) engineering team completed evaluations on two ICU ventilators which are not sold in the United States. What was most surprising about the Draeger Evita V800 and aXcent Medical Lyra x2 device evaluations was just how advanced those models are with features not yet available here in the States. Through this work, we are not just getting better at supporting our international members, we are also getting a head start for the devices’ entry into the U.S. market, should that come in the future.

Stateside, we’re wrapping up a study of IVWatch for the detection of intravenous infiltration. It’s been a great time developing novel test rigs for this device, including development of a gelatin-based phantom material with similar optical properties to human tissue. Keep your eyes out for our evaluation coming soon.

Our friends at ISMP launched new Perioperative Medication Safety Guidelines based on the collaborative work of dozens of stakeholders in pharmacy, anesthesia, and surgery. This is the first set of safe practice guidelines to support hospitals, ambulatory surgery centers (ASCs), and other procedural locations in addressing identified national gaps in medication safety, including implementation of organization-specific plans to reduce harmful patient events. Help us spread the word about safer medication practices around surgery!

ECRI and ISMP were proud to support World Patient Safety Day (WPSD) on September 17 and we applaud WHO’s decision to name medication safety as the theme for this year’s campaign. Un-safe medication practices and medication errors are a leading cause of avoidable harm in healthcare, and a recurring topic on our Top Ten Technology Hazards lists. The World Health Organization is calling on stakeholders to prioritize and take early action in key areas associated with significant patient harm due to medication errors and focus on the implications of the COVID-19 pandemic on medication safety. According to ISMP, many medication-related safety challenges still exist across the globe, including the need for more national reporting and learning systems, the lack of medication safety officers in some healthcare organizations, and mix-ups involving the COVID vaccines. In support of this year’s theme, ECRI and ISMP developed a World Patient Safety Day 2022 Resource Center with free and shareable resources to support global awareness of the high burden of medication-related harm due to medication errors and unsafe practices. Resources include guidelines and recommendations for practitioners and safety tips for consumers. Also check out our YouTube interview with Mike Cohen and Christina Michalek of ISMP.

If you’re ever in the neighborhood, we’d love to show you around our gorgeous new laboratory space. But, in the meantime, wash your hands, keep on excelling, and, as always, tell us what you’re seeing.

Erin Sparnon
Sr Engineer Manager, Device Evaluation, ECRI
esparron@ecri.org

AAMI continued

(Continued from page 6)

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AAMI staff
IFMBE Clinical Engineering Division (CED)

Some thoughts on medical devices and their implications

The use of medical devices has caused a significant improvement in the functioning of clinical services. The diagnosis process has improved with less invasive and more effective technologies that provide increasingly conclusive evidence for decision-making. Treatments for the most prevalent diseases have become more precise and safer devices help patients recover more effectively. There are also rehabilitation devices that benefit from technological developments in materials, design, and operation. Telemedicine assumed a leading role in times when direct communication between people was not possible and helped manage consultation and diagnosis while proving its usefulness for significant health challenges. Innovation is presented as a catalyst that encourages increasingly better technological solutions for health problems and, as if that were not enough, artificial intelligence consolidates its presence as the agent with the most significant projected future for technological development in practically all areas of health.

It seems that we are experiencing a period of expansion of technologies for health care. However, this situation entails a series of considerations, so it really has the expected positive effect.

Among them are safety, effectiveness in use, and management, which implies achieving a degree of reliability whose impacts go beyond the technological field. Medical device safety has connotations in its design, functionality, operability, and even in its interrelation with the patient. Safe medical equipment reflects the care’s design, development, marketing, implementation, maintenance, and evaluation. This way, it is possible to design reliable environments for the patient, seeking her recovery and well-being. Effective technology is the result of a careful process that addresses the specific aspects concerning its appropriate use based on the characteristics for which it was designed, seeking to optimize its application for the benefit of patient diagnosis and treatment. The proper functioning of clinical services relies on processes being followed to maintain a high level of quality as a result of the application of highly effective management processes that encompass activities related to the clinical care, the facilities, and the medical devices. Thanks to medical equipment management, adverse events that may represent a threat to the patient and the operator can be anticipated.

Risk management and technology surveillance are among the concepts available to face the challenges that a safe and reliable medical device implies. With risk management, it is possible to anticipate the adverse effects of the inappropriate use of medical equipment. In contrast, with the technology surveillance, the indicated functionality is guaranteed to be fulfilled according to the intended use. The risk assessment obtained from adverse events that were reported by manufacturers, users, operators and other stakeholders, will allow reducing the probability of recurrence and address the consequences that those incidents might cause, through the dissemination of information. The practical application of both concepts requires the design of strategies focused on their practical application and optimization. As we work more on implementing these concepts at a regulatory and practical level, better elements will be available to properly develop the functions of the clinical engineer in an environment with more significant challenges to human health.

Open Position: HTCC Secretariat

The Healthcare Technology Certification Commission (HTCC) is looking for a new Secretariat. The HTCC Secretariat is a paid position of approximately 30 hours per month, and is responsible for the administrative duties related to processing exam applications, notification and processing renewals; organizing the annual BOE/Commission meeting; generating and distributing certifications, and answering questions regarding the exam process, appeals and renewals.

Skills Required:

- IT Literacy including knowledge of MS Word
- Email
- Online/cloud documentation storage
- Time management and organizational skills
- Ability to work with minimal supervision
- Customer service and conflict management skills

If you are interested, or know someone that would be willing to help the Commission, please contact Sudhakar Nagavalli, CCE.

Sudhakar Nagavalli, certificationchair@accenet.org
Welcome New Members
We welcome our newest members, approved by the 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>
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<td>Institutional/Individual</td>
<td>Area Manager</td>
<td>Kaiser Permanente</td>
<td>HI/USA</td>
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<tr>
<td>Katherine Troll</td>
<td>Institutional/Candidate</td>
<td>Biomedical Engineer</td>
<td>VA Northeast Ohio Healthcare System</td>
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<td>Michael Kulig</td>
<td>Associate</td>
<td>Biomedical Engineer</td>
<td>Department of Veterans Affairs</td>
<td>MA/USA</td>
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<tr>
<td>Virag Borsai</td>
<td>Institutional/Associate</td>
<td>Clinical Engineer</td>
<td>Boston Children’s Hospital</td>
<td>MA/USA</td>
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<tr>
<td>Daisha King</td>
<td>Institutional/Individual</td>
<td>Biomedical Engineer</td>
<td>VA/VISN 20</td>
<td>WA/USA</td>
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<tr>
<td>Jacob Freedman</td>
<td>Individual</td>
<td>Lead Clinical Systems Engineer</td>
<td>Stanford Healthcare</td>
<td>CA/USA</td>
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<tr>
<td>Simin Nazeri</td>
<td>Institutional/Student</td>
<td>Clinical engineering intern</td>
<td>University of Ottawa</td>
<td>Ottawa/Canada</td>
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<tr>
<td>Kajal Madhusudan</td>
<td>Institutional/Associate</td>
<td>Clinical Engineer</td>
<td>Children's Hospital of Eastern Ontario</td>
<td>ON/Canada</td>
</tr>
<tr>
<td>Alessandra Dal Cengio Leonardi</td>
<td>Institutional/Associate</td>
<td>Biomedical Engineer</td>
<td>VAMC</td>
<td>MI/USA</td>
</tr>
<tr>
<td>Sergio Bitencourt</td>
<td>Associate</td>
<td>Professor</td>
<td>Faculdade de Ciências Médicas da Santa Casa de Sao Paulo</td>
<td>SP/Brazil</td>
</tr>
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Welcome to our newest Institutional Member:
Boston Children’s Hospital

Congratulations to the following members who were upgraded to Individual Level.

Michael Ambrosi, Biomedical Engineer at VA Boston Healthcare System
Zachary Arose, Staff Biomedical Engineer at VA Dayton Health Care

ACCE Membership Renewal
Thank you for being an ACCE member! It’s time to renew your membership. If you have not yet renewed for 2022, renewal is due now!

To renew your 2022 membership online with PayPal, please click here or go to https://accenet.org/Members/Pages/default.aspx?from=login.

To renew by postal mail, please remit your renewal check to:

ACCE
19825 N Cove Road, #175
Cornelius, NC 28031

If you need an e-invoice, please contact the ACCE Secretariat at secretariat@accenet.org
Global Clinical Engineering Journal
Health Technology & Innovation Improving Patient Outcomes

The open access Global Clinical Engineering Journal publishes high quality, timely, peer-reviewed manuscripts about the intersection of technology, engineering and informatics related to health, wellness, disease management, and patient-care outcomes around the world. Wider global community participation is further facilitated through this no-fee publication.

The vision of the Journal is to become the preferred international forum for facilitating the exchange, knowledge sharing, and engagement of practitioners across the globe. We will achieve that vision through a diverse range of high quality contributions of professionals from across the domains of clinical engineering, health-related technology, informatics and patient-care outcomes.

The purpose of the Journal is to collect, review, select, promote, and share original manuscripts, articles, technical papers, letters, scientific opinions, professional development tools, applications, and technical data relating to the clinical engineering and health technology fields.

The goal of the Journal is to advance and disseminate knowledge, to promote professional networking among practitioners and other stakeholders in academia, industry, government, and other decision-makers. We encourage work submissions by both young and senior researchers and practitioners. Our goal encompasses the promotion of education, training and ethical professional practice among members of this professional community.

EDITOR-IN-CHIEF: Dr Yadin David
ISDN: 2578-2562
www.globalCE.org

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• Maintenance
• Metrology & device performance
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• Regulation science
• Risk control
• Safety
• Social impact and Ethics
• Software applications
• Systems management
• Technology assessment
• Technology integration
• Technology life cycle
• Technology management methodologies
• Telehealth and telemedicine
From the Desk of the Advocacy Committee: Call for 2023 Award Nominations

Please take time to nominate worthy colleagues for the awards listed below. Just complete this online nomination form by Sunday, December 12, 2022.

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

See Awards Criteria and past awards winners for more information.

advocacychair@accenet.org

2023 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.

To enter the competition:
Complete this entry form including your Division (Undergraduate, Graduate, or Doctorate).
Deadline for the 2023 student paper competition is January 31, 2023.
See Past winners for more information.

2023 Student Paper Competition is now open

3 Divisions
- Undergraduate
- Graduate
  - Master Program
  - Doctorate Program
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In Memoriam: Mario Castañeda

Sadly, on October 1, 2022, former ACCE President Mario Castañeda, passed away in Bogota, Colombia at the age of 78. Mario worked for more than 30 years at Kaiser Permanente in Northern California including many years as the Director of their Clinical Technology group. Mario was the founder and president of Healthitek, an international health care technology consulting firm. His rich experience and passion for improving health care technology spans more than 40 years.

At Kaiser, Mario led the largest US private clinical technology program and supported the strategic acquisition and implementation of a variety of medical technology. The work force of this highly matrixed organization included hundreds of employees in addition to external consultants and contractors.

After retiring from Kaiser, Mario continued his career, consulting on medical technology throughout the world.

Mario completed his engineering and organizational development studies at San Francisco State University and the University of San Francisco, respectively. His MBA is from the Golden Gate University in San Francisco.

Rest in Peace, Mario. Your legacy in Clinical Engineering and Healthcare Technology Management lives on through the work of all of us who are following in your footsteps.

Mario, ever passionate for the future generation of the Clinical Engineering profession, presenting the Student Paper award to Pratyusha Pedrapolu in 2011.
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